Health profile overview for Kirkstall ward

Kirkstall ward has a GP registered population of 25,005 with the majority of the ward population living in the second most deprived fifth of Leeds. In Leeds terms the ward is ranked in the mid range of the city by deprivation score .

The age profile of this ward is quite different to Leeds, with many more young adults.

This profile presents a high level summary of health related data sets for the Kirkstall ward.

All wards are ranked to display variation across Leeds and this one is outlined in red.

Leeds overall is shown as a horizontal black line, Deprived Leeds** (or the most deprived fifth**) is an orange dashed horizontal. The MSOAs that make up this ward are overlaid as red circles and often range widely.

Most of the data is provided for the new wards as redesigned in 2018, however 'obese smokers', and 'child obesity' are for the previous wards and the best match is used in these cases. *Most deprived fifth, or quintile of Leeds - divides Leeds into five areas from most to least deprived. **Deprived Leeds: areas of Leeds within the 10% most deprived in England.

GP recorded ethnicity, top 5 in ward	% Ward	% Leeds
White British	67.9%	70%
Other White Background	9.3%	10%
Pakistani or British Pakistani	4.0%	3%
Other Ethnic Background	2.8%	2%
Other Asian Background	2.7%	2%

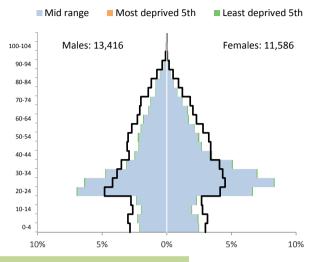
(July 2018, does not contain unknowns, blanks etc)

Pupil ethnicity, top 5 in ward	Ward	% Ward	% Leeds
White British	1,123	49%	65%
Pakistani	232	10%	6%
Any other white background	132	6%	5%
Any other ethnic group	126	6%	2%
Black African	110	5%	5%

Pupil language, top 5 in	ward Ward	% Ward	% Leeds
English	1,580	70%	79%
Other than English	161	7%	1%
Urdu	124	5%	3%
Arabic	52	2%	1%
Panjabi	45	0%	0%
(Pupil data from January 2018 School Census)			

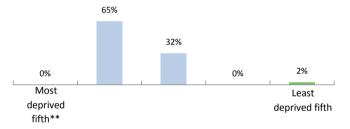
Population: 25,005

Comparison of ward Leeds age structures July 2018.



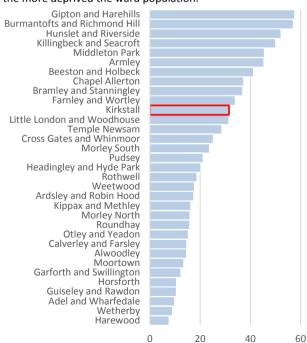
Deprivation in this ward

Proportions of this population within each deprivation 'quintile' or fifth of Leeds* (Leeds therefore has equal proportions of 20%) July 2018.



All wards by deprivation

Wards are scored taking into account the numbers of people and the levels of deprivation where they live, the higher the score the more deprived the ward population.

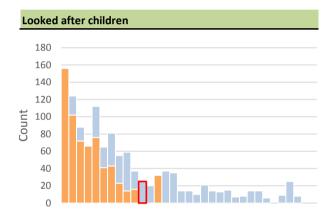


Child obesity - reception classes and year 6 classes

Rates of children who are overweight or obese as provided by the National Child Measurement Programme (NCMP). The data shows children by ward of *residence* as a proportion of all children in the ward. The wards are ranked in descending order of deprivation and this ward is outlined in red.

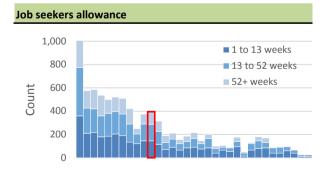


Because the wards are ranked by deprivation it is possible to see a fall in rates from left to right - the least deprived wards tend to have lower rates of child deprivation.



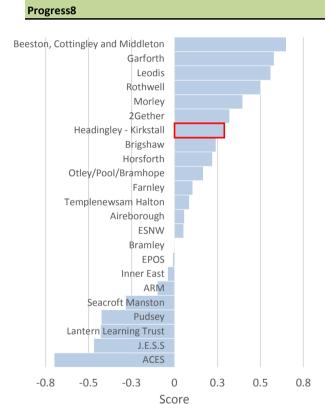
Number of looked after children in wards from 2016-17. Those living within the most deprived 5th of Leeds* are shown in orange. None of the 641 looked after children who are resident inside the most deprived 5th of Leeds are within this ward.

The wards are shown ranked by deprivation and despite variations in population sizes the general picture shows larger counts in more deprived areas.



Counts of adults receiving Job Seekers Allowance in August 2018.

The wards are ranked by levels of deprivation and despite variations in population size and structure, there is a clear reduction in numbers as deprivation falls.

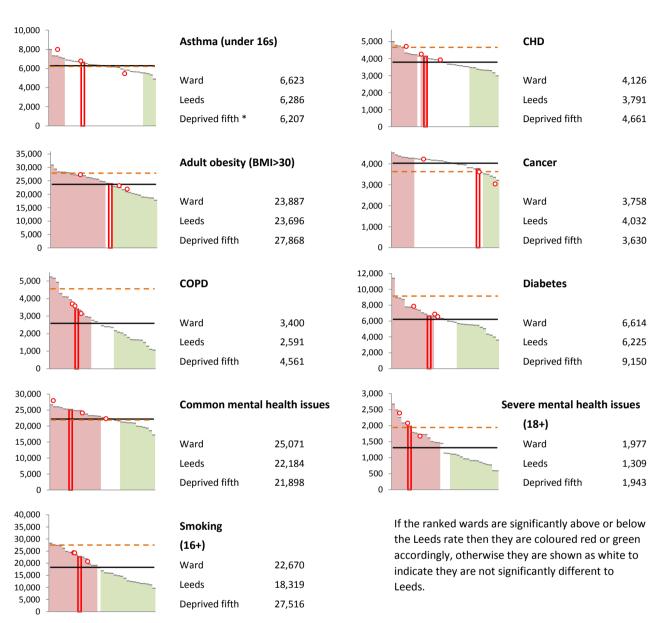


Progress8 scores for Leeds Childrens Clusters in descending order (2016-17). Those that overlap significantly with this Ward are highlighted.

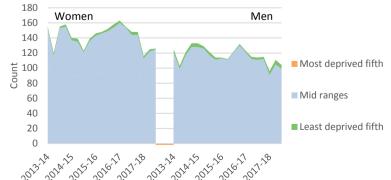
A School Cluster's Progress8 score is usually between -1 and +1. A score of +1 means that pupils attending schools in that cluster achieve one grade higher in each qualification than other similar pupils nationally. A score of -1 means they achieve one grade lower.

GP data. Quarterly data collection, July 2018 (DSR per 100,000)

These charts show all 33 wards in rank order by directly standardised rate (DSR). DSR removes the effect that differing age structures have on data, and allow comparison of 'young' and 'old' areas. GP data can only reflect those patients who visit their doctor. Certain groups within the population are known to present late, or not at all, therefore it is important to remember that GP data is not the whole of the picture. This data includes all Leeds GP registered patients who live within the ward. Obesity here is the rate within the population who have a recorded BMI.



Obese smokers (adults for whom both records were updated within 12 months)



These charts show the number of obese smokers in this ward, by gender and deprivation levels. Patients living in the most deprived fifth of Leeds* are shown in orange.

There have always been large numbers in more deprived areas. Women (who are more likely to be clinically obese) outnumber men in this group.

Life expectancy at birth, 2014-16 ranked wards (years) Males Females 90v 90v Ward 76.3 82.6 Leeds resident 79.1 82.7 80v 80y Deprived Leeds** 74.4 79.0 70v 70v 60y 60y Male Female Life expectancy at birth, 2014-16. Ranked by deprivation Most deprived Least dep Most deprived Least dep. The relationship between deprivation and life expectancy 90v 90y is well established and can be seen clearly here. The most 80_V 80y deprived wards are shown first, deprivation falls from left to right. 70v 70y 60v 60y Wards are ranked by deprivation scores calculated using mid 2007 Male Female population locations and IMD 2015 scores All cause mortality - under 75s, 2012-16 ranked wards (DSR per 100,000) ΑII Males Females 1000 Ward 463 614 309 800 800 600 600 Highest MSOAs in ward 510 616 395 400 400 Lowest MSOAs in ward 382 531 231 200 200 Leeds resident 356 427 286 n ΑII Male Female Deprived fifth 562 668 449 DSR - Directly Standardised Rate removes the effect that age structures have on data, allows comparison of 'young' and 'old' areas Cancer mortality - under 75s, 2012-16 ranked wards (DSR per 100,000) ΑII Males Females 300 300 250 250 Ward 176 230 122 200 200 Highest MSOAs in area 176 212 139 150 150 Lowest MSOAs in area 206 88 100 100 152 50 50 Leeds resident 147 164 133 0 ΑII Male Deprived fifth 203 Female 225 181 Circulatory disease mortality - under 75s, 2012-16 ranked wards (DSR per 100,000) Males ΑII Females 250 250 Ward 114 159 70 200 200 150 150 Highest MSOAs in area 119 180 113 100 100 Lowest MSOAs in area 94 111 56 50 50 Leeds resident 82 113 52 0 ΔII Deprived fifth Male Female 94 141 188 Respiratory disease mortality - under 75s, 2012-16 ranked wards (DSR per 100,000) ΑII Males **Females** 140 140 Ward 60 79 40 120 120 100 Highest MSOAs in area 92 110 72 80 60 60 Lowest MSOAs in area 43 61 19 40 40 20 20 Leeds resident 32 35 29 ΑII Male Female Deprived fifth 64 73 55

^{**}Deprived Leeds: areas of Leeds within the 10% most deprived in England, using the Index of Multiple Deprivation. *Most deprived fifth, or quintile of Leeds - divides Leeds into five areas from most to least deprived, using IMD2015 LSOA scores adjusted to MSOA2011 areas using mid-2012 GP registered population weighting. Ordnance Survey PSMA Data, Licence Number 100050507, (c) Crown Copyright 2011, All rights reserved. Mortality data copyright (c) 2016, re-used with the permission of the Health and Social Care Information Centre / NHS Digital. All rights reserved. GP data courtesy of Leeds GPs, only includes Leeds registered patients who are resident in the city.