Morley LCP Health and Wellbeing profile 2018

Morley LCP has a very slightly older population structure than Leeds, and is missing the young adults seen in the rest of the city. Most of the population are living in the second least deprived fifth of the city but a large proportion are living in the second most deprived fifth too.

The population of Morley LCP has seen very little change in the proportion of patients aged 0-9 years old. The elderly population though has become more prevalent with a large increase, some LCPs have seen much larger rises – especially those with less deprivation. Asthma in children is above average rates for Leeds – just about the 2nd highest LCP in the city. Child obesity has always been below the Leeds rates, although a recent rise has put Reception classes a little higher. Progress8 scores for the area are very good, among the best in the city.

In Leeds ethnicity recording by GPs has been improving steadily; fewer patients have no ethnicity record and accuracy is improving which contributes to increases in ethnic categories. Virtually the entirety of the growth in this LCP is from the 'White British' ethnic group.

Smoking in LCP populations is very strongly linked to deprivation but the good news is the most deprived LCPs that have the highest rates are showing slightly faster declines than the least deprived – smoking cessation efforts are focussed in deprived parts of the city. Smoking rates for this LCP are significantly below Leeds, they are also falling more quickly than Leeds. Most smokers in Morley are aged between 30 and 39. Adult obesity is more common than in Leeds, and increasing at a faster rate too. The majority of obese smokers are within the 40 to 49 year old bracket and the number is falling steadily.

Diabetes, Coronary Heart Disease (CHD) and COPD rates are in line with the expected pattern relating rates with population deprivation levels; diabetes is currently significantly below the Leeds rate, while COPD is very close being so. CHD though is slightly above Leeds.

The Leeds cancer rate is rising, likely due to improvements in treatment and survival. It is rising in all LCPs, but the some of the highest rates are found in the least deprived. This is thought to be due to early presentation and treatment in less deprived populations who are perhaps more likely to seek early diagnosis. The Morley rate is more or less the same as Leeds, reflecting the mix of deprivation levels in the population.

Severe mental health issues such as bipolar disorders, paranoid schizophrenia, and manic episodes are rising slowly in all parts of the city and are generally higher in more deprived areas, Morley LCP has the second lowest rate in the city, which is actually falling slowly over time.

Mortality rates generally are falling across the city, and they are clearly related to deprivation, this LCP is generally well below Leeds and following the same patterns.

Lastly, life expectancy. As expected, the least deprived LCPs have the longest life expectancy, there is some evidence too that the sexes are less different in life expectancy in the least deprived parts of the city. Morley LCP life expectancy is just above Leeds overall levels and the gender difference is about average for LCPs.

This report focuses on health indicators for people living in the Morley LCP footprint. Because Leeds contains such variation the data for all other LCPs is provided as a backdrop.

Contents

This map shows the most and least deprived fifths of Leeds in orange and blue. This LCP is shown as a black outline.

LCPs are geographical areas of varying sizes that are created by combining smaller areas called Lower Super Output Areas (LSOAs). LSOAs are used because most data can be accessed at this level, and because of that can be combined into larger geographies.
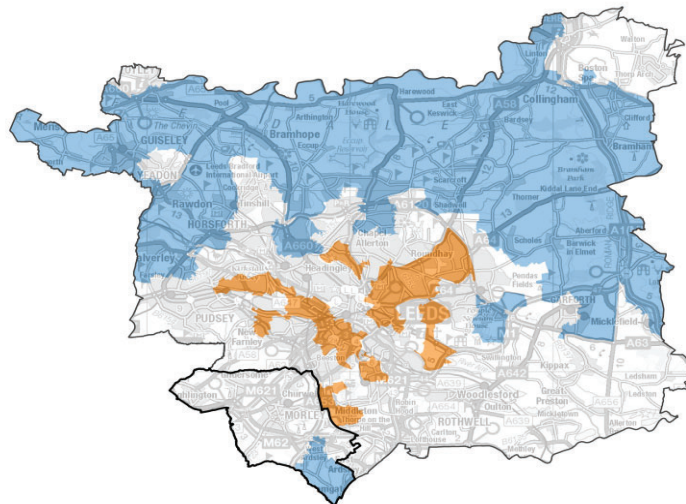
Much of the data in this profile is produced with the outputs of the quarterly data extraction programme run by the Public Health Intelligence Team on GP practice systems in Leeds. **Credits:** Quarterly data extraction programme data (populations, ethnicity, mental health, smoking, copd, chd, diabetes, obesity, cancer), supplied by James Womack Public Health Information Manager (Data & Systems). Life expectancy source: ONS deaths extract, GP registered populations by Richard Dixon Public Health Intelligence Manager. Mortality source: ONS and GP registered, by Richard Dixon. Child obesity source: National Child Measurement Programme. Report produced by Adam Taylor - Senior Information Analyst Adam.Taylor@leeds.gov.uk.
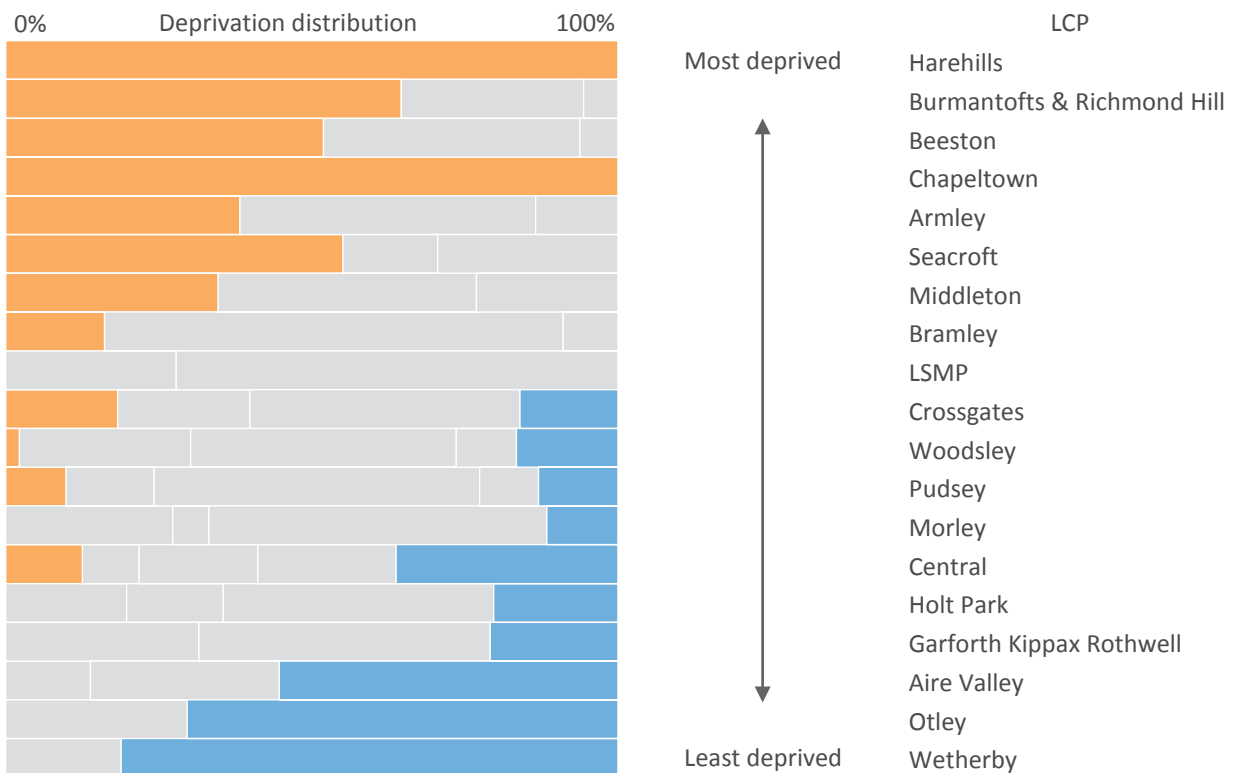
How to read this report

The report highlights a specific LCP throughout while displaying all others for context. Leeds is always represented by a dark grey line, and the most deprived fifth of Leeds as a dotted line.

| Most deprived |
| 2nd most deprived |
| Mid range |
| 2nd least deprived |
| Least deprived |

Leeds is split into five areas by deprivation, from the most deprived 5th of Leeds to the least deprived 5th using these colour codes in this report.

The proportions of each LCP population who live in these areas are shown below. The LCP classed as the most deprived is 'Harehills' with 100% of its population living in the most deprived 5th of Leeds. The least deprived LCP is 'Wetherby' where over 80% of patients live in the least deprived fifth of the city.

Deprivation distribution		LCP
0% 100%	Most deprived	Harehills
		Burmantofts & Richmond Hill
		Beeston
		Chapeltown
		Armley
		Seacroft
		Middleton
		Bramley
		LSMP
		Crossgates
		Woodsley
		Pudsey
		Morley
		Central
		Holt Park
		Garforth Kippax Rothwell
		Aire Valley
		Otley
	Least deprived	Wetherby

In this way the LCPs have been ranked in order of deprivation, and in this report always appear in that order - from most to least deprived - to illustrate any relationships with deprivation. *The ranking takes into account the number of people as well as their location.*

Highlighting this LCP: This LCP is highlighted with markers, they indicate when the LCP is significantly different to Leeds:

Not significantly different to Leeds when hollow.

Significantly different to Leeds when solid.
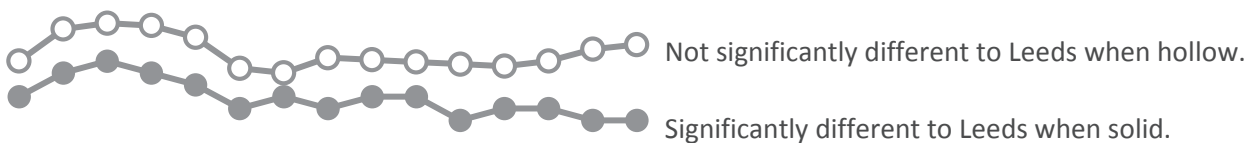
The LCP will be outlined in any bar charts, and the report text will refer to the LCP.

Deprivation notes: The Index of Multiple Deprivation 2015 was weighted with mid 2015 practice populations to generate the five deprivation areas in Leeds.

Summary of data in this report

All LCPs are displayed in rank order by rates and <u>this LCP is outlined</u>. If an LCP is significantly different to the Leeds rate it is shaded grey, those that are not significantly different to Leeds are shown in white. All data here is age standardised rates per 100,000
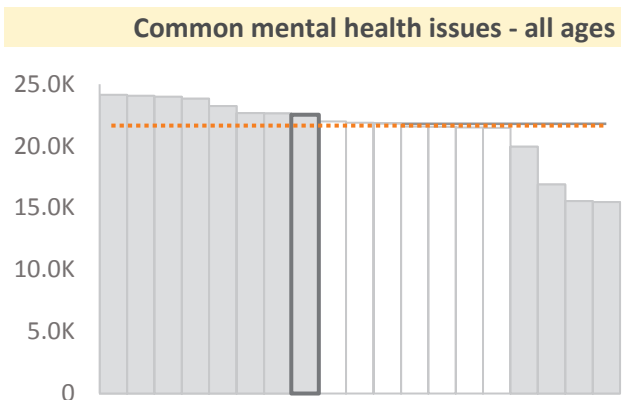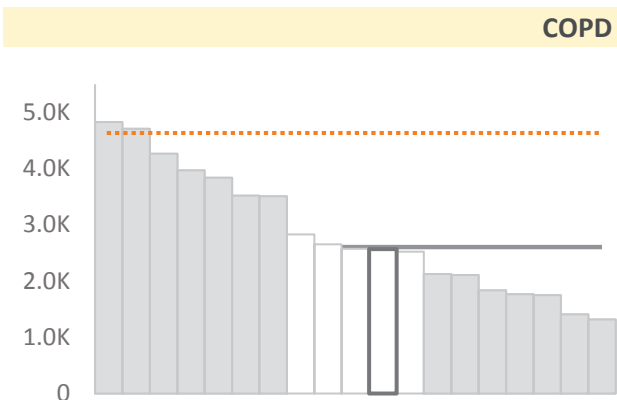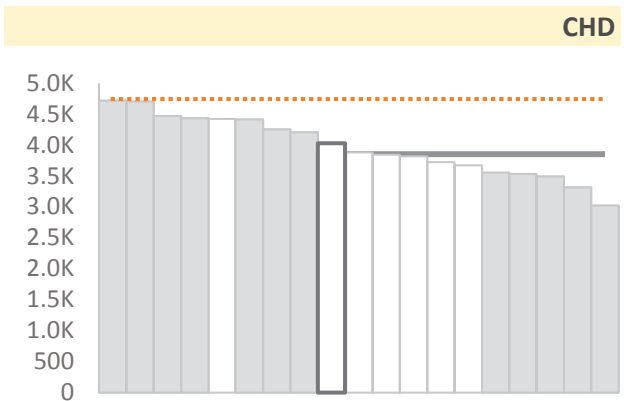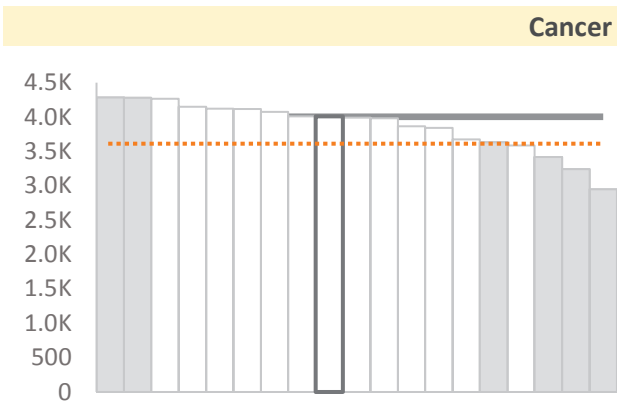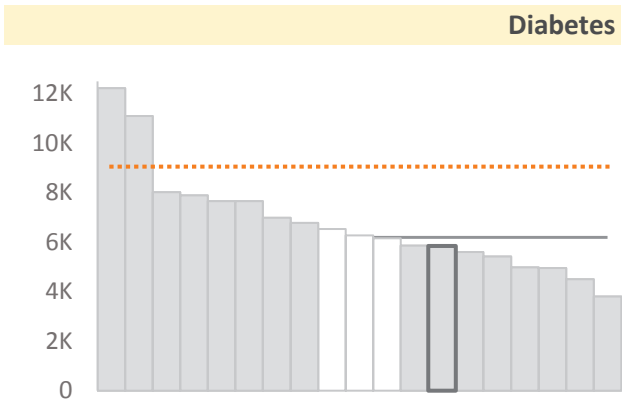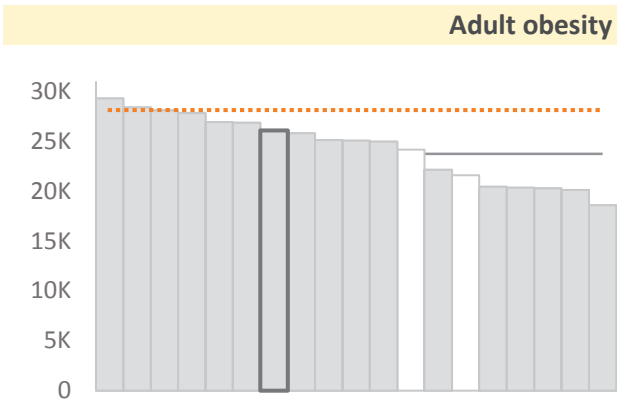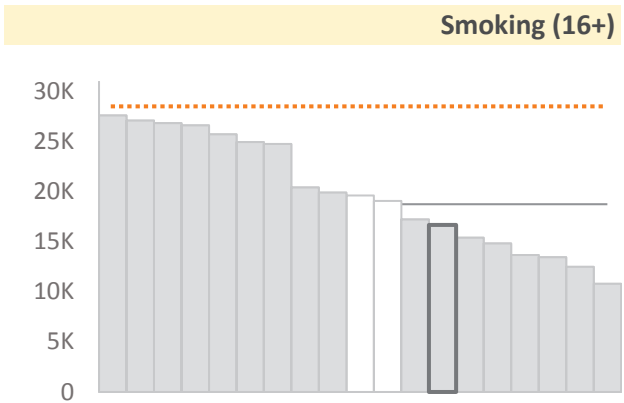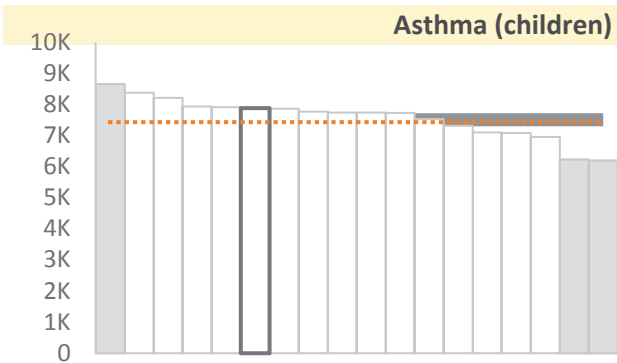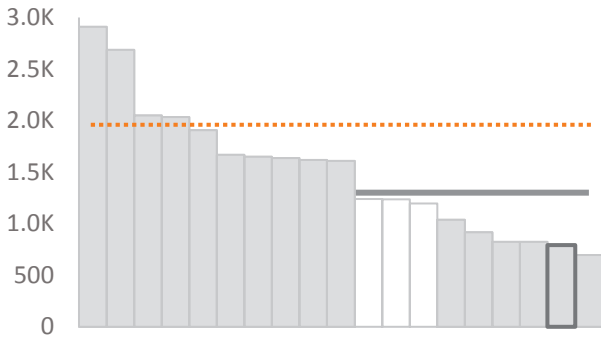

This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.

Summary of data in this report

All LCPs are displayed in rank order by rates and <u>this LCP is outlined</u>. If an LCP is significantly different to the Leeds rate it is shaded grey, those that are not significantly different to Leeds are shown in white. Except life expectancy, all data here is age standardised rates per 100,000
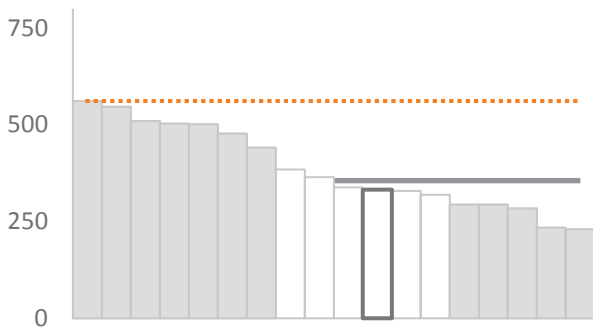
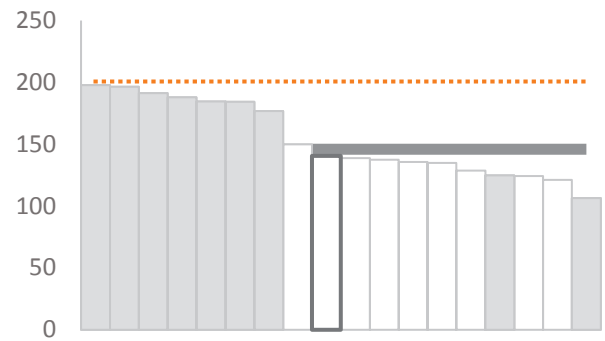**Severe mental health issues 18+**

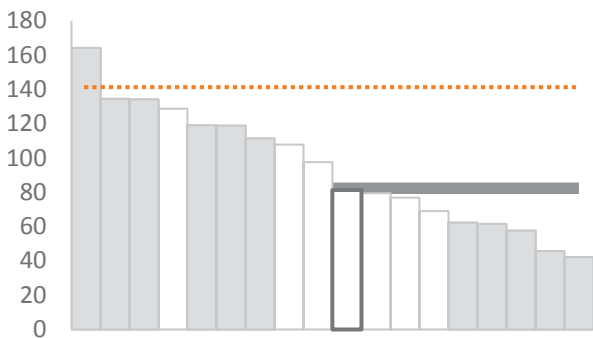**End of life and Frailty**
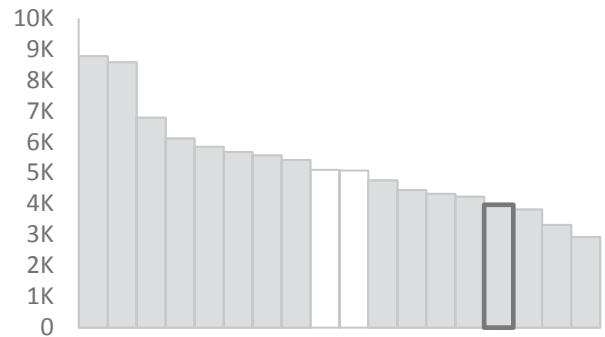
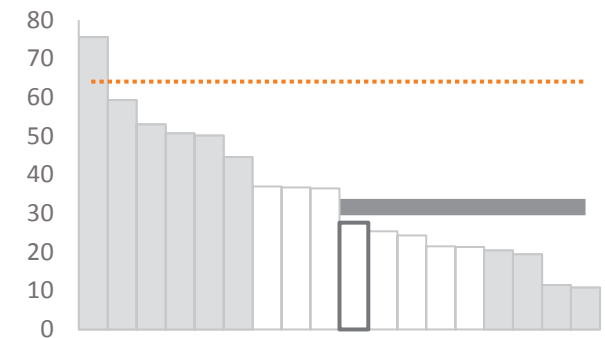**All cause mortality under 75s**
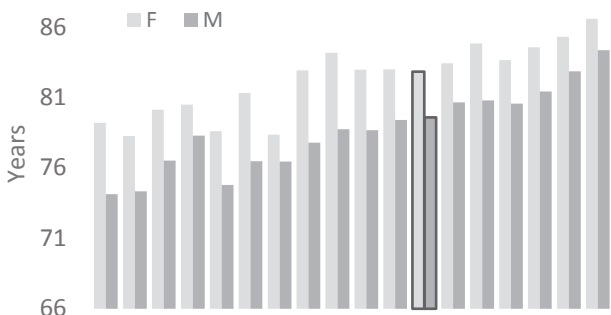

Cancer mortality under 75s

Circulatory mortality under 75s

Respiratory mortality under 75s


Life expectancy male and female

This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.

Age structure and deprivation compared to Leeds (January 2018)

Generally speaking the most deprived LCPs have younger populations than the least deprived. This LCP has a population size of 56,001.
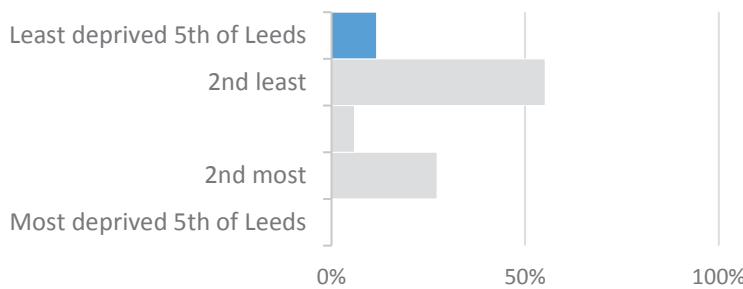
Age structure of this LCP, compared to Leeds
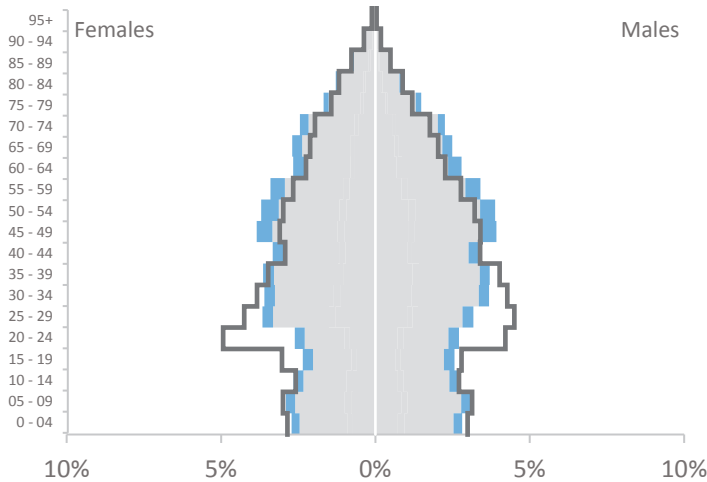
The age and gender proportions of this LCP are shown as shaded areas in colours corresponding to the deprivation fifths of Leeds in the chart below. Leeds is overlaid as a black outline.

Morley LCP has a very slightly older population structure than Leeds, and is missing the young adults seen in the rest of the city. Most of the population are living in the second least deprived fifth of the city but a large proportion are living in the second most deprived fifth too.
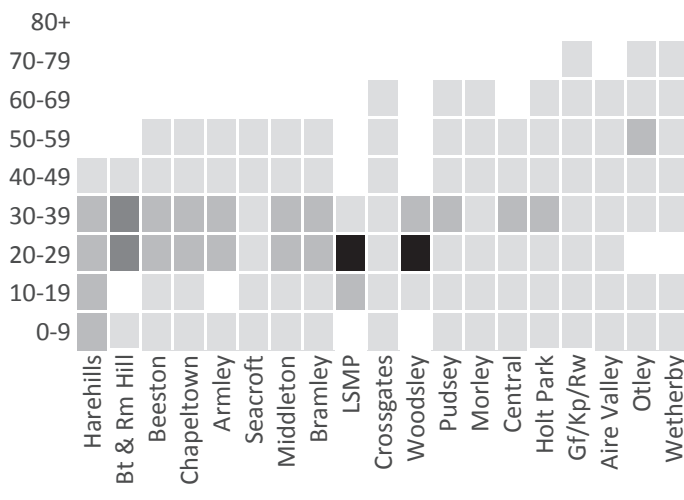
Deprivation in this LCP population

Leeds can be divided into five groups, of most to least deprived.

In Morley LCP 55% of the population live in the 2nd least deprived fifth of Leeds.

Age structures of each LCP compared

This table shows the agebands contributing the most to each LCP population. The most deprived LCPs have a more concentrated younger population, while less deprived LCPs have increasingly older populations.

The 30-39 year ageband in Morley is the largest in this LCP.
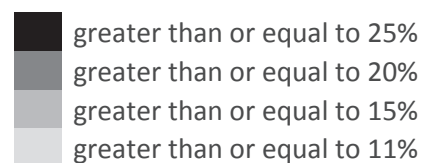
■ greater than or equal to 25%
■ greater than or equal to 20%
■ greater than or equal to 15%
□ greater than or equal to 11%

Deprivation notes: The Index of Multiple Deprivation 2015 was weighted with mid 2015 practice populations to generate the five deprivation group areas in Leeds.

LCP ethnicity change over time - categories (mid 2013 to early 2018)
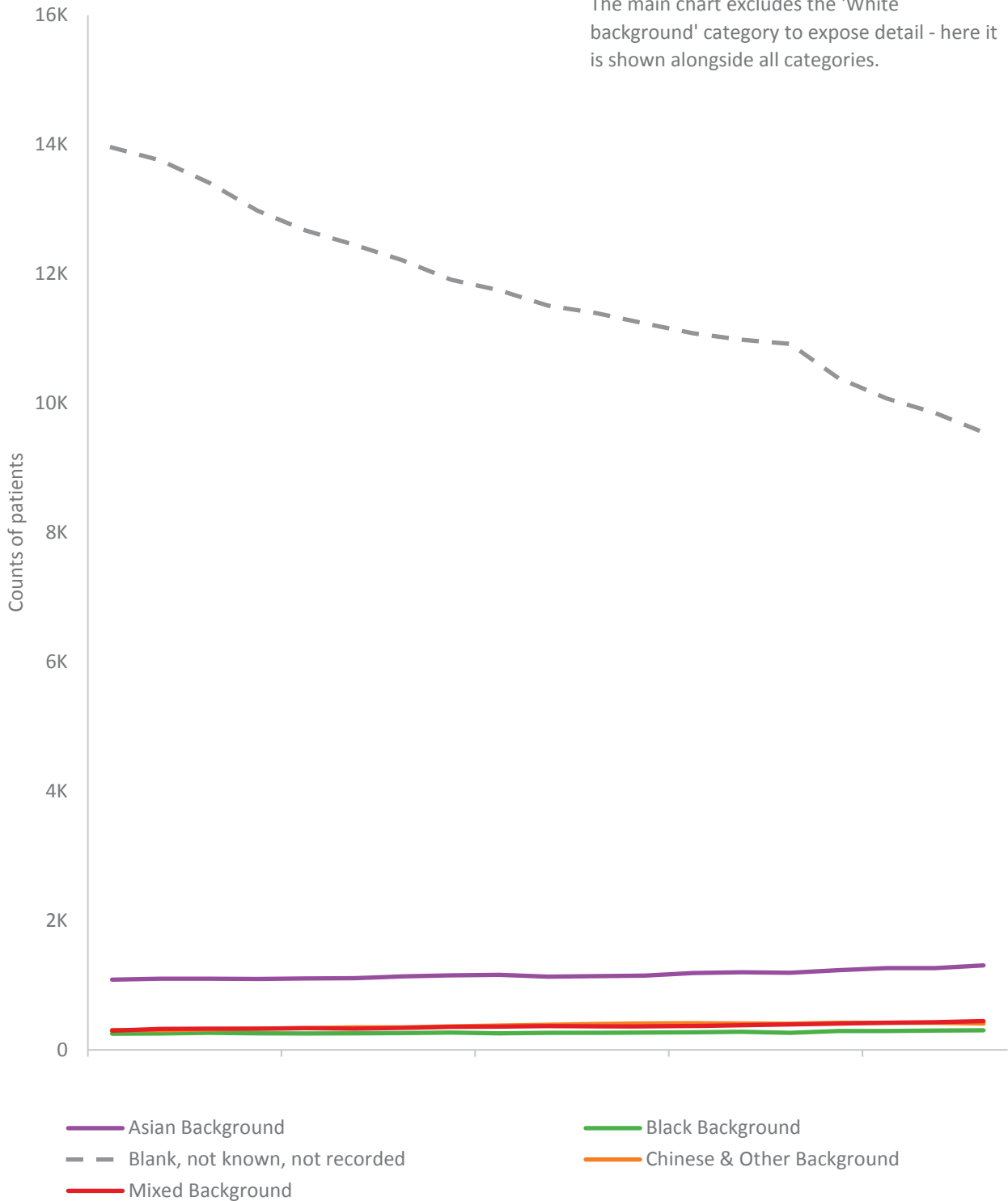
Virtually the entirety of the growth in this LCP is from the 'White British' ethnic group while there has been a large drop in the 'Other White Background' group. In Leeds only around 12% of patients are without a recorded ethnicity now.
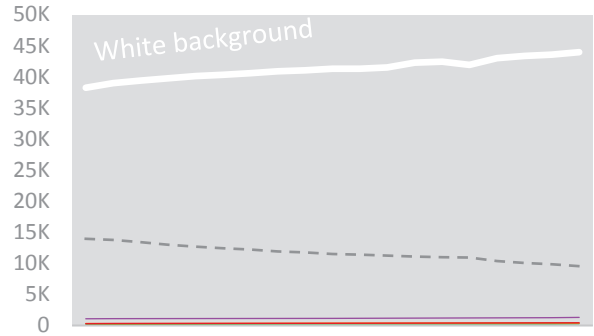
White background

The main chart excludes the 'White background' category to expose detail - here it is shown alongside all categories.

Counts of patients

Legend:
- Asian Background
- Black Background
- Blank, not known, not recorded
- Chinese & Other Background
- Mixed Background

Source: Leeds GPs quarterly data extraction programme

Population change over time

Most LCPs have a larger population than they had in 2015. Generally speaking the least deprived have seen an increase in elderly patients but barely any change in children, while the opposite is likely in more deprived LCPs.

Leeds population size change over time - in 10yr age bands
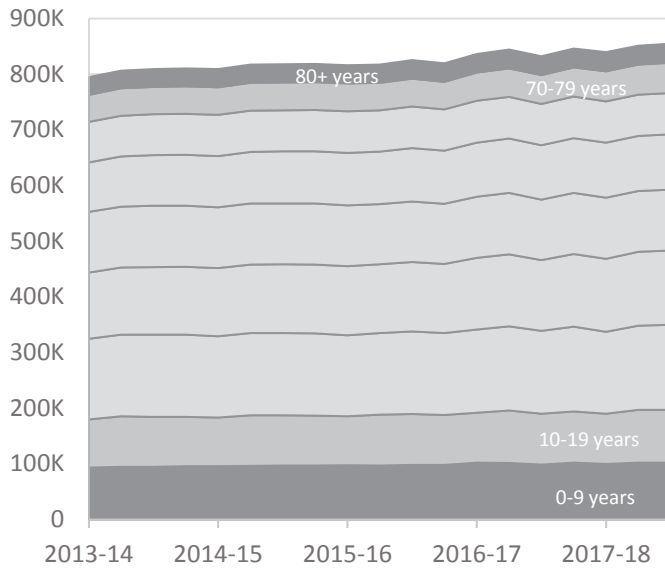
The population of Leeds (registered with a Leeds GP) over the last four years. The very oldest and youngest age bands are shaded. Overall, Leeds shows a constant increase of around 6% in the time period shown, while the age band to grow the most was the 30-39 year olds.

As usual the variations at local level tell a different story.

LCP % change in 0-9 year old population between 2015 and 2018
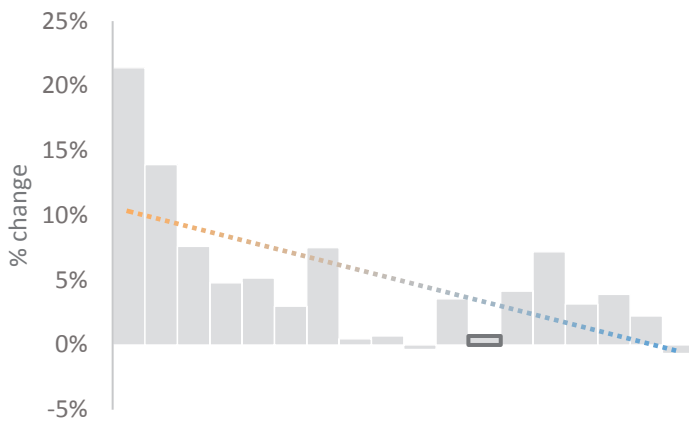
There is a visible pattern in the increase of the proportion of young children in the more deprived LCPs, while the less deprived LCPs have seen smaller increases. 'Harehills' stands out as having by far the largest increase in the city.

The way the older population of each LCP has changed is slightly different.

LCP % change in the over 70s
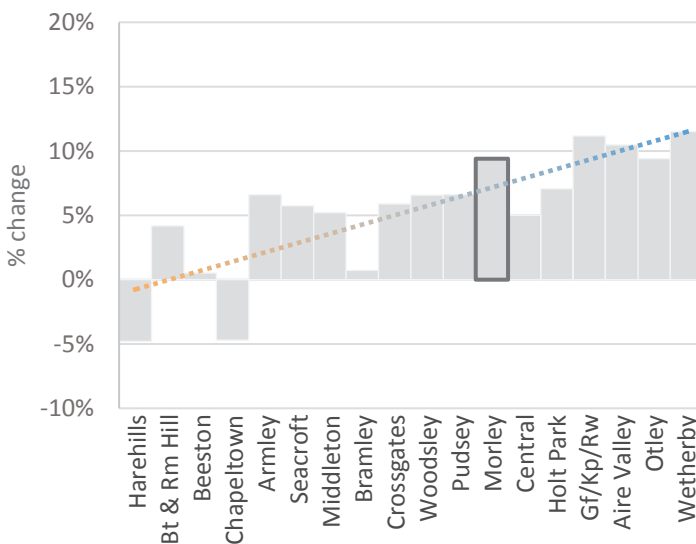
Very generally speaking (and overlooking the obvious reduction in 'Chapeltown' which is a large change in proportion but quite a small change actual numbers), the least deprived LCPs have seen a larger change in their older populations compared to the more deprived LCPs - 'Bramley' and 'Beeston' have barely changed.

The number of children in this LCP increased by around 50, while the population aged 70+ has increased by around 600.
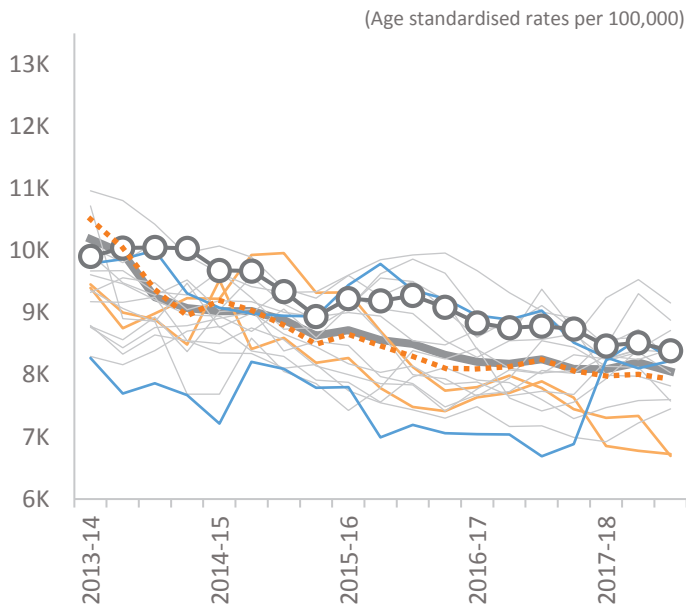
Source: Leeds GPs quarterly data extraction programme

Asthma in children

Rates are generally falling, and change is happening slowest in the least deprived areas but LCP rates are all quite similar.

Change of rates over time

(Age standardised rates per 100,000)

In a time series we can see rates have been falling for many years, and the LCPs are falling at more or less the same rate - except the least deprived ones which are dropping more slowly.

Most recent data shows this LCP not to be significantly different to Leeds.
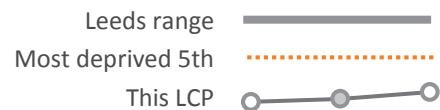
Leeds range
Most deprived 5th
This LCP

Most recent rates compared

(Age standardised rates per 100,000)
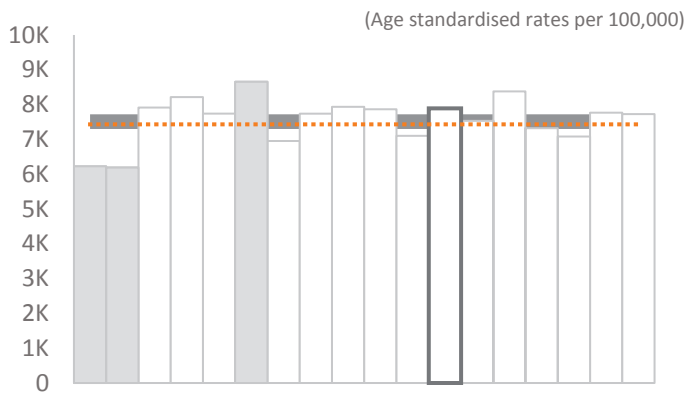
Looking at the most recent data from January 2018 we can see that rates are not really following a relationship with deprivation, most are similar to Leeds.

The LCPs are shown in descending order of deprivation and the bars show barely change in size from left to right. However the slightly low rates in the most deprived LCPs are worth investigation.

Asthma *counts* per LCP

(Counts)
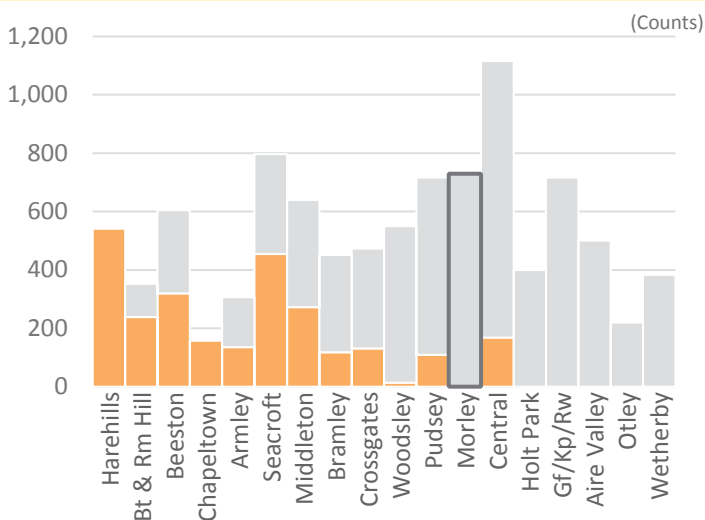
This chart shows the number of patients per LCP. If any LCP patients with this condition live within the most deprived 5th of Leeds they are shown in orange.

2,658 children living in the most deprived 5th of Leeds are shown in orange, none of them of them are within this LCP.

Note that the student medical practice does not contain enough data to be shown here.

This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.
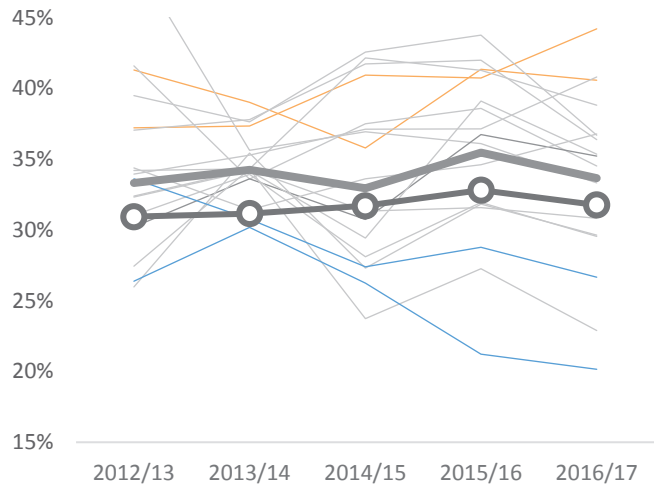
Obesity in children

Rates are generally falling in Reception classes, but Year 6 rates are much more variable with changes related to deprivation levels.
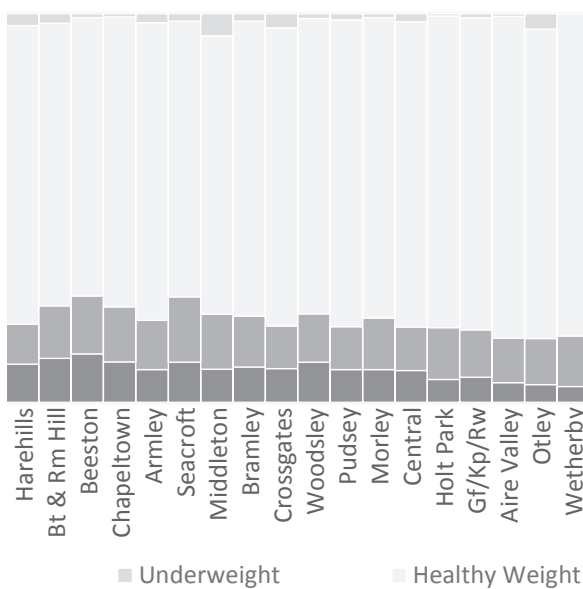
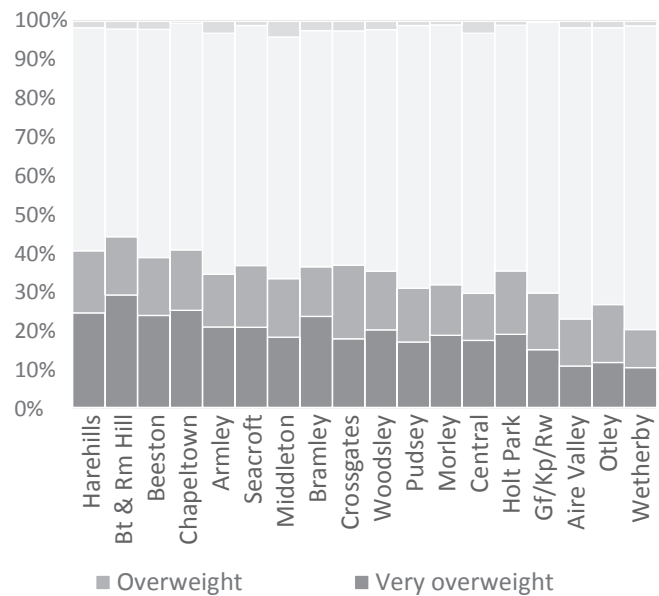### Reception - Overweight or very overweight
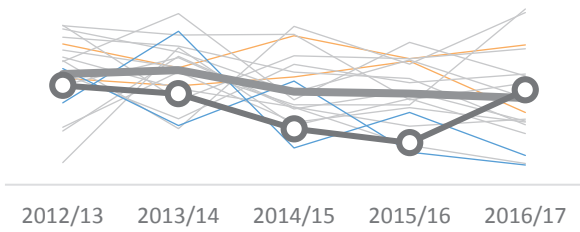
Year 6 - Overweight or very overweight

Reception - weight category proportions (16/17)

Year 6 - weight category proportions (16/17)

Leeds shows a slow reduction in the proportion of Reception children who are classed as 'Overweight or Very Overweight'.

The LCPs show some variation as numbers are quite low overall. The breakdown of proportions per LCP shows a slight reduction in 'overweight or very overweight' as deprivation falls.

'Overweight or Very Overweight' children in year 6 are becoming slowly more prevalent in Leeds. The LCPs again show quite a lot of fluctuation. There is a strong relationship between deprivation levels and 'Overweight or Very Overweight' proportions.

Morley LCP rates are generally slightly below those of Leeds

Source: National Child Measurement Programme. Note that LSMP is not shown here, the student medical practice does not contain enough data for NCMP. NCMP data is aggregated by LSOA to LCP footprint, not by LCP practice membership.

Looked after children / MMR

Looked after children
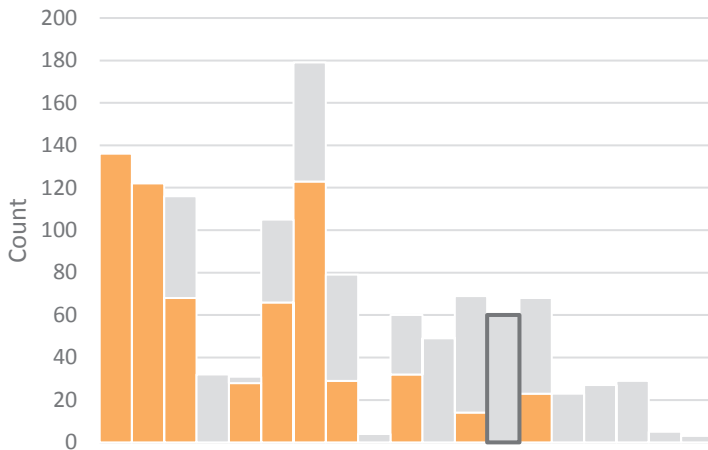
Number of looked after children (LAC) in the LCP footprint* from 2016-17. Those living within the most deprived 5th of Leeds are shown in orange.

0 of the 641 looked after children resident inside the most deprived 5th of Leeds are within this LCP footprint.

LCPs are shown ranked by deprivation and despite variations in population sizes the general picture shows larger counts in more deprived areas.
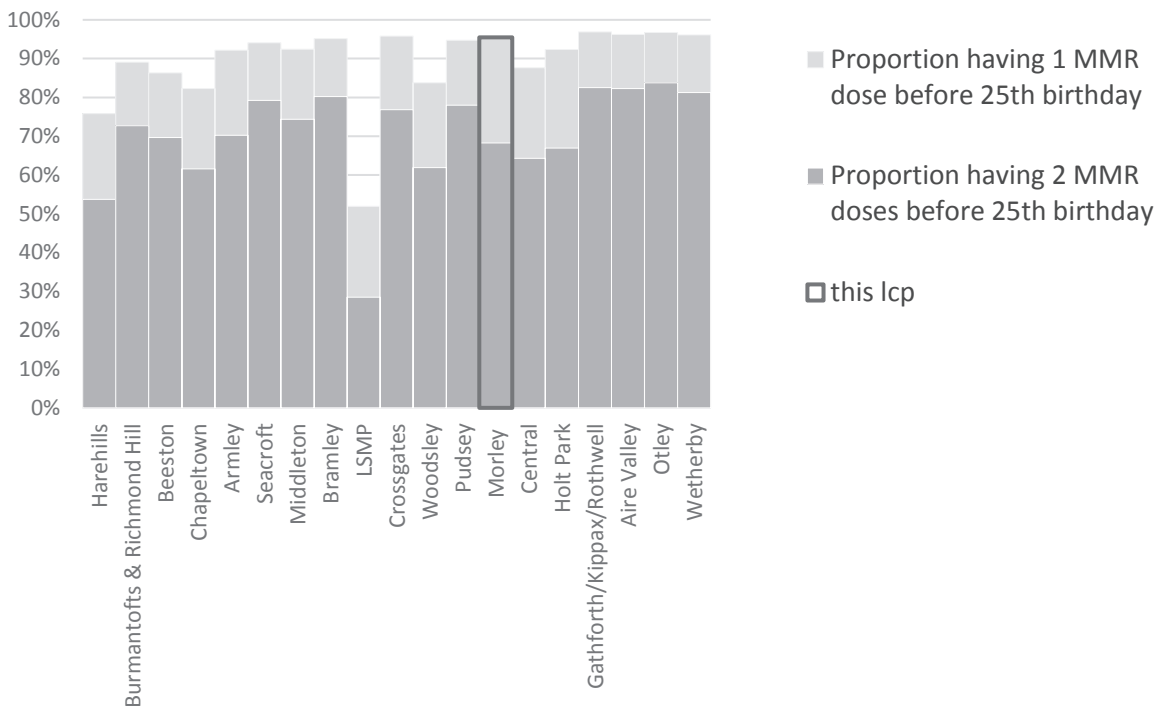
MMR vaccinations before age 25 (June 2018)

The data for this LCP shows a gap of 4,453 patients aged under 25 who have not had the second MMR vaccination. This works out as 27% of the under 25 population.

This chart shows the proportion of patients who belong to the LCP (by practice membership) and who have had either one or both of their MMR vaccinations before the age of 25 (as of mid June 2018).

The dark bars show rates of those who have had both. The lighter bars behind them show rates achieved for giving just the one. Ranking the LCPs by deprivation shows a slight improvement in rates as deprivation falls. Overall rates for Leeds are 86% and 66% respectively.

- Proportion having 1 MMR dose before 25th birthday
- Proportion having 2 MMR doses before 25th birthday
- □ this lcp

*Sources: Looked after children: Intelligence & Policy Service LCC. MMR: Leeds quarterly data extraction programme data. * In this case the footprint is aggregated from MSOAs. Usually LSOAs are used to construct footprint data. Looked after children data uses locations recorded before entering care.*

Progress at school / job seekers

Progress8 scores (School clusters)
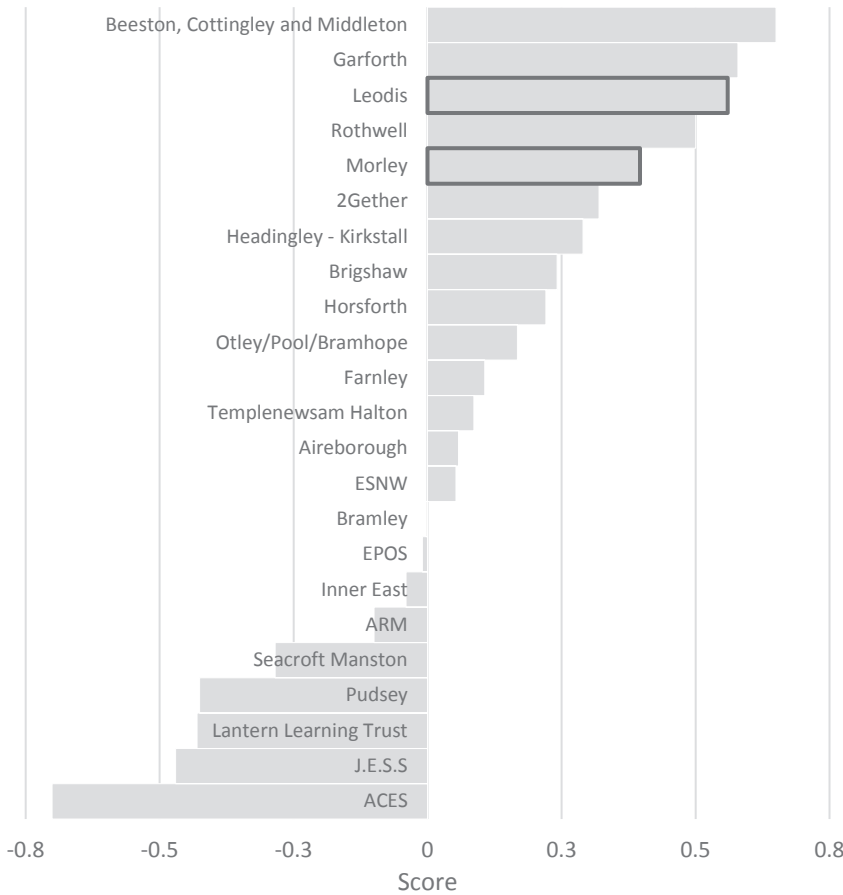
Progress8 scores for Leeds Childrens Clusters (2016-17).

Those that overlap significantly with this LCP are highlighted.

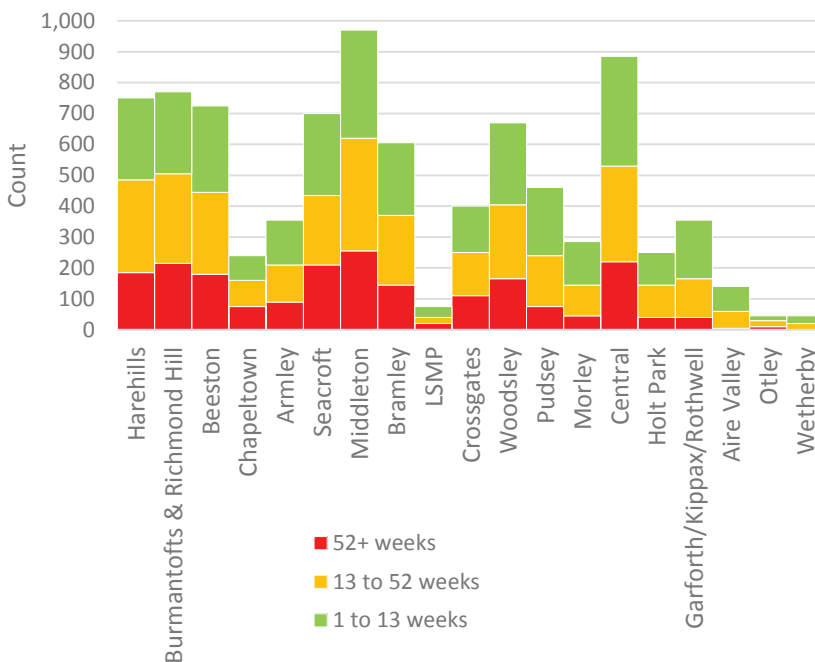A School Cluster's Progress8 score is usually between -1 and +1. A score of +1 means that pupils attending schools in that cluster achieve one grade higher in each qualification than other similar pupils nationally.

A score of -1 means they achieve one grade lower.

Jobseekers by duration receiving JSA benefit

Counts of adults receiving Job Seekers Allowance, by LCP footprint in August 2018.

Despite variations in population size and structure, there is a clear reduction in numbers as deprivation falls.

Central LCP looks out of place here, perhaps because it contains a reasonably large deprived population compared to neighbours in the chart.

Sources: Progress8 - Children and Young People's Plan Key Indicator Dashboard August.
Job Seekers Allowance: LSOA level data from https://www.nomisweb.co.uk/

Smoking (16+)

Rates are generally falling, and change is happening fastest in most deprived areas. Smoking rates are very strongly linked to levels of deprivation still though.

Change of rates over time

(Age standardised rates per 100,000)
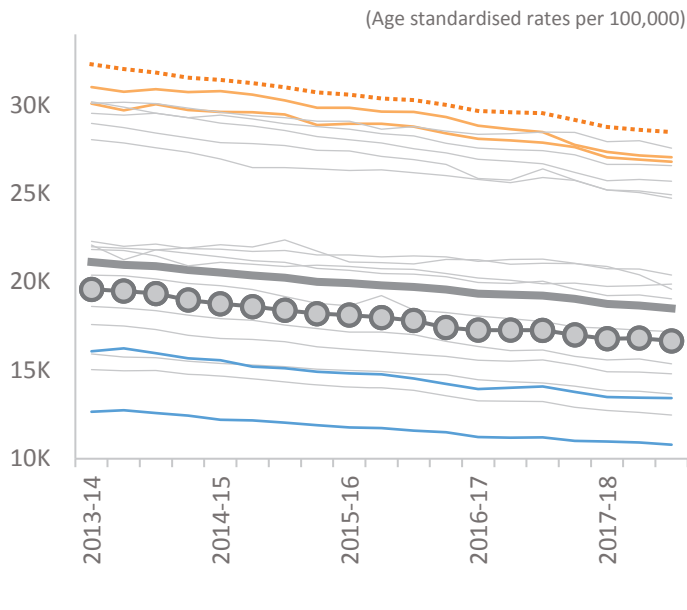
In a time series we can see rates have been falling for many years, and in general the most deprived LCPs are falling at a slightly faster rate than the least deprived ones.

Most recent data shows this LCP to be significantly below Leeds.

Leeds range	▬▬▬
Most deprived 5th	∙∙∙∙∙∙∙
This LCP	○━◉━○

Most recent rates compared

(Age standardised rates per 100,000)
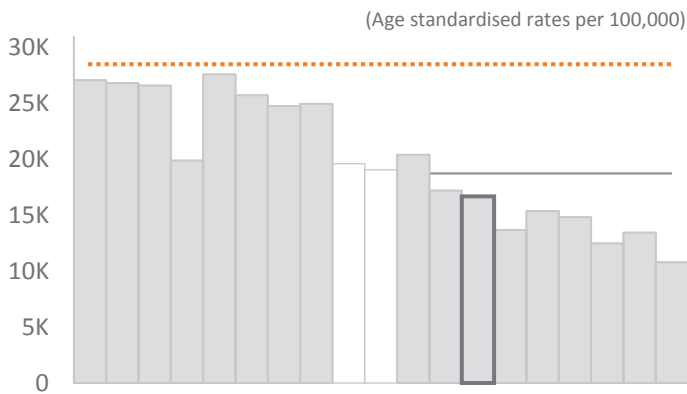
Looking at the most recent data from January 2018 we can see that rates are following a strong relationship with deprivation.

The LCPs are shown in descending order of deprivation and the bars show a clear reduction in size from left to right.

Smoker *counts* per LCP

(counts)
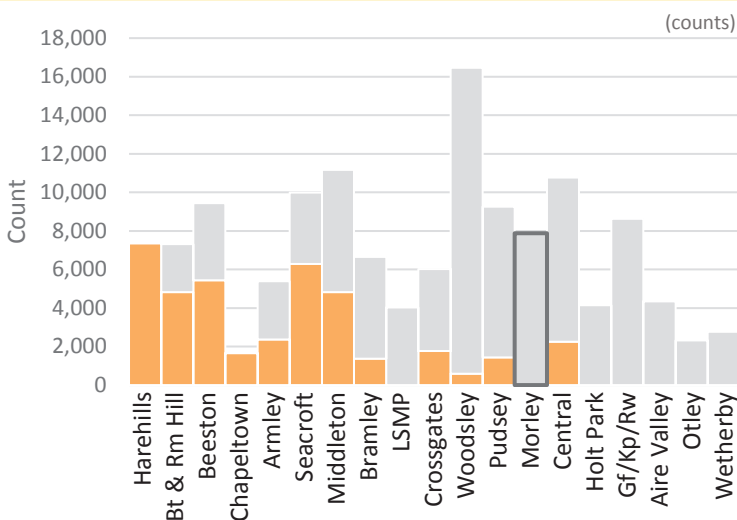
This chart shows the number of patients per LCP. If any LCP patients who smoke live within the most deprived 5th of Leeds they are shown in orange.

40,162 smokers living in the most deprived 5th of Leeds are shown in orange, none of them of them are within this LCP.

Generally speaking the less deprived LCPs have fewer smokers.

This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.

Obesity (adults)

*Rates are generally climbing, although some areas are showing a levelling off and perhaps a decline in recent quarters.*

Change of rates over time

(Age standardised rates per 100,000)
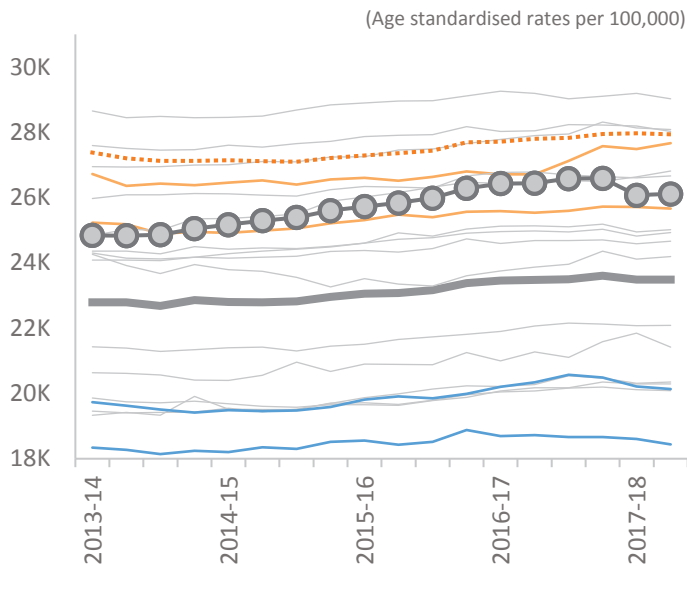
In a time series we can see there doesn't seem to be a relationship between rate of change and levels of deprivation for this indicator. All LCPs have been slowly rising, perhaps the least deprived are showing more decline recently than others.

Most recent data shows this LCP to be significantly above Leeds.

Leeds range	———
Most deprived 5th	··········
This LCP	o—o—o

Most recent rates compared

(Age standardised rates per 100,000)
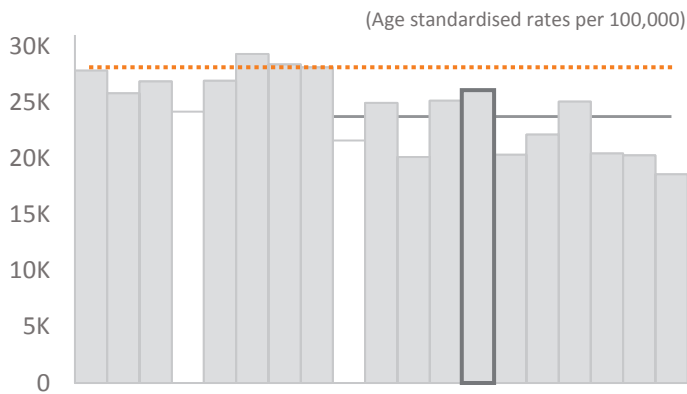
Looking at the most recent data from January 2018 we can see that rates are following a clear relationship with deprivation.

The LCPs are shown in descending order of deprivation and the bars show a clear reduction in size from left to right.

Obesity counts per LCP

(counts)
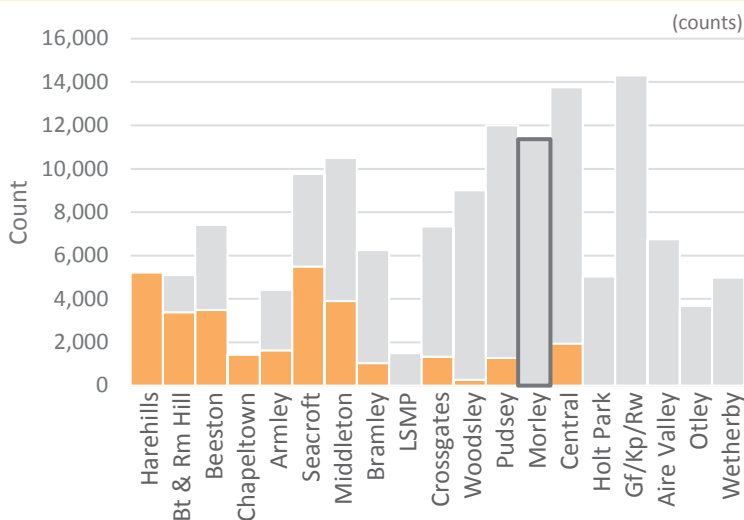
This chart shows the number of obese patients per LCP. If any obese patients live within the most deprived 5th of Leeds they are shown in orange.

30,367 obese patients living in the most deprived 5th of Leeds are shown in orange, none of them of them are within this LCP.

This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.

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

There are more women than men who have a BMI above 30 and are current smokers. The gender difference is seen in most LCPs and is slightly more pronounced in the most deprived.
*(recent large changes in the data are due to data collection issues)*

Obese smokers in Leeds, by gender and deprivation
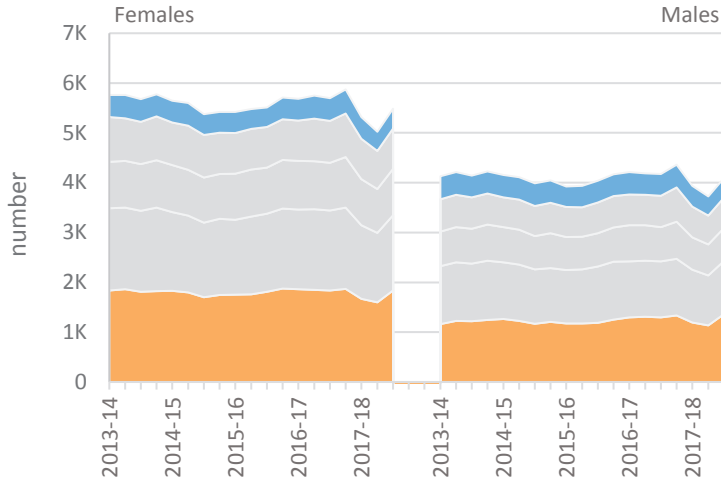
In January 2018 there were 9,573 patients inside Leeds who smoked and were classified as obese.

These charts show the number fluctuating over time, and that there have always been large numbers from more deprived areas (orange layer). Women (who are more likely to be clinically obese) outnumber men in this group.

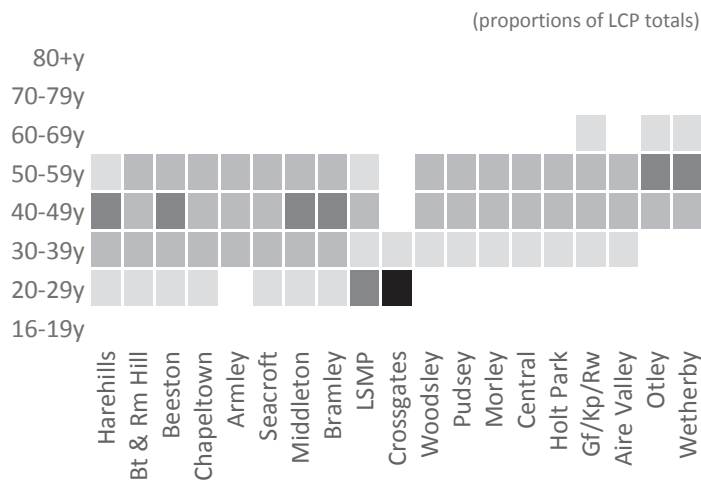### Obese smokers in this LCP, by gender and deprivation
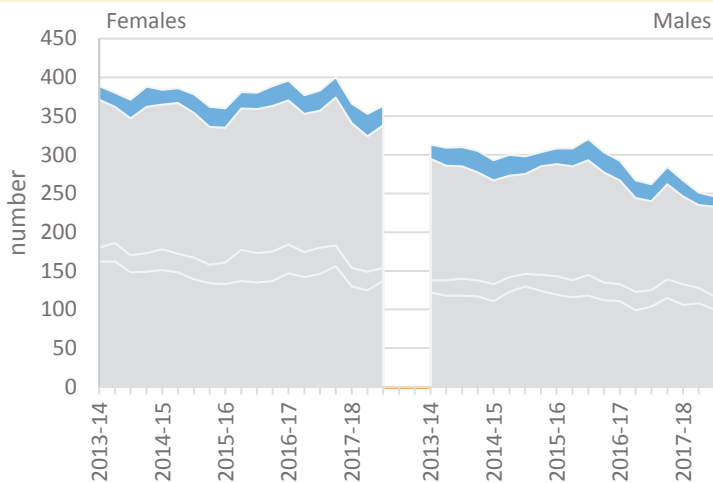
Morley LCP

These charts show the number of obese smokers in this LCP, by gender and deprivation.

In Morley LCP male counts are falling more quickly than females which are almost static in comparison.

LCP Obese smokers by age band

(proportions of LCP totals)

This table shows the agebands within each LCP that contribute the most to each LCP total.

The largest group in Morley LCP is the 40-49y ageband with 23.5% of the LCP total.

greater than or equal to 30%
greater than or equal to 25%
greater than or equal to 20%
greater than or equal to 15%

This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.

Diabetes (all ages)

Diabetes in Leeds is very strongly linked to deprivation with the highest rates and fastest rises in the most deprived LCPs, while rates are almost static in Wetherby.

Change of rates over time

(Age standardised rates per 100,000)
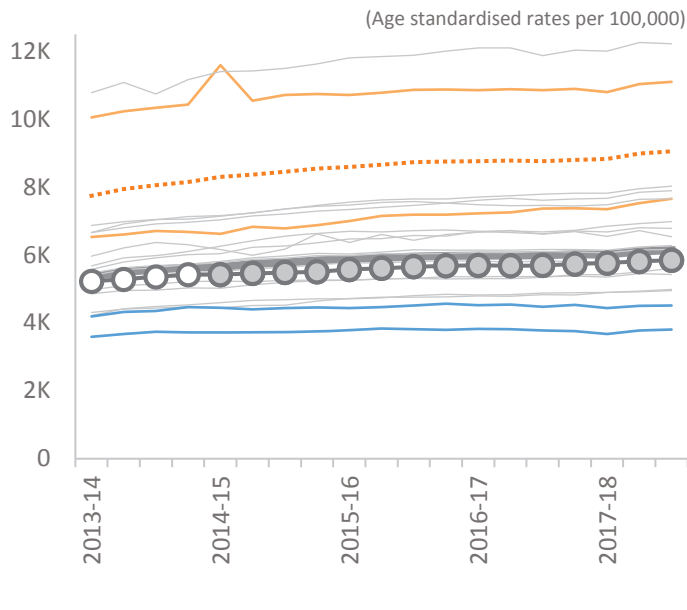
In a time series we can see in general the most deprived LCPs are rising at a much faster rate than the least deprived ones. In Wetherby LCP the rate is virtually static and perhaps now showing a downward trend.

Most recent data shows this LCP to be significantly below Leeds.

Leeds range ——————
Most deprived 5th ·············
This LCP ○——●——○

Most recent rates compared

(Age standardised rates per 100,000)
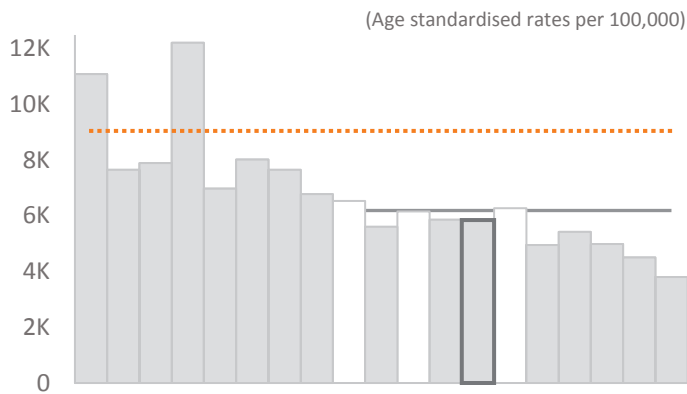
Looking at the most recent data from January 2018 we can see that rates are following a very strong relationship with deprivation.

The LCPs are shown in descending order of deprivation and the bars show a clear reduction in size from left to right.

Diabetic patients per LCP

(counts)
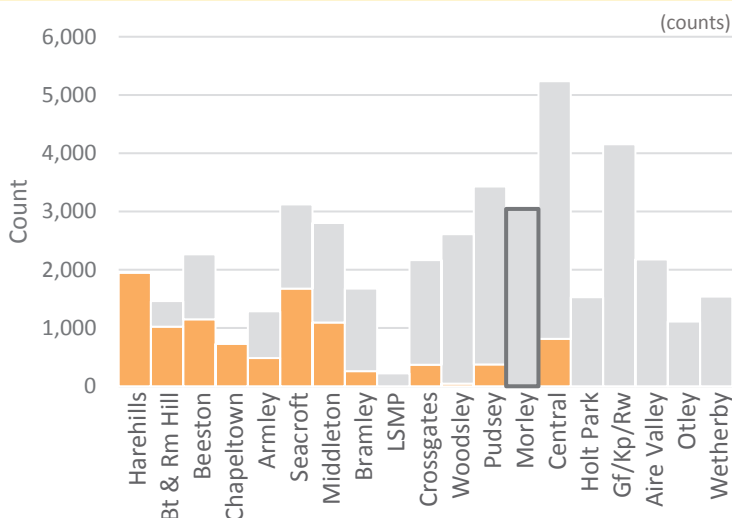
This chart shows the number of diabetic patients per LCP. If any live within the most deprived 5th of Leeds they are shown in orange.

9,963 diabetic patients living in the most deprived 5th of Leeds are shown in orange, none of them of them are within this LCP.

This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.

CHD (all ages)

CHD rates in Leeds are all falling steadily and at the same speed, except for Burmantofts and Richmond Hill which is falling faster than most other LCPs. Rates are generally higher in more deprived areas.
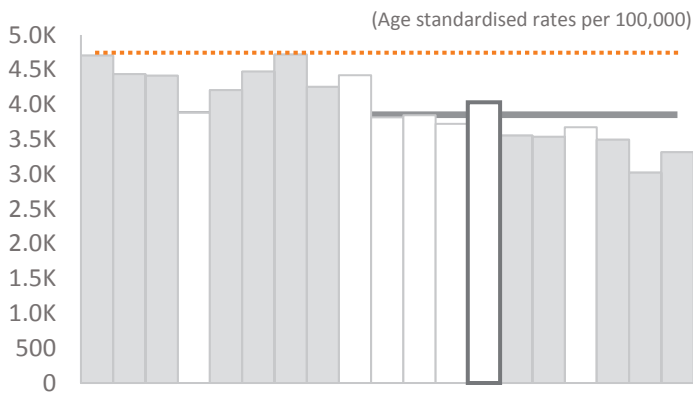
Change of rates over time

(Age standardised rates per 100,000)
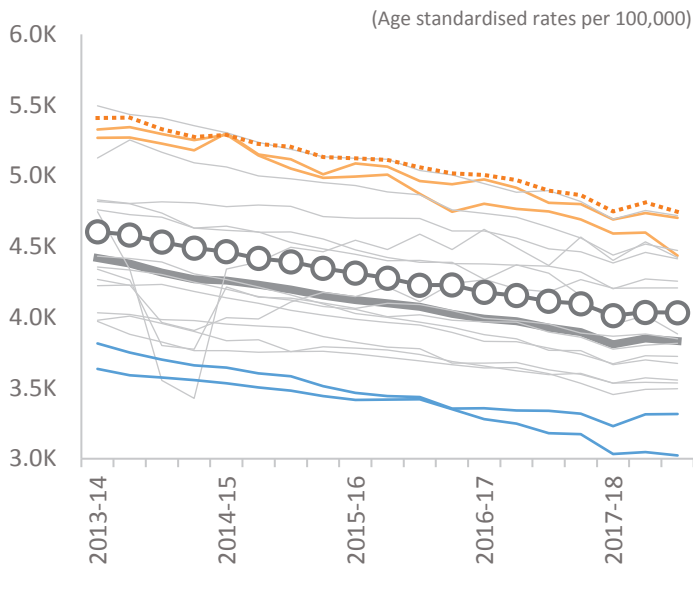
In a time series we can see that almost all LCPs are falling at an equal rate.

Most recent data shows this LCP not to be significantly different to Leeds.

Leeds range
Most deprived 5th
This LCP

Most recent rates compared

(Age standardised rates per 100,000)

Looking at the most recent data from January 2018 we can see that rates are following a clear relationship with deprivation.

The LCPs are shown in descending order of deprivation and the bars show a large decrease from left to right.

CHD patients per LCP

(counts)
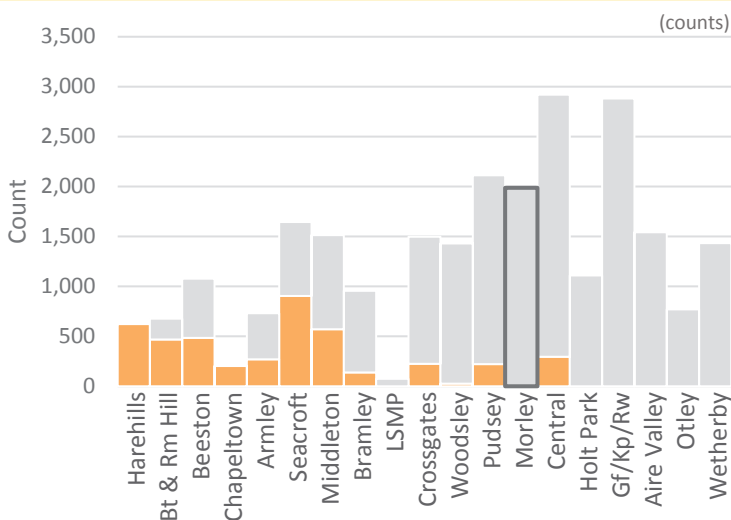
This chart shows the number of patients with CHD per LCP. If any live within the most deprived 5th of Leeds they are shown in orange.

4,425 patients with CHD living in the most deprived 5th of Leeds are shown in orange, none of them of them are within this LCP.

This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.

COPD (all ages)

COPD rates in Leeds are very strongly linked to deprivation with large differences from most to least deprived. Most LCPs have rates which are increasing slowly.

Change of rates over time

(Age standardised rates per 100,000)
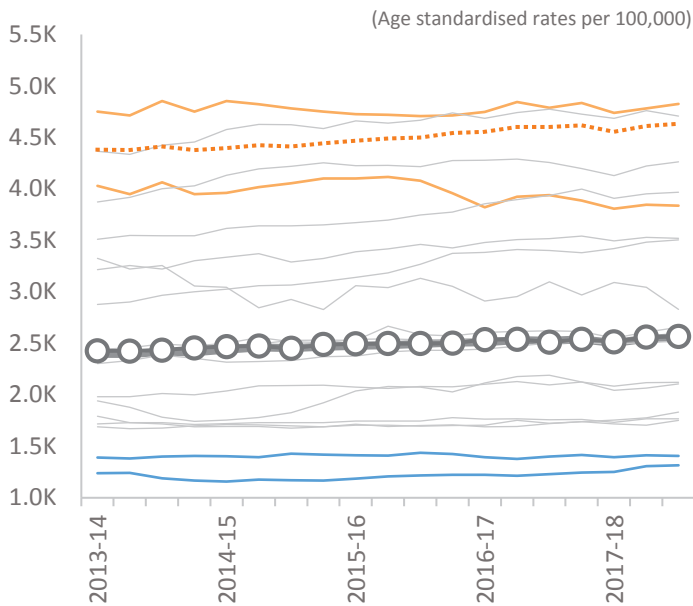
In a time series we can see in general the least deprived LCPs are rising more slowly than others. 'Harehills' LCP stands out for falling in recent years.

Most recent data shows this LCP not to be significantly different to Leeds.

Leeds range ──────
Most deprived 5th ·········
This LCP ○──◉──○

Most recent rates compared

(Age standardised rates per 100,000)

Looking at the most recent data from January 2018 we can see that rates are following a very strong relationship with deprivation.

The LCPs are shown in descending order of deprivation and the bars show a large fall from left to right.

COPD patients per LCP

(counts)

This chart shows the number of patients with COPD per LCP. If any live within the most deprived 5th of Leeds they are shown in orange.
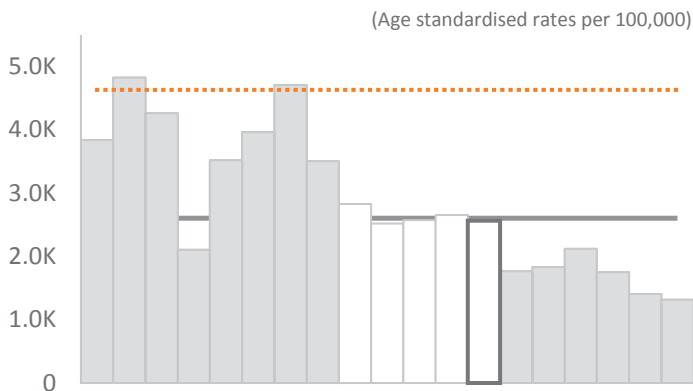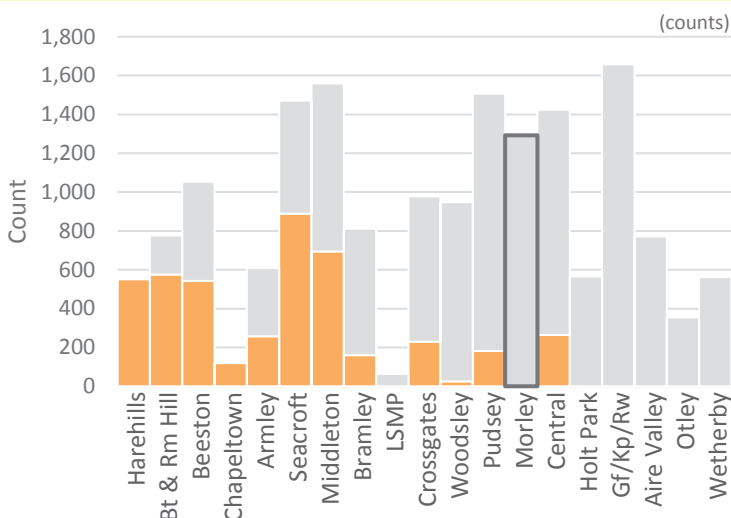
4,490 patients with COPD living in the most deprived 5th of Leeds are shown in orange, none of them of them are within this LCP.

This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.

Cancer (all ages)

Cancer rates in Leeds are linked to deprivation but not in the usual way: the least deprived LCPs have some of the highest rates. This is thought to be due to late diagnosis leading to higher mortality rates in more deprived areas.
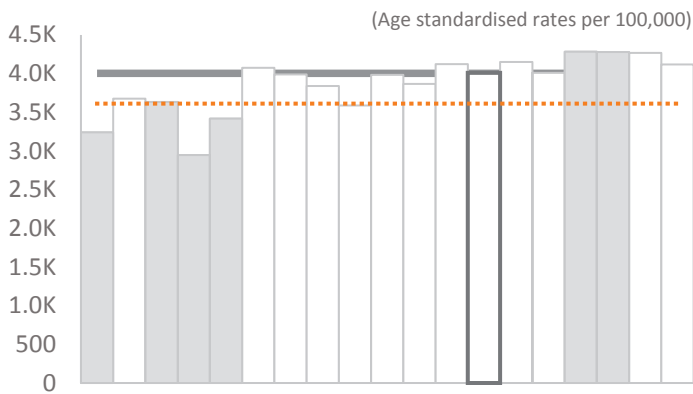
Change of rates over time

(Age standardised rates per 100,000)
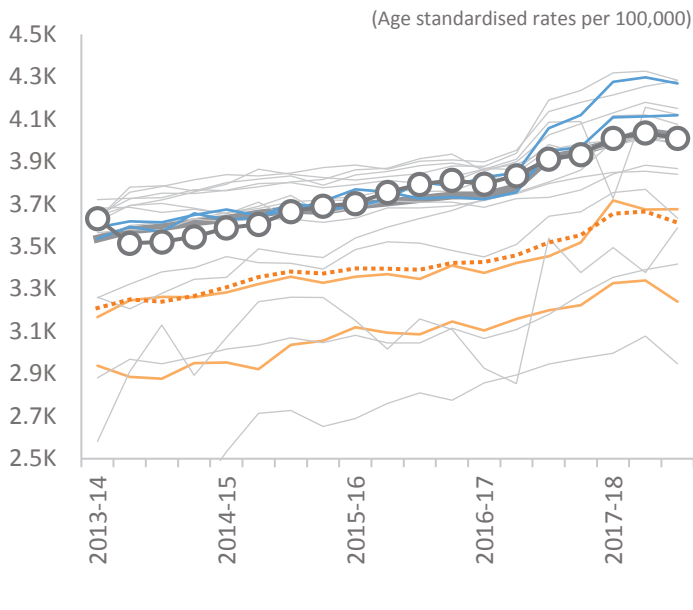
In a time series we can see in general all LCPs are growing at about the same rate.

Most recent data shows this LCP not to be significantly different to Leeds.

Leeds range ⎯⎯⎯⎯⎯
Most deprived 5th ··········
This LCP ○⎯⎯●⎯⎯○

Most recent rates compared

(Age standardised rates per 100,000)

Looking at the most recent data from January 2018 we can see that rates are following an inverse relationship with deprivation.

The LCPs are shown in descending order of deprivation and the bars show a slight increase in size from left to right.

Cancer patients per LCP

(counts)
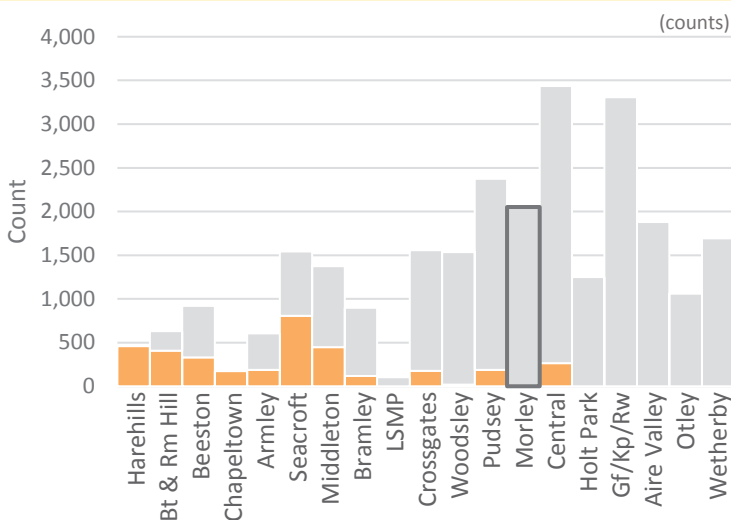
This chart shows the number of patients recorded with cancer per LCP. Those resident within the most deprived 5th of Leeds are shown in orange.

3,577 patients with cancer, in the most deprived 5th of Leeds are shown in orange, none of them of them are within this LCP. The least deprived LCPs have the greatest cancer counts, an inverted relationship to deprivation.

This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.

Common mental health issues (all ages)

*The Leeds rate is slowly rising, but the time series is too short to draw many other conclusions.*

Change of rates over time

(Age standardised rates per 100,000)
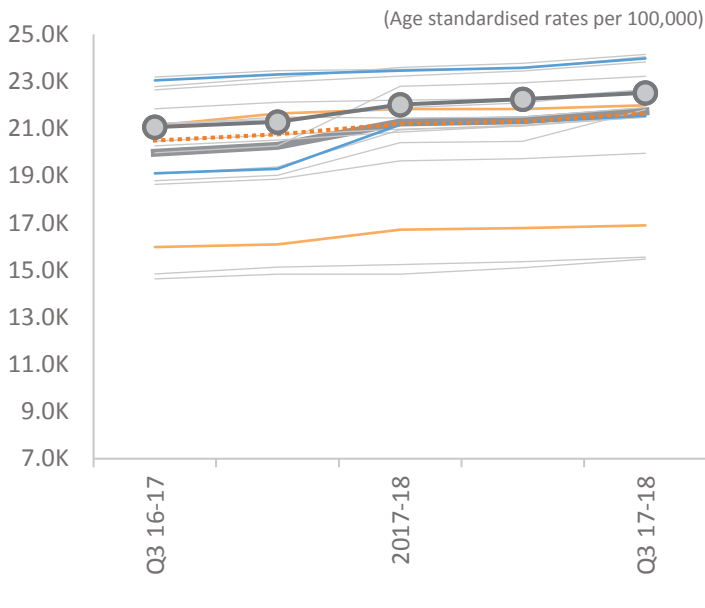
Due to changes in processes, this is a short time series but we can see that most LCPs are rising slowly.

Most recent data shows this LCP to be significantly above Leeds.

Leeds range
Most deprived 5th
This LCP

Most recent rates compared

(Age standardised rates per 100,000)
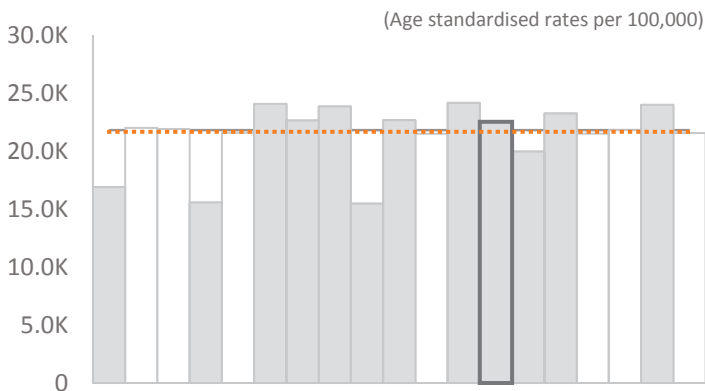
Looking at the most recent data from January 2018 we can see that rates are not varying in a manner related to deprivation.

The LCPs are shown in descending order of deprivation and the bars are not really varying consistently.

Common mental health issues, counts by LCP

(counts
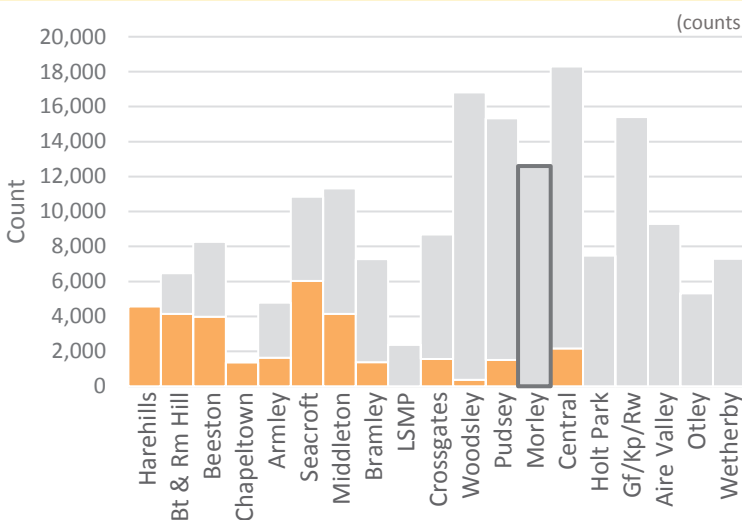
This chart shows the number of patients recorded with common mental health conditions per LCP. If any live within the most deprived 5th of Leeds they are shown in orange.

28,271 patients with common mental health conditions living in the most deprived 5th of Leeds are shown in orange, none of them of them are within this LCP.

This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.

Severe mental health issues (18+)

Severe mental health rates show a strong link to deprivation except for 'Chapeltown' LCP that has quite a high rate for its position in the deprivation rank.

Change of rates over time

(Age standardised rates per 100,000)
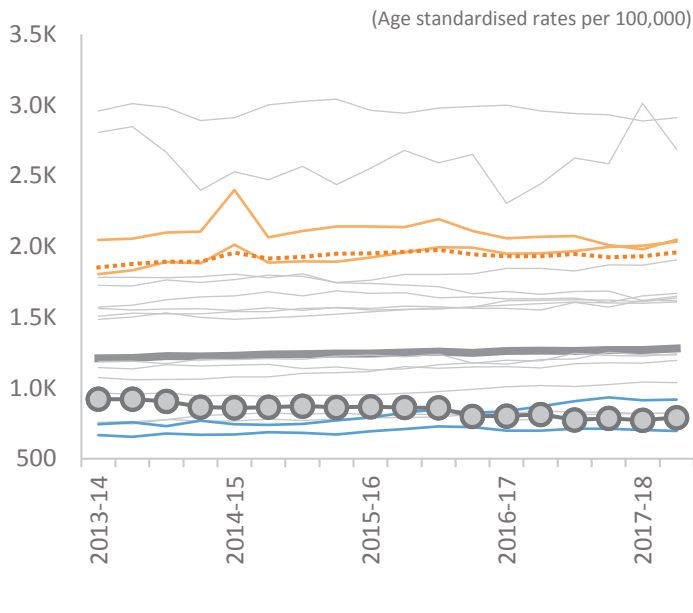
In a time series we can see that all LCPs are following a similar very slow rate of increase, 'Harehills' though is actually falling over time.

Most recent data shows this LCP to be significantly below Leeds.

Leeds range
Most deprived 5th
This LCP

Most recent rates compared

(Age standardised rates per 100,000)
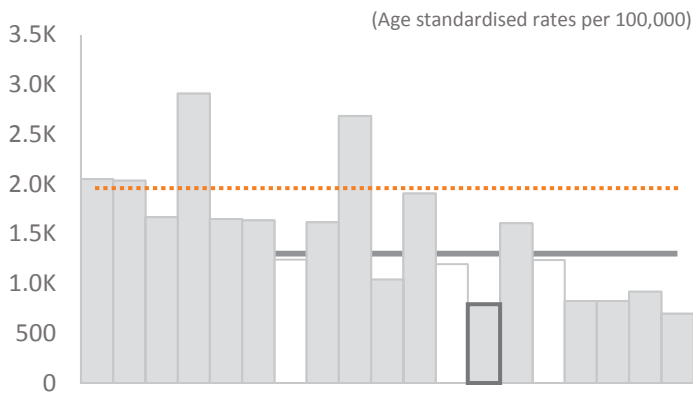
Looking at the most recent data from October 2017 we can see that rates are actually quite strongly related to deprivation, with some exceptions notably 'LSMP' LCP.

The LCPs are shown in descending order of deprivation and the bars descend clearly.

Severe mental health issues, counts by LCP

(counts)
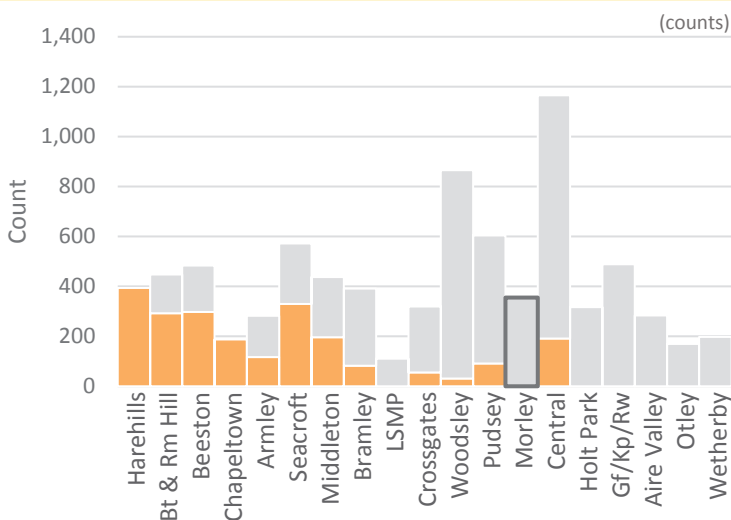
This chart shows the number of patients recorded with severe mental health conditions per LCP. If any live within the most deprived 5th of Leeds they are shown in orange.

1,873 patients with severe mental health conditions living in the most deprived 5th of Leeds are shown in orange, none of them of them are within this LCP.

This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.

People living with Frailty and at the 'End of Life' *

People living with Frailty and at the End of Life (PLwF&EoL), this group is defined as anyone on a palliative care register or with a high number health and social problems

EOL / frailty populations in this LCP compared to those of Leeds
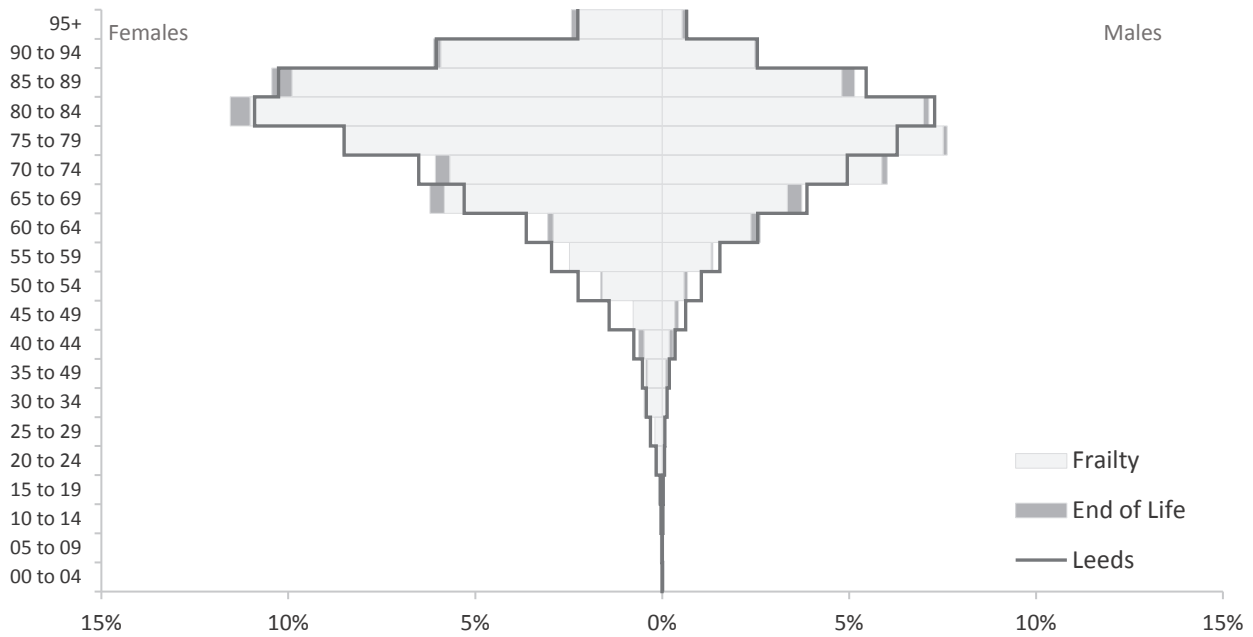
Frailty and End of Life (EOL) data is commonly seen in older agebands. The data for this LCP is shown above for women and men overlaid (shaded areas) with the full EOL and frailty profile for Leeds (black outline).

The Frailty and EOL data for this LCP age profile is similar to Leeds but concentrated into older ages.

LCPs compared by rates (deprivation ranked order)
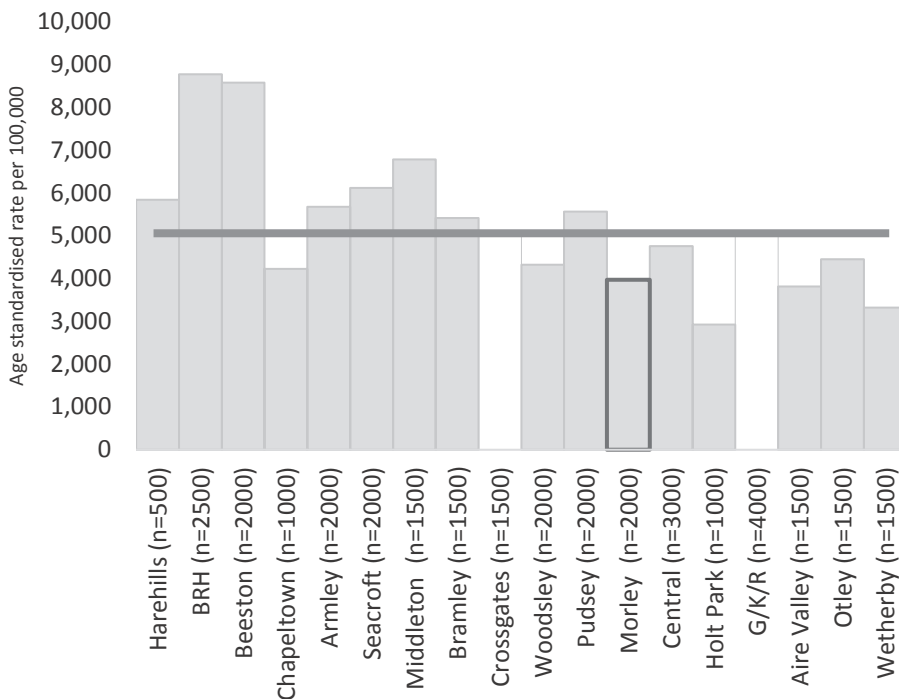
Frailty *and* EOL combined rates are shown here for all LCPs. There is a reasonably strong relationship between the deprivation level of an LCP and the rate.

A rounded count is included in the horizontal axis labels.

'Frailty' and 'End of Life' data from September 2016 is only available by practice, this data has been aggregated from practice level to LCP practice membership (as opposed to the more usual LCP footprint). Source: Leeds Data Model

All cause mortality (under 75s)

Mortality rates show a very strong link to deprivation. Most LCPs are falling steadily, and some of those with the highest rates appear to be dropping slightly faster.

Change of mortality rates over time

(Age standardised rates per 100,000)

Legend: Leeds range | Most deprived 5th | LCP
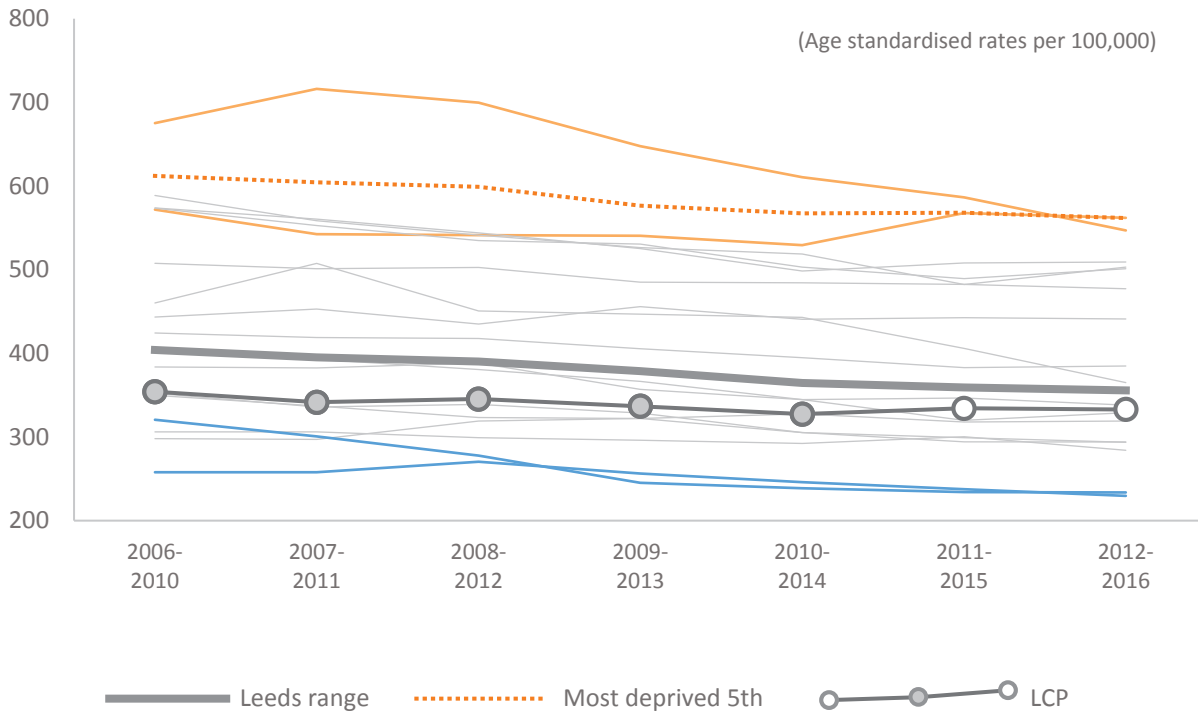
In a time series we can see that almost all LCPs are decreasing, with slightly faster drops in those with the highest rates.

Most recent data shows the mortality rate at this LCP not to be significantly different to Leeds.

Most recent mortality rates compared

(Age standardised rates per 100,000)
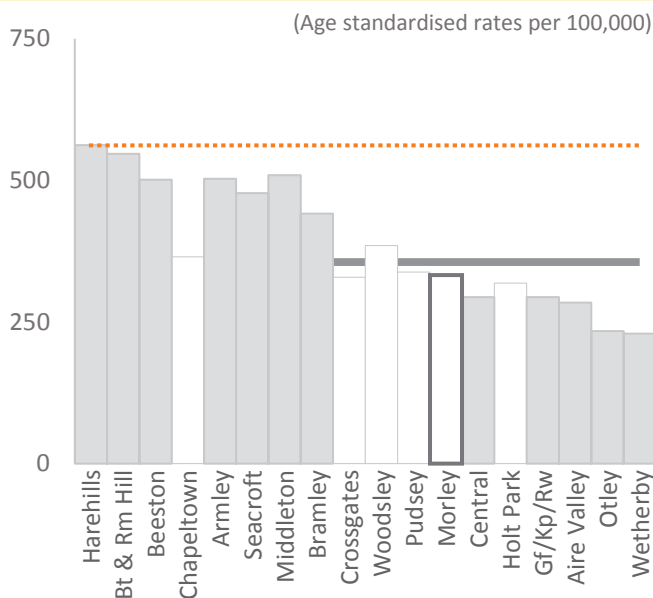
Looking at the most recent mortality data, we can see that rates are very strongly related to deprivation.
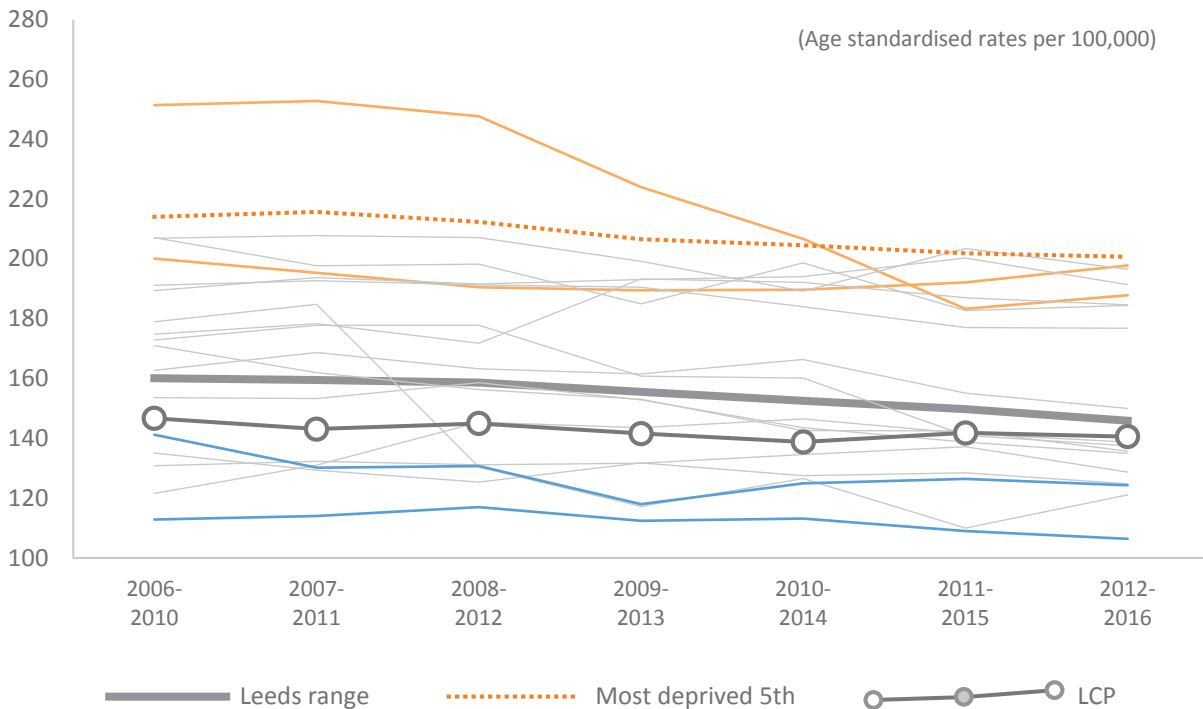
(The LCPs are shown in descending order of deprivation)

Source: ONS, GP registered

Cancer mortality (under 75s)

Cancer mortality rates show a very strong link to deprivation. LCPs show some variation in change, some rising and some falling.

Change of mortality rates over time

(Age standardised rates per 100,000)

Legend: Leeds range — Most deprived 5th ⋯⋯ LCP ◯—◯—◯

In a time series we can see that almost all LCPs are fluctuating, with slightly faster drops in those with the highest rates. However the 'Chapeltown' and 'Burmantofts and Richmond Hill' LCPs stand out for large decreases.

Most recent data shows the mortality rate at this LCP not to be significantly different to Leeds.

Most recent mortality rates compared

(Age standardised rates per 100,000)
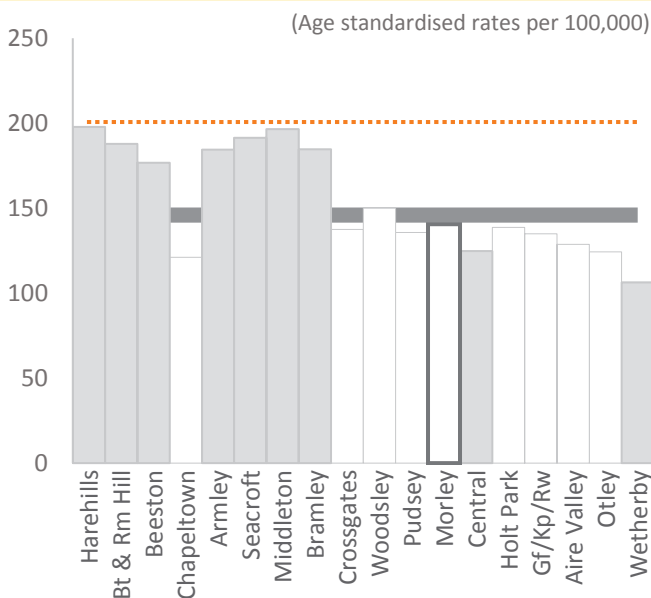
Looking at the most recent mortality data, we can see that rates are strongly related to deprivation.

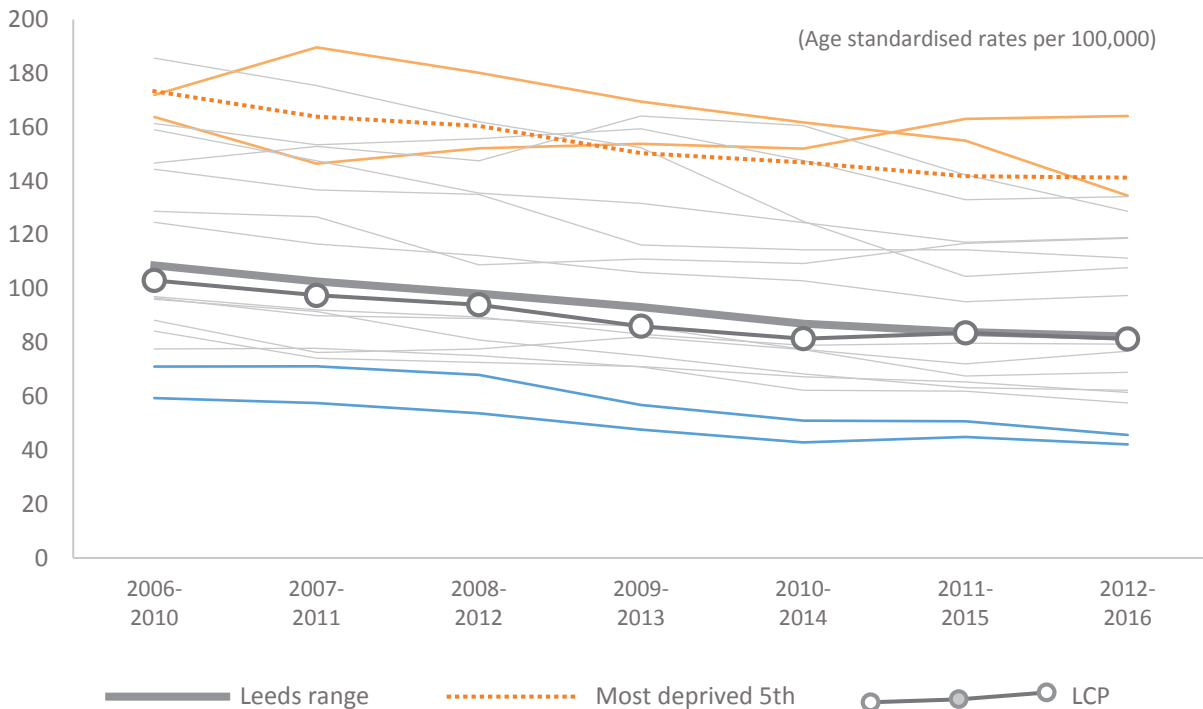(The LCPs are shown in descending order of deprivation)

Source: ONS, GP registered

Circulatory disease mortality (under 75s)

Circulatory mortality rates show an extremely strong link to deprivation. LCPs show some variation in change, some rising and some falling with the most deprived falling slightly faster overall except for the growing Harehills.

Change of mortality rates over time

(Age standardised rates per 100,000)

Legend: Leeds range — Most deprived 5th ·········· LCP ○──●──○

In a time series we can see that almost all LCPs are falling slowly, with some recent increases especially 'Harehills' LCP.

Most recent data shows the mortality rate at this LCP not to be significantly different to Leeds.

Most recent mortality rates compared

(Age standardised rates per 100,000)
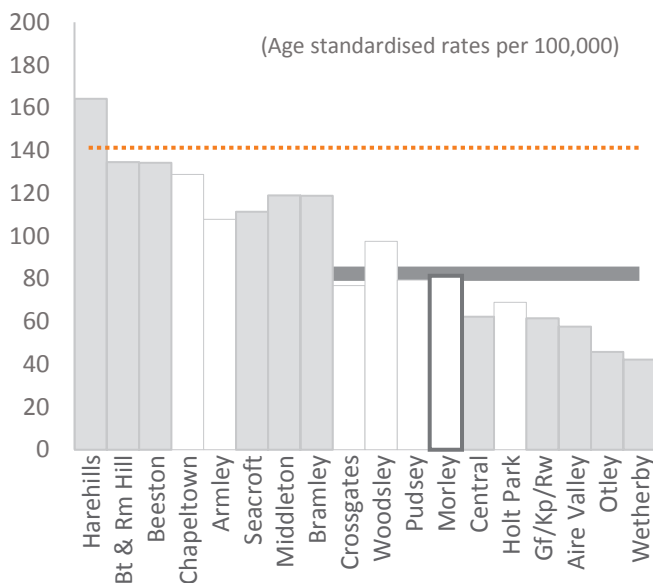
Looking at the most recent mortality data, we can see that rates are extremely strongly related to deprivation.
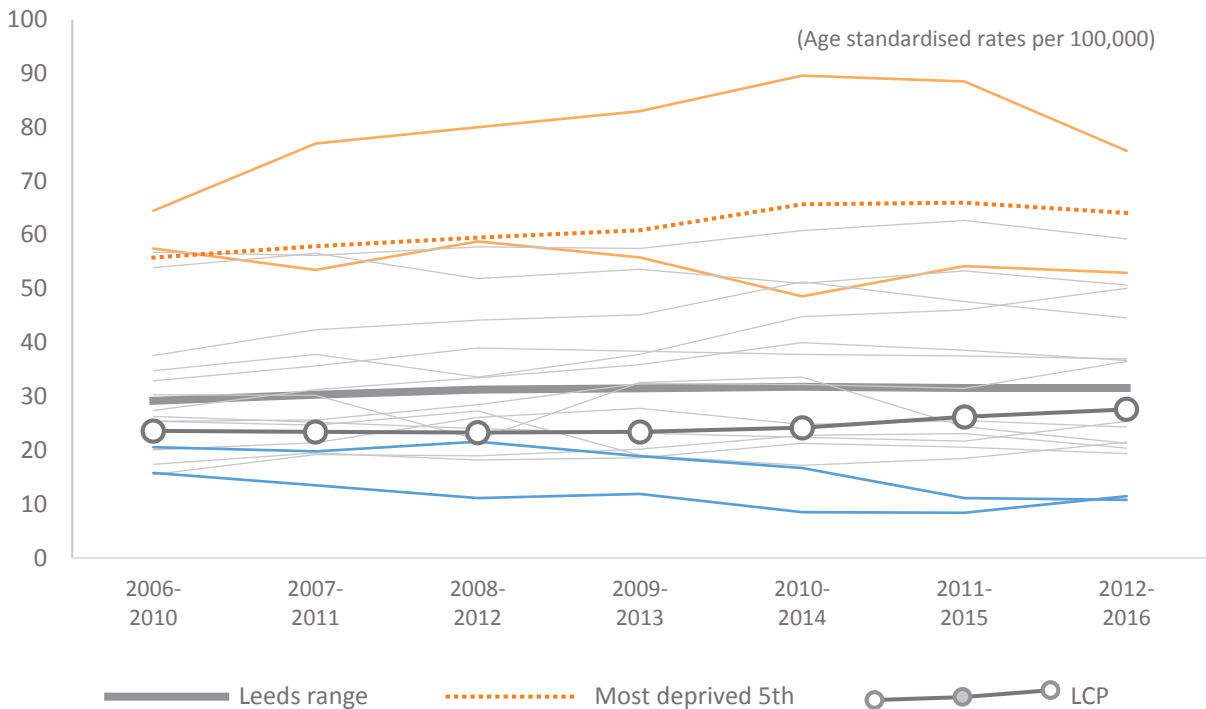
(The LCPs are shown in descending order of deprivation)

Source: ONS, GP registered

Respiratory disease mortality (under 75s)

Respiratory disease mortality rates show a very strong link to deprivation. There are some stark differences between the most and least deprived LCPs.
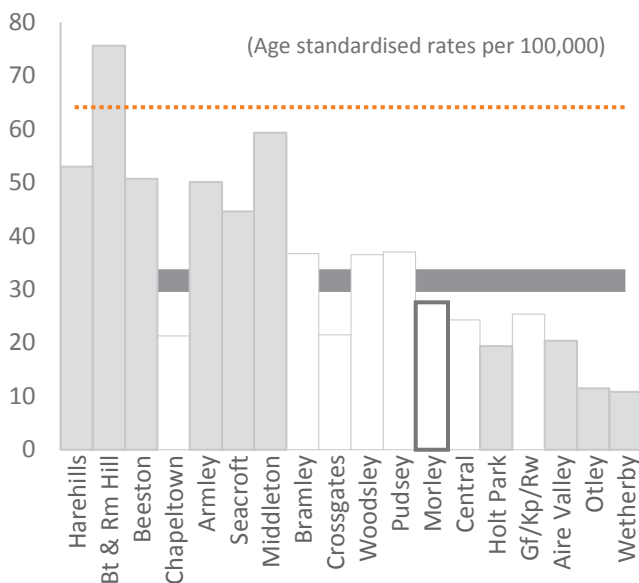
Change of mortality rates over time

In a time series we can see that almost all LCPs are changing steadily, those with the highest rates are climbing, while some of the lowest rates are falling.

Most recent data shows the mortality rate at this LCP not to be significantly different to Leeds.

Most recent mortality rates compared

Looking at the most recent mortality data, we can see that rates are generally very strongly related to deprivation.

(The LCPs are shown in descending order of deprivation)

Source: ONS, GP registered

Life expectancy for women and men, 2014-2016

For both genders there is a clear relationship between deprivation and life expectancy. Male life expectancy is poorer overall and the difference between the sexes is slightly more pronounced in the most deprived LCPs. There is a difference of 3.2 years between the sexes in this LCP.
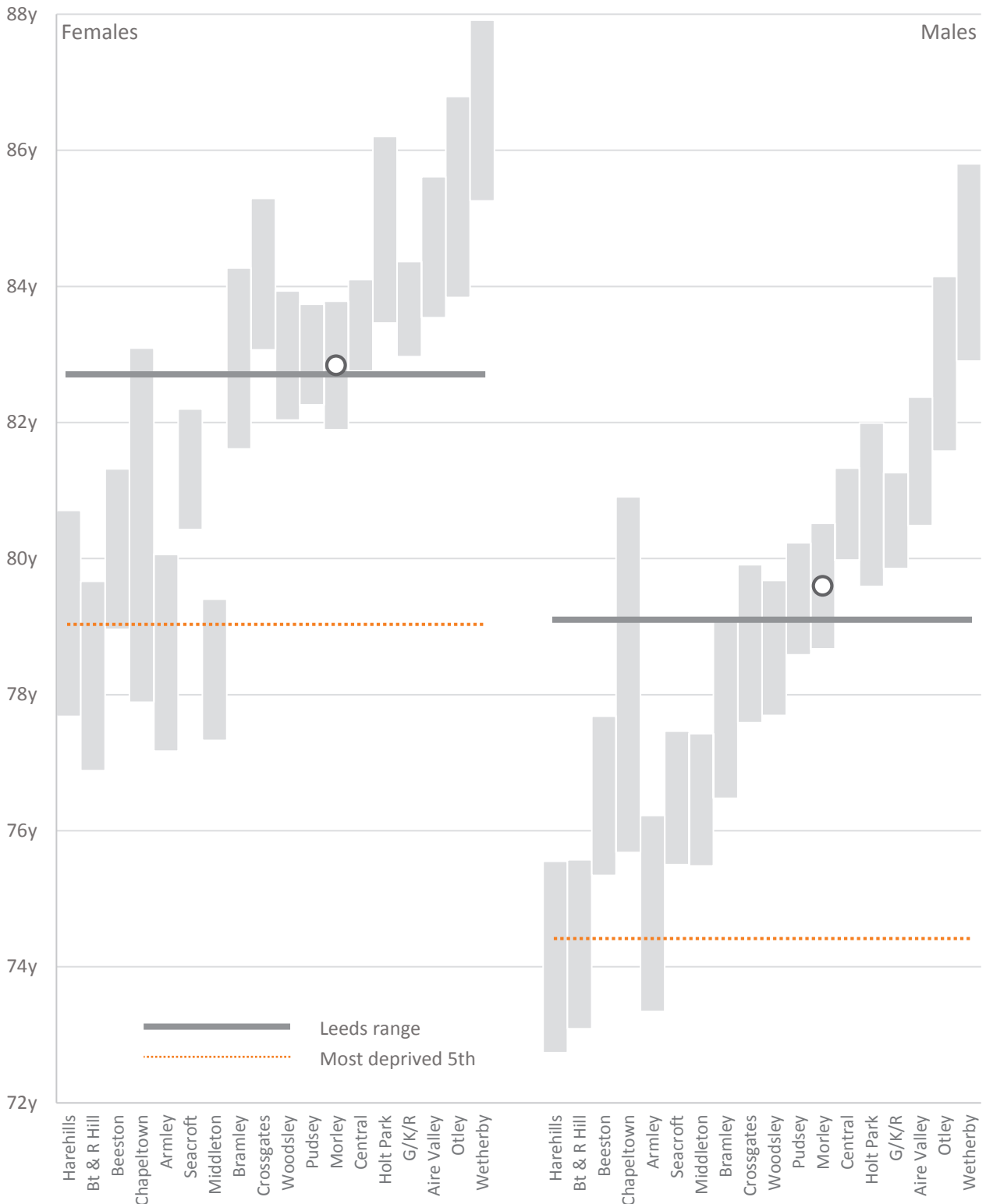
Bars in this chart encompass 95% confidence intervals, Leeds and deprived Leeds have very narrow confidence intervals and can be illustrated with a line. Source: ONS deaths extract, GP registered populations.