This data pack brings together quantitative intelligence and analysis from a range of sources to provide the health and care system with a simple, unified view of health inequalities in Leeds. Throughout this pack, you'll find explanations of health inequalities, where they exist in our city and who experiences them. There are also links to other resources that can provide more information. The pack begins with an overview of using relevant local and national data.

Please use the zoom function on your computer to view details on graphs and diagrams.

Using local and national data to address health inequalities

- What are the main causes of death and poor health in my population?
- How does my area compare against national averages, targets, with other similar areas and over time?
- Is there evidence of inequalities within my area, either geographically or for particular population sub-groups?
- What are the main factors driving inequalities within my population?
- Is there evidence of inequalities within local health & care pathways?

Click on this interactive navigation bar to easily move to different sections

Using national and local data to address health inequalities:
Relevant national data and tools guide

Public Health England

Legend:
- ○ Some relevant content
- ◑
- ● Highly relevant content

	PHE Health Inequalities Dashboard	PHE Segment Tool	Right Care - Equality & Health Inequalities Packs	PHE & NHS Right Care Atlases of Variation	PHE LKIS Health Inequalities Packs	PHE Wider Determinants of Health	PHE Public Health Outcomes Framework	PHE Local Health	IHM and Evaluation Global Burden of Disease Compare Tool	Strategic Health Asset Planning and Evaluation (SHAPE) Place Atlas
What are the main causes of death and poor health in my population?	◑	○	●	◑	●	●	◑	●	◑
How does my area compare against national averages, targets or with other similar areas?	◑	◑	●	●	◑	●	●	●	●	◑
Is there evidence of inequalities within my area, geographically or for particular pop sub-groups?	◑	●	●	○	●	○	○	●	○	◑
What are the main factors driving inequalities within my population?	○	◑	◑	●	◑	●	◑	●	◑	◑
Is there evidence of inequalities within local health & care pathways?	○	◑	●	○	○	○	○	○	○	◑

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Population, Ethnicity and Household Makeup

According to the ONS 2019 population estimates, there are nearly 800,000 people living in Leeds and a near 50:50 split of males and females.

793,139
Total population estimate (2019) ⓘ
Source: ONS*

49.1%
(389,345)
male estimate population (2019) ⓘ
Source: ONS*

50.9%
(403,794)
female estimate population (2019) ⓘ
Source: ONS*

People aged 0-15 years account for 19.4% of the population; those aged 16-64 account for 65.1% and those aged 65 and over 15.6% of the population.

18.9%
(141,771)
Minority ethnic background ⓘ
Source: ONS* (2011)

12.5%
(99,000)
of population born outside UK ⓘ
Source: ONS* (2019)

4.5%
Households where no-one has English as a main language. ⓘ
Source: ONS Census 2011

33.3%
(106,739)
One person households. ⓘ
Source: ONS Census 2011

12%
(38,326)
One person households aged 65 and over. ⓘ
Source: ONS Census 2011

7.6%
(24,499)
Lone parent with dependent children. ⓘ
Source: ONS Census 2011

58.2% of households in Leeds contain one family according to ONS which is less than Yorkshire and Humber (62.7%) and England (61.8%).

33.3% of households contain one person which is higher than Yorkshire and Humber (30.5%) and England (30.2%)

12.0% of one person households contain a person aged 65 and over with 21.3% of all one person households contain younger aged people.

Ethnicity	Number	%	Yorkshire & Humber (%)	England (%)
White - British	609,714	81.1	85.8	79.8
White - Irish	7,031	0.9	0.5	1
Gypsy	687	0.1	0.1	0.1
Other White	22,055	2.9	2.5	4.6
White and Black Caribbean	8,813	1.2	0.6	0.8
White and Black African	2,493	0.3	0.2	0.3
White and Asian	4,906	0.7	0.5	0.6
Other Mixed	3,420	0.5	0.3	0.5
Indian	16,130	2.1	1.3	2.6
Pakistani	22,492	3	4.3	2.1
Bangladeshi	4,432	0.6	0.4	0.8
Chinese	5,933	0.8	0.5	0.7
Other Asian	9,256	1.2	0.8	1.5
Black African	14,894	2	0.9	1.8
Black Caribbean	6,728	0.9	0.4	1.1
Other Black	4,271	0.6	0.2	0.5
Arab	3,791	0.5	0.4	0.4
Any other ethnic groups	4,439	0.6	0.4	0.6
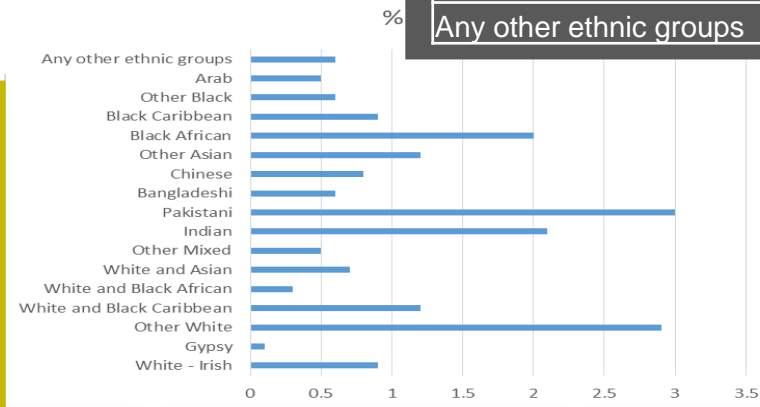
Demographics | Inequalities and frailty | COVID-19 Clinically Extremely Vulnerable | Measurements of health | Wider determinants | Further resources

Age

Choose an area: **Leeds**

Choose an area: **United Kingdom**

789,194 people in 2018
All ages
387,143 males 49.1%
402,051 females 50.9%

66,435,550 people in 2018
All ages
32,790,202 males 49.4%
33,645,348 females 50.6%

< back a decade   play ⏵   forward a decade >

1998   2008   2018   2028   2038

Outlines unlocked   Overlap off   %   Clear selection

Office for National Statistics, Northern Ireland Statistics and Research Agency, National Records of Scotland and Welsh Government

This interactive application allows the user to track forward and backward to see how the population age and gender changes over time.

Click on the chart on the left to take you to the interactive application.

Age group breakdown estimates (2019)

Legend: Leeds — Yorkshire and The Humber — England

Population estimates - 2019 (numbers in broad age groups)

Persons age group 0 - 15	153,569
Persons age group 16 - 64	516,054
Persons age group 65+	123,516
Total:	793139

Source: ONS*

- 19.4% of people in Leeds are 0-15 yrs
- 65.1% are 16-64 years and
- 15.6% are 65 or older

Leeds has a large student population, this accounts for the high proportion of 20-29 year olds compared to the region and nationally

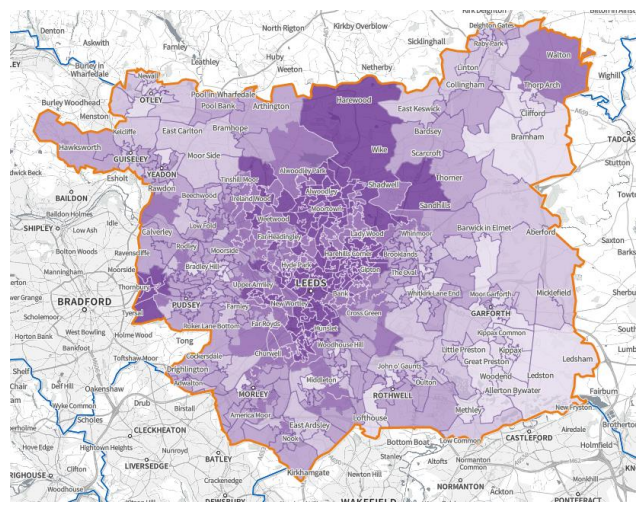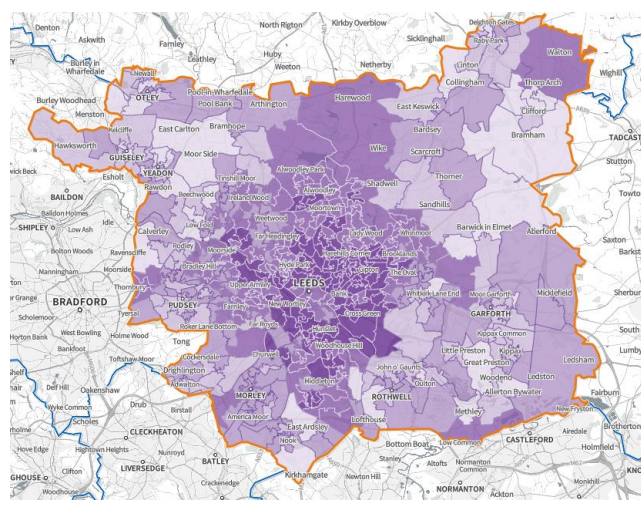| Demographics | Inequalities and frailty | COVID-19 Clinically Extremely Vulnerable | Measurements of health | Wider determinants | Further resources |

Asian/Asian British

Black/African/Carribean/Black British
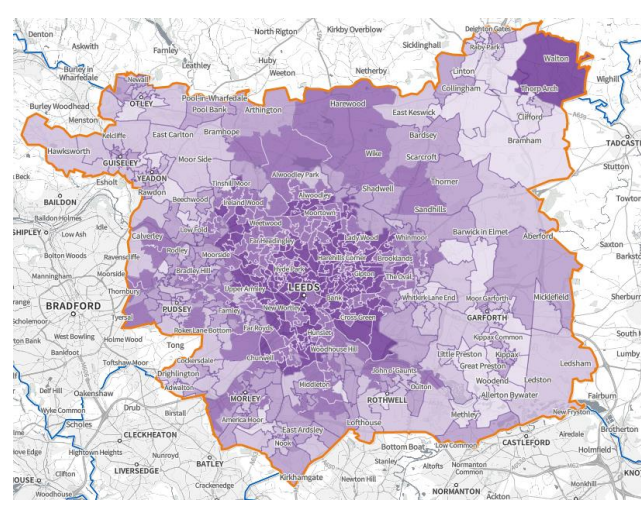

Mixed/multiple ethnic group

Asian/Asian British: is 7.75% within a range of 0.06% to 67.68% across 482 LSOAs and is 58,243 people. The England-wide LSOA distribution is 0% to 98.7% with a mean value of 7.04%
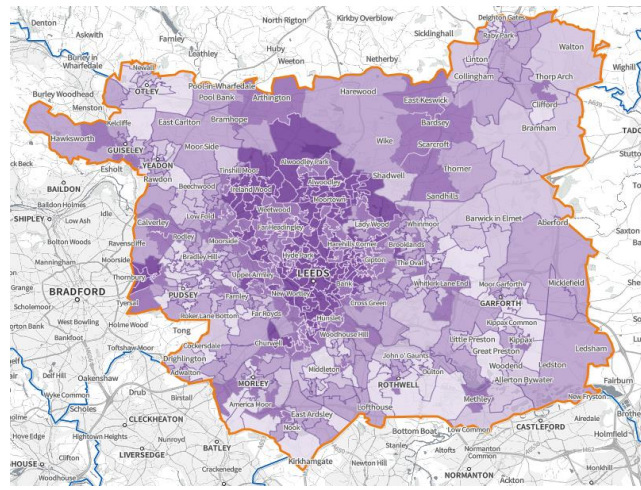
Black/African/Caribbean/Black British: is 3.45% within a range of 0% to 49.8% across 482 LSOAs and is 25,893 people. The England-wide LSOA distribution is 0% to 64.96% with a mean value of 3.14%
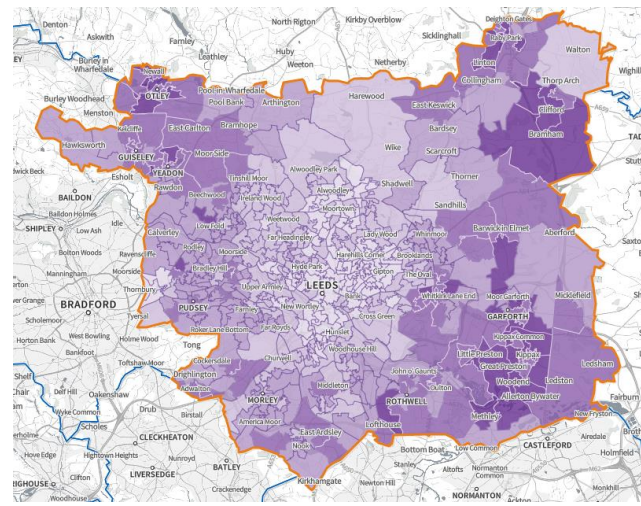
Mixed/multiple ethnic group: is 2.61% within a range of 0.15% to 11.14% across 482 LSOAs and is 19,632 people. The England-wide LSOA distribution is 0% to 14.92% with a mean value of 2.13%

Other ethnic group: NHS Leeds CCG's population is 1.1% within a range of 0% to 16.56% across 482 LSOAs and is 8,230 people. The England-wide LSOA distribution is 0% to 36.56% with a mean value of 0.95%.

White: all ethnic group: NHS Leeds CCG's population is 85.1% within a range of 9.79% to 99.34% across 482 LSOAs and is 639,487 people. The England-wide LSOA distribution is 0.72% to 100% with a mean value of 86.74%.

Other ethnic group

White

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The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation for small areas across England. It ranks each LSOA from most deprived (1) to least deprived (32,844) based on 39 separate indicators organised across seven distinct domains of deprivation, which are combined and weighted to calculate the IMD. This map shows the 482 Lower Super Output Areas (LSOAs) in Leeds coloured according to their IMD decile, with dark red showing areas in the most deprived 10% in England. Altogether there are 114 LSOAs in the most deprived 10% in England - this is 24% of Leeds LSOAs.

This map shows the spread of deprivation across the city. Inner City Leeds is more deprived than more rural, out of town Leeds.

Based on the 2017 ONS mid year population estimates, there are 186,334 people living in the LSOAs ranked amongst the most deprived 10% nationally, however, not everyone living in these areas will be experiencing deprivation.

There is a large population of under 15s and 65 and overs in the most deprived 10% nationally LSOAs.
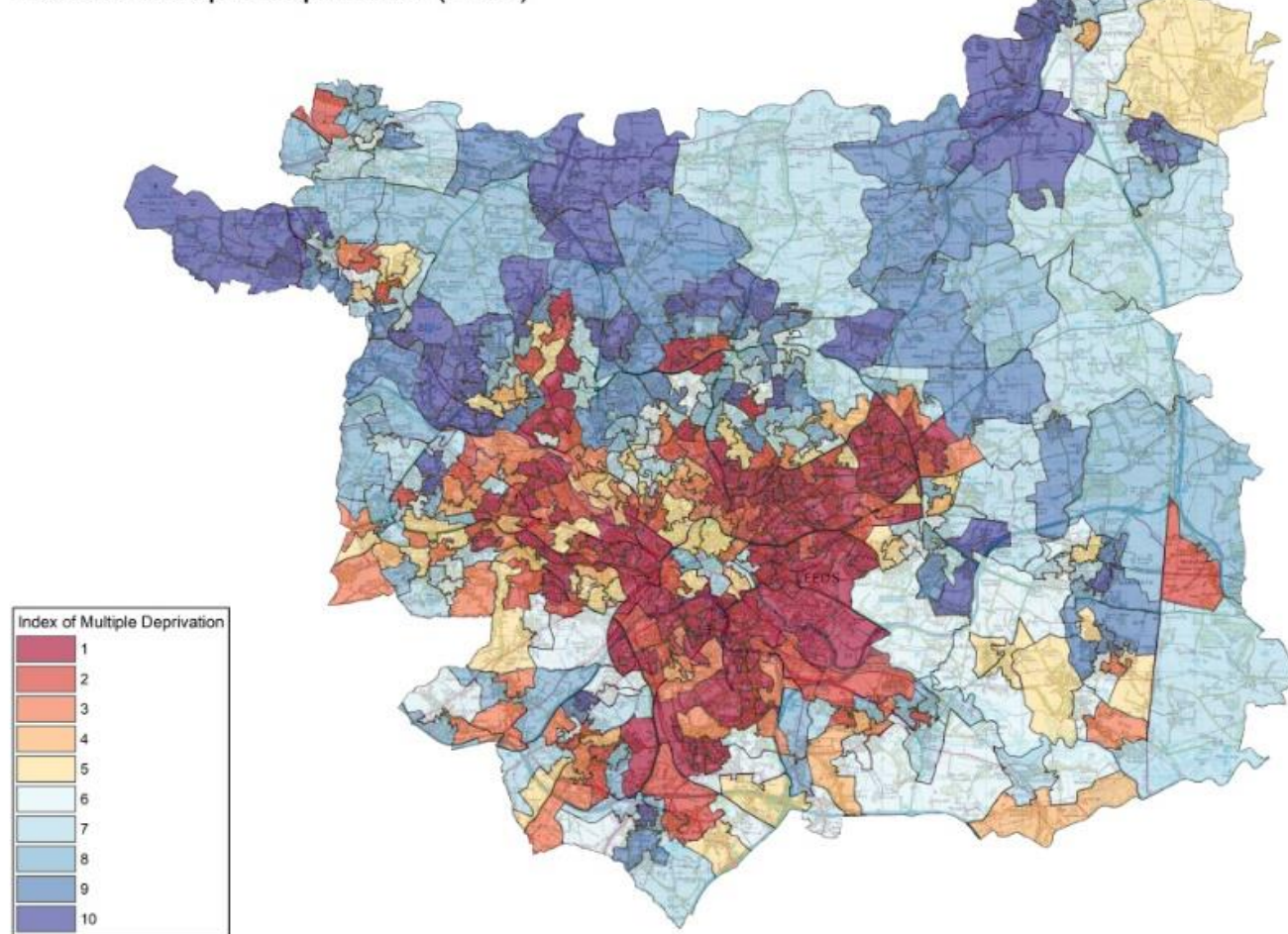
Leeds ranks 33 out of 317 local authorities on the proportion of LSOAs in the most deprived 10% nationally.

It's important to notice that the densely populated LSOAs near the centre of Leeds are much smaller than the rural areas on the outskirts.

View the interactive map here

Read the story of IMD in Leeds here

Index of Multiple Deprivation (2019)

Index of Multiple Deprivation
1
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Ethnicity and deprivation

Ethnicity by IMD Decile

Legend:
- Asian Background
- Black Background
- Chinese & Other Background
- Mixed Background
- White Background
- NULL
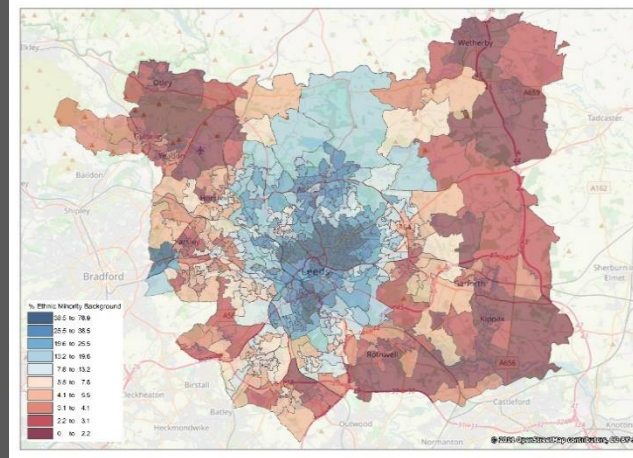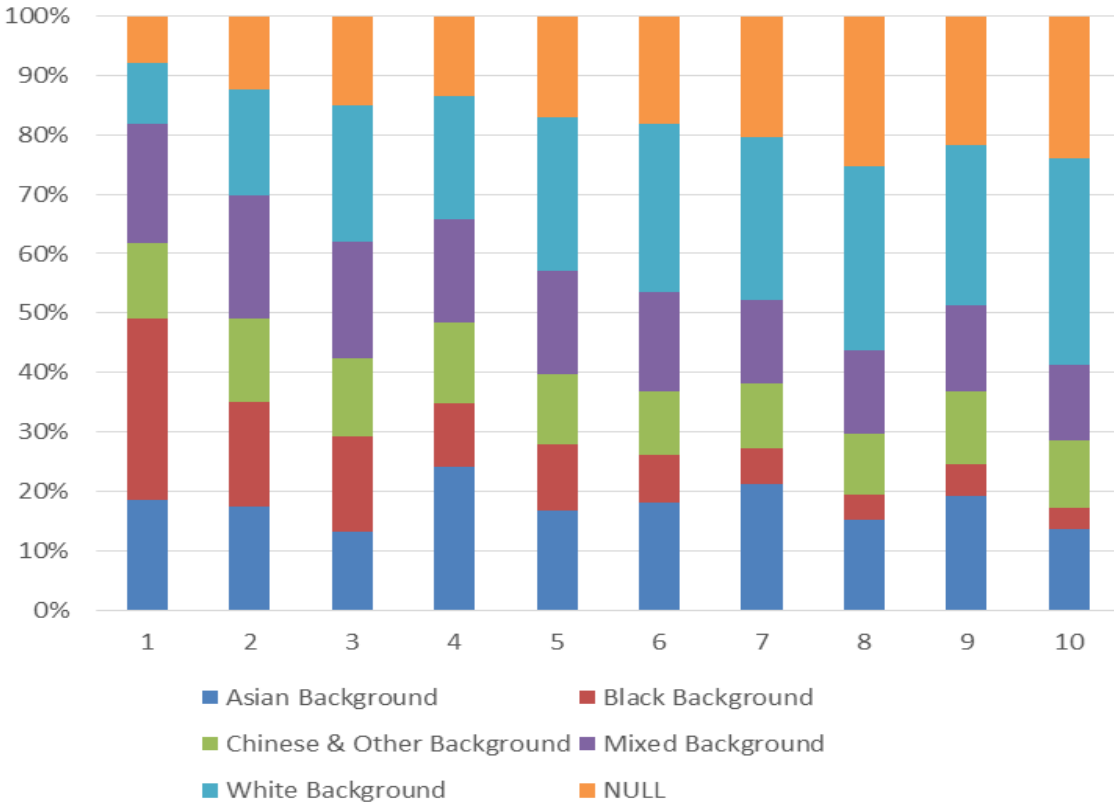
This map shows the proportion of people from an ethnic minority background by LSOA.

The pattern suggests most people in this category are found in the city centre and less so in the more rural outskirts.
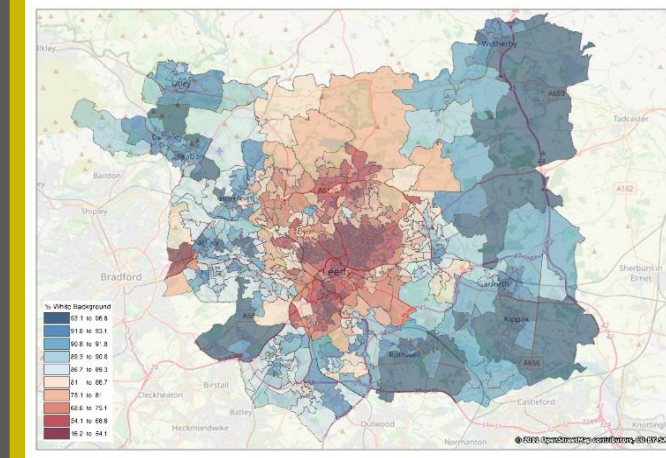
This map shows the proportion of people, by LSOA, from a white background.

The opposite pattern from the previous map. More people live in the suburbs and more rural parts of the city.

- Using the Leeds Data Model and people registered with a Leeds GP, there is a data quality issue to be aware of, with around 16% of records having no ethnicity information coded.
- However, the data does give a good idea of where people live and from what background they are. The coding of ethnicity is more complete in the more deprived areas.
- 50.7% of those people from a "Black Background" live in IMD Decile 1 with just 17.0% of those from a "White Background" living in the same level of deprivation.

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Population segments

The Leeds Data Model is a linked data set, bringing together health services data from across the city. It allows us to segment the population of Leeds into cohorts of people with similar health needs based on their health care records.

With this we can analyse where service use and estimated spend is greatest, highlight health inequalities, and identify where the biggest impacts can be made at a local level, to improve health care in the city and the overall health of our population.

There are 4 population segments in Leeds.
- End of Life
- Frailty
- Long Term Conditions
- Healthy

The Healthy segment is essentially everyone else but we make no judgement about them having a healthy lifestyle!

Each person registered with a Leeds GP is in one segment.

IMD Decile	End of Life	Frailty	Healthy	LTC
		Population Segment		
1	23.4%	22.1%	19.4%	20.1%
2	7.0%	7.0%	6.3%	7.6%
3	8.0%	8.8%	6.8%	8.3%
4	5.3%	5.5%	5.0%	5.9%
5	7.6%	6.9%	5.5%	6.7%
6	9.7%	9.5%	6.4%	8.2%
7	11.2%	11.2%	7.6%	9.9%
8	9.9%	9.4%	6.8%	8.6%
9	8.2%	8.3%	6.6%	8.2%
10	6.2%	7.8%	7.4%	8.8%
NULL	3.5%	3.4%	22.1%	7.6%

With 24% of Leeds residents living in IMD Decile 1, we would expect the percentage of people, in each segment to reflect that. Which it does.

The largest ethnic background is white across the population segments.

There are larger percentages of ethnic minorities across some segments but simply reflects the ethnic make up of Leeds.

Ethnic Background	End of Life	Frailty	Healthy	LTC
Asian Background	2.8%	5.7%	9.4%	5.9%
Black Background	1.2%	1.3%	5.5%	2.8%
Chinese & Other Background	0.6%	0.5%	4.6%	1.3%
Mixed Background	0.4%	0.5%	3.0%	1.6%
White Background	94.2%	91.6%	68.4%	85.2%
NULL	0.7%	0.4%	9.1%	3.1%

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Frailty – Ethnicity and Age and IMD

Across Leeds, the average age of frail people from a White Background is 79.7 years. Those from a non white background the average age is 73.5 years - a difference of 6.2 years. The average age across the deprivation deciles gradually increases from most to least deprived, we would expect this. Those people from a non white background in the most deprived areas (IMD 1) are, on average, 10.8 years younger than those people from a white background in the least deprived areas.

IMD 1, the 10% most deprived parts of the city, has the lowest average age at 75 years.

There is a difference of 7 years to IMD 10 (the least deprived).

The average age of the frail cohort is 78.2 years. Both Otley and Holt Park (82) have a higher average age than 78.2 for the whole of Leeds

This is 8 more years, than Beeston (74)

Average Age by IMD Decile and Ethnicity

- Non White Background
- White Background
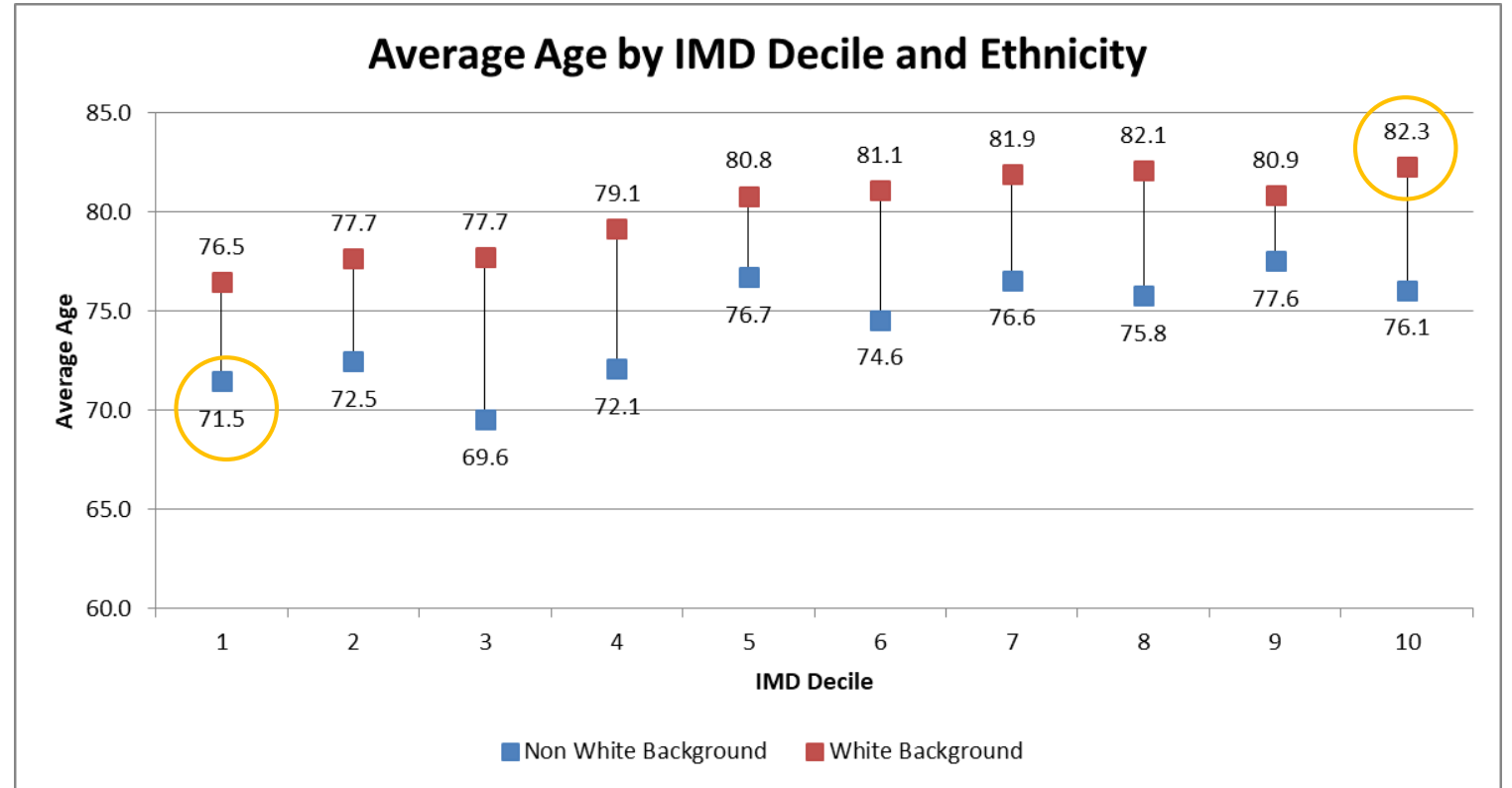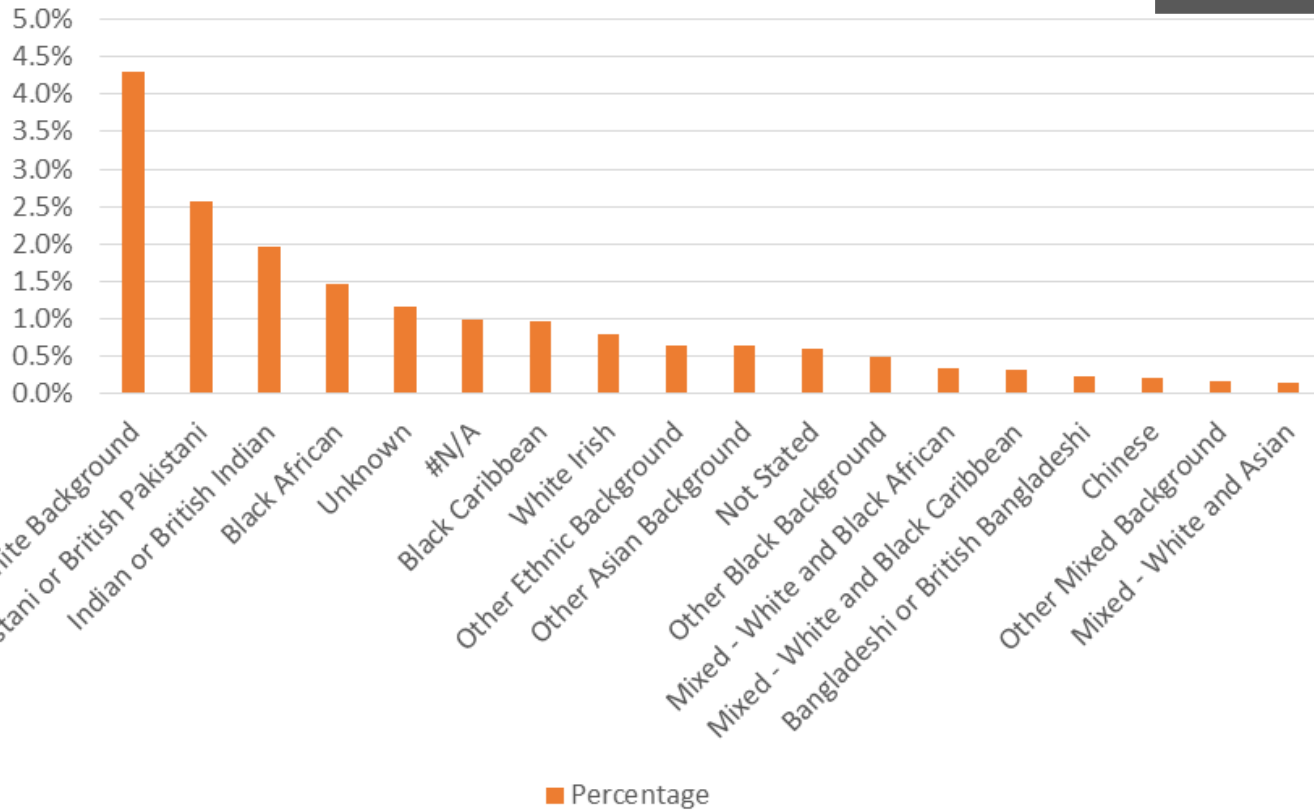
COVID-19 Clinically Extremely Vulnerable

The shielded patient list has been developed to identify those who are Clinically Extremely Vulnerable (CEV) to severe illness from COVID-19, to help ensure that they have safe access to essential services during the pandemic.

Age Band	Count	%
1 - Under 1	5	0.01%
2 - 1-4 Pre School	93	0.25%
3 - 5-18 School Age	487	1.31%
4 - 19-50 Younger Adults	6512	17.57%
5 - 51-65 Working Age	9018	24.33%
6 - 66-80	13197	35.60%
7 - 81-100	7730	20.85%
8 - 100+	27	0.07%
Grand Total	37069	100.00%

IMD Decile	Count	%
1	10521	28.4%
2	3736	10.1%
3	3425	9.2%
4	1341	3.6%
5	3324	9.0%
6	3012	8.1%
7	3906	10.5%
8	2786	7.5%
9	2920	7.9%
10	2091	5.6%

26th January

CEV By Ethnicity

74.1% of people identified as Clinically Extremely Vulnerable and required to shield for periods of time during the pandemic are from a white background.

13% of the CEV list identifies as Black or Asian ethnic minority.

Since the beginning of the pandemic, the CEV list has flexed in size, for various reasons. We know that some people have been removed from the list either by a GP or hospital clinician. 5.2% of all people, on the CEV list at some point, have died, we do not know what they died from. 6.4% of CEV people in IMD 7 have died.

IMD Decile	Count CEV	Died	%
1	15703	768	4.9%
2	5444	219	4.0%
3	4955	295	6.0%
4	1980	111	5.6%
5	4616	246	5.3%
6	4261	248	5.8%
7	5529	353	6.4%
8	3917	207	5.3%
9	4005	173	4.3%
10	2902	130	4.5%

Demographics	Inequalities and frailty	COVID-19 Clinically Extremely Vulnerable	Measurements of health	Wider determinants	Further resources

COVID-19 Clinically Extremely Vulnerable – positive tests

Using the CEV list published on 11th December 2020, the following numbers can be used.

Total CEV – currently identified = 36,864
Total of those who have had a positive COVID 19 test = 1,241 (3.4%)
Total of those who have had a PILLAR1 test = 347 (28.0%)
Total of those who have had a PILLAR2 test = 894 (72.0%)
Total of those who have had are linked to a care home (both PILLARS) = 176 (14.2%)

All of these people are alive in the list.

City Wide Comparison.
In the week 3rd December to 9th December, there was a positive COVID test rate of 136.2 people per 100,000

In the same week, there were 46 positive tests in the CEV population, a rate of 5.79 per 100,000 population

IMD Decile	Percentage of All +ve Tests	% of CEV With +ve Test
1	32.4%	3.8%
2	9.0%	3.0%
3	10.2%	3.7%
4	5.1%	4.8%
5	7.8%	3.0%
6	9.2%	3.8%
7	11.5%	3.7%
8	6.1%	2.7%
9	5.2%	2.2%
10	3.4%	2.0%
#N/A	0.1%	2.2%
Grand Total	100.0%	3.4%

32.4% of all people identified as CEV currently AND who had a positive COVID19 Test live in the 10% most deprived parts of the City.

3.4% of all people identified as CEV have had a positive COVID19 test.

53.4% of people identified as CEV AND have had a positive COVID19 test are 66 to 100 years old.

Adding some context to this in the final column we can see the breakdown of all CEV people who had a positive test.

Interestingly 4 out of the 29 people over 100 had a positive test.

| Age Band	Percentage of All +ve Tests	% of CEV With +ve Test
Under 1	0.0%	0.0%
1-4 Pre School	0.2%	3.2%
5-18 School Age	1.0%	2.5%
19-50 Younger Adults	21.2%	4.1%
51-65 Working Age	23.9%	3.3%
66-80	26.7%	2.5%
81-100	26.8%	4.3%
100+	0.3%	13.8%
Grand Total	100.0%	3.4%

Life expectancy

Life expectancy at birth (the average period that a person may expect to live) for males in Leeds is 78.2 years and is significantly worse than the England value (79.8). It is also worse than the region value (78.8). Similarly, for females it is 82.1 years compared to the England value (83.4) and the region value (82.5).
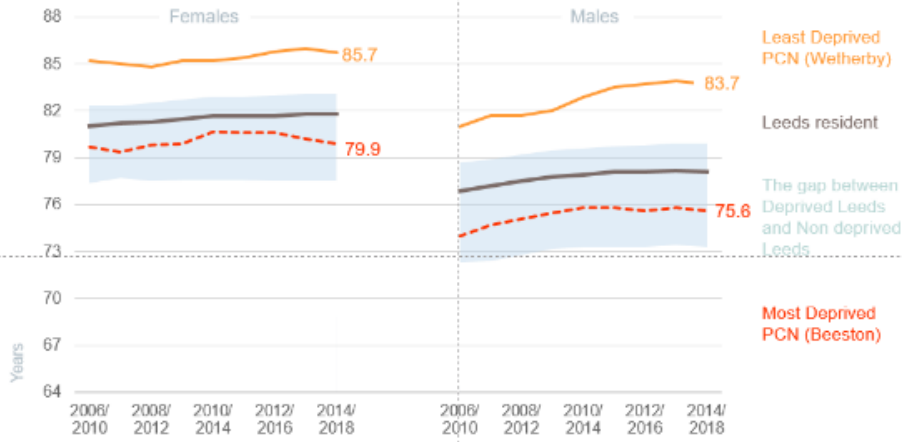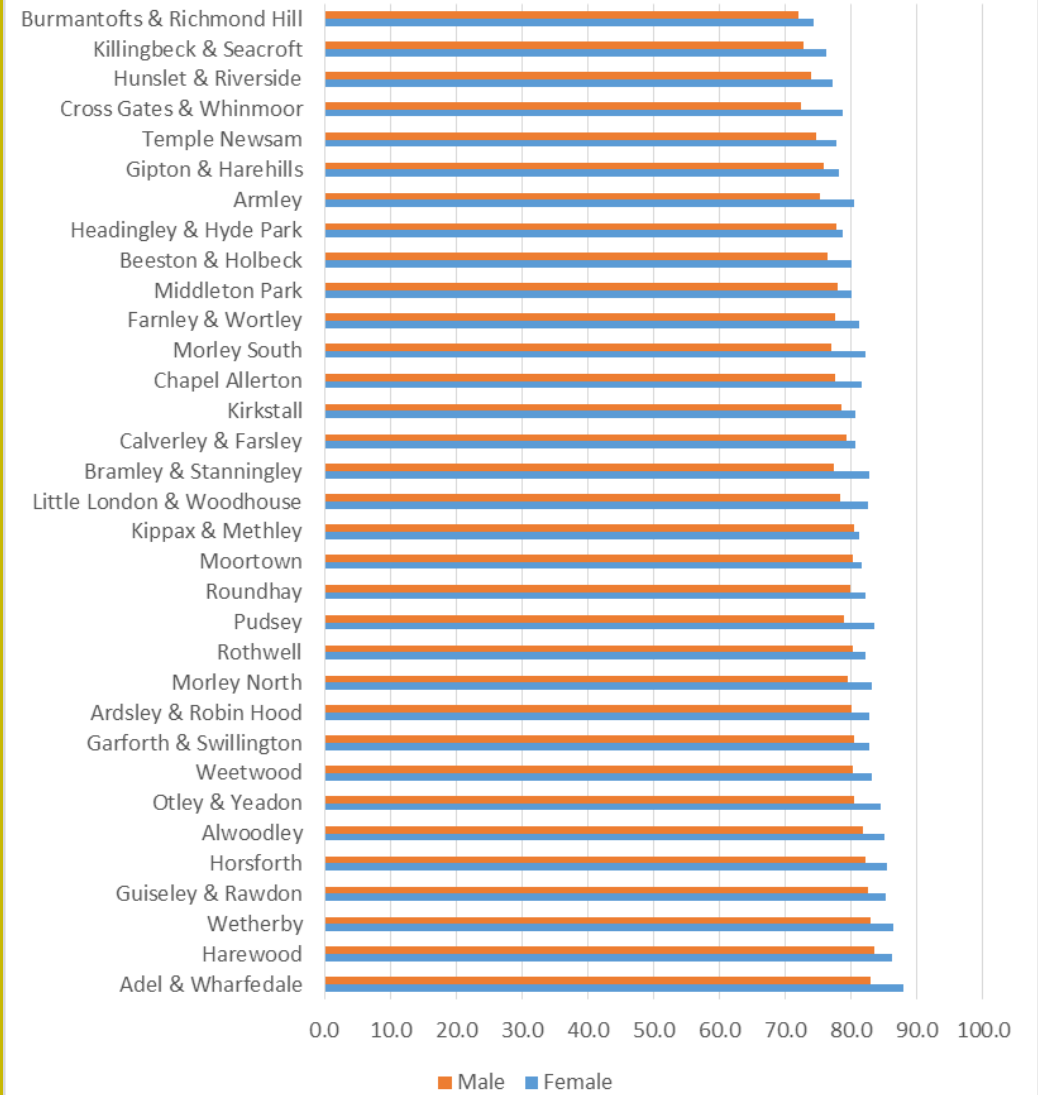

The orange and red lines show the difference between these two different areas in Leeds, Beeston in deprived Leeds and Wetherby in least deprived Leeds.
The blue area is the gap overall. It is important to consider both geography specific and overall gap for those 220K people in Leeds.

The more deprived areas of the city have shorter life expectancy.

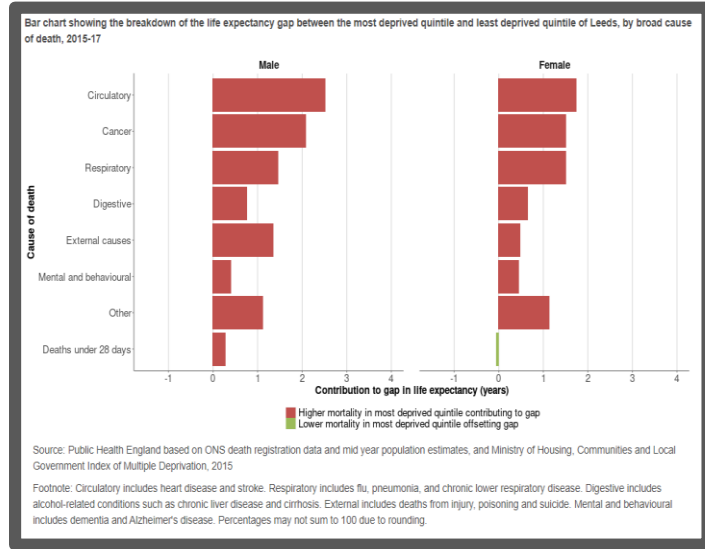| Demographics | Inequalities and frailty | COVID-19 Clinically Extremely Vulnerable | Measurements of health | Wider determinants | Further resources |

Life expectancy

These charts are available on the PHE web site and we can use them to understand what health conditions contribute to any shortening of life expectancy between the least and most deprived quintiles in Leeds. We might be able to use these conditions as a place to begin any work to reduce health inequalities.

Bar chart showing the breakdown of the life expectancy gap between the most deprived quintile and least deprived quintile of Leeds, by detailed cause of death, 2015-17
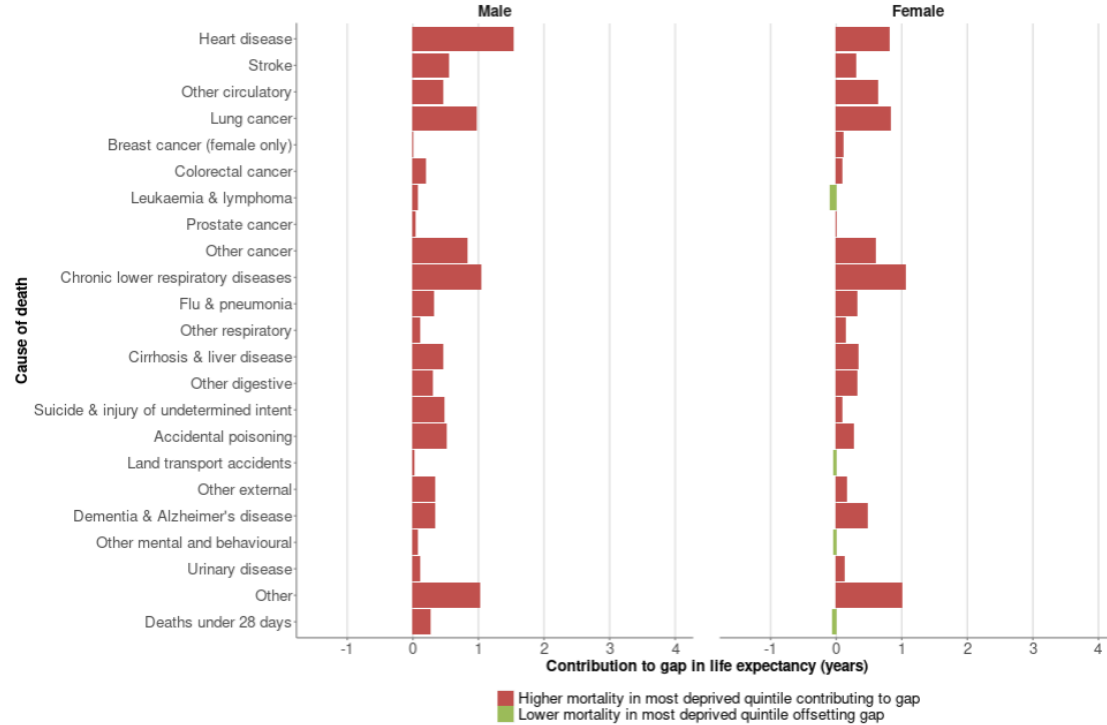
Source: Public Health England based on ONS death registration data and mid year population estimates, and Ministry of Housing, Communities and Local Government Index of Multiple Deprivation, 2015

Footnote: Figures for breast cancer are only displayed for females. Deaths from breast cancer occuring in males are included in the Other cancer category

Bar chart showing the breakdown of the life expectancy gap between the most deprived quintile and least deprived quintile of Leeds, by broad cause of death, 2015-17

Source: Public Health England based on ONS death registration data and mid year population estimates, and Ministry of Housing, Communities and Local Government Index of Multiple Deprivation, 2015
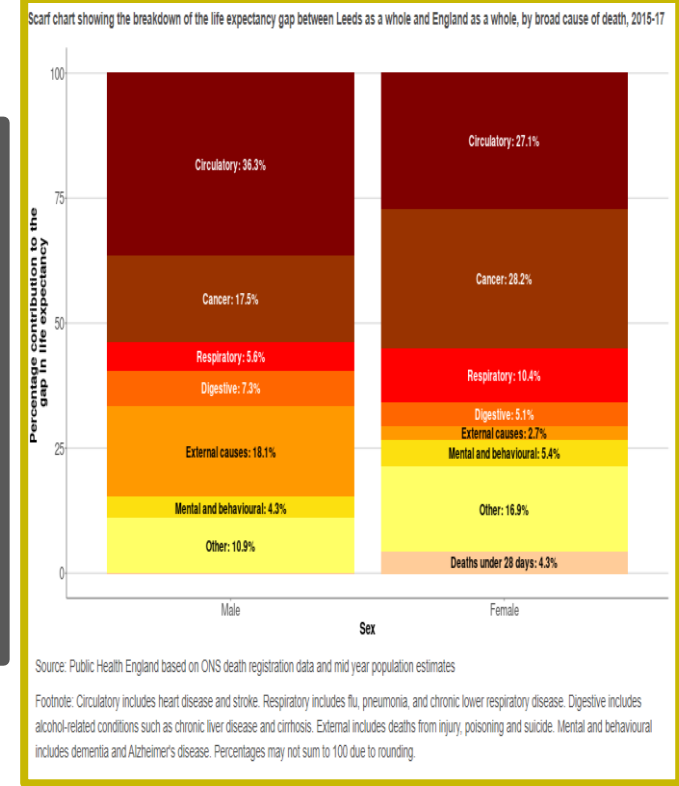
Footnote: Circulatory includes heart disease and stroke. Respiratory includes flu, pneumonia, and chronic lower respiratory disease. Digestive includes alcohol-related conditions such as chronic liver disease and cirrhosis. External includes deaths from injury, poisoning and suicide. Mental and behavioural includes dementia and Alzheimer's disease. Percentages may not sum to 100 due to rounding.

Scarf chart showing the breakdown of the life expectancy gap between Leeds as a whole and England as a whole, by broad cause of death, 2015-17

Source: Public Health England based on ONS death registration data and mid year population estimates

Footnote: Circulatory includes heart disease and stroke. Respiratory includes flu, pneumonia, and chronic lower respiratory disease. Digestive includes alcohol-related conditions such as chronic liver disease and cirrhosis. External includes deaths from injury, poisoning and suicide. Mental and behavioural includes dementia and Alzheimer's disease. Percentages may not sum to 100 due to rounding.

Click here to access PHE segment tools
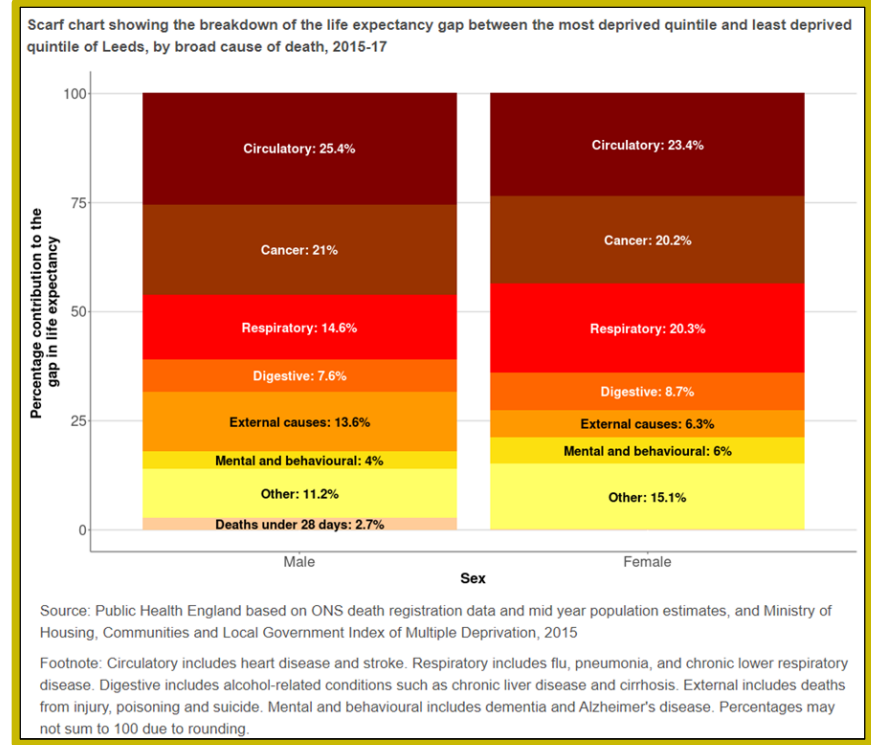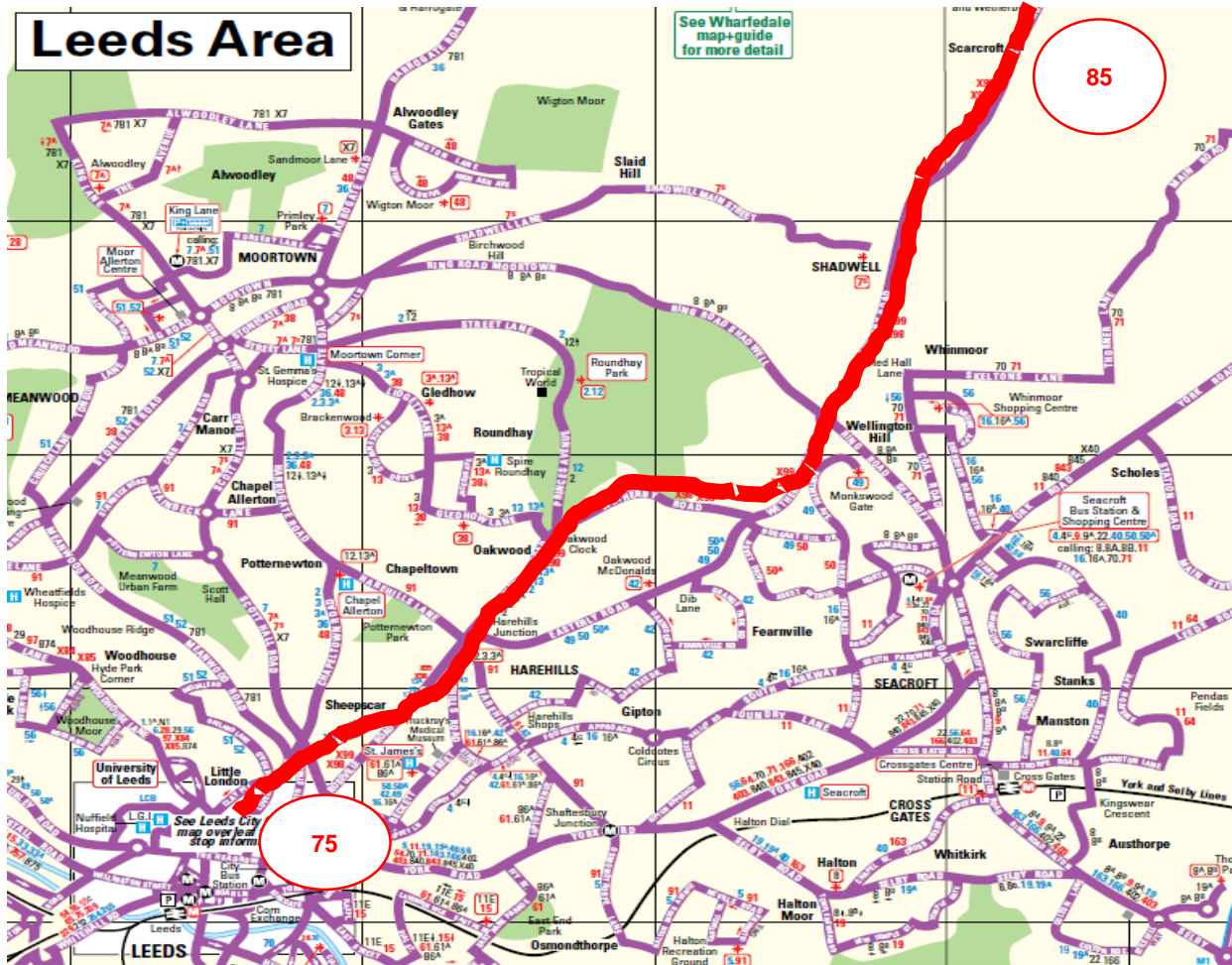
Healthy life expectancy

The gap in healthy life expectancy at birth between local areas of the UK was 10.5 years for males in 2016 to 2018 and 8.4 years for females. In Leeds, this is increased at 11.3 years for males and 9.4 years for females.

Looking at the route of the X98 and 99 buses as they move along the A64 from the centre of Leeds to the outskirts and to Wetherby, the life expectancy around inner city Leeds is 75 years but in a 1 hour bus ride out in Scarcroft it increases by 10 years.

Scarf chart showing the breakdown of the life expectancy gap between the most deprived quintile and least deprived quintile of Leeds, by broad cause of death, 2015-17

Male
- Circulatory: 25.4%
- Cancer: 21%
- Respiratory: 14.6%
- Digestive: 7.6%
- External causes: 13.6%
- Mental and behavioural: 4%
- Other: 11.2%
- Deaths under 28 days: 2.7%

Female
- Circulatory: 23.4%
- Cancer: 20.2%
- Respiratory: 20.3%
- Digestive: 8.7%
- External causes: 6.3%
- Mental and behavioural: 6%
- Other: 15.1%

Source: Public Health England based on ONS death registration data and mid year population estimates, and Ministry of Housing, Communities and Local Government Index of Multiple Deprivation, 2015

Footnote: Circulatory includes heart disease and stroke. Respiratory includes flu, pneumonia, and chronic lower respiratory disease. Digestive includes alcohol-related conditions such as chronic liver disease and cirrhosis. External includes deaths from injury, poisoning and suicide. Mental and behavioural includes dementia and Alzheimer's disease. Percentages may not sum to 100 due to rounding.

Click here to access PHE segment tools

Click here to access Healthy Life Expectancy ONS Statistics

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Potential Years of Life Lost from avoidable causes

We often compare Leeds deprived to Leeds as a whole or people from a specific socially excluded group compared to others. However, another way is to examine the differences for each of our Local Care Partnerships in Leeds and what are the highest causes of avoidable deaths.

Using the data in this way we find places to focus first, e.g. Maternal Infant and Neurological for people in Harehills.

We know that Local Care Partnerships are working around a population of about 30 – 50,000 people and are very much influence by the geography and therefore demographic profile associated with each "place".

Explore Local Care Partnership data profiles

	Harehills	Middleton	Burmantofts & Richmond Hill	Beeston	Seacroft	Armley	Chapeltown	Central	Crossgates	Pudsey	Woodsley	Holt Park	Deprived Leeds	Leeds resident
Population and avoidable deaths														
GP registered population, 201507, n	32,269	50,909	31,181	43,158	47,233	36,314	9,664	93,275	37,659	77,804	81,478	32,031	191,436	845,837
Population in Deprived Leeds, %	94%	53%	66%	51%	48%	53%	57%	20%	27%	13%	5%	5%	100%	26%
combined score	3.08	2.20	2.11	1.94	1.92	1.83	1.26	1.22	0.95	0.69	0.27	0.18		
Avoidable deaths (2014, 2015, 2016), n	588	1,258	55	819	349	466	726	458	1,144	1,261	456	353	2,940	11,445
Avoidable deaths (2014, 2015, 2016), pyll	6,339	11,680	7,437	8,971	11,229	9,843	1,627	14,795	8,192	15,142	10,477	5,663	49,587	167,018
Avoidable pyll (2014, 2015, 2016), rate per 1,000 population, indexed to Leeds														
	1.07	1.25	1.30	1.13	1.29	1.47	0.92	0.86	1.18	1.06	0.70	0.96	1.35	1.00
by disease group														
Neoplasms	0.80	1.22	1.06	1.03	1.34	1.20	0.87	0.84	1.31	1.04	0.68	1.05	1.10	1.00
CVD	0.99	1.19	1.18	1.01	1.37	1.43	1.08	0.97	1.26	1.12	0.61	0.94	1.25	1.00
Respiratory	0.83	1.27	1.61	1.14	1.32	1.67	0.23	0.96	0.93	1.20	0.55	0.79	1.51	1.00
Unintentional Injuries	1.30	1.29	1.74	1.24	1.01	2.06	1.13	0.66	0.95	0.89	0.96	0.95	1.72	1.00
Intentional Injuries	1.58	0.87	1.44	1.56	1.19	2.03	1.43	0.92	1.44	0.66	1.15	0.75	1.58	1.00
Drug Use Disorders	1.49	1.61	1.52	1.50	1.49	1.65	1.40	0.64	0.82	1.09	0.83	1.05	1.76	1.00
Digestive	0.55	0.52	1.40	1.23	1.53	1.28	0.59	1.15	1.24	0.94	0.73	1.23	1.27	1.00
Infections	1.93	2.58	2.02	0.11	0.77	0.95	1.55	0.63	1.38	1.65	0.56	0.91	1.86	1.00
Maternal Infant	3.68	2.97	0.09	1.60	0.25	0.91		0.26	0.97	1.00	0.44	0.36	1.87	1.00
Neurological	4.11	1.18	1.91	2.03	0.82	1.08		0.16	0.57	1.01	0.72	1.60	1.92	1.00
Genito Urinary	0.21	0.49	0.91	1.82	1.94	0.27	1.43	0.99	1.08	1.41	0.65	1.88	1.20	1.00
Nutritional Endocrine Metabolic	1.89	1.80	3.67	1.70		3.79		0.50	1.38	0.65	0.70	1.35	1.28	1.00

Demographics	Inequalities and frailty	COVID-19 Clinically Extremely Vulnerable	Measurements of health	Wider determinants	Further resources

Benchmarking health outcomes in Leeds

Compared to the benchmark, which in this case is England

Indicator	Period	England	Yorkshire and the Humber region	Barnsley	Bradford	Calderdale	Doncaster	East Riding of Yorkshire	Kingston upon Hull	Kirklees	Leeds	North East Lincolnshire	North Lincolnshire	North Yorkshire	Rotherham	Sheffield	Wakefield	York
Life expectancy at birth (Female) New data	2017 - 19	83.4	82.5	81.8	81.9	82.4	81.7	83.8	80.1	82.5	82.1	82.1	82.6	84.4	81.7	82.5	82.0	83.7
Life expectancy at birth (Male) New data	2017 - 19	79.8	78.8	77.8	78.0	78.7	78.3	80.4	75.8	78.7	78.2	77.8	78.9	80.6	77.9	79.3	78.0	80.2
Healthy life expectancy at birth (Female)	2016 - 18	63.9	62.1	63.2	60.0	63.4	59.1	65.4	56.6	60.5	64.1	61.0	59.0	68.4	58.9	60.2	57.5	65.3
Healthy life expectancy at birth (Male)	2016 - 18	63.4	61.5	58.8	60.1	62.2	59.2	64.4	57.2	60.5	62.2	59.5	59.9	65.7	59.5	61.8	58.6	65.5
Inequality in life expectancy at birth (Female) New data	2017 - 19	7.6	8.5	8.6	7.8	10.0	7.7	4.0	9.9	7.5	9.4	9.2	7.7	4.8	10.4	8.3	8.0	6.2
Inequality in life expectancy at birth (Male) New data	2017 - 19	9.4	10.4	9.1	9.6	10.7	10.2	6.8	12.1	9.2	11.3	13.7	10.7	6.9	8.8	9.6	8.6	8.3
Inequality in healthy life expectancy at birth LA (Female)	2009 - 13	-	-	13.1	22.1	15.7	13.9	11.2	14.4	16.1	18.2	16.1	10.5	8.8	12.3	19.7	13.9	10.1
Inequality in healthy life expectancy at birth LA (Male)	2009 - 13	-	-	14.7	19.1	14.0	13.8	11.0	15.7	14.7	18.5	17.0	10.7	9.5	12.7	18.8	14.9	11.4
Mortality rate from causes considered preventable (2016 definition)	2016 - 18	180.8	196.1	204.3	212.3	200.5	215.3	152.6	271.2	188.0	213.4	220.2	192.3	159.0	204.9	197.3	207.1	175.0
Under 75 mortality rate from all cardiovascular diseases	2017 - 19	70.4	80.2	89.3	101.2	80.9	82.1	65.6	109.3	82.1	82.3	92.0	72.2	59.0	83.8	78.8	87.7	65.9
Under 75 mortality rate from cancer	2017 - 19	129.2	137.5	142.0	137.6	135.7	150.6	120.5	165.6	137.3	146.5	152.6	136.9	117.0	155.7	133.3	144.2	132.2
Under 75 mortality rate from liver disease	2017 - 19	18.5	19.9	21.7	21.5	19.1	23.8	12.2	22.5	22.2	21.7	25.3	21.3	13.8	20.3	20.3	25.9	13.8
Under 75 mortality rate from respiratory disease	2017 - 19	34.2	41.2	44.3	48.0	44.0	45.2	29.7	69.2	45.3	43.5	45.4	45.3	26.7	50.7	34.6	45.4	34.3
Health related quality of life for older people	2016/17	0.735	0.731	0.676	0.718	0.752	0.713	0.754	0.697	0.740	0.741	0.735	0.734	0.766	0.714	0.724	0.702	0.778

Compared to the benchmark, which in this case is Yorkshire and Humber

Indicator	Period	England	Yorkshire and the Humber region	Barnsley	Bradford	Calderdale	Doncaster	East Riding of Yorkshire	Kingston upon Hull	Kirklees	Leeds	North East Lincolnshire	North Lincolnshire	North Yorkshire	Rotherham	Sheffield	Wakefield	York
Life expectancy at birth (Female) New data	2017 - 19	83.4	82.5	81.8	81.9	82.4	81.7	83.8	80.1	82.5	82.1	82.1	82.6	84.4	81.7	82.5	82.0	83.7
Life expectancy at birth (Male) New data	2017 - 19	79.8	78.8	77.8	78.0	78.7	78.3	80.4	75.8	78.7	78.2	77.8	78.9	80.6	77.9	79.3	78.0	80.2
Healthy life expectancy at birth (Female)	2016 - 18	63.9	62.1	63.2	60.0	63.4	59.1	65.4	56.6	60.5	64.1	61.0	59.0	68.4	58.9	60.2	57.5	65.3
Healthy life expectancy at birth (Male)	2016 - 18	63.4	61.5	58.8	60.1	62.2	59.2	64.4	57.2	60.5	62.2	59.5	59.9	65.7	59.5	61.8	58.6	65.5
Inequality in life expectancy at birth (Female) New data	2017 - 19	7.6	8.5	8.6	7.8	10.0	7.7	4.0	9.9	7.5	9.4	9.2	7.7	4.8	10.4	8.3	8.0	6.2
Inequality in life expectancy at birth (Male) New data	2017 - 19	9.4	10.4	9.1	9.6	10.7	10.2	6.8	12.1	9.2	11.3	13.7	10.7	6.9	8.8	9.6	8.6	8.3
Inequality in healthy life expectancy at birth LA (Female)	2009 - 13	-	-	13.1	22.1	15.7	13.9	11.2	14.4	16.1	18.2	16.1	10.5	8.8	12.3	19.7	13.9	10.1
Inequality in healthy life expectancy at birth LA (Male)	2009 - 13	-	-	14.7	19.1	14.0	13.8	11.0	15.7	14.7	18.5	17.0	10.7	9.5	12.7	18.8	14.9	11.4
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Under 75 mortality rate from all cardiovascular diseases	2017 - 19	70.4	80.2	89.3	101.2	80.9	82.1	65.6	109.3	82.1	82.3	92.0	72.2	59.0	83.8	78.8	87.7	65.9
Under 75 mortality rate from cancer	2017 - 19	129.2	137.5	142.0	137.6	135.7	150.6	120.5	165.6	137.3	146.5	152.6	136.9	117.0	155.7	133.3	144.2	132.2
Under 75 mortality rate from liver disease	2017 - 19	18.5	19.9	21.7	21.5	19.1	23.8	12.2	22.5	22.2	21.7	25.3	21.3	13.8	20.3	20.3	25.9	13.8
Under 75 mortality rate from respiratory disease	2017 - 19	34.2	41.2	44.3	48.0	44.0	45.2	29.7	69.2	45.3	43.5	45.4	45.3	26.7	50.7	34.6	45.4	34.3
Health related quality of life for older people	2016/17	0.735	0.731	0.676	0.718	0.752	0.713	0.754	0.697	0.710	0.741	0.735	0.734	0.766	0.714	0.724	0.702	0.778

Demographics · Inequalities and frailty · COVID-19 Clinically Extremely Vulnerable · Measurements of health · Wider determinants · Further resources

Wider determinants

Wider determinants, also known as social determinants, are a diverse range of social, economic and environmental factors which impact on people's health. These may be things such as the quality of the built and natural environment (air quality, the quality of green spaces and housing quality), educational attainment, income, vulnerability, employment and crime. The outliers from the PHE Wider Determinants of Health Dashboard are detailed here, by category.

Natural and Built Environment:
- Density of Fast Food Outlets,
- Emergency hospital admissions due to falls in people aged 65 and over,
- adults with a learning disability who live in stable and appropriate accommodation.

Income:
- Children in absolute low income families (under 16s),
- Children in relative low income families (under 16s),
- Income deprivation,
- Average weekly earnings.

Education:
- School readiness: percentage of children achieving a good level of development at the end of reception
- School readiness: percentage of children with free school meal status achieving a good level of development at the end of reception
- School readiness: percentage of children achieving the expected level in the phonics screening check in Year 1
- GCSE achieved 5A*-C including Maths and English with free school meal status
- 16-17 year olds not in education, employment or training (NEET) or whose activity is not known.

Work and the labour market:
- Long term claimants of JobSeeker's Allowance,
- Employment and Support Allowance claimants.

Crime:
- Violent crime - hospital admissions for violence (including sexual violence).

Vulnerability:
- Homelessness -Households owed a duty under the Homelessness Reduction Act, Homelessness - Households owed a duty under the Homelessness Reduction Act (main applicant 55+ yrs),
- Children in Care,
- Teenage mothers.

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Wider determinants – economic activity

The employment rate is the proportion of the population aged 16 to 64 in employment, including part-time work. Leeds (80.4%) compares well with the region (74.6%) and England (76.0%).

80.4%	**4.2%**	**16.5%**
(413,000) Employment rate (16 - 64 yrs old) ⓘ	(17,200) Unemployment rate (16 and over) ⓘ	(84,500) Economically inactive rate (16 - 64 yrs old) ⓘ
Source: ONS APS (2020-09)	Source: Model-based estimates of unemployment (2020-09)	Source: ONS APS (2020-09)

The unemployment rate is the proportion of the economically active population (those in work plus those seeking and available to work) who are unemployed aged 16 and over. Leeds (4.2%) compares well with the region (4.1%) and England (4.2%).

In Leeds, 16.5% of people aged 16-64 yrs are economically inactive which compares well with the Region (22.2%) and England (20.6%) Economically inactive rate is the proportion of people aged 16 -64 who are without a job and who are not seeking work or available for work.

Reasons for being economically inactive

student (35% of inactive)

long-term sick (21.1% of inactive)

other (10.7% of inactive)

looking after family/home (20.2% of inactive)

retired (12% of inactive)
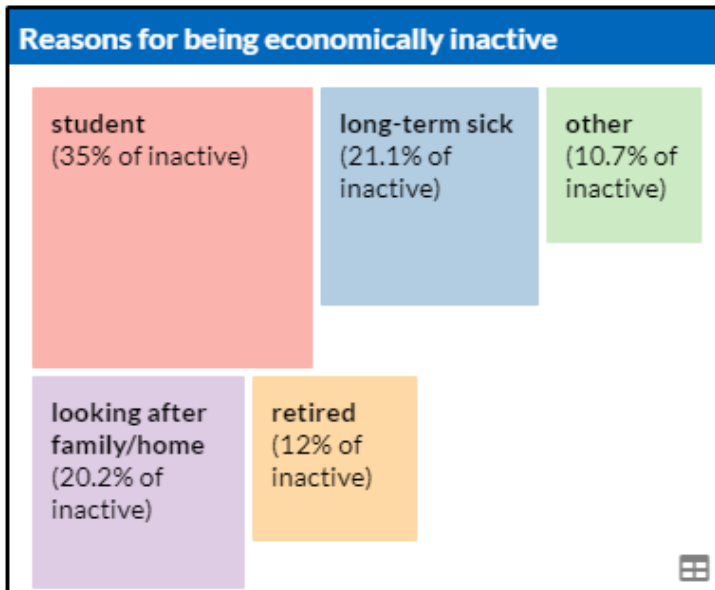
65.1%	**40.1%**	**6.7%**
of the population of Leeds are working age (16 - 64) ⓘ (516,054 people)	NVQ level 4 and above (aged 16-64) ⓘ 38.3% of males 41.8% of females	No qualifications (aged 16-64) ⓘ 6.2% of males 7.2% of females
Source: ONS (2019)	Source: ONS APS (2019-12)	Source: ONS APS (2019-12)
£30,274	**£32,500**	**£27,653**
Full time worker: median annual pay (gross) (Leeds) ⓘ	Male full time worker: median annual pay (gross) (Leeds) ⓘ	Female full time worker: median annual pay (gross) (Leeds) ⓘ
Source: ONS ASHE (2020)	Source: ONS ASHE (2020)	Source: ONS ASHE (2020)

Claimant count is a measure of the number of people claiming unemployment related benefits. It includes both people claiming Job Seekers Allowance (JSA) and people claiming Universal Credit (UC) who are required to seek work.
The claimant count % is the number of claimants as a percentage of the resident population aged 16-64. 6.9% of people are claiming unemployment related benefits in Leeds.

Do we need an explanation of geography in Leeds?

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Where to find data resources

Product	Purpose	Levels of Geography	Indicators	Different population Groups	Inequality Metric
PHE Health Inequalities Dashboard	Display trends in health inequalities in England	England, regions, local authorities (inequality data at region and local authority level for some indicators)	18 key indicators including health outcomes and wider determinants of health	Specific to each indicator, but includes: Deprivation, Sexuality, Ethnicity	Slope & Relative Index of Inequality , Absolute & Relative gaps, mean difference
PHE Segment Tool	Present causes of death and age groups driving life expectancy gap	England, regions, local authorities	Breakdown of life expectancy gaps between local authorities and England, and between most and least deprived within each area, by cause of death and age group	Sex	Contribution to the life expectancy gap expressed as a percentage and number of years.
Right Care - Equality & Health Inequalities Packs	Highlights health inequalities across some healthcare areas within Clinical Commissioning Groups and provides case studies to support improvement planning.	Clinical Commissioning Groups	Rates of unplanned hospitalisations for chronic ambulatory care sensitive & urgent care sensitive conditions. Improving Access to Psychological Therapies: rates of referrals and rates of movements to recovery	Deprivation, Age, Gender and Ethnicity	Absolute Gradient of Inequality Differences (between CCGs and their benchmarks) in gender, age and ethnicity rates
PHE & NHS Right Care Atlases of Variation	Highlight unwarranted variation of activity and outcomes across health system	Clinical Commissioning Groups / hospitals / local authorities / Sustainability & Transformation Partnerships	Specific to each Atlas with Compendium and topic specific atlases e.g. Respiratory, Diagnostics. Show risk factors, activity and outcomes along the Patient pathway.	Age, Sex, Condition	Variation of activity and outcome between geographic areas. Quintiles and significance (comparison of overlapping confidence limits) maps, time-series boxplots and trend tests.
PHE LKIS Health Inequalities Packs Available through your PHE Local Knowledge and Intelligence Service	Inequalities in high burden diseases and correlation with income deprivation	Wards / local authorities / Sustainability & Transformation Partnerships	Burden of disease ranked by Disability Adjusted Life Years. Correlation with income deprivation.	Defined by indicator - disease or risk factor	Correlation coefficient (r -squared) analysis of disease burden with Income deprivation

Demographics	Inequalities and frailty	COVID-19 Clinically Extremely Vulnerable	Measurements of health	Wider determinants	Further resources

Product	Purpose	Levels of Geography	Indicators	Different population Groups	Inequality Metric
PHE Wider Determinants of Health*	Describes wider determinants of health	England, regions, local authorities & deprivation deciles	Natural and built environment, work and the labour market, vulnerability, income, crime, education, and Marmot indicators	Specific to each indicator, but include: Age, Deprivation, Gender, Ethnicity & Disability	Summary measure of inequality not generally included, but available for a small number of indicators e.g. SII in life expectancy
PHE Public Health Outcomes Framework *	Range of public health indicators and population health outcomes	England, regions, local authorities & deprivation deciles	Life expectancy and healthy life expectancy, wider determinants, health improvement, health protection, healthcare and premature mortality	Age, Deprivation, Gender, Ethnicity, Disability and others	Summary measure of inequality not generally included, but available for a small number of indicators e.g. SII in life expectancy
PHE Local Health *	Small area level health information	Middle Super Output Areas, wards, local authorities & Clinical Commissioning Groups	Indicators of wider determinants of health and health outcomes	Indicators not broken down by inequality dimensions	No summary measures of inequality included
Institute for Health Metrics and Evaluation Global Burden of Disease Compare Tool *	To compare diseases, injuries, and risk factors to show most important contributors to health loss	196 countries, UK (and its constituent countries), English regions (former Government Office), English counties and unitary authorities	Synthetic estimates of most common diseases, injuries and risk factors, expressed as prevalences, incidences, Disability Adjusted Life Years, Years of Life Lived with Disability, and Deaths	Age, Gender, Cause, Risk, Location, Time	Comparisons may be made between age- ranges, genders, locations and over time. Socio-demographic index summarises inequality, but is scaled to global extremes.
Strategic Health Asset Planning and Evaluation (SHAPE) Place Atlas (access by registration)	Maps location of healthcare services against population health metrics, includes travel time and impact analysis	Clinical Commissioning Groups / hospitals / local authorities / Sustainability & Transformation Partnerships/ LSOAs	Population demographics e.g. IMD and population change, health outcomes, environmental data	Broad age groups, gender, deprivation, ethnicity	No summary measure of inequality included. Comparisons may be made between age- ranges, genders, locations and Index of Multiple Deprivation (IMD)
Leeds Observatory	Provides key data about the Leeds population and the Leeds economy	Ward, MSOA, LSOA, PCN, LCP	Population demographics e.g. population, health and well being, crime and community safety, economy and employment, children and young people, housing, deprivation, environment. Includes local area profiles	Age, Deprivation, Gender, Ethnicity, Disability and others	Comparisons may be made between age- ranges, genders, locations and over time. Socio-demographic index summarises inequality, but is scaled to global extremes.

Demographics	Inequalities and frailty	COVID-19 Clinically Extremely Vulnerable	Measurements of health	Wider determinants	Further resources