

The State of Men's Health in Leeds: Data

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1 Introduction and data analyses

The health of the male population was highlighted as a gap in the Joint Strategic Needs Assessment (JSNA) for Leeds 2012 and as an area for development by the Health and Wellbeing Board and the Public Health Leadership Team. The purpose of this study was to ensure that current public health provision is reaching out and targeting those men most in need and to help guide future commissioning decisions.

This report accompanies 'The State of Men's Health in Leeds: Main Report'¹, which gives a detailed overview of the main issues facing men with regard to their health and their use of services; comments from the interviews, an analysis of the policy documentation; examples of good practice from elsewhere; and sets out key recommendations and suggestions for best practice that can be used to guide future commissioning decisions.

This report, 'The State of Men's Health in Leeds: Data Report' gives the detail behind the analysis with a wide range of information covering the health of men and boys and the context within which they live and how they engage with services. Where possible, the data has been presented at the level of the 107 Middle Super Output Areas (MSOAs) across Leeds.

A further document 'The State of Men's Health in Leeds: Factor Analysis Report'² presents the results of a detailed statistical examination of the main health challenges facing men within Leeds.

Box 1: How to use this report

- Each section of this report presents data at national, regional, city-wide and at MSOA level, analysed by gender and where possible, age.
- 'The State of Men's Health in Leeds: Main Report' should be used primarily to understand the context of these data presented here.

1.1 Analysis of routinely collected health, socio-economic and service use data

A descriptive analysis was undertaken of key data relating to the health and wellbeing of men in Leeds. This comprised a review of:

- Demographic data
- Mortality and morbidity data
- Lifestyle data
- Service use data

Data sources accessed for the study were:

- Publically available 2011 Census data for Leeds through NOMIS³
- The Leeds Observatory⁴
- Health & Social Care Information Centre (HSCIC)
- Office for National Statistics (ONS)
- Public Health England
- Local GP audit - provided by Leeds Public Health intelligence team; and
- Service use data

¹ White, A., Seims, A. and Newton, R. (2015). *The State of Men's Health in Leeds: Main Report*. Leeds: Leeds Beckett University

² West, R., White, A. and Seims, A. (2015). *The State of Men's Health in Leeds: Factor Analysis*. Leeds: Leeds University

³ Census data includes persons residing in England and Wales. http://www.nomisweb.co.uk/census/2011/data_finder.

⁴ <http://observatory.leeds.gov.uk/>

Where available, data were analysed using the 2011 MSOA⁵ classification across Leeds. Where possible, adult population age groups were evaluated at 16-24 years, 35-49 years, 50-64 years and 65+ years.

Where Census data were analysed, proportions were calculated as a percentage of the England and Wales, Leeds or MSOA population obtained from the 2011 Census (using all residents in households and communal establishments). Where GP audit data were analysed, proportions were calculated as a percentage of Leeds or MSOA population obtained from the October 2014 GP registered population. Where a specific age group population was chosen, this is stated within the report text.

Disease prevalence taken from GP audit data represents individuals who had received a diagnosis from their GP and therefore may not represent the total number of males and females in Leeds who have undiagnosed conditions. Thus, the term 'known' prevalence is used where these data are presented throughout the report.

For each category of lifestyle prevalence (e.g. smoking, alcohol, physical activity), prevalence was calculated as a proportion of males and females who had been asked for this information by their GP (and therefore not as a percentage of the complete GP registered population). The proportion of males and females in Leeds who had not been asked for this information was calculated as a percentage of the complete GP registered population.

For the majority of the health data the Direct Standardised Rate (DSR), which is per 100,000 of the population, was used. It is important to note that disease prevalence and mortality were not always present in every MSOA.

Tables, histograms, bar graphs, line graphs and pie charts are used to present the data. Where possible, the top ten MSOAs with the greatest concerns were identified for each topic.

2 The demographic profile of men in Leeds

This chapter paints a picture of the male population in Leeds and explores the changing demographic profile of men and boys. Many of the health problems men face are affected by intersectional factors, such as age, ethnicity, disability, but many others are a consequence of the social determinants of health, such as marital status, education, employment, levels of poverty, offending behaviour etc.

2.1 The male population

According to the 2011 Census data, there were 367,935 males and 383,550 females living in Leeds⁶. Current GP audit data (Oct' 2014)⁷ shows that there are 409,686 males (407,567 females) living within Leeds, with 74,274 in the 0-15 years age bracket; 281,970 in the 16-64 years (working age) bracket; and 53,442 in the 65 years or over population. For Leeds as a whole, 18.1% of the male population were aged 0-15 years; 68.8% aged 16-64 years; and 13% aged 65 years or over. A detailed age distribution of the male and female population across Leeds is shown in figure 1. The breakdown of population for each MSOA by age for males and females is shown in appendix 1.

⁵ Leeds is broken down into 107 Middle Super Output Areas (MSOA), each representing a population of about 5,000

⁶ Taken from Census dataset DC1117EW 'sex by single year of age' available from www.nomisweb.co.uk

⁷ Obtained from the Public Health data team at Leeds City Council - this only includes Leeds residents who were registered with a GP in Leeds Local Authority in October 2014

The relative population age breakdown varied by location⁸. As an example, 29% of Seacroft South’s male population was aged between 0-15 years, compared to City Centre with only 1.9% in this age group (appendix 2).

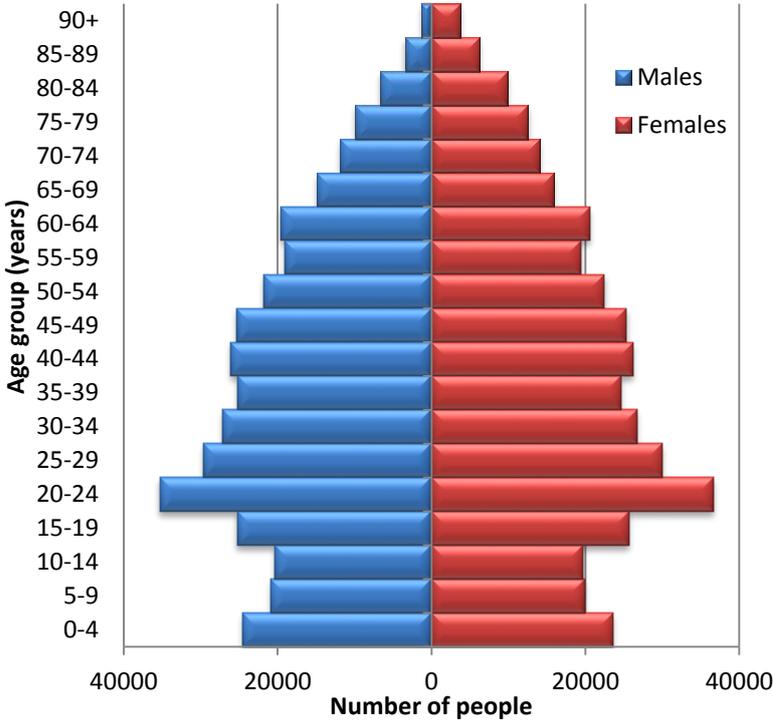


Figure 1. Leeds population (2014) split by age and sex⁷

City Centre had over 97% of their male population in the 16-64 age bracket, with Seacroft South having 62% for (appendix 2). Swillington, West Garforth and Little Preston had the highest proportion of men aged 65 years or over (26%), compared to City Centre with 1% and Seacroft South with 9%.

2.2 Population change for Leeds

Between 2004 and 2013, the largest increase in population was amongst males and particularly amongst older men, with a 10.2% increase in men aged 65 years and over as compared to 2.7% increase amongst the female population (Figure 2).

⁸ Leeds has a very large student population, with a transient population that can greatly skew some MSOA data.

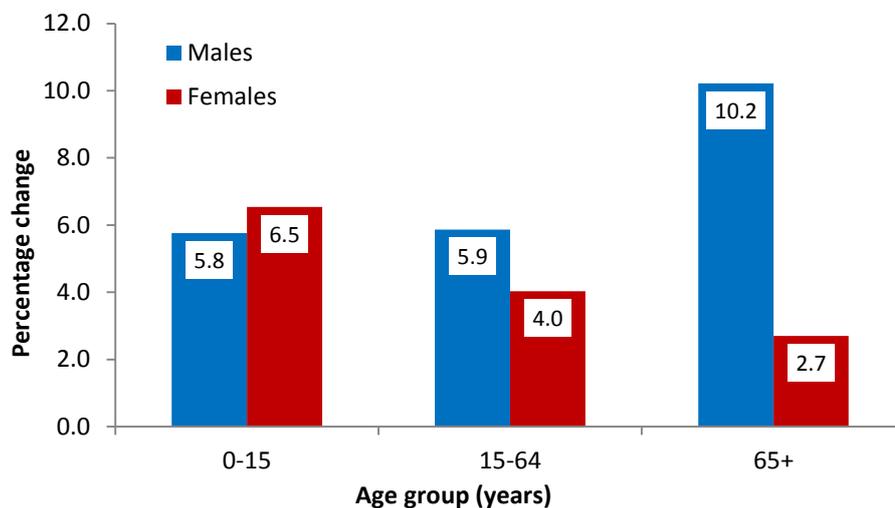


Figure 2. Percentage change in male and female population across Leeds between 2004 and 2013⁹

In 2010¹⁰ there were 5,307 male births and 5,107 female births in the city of Leeds. It is estimated that by 2035 there will be 400 more boys and 400 more girls aged 0-4 years in Leeds¹¹ (figure 3).

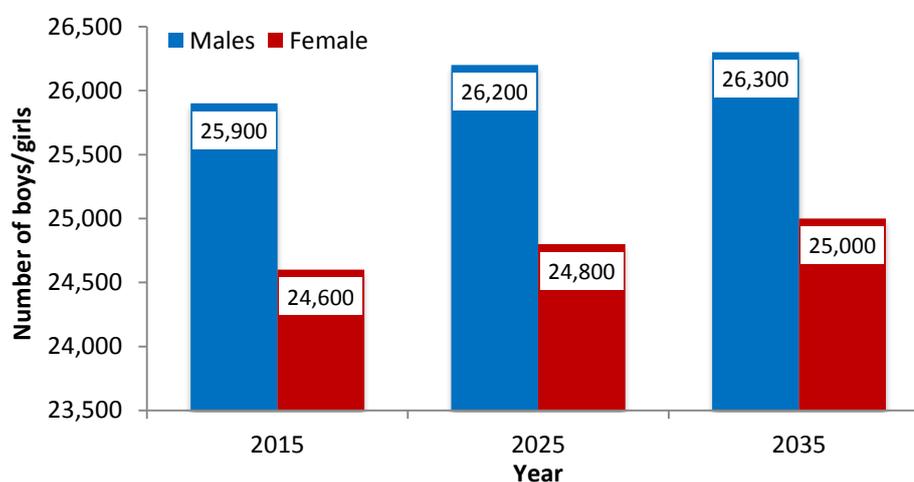


Figure 3. Projected change in the number of boys and girls aged 0-4 years (2013)

The population growth for Leeds is set to continue for both males and females over the next 6 years (Figure 4). The 2011 Census predicted a population increase of 11% for males and 9% for females between 2012 and 2021.

⁹ ONS (2015) Mid-year population estimates, available from www.nomisweb.co.uk

¹⁰ Most recent data available - <http://observatory.leeds.gov.uk/dataviews/tabular?viewId=77&geoid=6&subsetId=>

¹¹ Subnational Population Projections, 2012-based projections. Table 3: 2012-based Subnational Population Projections for Clinical Commissioning Groups in England by sex and five-year age groups, Adapted from data from the Office for National Statistics licensed under the Open Government Licence v.3.0, available from <http://www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/2012-based-projections/index.html>

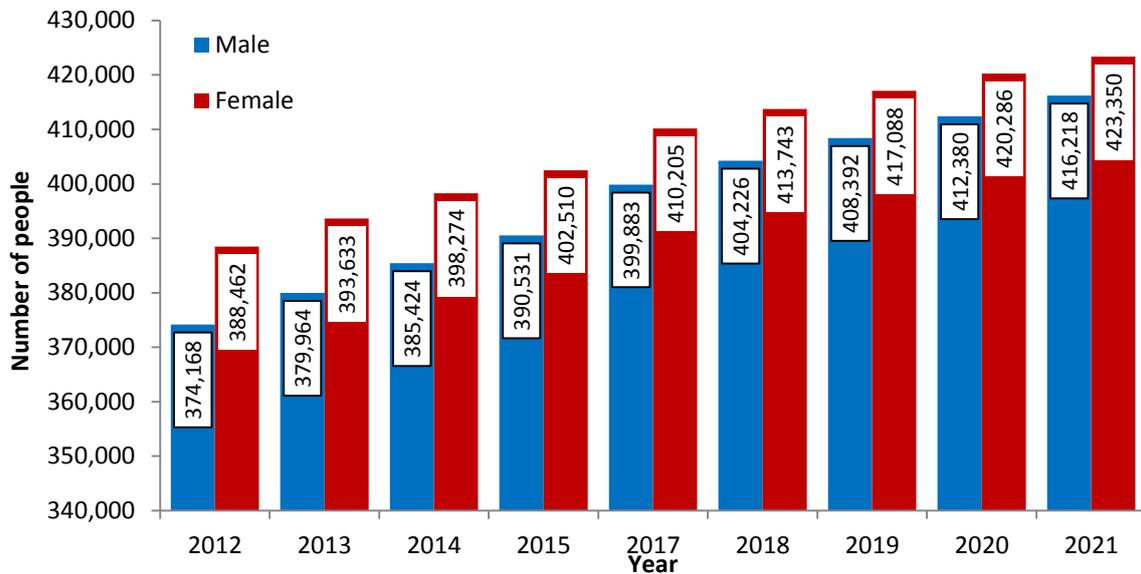


Figure 4. Population projection for males and females in Leeds 2012-2021¹²

It is estimated that the next 20 years will see an increase in the older population (aged 65 years or over) in Leeds, with the largest increase in older males (an increase of 45.5% vs. 33.7% for females)¹³. Across Leeds NHS Clinical Commissioning Groups (CCGs), the largest increase in the older male population is estimated to be in Leeds North CCG [an increase of 47% compared to 43% in Leeds South and East CCG and 45% in Leeds West CCG (Figure 5)].

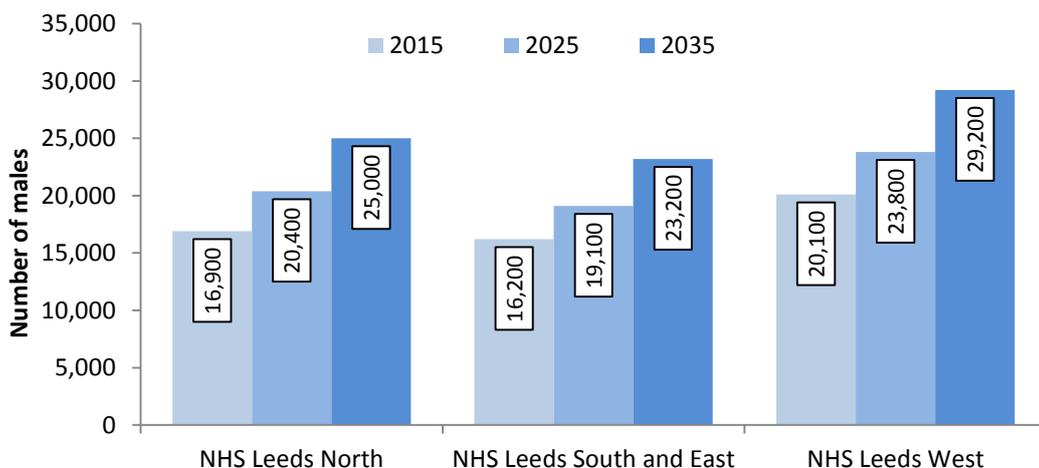


Figure 5. Population projection for males aged 65 years or over in Leeds 2015-2035¹³

2.3 Ethnic minority men in Leeds

Census data (2011) for Leeds showed that 84.5% of the male population were classed as White, 2.7% Mixed/Multiple ethnicity, 8% Asian/Asian British, 3.5% Black/African/Caribbean/Black British and 1.3% 'Other'. The overall ethnic composition for England and Wales¹⁴ was similar with 85.7% of the male population in 2011 classed as White, 2.2% Mixed/Multiple ethnicity, 7.7% Asian/Asian British, 3.3% Black/African/Caribbean/Black British and 1.1% classified as 'Other'.

¹² <http://observatory.leeds.gov.uk/dataviews/tabular?viewId=332&geoid=6&subsetId=> (2016 missing for males)

¹³ Subnational Population Projections, 2012-based projections (Table 3: 2012-based Subnational Population Projections for Clinical Commissioning Groups in England). Adapted from data from the Office for National Statistics licensed under the Open Government Licence v.3.0, Available from www.ons.gov.uk

¹⁴ Taken from Census dataset DC2101EW 'Ethnic group by sex by age' available from www.nomisweb.co.uk

There were marked differences in the ethnic compositions between different age groups in Leeds; in the 0-24 age group 79.3% of the population were White and just over 10% Asian/Asian British, but in the over 64 age group, 96% of the population were White (Figure 6). There were also marked differences between the MSOAs, for example in the 50-64 age group in the Harehills Triangle 48.6% of the male population were of Asian/Asian British origin, 14% Black / African / Caribbean / Black British and 32% White, as compared to Wetherby West where 99.5% of the population in this age group were White.

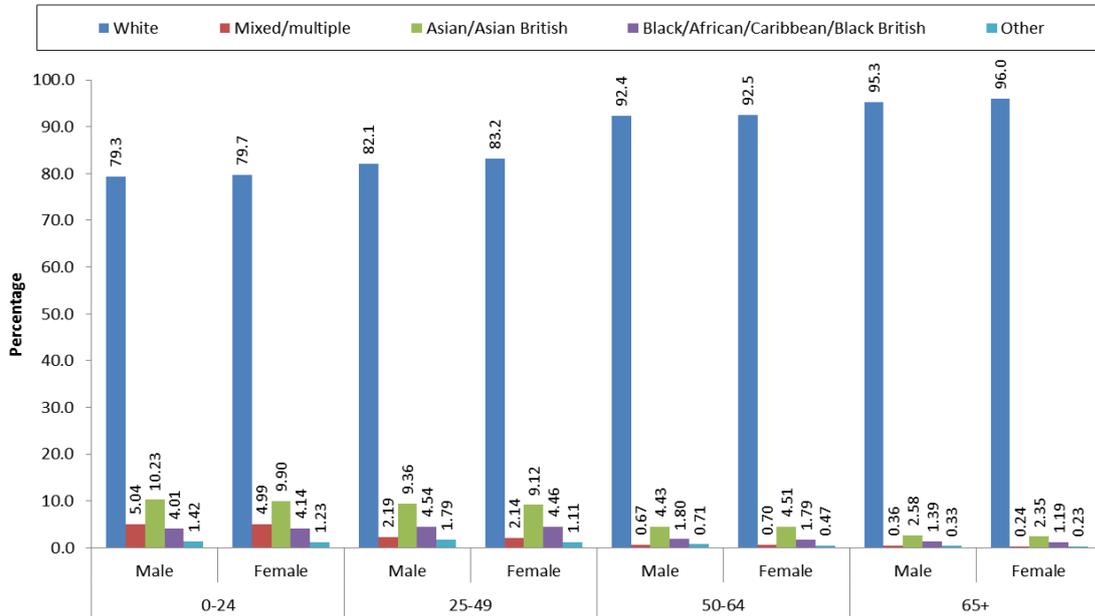


Figure 6. Ethnic composition of Leeds male and female population by age group

The MSOAs with more than 50% of their male population classified as non-white (Figure 7) were Harehills Triangle (84.3% non-white), Harehills (65.0%), Chapeltown (64.9%), Lincoln Green and Ebor Gardens (57.8%) and Beeston Hill (56.0%).

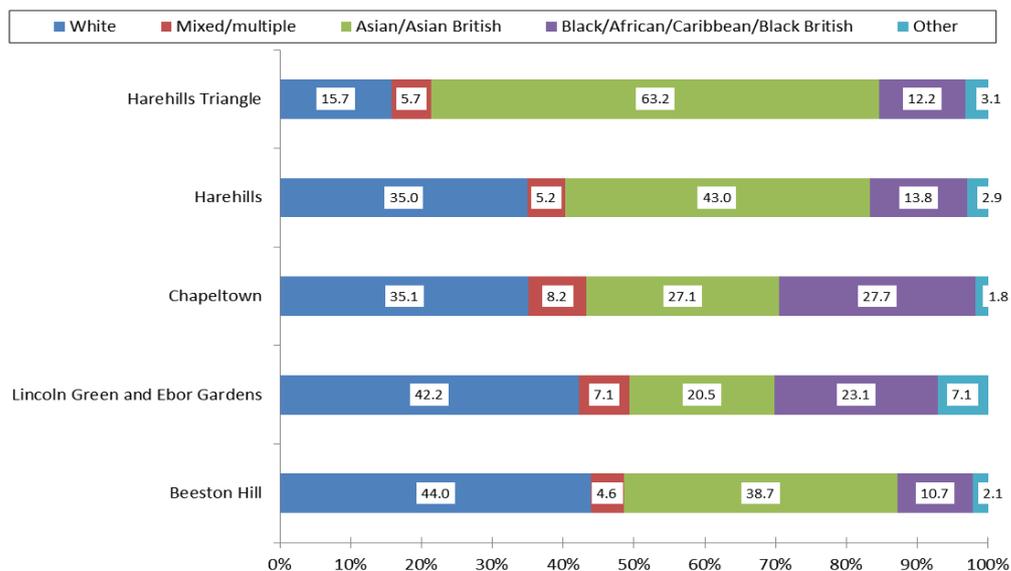


Figure 7. Top five MSOAs in Leeds with the highest proportion of males in ethnic minority groups

2.4 Disability and long-term health problems

The 2011 Census¹⁵ reported a total of 53,992 males and 67,048 females in Leeds (aged 16 years or over) with a long-term health problem or disability that limited their daily activities by a little or a lot, equivalent to 18% and 21% of the male and female age-specific population respectively. This was similar to England and Wales (19% and 23% of men and women).

In Leeds, 8% of men and women in Leeds aged 16-49 felt their daily activities were limited (by a little or by a lot) by a disability or long-term health condition (Figure 8). This increased to 25% of the 50-64 age population and was 52% and 57% for males and females in the 65+ years age population respectively. As a total of the 50+ age population, 36% of men and 41% of women felt limited by their disability/long-term condition.

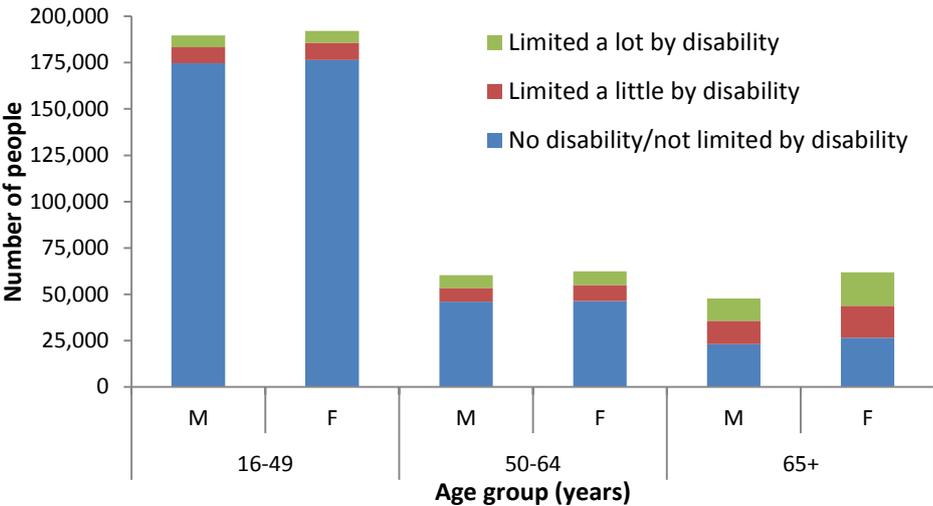


Figure 8. Number of people in Leeds with their daily activities limited by a disability/long-term health problem across age and sex

The top ten MSOAs with the highest proportion of their men aged 50+ who felt their daily activities were limited a little OR a lot by a disability/long-term health problem were:

1. Belle Isle North (54.5%, 406 men)
2. Lincoln Green and Ebor Gardens (52.3%, 397 men)
3. Middleton and Westwoods (51.0%, 442 men)
4. Harehills Triangle (50.9%, 277 men)
5. Gipton South (50.5%, 504 men)
6. West Hunslet and Hunslet Hall (49.2%, 366 men)
7. Little London, Sheepscar (49.0%, 346 men)
8. Seacroft South (48.6%, 287 men)
9. Seacroft North (48.5%, 433 men)
10. Halton Moor, Wykebecks (48.1%, 390 men)

In the 16-64 year age group, 6% of men in Leeds felt their daily activities were limited a lot by their disability or long-term condition, however almost 12% of men in this age group in Seacroft North and in Harehills – Comptons, Sutherlands and Nowells felt limited a lot by their disability or condition. Approximately 11% of males and females aged 50-64 felt their daily activities were limited a lot by disability or a long-term health condition and 25% of men and 29% of women in the 65+ age group also stated this. As a total of the 50+ age population, 17% of men and 21% of women felt their activities were

¹⁵ Data from table DC3201EW 'Long-term health problem or disability by general health by ethnic group by sex by age' obtained from <https://www.nomisweb.co.uk/>

limited a lot by their disability/long-term condition. The top ten MSOAs with the highest proportion of their men aged 50+ who felt their daily activities were limited a lot by a disability/long-term health problem were:

1. Belle Isle North (31.7%, 236 men)
2. Middleton and Westwoods (29.5%, 256 men)
3. Lincoln Green and Ebor Gardens (29.1%, 221 men)
4. Hyde Park, Burley (28.4%, 75 men)¹⁶
5. Gipton South (28.8%, 287 men). Tied with Little London, Sheepscar (28.8%, 203 men)
6. West Hunslet and Hunslet Hall (28.0%, 208 men)
7. Fearnville, Hollin Park, Beechwood, Brooklands (27.5%, 267 men)
8. Halton Moor, Wykebecks (27.4%, 222 men)
9. Swarcliffe (27.1%, 235 men)
10. Hunslet Green, Stourton, Thwaite Gate (26.9%, 197 men)

2.5 Housing composition and tenure

The 2011 Census¹⁷ showed that there are 51,582 men aged 16+ living alone (one person household) in Leeds and 55,148 women, which was 17% of those age populations in Leeds. This was higher than the proportion of men and women living alone in England and Wales (14.9% and 16.1% of the male and female 16+ age population).

The top ten MSOAs in Leeds with the highest proportion of men aged 16 and over living alone were:

1. Lincoln Green and Ebor Gardens (42.0%, 1,368 men)
2. Cross Green, East End Park and Richmond Hill (34.0%, 1,312 men). Tied with Holbeck (34.0%, 1,097 men)
3. Beeston Hill (31.5%, 797 men)
4. Harehills - Comptons, Sutherlands and Nowells (31.0%, 788 men)
5. West Hunslet and Hunslet Hall (29.7%, 670 men)
6. City Centre (29.3%, 1,185 men)
7. Hunslet Green, Stourton, Thwaite Gate (28.2%, 911 men)
8. Little London, Sheepscar (27.1%, 1,314 men)
9. Chapeltown (26.6%, 947 men)
10. Morley West (26.2%, 653 men)

The 2011 Census data¹⁸ shows that 96,635 men aged 16-64 in Leeds (38.6% of that age population) were living in rented accommodation (compared to 98,840 women or 38.9% of that age population). This was higher than the proportion of men and women living in rented accommodation in England and Wales (34.2 and 35.0% of the male and female 16-64 age population). Census data for type of tenure does not state those living in communal establishments who are also likely to be renting so these population proportions may be higher both in Leeds and nationally.

The top ten MSOAs in Leeds with the highest proportion of their 16-64 male population living in rented accommodation were:

1. Hyde Park, Burley (88.5%, 3,027 men)
2. Lincoln Green and Ebor Gardens (87.7%, 2,596 men)
3. Headingley Central (87.5%, 3,516 men)
4. Burley (75.9%, 2,755 men)

¹⁶ N.B. Hyde Park has a small proportion of men in the 50+ age category.

¹⁷ Data from table DC1109EW Household composition by age by sex (excluding communal establishments) from www.nomisweb.co.uk

¹⁸ Data from table DC3409EW General health by tenure by sex by age www.nomisweb.co.uk

5. Hyde Park, South Headingley and Woodhouse (73.4%, 4,123 men)
6. Holbeck (70.5%, 2080 men)
7. Cross Green, East End Park and Richmond Hill (68.7%, 2423 men)
8. Little London, Sheepscar (67.0%, 3061 men)
9. Halton Moor, Wykebecks(67.0%, 1197 men)
10. West Hunslet and Hunslet Hall (66.4%, 1281 men)

The MSOAs of Headingley Central; Burley; Hyde Park Burley and Hyde Park, South Headingley and Woodhouse all have high proportions of University students who are likely to live temporarily in private rented accommodation. Data for the MSOA of Lincoln Green and Ebor Gardens indicates that only 12.3% of men aged 16-64 have ownership of their own property.

The 2011 Census data showed that 55,782 men and 53,037 women aged 16-64 were living in private rented accommodation (22.3% and 20.9% of that age population respectively). This was higher than the proportion of men and women living in private rented accommodation in England and Wales (20.5% and 19.2% of the male and female 16-64 age population). The top ten MSOAs in Leeds with the highest proportion of their 16-64 male population renting privately were:

1. Headingley Central (80.1%, 3,219 men)
2. Hyde Park, Burley (79.6%, 2,723 men)
3. Hyde Park, South Headingley and Woodhouse (66.2%, 3,718 men)
4. Burley (61.6%, 2,236 men)
5. City Centre (58.4%, 2,342 men)
6. Holbeck (50.2%, 1,482 men)
7. Hunslet Green, Stourton, Thwaite Gate (49.2%, 1,426 men)
8. Cross Green, East End Park and Richmond Hill (45.5%, 1,605 men)
9. Harehills (44.4%, 867 men)
10. Beeston Hill (41.6%, 979 men)

The Census data shows that 40,853 men aged 16-64 in Leeds (16.3% of that age population) were living in rented social housing¹⁹ in 2011 (compared to 45,803 women which is 18.0% of that age population). This was higher than the proportion of men and women renting social housing in England and Wales (13.7% and 15.8% of the male and female 16-64 age population).

The top ten MSOAs in Leeds with the highest proportion of their 16-64 male population renting through social housing were:

1. Halton Moor, Wykebecks (59.1%, 1,057 men)
2. Lincoln Green and Ebor Gardens (56.9%, 1,685 men)
3. Gipton South (53.2%, 1,017 men)
4. Belle Isle North (52.6%, 911 men)
5. Seacroft North (52.5%, 940 men)
6. Seacroft South (48.0%, 678 men)
7. Middleton and Westwoods (45.8%, 943 men)
8. Meanwood 6 Estates (45.7%, 849 men)
9. Gipton North (43.8%, 834 men)
10. Hawksworth Wood (39.4%, 986 men)

Within Leeds there are 4,507 men residing in council owned high-rise flats²⁰ which comprises 63% of all residents in these complexes (2,612 women). The area in Leeds with largest number of men residing in

¹⁹ Rented from the local council or a not-for-profit housing association approved and regulated by Government.

²⁰ Data from Environments and Housing, Leeds City Council (April 2015)

this type of accommodation was Burmantofts (Figure 9), however the areas with the highest proportion of male residents in these complexes were Lincoln Green (70.9%), Swinnow (69.9%) and Bramley (69.2%).

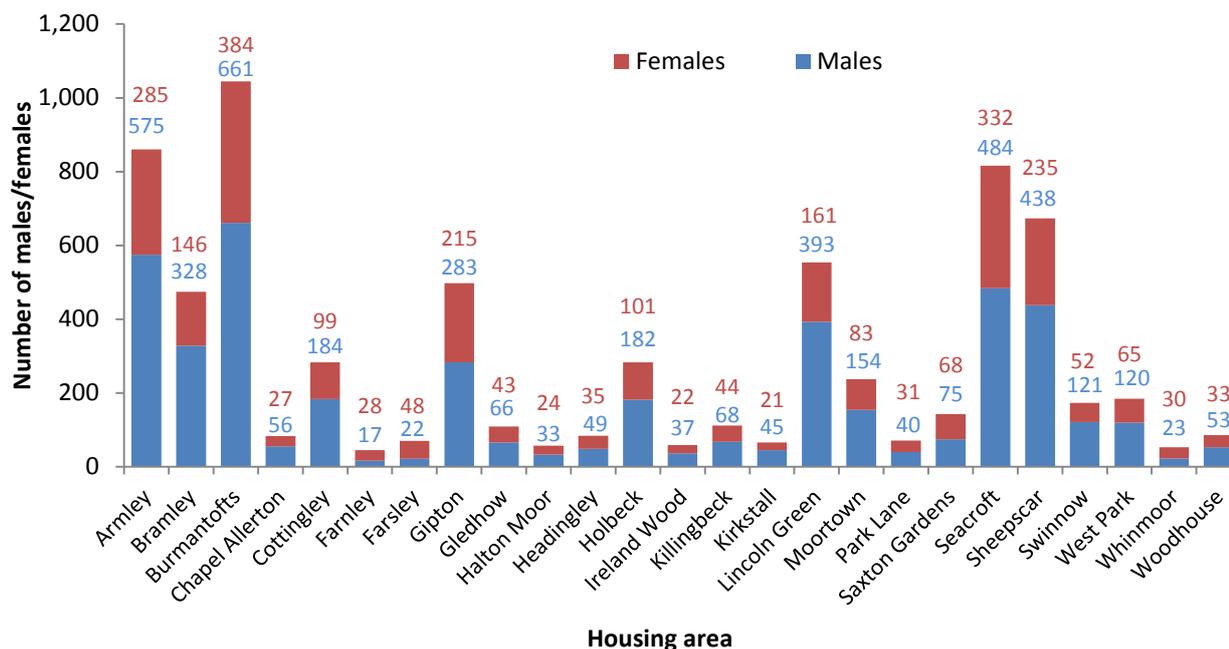


Figure 9. Number of males and females in council-owned high-rise flats by area

Within each area of council-owned high-rise flats, there were complexes where the proportion of male residents was far greater compared to females. The top ten council-owned high-rise complexes in Leeds with the highest proportion of male residents were:

1. The Heights West, Armley (85.0%, 51 men)
2. Appleton Court, Burmantofts (82.1%, 32 men)
3. Poplar Mount, Bramley (79.3%, 69 men)
4. Rycroft Towers, Swinnow (79.1%, 34 men)
5. Gipton Gate West, Gipton (78.9%, 45 men)
6. Parkway Towers (77.6%, 76 men)
7. Clyde Court (76.8%, 76 men)
8. Rycroft Court (76.1%, 35 men)
9. Spalding Towers (75.9%, 41 men). Tied with Marston Mount (75.9%, 44 men)
10. Meynell Heights (75.5%, 71 men)

The highest proportion of residents in these complexes were aged between 31 and 60 years of age, with a higher proportion of men in these age groups compared to women (Figure 10). Women comprised the majority of the 66+ year age population (Figure 10).

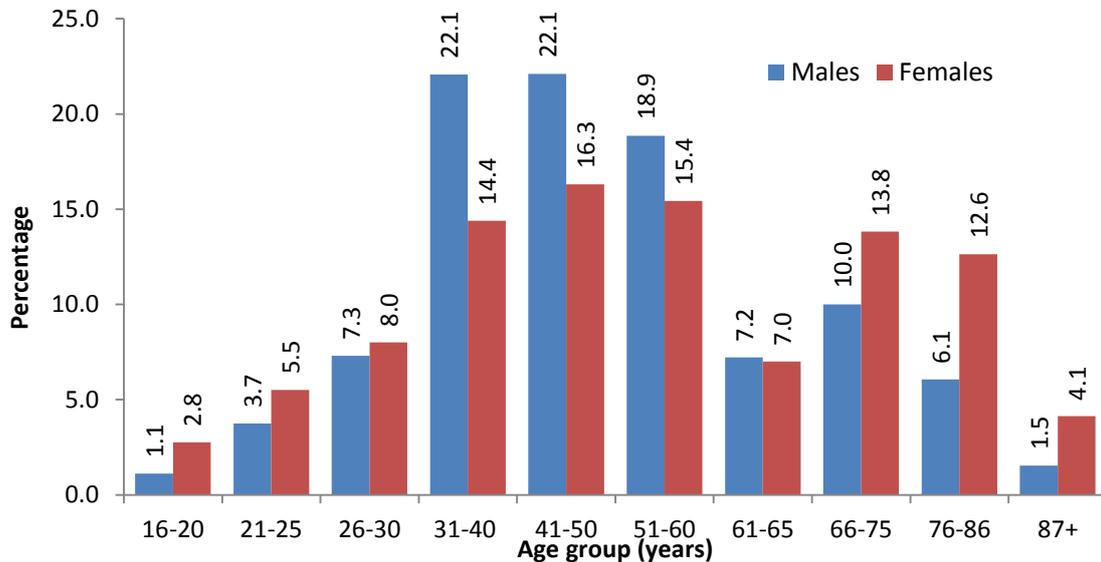


Figure 10. Percentage of men and women in council-owned high-rise flats in Leeds by age group

Environments and Housing also record the number of residents in these complexes who are claiming benefits and/or are in rent arrears, the average arrears owed by residents, the marital status of residents, their property type and type of tenancy. However these data were not gender segregated.

2.6 Marital status

In 2011, there were 128,195 single men in Leeds aged 16-64, which was equivalent to 51.3% of the male age-specific population and higher than the proportion of women in Leeds who were single (45.6% of women aged 16-64, 115,940 women in total)²¹. The MSOAs with the highest proportion of single men in this age group were those where residents are primarily young students (i.e. Headingley Central; Hyde Park, South Headingley and Woodhouse etc.). Within the middle-aged (30-49 year) population of Leeds, there were 8000 more single men compared to women [40,134 vs. 31,739 respectively (39.2% and 26.8% for this age group)]. The proportion of single men in Leeds is above that for England and Wales in the same age group [35.4% of men aged 30-49 (2,745,473 men) and 27.6% of women aged 30-49 (2,172,177 women)].

The top ten MSOAs with the highest proportion of their male aged 30-49 years population who were single²² were:

1. City Centre (71.4%, 741 men)
2. Armley, New Wortley (69.0%, 814 men)
3. Headingley Central (68.7%, 331 men)
4. Hyde Park, South Headingley and Woodhouse (66.7%, 556 men)
5. Wetherby East, Thorp Arch and Walton (66.1%, 473 men)
6. Little Woodhouse (61.4%, 357 men)
7. Burley (60.6%, 589 men)
8. Little London, Sheepscar (56.7%, 738 men)
9. Cross Green, East End Park and Richmond Hill (56.7%, 739 men)
10. Hunslet Green, Stourton, Thwaite Gate (55.5%, 599 men)

²¹ From table DC1107EW - Marital and civil partnership status by sex by age, available from www.nomisweb.co.uk

²² Single refers to marital status, therefore some of these men may have a partner

National data²³ shows that over 80% of divorces granted in 2011 were amongst men and women aged 30-59 years. The 2011 Census showed that 67% of divorced men and women in Leeds were aged 30-59 (14,777 vs. 19,852 respectively), which was equivalent to 10% and 11% of the male and female 30-59 year age population respectively. Nationally, 67% of divorced persons also fell into this age group also, with divorced men and women constituting 10% and 14% of all males and females in this age group. The top ten MSOAs with the highest proportion of their male aged 30-59 years population who were divorced were:

1. Belle Isle North (15.9%, 158 men)
2. Seacroft North (15.5%, 164 men)
3. Armley, New Wortley (14.8%, 263 men). Tied with Broadleas, Ganners, Sandfords (14.8%, 145 men)
4. Farnley (14.6%, 168 men)
5. Yeadon - Henshaws, Southway, Westfields (14.0%, 155 men)
6. Wetherby East, Thorp Arch and Walton (13.9%, 193 men)
7. Middleton and Westwoods (13.6%, 162 men). Tied with Harehills - Comptons, Sutherlands and Nowells (13.6%, 188 men)
8. Gipton South (13.4%, 153 men)
9. Beeston Millshaw, Elland Road and Cottingley (13.3%, 198 men)
10. Halton Moor, Wykebecks (13.2%, 131 men)

2.7 Lone fathers

In 2011 there were 2,254 lone fathers (aged 16-74) with dependent children in Leeds (0.8% of men aged 16-74 in Leeds)²⁴. Though much less than the 22,114 lone mothers (7.8% of women aged 16-74 in Leeds), this is still a group of men who need support. This was proportionally similar to data for England and Wales (0.8% and 7.2% of the male and female 16-74 year population were lone fathers and mothers respectively). The top ten MSOAs with the highest proportion of their male aged 16-74 years population who were lone parents with dependent children were:

1. Seacroft South (2.38%; 37 men)
2. Halton Moor, Wykebecks (2.07%; 41 men)
3. Lincoln Green and Ebor Gardens (1.92%; 60 men)
4. Gipton North (1.79%; 37 men)
5. Fearnville, Hollin Park, Beechwood, Brooklands (1.71%; 40 men).
6. Harehills - Comptons, Sutherlands and Nowells (1.65%, 40 men)
7. Moor Allerton (1.55%, 32 men)
8. Beeston Hill (1.54%, 38 men).
9. Belle Isle North (1.50%, 29 men)
10. Harehills (1.47%, 30 men)

2.8 Provision of unpaid care

In 2011, unpaid care was typically provided by females (all ages) in Leeds [41,177 women or 10.7% of the female population (Figure 11)], however, a large proportion of males also provided unpaid care (30,053 or 8.2% of the male population in Leeds)²⁵. This was lower than the percentage of females and males providing unpaid care across England and Wales (11.9% and 9.0% respectively)²⁵.

²³ Divorces in England and Wales, 2011: Number of Divorces, Age at Divorce and Marital Status before Marriage, Adapted from data from the Office for National Statistics licensed under the Open Government Licence v.3.0, available at <http://www.ons.gov.uk/>

²⁴ Taken from Census dataset KS107EW - Lone parent households with dependent children, available from www.nomisweb.co.uk

²⁵ Provision of unpaid care by general health by sex by age DC3301EW, available from www.nomisweb.co.uk

Approximately 69% and 74% of male and female unpaid carers respectively in Leeds were aged between 25-64 years. The number of male and female carers in this age range constituted 10.6% and 15.6% of the males and females in Leeds in the same age group respectively. However, the 50-64 year age group had the highest proportion of its population providing unpaid care (17.3% and 23.6% of the total male and female population in that age group respectively).

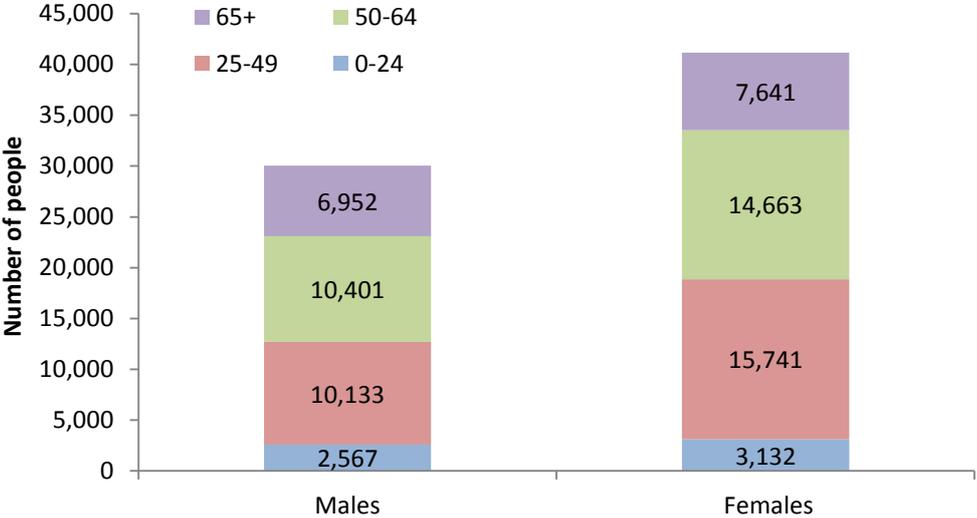


Figure 11. Number of males and females providing unpaid care in Leeds across age groups

The top ten MSOAs with the highest proportion of their working age (25-64) male population providing unpaid care were:

1. Cookridge, Holt Park (14.6%, 214 men)
2. Scarcroft, Scholes and Shadwell (14.5%, 195 men). Tied with Manston, Stanks (14.5%, 311 men)
3. Swillington, West Garforth and Little Preston (14.4%, 216 men)
4. Ireland Wood, Lawnswood (13.9%, 209 men)
5. Yeadon - Rufford Park, Yeadon Tarn (13.6%, 193 men). Tied with Wellington Hill, Whinmoor and Red Hall (13.6%, 258 men)
6. Tinshill (13.5%, 209 men)
7. Arthington, Bramhope, Pool and Carlton (13.4%, 226 men). Tied with Rothwell (13.4%, 223 men)
8. Adel (13.3%, 189 men). Tied with Carr Manor (13.3%, 276 men)
9. Colton and Austhorpe (13.1%, 208 men). Tied with Seacroft North (13.1%, 188 men), Halton, Whitkirk (13.1%, 248 men) and Belle Isle South (13.1%, 189 men)
10. Kippax (13.0%, 245 men). Tied with Otley - Newalls / Weston Lane (13.0%, 181 men)

Providing more than 20 hours of care a week may limit opportunities for full-time employment. Within the age group of 25-64, 10,272 women were providing 20+ hours of unpaid care (33.9% out of the 30,304 female carers in this age group), although 6,476 men were also providing 20+ hours of unpaid care (31.5% out of the 20,534 male carers in this age group). This number of males and females aged 25-64 years providing 20+ hours of unpaid care was equivalent to 3.4% and 5.3% of the Leeds male and female population respectively.

The top ten MSOAs with the highest proportion of their working age (25-64) male population providing 20 hours or more unpaid care each week were:

1. Belle Isle South (7.0%, 101 men). Tied with Halton Moor, Wykebecks (7.0%, 96 men)
2. Middleton and Westwoods (6.3%, 101 men)
3. Seacroft North (6.2%, 89 men). Tied with Osmondthorpe, East End Park (6.2%, 94 men)
4. Gipton South (5.8%, 90 men).

5. Gipton North (5.6%, 80 men). Tied with Fearnville, Hollin Park, Beechwood, Brooklands (5.6%, 92 men) and Swarcliffe (5.6%, 86 men)
6. Seacroft South (5.4%, 60 men). Tied with Meanwood 6 Estates (5.4%, 80 men)
7. Moor Allerton (5.1%, 79 men)
8. Harehills Triangle (4.8%, 84 men). Tied with Bramley Hill Top, Raynville and Wyther Park (4.8%, 97 men) and Tinshill (4.8%, 74 men)
9. Rothwell (4.7%, 78 men). Tied with Ireland Wood, Lawnswood (4.7%, 70 men)
10. Middleton Park, Manor Farm and Sharp Lane (4.6%, 86 men)

It is noticeable that men providing more than 20 hours of care a week seemed to be related more with deprived areas.

3 Education

3.1 No qualifications

In 2011 there were less men in the working age population (16-64) of Leeds with no qualifications compared to women [38,217 vs. 40,793 respectively (15.3% and 16% of that age population)]²⁶. These data were similar to figures for England and Wales (14.9% and 15.0% of males and females aged 16-64 with no qualifications). The top ten MSOAs with the highest proportion of their working age male population with no qualifications were:

1. Halton Moor, Wykebecks (37.3%, 667 men)
2. Belle Isle North (36.4%, 630 men)
3. Gipton South (34.2%, 653 men)
4. Middleton and Westwoods (33.8%, 695 men)
5. Seacroft North (33.1%, 592 men)
6. Seacroft South (32.3%, 456 men)
7. Gipton North (32.0%, 610 men)
8. Harehills - Comptons, Sutherlands and Nowells (31.3%, 699 men)
9. Beeston Hill (29.7%, 699 men)
10. Lincoln Green and Ebor Gardens (29.5%, 873 men)

3.2 Early Years Foundation Stage Profile

Data from 2013²⁷ shows that the percentage of boys in Leeds (of all those eligible) achieving a good level of development in the Early Years Foundation Stage Profile (EYFSP) was 44% compared to 59% for girls. For both boys and girls, this is lower than the percentage of children achieving a good level of development across England²⁸ (52% and 69% of boys and girls respectively).

The top ten MSOAs with the lowest percentage of boys achieving this were:

1. Harehills Triangle (19%). Tied with Harehills - Comptons, Sutherlands and Nowells (19%)
2. Holbeck (20%)
3. Bramley (21%)
4. Bramley Hill Top, Raynville and Wyther Park (22%). Tied with Beeston Hill (22%)
5. Broadleas, Ganners, Sandfords (26%). Tied with Harehills (26%) and Belle Isle South (26%)

²⁶ Census 2011 taken from Census dataset DC5102EW 'Highest level of qualification by sex by age', available from www.nomisweb.co.uk

²⁷ From the dataset 'Early Years Foundation Stage profile by gender (referenced by location of pupil residence)', available from <http://www.data4nr.net/resources/1398> N.B. Based on 2001 MSOAs

²⁸ From the dataset 'Early years foundation stage profile (EYFSP) assessments, by pupil characteristics in England, for academic year 2013 to 2014', available from <https://www.gov.uk>

6. Seacroft North (27%). Tied with Halton Moor, Wykebecks (27%), West Hunslet & Hunslet Hall (27%) and Belle Isle North (27%)
7. Chapeltown (28%). Tied with Armley, New Wortley (28%) and Garforth (28%)
8. Upper Wortley (29%)
9. Beeston Millshaw, Elland Rd and Cottingley (31%). Tied with Morley East (31%)
10. Swillington, West Garforth and Little Preston (32%)

3.3 Key Stage 1 Writing and Reading

Similarly, data from 2013²⁹ shows that the percentage of boys in Leeds (of all those eligible) achieving level 2 in key stage 1 writing (5-7 years) was 77% compared to 87% for girls. For both boys and girls, this is lower than the percentage of children across England achieving level 2 (80% and 90% of boys and girls respectively). The top ten MSOAs with the lowest percentage of boys achieving this were:

1. Meanwood 6 Estates (56%). Tied with Cross Green, East End Park (56%)
2. Halton Moor, Wykebecks (58%). Tied with Belle Isle North (58%)
3. Middleton and Westwoods (59%)
4. Holbeck (60%)
5. Ireland Wood, Lawnswood (61%). Tied with Harehills Triangle (61%)
6. Armley, New Wortley (62%)
7. Harehills (63%). Tied with Drighlington and West Gildersome (63%)
8. Middleton Park, Manor Farm and Sharp Lane (65%)
9. Gipton North (66%)
10. Hawskworth Wood (67%). Tied with Bramley (67%), Harehills – Comptons, Sutherlands and Nowells (67%), Swinnow (67%), Farnley (67%) and Rothwell (67%)

Data from 2013²⁵ shows that the % of boys in Leeds (of all those eligible) achieving level 2 in key stage 1 reading (5-7 years) was 83% compared to 89% for girls. For both boys and girls, this is lower than the percentage of children across England achieving level 2 (86% and 92% of boys and girls respectively).

The top ten MSOAs in Leeds with the lowest percentage of boys achieving level 2 were:

1. Halton Moor, Wykebecks (58%)
2. Harehills Triangle (62%)
3. Cross Green, East End Park (63%)
4. Harehills (66%). Tied with Belle Isle North (66%) and Middleton and Westwoods (66%)
5. Gipton North (67%). Tied with Farnley (67%)
6. Meanwood 6 Estates (68%). Tied with Lincoln Green and Ebor Gardens (68%)
7. Bramley (69%)
8. Gipton South (71%). Tied with Harehills – Comptons, Sutherlands and Nowells (71%)
9. Chapeltown (73%)
10. Swarcliffe (74%)

The MSOAs of Cross Green, East End Park; Harehills Triangle; Middleton and Westwoods; and Belle Isle North were all ranked in the top ten MSOAs for both poor reading and writing.

3.4 GCSE higher grade passes including English and Maths

In 2013, the percentage of boys in Leeds achieving five or more grade A-C GCSEs including English and maths was 52.4% compared to 63% for girls³⁰ which may reflect the gender gap observed in key stage 1

²⁹ Taken from the dataset 'Pupil attainment at Key Stage 1 by Gender (referenced by location of pupil residence)', available from <http://www.data4nr.net/resources/622>

³⁰ Taken from 'Pupil attainment at GCSE by location of pupil residence', available from <http://www.data4nr.net/resources/183>

children. For both boys and girls, this is lower than the percentage of children across England achieving this (55.7% and 65.7% of boys and girls respectively). The top ten MSOAs in Leeds with the lowest percentage of boys achieving this were:

1. Harehills (20.9%)
2. Seacroft South (23.1%). Tied with Armley, New Wortley (23.1%)
3. West Hunslet & Hunslet Hall (23.8%)
4. Holbeck (24.1%)
5. Swarcliffe (24.4%)
6. Beeston Hill (27.9%)
7. Farnley (28.9%)
8. Bramley Hill Top, Raynville and Wyther Park (29.6%)
9. Halton Moor, Wykebecks (30.6%)
10. Burley (31.6%)

3.5 Persistent absenteeism

Data from 2013³¹ shows that the percentage of primary and secondary pupils with persistent absenteeism across Leeds was the same for boys and girls (4.9%). For both boys and girls, this is higher than the percentage of children across England (4.5% and 4.6% of boys and girls respectively). The top ten MSOAs in Leeds with the highest percentage of boys with persistent absenteeism were:

1. Seacroft South (11.9%)
2. Burley (10.6%)
3. Harehills (10.5%). Tied with Harehills - Comptons, Sutherlands and Nowells (10.5%)
4. Holbeck (9.6%)
5. Lincoln Green and Ebor Gardens (9.3%)
6. City Centre, Hunslet Green and Thwaite Gate (8.9%)
7. Seacroft North (8.7%)
8. Bramley (8.6%)
9. Swarcliffe (8.5%). Tied with Hyde Park, Woodhouse (8.5%)
10. Fearnville, Hollin Park, Beechwood, Brooklands (8.2%)

³¹ Taken from 'Pupil absence in Schools in England by gender (referenced by location of pupil residence)', available from <http://www.data4nr.net/resources/1098>

4 Economic Activity

4.1 Employment

In 2011, 43.0% of the male 16+ population in Leeds (excluding students) were employed full time, 6% employed part-time, 8% self-employed working full-time and 2% self-employed working part-time³². The MSOA of Morley East had the highest proportion of employed men (62.5%, 1616 men) and Little Woodhouse had the lowest proportion (18.4%, 770 men). The MSOA of Arthington, Pool, Carlton and Bramhope had the highest proportion of self-employed men (20.8%, 543 men) and Little Woodhouse had the lowest proportion (2.98%, 125 men).

4.1.1 Type of occupation

The number of men aged 16-64 in Leeds classed as working in 'routine occupations'³³ was 55% higher than women [30,347 vs. 19,640 respectively (12.1% and 7.72% of that age group in Leeds)]. The top ten ranked MSOAs with the highest proportion of their 16-64 age male population who were classified as working in 'routine occupations' were:

1. Middleton and Westwoods (25.8%, 530 men)
2. Halton Moor, Wykebecks (25.4%, 454 men)
3. Belle Isle North (24.6%, 426 men)
4. Belle Isle South (23.7%, 432 men)
5. Gipton South (23.4%, 448 men)
6. Seacroft South (23.3%, 328 men)
7. Harehills - Comptons, Sutherlands and Nowells (22.6%, 503 men)
8. Beeston Millshaw, Elland Road and Cottingley (22.4%, 540 men)
9. Seacroft North (22.3%, 399 men)
10. Osmondthorpe, East End Park (22.1%, 412 men)

The number of men aged 16-64 in Leeds classed as working in 'higher managerial, administrative and professional occupations' was 54% higher compared to women [32,942 vs. 21,387 respectively (13.2% and 8.41% of that age group in Leeds)]. The bottom ten ranked MSOAs with the lowest proportion of their 16-64 age male population who were classified as working in 'higher managerial, administrative and professional occupations' were:

1. Belle Isle North (3.06%, 53 men)
2. Beeston Hill (3.18%, 75 men)
3. Middleton and Westwoods (3.35%, 69 men)
4. Hyde Park, Burley (3.48%, 119 men)
5. Harehills - Comptons, Sutherlands and Nowells (3.59%, 80 men)
6. Halton Moor, Wykebecks (3.64%, 65 men)
7. Gipton North (4.09%, 78 men)
8. Harehills Triangle (4.11%, 95 men)
9. Little Woodhouse (4.18%, 171 men)
10. Seacroft South (4.25%, 60 men)

³² Census data file DC6302EW 'Economic activity by hours worked by sex by long-term health problem or disability' available from www.nomisweb.co.uk

³³ Employees in these positions are clearly regulated by a basic labour contract and are thus even less likely than those classified in 'semi-routine occupations' to have opportunities for promotion, autonomy over work etc. Taken from The National Statistics Socio-economic Classification: Origins, Development and Use (Rose and Pevalin, 2005).

4.1.2 Working hours

Across Leeds, almost twice as many men aged 16+ compared to women were working long hours³⁴ [28,972 vs. 10,034 respectively (9.7% and 3.2% of that age group in Leeds)]³². This proportion of males and females working long hours was higher than observed for males and females across England and Wales (8.5% and 2.7% respectively). Of these men in Leeds who were working long hours, 21,215 were employees in organisations and 7,757 were self-employed (Figure 12 and Figure 13).

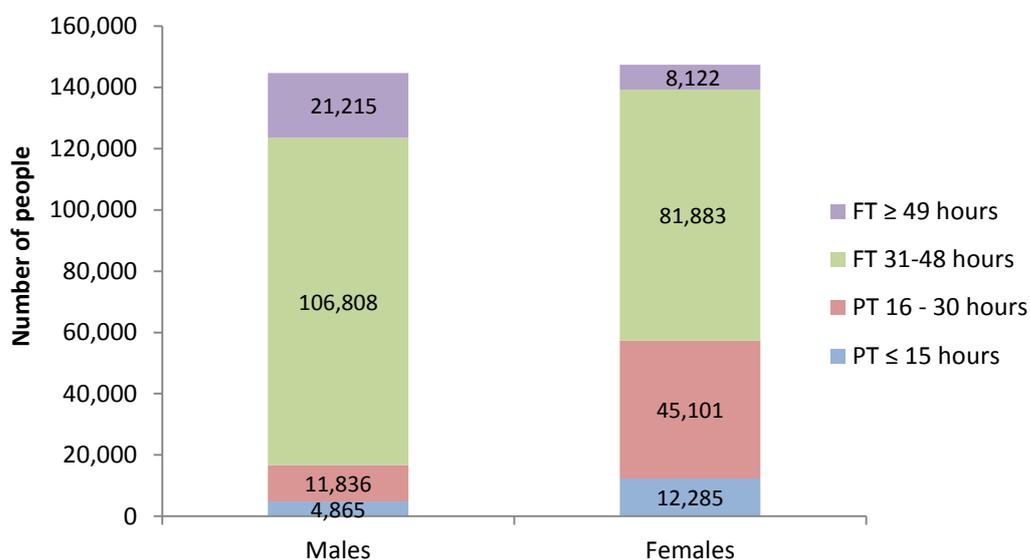


Figure 12. Hours worked by male and female employees (2011)

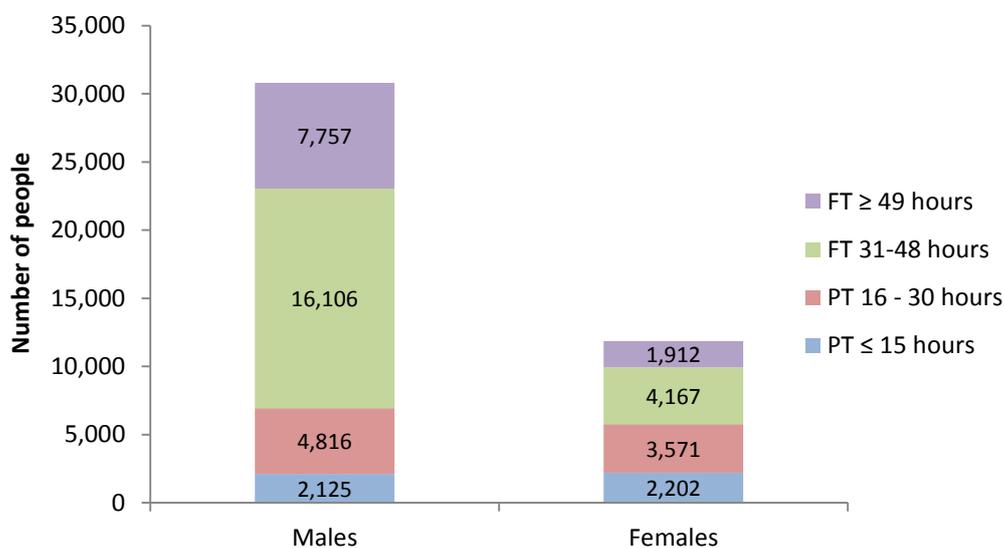


Figure 13. Hours worked by self-employed males and females (2011)

The top ten MSOAs with the highest proportion of their 16+ male population who were employees working long hours were:

1. Bardsey, East Keswick, Collingham, Linton and Harewood (13.3%, 395 men)
2. Bramham, Boston Spa and Clifford (11.9%, 327 men). Tied with Roundhay Park (11.9%, 261 men)
3. Aberford, Barwick, Lotherton and Thorner (11.4%, 286 men). Tied with Wetherby West (11.4%, 299 men)
4. Scarcroft, Scholes and Shadwell (11.2%, 242 men)

³⁴ Defined as 49 or more hours a week

5. Arthington, Bramhope, Pool and Carlton (11.0%, 286 men)
6. Hawksworth Village, Tranmere Park (10.9%, 288 men)
7. Horsforth, New Road Side, Stanhopes and Rawdon South (10.8%, 313 men)
8. Adel (10.7%, 235 men)
9. West Ardsley (10.5%, 254 men)
10. City Centre (10.4%, 421 men)

4.2 Full-time students

In the 2011, there were 35,391 male and 39,278 female full-time students living in Leeds (10.0% and 10.6% of males and females aged 16+ in Leeds)³⁷. Compared to the total student population living in England and Wales (8.3% of males and 8.0% of females aged 16+), Leeds has a high density of student residents. The top ten MSOAs with the highest proportion of their 16+ year male population classified as a full-time student were:

1. Little Woodhouse (68.5%, 2,873 men)
2. Hyde Park, Burley (63.8%, 2,243 men)
3. Hyde Park, South Headingley and Woodhouse (61.2%, 3,565 men)
4. Headingley Central (59.9%, 2,502 men)
5. Little London, Sheepscar (45.5%, 2,206 men)
6. City Centre (35.1%, 1420 men)
7. Burley (31.6%, 1212 men)
8. Far Headingley, West Park and Weetwood (30.2%, 1649 men)
9. Broadleas, Ganners, Sandfords (28.9%, 708 men)
10. Kirkstall (15.3%, 432 men)

4.3 Unemployment

In Leeds, 68% more men³⁵ were unemployed (excluding students) in 2011 compared to women [16,802 vs. 10,005 respectively (5.6% and 3.2% of that age group in Leeds)]. For men, this was higher than the percentage of unemployed men (excluding students) across England and Wales (4.9% of 16+ males or 1,078,426 males). For women, this was similar to the percentage across England and Wales (3.1% of 16+ females, or 724,194 females). These data also highlight a greater gender gap in Leeds compared to that observed across England and Wales (68% more men in Leeds were unemployed compared to women where as 48% more men in England and Wales were unemployed compared to women). The top ten MSOAs in Leeds with the highest proportion³⁶ of their 16 and over male population classed as unemployed were:

1. Beeston Hill (15.7%, 397 men)
2. Lincoln Green and Ebor Gardens (13.6%, 443 men)
3. Harehills (13.1%, 277 men)
4. Harehills Triangle (12.2%, 309 men)
5. Harehills - Comptons, Sutherlands and Nowells (12.0%, 305 men)
6. West Hunslet and Hunslet Hall (11.6%, 262 men)
7. Farnley (11.4%, 266 men)
8. Seacroft South (11.2%, 184 men)
9. Halton Moor, Wykebecks (10.9%, 231 men). Tied with Gipton South (10.9%, 256 men)

³⁵ Taken from Census data sheet DC6302EW 'Economic activity by hours worked by sex by long-term health problem or disability', available from www.nomisweb.co.uk

³⁶ These proportions were calculated from MSOA male populations including students which may distort the data, however these MSOAs are not typically where the majority of students in Leeds reside.

10. Seacroft North (10.8%, 233 men)

4.3.1 Long-term unemployed

In the 2011 Census³⁷, a person was defined as being long-term unemployed if the year they last worked was 2009 or earlier. The number of working-age men (16-64) across Leeds classed as long-term unemployed was 60% greater compared to women [6,641 vs. 4,139 respectively (2.7% and 1.6% of the working age population in Leeds)]. The percentage of men classed as long-term unemployed was greater than observed across England and Wales (2.2%), however the percentage of women was similar (1.7%). The gender gap in Leeds was far greater than observed across England and Wales, where 32% more men were classed as long-term unemployed compared to women. The top ten MSOAs in Leeds with the highest proportion of their working age male population (aged 16-64) falling into this category were:

1. Lincoln Green and Ebor Gardens (7.5%, 223 men)
2. Beeston Hill (7.4%, 175 men)
3. Farnley (6.4%, 130 men). Tied with West Hunslet and Hunslet Hall (6.4%, 124 men)
4. Seacroft South (6.3%, 89 men)
5. Middleton and Westwoods (6.1%, 126 men)
6. Harehills - Comptons, Sutherlands and Nowells (5.7%, 127 men)
7. Harehills Triangle (5.6%, 129 men)
8. Seacroft North (5.4%, 96 men)
9. Gipton South (5.2%, 100 men). Tied with Halton Moor, Wykebecks (5.2%, 92 men)
10. Gipton North (5.1%, 97 men)

Additionally, there is a link between long term unemployment and qualifications - these were the top ten areas with men in long-term unemployment. Whilst these aren't the top ten with the highest proportion of unqualified men, they do have a high proportion of unqualified men so this could be a contributing factor.

1. Lincoln Green and Ebor Gardens [(7.5%) 29.5% no qualifications]
2. Beeston Hill [(7.4%) 29.7% no qualifications]
3. Farnley (6.4%). Tied with West Hunslet and Hunslet Hall [(6.4%) (24.3 and 29.3% respectively no qualifications)]
4. Seacroft South [(6.3%) 32.3% no qualifications]
5. Middleton and Westwoods [(6.1%) 33.8% no qualifications]
6. Harehills - Comptons, Sutherlands and Nowells [(5.7%) 31.3% no qualifications]
7. Harehills Triangle [(5.6%) 25.4% no qualifications]
8. Seacroft North [(5.4%) 33.1% no qualifications]
9. Gipton South (5.2%). Tied with Halton Moor, Wykebecks [(5.2%) 34.2% and 37.3% no qualifications respectively]
10. Gipton North [(5.1%) 32.0% no qualifications]

4.3.2 Never worked

In the 2011 Census, a person was defined as never worked if they had never been employed³⁸. In Leeds there were 1.5 more adult women (aged 25+³⁹) in Leeds classified as never worked compared to men

³⁷ Taken from Census data set DC6114EW 'NS-SeC by sex by age', available from www.nomisweb.co.uk

³⁸ For most non-employed persons (the unemployed, the retired, those looking after a home, those on government employment or training schemes, the sick and disabled, etc.), the normal procedure is to classify them according to their last main job. For those classified as 'never worked' it is not known whether those individuals have actively chosen to or not.

³⁹ This age band was chosen to exclude those in full-time education who were yet to start work

[14,760 vs. 5,737 respectively (5.7% and 2.4% of this age group in Leeds)]⁴⁰. The percentage of women in Leeds classed as never worked was the same as observed across England and Wales (5.7% of women aged 25+) however the percentage of men in Leeds was higher than national⁴¹ trends (2.1% of men aged 25+). The top ten MSOAs with the highest proportion of their male population (aged 25+) falling into this category were:

1. Harehills Triangle (8.2%, 162 men)
2. Lincoln Green and Ebor Gardens (8.1%, 222 men). Tied with Wetherby East, Thorp Arch and Walton⁴² (8.1%, 210 men)
3. Harehills - Comptons, Sutherlands and Nowells (7.2%, 155 men)
4. Harehills (6.8%, 115 men)
5. Beeston Hill (6.6%, 136 men)
6. Armley, New Wortley (5.9%, 179 men)
7. Little London, Sheepscar (5.6%, 161 men). Tied with Belle Isle North (5.6%, 95 men) and Halton Moor, Wykebecks (5.6%, 95 men)
8. West Hunslet and Hunslet Hall (5.5%, 103 men). Tied with Seacroft South (5.5%, 73 men)
9. Meanwood 6 Estates (5.3%, 94 men)
10. Chapeltown (5.2%, 154 men)

4.3.3 Not in Education, Employment or Training (NEET)

In January 2015, there were 758 males and 626 females across the city aged 16-18 year classed as not in education, employment or training (NEET)⁴³ which is equivalent to 5.44% vs. 4.51% of that age population⁴⁴ in Leeds respectively⁴⁵. Data for England in 2014⁴⁶ estimated that 11.9% and 15.3% of males and females aged 16-24 were classed as NEETs. The top five wards in Leeds with the highest proportion of NEET males were:

1. Burmantofts & Richmond Hill (14.2%, 60 males)
2. Gipton & Harehills (10.1%, 74 males)
3. Killingbeck & Seacroft (9.8%, 49 males)
4. Farnley & Wortley (9.7%, 43 males)
5. Armley (9.6%, 40 males)

4.3.4 Economically inactive and long-term disability/illness

Approximately 7.2% more men aged 16 and over in Leeds were economically inactive due to long-term disability or illness compared to women [11,963 vs. 11,162 respectively (4.0 and 3.5% of that age group in Leeds). This was similar to the percentage of males and females in England and Wales (4.1% and 3.7% for males and females respectively). The top ten MSOAs with the highest proportion of their 16 and over male population falling into this category were:

1. Belle Isle North (10.1%, 209 men)
2. Halton Moor, Wykebecks (9.5%, 200 men). Tied with Seacroft North (9.5%, 203 men)
3. Harehills - Comptons, Sutherlands and Nowells (9.4%, 239 men)
4. Seacroft South (8.9%, 146 men)
5. West Hunslet and Hunslet Hall (8.8%, 199 men)

⁴⁰ Taken from Census data set DC6114EW 'NS-SeC by sex by age', available from www.nomisweb.co.uk

⁴¹ National Census data includes England and Wales only

⁴² This is an affluent area but a category C men's prison is based in Thorp Arch, which may have affected this result.

⁴³ Obtained directly from Leeds Children's Performance Services

⁴⁴ Age population taken from 2014 population data

⁴⁵ Count excludes those recorded as out of the local ward areas, where ward is unknown and where sex is unknown. This also excludes wards where the exact count has been recorded as '<5' to maintain anonymity.

⁴⁶ Taken from 'NEET estimates 16 to 24 by region and gender: SFR29/2014', available from http://data.gov.uk/dataset/neet_statistics/resource/764c92a4-85a4-434c-9b57-b44a3001c94e

6. Middleton and Westwoods (8.2%, 200 men)
7. Moor Allerton (8.1%, 182 men). Tied with Gipton South (8.1%, 191 men)
8. Beeston Millshaw, Elland Road and Cottingley (7.7%, 223 men)
9. Lincoln Green and Ebor Gardens (7.6%, 249 men). Tied with Meanwood 6 Estates (7.6%, 162 men)
10. Hawksworth Wood (7.4%, 216 men)

Of those aged 16 and over who were classed as economically inactive due to a long-term disability or illness, approximately 6.7% more men compared to women were also suffering from a condition or disability that significantly limits their day-to-day activities [8,206 vs. 7,692 respectively (2.8% and 2.4% of that age group in Leeds). This was similar to the percentage of males and females in England and Wales (2.9% and 2.6% respectively). The top ten MSOAs with the highest proportion of their 16 and over male population falling into this category were:

1. Harehills - Comptons, Sutherlands and Nowells (6.5%, 164 men)
2. Middleton and Westwoods (6.4%, 156 men)
3. Belle Isle North (6.3%, 131 men)
4. Halton Moor, Wykebecks (6.2%, 132 men)
5. Seacroft North (6.0%, 129 men)
6. Seacroft South (5.7%, 94 men)
7. Gipton South (5.6%, 132 men)
8. Fearnville, Hollin Park, Beechwood, Brooklands (5.4%, 136 men). Tied with Moor Allerton (5.4%, 120 men). Tied with West Hunslet and Hunslet Hall (5.4%, 121 men)
9. Beeston Millshaw, Elland Road and Cottingley (5.2%, 151 men)
10. Meanwood 6 Estates 5.0%, 107 men). Tied with Lincoln Green and Ebor Gardens (5.0%, 163 men)

4.4 Benefits claimed

4.4.1 Job Seekers Allowance (JSA)

Data from September 2014⁴⁷ show that almost double the amount of working-age men (16-64) compared to women claimed job seekers allowance [10,526 vs. 5,453 respectively (2.8% and 1.4% of this age group)]. This was similar to the proportion of males and females claiming JSA across England and Wales (2.7 and 1.6% respectively)⁴⁸. The top ten MSOAs in Leeds with the highest proportion of their working age male population claiming job seekers allowance were:

1. Beeston Hill (17.3%, 410 men)
2. Harehills (14.9%, 298 men)
3. Harehills - Comptons, Sutherlands and Nowells (14.4%, 320 men)
4. Lincoln Green and Ebor Gardens (13.2%, 404 men)
5. Harehills Triangle (11.2%, 275 men)
6. Holbeck (10.5%, 311 men)
7. Gipton North (10.1% 197 men)
8. Halton Moor, Wykebecks (9.8% 175 men)
9. Chapeltown (9.7%, 300 men). Tied with Belle Isle North (9.7%, 168 men)
10. Gipton South (9.4%, 183 men)

4.4.2 Income Support

⁴⁷ Data obtained from Leeds Observatory http://observatory.leeds.gov.uk/Leeds_Benefits/

⁴⁸ 'Jobseekers Allowance (JSA) monthly claimant count', available from <http://www.data4nr.net/resources/322>

Data from Q1 2014⁴⁹ shows that almost four times the amount of working-age women (16-64) compared to men claimed income support [9,085 vs. 2,315 respectively (3.6% and 0.9% of this age group)]. The large difference is likely attributable to more men working full-time and therefore earning a higher wage that would make them ineligible to receive income support. Across England and Wales this gender gap was smaller, with 2.5 the number of women claiming compared to the number of men⁵⁰. However the proportion of male and female claimants in Leeds was similar to those across England and Wales (3.4% and 1.0% respectively). The top ten MSOAs in Leeds with the highest proportion of their working age male population claiming income support were:

1. Meanwood 6 Estates (2.74%, 50 men).
2. West Hunslet and Hunslet Hall (2.65%, 50 men)
3. Gipton North (2.56%, 50 men). Tied with Gipton South (2.56%, 50 men)
4. Halton Moor, Wykebecks (2.51%, 45 men)
5. Seacroft South (2.44%, 35 men)
6. Belle Isle North (2.30%, 40 men)
7. Harehills - Comptons, Sutherlands and Nowells (2.24%, 50 men)
8. Seacroft North (2.21%, 40 men)
9. Middleton and Westwoods (2.18%, 45 men)
10. Bramley (2.01%, 35 men)

Of those men claiming income support in Leeds, 51% have done so for 5+ years, which was lower compared to men across England and Wales (59%).

4.4.3 Incapacity benefit claimants

In Q1 2014, approximately 12% more working-age men across Leeds (aged 16-64) were claiming incapacity benefit or severe disability allowance compared to women (2,155 vs. 1,920 respectively)⁴¹. This was a similar proportion of the working-age population in Leeds for both males and females (0.9% and 0.8% respectively) and similar to the proportion of male and female claimants across England and Wales (1.1% and 1.0% respectively)⁵¹. The top ten MSOAs in Leeds with the highest proportion of their working age male population falling into this category were:

1. Moor Allerton (2.18%, 40 men)
2. Seacroft South (2.09%, 30 men)
3. Harehills - Comptons, Sutherlands and Nowells (2.02%, 45 men).
4. Bramley (2.01%, 35 men)
5. Halton Moor, Wykebecks (1.96%, 35 men)
6. Meanwood 6 Estates (1.92%, 35 men).
7. Beeston Hill (1.90%, 45 men)
8. West Hunslet and Hunslet Hall (1.85%, 35 men)
9. Gipton South (1.79%, 35 men)
10. Belle Isle North (1.73%, 30 men)

Mental and behavioural disorders were the most common underlying condition for claimants, however this was more common amongst males compared to females and more common in Leeds compared to across England and Wales (Table 1).

⁴⁹ Available from the Leeds Observatory, http://observatory.leeds.gov.uk/Leeds_Benefits/

⁵⁰ Income Support (IS), Feb. 2014 available from <http://www.data4nr.net/resources/370>

⁵¹ Incapacity Benefit and Severe Disablement Allowance (IBSDA), Feb 2014 available from www.nomisweb.co.uk

Table 1. Underlying condition of males and females claiming incapacity benefit or severe disability allowance in Leeds and in England and Wales

Condition	Leeds (%)		England and Wales (%)	
	Males	Females	Males	Females
Neoplasms	0.5	0.6	0.8	1.0
Endocrine, nutritional and metabolic diseases	2.0	1.3	1.2	1.2
Mental and behavioural disorders	51.7	48.8	44.8	42.1
Diseases of the nervous system	7.4	11.3	7.5	10.2
Diseases of the ear and mastoid process	0.5	0	0.5	0.7
Diseases of the eye and adnexa	0	0.6	1.1	1.2
Diseases of the circulatory system	3.9	1.3	4.2	2.4
Diseases of the respiratory system	1.0	1.3	1.5	1.7
Diseases of the digestive system	0.5	1.3	1.1	1.1
Diseases of the skin and subcutaneous system	0.5	0	0.5	0.4
Diseases of the musculoskeletal system and connective tissue	10.3	13.1	11.9	14.3
Diseases of the genitourinary system	0.5	0.6	0.4	0.7
Congenital malformations, deformations and chromosomal abnormalities	3.4	3.1	3.6	3.9
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	13.3	15.0	13.8	14.3
Injury, poisoning and certain other consequences of external causes	3.4	1.9	4.4	2.8
Factors influencing health status and contact with health services	1.0	0	1.7	1.1

4.4.4 Employment and Support Allowance

Employment and Support Allowance (ESA) replaced Incapacity Benefit and Income Support paid on the grounds of incapacity for new claims from 27th October 2008. People are eligible for Employment Support Allowance if they are unable to work due to illness or disability. Data from Q1 2014 show that 16% more working-age men (aged 16-64) in Leeds claimed ESA compared to women [14,405 vs. 12,395 respectively (5.7% and 4.9% of this age group)]⁵². This gender difference was similar to that observed across England and Wales (17% more male claimants) but the proportion of males and females in Leeds claiming ESA was above that observed across England and Wales (5.4% and 4.6% respectively)⁵³. The top ten MSOAs with the highest proportion of their working-age male population claiming ESA were:

1. West Hunslet and Hunslet Hall (13.0%, 245 men)
2. Gipton South (12.8%, 250 men). Tied with Harehills - Comptons, Sutherlands and Nowells (12.8%, 285 men)
3. Farnley (12.2%, 250 men). Tied with Beeston Hill (12.2%, 290 men)
4. Halton Moor, Wykebecks (12.0%, 215 men)
5. Seacroft South (11.9%, 170 men)
6. Belle Isle North (11.5%, 200 men)
7. Seacroft North (11.3%, 205 men)
8. Fearnville, Hollin Park, Beechwood, Brooklands (11.2%, 235 men)

⁵² Available from the Leeds Observatory, http://observatory.leeds.gov.uk/Leeds_Benefits/

⁵³ Employment Support Allowance (ESA), Feb. 2014, available from www.nomisweb.co.uk

9. Lincoln Green and Ebor Gardens (11.1%, 340 men)
10. Meanwood 6 Estates (10.9%, 200 men)

The most prominent underlying condition was mental health and behavioural disorders (Table 2)⁴⁵, however in contrast to underlying conditions for incapacity and severe disability allowance, this condition was more prevalent amongst females. The percentage of males and female claimants in Leeds with mental health and behavioural disorders was greater compared to those across England and Wales (Table 2).

Table 2. Underlying condition of males and females claiming employment and support allowance in Leeds and across England and Wales

Condition	Leeds (%)		England and Wales (%)	
	Males	Females	Males	Females
Certain infections and parasitic diseases	1.0	0.6	1.4	0.8
Neoplasms	2.0	2.7	2.0	2.6
Diseases of the blood/blood forming organs/immune diseases	0.1	0.1	0.2	0.3
Endocrine, nutritional and metabolic diseases	1.3	1.3	1.6	1.4
Mental and behavioural disorders	49.6	51.1	46.3	46.6
Diseases of the nervous system	5.7	6.5	5.6	6.6
Diseases of the eye and adnexa	1.0	0.6	0.9	0.6
Diseases of the ear and mastoid process	0.4	0.2	0.4	0.4
Diseases of the circulatory system	5.0	3.1	5.1	2.8
Diseases of the respiratory system	2.2	2.7	2.1	2.3
Diseases of the digestive system	1.9	1.8	1.7	1.6
Diseases of the skin and subcutaneous system	0.8	0.5	0.7	0.5
Diseases of the musculoskeletal system and connective tissue	11.1	14.2	13.2	16.6
Diseases of the genito-urinary system	0.6	0.7	0.6	0.9
Congenital malformations, deformations and chromosomal abnormalities	0.4	0.3	0.5	0.5
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	8.5	7.8	9.9	10.0
Injury, poisoning and certain other consequences of external causes	7.3	4.5	6.6	4.1
Factors influencing health status and contact with the health services	1.1	0.9	1.4	1.1

4.4.5 Disability Living Allowance

Data from Q1 2014 show that 4.6% more females (aged 0-64) claimed disability living allowance (DLA) compared to men (19,075 vs. 18,235 respectively) although this is a similar proportion of males and females in this age group (4.9%)⁵⁴. The proportion of male and female claimants in Leeds was higher than across England and Wales (4.6% and 4.2% respectively)⁵⁵. The top ten MSOAs with the highest proportion of their over 0-64 male population claiming DLA were:

1. Seacroft South (9.3%, 230 men)
2. Belle Isle North (9.2%, 255 men)

⁵⁴ Available from the Leeds Observatory, http://observatory.leeds.gov.uk/Leeds_Benefits/

⁵⁵ From 'Benefit claimants - disability living allowance', available at www.nomisweb.co.uk

3. Seacroft North (9.1%, 250 men)
4. Middleton and Westwoods (8.7%, 295 men)
5. West Hunslet and Hunslet Hall (8.6%, 250 men)
6. Gipton South (8.5%, 275 men)
7. Belle Isle South (8.3%, 225 men)
8. Halton Moor, Wykebecks (8.2%, 245 men)
9. Fearnville, Hollin Park, Beechwood, Brooklands (8.1%, 270 men)
10. Swarcliffe (7.9%, 250 men). Tied with Meanwood 6 Estates (7.9%, 220 men)

4.4.6 Attendance Allowance

Attendance Allowance is available only to those aged 65 years or over who need help with personal care. Data from Q1 2014 shows that almost double the amount of women aged 65 years or over compared to men claimed attendance allowance [10,185 vs. 4,920 respectively (16.0% and 9.9% of this age group)]⁴⁶. This is a similar ratio to that observed across England and Wales (977,905 female vs. 494,060 male claimants), but lower than the proportion of female and male claimants across England and Wales (18.0% and 10.8% respectively)⁵⁶. The top ten MSOAs with the highest proportion of their 65 years or over male population claiming attendance allowance were:

1. South Headingley (25.8%, 40 men)
2. Harehills (21.7%, 35 men)
3. Harehills Triangle (19.8%, 45 men)
4. Hyde Park, Burley (19.1%, 20 men)
5. Farnley (17.9%, 55 men)
6. Moortown Central (17.1%, 90 men)
7. Burley (16.5%, 35 men)
8. Cross Green, East End Park and Richmond Hill (14.9%, 50 men)
9. Gipton South (14.8%, 65 men)
10. Bramley (14.7%, 45 men)

5 Appraisal of men's health in Leeds

5.1 Self-assessment of health

In the 2011 Census, women in Leeds (aged 16+) were proportionally less likely to rate their general health as 'very good' or 'good' compared to men (77.4% of women aged 16+ compared to 79.5% of men rating their health as 'good' or 'very good')⁵⁷. The proportion of women rating their general health as 'bad' or 'very bad' was similar to men [6.7% and 6.3% of the female and male 16+ age population respectively]. A similar proportion of males and females in the 16-49 age group rated their health as 'bad' or 'very bad' (2.7% of that age population), whereas a greater proportion of the male 50-64 year age group rated their health as 'bad' or 'very bad' [9.8% compared to 9.3% of females aged 50-64 years, (Figure 14)]. In the 65+ years age group, a higher proportion of females rated their health as 'bad or 'very bad' (16.6% compared to 15.9% of males).

⁵⁶ Attendance Allowance Claimants, November 2014, available from www.nomisweb.co.uk

⁵⁷ From general health by ethnic group by sex by age, LC3206EW, available from www.nomisweb.co.uk

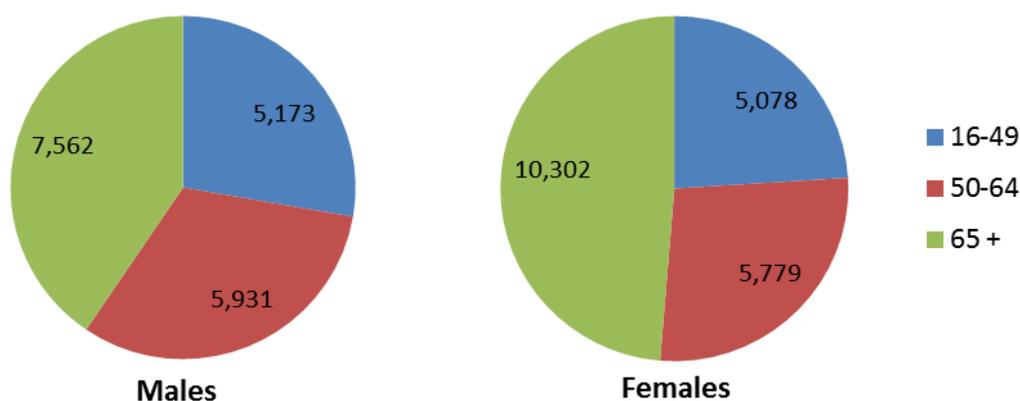


Figure 14. Number of males and females in Leeds rating their health as 'bad' or 'very bad' by age group

The top ten MSOAs with the highest proportion of their 16+ male population rating their health as 'bad' or 'very bad' were:

1. Gipton South (12.9%, 304 men)
2. Middleton and Westwoods (12.3%, 300 men)
3. Seacroft North (12.0%, 257 men)
4. Belle Isle North (11.9%, 245 men)
5. Harehills - Comptons, Sutherlands and Nowells (11.6%, 294 men)
6. Halton Moor, Wykebecks (11.2%, 236 men)
7. West Hunslet and Hunslet Hall (10.8%, 245 men). Tied with Moor Allerton (10.8%, 242 men) and Fearnville, Hollin Park, Beechwood, Brooklands (10.8%, 271 men)
8. Seacroft South (9.9%, 163 men). Tied with Farnley (9.9%, 231 men) and Lincoln Green and Ebor Gardens (9.9%, 323 men)
9. Swarcliffe (9.6%, 225 men). Tied with Meanwood 6 Estates (9.6%, 205 men)
10. Hawksworth Wood (9.5%, 279 men)

In the working-age (16-64 year) group, the proportion of men and women in Leeds rating their health as bad or very bad was similar (11,104 and 10,857, equal to 5% and 4% of that age population respectively).

The top ten MSOAs with the highest proportion of their 16-64 age male population falling into this category were:

1. Harehills - Comptons, Sutherlands and Nowells (10.4%, 231 men)
2. Seacroft North (9.6%, 171 men)
3. Halton Moor, Wykebecks (9.5%, 169 men)
4. Belle Isle North (9.4%, 163 men)
5. Middleton and Westwoods (9.3%, 191 men)
6. West Hunslet and Hunslet Hall (8.8%, 170 men). Gipton South (8.8%, 168 men)
7. Moor Allerton (8.5%, 160 men)
8. Armley, New Wortley (8.0%, 258 men)
9. Farnley (7.9%, 159 men). Tied with Fearnville, Hollin Park, Beechwood, Brooklands (7.9%, 164 men)
10. Hawksworth Wood (7.8%, 194 men)

5.2 Life expectancy

Life expectancy at birth across Leeds (2011-2013) was 78.9 years for men and 82.4 years for women⁵⁸.

The top ten MSOAs with the lowest life expectancy for males were:

1. City Centre⁵⁹ (68.6 years)
2. Holbeck (71.6 years)
3. Middleton and Westwoods (71.9 years)
4. Bramley (72.6 years)
5. Lincoln Green and Ebor Gardens (72.7 years). Tied with Armley, New Wortley (72.7 years)
6. Hunslet Green, Stourton, Thwaite Gate (73.2 years)
7. Farnley (73.3 years)
8. Swarcliffe (73.7 years)
9. Cross Green, East End Park and Richmond Hill (74.1 years)
10. West Hunslet and Hunslet Hall (74.4 years)

The Public Health data team at LCC suggested that life expectancy calculated at MSOA has limited application due to the small population numbers. Life expectancy at birth across Leeds calculated at ward level showed that the top five wards with the lowest life expectancy for males were:

1. City and Hunslet Ward (74.8 years). Tied with Middleton Park Ward (74.8 years)
2. Armley Ward (75.2 years). Tied with Burmantofts and Richmond Hill Ward (75.2 years)
3. Beeston and Holbeck Ward (75.8 years)
4. Gipton and Harehills Ward (76.2 years)
5. Killingbeck and Seacroft Ward (76.5 years)

Life expectancy at age 65 for 2009-2011 was 17.7 years for men and 20.4 years for women across Leeds⁶⁰, which is a small increase for both groups since 2006-2008 (Figure 15 and Figure 16). Disability-free life expectancy at age 65 for males increased over this period from 9.6 to 10.4 years (from 56.1% to 58.8% of life years over age 65) and expected years with a disability decreased from 7.5 to 7.3 years (from 43.9% to 41.2% of life years over age 65) which is a positive change (Figure 15). However, the increase in life expectancy over age 65 for women was associated with a decrease in disability-free life expectancy from 11.5 to 9.6 years (57.2% to 47.1% of life years over age 65) and an increase in expected years with a disability from 8.6 to 10.8 [(from 42.8% to 52.9% of life years over age 65) Figure 16]. The most recent data (2009-2011) show that although life expectancy is 2.5 years longer at age 65 for women compared to men in Leeds, the proportion of women's life after 65 spent without a disability is smaller [47.1% vs. 58.8% for men (Figure 15 and Figure 16)]. Women's ranking (compared to women in other upper tier local authorities) for the proportion of years after age 65 spent disability-free is worse than the ranking for men in Leeds (Figure 15 and Figure 16).

⁵⁸ Life Expectancy at Birth – Male, available from <http://observatory.leeds.gov.uk/dataviews/view?viewId=290> and Life Expectancy at Birth – Female, available from <http://observatory.leeds.gov.uk/dataviews/view?viewId=289>

⁵⁹ There is some doubt throughout this section on the data relating to City Centre as the life expectancy is very low and the DSRs for nearly all conditions out of kilter with the rest of Leeds and very high. This may be an artefact of undertaking the calculation against a standard population as this area has an unusual population structure (see Appendix 2).

⁶⁰ Disability-Free Life Expectancy (DFLE) and Life Expectancy (LE) at birth by Upper Tier Local Authority at age 65, England: 2006-08, 2007-09, 2008-10 and 2009-11, Adapted from data from the Office for National Statistics licensed under the Open Government Licence v.3.0. available from www.ons.gov.uk

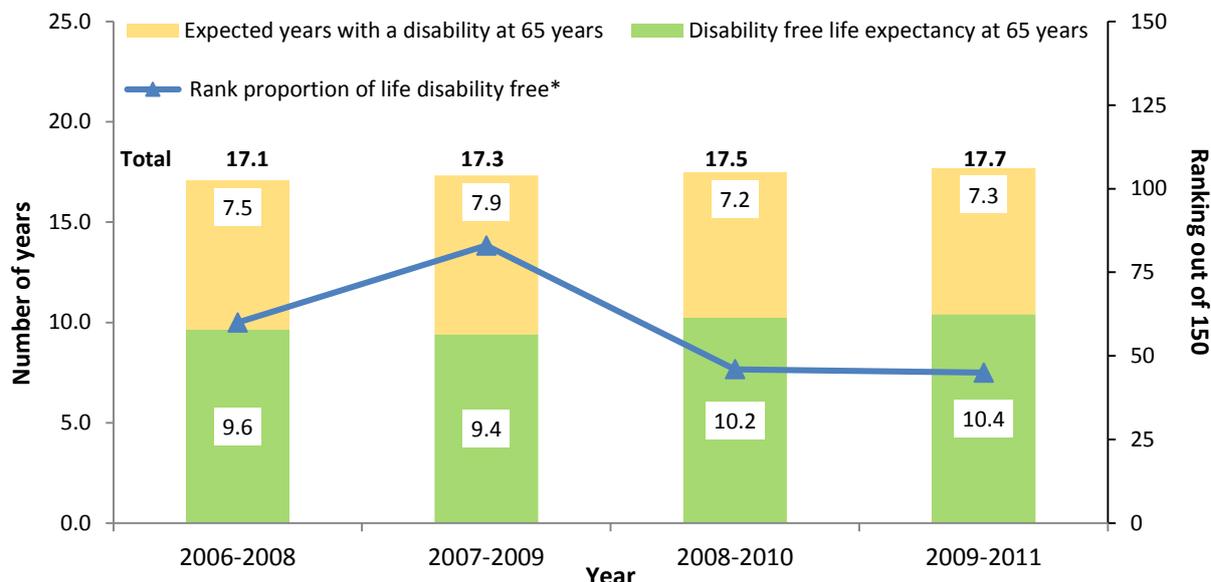


Figure 15. Years of disability and disability-free life expectancy at 65 years for males in Leeds and ranking in England upper tier local authorities

*Where 150 is the worst, i.e. the smallest proportion of life expected to be disability-free

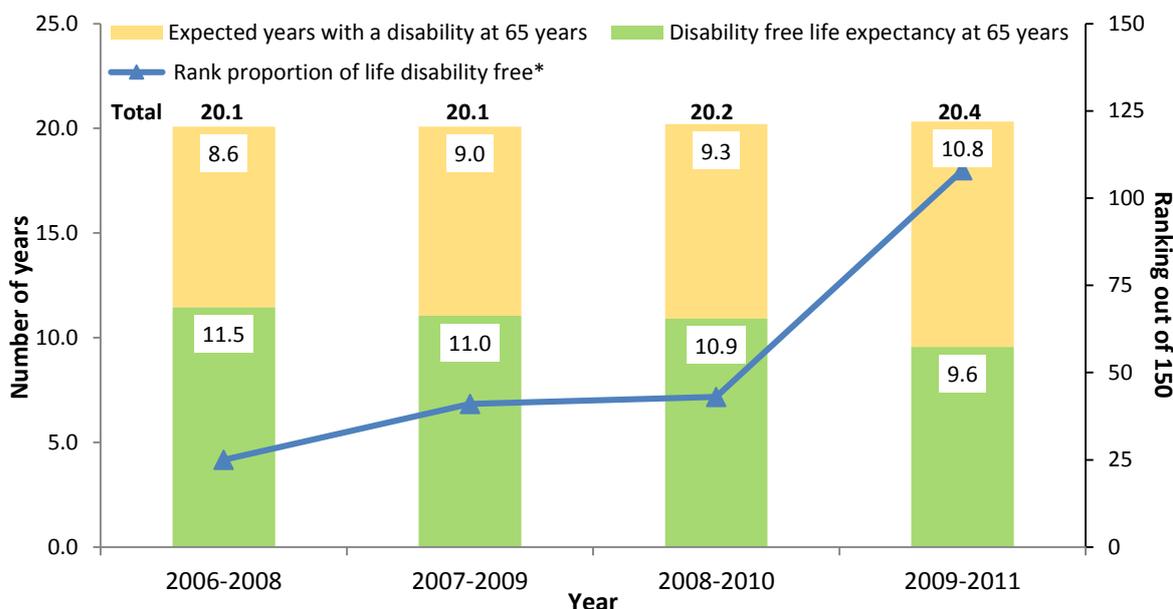


Figure 16. Years of disability and disability-free life expectancy at 65 years for females in Leeds and ranking in England upper tier local authorities

*Where 150 is the worst, i.e. the smallest proportion of life expected to be disability-free

5.3 Morbidity and mortality

In 2013 there were 3,143 male deaths in Leeds and 3,441 female deaths (Figure 17 and Figure 18), with 20.3% of male deaths occurring before the age of 65 years (637 male deaths) compared to 12.0% of female deaths (414 female deaths)⁶¹. The proportion of male deaths under the age of 65 was slightly above that observed for male deaths across England (19.5% of all male deaths respectively).

⁶¹ Deaths by Lower Super Output Areas, 1981-2013, Adapted from data from the Office for National Statistics licensed under the Open Government Licence v.3.0., available from www.ons.gov.uk/ons/about-ons/business-transparency/freedom-of-information/what-can-i-request/published-ad-hoc-data/health/january-2015/deaths-by-lower-super-output-areas/index.html

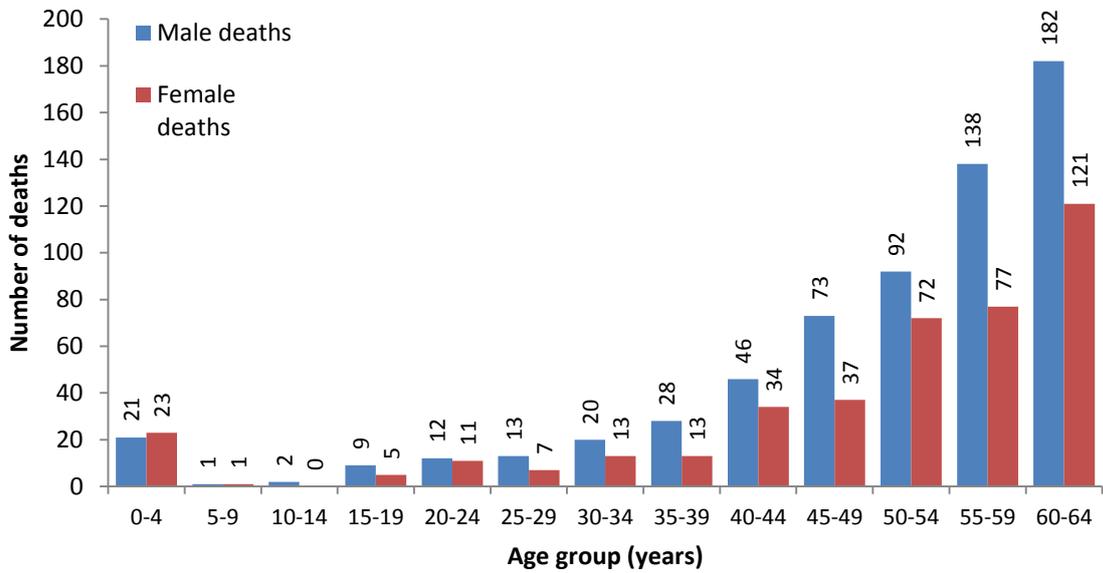


Figure 17. Number of male and female deaths in Leeds for the under 65 year age groups

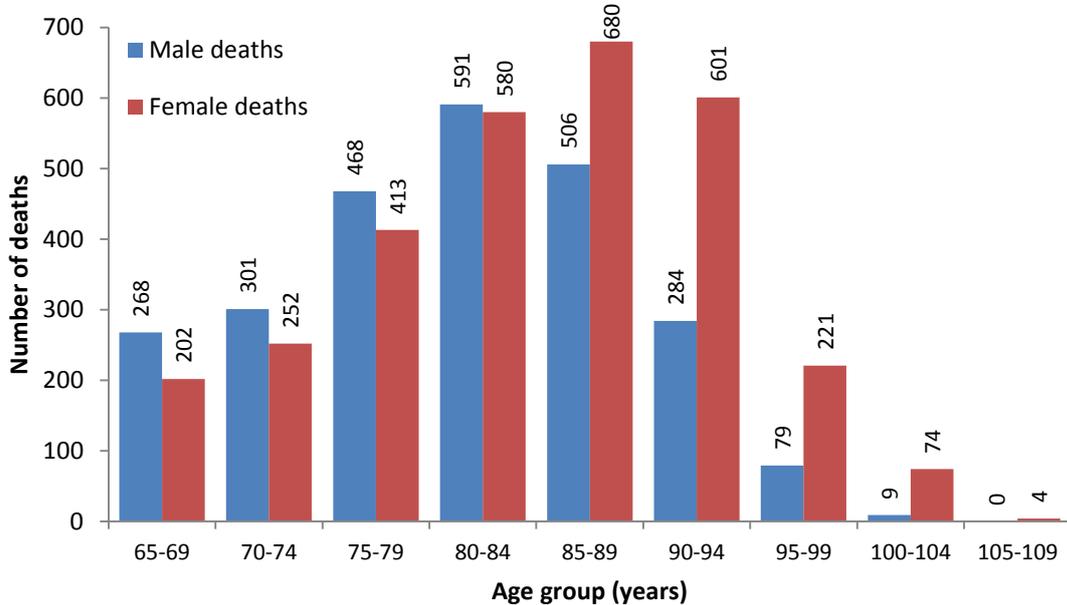


Figure 18. Number of male and female deaths in Leeds for the 65+ years age groups

Rates of death which account for population differences between males and females show higher rates across most under 100 year age groups for men (Figure 19 and Figure 20). In 2013, death rates were at least 50% higher in men compared to women in the 15-19, 25-29, 35-39, 45-49 and 55-59 year age groups.

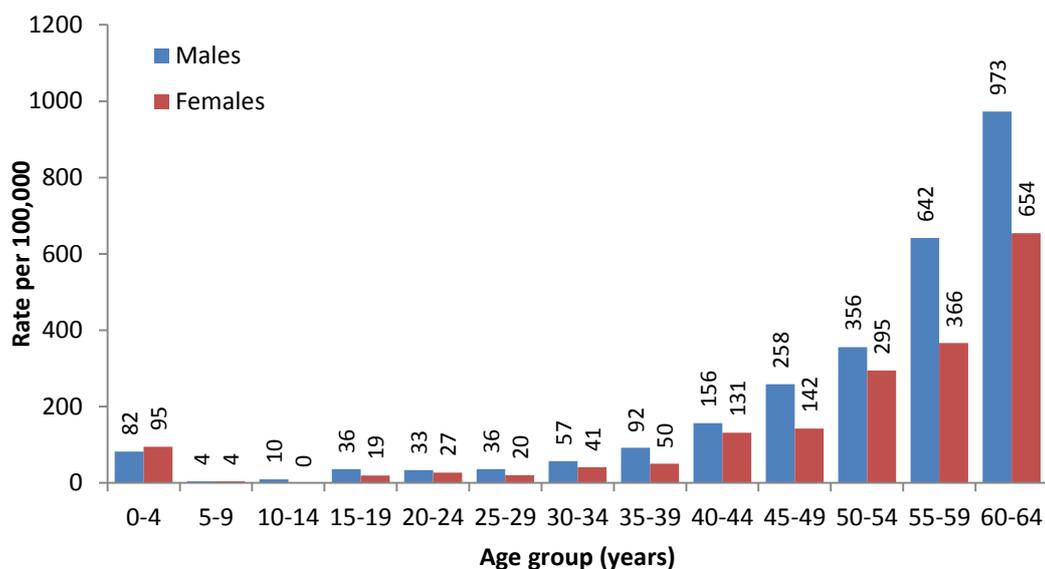


Figure 19. Rates (per 100,000) of death for males and females in the under 65 year age groups

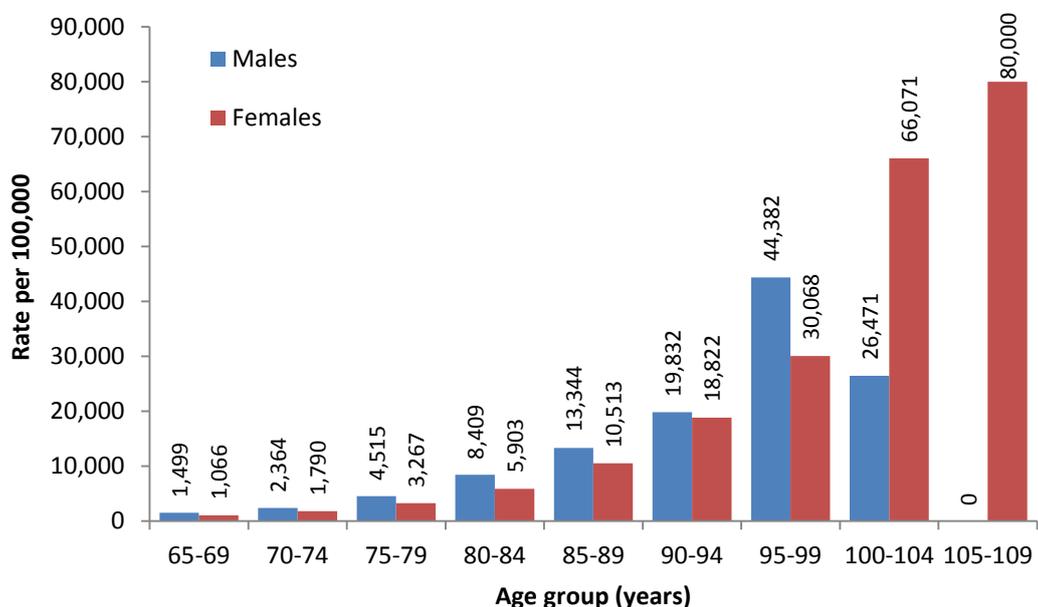


Figure 20. Rates (per 100,000) of death for males and females in the 65+ years age groups

5.3.1 All-cause mortality⁶²

The all age, all-cause mortality (AAACM) direct standardised rate (DSR) for Leeds in 2010-2012 was 39% higher for men compared to women (1,246.35 vs. 899.8 respectively). These rates were higher than the England and Wales average (1,156.6 and 848.8 respectively⁶³).

The top ten MSOAs in Leeds with the highest DSR all-cause mortality in men were:

1. City Centre (5,670.8). The CI for this is 500 and 12,619
2. Lincoln Green and Ebor Gardens (1,251.1)
3. Holbeck (1,109.7)
4. Hunslet Green, Stourton, Thwaite Gate (1,089.7)
5. Armley, New Wortley (1,081.3)

⁶² All mortality data in this report were obtained from http://observatory.leeds.gov.uk/Leeds_Health/

⁶³ Taken from 'Mortality from all causes: directly standardised rate, all ages, 3-year average' (2011-2013). Available from <https://indicators.ic.nhs.uk/webview/>

6. Middleton and Westwoods (1,059.6)
7. Halton Moor, Wykebecks (1,026.8)
8. Cross Green, East End Park and Richmond Hill (1,025.3)
9. Farnley (1,001.24)
10. Swarcliffe (999.5)

The all-cause mortality DSR across Leeds in 2010-2012 was 45% higher for men under 75 compared to women (344.1 vs. 236.7 respectively). These rates were lower compared to England and Wales (420.3 and 273.4 for males and females respectively)⁶⁴. The top ten MSOAs in Leeds with the highest DSR all-cause mortality in men under 75 were:

1. City Centre (698.7) The CI for this is 304.5 to 1,260.3
2. Cross Green, East End Park and Richmond Hill (695.4)
3. Lincoln Green and Ebor Gardens (694.0)
4. Burley (658.7)
5. Halton Moor, Wykebecks (651.2)
6. Farnley (632.2)
7. Swarcliffe (608.9)
8. Armley, New Wortley (603.0)
9. Holbeck (595.2)
10. Bramley (589.9)

In the following sections, GP audit data were used to evaluate gender differences in disease prevalence – these data were provided by the Public Health data team at Leeds City Council. These data reflect only those individuals registered with a condition by their GP, therefore there may be other members of the population who have these conditions but have not yet been diagnosed.

5.3.2 Cardiovascular morbidity and mortality

5.3.2.1 Hypertension prevalence

In the most recent audit period (Q2, 2014-2015), the number of females in Leeds with known hypertension was 10% higher than males (52,205 vs. 47,481 respectively). This constituted a prevalence of 12.8% and 11.6% of the female and male population in Leeds respectively. The trend across the previous six audit quarters shows a small but similar 2-3% increase for males and females (Figure 21).

⁶⁴ Taken from 'Mortality from all causes: directly standardised rate, <75 years, 3-year average' (2011-2013). Available from <https://indicators.ic.nhs.uk/webview/>

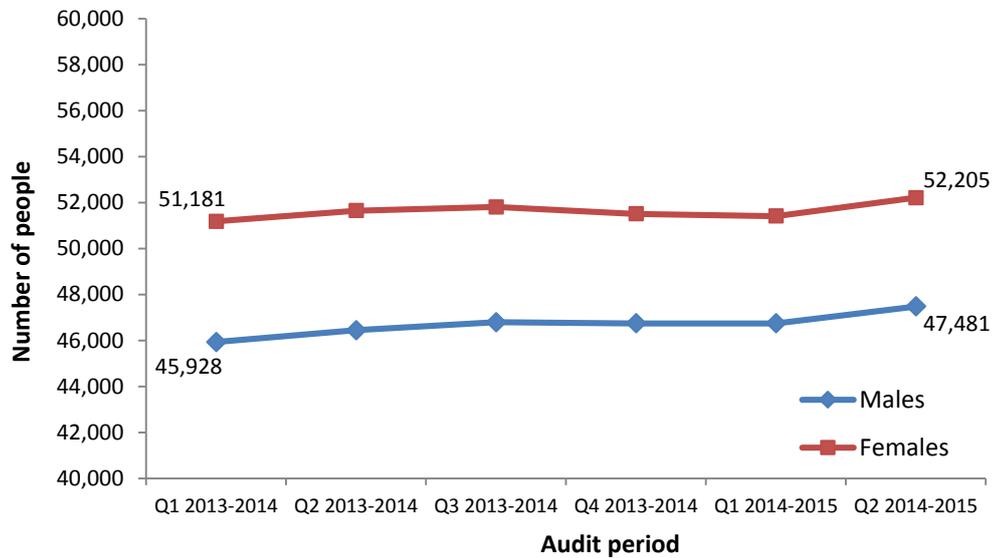
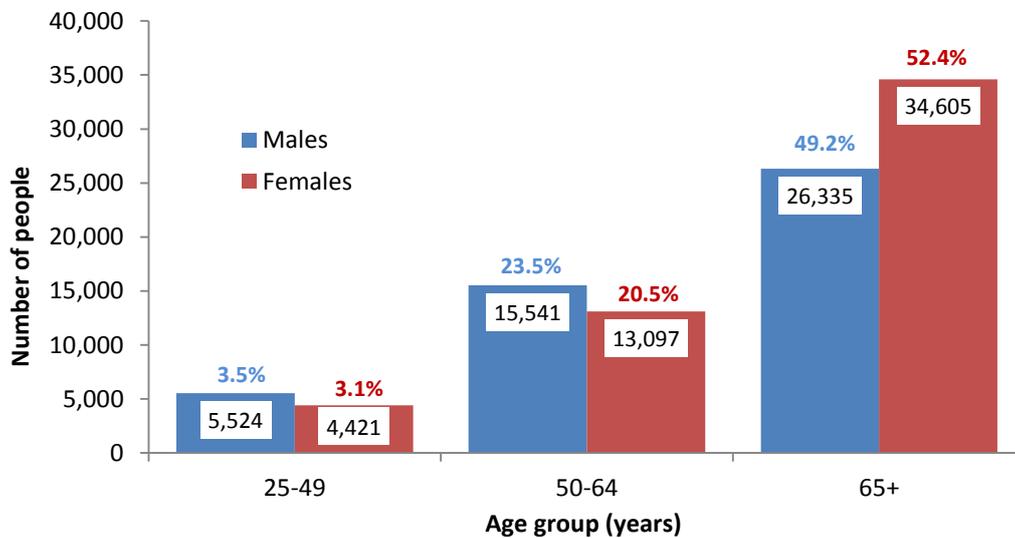


Figure 21. Number of males and females registered with hypertension in Leeds across the most recent six audit quarters

Data for those under the age of 25 were excluded from further analyses due to low numbers (typically <0.2% of the total cases reported). Between the ages of 25 and 64 years, hypertension prevalence in the most recent audit period was greater in males compared to females (Figure 22). At age 65 years onwards there was a greater number of females with hypertension compared to males (Figure 22), although as a proportion of the population who are aged 65 years or over this difference was reduced (equivalent to 49% and 52% of males and females aged 65+ years).



N.B. Under 25 years omitted due to very low numbers and the percentage values represent the number of people as a proportion of the age population

Figure 22. Hypertension prevalence for males and females in Leeds across age groups in Q2 2014-2015

For the most recent audit quarter (Q2 2014-2015), the top ten MSOAs with the highest proportion of their 25+ year old male population with hypertension were:

1. Swillington, West Garforth and Little Preston (27.8%, 639 men)
2. Kippax East, Ledston, Micklefield (25.3%, 449 men)
3. Halton, Whitkirk (24.6%, 702 men)
4. Allerton Bywater, Methley and Mickleton (24.4%, 262 men)
5. Drighlington and West Gildersome (24.1%, 720 men)
6. Wetherby West (23.7%, 598 men)
7. Wetherby East, Thorp Arch and Walton (23.3%, 502 men)
8. Bramley Whitecote (22.9%, 473 men). Tied with Alwoodley West (22.9%, 621 men)
9. Aberford, Barwick, Lotherton and Thorner (22.5%, 527 men). Tied with Alwoodley East (22.5%, 633 men) and Belle Isle South (22.5%, 457 men)
10. Scarcroft, Scholes and Shadwell (22.3%, 452 men)

5.3.2.2 Diabetes prevalence

In the most recent audit period (Q2, 2014-2015), there were 23% more known⁶⁵ male diabetics compared to known female diabetics in Leeds (20,976 vs. 16,992 respectively, Figure 23). This was equivalent to 5.12% and 4.17% of the male and female population in Leeds. The trend across the previous six audit quarters shows that the relative increase in the number of those registered as diabetics was similar for males and females [9% and 11% respectively (Figure 23)].

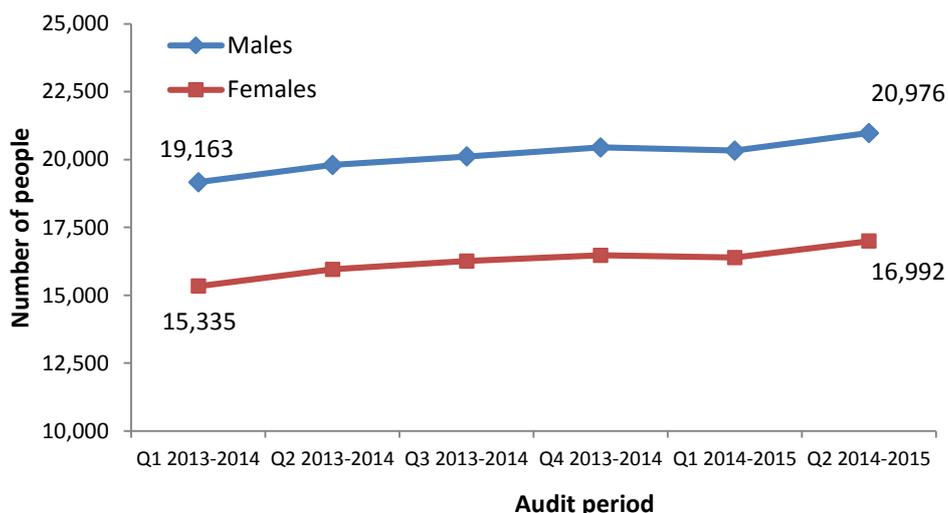


Figure 23. Number of males and females in Leeds registered with diabetes across the most recent six audit quarters

Across all age groups, diabetes prevalence in the most recent audit period was greater in males compared to females (Figure 24), which was similar to the previous six audit periods. With regards to the age of the known male diabetics, 46% were in the 65 years and over age group (Figure 24).

⁶⁵ This data reflects the number of males and females registered as diabetics through their GP and may not represent the total number of males and females who have undiagnosed diabetes.

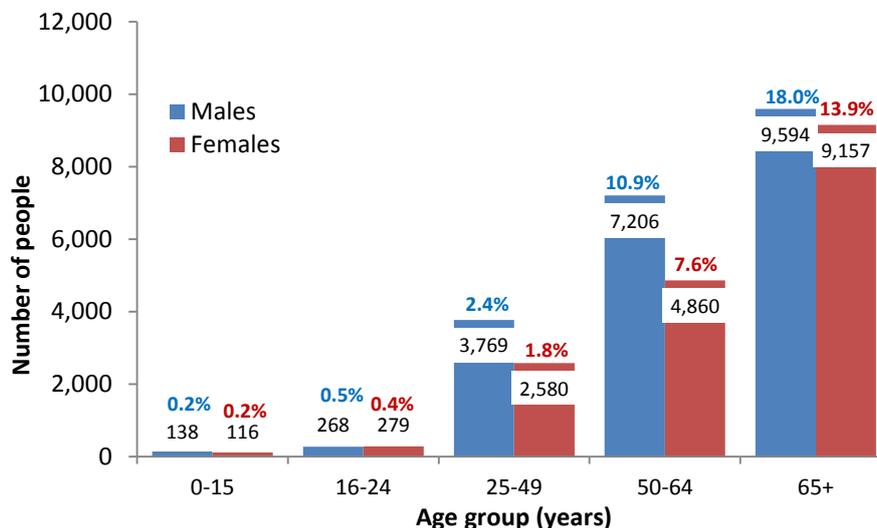


Figure 24. Diabetes prevalence (total and as a percentage of age population) for males and females in Leeds across age groups in Q2 2014-2015

The top ten MSOAs with the highest proportion of their male population registered with diabetes were:

1. Swillington, West Garforth and Little Preston (7.79%, 241 males)
2. Thornbury (7.24%, 201 males)
3. Moortown Central (7.20%, 295 males)
4. Belle Isle South (7.05%, 213 males)
5. Yeadon - Henshaws, Southway, Westfields (7.01%, 208 males)
6. Wellington Hill, Whinmoor and Red Hall (6.95%, 273 males)
7. Oakwood and Gipton Wood (6.84%, 303 males)
8. Chapeltown (6.68%, 400 males)
9. Carr Manor (6.61%, 284 males)
10. Crossgates and Killingbeck (6.59%, 208 males). Tied with Moor Allerton (6.59%, 207 males) and Rothwell (6.59%, 225 males)

Median⁶⁶ diabetes inpatient admissions (by condition)⁶⁷ DSR across Leeds (during 2009-2011) for those under 75 years of age (U75) was 33% higher for males compared to females (Table 3). The DSR range across MSOAs in Leeds was greater for men compared to women (Table 3). From the period of 2007-2009 to 2009-2011 the median diabetes admissions (by condition) DSR showed a greater increase for males compared to females (an increase of 18% vs. 14% respectively).

Table 3. Median, minimum and maximum DSR for male and female (U75) diabetes admissions (by condition)

	Median	Minimum DSR (MSOA)	Maximum DSR (MSOA)
Males	117.7	26.0 (South Headingley)	546.2 (Bramley Whitecote)
Females	78.2	6.4 (South Headingley)	252.8 (Harehills Triangle)

The top ten MSOAs with the highest DSR for diabetes admissions in U75 men were:

1. Bramley Whitecote (546.2)
2. Seacroft South (420.4)
3. Gipton North (383.0)
4. Beeston Hill (343.1)
5. West Ardsley (323.0)
6. Morley West (316.7)
7. Harehills (313.2)

⁶⁶ Inpatient DSR calculated at Leeds Local Authority level were not available, therefore the median value was used

⁶⁷ Taken from 'Inpatients by condition – under 75', available from <http://observatory.leeds.gov.uk/dataviews/view?viewId=248>

- 8. Churwell (307.4)
- 9. Gipton South (273.5)
- 10. East Ardsley (250.9)

5.3.2.3 Coronary heart disease prevalence

In the most recent audit period (Q2, 2014-2015), the number of males registered with coronary heart disease (CHD) across all ages was 59% higher than females across Leeds (16,301 vs. 10,264 respectively). This constituted 4.0% and 2.5% of the male and female population in Leeds respectively. The trend across the previous six audit quarters shows a 5% increase for males but a smaller increase of 3% for females (Figure 25).

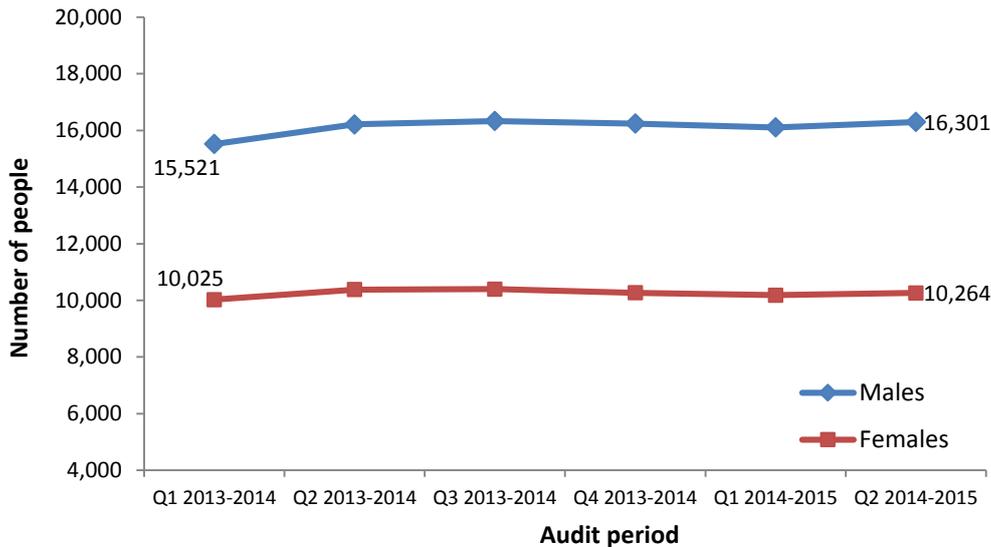
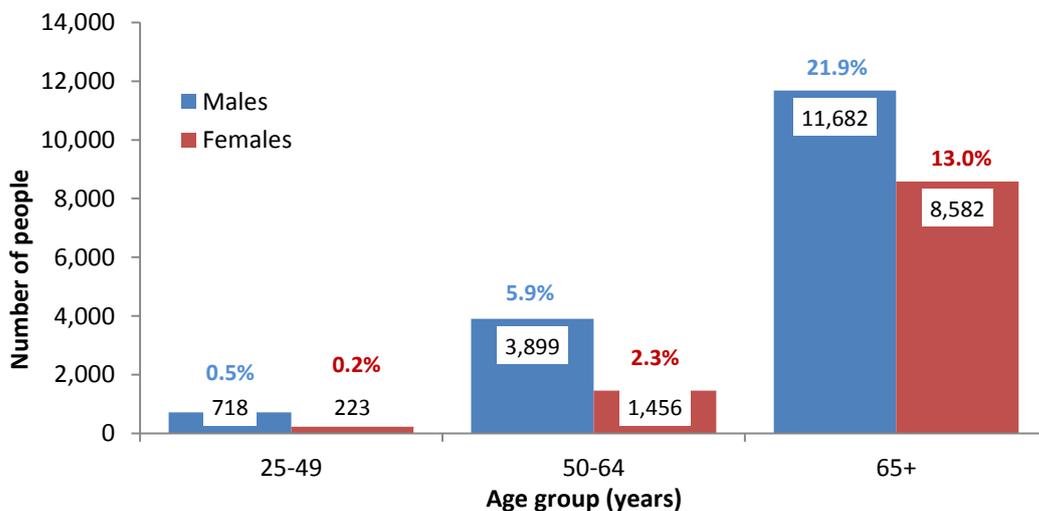


Figure 25. Number of males and females in Leeds registered with CHD across the most recent six audit quarters

Data for those under the age of 25 were excluded from further analyses due to low numbers (typically <0.02% of the total cases reported). Across all age groups, CHD prevalence in the most recent audit period was greater in males compared to females (5.8% vs. 3.7% respectively, Figure 26). In the 65 years or over age group, CHD prevalence was 36% more compared to women in the same age group (Figure 26).



N.B. Under 25 years omitted due to very low numbers and the percentage values represent the number of people as a proportion of that age-specific population

Figure 26. CHD prevalence for males and females in Leeds across age groups in Q2 2014-2015

For the most recent audit quarter (Q2 2014-2015), the top ten MSOAs with the highest proportion of their 25+ year old male population with CHD were:

1. Swillington, West Garforth and Little Preston (11.4%, 263 men)
2. Allerton Bywater, Methley and Mickletown (8.9%, 95 men)
3. Wetherby East, Thorp Arch and Walton (8.6%, 186 men)
4. Alwoodley West (8.4%, 229 men). Tied with Bramham, Boston Spa and Clifford (8.4%, 219 men)
5. Wetherby West (8.3%, 211 men)
6. Cookridge, Holt Park (8.2%, 188 men). Tied with Yeadon - Rufford Park, Yeadon Tarn (8.2%, 173 men)
7. Scarcroft, Scholes and Shadwell (8.1%, 165 men). Tied with Manston, Stanks (8.1%, 261 men)
8. Drighlington and West Gildersome (7.9%, 237 men). Tied with Otley - Newalls / Weston Lane (7.9%, 167 men)
9. Kippax East, Ledston, Micklefield (7.8%, 138 men)
10. Aberford, Barwick, Lotherton and Thorner (7.7%, 179 men)

Median circulatory disease inpatient admissions (by condition) DSR across Leeds⁶⁷ (during 2009-2011) for those U75 was 46% higher for males compared to females (Table 4). The DSR range across MSOAs in Leeds was greater for men compared to women and the maximum DSR for males was more than double that observed in females (Table 4).

Table 4. Median, minimum and maximum DSR for male and female circulatory disease inpatient admissions by condition (U75)

	Median	Minimum DSR (MSOA)	Maximum DSR (MSOA)
Males	1,092.3	523.1 (Headingley Central)	2,349.5 (Swarcliffe)
Females	748.9	352.9 (Adel)	1,192.6 (Gipton North)

The top ten MSOAs with the highest DSR for circulatory disease admissions in U75 men were:

1. Swarcliffe (2,349.5)
2. Wetherby East, Thorp Arch and Walton (2,212.4)
3. Broadleas, Ganners, Sandfords (1,702.2)
4. Allerton Bywater, Methley and Mickletown (1,697.8)
5. Belle Isle North (1,653.4)
6. Armley, New Wortley (1,605.1)
7. Swinnow (1,588.1)
8. Yeadon – Henshaws, Southway, Westfields (1,537.0)
9. Gamble Hill, Moorside (1,496.9)
10. Kippax (1,493.2)

5.3.2.4 Cardiovascular disease mortality

The circulatory disease mortality rates for Leeds in 2010-2012 was 44% higher for men (all age) compared to women (DSR of 392.5 vs. 255.0 respectively). The male DSR was 15% higher and the female DSR 11% higher compared to England and Wales (341.8 and 228.8 for males and females⁶⁸). The top ten MSOAs with the highest DSR for circulatory disease mortality in men of all ages were:

1. City Centre (2,112.9)
2. Burley (416.2)
3. Lincoln Green and Ebor Gardens (407.4)
4. Holbeck (360.0)

⁶⁸ Taken from 'Mortality from all circulatory diseases: directly standardised rate: all ages, 3-year average' (2011-2013). Available from <https://indicators.ic.nhs.uk/webview/>

5. Middleton and Westwoods (349.0)
6. Swarcliffe (334.1)
7. Gipton South (317.8)
8. Cross Green, East End Park and Richmond Hill (316.7)
9. Belle Isle North (312.9)
10. Upper Wortley (304.4)

Circulatory disease mortality rates across Leeds in 2010-2012 for men under 75 was more than twice that of women (DSR of 129.31 vs. 59.94 respectively). These rates were higher compared to England and Wales (110.5 and 49.2 for males and females respectively⁶⁹). The top ten MSOAs with the highest DSR for circulatory disease mortality in men under 75 were:

1. Burley (301.5)
2. Lincoln Green and Ebor Gardens (230.5)
3. Swarcliffe (228.3)
4. Cross Green, East End Park and Richmond Hill (204.2)
5. Halton Moor, Wykebecks (192.5)
6. Little Woodhouse (190.9)
7. Chapeltown (183.4)
8. Upper Wortley (180.1)
9. Armley, New Wortley (174.4)
10. Broadleas, Ganners, Sandfords (169.7)

Median coronary heart disease (CHD) inpatient admissions (by condition)⁶⁷ DSR across Leeds for those under 75 years of age (during 2009-2011) was more than double for males compared to females (Table 5). The DSR range across MSOAs in Leeds was greater for men compared to women and the maximum DSR for males was almost three times that observed in females (Table 5).

Table 5. Median, minimum and maximum DSR for male and female (U75) CHD inpatient admissions (by condition)

	Median	Minimum DSR (MSOA)	Maximum DSR (MSOA)
Males	333.3	151.3 (South Headingley)	909.3 (Wetherby East, Thorpe Arch and Walton)
Females	114.8	19.0 (Horsforth, Brownberries, West End)	337.5 (Wetherby East, Thorpe Arch and Walton)

The top ten MSOAs in Leeds with the highest DSR for CHD admissions in U75 men were:

1. Wetherby East, Thorp Arch and Walton (909.3)
2. Yeadon - Henshaws, Southway, Westfields (720.8)
3. Gamble Hill, Moorside (695.6)
4. Allerton Bywater, Methley and Mickletown (654.1)
5. Farnley (565.2)
6. Swinnow (561.2)
7. Morley East (553.1)
8. Drighlington and West Gildersome (533.6)
9. Gipton North (514.6)
10. Harehills Triangle (495.4)

⁶⁹ Taken from 'Mortality from all circulatory diseases: directly standardised rate: <75 years, 3-year average' (2011-2013). Available from <https://indicators.ic.nhs.uk/webview/>

Median cardiology inpatient admissions (by speciality)⁷⁰ DSR across Leeds for those under 75 years of age (during 2009-2011) was higher for males compared to females (Table 6). The DSR range across MSOAs in Leeds was greater for men compared to women but the maximum DSR was similar (Table 6).

Table 6. Median, minimum and maximum DSR for male and female (U75) cardiology inpatient admissions (by speciality)

	Median	Minimum DSR (MSOA)	Maximum DSR (MSOA)
Males	851.9	441.1 (Middleton, Heritage Village)	1,893.2 (New Wortley)
Females	499.5	231.5 (West Ardsley)	1,857 (Little Woodhouse)

The top ten MSOAs with the highest DSR for cardiology admissions in U75 men were:

1. New Wortley (1,893.2)
2. West Hunslet & Hunslet Hall (1,498.7)
3. Bramley (1,391.6)
4. Bramley Hill Top, Raynville and Wyther Park (1,345.3)
5. Middleton and Westwoods (1,321.8)
6. Morley East (1,321.7)
7. Swinnow (1,321.2)
8. Broadleas, Ganners, Sandfords (1,316.0)
9. Yeadon – Henshaws, Southways, Westfields (1,307.6)
10. Wetherby East, Thorp Arch and Walton (1,301.4)

Stroke mortality rate across Leeds in 2010-2012 for all ages was 20% higher for men compared to women (DSR of 48.62 vs. 40.5 respectively). The top ten MSOAs with the highest stroke mortality DSR in men of all ages were:

1. Harehills - Comptons, Sutherlands and Nowells (84.3)
2. Harehills (75.9)
3. Gipton South (62.6)
4. Drighlington and West Gildersome (59.2)
5. Roundhay (54.0)
6. Morley East (52.6)
7. Chapeltown (50.4)
8. Seacroft South (49.1)
9. Hawksworth Village, Tranmere Park (48.5)
10. West Hunslet and Hunslet Hall (48.0)

Stroke mortality rate in Leeds for the under 75s was 44% higher for men compared to women (DSR of 8.91 vs. 6.17 respectively). The top ten MSOAs with the highest DSR for stroke mortality in men under 75 were:

1. Broadleas, Ganners, Sandfords (42.4)
2. Harehills (41.2)
3. Burley (39.6)
4. Little Woodhouse (39.0)
5. West Hunslet and Hunslet Hall (38.4)
6. Belle Isle North (33.9)
7. Gipton South (28.7)
8. Meanwood 6 Estates (23.8)
9. Roundhay (23.1)
10. Hunslet Green, Stourton, Thwaite Gate (22.6)

⁷⁰ Taken from 'Inpatients by speciality – under 75', available at <http://observatory.leeds.gov.uk/dataviews/view?viewId=246>

The top five MSOAs have rates four times that observed at city-wide level.

5.3.3 Cancer morbidity and mortality

5.3.3.1 Cancer Prevalence

In the most recent audit (Q2, 2014-2015) the number of males and females registered as having cancer was similar in males and females across Leeds (16,010 vs. 15,663 respectively). This constituted a similar proportion of the male and female population in Leeds (3.8% and 3.9% for males and females respectively). The trend across the previous six audit quarters shows that the 5% relative increase in prevalence is similar for males and females (Figure 27).

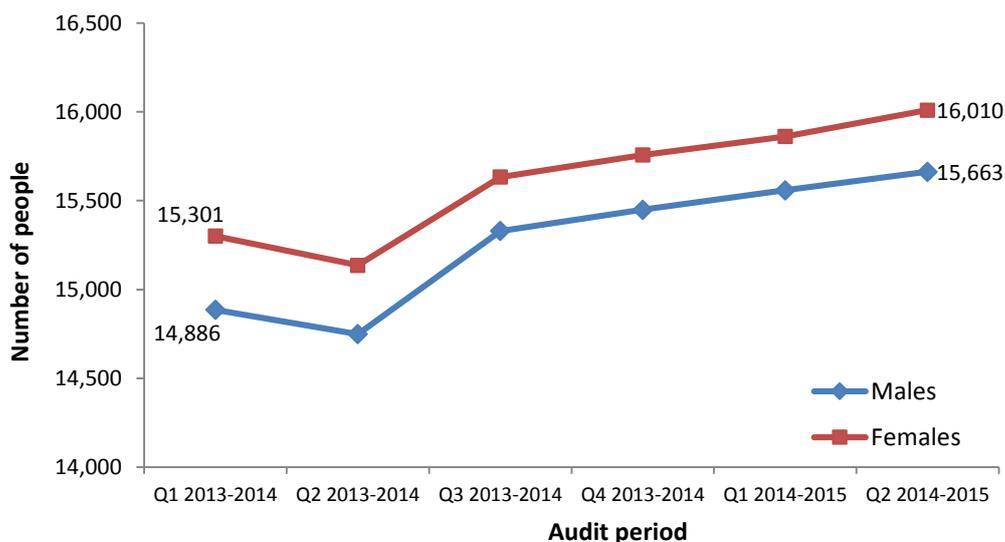
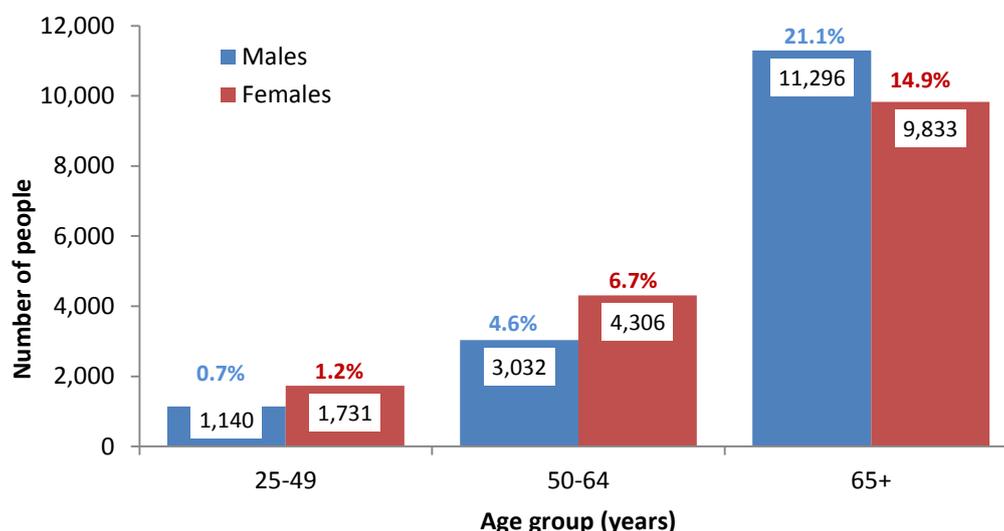


Figure 27. Number of males and females in Leeds registered as having cancer across the most recent six audit quarters

Data for those under the age of 25 were excluded from further analyses due to low numbers (typically 1% of the total cases reported). Cancer prevalence was 6% in men and women aged over 25. Between the ages of 25 and 64 years, cancer prevalence for the most recent audit period was greater in females compared to males (Figure 28), which may be due to female-specific cancers occurring at an earlier age than male-specific cancers. This trend was reversed from 65 years onwards with a 15% higher cancer prevalence in males compared to females (Figure 28). The proportion of the male 65+ years population with cancer was greater compared to women in the same age group (21.1% vs. 14.9% respectively, Figure 28).



NB. Percentage values represent the number of people as a proportion of the

Figure 28. Cancer prevalence for males and females in Leeds across age groups in Q2 2014-2015

For the most recent audit quarter (Q2 2014-2015), the top ten MSOAs in Leeds with the highest proportion of their 25+ year old male population with cancer were:

1. Horsforth - Brownberries, West End (10.7%, 247 men)
2. Bardsey, East Keswick, Collingham, Linton and Harewood (10.6%, 300 men)
3. Wetherby East, Thorp Arch and Walton (10.1%, 217 men)
4. Wetherby West (9.7%, 246 men)
5. Cookridge, Holt Park (9.6%, 219 men). Tied with Adel (9.6%, 205 men)
6. Bramham, Boston Spa and Clifford (9.5%, 250 men)
7. Alwoodley West (9.4%, 255 men)
8. Halton, Whitkirk (8.9%, 255 men)
9. Swillington, West Garforth and Little Preston (8.8%, 202 men). Tied with Alwoodley East (8.8%, 247 men)
10. Aberford, Barwick, Lotherton and Thorner (8.6%, 201 men)

Median cancer inpatient admissions (by condition)⁶⁷ DSR across Leeds for those under 75 years of age (during 2009-2011) was higher for females compared to males (Table 7). The DSR range across MSOAs in Leeds was also greater for women compared to men (Table 7).

Table 7. Median, minimum and maximum DSR for male and female (U75) cancer inpatient admissions (by condition)

	Median	Minimum DSR (MSOA)	Maximum DSR (MSOA)
Males	1,775.7	505.8 (Hyde Park, Burley)	3,527.7 (Swarcliffe)
Females	2,399.6	419.8 (South Headingley)	5,634.6 (Hyde Park, Woodhouse)

The top ten MSOAs with the highest DSR for cancer admissions in U75 men were:

1. Seacroft South (3,527.7)
2. Gipton South (3,315.7)
3. Bramley (3,155.6)
4. Cookridge, Holt Park (3,097.5)
5. Guiseley (3,064.9)
6. Otley - Newalls/Weston Ln (3,019.5)
7. Belle Isle North (2,945.4)
8. Cross Green, East End Park and Richmond Hill (2,941.3)

9. Alwoodley West (2,821.5)
10. Yeadon - Rufford Park, Yeadon Tarn (2,815.2)

5.3.3.2 *Cancer mortality*

Cancer mortality DSR across Leeds in 2010-2012 was 44% higher for men (all ages) compared to women (374.9 vs. 260.0 respectively). The male DSR was 9% higher compared to England and Wales (344.4) and there was a similar difference between women in Leeds and women nationally (a rate of 235.5)⁷¹.

The top ten MSOAs with the highest DSR for cancer mortality in men (all ages) were:

1. City Centre (412.3)
2. Cross Green, East End Park and Richmond Hill (375.5)
3. Gipton South (333.4)
4. Middleton and Westwoods (327.4)
5. Halton Moor, Wykebecks (325.5)
6. Middleton Park, Manor Farm and Sharp Lane (320.5)
7. Moor Allerton (319.1)
8. Lincoln Green and Ebor Gardens (316.0)
9. Armley, New Wortley (313.8)
10. Morley West (307.2)

It is notable that the prevalence data shows a relatively low cancer burden in some MSOAs, but the mortality data shows the opposite in terms of overall mortality. For example, City Centre was ranked with the lowest prevalence in the city (107/107 MSOAs) and some others were ranked in the bottom quarter for cancer prevalence across the city [Cross Green, East End Park and Richmond Hill (87/107 MSOAs), Lincoln Green and Ebor Gardens (98/107) and Armley, New Wortley (95/107)].

Cancer mortality DSR across Leeds in 2010-2012 was 24% higher for men (aged under 75 years) compared to women (177.85 vs. 142.61 respectively). The male (and female) DSR was 10% higher compared to England and Wales (161.3 and 129.6 for males and females⁷²). The top ten MSOAs with the highest DSR for cancer mortality in U75 men were:

1. Cross Green, East End Park and Richmond Hill (243.8)
2. Moor Allerton (221.7)
3. Hunslet Green, Stourton, Thwaite Gate (213.8)
4. Gipton South (213.3)
5. Lincoln Green and Ebor Gardens (210.8)
6. Morley West (209.8)
7. Harehills (203.0)
8. Harehills - Comptons, Sutherlands and Nowells (198.3)
9. Armley, New Wortley (196.1)
10. Crossgates and Killingbeck (192.1)

5.3.3.3 *Lung cancer*

Median lung cancer inpatient admissions (by condition)⁶⁷ DSR across Leeds for those under 75 years of age (during 2009-2011) was higher for males compared to females (Table 8). The DSR range across MSOAs in Leeds was similar for men and women (Table 8).

⁷¹ Taken from 'Mortality from all cancers: directly standardised rate, all ages, 3-year average' (2011-2013). Available from <https://indicators.ic.nhs.uk/webview/>

⁷² Taken from 'Mortality from all cancers: directly standardised rate, <75 years, 3-year average' (2011-2013). Available from <https://indicators.ic.nhs.uk/webview/>

Table 8. Median, minimum and maximum DSR for male and female (U75) lung cancer inpatient admissions (by condition)

	Median	Minimum DSR (MSOA)	Maximum DSR (MSOA)
Males	186.0	9.8 (Adel)	773.6 (Beeston Millshaw, Elland Rd. and Cottingley)
Females	118.7	5.2 (Arthington, Bramhope, Pool and Carlton)	731.7 (Little Woodhouse)

The top ten MSOAs with the highest DSR for lung cancer admissions in U75 men were:

1. Beeston Millshaw, Elland Rd. and Cottingley (773.6)
2. Cross Green, East End Park and Richmond Hill (630.1)
3. Beeston - Parkside and Cross Flats (535.8)
4. Meanwood 6 Estates (528.6)
5. Farnley (507.9)
6. Yeadon - Rufford Park, Yeadon Tarn (483.3)
7. Gipton South (467.7)
8. East Gildersome and Morley Springfields (454.5)
9. Halton, Whitkirk (447.8)
10. Horsforth Central (435.2)

Lung cancer mortality DSR across Leeds (all ages) in 2010-2012 was 40% higher in men compared to women (97.5 vs. 69.9 in women). These rates were 28% and 43% higher compared to England and Wales respectively (DSR of 76.0 and 48.7 for males and females)⁷³. The top ten MSOAs with the highest DSR for lung cancer mortality in men (all ages) were:

1. Halton Moor, Wykebecks (143.7)
2. Gipton South (134.5)
3. Belle Isle North (116.7)
4. Little Woodhouse (106.0)
5. Harehills (105.2)
6. Stanningley, Rodley (104.2)
7. Farnley (103.9)
8. Meanwood 6 Estates (102.9)
9. Hunslet Green, Stourton, Thwaite Gate (101.4)
10. Hawksworth Wood (100.0)

Lung cancer mortality DSR across Leeds (U75) in 2010-2012 was 23% higher in men compared to women (48.9 vs. 39.8 in women). These rates were 21 and 37% higher compared to England and Wales respectively (DSR of 40.3 and 29.0)⁷⁴. The top ten MSOAs with the highest DSR for lung cancer mortality in men U75 were:

1. Gipton South (99.9)
2. Meanwood 6 Estates (98.9)
3. Belle Isle North (92.5)
4. Hunslet Green, Stourton, Thwaite Gate (83.6)
5. Farnley (80.7)
6. Beeston Millshaw, Elland Road and Cottingley (77.3)
7. Hawksworth Wood (76.3)

⁷³ Taken from 'Mortality from lung cancer: directly standardised rate, all ages, 3-year average' (2011-2013). Available from <https://indicators.ic.nhs.uk/webview/>

⁷⁴ Taken from 'Mortality from lung cancer: directly standardised rate, <75 years, 3-year average' (2011-2013). Available from <https://indicators.ic.nhs.uk/webview/>

8. West Hunslet and Hunslet Hall (74.1)
9. Osmondthorpe, East End Park (64.9)
10. Halton Moor, Wykebecks (64.7)

5.3.3.4 Prostate cancer

Median prostate cancer inpatient admissions (by condition)⁶⁷ DSR was 87.7 but ranged from 7.6 to 916.8 across Leeds. The top ten MSOAs in Leeds with the highest prostate cancer admissions were:

1. Brackenwood and Gledhow (916.8)
2. New Farnley, Lower Wortley (645.2)
3. Carlton, Robin Hood Nth., Rothwell Haigh, Royds Lane (419)
4. Yeadon – Henshaws, Southway, Westfields (377.3)
5. Ireland Wood, Lawnswood (367.0)
6. Upper Wortley (314.1)
7. Seacroft South (313.4)
8. Churwell (273.2)
9. Woodlesford, Oulton (267.9)
10. Halton, Whitkirk (258.5)

Mortality rate (2010-2012) for males (all ages) was 52.1. Mortality rate (2010-2012) for males aged under 75 was 15.7. This rate was 35% higher compared to England and Wales (11.6)⁷⁵. The top ten MSOAs with the highest DSR for prostate cancer mortality in men U75 (2010-2012) were:

1. Brackenwood and Gledhow (50.1)
2. Yeadon - Henshaws, Southway, Westfields (45.0)
3. Lincoln Green and Ebor Gardens (43.6)
4. Harehills - Comptons, Sutherlands and Nowells (35.6)
5. Armley, New Wortley (32.3). Tied with Moor Allerton (32.3)
6. Ireland Wood, Lawnswood (30.4)
7. New Farnley, Lower Wortley (29.6)
8. Bramley Hill Top, Raynville and Wyther Park (25.6)
9. Meanwood (25.5)
10. Seacroft North (24.6)

5.3.3.5 Bowel cancer

Bowel cancer mortality DSR across Leeds for males (all ages) in 2010-2012 was almost double than for women (36.1 vs. 19.5 in women). The top ten MSOAs with the highest DSR for bowel cancer mortality in men (all ages) were:

1. Belle Isle South (52.1)
2. Headingley Central (49.1)
3. Crossgates and Killingbeck (46.5)
4. Moor Allerton (44.1)
5. Middleton Park, Manor Farm and Sharp Lane (41.8)
6. Rothwell (38.8)
7. Gipton South (38.0)
8. Brackenwood and Gledhow (35.7)
9. Cookridge, Holt Park (35.3)
10. Aberford, Barwick, Lotherton and Thorner (35.1)

⁷⁵ Taken from 'Mortality from prostate cancer: directly standardised rate, <75 years, 3-year average (2011-2013). Available from <https://indicators.ic.nhs.uk/webview/>

Bowel cancer mortality DSR across Leeds for males under 75 years (U75) in 2010-2012 was almost double than for women (17.1 vs. 9.0 in women). The top ten MSOAs with the highest DSR for bowel cancer mortality in men U75 were:

1. Crossgates and Killingbeck (42.9)
2. Swarcliffe (34.9)
3. Moor Allerton (29.7)
4. Hunslet Green, Stourton, Thwaite Gate (28.4)
5. Gipton South (26.5)
6. Cross Green, East End Park and Richmond Hill (26.3)
7. Headingley Central (25.9)
8. New Farnley, Lower Wortley (25.2)
9. Guiseley (23.6)
10. Otley (19.9)

The median colon cancer inpatient admissions (by condition)⁶⁷ DSR for U75 over 2009-2011 was approximately 30% higher for males than for females (124.6 vs. 96.2 respectively).

The median rectum cancer inpatient admissions (by condition)⁶⁷ DSR for U75 over 2009-2011 was almost double for males compared to females (94.7 vs. 55.1 respectively).

5.3.3.6 Oesophagus cancer

Median oesophagus cancer inpatient admissions (by condition)⁶⁷ DSR across Leeds for those under 75 years of age (during 2009-2011) was double for males compared to females (Table 9). The DSR range across MSOAs in Leeds was higher for females than males (Table 9).

Table 9. Median, minimum and maximum DSR for male and female (U75) oesophagus cancer inpatient admissions (by condition)

	Median	Minimum DSR (MSOA)	Maximum DSR (MSOA)
Males	57.7	6.8 (Horsforth New Road Side)	268.7 (Moor Allerton)
Females	28.7	7.3 (East Gildersome and Morley)	406.4 (Calverley, Farsley North)

The top ten MSOAs with the highest DSR for oesophagus cancer admissions in U75 men were:

1. Moor Allerton (268.7)
2. Harehills – Comptons Sutherlands and Nowells (262.0)
3. Morley - Bruntcliffe, Howley Parks and Tingley (259.9)
4. Swarcliffe (254.4)
5. Wetherby East, Thorp Arch and Walton (253.0)
6. Calverley, Farsley North (240.3)
7. Carlton, Robin Hood North, Rothwell Haigh, Royds Lane (191.0)
8. Middleton and Westwoods (190.4)
9. Seacroft South (183.6)
10. Yeadon - Rufford Park. Yeadon Tarn (173.7)

Oesophagus cancer mortality DSR across Leeds (all ages) in 2010-2012 was three times higher in males compared to females (21.5 vs. 6.78 in females). These rates were similar compared to England and Wales respectively (DSR of 20.3 and 7.45 for males and females)⁷⁶. The top ten MSOAs with the highest DSR for oesophagus cancer mortality in men (all ages) were:

⁷⁶ Taken from ‘Mortality from oesophageal cancer: directly standardised rate, all ages, 3-year average’ (2011-2013). Available from <https://indicators.ic.nhs.uk/webview/>

1. Hyde Park, Burley (54.1)
2. Middleton Heritage Village, Robin Hood S, Lofthouse and Thorpe (51.3)
3. Calverley, Farsley North (50.4)
4. Swillington, West Garforth and Little Preston (47.1)
5. Morley - Bruntcliffe, Howley Parks and Tingley (47.0)
6. Moor Allerton (46.6)
7. Wetherby East, Thorp Arch and Walton (39.7)
8. Seacroft North (32.0)
9. Hunslet Green, Stourton, Thwaite Gate (31.5)
10. East Gildersome and Morley Springfields (28.3)

Oesophagus cancer mortality DSR across Leeds (U75) in 2010-2012 was over three times higher in males compared to females (12.8 vs. 3.78 in females). These rates were similar compared to England and Wales respectively (DSR of 11.9 and 3.47)⁷⁷. The top ten MSOAs with the highest DSR for oesophagus cancer mortality in men U75 were:

1. Moor Allerton (48.6)
2. Middleton Heritage Village, Robin Hood S, Lofthouse and Thorpe (45.6)
3. Wetherby East, Thorp Arch and Walton (41.4)
4. Swillington, West Garforth and Little Preston (39.9)
5. Broadleas, Ganners, Sandfords (27.0)
6. Hunslet Green, Stourton, Thwaite Gate (26.0)
7. East Ardsley (25.2)
8. Lincoln Green and Ebor Gardens (24.9)
9. Calverley, Farsley North (24.3)
10. East Gildersome and Morley Springfields (24.2)

5.3.4 Respiratory disease morbidity and mortality

The range of inpatient respiratory disease admissions (by condition)⁶⁷ across Leeds for those under 75 (2009-2011) was similar for males and females (DSR from 670.8 to 2623.0 and from 545.9 to 2547.1 respectively). The median DSR was also similar (1,251 vs. 1,205 for males and females respectively). The top ten MSOAs with the highest DSR for male admissions were:

1. Halton Moor, Wykebecks (2,623.0)
2. Armley, New Wortley (2,332.8)
3. City Centre, Hunslet Green and Thwaite Gate (2,263.8)
4. Bramley Hill Top, Raynville and Wyther Park (2,104.9)
5. Burley (2,067.9)
6. Bramley (2,047.4)
7. Belle Isle North (2,029.4)
8. Cross Green, East End Park and Richmond Hill (1,927.2)
9. Osmondthorpe, East End Park (1,914.1)
10. Lincoln Green and Ebor Gardens (1,867.4)

Respiratory disease mortality DSR (excluding pneumonia and influenza) across Leeds (all ages, 2010-2012) was 40% higher for men compared to women (112.9 vs. 80.7 respectively). The top ten MSOAs with the highest DSR for respiratory disease mortality in men (all ages) were:

1. City Centre (250.0)
2. Halton Moor, Wykebecks (181.7)

⁷⁷ Taken from 'Mortality from oesophageal cancer: directly standardised rate, <75 years, 3-year average' (2011-2013). Available from <https://indicators.ic.nhs.uk/webview/>

3. Bramley (159.5)
4. Hunslet Green, Stourton, Thwaite Gate (157.9)
5. Seacroft North (135.7)
6. Morley West (121.6)
7. Lincoln Green and Ebor Gardens (115.5)
8. Holbeck (115.1)
9. Harehills Triangle (112.5)
10. West Hunslet and Hunslet Hall (109.4)

Respiratory disease mortality DSR (excluding pneumonia and influenza) across Leeds for those under 75 years of age (2010-2012) was 41% higher for men compared to women (38.6 vs. 27.4 respectively). The top ten MSOAs with the highest DSR for respiratory disease mortality in U75 men were:

1. City Centre (260.4)
2. Halton Moor, Wykebecks (121.3)
3. Bramley (98.7)
4. Holbeck (79.6)
5. Hunslet Green, Stourton, Thwaite Gate (75.6)
6. Morley West (75.5)
7. Seacroft North (74.2)
8. Burley (71.8)
9. West Hunslet and Hunslet Hall (70.1)
10. Harehills Triangle (69.0)

5.3.4.1 Asthma prevalence

In the most recent audit period (Q2, 2014-2015), the number of males in Leeds registered as an asthmatic was 2% lower compared to females across Leeds (41,624 vs. 42,335 respectively). However asthma prevalence was similar for males and females (10.2% and 10.4% of the male and female population respectively). The trend across the previous six audit quarters shows a 7% and a 4% decrease in the number of male and female asthmatics respectively (Figure 29).

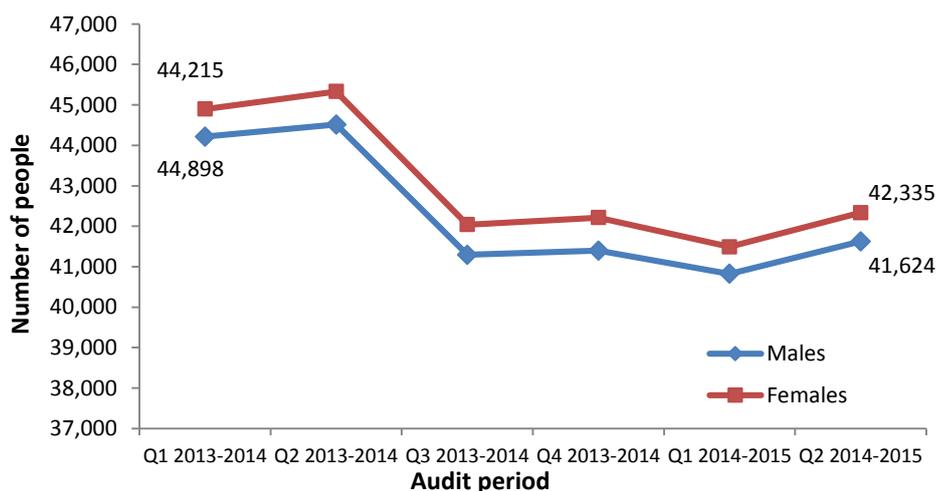
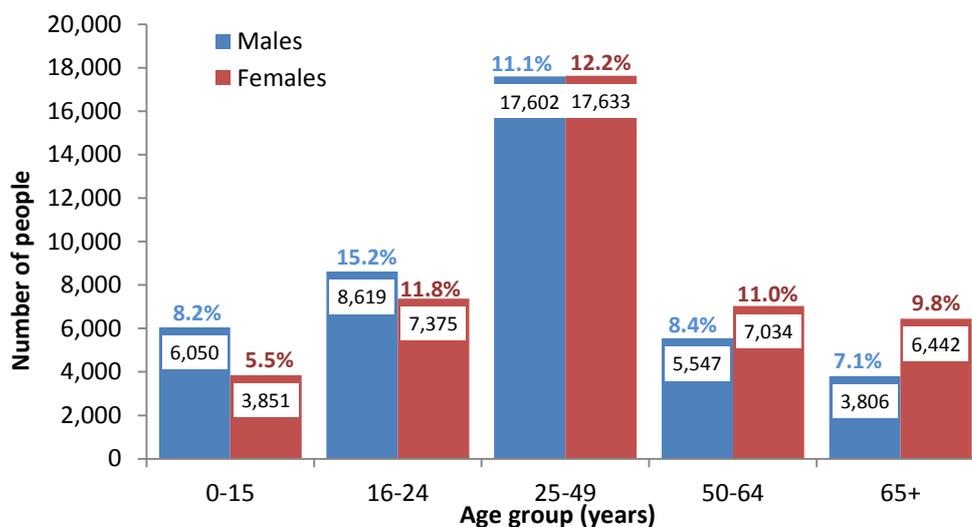


Figure 29. Number of males and females in Leeds registered as asthmatic across the most recent six audit quarters

Males aged 16-24 had the highest proportion of their age group registered as an asthmatic [15.2% (Figure 30)] compared to other age groups. Prevalence was greater in males compared to females in the 0-15 and 16-24 year age groups, both absolute and as a proportion of those male age-specific

populations, but this trend was reversed from 25 years onwards with a higher asthma prevalence in females.



N.B. The percentage values represent the number of people as a proportion of the age population

Figure 30. Asthma prevalence for males and females in Leeds across age groups in Q2 2014-2015

For the most recent audit quarter (Q2 2014-2015), the top ten MSOAs with the highest proportion of their male population with asthma were:

1. Tinsill (13.6%, 434 males)
2. Swarcliffe (13.5%, 474 males)
3. Ireland Wood. Lawnswood (13.4%, 424 males)
4. Seacroft North (13.0%, 409 males). Tied with Cookridge. Holt Park (13.0%, 396 males)
5. Otley - Newalls / Weston Lane (12.9%, 385 males)
6. Yeadon - Rufford Park. Yeadon Tarn (12.7%, 362 males). Tied with East Ardsley (12.7%, 435 males), Wetherby West (12.7%, 435 males) and Allerton Bywater. Methley and Mickletown (12.7%, 197, males)
7. Horsforth Central (12.5%, 502 males)
8. Horsforth - Brownberries. West End (12.4%, 454 males). Tied with Seacroft South (12.4%, 365 males)
9. Fearnville. Hollin Park. Beechwood. Brooklands (12.3%, 479 males). Tied with Headingley Central (12.3%, 487 males)
10. Rothwell (12.2%, 418 males). Tied with Woodlesford. Oulton (12.2%, 460 males) and Osmondthorpe. East End Park (12.2%, 409 males)

5.3.4.2 Chronic obstructive pulmonary disease

In the most recent audit period (Q2, 2014-2015), the number of males (all age) in Leeds registered with chronic obstructive pulmonary disease (COPD)⁷⁸ across all ages was 7% lower than females across Leeds (7,570 vs. 8,073 respectively), although the proportion of the population with COPD was similar (1.85% of males vs. 1.98% of females in Leeds). The trend across the previous six audit quarters shows a 5-6% increase for males and females (Figure 31).

⁷⁸ Data presented reflects the number of males and females registered as having COPD by their GP and may not represent the total number of males and females in Leeds who have undiagnosed COPD.

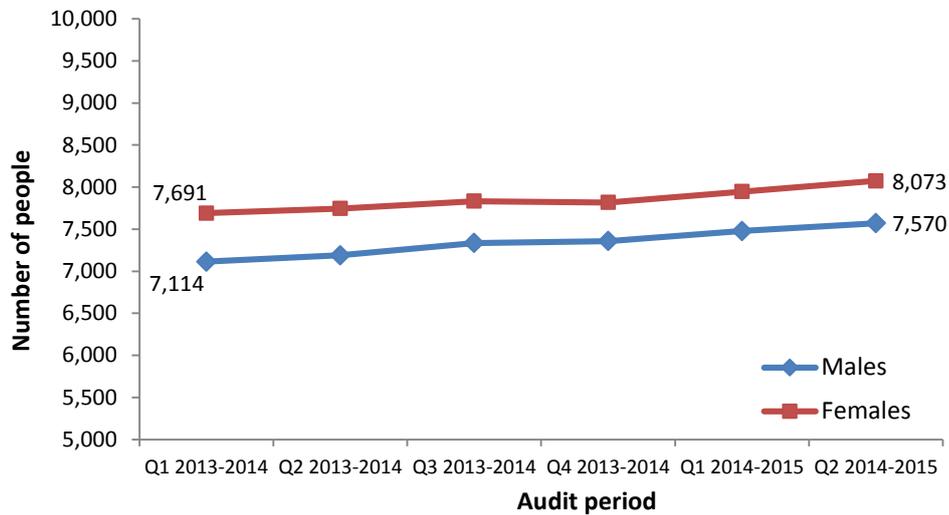
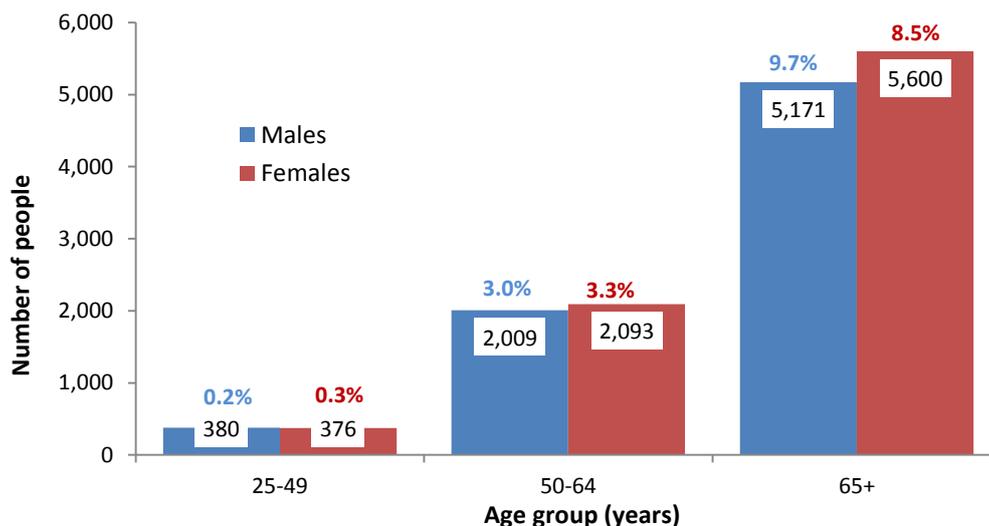


Figure 31. Number of males and females in Leeds registered with COPD across the most recent six audit quarters

Data for those under the age of 25 were excluded from further analyses due to low numbers (typically <0.02% of the total cases reported). Across all age groups, COPD prevalence in the most recent audit period was 2.7% for males and 2.9% for females. The proportion of the male 65+ years population with COPD was greater compared to the female 65+ years population (9.7% vs. 8.5%, Figure 32).



N.B. Under 25 years omitted due to very low numbers and percentage values represent the proportion of age-specific population

Figure 32. COPD prevalence for males and females in Leeds across age groups in Q2 2014-2015

For the most recent audit quarter (Q2 2014-2015), the top ten MSOAs with the highest proportion of their 25+ year old male population with COPD were:

1. Belle Isle North (6.4%, 133 men)
2. Middleton and Westwoods (5.7%, 136 men)
3. Halton Moor, Wykebecks (5.3%, 108 men)
4. Allerton Bywater, Methley and Mickletown (5.2%, 56 men)
5. Gipton South (5.1%, 123 men)
6. Belle Isle South (5.0%, 102 men)
7. West Hunslet and Hunslet Hall (4.8%, 112 men)
8. Seacroft South (4.6%, 78 men). Tied with Seacroft North (4.6%, 96 men)
9. Bramley Whitecote (4.5%, 92 men)
10. Swarcliffe (4.3%, 94 men). Tied with Crossgates and Killingbeck (4.3%, 93 men)

The Chronic Obstructive Airways Disease (COPD) mortality DSR across Leeds for all ages (2010-2012) was 36% higher for men compared to women (73.4 vs. 54.0 respectively). The top ten MSOAs with the highest DSR for COPD mortality in men (all ages) were:

1. City Centre (250.0)
2. Halton Moor, Wykebecks (145.0)
3. Hunslet Green, Stourton, Thwaite Gate (112.2)
4. Lincoln Green and Ebor Gardens (108.3)
5. West Hunslet and Hunslet Hall (97.7)
6. Morley West (96.1)
7. Armley, New Wortley (95.5)
8. Morley East (93.9)
9. Bramley (91.9)
10. Gamble Hill, Moorside (86.4)

The Chronic Obstructive Airways Disease (COPD) mortality DSR across Leeds for those under 75 years of age (2010-2012) was 33% higher for men compared to women (26.4 vs. 19.8 respectively). The top ten MSOAs with the highest DSR for COPD mortality in U75 men were:

1. City Centre (260.4)
2. Halton Moor, Wykebecks (108.1)
3. Morley West (65.8)
4. Hyde Park, Burley (63.7)
5. Hunslet Green, Stourton, Thwaite Gate (62.2)
6. West Hunslet and Hunslet Hall (57.9)
7. Pudsey - Waterloos, Tyersals, Westroyds (56.0)
8. Cross Green, East End Park and Richmond Hill (55.6)
9. Armley, New Wortley (54.7)
10. Upper Wortley (47.6)

5.3.5 Alcohol-related morbidity and mortality

Across Leeds, the DSR for hospital admissions with alcohol-specific conditions was more than double that reported for females, 17% greater than the regional rate and 21% greater than the national rate (Table 10)⁷⁹.

Across Leeds, the DSR for males admitted to hospital with alcohol-related conditions (broad) was 1,851.94, which was more than double that reported for females, 6% greater than the regional rate and 10% greater than the national rate (Table 10). Across Leeds, the DSR for males admitted to hospital with alcohol-related conditions (narrow) was 693.82, which was double that reported for females, 11% greater than the regional rate and 17% greater than the national rate (Table 10). Compared to other local authorities in England, Leeds was ranked in the highest 20% for male alcohol-related hospital admissions (broad and narrow, 263rd out of 326 and 285th out of 326 respectively).

Across Leeds, male rate (all ages) for hospital admission episodes due to alcohol-related conditions (broad) was more than double that reported for females, but similar to regional and national rates (Table 10). The male rate (all ages) for hospital admission episodes due to alcohol-related conditions (narrow) was approximately double that reported for females, 7% higher than regional and 14% higher than national rates (Table 10).

⁷⁹ Local Alcohol Profiles for England 2013, data obtained directly from Public Health England - Local Alcohol Profiles highlight male issues for alcohol-specific mortality and alcohol-related hospital admissions (broad and narrow).

Table 10. Male and female alcohol-specific and alcohol-related hospital admission rates and episodes (DSR) for Leeds, Yorkshire and the Humber and England (2012/2013)

		Leeds	Yorkshire and the Humber	England
Hospital admissions (alcohol specific conditions)	Males	611.89	521.67	506.95
	Females	279.33	243.63	232.26
Hospital admissions (alcohol related conditions, broad)	Males	1,851.94	1,752.53	1,676.33
	Females	904.47	865.69	831.84
Hospital admissions (alcohol related conditions, narrow)	Males	693.82	623.75	588.98
	Females	346.58	317.47	305.67
Hospital admission episodes (alcohol-related conditions, broad)	Males	2,897	2,950	2,823
	Females	1,344	1,458	1,361
Hospital admission episodes (alcohol-related conditions, narrow)	Males	941	879	829
	Females	451	517	465

For the period of 2013/2014⁸⁰ the top ten MSOAs with the highest DSR for hospital admission episodes (broad) were:

1. Allerton Bywater, Methley and Micklethorpe (DSR of 5,429.16, count of 84.26)
2. Seacroft North (DSR of 3,827.54, count of 119.99)
3. Gipton South (DSR of 3,815.34, count of 142.81)
4. Armley, New Wortley (DSR of 3,784.38, count of 174.76)
5. Cross Green, East End Park and Richmond Hill (DSR of 3,639.66, count of 163.35)
6. Wetherby East, Thorp Arch and Walton (DSR of 3,533.7, count of 100.5)
7. Hawksworth Wood (DSR of 3,492.6, count of 143.8)
8. City Centre (DSR of 3,490.0, count of 160.0)
9. East Ardsley (DSR of 3,322.1, count of 113.5)
10. Kippax East, Ledston, Micklefield (DSR of 3,300.4, count of 82.44)

For the period of 2013/2014 the top ten MSOAs with the highest DSR for hospital admission episodes (narrow) were:

1. City Centre (DSR of 1,510.82, count of 69.24)
2. Allerton Bywater, Methley and Micklethorpe (DSR of 1,448.84, count of 22.49)
3. Gipton South (DSR of 1,447.19, count of 54.17)
4. Armley, New Wortley (DSR of 1,428.50, count of 65.97)
5. Hawksworth Wood (DSR of 1,329.78, count of 54.76)
6. Gamble Hill, Moorside (DSR of 1,278.8, count of 40.9)
7. Cross Green, East End Park and Richmond Hill (DSR of 1,224.3, count of 55.0)
8. Harehills - Comptons, Sutherlands and Nowells (DSR of 1,176.9, count of 50.0)
9. Wetherby East, Thorp Arch and Walton (DSR of 1,169.0, count of 33.26)
10. Seacroft North (DSR of 1,154.7, count of 36.2)

⁸⁰ Taken from Local Alcohol Profiles for England (LAPE) provided at MSA level for Leeds 2008/2009-2013/2014. Data obtained directly from Public Health England

Whilst alcohol specific mortality (all age) is decreasing for males in Leeds (Figure 33), the 2010/2012 DSR specific mortality in Leeds was more than double the DSR observed for females (Figure 33), 16% greater than the regional rate (15.80) and 25% greater than the national rate (14.57)⁸¹. Compared to other local authorities in England, Leeds was ranked in the highest 20% (264th out of 326) for male alcohol-specific mortality.

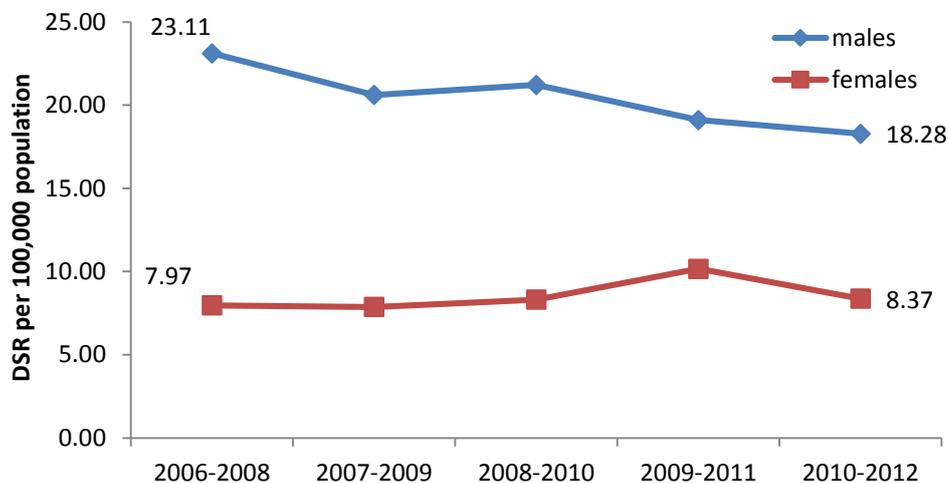


Figure 33. Alcohol-specific mortality (DSR) for males and females in Leeds from 2006-2012

The number of months of life lost due to alcohol (2010-2012 data for under 75 population only) for males in Leeds was 13.30 months, which was higher than the regional and national figures (12.26 and 11.49 months respectively) and more than double compared to females in Leeds (13.30 compared to 5.77 months respectively)⁸².

In 2012, the number of deaths from chronic liver disease in Leeds (all ages) was double in males compared to females (51 deaths vs. 21 respectively)⁸³. The number of deaths due to chronic liver disease has decreased over the past six years to a greater extent for females [from 43 to 21 deaths for females (51% decrease)] compared to males [from 78 to 51 for males (35% decrease)]. The decrease in male deaths was observed across most age groups, although there been a recent increase in the 65+ years age group (Figure 34).

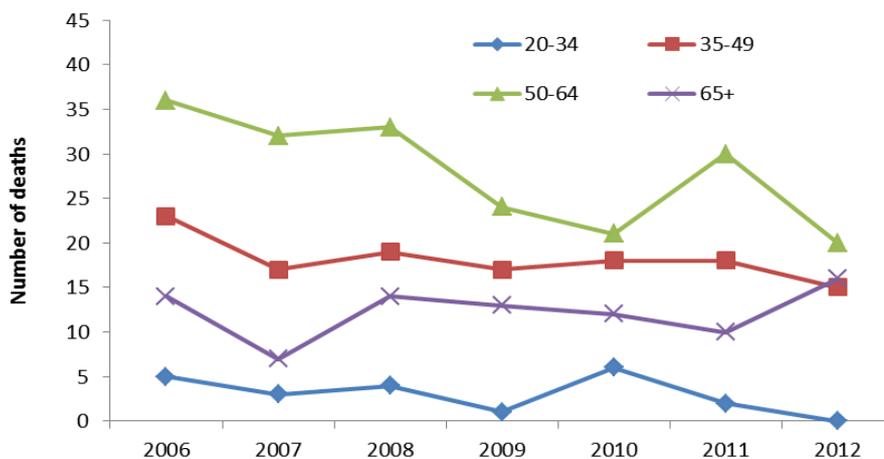


Figure 34. Number of male deaths in Leeds from chronic liver disease across age group (2006-2012).

⁸¹ Taken from Local Alcohol Profiles for England (LAPE) provided at MSOA level for Leeds 2006/2008 to 2010-2012. Data obtained directly from Public Health England

⁸² Taken from Local Alcohol Profiles for England (LAPE). Data obtained directly from Public Health England

⁸³ Taken from Mortality from chronic liver disease, all ages (2006 - 2012), Leeds specific data obtained directly from Public Health England

5.3.6 Suicide

For the period of 2010-2012, the number of MSOAs in Leeds reporting suicide mortality cases for men and women was 74 and 25 respectively. In 2010-2012, the suicide mortality rate (DSR) across Leeds (all ages) was nearly five times higher for men compared to women (11.4 vs. 2.39 respectively). The top ten MSOAs with the highest DSR for suicide mortality in men (all ages) were:

1. Burley (56.2)
2. Armley, New Wortley (38.8)
3. Beeston Millshaw, Elland Road and Cottingley (38.6)
4. Wetherby East, Thorp Arch and Walton (30.9)
5. Crossgates and Killingbeck (29.9)
6. Bramley (29.4)
7. Aberford, Barwick, Lotherton and Thorer (29.3)
8. Seacroft South (26.1)
9. Middleton and Westwoods (24.9)
10. Swillington, West Garforth and Little Preston (24.7)

The suicide mortality DSR (2010-2012) for Leeds (U75) was nearly five times higher in men than for women (11.9 vs. 2.41 respectively). The top ten MSOAs for male suicide mortality were the same as those above but with slightly higher DSR values for all MSOAs (the maximum DSR in Burley was 58.53 and the DSR for Swillington, West Garforth and Little Preston was 25.7).

The calculated DSR for years of life lost due to mortality from suicide ages (age 15-74) for men in Leeds was 28% higher compared to the DSR for England and Wales (49.6 vs. 38.9 respectively) however this difference was not observed for females (9.34 vs. 9.33 respectively)⁸⁴.

The suicide, self-harm and undetermined intent mortality DSR (2010-2012) for Leeds (all ages) was over four times higher in men than for women (13.6 vs. 3.2). The top ten MSOAs with the highest DSR in men were:

1. Burley (56.2)
2. City Centre (49.6)
3. Beeston Millshaw, Elland Road and Cottingley (45.9)
4. Armley, New Wortley (43.6)
5. Carlton, Robin Hood N, Rothwell Haigh, Royds Lane (38.6)
6. Farnley (34.9)
7. Ireland Wood, Lawnswood (33.9)
8. Harehills Triangle (33.1)
9. Upper Armley (32.4)
10. Hawksworth Village, Tranmere Park (32.3)

The suicide, self-harm and undetermined intent mortality DSR (2010-2012) for Leeds (U75) was over four times higher in men than for women (14.24 vs. 3.20 respectively). The top ten MSOAs for male suicide, self-harm and undetermined intent mortality were the same as those above but with slightly higher DSR values (the maximum DSR in Burley was 58.5 and the DSR for Hawksworth Village, Tranmere Park was 33.6).

Although men are more likely to commit suicide compared to women, there is still a considerable prevalence of self-harm in men under 75 reflected by a median DSR of 204.5 for self-harm inpatient

⁸⁴ Taken from 'Years of life lost due to mortality from suicide: directly standardised rate, 15-74 years, 3-year average' (2011-2013). Available from <https://indicators.ic.nhs.uk/webview/>

admissions (by condition)⁶⁷ across Leeds in 2009-2011 (Table 11). The DSR range across MSOAs in Leeds was greater for females compared to males, however the MSOA with the maximum DSR was the same (Table 11).

Table 11. Median, minimum and maximum DSR for male and female (U75) self-harm inpatient admissions (by condition)

	Median	Minimum DSR (MSOA)	Maximum DSR (MSOA)
Males	204.5	33.1 (West Park and Weetwood)	900.1 (West Hunslet and Hunslet Hall)
Females	395.8	68.8 (Wetherby West)	1,245.2 (West Hunslet and Hunslet Hall)

The top ten MSOAs with the highest DSR for self-harm admissions in U75 men were:

1. West Hunslet & Hunslet Hall (900.1)
2. Cross Green, East End Park and Richmond Hill (866.6)
3. Bramley Hill Top, Raynville and Wyther Park (854.3)
4. Holbeck (742.2)
5. Seacroft South (737.3)
6. Armley, New Wortley (728.7)
7. Beeston Hill (645.1)
8. Hawksworth Wood (638.6)
9. Farnley (607.8)
10. Lincoln Green and Ebor Gardens (602.7)

5.3.7 Accidents

The accident mortality DSR across Leeds in 2010-2012 for males (all ages) was 60% higher for males compared to females (21.7 vs. 13.8 respectively). Accidents were more widespread across the city for males compared to females, with 89 MSOAs reporting a male rate for mortality from accidents compared to 81 MSOAs reporting a rate for females. The top ten MSOAs with the highest DSR for accident mortality for males (all ages) were:

1. Little Woodhouse (62.2)
2. Belle Isle South (61.4)
3. Farnley (61.3)
4. West Hunslet and Hunslet Hall (56.6)
5. Otley - Newalls / Weston Lane (56.3)
6. Swillington, West Garforth and Little Preston (51.9)
7. Lincoln Green and Ebor Gardens (49.3)
8. Tinshill (45.2)
9. Harehills - Comptons, Sutherlands and Nowells (39.8)
10. City Centre (39.1)

The accident mortality DSR across Leeds in 2010-2012 for males under 75 was 84% higher for males compared to females (13.25 vs. 7.20 respectively). Accidents were more widespread across the city for males compared to females, with 80 MSOAs reporting a male rate for mortality from accidents compared to 50 MSOAs reporting a rate for females. The top ten MSOAs with the highest DSR for accident mortality in males (under 75) were:

1. West Hunslet and Hunslet Hall (59.0)
2. Farnley (56.3)
3. Swillington, West Garforth and Little Preston (54.1)
4. Belle Isle South (53.9)
5. Otley - Newalls / Weston Lane (52.8)

6. Little Woodhouse (44.3)
7. Harehills - Comptons, Sutherlands and Nowells (41.5)
8. City Centre (40.7)
9. Beeston Hill (34.7)
10. Lincoln Green and Ebor Gardens (34.0)

The DSR in these top ten ranked MSOAs was more than double the DSR observed for males (under 75) across Leeds (13.25).

5.3.8 Mental health

Although women in England are generally more likely to be at risk for mental illness compared to men (figure 35), deprivation has a large impact upon the risk of mental illness, with similar proportions of men and women in the poorest quintile at high risk of mental illness (figure 35).

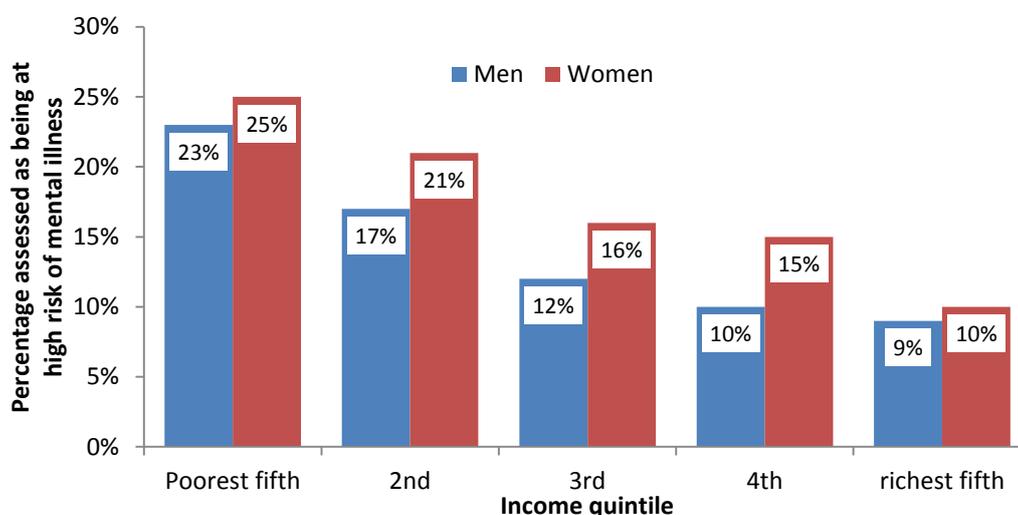


Figure 35. Proportion of men and women (age 16-retirement) assessed as at high risk of mental illness by income quintile⁸⁵

5.3.8.1 Prevalence of common mental health disorders

Common mental health disorders in the GP audit (adults aged 18+) included anxiety, depression, obsessive compulsive disorder (OCD), panic, phobia and post-traumatic stress disorder (PTSD).

In the most recent audit (Q2, 2014-2015), the number of people registered as having a common mental health disorders (Figure 36) was equivalent to 18% and 32% of the male and female population in Leeds (aged 18+). Across the previous six audit periods the increase in the number of females with common disorders was greater compared to males (an increase of 9,330 compared to 6,648, Figure 36), although the relative increase in prevalence was greater for males (13% compared to 10% respectively). Common disorders with the greatest increase in prevalence amongst men were anxiety [from 23,818 to 27,715 cases, (16% increase)] and PTSD [from 1,179 to 1,347 cases (14%)]. The greatest increase in females was also seen for anxiety [from 42,493 to 48,489 (14%)] and PTSD [from 1,031 to 1,143 (11%)].

⁸⁵ Health survey for England, DH; the data is the average for 2008 and 2009; England; updated March 2011

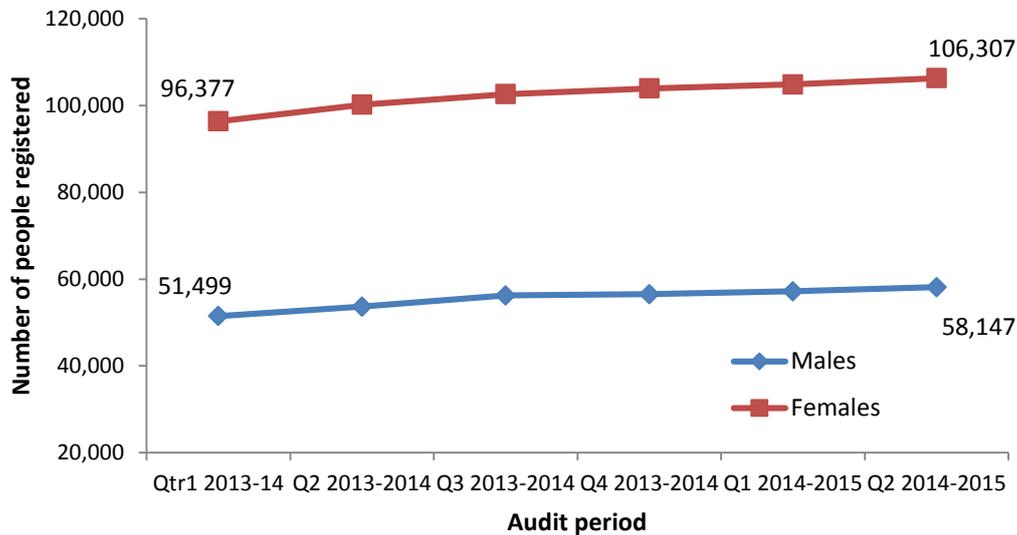
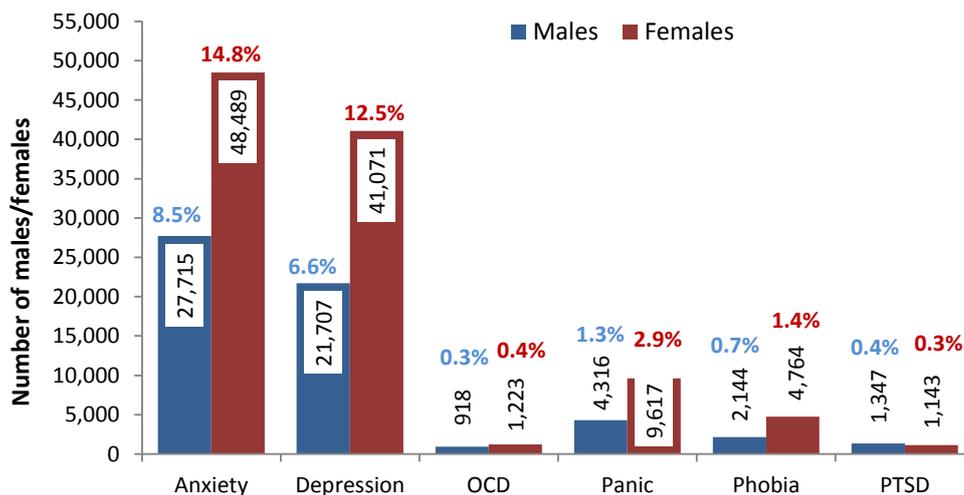


Figure 36. Number of males and females in Leeds registered as having a common mental health disorder across the most recent six audit quarters

In the most recent audit period (Q2, 2014-2015), prevalence of anxiety and depression for females in Leeds was almost double that of males (figure 37).

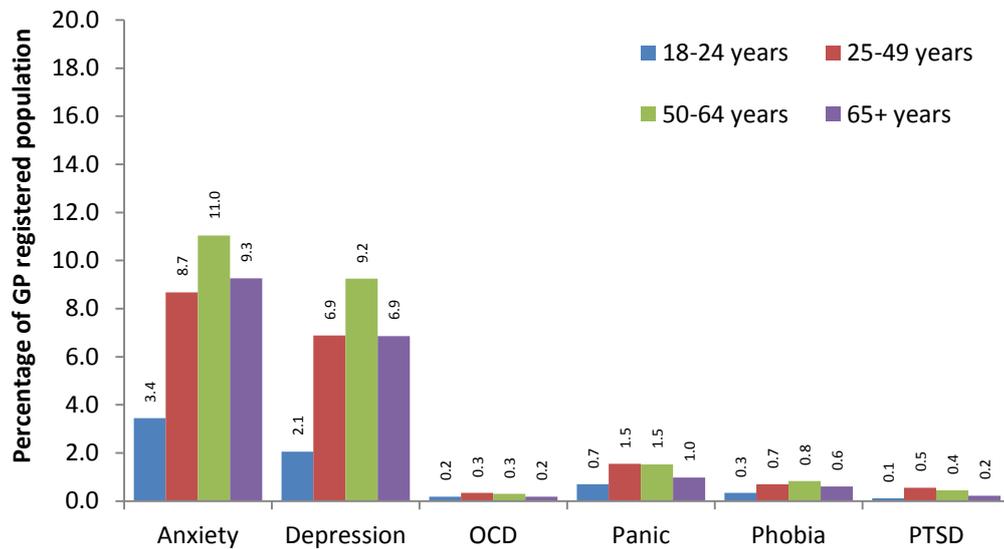


N.B. Percentage values represent the proportion of the 18+ year population

Figure 37. Number of males and females in Leeds classified with common mental health disorders

In the most recent audit (Q2, 2014-2015), the prevalence of panic and phobia for females across Leeds was almost double that of males (Figure 37). The prevalence of obsessive compulsive disorder (OCD) was 33% higher in females compared to males, but the prevalence of post-traumatic stress disorder (PTSD) was 17% higher in males compared to females (Figure 37).

Anxiety and depression were the most common disorders for men and women of all ages in Leeds (Figure 38 and Figure 39). The 50-64 year age group typically showed the greatest prevalence of common mental health disorders (23.4% of males in this age group), with the highest prevalence for anxiety and depression (Figure 38 and Figure 39).



N.B. Percentage values represent the proportion of age -specific population

Figure 38. Percentage of males in Leeds across age groups classified with common mental health disorders

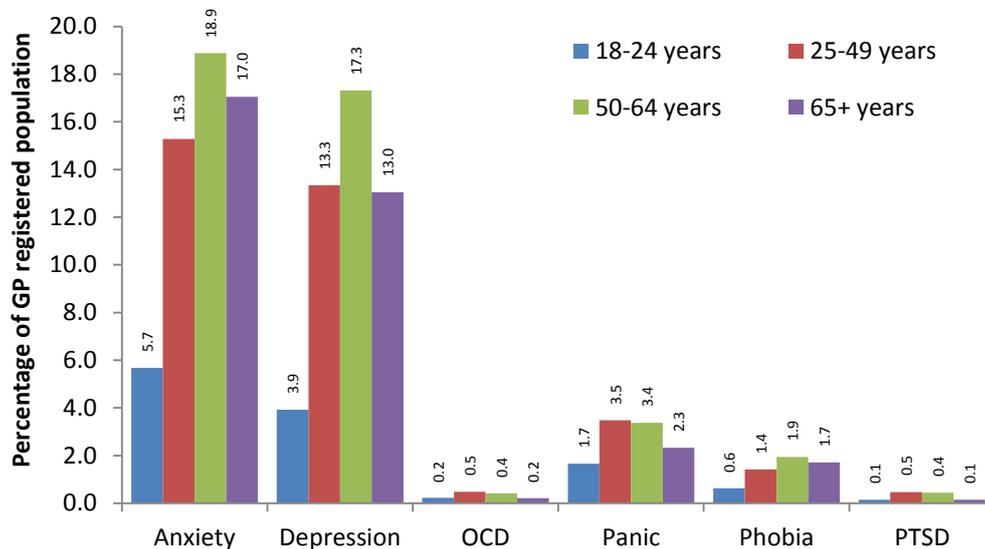


Figure 39. Percentage of females in Leeds across age groups classified with common mental health disorders

The proportion of men in the MSOA of Otley registered with anxiety (14.0%) was almost as high as the proportion of women registered across Leeds (14.8%). The top ten MSOAs with the highest proportion of their male aged 18+ population who were registered with anxiety in the Q2 2014-2015 audit period were:

1. Otley (14.0%, 472 men)
2. Kippax (13.3%, 379 men)
3. Otley - Newalls / Weston Lane (13.1%, 307 men)
4. West Hunslet and Hunslet Hall (13.0%, 343 men)
5. Allerton Bywater, Methley and Mickletown (12.8%, 154 men)
6. Kippax East, Ledston, Micklefield (12.0%, 235 men)
7. Holbeck (11.8%, 423 men)
8. Stanningley, Rodley (11.7%, 286 men). Tied with Farnley (11.7%, 295 men)
9. Swillington, West Garforth and Little Preston (11.6%, 294 men). Tied with Wetherby East, Thorp Arch and Walton (11.6%, 269 men)
10. Swinnow (11.5%, 343 men)

The proportion of men in the MSOA of Morley West registered with depression (12.9%) was similar to the proportion of women registered across Leeds (12.5%). The top ten MSOAs with the highest proportion of their male aged 18+ population who were registered with depression in the Q2 2014-2015 audit period were:

1. Morley West (12.9%, 352 men)
2. Tinsill (12.3%, 300 men)
3. Bramham, Boston Spa and Clifford (11.9%, 335 men)
4. Morley East (11.7%, 372 men)
5. Belle Isle North (10.3%, 249 men)
6. Thornbury (10.1%, 217 men). Tied with Farnley (10.1%, 256 men)
7. Hawksworth Wood (10.0%, 321 men)
8. Seacroft North (9.73%, 236 men)
9. Ireland Wood, Lawnswood (9.6%, 240 men)
10. Wetherby East, Thorp Arch and Walton (9.3%, 216 men)

The top ten MSOAs with the highest proportion of their male aged 18+ population who were registered with OCD in the Q2 2014-2015 audit period were:

1. Bramley Whitecote (0.83%, 19 men)
2. Pudsey Central, Littlemoor (0.69%, 20 men)
3. Horsforth Central (0.57%, 18 men). Tied with Oakwood and Gipton Wood (0.57%, 19 men)
4. Yeadon - Rufford Park, Yeadon Tarn (0.56%, 13 men)
5. Swarcliffe (0.51%, 13 men)
6. Cookridge, Holt Park (0.48, 12 men)
7. Carr Manor (0.47%, 16 men). Tied with Otley - Newalls / Weston Lane (0.47%, 11 men) and Moor Allerton (0.47%, 11 men)
8. Brackenwood and Gledhow (0.46%, 11 men)
9. Otley (0.44%, 15 men). Tied with Colton and Austhorpe (0.44%, 11 men)
10. East Garforth (0.42%, 12 men)

The proportion of men in the MSOA of Kippax registered with panic (2.6%) was similar to the proportion of women registered across Leeds (2.9%). The top ten MSOAs with the highest proportion of their male aged 18+ population who were registered with panic in the Q2 2014-2015 audit period were:

1. Kippax (2.60%, 74 men)
2. Farnley (2.29%, 58 men)
3. Pudsey - Waterloos, Tyersals, Westroyds (2.19%, 56 men)
4. West Hunslet and Hunslet Hall (2.16%, 57 men)
5. Wetherby East, Thorp Arch and Walton (2.15%, 50 men)
6. Brackenwood and Gledhow (2.10%, 50 men)
7. Middleton and Westwoods (2.08%, 58 men)
8. Swinnow (2.04%, 61 men)
9. Gamble Hill, Moorside (2.02%, 51 men)
10. Bramley (2.00%, 46 men)

The proportion of men in the MSOA of Morley West registered with phobia (1.5%) was similar to the proportion of women registered across Leeds (1.4%). The top ten MSOAs with the highest proportion of their male aged 18+ population who were registered with phobia in the Q2 2014-2015 audit period were:

1. Wetherby East, Thorp Arch and Walton (1.46%, 34 men)
2. Seacroft North (1.15%, 28 men)
3. Brackenwood and Gledhow (1.13%, 27 men). Tied with Bramham, Boston Spa and Clifford (1.13%, 32 men)

4. Gamble Hill, Moorside (1.11%, 28 men)
5. Otley - Newalls / Weston Lane (1.07%, 25 men)
6. Morley West (1.03%, 28 men)
7. Beeston - Parkside and Cross Flatts (1.00%, 35 men)
8. Cookridge, Holt Park (0.99%, 25 men)
9. Upper Wortley (0.97%, 28 men)
10. Horsforth Central (0.95%, 30 men). Tied with Meanwood (0.95%, 27 men), Aberford, Barwick, Lotherton and Thorner (0.95%, 24 men) and Farnley (0.95%, 24 men).

The top ten MSOAs with the highest proportion of their male aged 18+ population who were registered with PTSD in the Q2 2014-2015 audit period were:

1. Lincoln Green and Ebor Gardens (1.32%, 54 men)
2. Moor Allerton (0.98%, 23 men)
3. Tinsill (0.86%, 21 men)
4. Seacroft North (0.78%, 19 men)
5. Hawksworth Wood (0.75%, 24 men). Tied with Belle Isle North (0.75%, 18 men)
6. Osmondthorpe, East End Park (0.73%, 18 men)
7. Upper Wortley (0.72%, 21 men). Tied with Armley, New Wortley (0.72%, 26 men) and Fearnville, Hollin Park, Beechwood, Brooklands (0.72%, 21 men)
8. Harehills (0.71%, 24 men). Tied with Beeston Millshaw, Elland Road and Cottingley (0.71%, 23 men)
9. Harehills Triangle (0.70%, 28 men)
10. Meanwood "6 Estates" (0.69%, 19 men)

5.3.8.2 Prevalence of severe mental health disorders

In the most recent audit (Q2, 2014-2015), the number of people registered as having a severe mental health disorder (Figure 40) was equivalent to 1.16% and 1.12% of the male and female population in Leeds (aged 18+). The trend across the previous six audit periods (Figure 40) shows a greater increase in known prevalence for all severe disorders in males compared to females (an increase of 232 compared to 140 which is an increase of 7% and 4% respectively). Across the past six audit periods, severe disorders with the greatest increase in prevalence amongst men were depressive disorder [from 95 to 125 cases, (32% increase)], non-organic psychoses [from 236 to 291 (23%)] and paranoia [from 344 to 417 (21%)]. The greatest increase in females was seen for depressive disorders [from 118 to 166 (41%)].

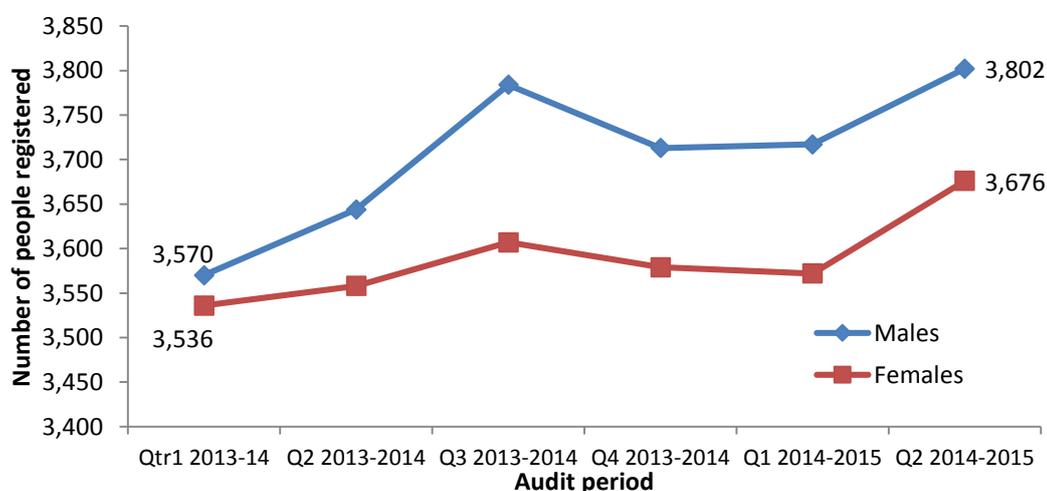


Figure 40. Total number of males and females in Leeds (18+ years) registered with severe mental health disorders across the most recent six audit quarters

Schizophrenia was the most prevalent disorder amongst males and was 35% higher than the prevalence among females (Figure 41). For females, bi-polar disorder was most prevalent and 46% higher compared to males (Figure 41). Paranoia and psychotic disorders and were more prevalent in males compared to females (41% and 32% greater respectively).

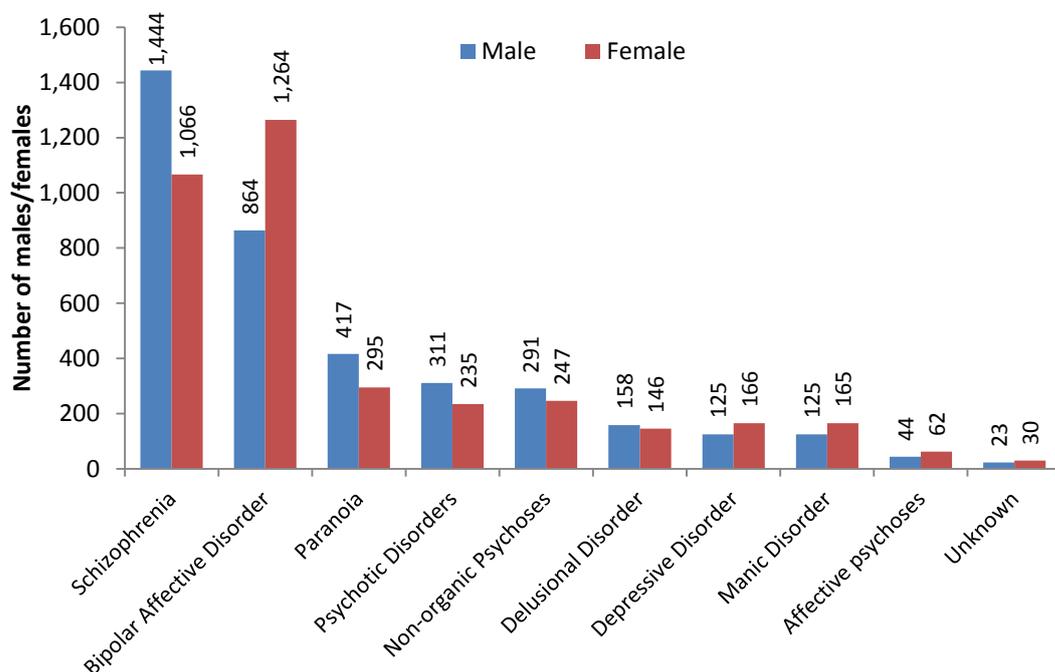


Figure 41. Number of males and females in Leeds registered as having a severe mental health disorder by type of disorder, Q2 2014-2015

For the most recent audit quarter (Q2 2014-2015), the 50-64 year age group typically showed the greatest prevalence of severe mental health disorders [1.56 and 1.77% of males and females in that age group respectively (Figure 42 and Figure 43)]. This age group had the highest prevalence for bipolar affective disorder (0.41 and 0.63 of the male and female 50-64 GP registered population) and schizophrenia (0.63% and 0.53% of the male and female 50-64 GP registered population).

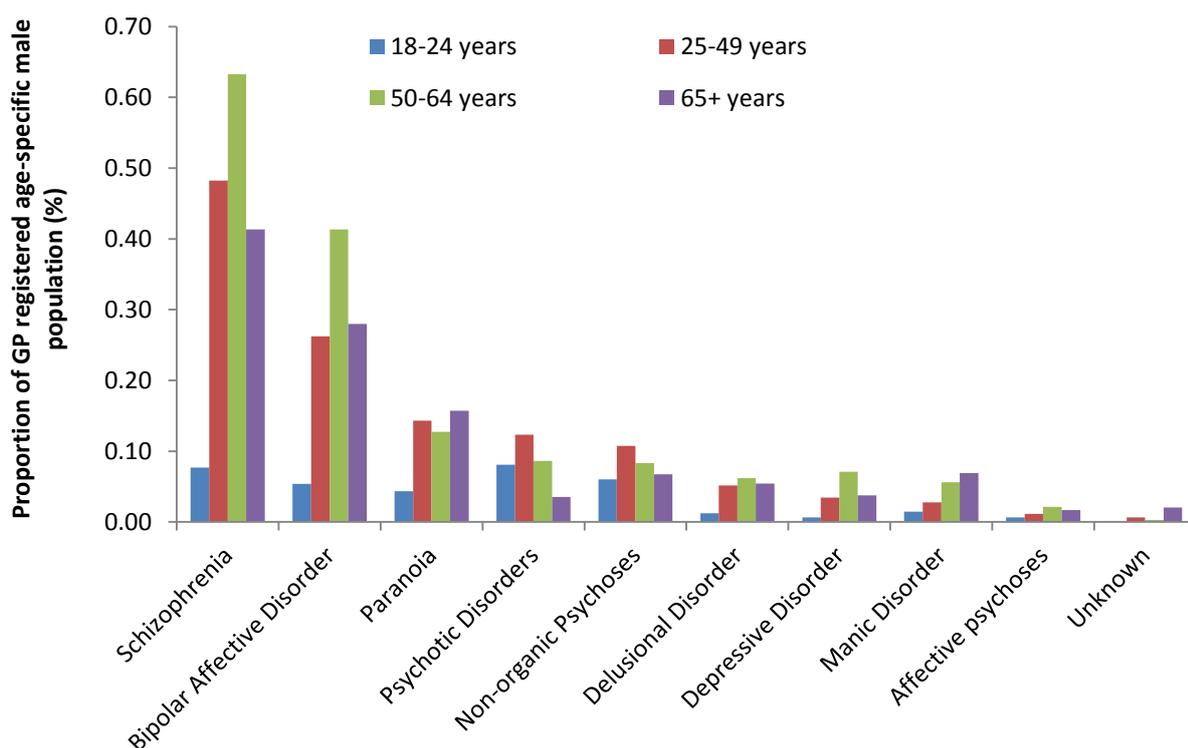


Figure 42. Percentage of males in Leeds across age group classified with severe mental health disorders, Q2 2014-2015

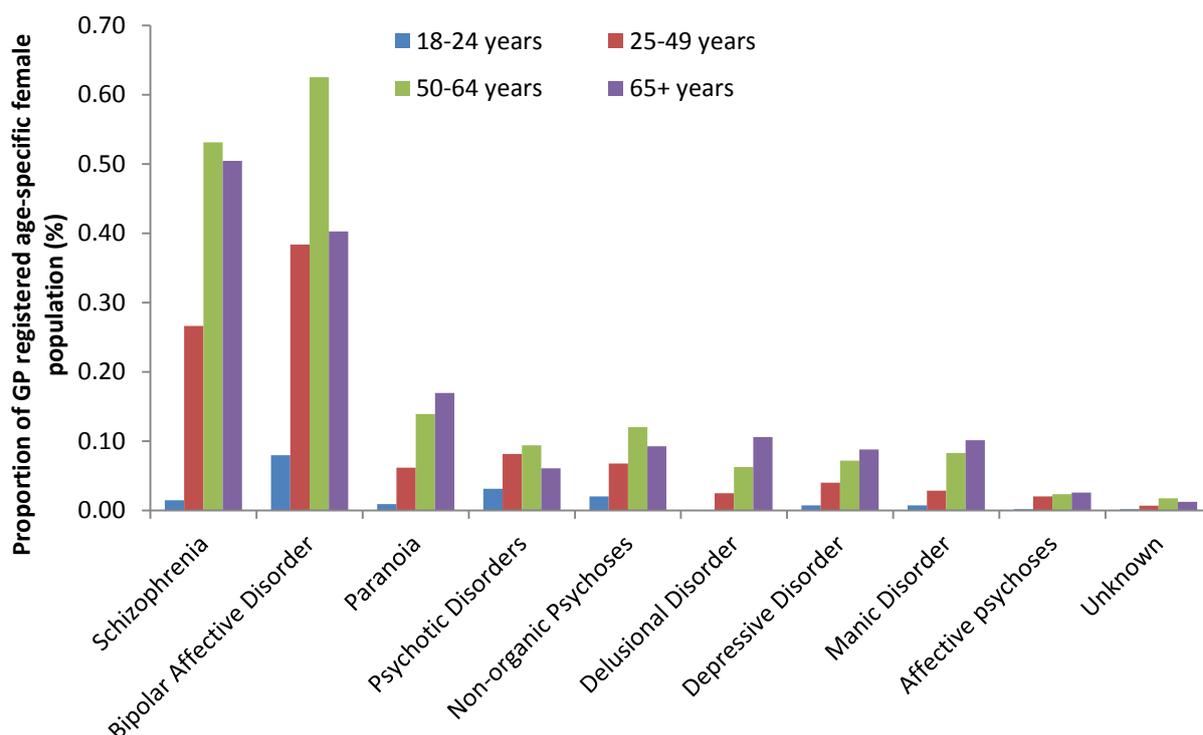


Figure 43. Percentage of females in Leeds across age group classified with severe mental health disorders, Q2 2014-2015

In Leeds, 0.26% of males aged 18+ years were registered with bipolar disorder. The top ten MSOAs with the highest proportion of their male aged 18+ population who were registered with bipolar affective disorder in the Q2 2014-2015 audit period were:

1. Farnley (0.83%, 21 men)
2. Bramley (0.74%, 17 men). Tied with Swinnow (0.74%, 22 men)
3. Moor Allerton (0.59%, 14 men)
4. Gamble Hill. Moorside (0.56%, 14 men)
5. Brackenwood and Gledhow (0.55%, 13 men)
6. Garforth (0.52%, 13 men)
7. Alwoodley East (0.49%, 15 men)
8. Bramley Hill Top. Raynville and Wyther Park (0.48%, 15 men)
9. Beeston Millshaw. Elland Road and Cottingley (0.46%, 15 men)
10. Broadleas. Ganners. Sandfords (0.45%, 15 men)

In Leeds, 0.44% of males aged 18+ years were registered with schizophrenia. The top ten MSOAs with the highest proportion of their male aged 18+ population who were registered with schizophrenia in the Q2 2014-2015 audit period were:

1. Chapeltown (1.16%, 54 men)
2. West Hunslet and Hunslet Hall (1.14%, 30 men)
3. Beeston Millshaw. Elland Road and Cottingley (1.08%, 35 men)
4. Beeston Hill (1.02%, 39 men)
5. Brackenwood and Gledhow (1.01%, 24 men)
6. Armley. New Wortley (1.00%, 36 men)
7. Tinshill (0.98%, 24 men)

8. Moor Allerton (0.93%, 22 men). Tied with Hawksworth Wood (0.93%, 30 men) and Lincoln Green and Ebor Gardens (0.93%, 38 men)
9. Harehills Triangle (0.92%, 37 men)
10. Gipton North (0.91%, 25 men)

Using the PsyMaptic tool⁸⁶, the predicted number of males aged 16-64 with first episodes of psychosis was 58% greater compared to females (76.3 cases compared to 48.0 cases respectively). Of the male predicted cases, 76% were in the 16-35 year age group (58.1 cases). Crude prediction of incidence rate (per 100,000 person-years) in males aged 16-35 was 49.2 compared to 26.9 for females.

5.3.8.3 Mental health admissions

Median mental health inpatient admissions (by speciality)⁷⁰ DSR across Leeds for those under 75 years of age (during 2009-2011) was higher for males compared to females (Table 12). The DSR range across MSOAs in Leeds was greater for men compared to women (Table 12).

Table 12. Median, minimum and maximum DSR for male and female (U75) mental health inpatient admissions (by speciality)

	Median	Minimum DSR (MSOA)	Maximum DSR (MSOA)
Males	185.1	8.9 (Rawdon North)	860.3 (Swarcliffe)
Females	180.2	17.8 (West Ardsley)	622.9 (West Hunslet and Hunslet Hall)

The top ten MSOAs with the highest DSR for mental health admissions in men (2009-2011) were:

1. Swarcliffe (860.3)
2. Bramley (693.2)
3. Hyde Park, Woodhouse (625.1)
4. City Centre, Hunslet Green and Thwaite Gate (558.6)
5. Halton Moor, Wykebecks (550.1)
6. Bramley Whitecote (542.8)
7. Scarcroft, Scholes and Shadwell (514.9)
8. Crossgates and Killingbeck (511.1)
9. West Hunslet & Hunslet Hall (455.9)
10. Cookridge, Holt Park (434.7)

More recent data⁸⁷ show that the number of bed days for males was 58% greater compared to females across all of the CCGs in Leeds, with 61% of all bed days being associated with males (Table 13). Nationally, the number of in year bed days for males is 46% greater compared to females (4,823,702 vs. 3,300,834 days respectively⁸⁷).

Table 13. In year bed days for males and females in Leeds by CCG (2013-2014)

CCG	Total (days)	Male (days)	Male (%)	Female (days)	Female (%)
NHS Leeds South and East	49,425	31,485	63.7	17,915	36.3
NHS Leeds North	33,625	20,910	62.3	12,680	37.7
NHS Leeds West	46,505	27,010	58.1	19,480	41.9
Total	129,555	79,405	61.3	50,075	38.7

⁸⁶ <http://www.psymaptic.org> [Kirkbride *et al.*, 2013 (available from <http://bmjopen.bmj.com/content/3/2/e001998.full>)]

⁸⁷ 2013/2014 Mental Health Minimum Data Set annual report. Copyright © 2015, Re-used with the permission of the Health and Social Care Information Centre. All rights reserved, available from <http://www.hscic.gov.uk>

5.3.9 Dementia

Data for those under the age of 60 were excluded from further analyses due to low numbers (typically <2% of the total cases reported). In the most recent audit (Q2, 2014-2015), the number of people aged over 60 years in Leeds registered as having dementia was double for females compared to that observed for males (Figure 44). This was equivalent to 2.26% and 4.01% of the male and female over 60 population respectively. The trend across the previous six audit quarters shows that the relative increase in prevalence was similar for males and females [13 and 12% increase respectively (Figure 44)].

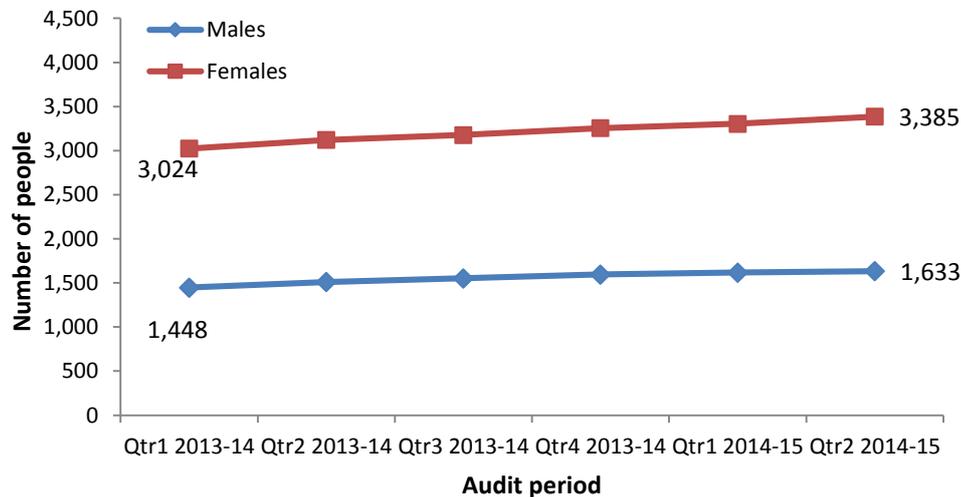


Figure 44. Total number of males and females in Leeds (over 60 years old) registered as having dementia across the most recent six audit quarters

With regard to the age of males with dementia, 48% were in the 80-89 years age group. No cases were recorded in the City Centre which is most likely as a result of its predominantly younger adult population. The top ten MSOAs with the highest proportion of their over 60 age male population registered with dementia were:

1. Hunslet Green, Stourton, Thwaite Gate (6.1%, 30 men)
2. Roundhay Park (5.7%, 37 men)
3. Osmondthorpe, East End Park (5.1%, 28 men)
4. Harehills (4.7%, 14 men)
5. Moortown Central (4.6%, 40 men). Tied with Oakwood and Gipton Wood (4.6%, 37 men)
6. Ireland Wood, Lawnswood (4.3%, 30 men)
7. Colton and Austhorpe (4.2%, 30 men)
8. Middleton and Westwoods (4.0%, 22 men)
9. Pudsey Central, Littlemoor (3.9%, 29 men)
10. Hyde Park, South Headingley and Woodhouse (3.7%, 16 men). Tied with Garforth (3.7%, 30 men)

6 Lifestyle factors

6.1 Weight classification

Of those recorded within the GP audit (78% of the male GP registered population and 86% of the female GP registered population), the proportion of males and females within each Body Mass Index (BMI) classification appear stable over the past six audit periods (Figure 45 and Figure 46). Of those who have a BMI classification 48% of males were classified above what is considered a normal weight range for their height [overweight, obese I, obese II or morbidly obese (Figure 45 and Figure 46)] compared to with 45% of females. The top ranked MSOA with the highest proportion of men over their ideal weight

was Bardsey, East Keswick, Collingham, Linton and Harewood with 61.7% of its male population in this classification. The following sections address these data in further detail across age groups and Leeds MSOAs.

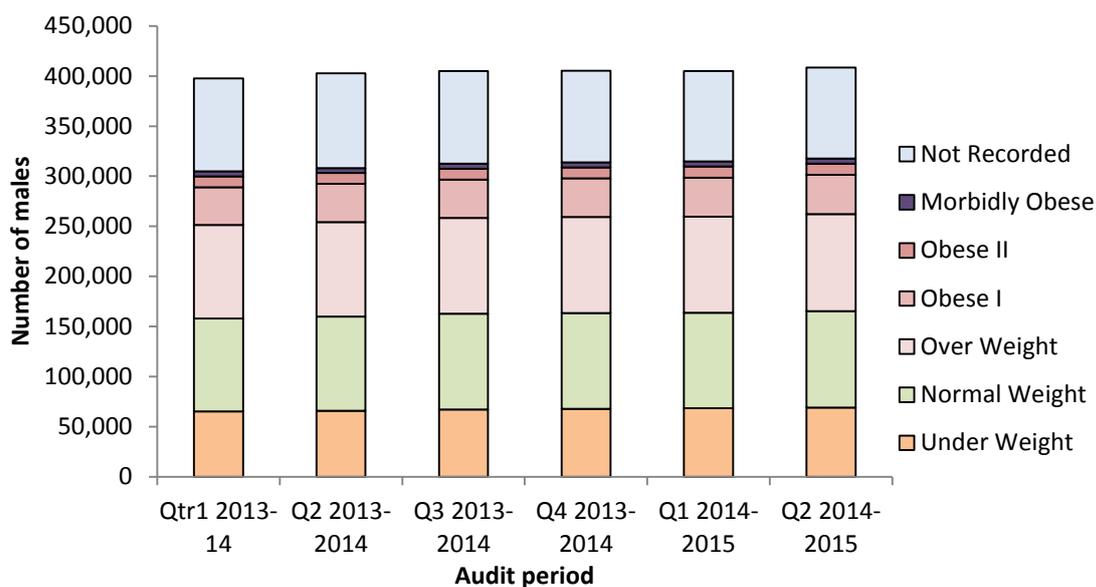


Figure 45. Number of males across weight classifications or with no record of weight classification in Leeds

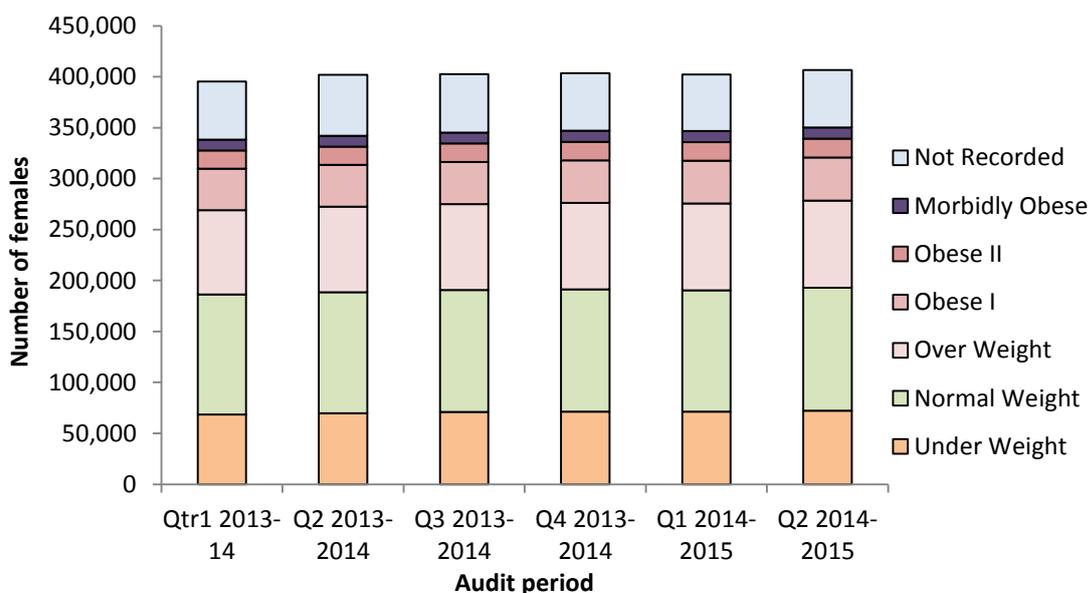


Figure 46. Number of females across weight classifications or with no record of weight classification in Leeds

The top ten MSOAs with the highest proportion of males that were above a normal weight were:

1. Bardsey. East Keswick. Collingham. Linton and Harewood (61.7%, 1,673 males)
2. Bramham. Boston Spa and Clifford (61.4%, 1,435 males)
3. Morley West (58.8%, 1,586 males)
4. West Ardsley (58.7%, 1,396 males)
5. Wetherby East. Thorp Arch and Walton (57.5%, 1,192 males)
6. Pudsey - Waterloos. Tyersals. Westroyds (57.3%, 1,353 males)
7. Manston. Stanks (57.0%, 1,983 males)
8. Swillington. West Garforth and Little Preston (56.5%, 1,482 males)
9. Aberford. Barwick. Lotherton and Thorner (56.4%, 1,415 males)
10. Pudsey Central. Littlemoor (56.1%, 1,613 males)

6.1.1 Overweight prevalence

In the most recent audit period (Q2 2014-2015), there were 96,858 males classified as overweight compared to 85,693 females (equivalent to 30% and 24% of those males and females with weight classification recorded). The highest number of males classified as overweight as a percentage of those who have data recorded were the 50-64 and 65+ years age groups which was higher than the proportion of women in these age groups classed as overweight [32.2% and 35.5% respectively (Figure 47)].

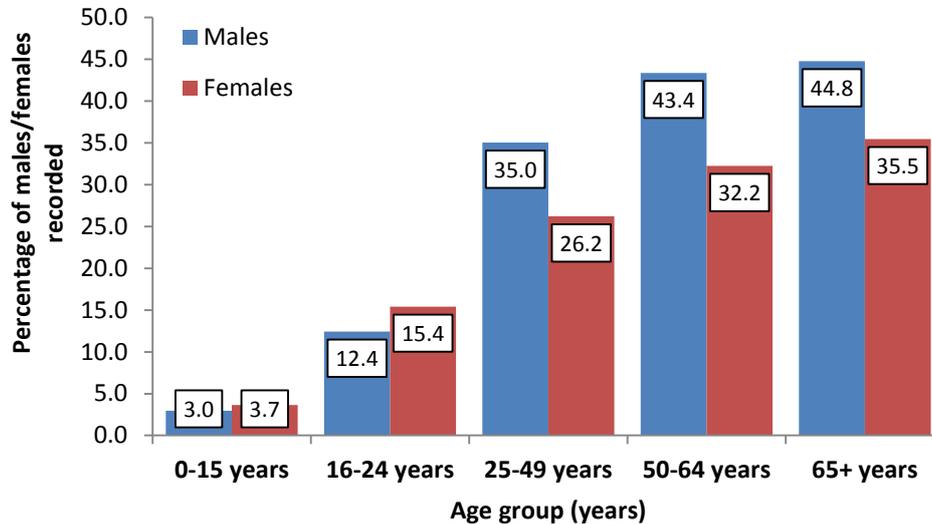


Figure 47. Percentage of males and females in Leeds classified as overweight (as a proportion of males and females with recorded data) across age group

The top ten MSOAs with the highest proportion of overweight males as a proportion of their male population with a record of weight classification were:

1. Bardsey. East Keswick. Collingham. Linton and Harewood (41.1%, 1,113 males)
2. Bramham. Boston Spa and Clifford (40.7%, 953 males)
3. Aberford. Barwick. Lotherton and Thorner (37.7%, 946 males)
4. Cookridge. Holt Park (37.5%, 812 males)
5. Scarcroft. Scholes and Shadwell (37.0%, 843 males)
6. Adel (36.9%, 781 males)
7. West Ardsley (36.7%, 873 males)
8. Wetherby East. Thorp Arch and Walton (36.6%, 758 males)
9. Horsforth - Brownberries. West End (36.3%, 865 males). Tied with Alwoodley West (36.3%, 1070 males)
10. Pudsey - Waterloos. Tyersals. Westroyds (36.2%, 856 males)

6.1.2 Obese

In the most recent audit period (Q2, 2014-2015), the number of males in Leeds who were classified as obese (sum of obese I, obese II and morbidly obese) was 55,373 compared to 71,840 females (equivalent to 17% and 21% of the respective male and female population who have weight classification recorded). The proportion of males and females classified as obese as a percentage of those who have data recorded increased dramatically from the age of 25 (Figure 48). The proportion of males and females classified as obese as a percentage of those who have data recorded was greatest in the 50-64 age group and similar between males and females (Figure 48).

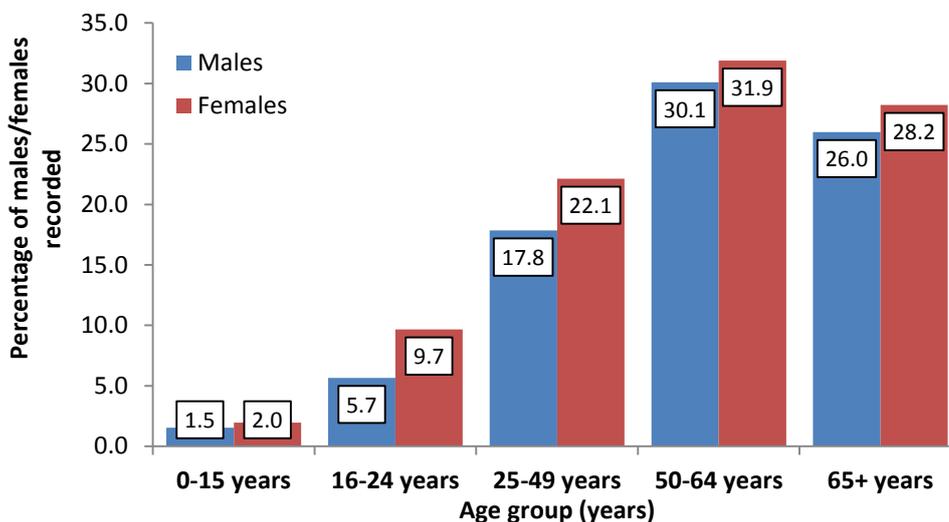


Figure 48. Percentage of males and females in Leeds classified as obese (as a proportion of males/females with recorded data) across age group

The top ten MSOAs with the highest proportion of obese males as a proportion of their male population with a record of weight classification were:

1. Morley West (24.0%, 647 males)
2. Wellington Hill. Whinmoor and Red Hall (23.1%, 696 males)
3. Belle Isle South (23.0%, 549 males)
4. East Ardsley (22.8%, 569 males)
5. Allerton Bywater. Methley and Mickletown (22.8%, 291 males)
6. Kippax East. Ledston. Micklefield (22.4%, 473 males). Tied with Swillington. West Garforth and Little Preston (22.4%, 586 males)
7. Morley East (22.3%, 732 males)
8. Gipton South (22.2%, 596 males). Tied with Pudsey Central. Littlemoor (22.2%, 638 males)
9. West Ardsley (22.0%, 523 males). Tied with East Garforth (22.0%, 638 males)
10. Upper Wortley (21.6%, 602 men). Tied with Morley - Bruntcliffe. Howley Parks and Tingley (21.6%, 654 males)

The number of men in Leeds who were classified as morbidly obese was 5,172 compared to 11,203 women (equivalent to 1.63% and 3.20% of the respective male and female population who have weight classification recorded). The highest number of males classified as morbidly obese as a percentage of those who have data recorded was in the 50-64 age group (2.64%) and was lower than the proportion of women in this age group classed as obese (5.18%).

The top ten MSOAs with the highest proportion of morbidly obese males as a proportion of their male population with a record of weight classification were:

1. Broadleas. Ganners. Sandfords (2.81%, 73 males)
2. Seacroft North (2.69%, 66 males)
3. Seacroft South (2.68%, 59 males)
4. Wellington Hill. Whinmoor and Red Hall (2.59%, 78 males)
5. Middleton Park. Manor Farm and Sharp Lane (2.52%, 76 males)
6. East Ardsley (2.49%, 62 males)
7. Swarcliffe (2.48%, 68 males)
8. Belle Isle South (2.47%, 59 males)
9. Yeadon - Henshaws. Southway. Westfields (2.43%, 58 males). Tied with Gipton South (2.43%, 65 males)
10. Belle Isle North (2.39%, 63 males)

6.1.3 Underweight

In the most recent audit period (Q2, 2014-2015), the number of males in Leeds who were classified as underweight was 69,135 compared to 72,301 females (equivalent to 22% and 21% of the respective male and female population who have weight classification recorded). The highest number of males classified as underweight as a percentage of those who have data recorded was in the 0-15 age group (Figure 49) and was higher than the proportion of women in this age group classed as underweight (81%). The proportion of males in the 16-24 year age group was also higher than that observed for females (Figure 49).

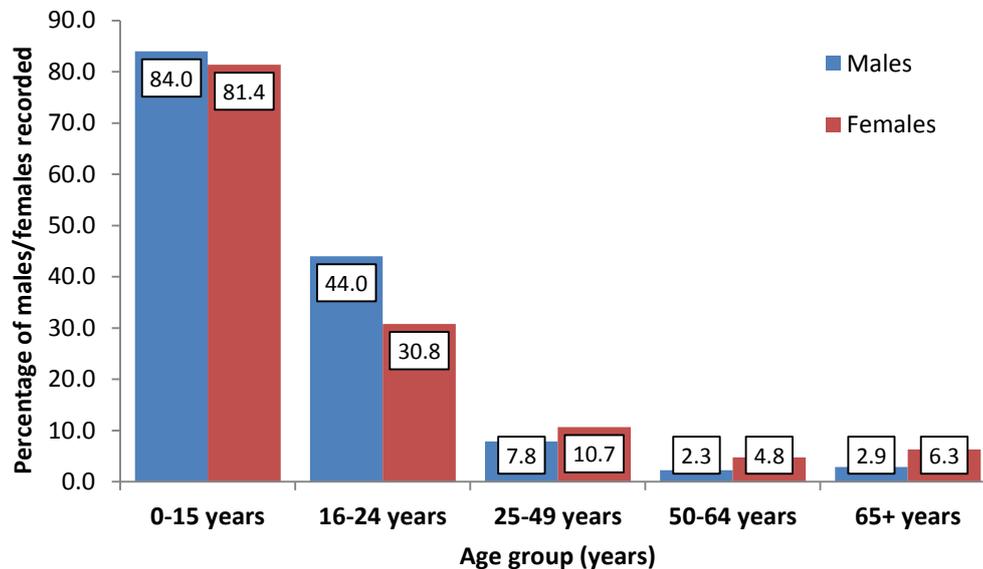


Figure 49. Percentage of males and females in Leeds classified as underweight (as a proportion of males/females with recorded data) across age group

The top ten MSOAs with the highest proportion of underweight males as a proportion of their male population with a record of weight classification were:

1. Seacroft South (37.1%, 816 males)
2. Middleton and Westwoods (32.9%, 1,036 males)
3. Halton Moor. Wykebecks (31.8%, 867 males)
4. Gipton North (31.5%, 928 males)
5. Swarcliffe (30.8%, 845 males)
6. Broadleas. Ganners. Sandfords (30.5%, 792 males)
7. Bramley (29.5%, 692 males)
8. Beeston Hill (29.3%, 1044 males)
9. Fearnville. Hollin Park. Beechwood. Brooklands (29.1%, 875 males)
10. Belle Isle North (28.9%, 762 males)

6.1.4 Weight not known

In the most recent audit period (Q2, 2014-2015), the number of males in Leeds whom which weight status was not known was 61% greater compared to females [90,807 vs. 56,412 respectively (equivalent to 22% vs. 14% of men and women in Leeds)]. The highest proportion of males in Leeds without a record of weight classification was in the 0-15 year age group (Figure 50) and was similar to the proportion of women in this age group with no weight classification (39.0%). The proportion of males in the 16-24 and 25-49 year age groups was higher than that observed for females [13.8% and 8.7% respectively (Figure 50)]. These data (Figure 50) show that GPs are either prioritising the recording of weight classification in men aged over 50 or these men are visiting the GP more frequently than younger age groups. However, there are a high proportion of men aged 50+ who are overweight or obese in Leeds (Figure 47 and

Figure 48) which suggests that recording weight classification at earlier ages may be important for future weight management and reduced risk of associated disease.

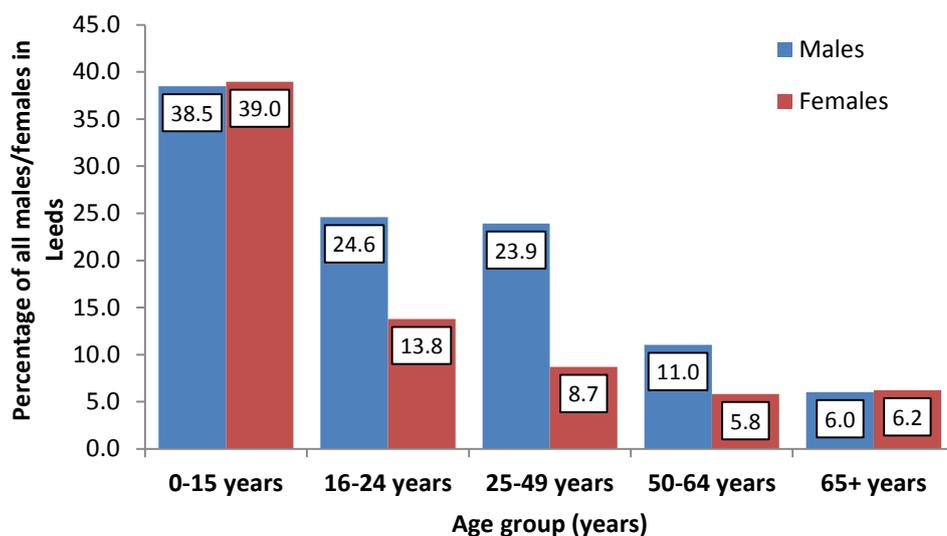


Figure 50. Percentage of males and females in Leeds with weight not recorded (as a proportion of males and females in Leeds) across age group

The top ten MSOAs with the highest proportion of their male population without a record of weight classification were:

1. Horsforth Central (38.7%, 1,554 males)
2. Broadleas. Ganners. Sandfords (37.1%, 1,531 males)
3. Harehills - Comptons. Sutherlands and Nowells (36.3%, 1,541 males)
4. Tinsill (35.5%, 1,132 males)
5. Harehills (35.4%, 1,650 males)
6. Horsforth - Brownberries. West End (34.6%, 1,260 males)
7. Bramham. Boston Spa and Clifford (34.2%, 1,213 males)
8. Ireland Wood. Lawnswood (33.3%, 1,049 males)
9. Kirkstall (29.7%, 1,214 males). Tied with Bardsey. East Keswick. Collingham. Linton and Harewood (29.7%, 1,145 males) and Headingley Central (29.7%, 1,173 males)
10. Beeston Hill (29.3%, 1,473 males)

6.2 Smoking prevalence

Across Leeds, smoking status is currently known⁸⁸ for 94.3% and 97.8% of males and females respectively. In the most recent audit (Q2, 2014-2015), there were 28% more known male smokers (aged 16+) compared to female smokers in Leeds (80,926 vs. 62,995 respectively). The number of male and female smokers was equivalent to 25.6% and 19.1% of all males and females (aged 16+) with a known smoking status respectively (Figure 51 and Figure 52). The trend across the previous six audit quarters shows that the number of male smokers has remained stable (an increase of <1%) and the number of female smokers has decreased by 2% (Figure 51 and Figure 52).

⁸⁸ Data presented reflects the number of males and females recorded as smokers by their GP and may not represent the total number of males and females who smoke in Leeds.

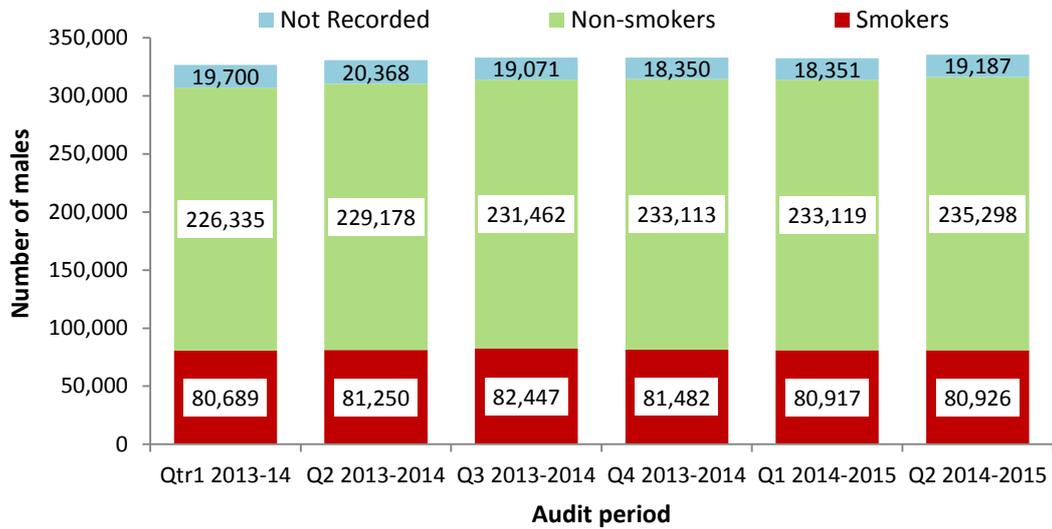


Figure 51. Smoking status of males (16+ years) in Leeds across the most recent six audit quarters

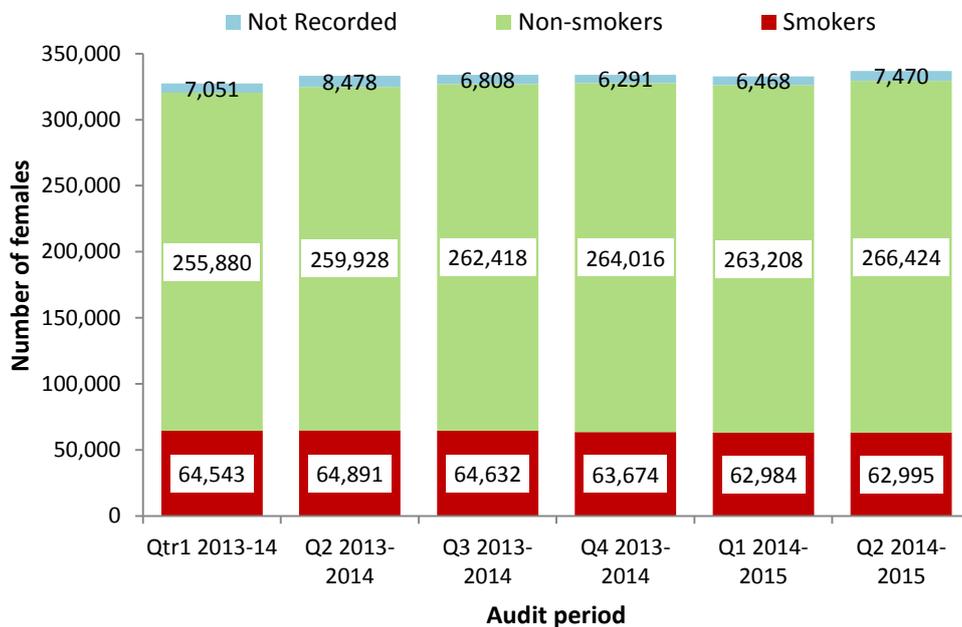
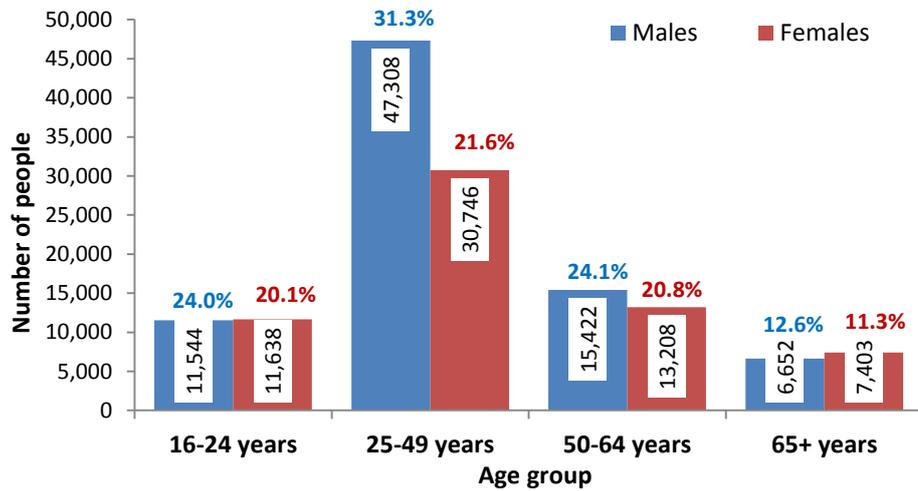


Figure 52. Smoking status of females (16+ years) in Leeds across the most recent six audit quarters

With regard to the age of the smokers, 58% of males were in the 25-49 year age group, which was 54% greater than the number of female smokers in that age group (Figure 53).

The top ten MSOAs with the highest proportion of males (16+) registered as smokers were:

1. Beeston Hill (43.1%, 1,604 men)
2. Belle Isle North (42.0%, 992 men)
3. Harehills (41.6%, 1,342 men)
4. Halton Moor, Wykebecks (41.4%, 981 men)
5. Armley, New Wortley (40.6%, 1,421 men)
6. Harehills - Comptons. Sutherlands and Nowells (40.1%, 1,255 men)
7. Farnley (40.0%, 979 men)
8. Seacroft North (39.6%, 942 men)
9. Middleton and Westwoods (39.5%, 1,081 men)
10. Fearnville. Hollin Park. Beechwood. Brooklands (39.0%, 1,124 men)



N.B. Percentages show numbers as a proportion of each age group recorded

Figure 53. Number of male and female smokers in Leeds across age group

6.3 Alcohol

Recent data (Q2, 2014-2015) show that GP recorded alcohol consumption was known for 46% of the male 16+ years GP registered population and 43% of the female 16+ years GP registered population. Approximately 20% of males aged 16 and over with known alcohol consumption, consumed a level that was deemed an increasing risk of harm to their health or a higher risk of harm to their health (Figure 54)⁸⁹. This was greater than females of the same age (12%, Figure 55). Within those classified, the proportion of males and females within each category was stable over the past six audit periods (Figure 54 and Figure 55).

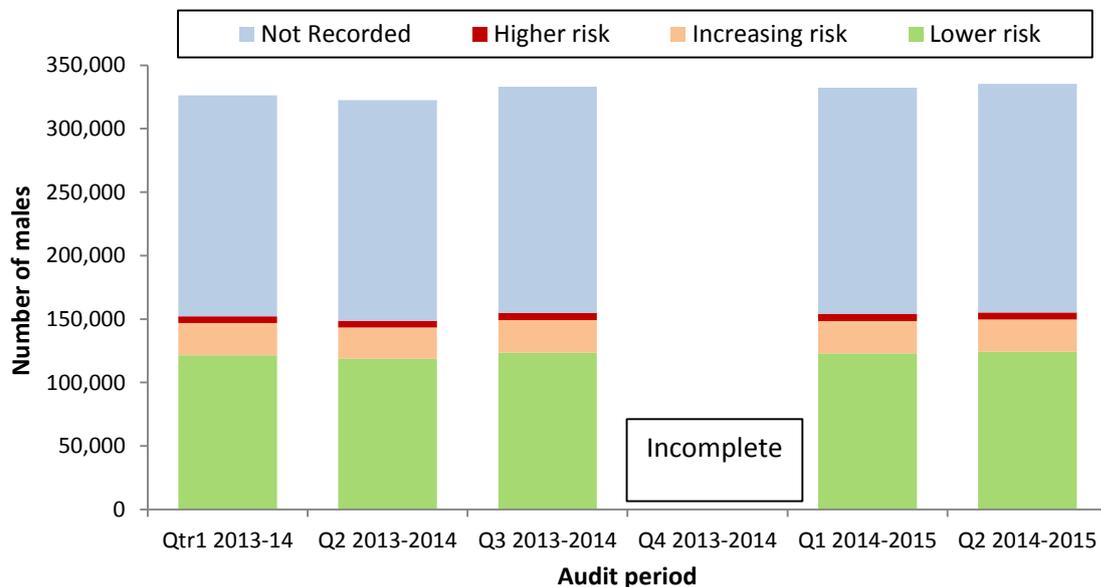


Figure 54. Number of males across alcohol risk classifications or with no record of alcohol consumption in Leeds for the previous six audit periods

⁸⁹ NICE Guidelines (2010). Alcohol-use disorders: prevention. [Males: Regularly consuming between 22 and 50 units per week (increasing risk) or over 50 alcohol units per week (higher risk). Females: Regularly consuming between 15 and 35 units per week (increasing risk) or over 35 units per week (higher risk)] <https://www.nice.org.uk/guidance/ph24/chapter/8-Glossary>

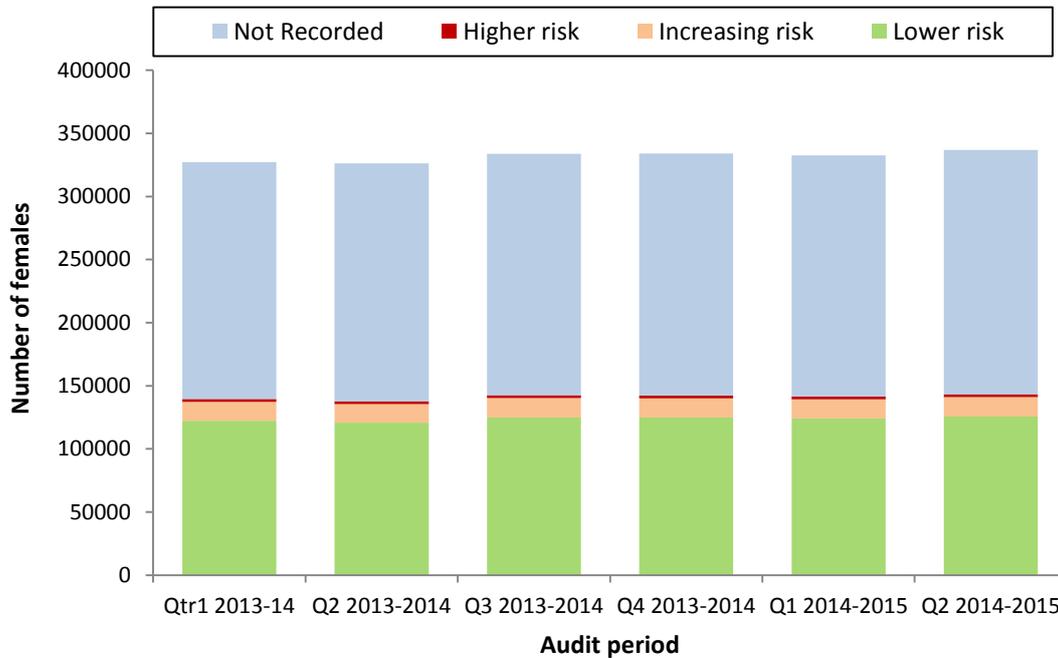


Figure 55. Number of females across alcohol risk classifications or with no record of alcohol consumption in Leeds for the previous six audit periods

In the most recent audit period (Q2 2014-2015), there were 25,491 males classified as at an increasing risk for harm from alcohol consumption compared to 15,273 females (equivalent to 16% and 11% of those males and females with alcohol consumption recorded).

The top ten MSOAs with the highest proportion of their 16 and over males classified as at an increasing risk for harm from alcohol consumption as a proportion of their 16+ male population with a record of alcohol consumption were:

1. New Farnley, Lower Wortley (22.1%, 175 men)
2. Stanningley, Rodley (21.5%, 246 men)
3. Bardsey, East Keswick, Collingham, Linton and Harewood (20.9%, 401 men)
4. Churwell (20.0%, 188 men)
5. Halton, Whitkirk (19.9%, 355 men). Pudsey - Waterloos, Tyersals, Westroyds (19.9%, 283 men)
6. Pudsey - Waterloos, Tyersals, Westroyds (19.9%, 283 men)
7. Gamble Hill, Moorside (19.8%, 156 men)
8. Pudsey Central, Littlemoor (19.7%, 339 men)
9. Yeadon - Henshaws, Southway, Westfields (19.6%, 244 men). Tied with Aberford, Barwick, Lotherton and Thorner (19.6%, 314 men) and Bramley Whitecote (19.6%, 206 men)
10. Horsforth Central (19.5%, 368 men)

In the 16-24 age category, the proportion of males classified as at risk from harm due to alcohol consumption was similar to females in the same age group (Figure 56 and Figure 57). The pattern of increase in the proportion of males classified as at an increasing risk or higher risk increased with age to a greater extent than females, peaking in the age 50-64 year age group (Figure 56 and Figure 57).

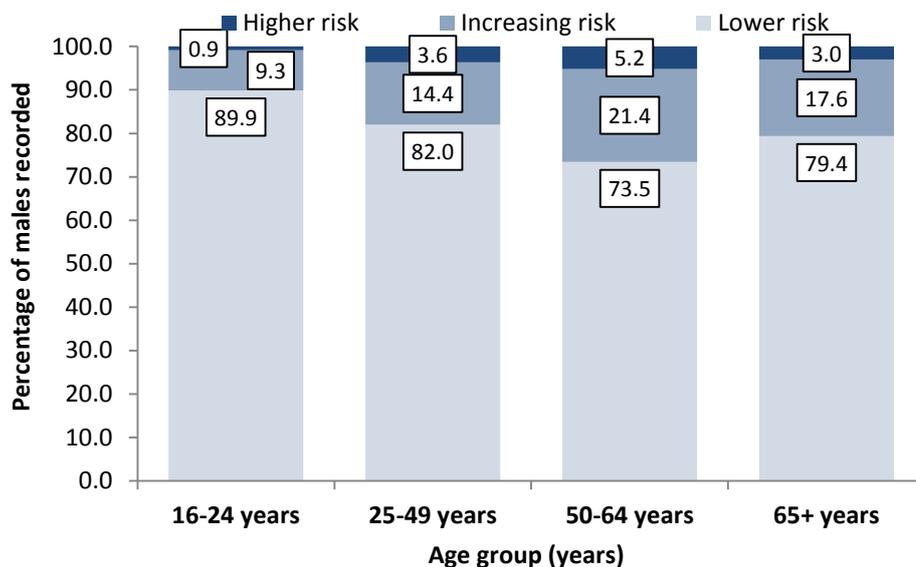


Figure 56. Percentage of males classified as lower, increasing and higher risk for alcohol consumption across age groups (Q2 2014-2015)

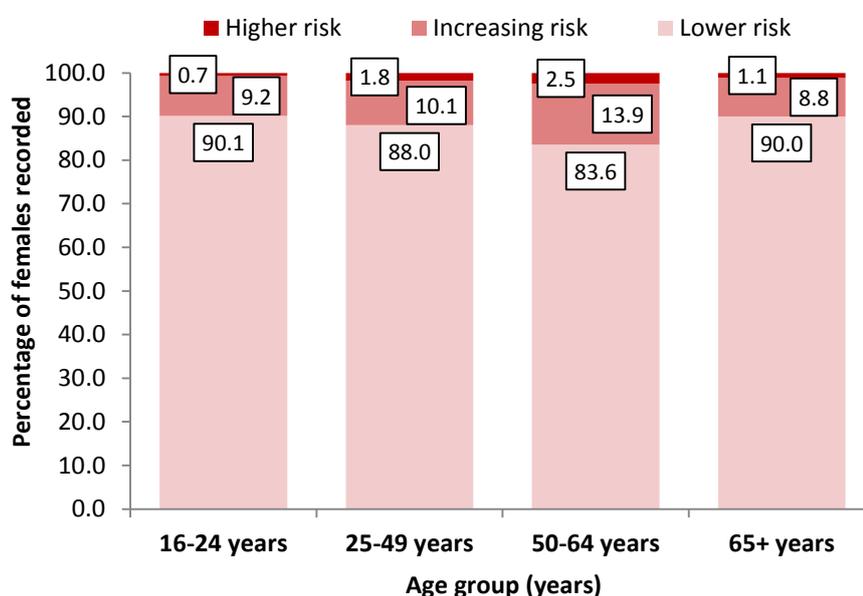


Figure 57. Percentage of females classified as lower, increasing and higher risk for alcohol consumption across age groups (Q2 2014-2015)

From the recorded data, the 50-64 year old age group have the greatest proportion of men classified as increasing risk. The top ten MSOAs with the highest proportion of their 50-64 year old males classified as at an increasing risk for harm from alcohol consumption as a proportion of their 50-64 year old male population with a record of alcohol consumption were:

1. Yeadon - Henshaws, Southway, Westfields (27.7%, 99 men)
2. Burley (27.4%, 49 men)
3. Pudsey - Waterloos, Tyersals, Westroyds (26.9%, 111 men)
4. Churwell (26.4%, 75 men)
5. Swarcliffe (26.0%, 87 men). Tied with Wellington Hill, Whinmoor and Red Hall (26.0%, 128 men)
6. Pudsey Central, Littlemoor (25.9%, 125 men). Tied with Wetherby East, Thorp Arch and Walton (25.9%, 101 men)
7. Rawdon North (25.7%, 103 men)
8. Kirkstall (25.5%, 74 men)
9. Halton, Whitkirk (25.4%, 143 men)
10. Horsforth Central (25.2%, 122 men)

For the higher risk category, there were 5,667 males (3.7% of those recorded, Figure 54) compared to 2,400 females (1.7% of those recorded, Figure 55). The top ten MSOAs with the highest proportion of their 16 and over males classified as at a higher risk for harm from alcohol consumption as a proportion of their 16+ male population with a record of alcohol consumption were:

1. Beeston Hill (10.5%, 93 men)
2. West Hunslet and Hunslet Hall (9.9%, 87men)
3. Harehills - Comptons, Sutherlands and Nowells (9.1%, 106 men)
4. Gipton South (8.6%, 94 men)
5. Harehills (8.3%, 51 men)
6. Farnley (8.0%, 69 men)
7. Gamble Hill, Moorside (7.8%, 61 men)
8. Armley, New Wortley (7.7%, 106 men)
9. Lincoln Green and Ebor Gardens (7.6%, 91 men)
10. Gipton North (7.5%, 51 men)

From the recorded data, the 50-64 year old age group have the greatest proportion of men classified as higher risk. The top ten MSOAs with the highest proportion of their 50-64 year old males classified as at a higher risk for harm from alcohol consumption as a proportion of their 50-64 year old male population with a record of alcohol consumption were:

1. Hyde Park, Burley (19.1%, 12 men)
2. Burley (15.1%, 27 men)
3. Beeston Hill (13.7%, 27 men)
4. Gipton South (12.4%, 44 men)
5. Lincoln Green and Ebor Gardens (12.2%, 31 men)
6. Meanwood 6 Estates (12.1%, 30 men)
7. Gipton North (11.6%, 26 men)
8. City Centre (11.5%, 15 men). Tied with West Hunslet and Hunslet Hall (11.5%, 28 men)
9. Harehills - Comptons, Sutherlands and Nowells (11.4%, 35 men)
10. Little Woodhouse (11.0%, 9 men)

Alcohol consumption is not known for over half of the population in Leeds [54% of men and 57% of women aged 16 and over (Figure 54 and Figure 55)]. The top ten MSOAs with the highest proportion of their 16 and over males with alcohol consumption not recorded were:

1. Harehills Triangle (85.4%, 3,531 men)
2. Harehills (82.1%, 2,833 men)
3. Beeston Hill (77.3%, 3,026 men)
4. Gipton North (76.4%, 2,212 men)
5. New Farnley, Lower Wortley (72.8%, 2,122 men)
6. Lincoln Green and Ebor Gardens (71.6%, 3,005 men)
7. Chapeltown (70.2%, 3,368 men)
8. Gamble Hill, Moorside (69.6%, 1,802 men)
9. Broadleas, Ganners, Sandfords (68.9%, 2,358 men)
10. West Hunslet and Hunslet Hall (67.5%, 1,823 men)

The 16-24 age group has the highest proportion of men where alcohol consumption is not known (77%). The top ten MSOAs with the highest proportion of their 16-24 year old males with alcohol consumption not recorded were:

1. Harehills Triangle (97.1%, 736 men)
2. Oakwood and Gipton Wood (96.7%, 531 men)
3. Gipton North (96.4%, 541 men)

4. East Garforth (96.3%, 343 men)
5. Harehills (96.2%, 529 men)
6. Kippax (95.5%, 402 men). Tied with Beeston - Parkside and Cross Flatts (95.5%, 486 men) and Alwoodley East (95.5%, 337 men)
7. Seacroft South (95.1%, 371 men)
8. West Hunslet and Hunslet Hall (94.8%, 349 men)
9. Fearnville, Hollin Park, Beechwood, Brooklands (94.7%, 448 men)
10. East Ardsley (94.5%, 342 men)

6.4 Physical activity

Recent GP audit data (Q2, 2014-2015) show that physical activity status [measured through the GP Physical Activity Questionnaire (GPPAQ)] was known for 23% of the male 16-74 years GP registered population and 25% of the female 16-74 years GP registered population. Where GPPAQ classification is known, 37.4% of males aged 16-74 years were classified as 'inactive'⁹⁰ or 'moderately inactive'⁹¹ in Q1 2013-2014, however with increased recording of data over the past six audit periods, this has now risen to 44.7% of those with known GPPAQ classification (Q2 2014-2015, Figure 58). For females, 44.8% of those with known GPPAQ status were classified as inactive or moderately inactive in Q1 2013-2014 but this has since risen to 53.1% in the most recent audit period (Figure 59).

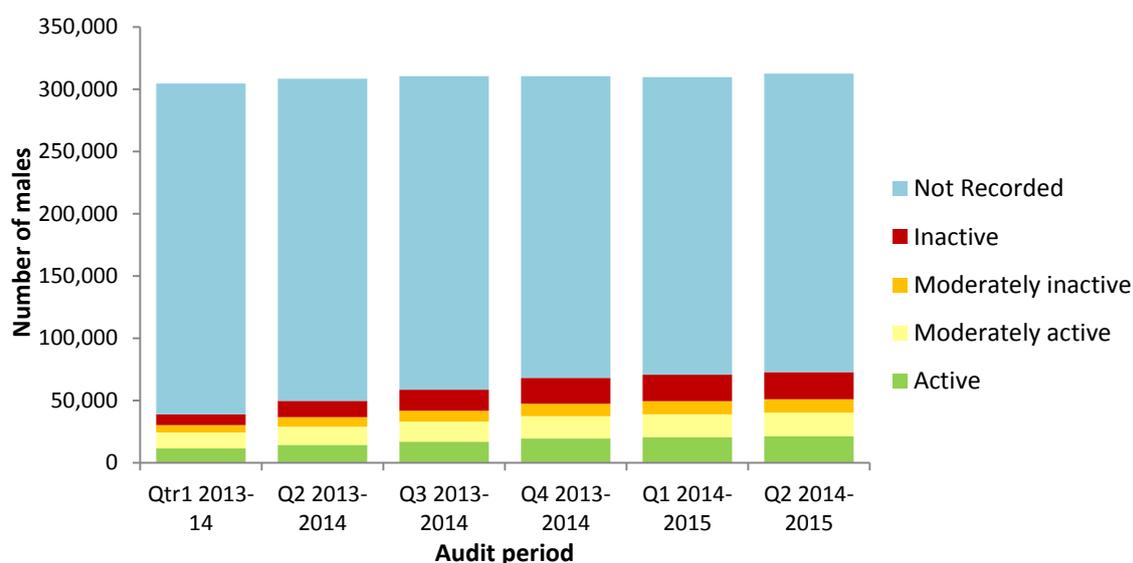


Figure 58. Number of males aged 16-74 years across GPPAQ classifications or with no record of GPPAQ in Leeds

⁹⁰ Sedentary job and no physical exercise or cycling (NHS GPPAQ Guidelines, updated 2009)

⁹¹ Sedentary job and some but < 1 hour physical exercise and / or cycling per week or standing job and no physical exercise or cycling (NHS GPPAQ Guidelines, updated 2009)

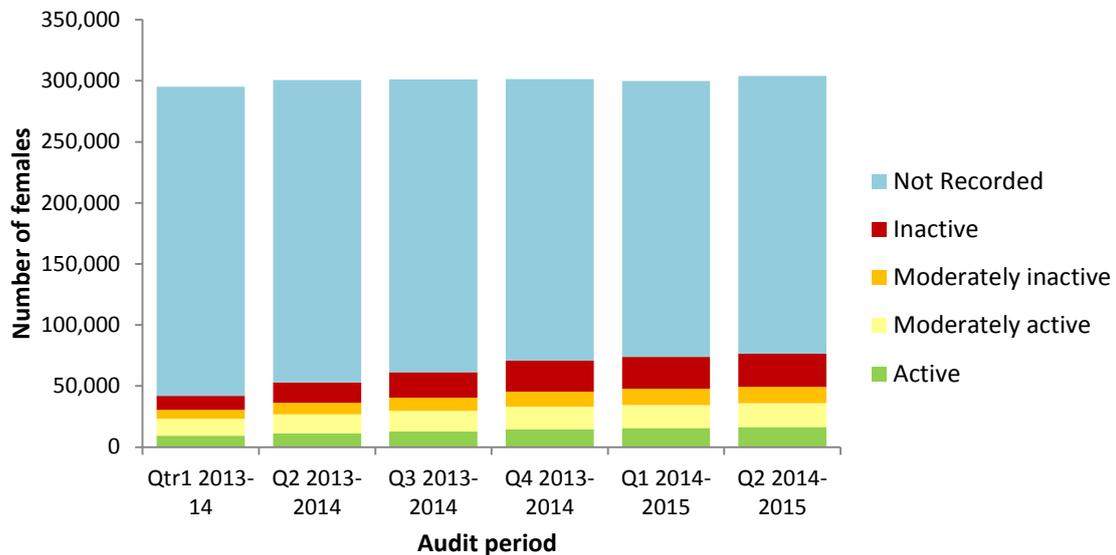


Figure 59. Number of females aged 16-74 years across GPPAQ classifications or with no record of GPPAQ in Leeds

With regards to inactivity, 30% of males were classified as inactive in the most recent audit period compared to 35% of females (equivalent to 21,717 males and 27,110 females with GPPAQ classification recorded). The top ten MSOAs with the highest proportion of inactive males (aged 16-74) as a proportion of their 16-74 year male population with a record of GPPAQ classification were:

1. Hyde Park. Burley (52.2%, 84 men)
2. Kippax East. Ledston. Micklefield (44.2%, 258 men)
3. Harehills Triangle (43.8%, 325 men)
4. Little Woodhouse (42.6%, 98 men)
5. Allerton Bywater. Methley and Mickletown (42.5%, 145 men)
6. Gipton South (42.3%, 314 men)
7. Harehills (42.0%, 217 men). Tied with Kippax (42.0%, 295 men)
8. Lincoln Green and Ebor Gardens (41.2%, 335 men)
9. Swillington. West Garforth and Little Preston (40.3%, 289 men)
10. Harehills - Comptons. Sutherlands and Nowells (40.2%, 290 men)

For women these were:

1. Harehills Triangle (59.2%, 420 women)
2. Harehills (54.3%, 275 women)
3. Allerton Bywater. Methley and Mickletown (52.4%, 187 women)
4. Hyde Park. Burley (51.1%, 70 women)
5. Kippax East. Ledston. Micklefield (50.8%, 308 women)
6. Swillington. West Garforth and Little Preston (50.7%, 417 women)
7. Kippax (49.4%, 379 women)
8. Gipton South (48.4%, 354 women)
9. Farsley South (47.3%, 320 women)
10. Little Woodhouse (47.2%, 76 women)

For the most recent audit period (Q2, 2014-2015), the highest number of males classified as inactive as a percentage of those who have data recorded was in the 65-74 age group (Figure 60) and was lower than the proportion of women in this age group classed as inactive (50.4%). Across all age groups, there were 5% more inactive women compared to men.

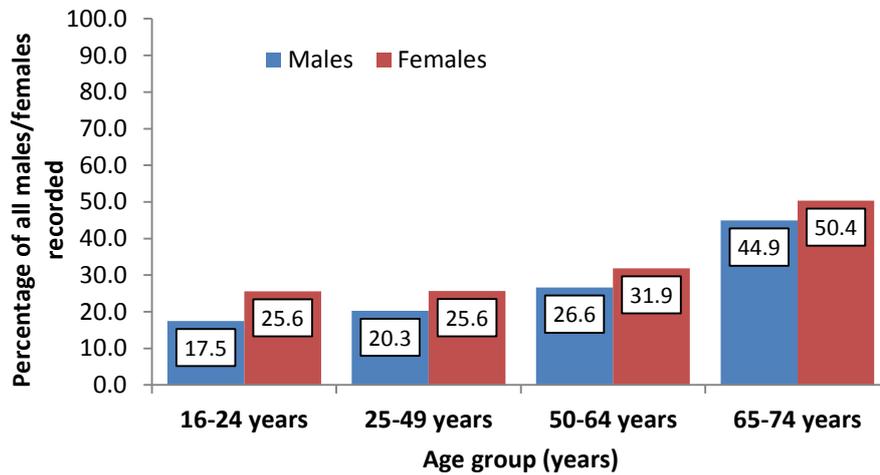


Figure 60. Percentage of males and females within age groups classified as inactive (Q2 2014-2015)

The number of males (aged 16-74) classified as active as a proportion of all males (aged 16-74) recorded was higher compared to females (29.2% vs. 21.4% respectively). This difference was most prominent in the 16-24 year age group and diminished with increasing age (Figure 61).

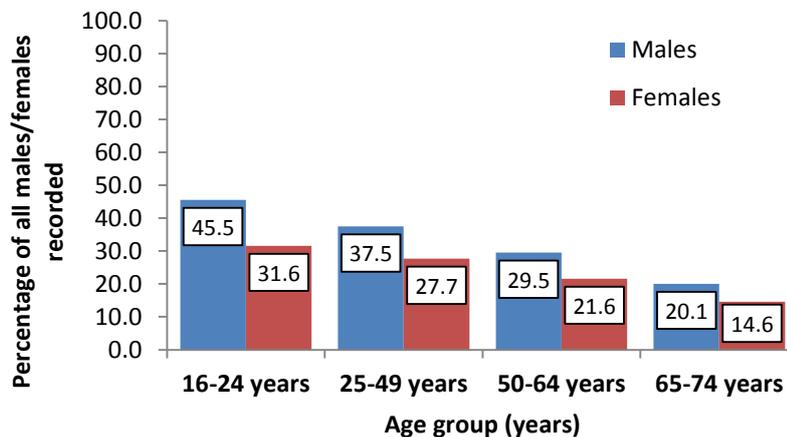


Figure 61. Percentage of males and females within age groups classified as active (Q2 2014-2015)

The ten MSOAS with the lowest proportion of men (aged 16-74) classified as 'active' were:

1. Beeston Hill (16.7%, 108 men)
2. Harehills Triangle (17.1%, 127 men)
3. Harehills - Comptons. Sutherlands and Nowells (17.5%, 126 men)
4. Hyde Park. Burley (18.0%, 29 men)
5. Harehills (18.6%, 96 men)
6. Fearnville. Hollin Park. Beechwood. Brooklands (18.7%, 121 men)
7. Seacroft South (19.4%, 83 men)
8. Little London. Sheepscaer (19.7%, 123 men)
9. Lincoln Green and Ebor Gardens (19.9%, 162 men)
10. Seacroft North (20.0%, 117 men)

The ten MSOAS with the lowest proportion of women (aged 16-74) classified as 'active' were:

1. Harehills Triangle (8.5%, 60 women)
2. Harehills (9.3%, 47 women)
3. Lincoln Green and Ebor Gardens (10.5%, 70 women)
4. Seacroft North (10.8%, 66 women)
5. Fearnville. Hollin Park. Beechwood. Brooklands (10.9%, 82 women)

6. Beeston Hill (11.2%, 54 women)
7. Seacroft South (11.5%, 52 women)
8. Little London. Sheepscar (11.8%, 60 women). Tied with Swarcliffe (11.8%, 85 women)
9. Gipton North (11.9%, 80 women)
10. Gipton South (12.0%, 88 women)

The proportion of males and females with a recorded GPPAQ classification has increased by 10% over the previous six audit periods, although recent Q2 2014-2015 data show that GPPAQ classification is still not known for 77% and 75% of males and females in Leeds (aged 16-74) respectively. The highest number of males without a GPPAQ classification as a percentage of the Leeds population was in the 16-24 year age group (Figure 62) which was similar to the proportion of women in this age group without a GPPAQ classification.

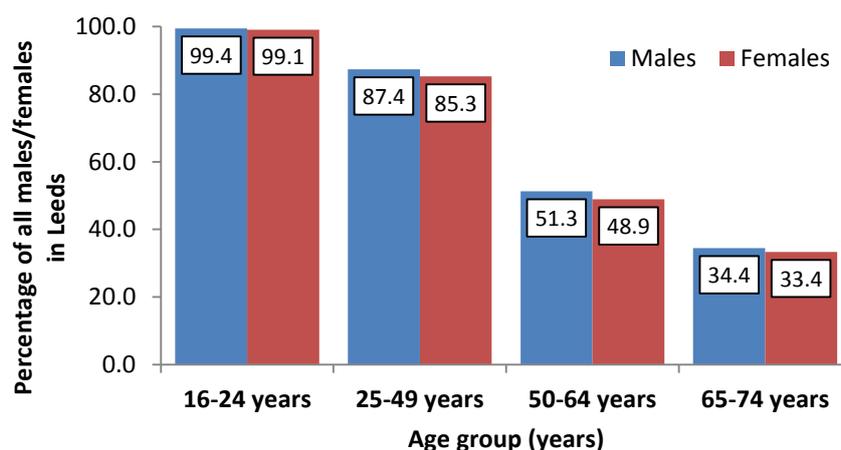


Figure 62. Percentage of males and females in Leeds with GPPAQ not recorded (as a proportion of males in Leeds) across age group

The top ten MSOAs with the highest proportion of males (aged 16-74) with no record of GPPAQ classification were:

1. Little Woodhouse (96.6%, 6,509 men)
2. Hyde Park. Burley (95.8%, 3,652 men)
3. City Centre (95.3%, 4,279 men)
4. Hyde Park. South Headingley and Woodhouse (95.0%, 7,206 men)
5. Headingley Central (93.3%, 3,490 men)
6. Burley (91.8%, 4,300 men)
7. Little London. Sheepscar (91.7%, 6,846 men)
8. Armley. New Wortley (84.9%, 2,994 men)
9. Harehills (84.6%, 2,836 men)
10. Beeston Hill (83.1%, 3,184 men). Tied with Broadleas. Ganners. Sandfords (83.1%, 2,740 men)

7 Evaluation of service usage

7.1 Cancer screening

Throughout the past audit year (Q3 2013-2014 to Q2 2014-2015) 3,936 males across Leeds were invited to return a stool sample for bowel cancer screening (Figure 63) which was 5% more than the number of females invited (3,743, Figure 64). The average percentage of men invited who then completed a screening was 45.2% compared to 54.5% of women. Of those screened, 42 males and 25 females tested positive, which was equivalent to 2.4% and 1.2% of males and females screened respectively.

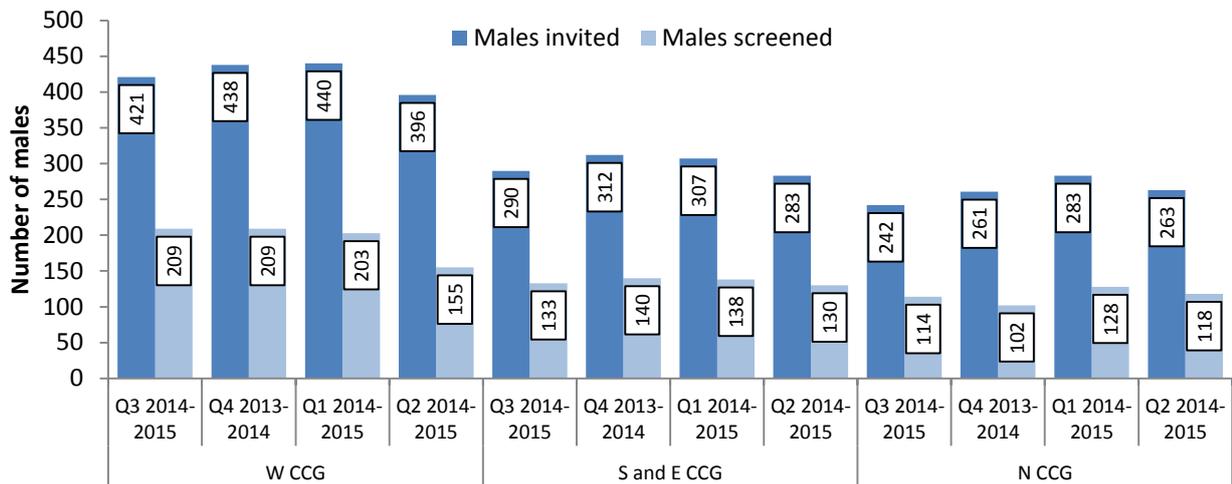


Figure 63. Number of males invited and screened for bowel cancer across CCGs in Leeds for the past four audit periods)

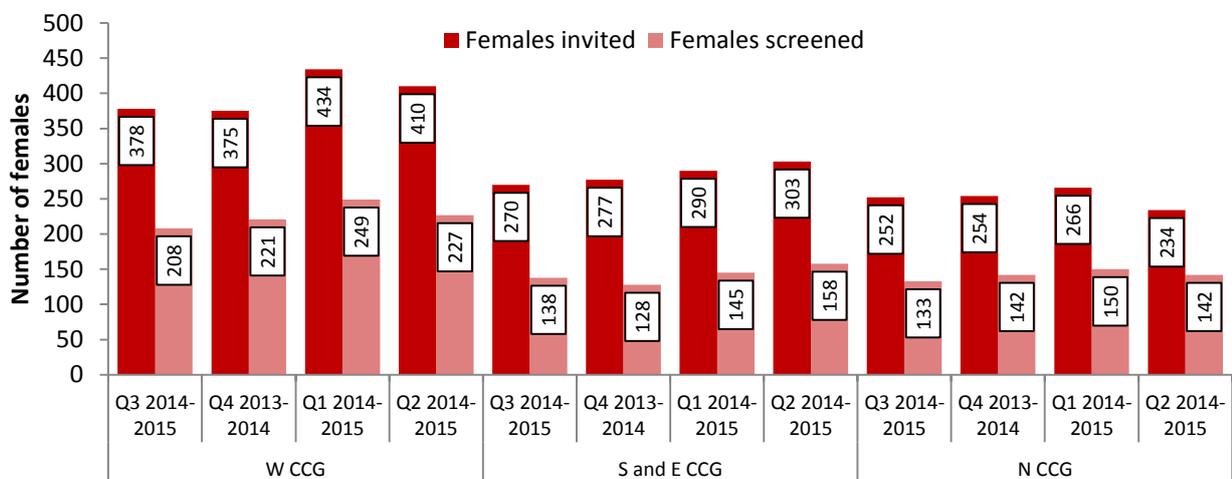


Figure 64. Number of females invited and screened for bowel cancer across CCGs in Leeds for the past four audit periods)

Bowel cancer screening uptake and outcome was not available at MSOA level⁹².

7.2 NHS Health checks

The overall total number of NHS Health Check invites sent across the past six audit quarters in Leeds (Q1 2013-2014 to Q2 2014-2015, Figure 65a) was 9% greater for males compared to females (26,607 vs. 24,340 respectively). The total number of NHS Health Checks completed across the past six quarters (Q1 2013-2014 to Q2 2014-2015, Figure 65b) was 20% greater for woman compared to men (17,176 vs. 14,334 respectively).

⁹² The Public Health data team at LCC submitted an application to Leeds Cancer Services to obtain these data but this application was still waiting approval at the time this report was created.

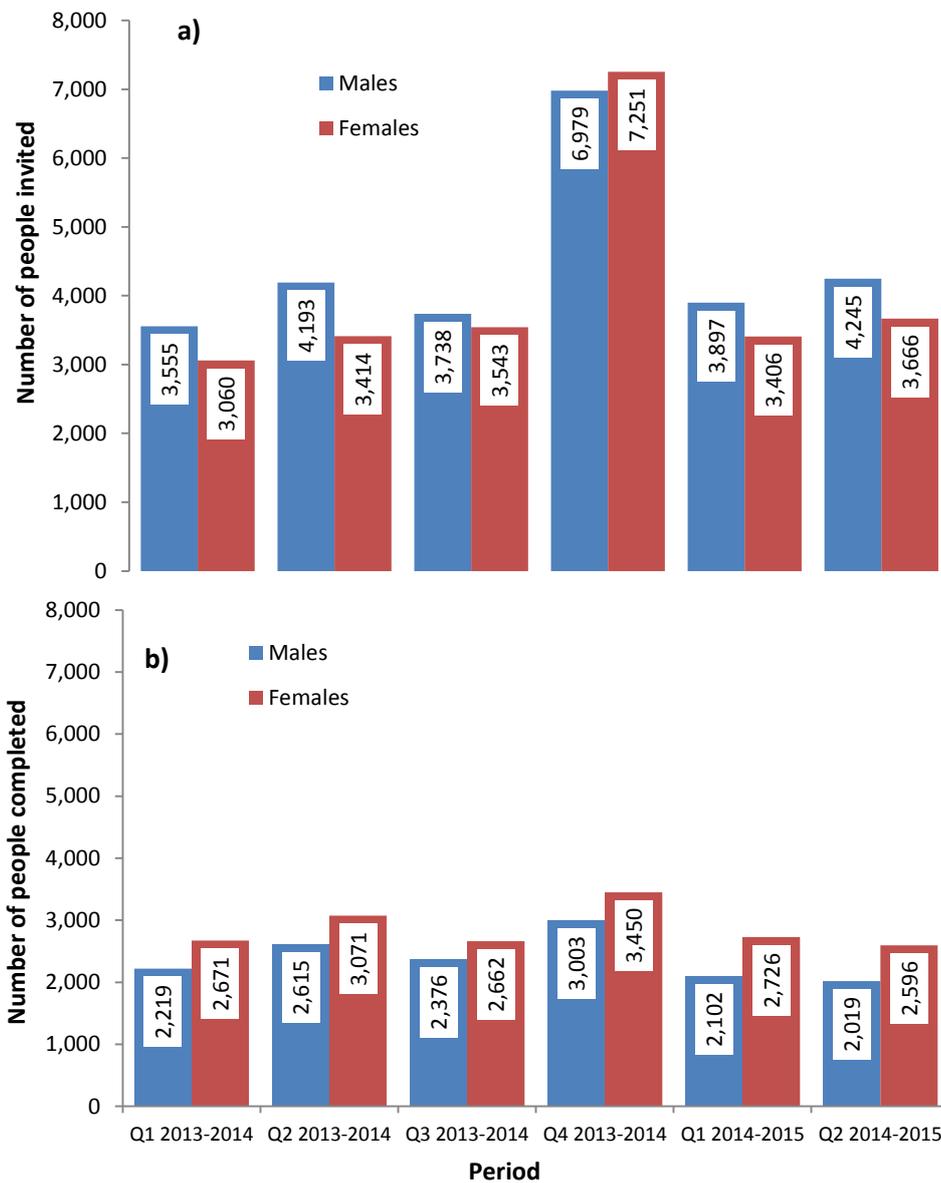


Figure 65. Number of males and females aged 40-74 invited to an NHS health check (a) and completing a health check (b) across the previous six quarters.

Leeds City Council is currently working through a five-year targeted rolling programme, which prioritised deprived and high-risk areas first (particularly older adults and males due to their increased risk of cardiovascular disease). These data from most recent six quarterly audit periods reflected the latter part of this programme, targeting younger individuals (aged 40-49) which explains the high number of invites and completions in this age group during this period.

7.2.1 Diagnoses achieved through health checks

Although fewer numbers of men are completing health checks compared to women (Figure 65b), more men are being given a diagnosis as a result of a health check compared to women [1,201 vs. 993 over the past six audit periods (Figure 66)]. This is <1% of the male and <1% of the female 40-74 population in Leeds but 8.4% and 5.8% of males and females completing a health check over the past six audit periods, suggesting that engagement of men in this process is important for early detection of disease.

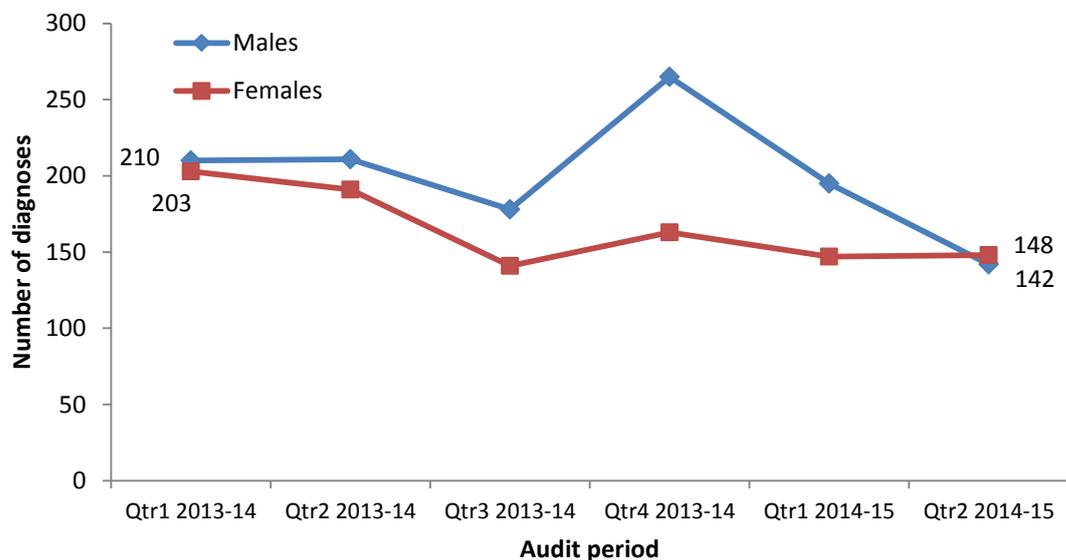


Figure 66. Number of males and females aged 40-74 receiving a diagnosis as a result of a health check across the previous six quarters

The most common diagnosis for both men and women is for hypertension, with a similar proportion receiving a diagnosis (77% of all males and females with a positive diagnosis, Figure 67). Although a higher proportion of women screened compared to men received a diagnoses for impaired blood glucose (10.1% of women vs. 7.9% of men with a positive diagnosis), men were more likely to receive a diagnosis for diabetes (13.8% of men vs. 11.5% of women with a positive diagnosis, Figure 67).

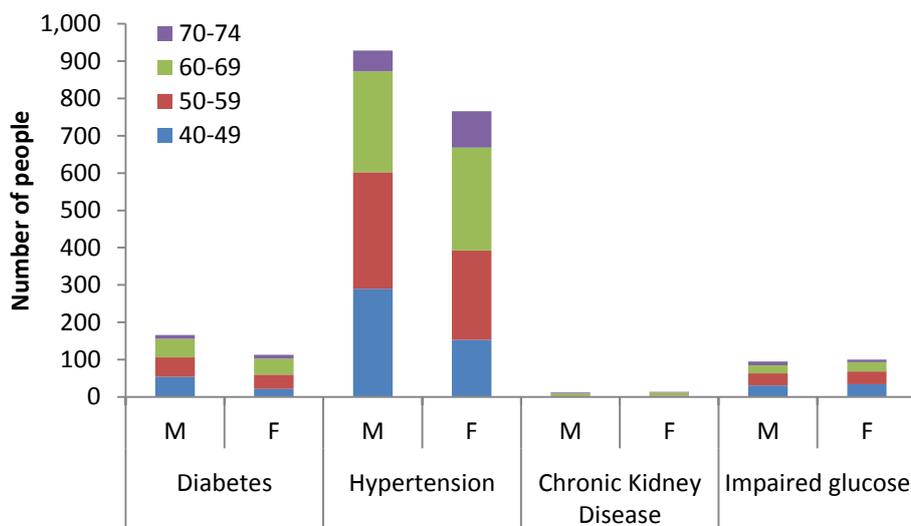


Figure 67. Type of diagnosis received by males and females over the past six audit periods across age groups following a health check

7.3 Healthy lifestyle services

This service had 788 users registered in 2013-2014 and 30.5% of these were men. Male users visited the service on a total of 257 occasions compared to 603 female visits. The percentage of these visits used to set a weight loss or healthy eating goal was greater in women, whereas the proportion of visits used to set a smoking cessation goal was greater in men (Figure 68). The proportion of visits used to set an alcohol reduction goal was very low for both men and women (Figure 68), which is of particular concern for men given the high mortality associated with alcohol consumption amongst men in Leeds.

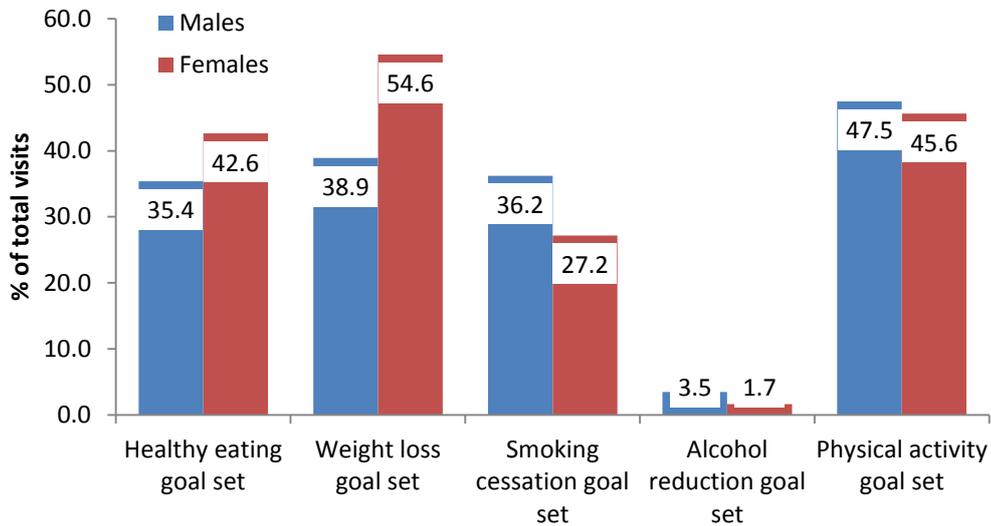


Figure 68. Percentage⁹³ of visits where a healthy lifestyle goal was set across type of goal

7.3.1 Leeds Let's Get Active programme

Data were analysed only for members aged 16+. The number of male members registered⁹⁴ in the Leeds Let's Get Active (LLGA) Scheme increased 2.5 fold from 2013 to 2014 (Figure 69). Although this demonstrates a great success for male engagement, female members in 2014 outnumbered male members by 50% (13,941 females vs. 9,071 males, Figure 69). This was equivalent to 4.13% of females aged 16+ in Leeds and 2.70% of males. For both years, most members (male and female) were in the 24-49 year age category (Figure 69), however the largest increase in membership from 2013-2014 was observed the 16-24 year age group (a 3.5-fold and 3.2-fold increase for males and females in this age group).

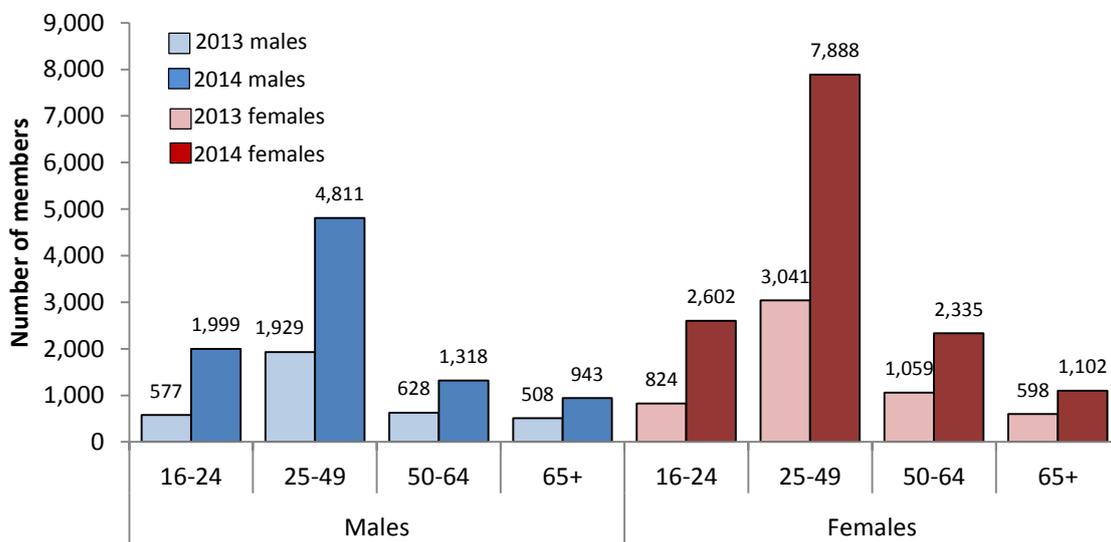


Figure 69. Number of male and female members registered on the Leeds Let's Get Active Scheme by age for 2013 and 2014

The top ten MSOAs with the largest proportion of their 16+ male population registered with the LLGA scheme are:

1. Armley, New Wortley (7.44%, 274 men)
2. Upper Armley (6.68%, 253 men)

⁹³ More than one goal was set on some visits therefore the total percentage across all goals is greater than 100.

⁹⁴ It is important to note that members may be registered but then may not engage in activity

3. Farnley (6.34%, 166 men)
4. Upper Wortley (6.00%, 179 men)
5. New Farnley, Lower Wortley (5.59%, 163 men)
6. Gamble Hill, Moorside (4.94%, 128 men)
7. East Garforth (4.87%, 144 men)
8. Guiseley (4.80%, 134 men)
9. Kippax (4.78%, 141 men)
10. Cookridge, Holt Park (4.77%, 122 men)

The top ten MSOAs with the smallest proportion of their 16+ male population registered with the LLGA scheme are:

1. Little Woodhouse (0.44%, 30 men)
2. City Centre (0.56%, 25 men)
3. Little London, Sheepscar (0.68%, 52 men)
4. Hyde Park, South Headingley and Woodhouse (0.69%, 53 men)
5. Hyde Park, Burley (0.70%, 27 men)
6. Harehills (0.93%, 32 men)
7. Bramham, Boston Spa and Clifford (1.28%, 37 men)
8. Cross Green, East End Park and Richmond Hill (1.37%, 50 men)
9. Halton Moor, Wykebecks (1.38%, 34 men)
10. Harehills Triangle (1.40%, 58 men)

Approximately 70% of male and female members attended free LLGA sessions over the year - 6,321 male members attended a total of 62,469 free LLGA sessions and 9,481 female members attended a total of 65,407 free LLGA sessions.

In 2014, male and female LLGA members attended a total of 142,075 and 175,274 council provided sessions respectively (totals include free LLGA and paid for sessions⁹⁵). This equated to an average of 16 and 13 visits each year per male and female member respectively, although the median value was 6 visits per year per member for both males and females.

Male usage was primarily for the use of the gym and swimming sessions (93% of all visits); female usage of the gym was less compared to males with greater use of swimming and fitness classes (Figure 70 and Figure 71). Whilst participation in racket sports amounted to 2% of male visits, this was <1% for females.

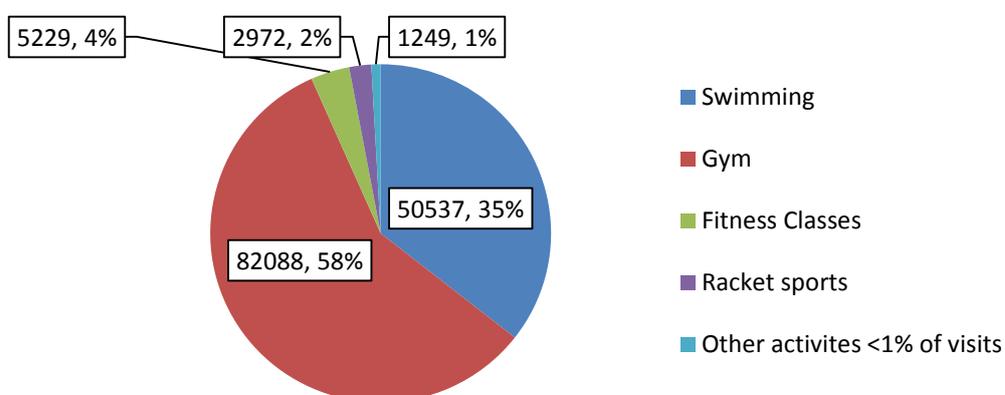


Figure 70. Number (and %) of visits by type of activity for male LLGA members

⁹⁵ Excludes sessions listed as crèche, children's parties, miscellaneous income or schools swimming

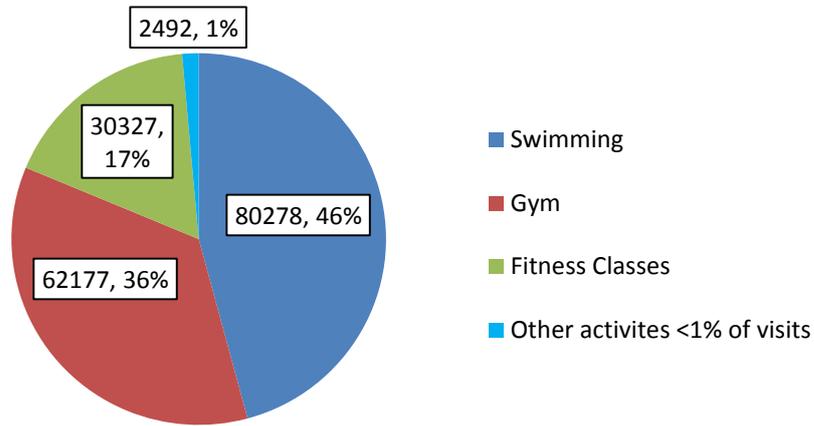


Figure 71. Number (and %) of visits by type of activity for female LLGA members

The number of visits however does not provide a clear picture of individual use or frequency of use.

7.3.2 Weight management services

Recent data (Q3 2014-2015) showed that 2.5 times the number of women in Leeds were discharged from weight management services compared to men (547 women vs. 208 men). These men were located within 88 MSOAs across Leeds, with the greatest number of male service users located in Woodlesford, Oulton (n=8). Female service users came from 105 MSOAs with the greatest number located in Bramley Whitecote (n=13). Morley West, East Ardsley and Wellington Hill were in the top five MSOAs for having the highest proportion of obese men according to GP audit data (Page 73), however no males from these areas were registered with the weight management service. Females in age groups under 50 years were more likely to be engaged in the service (Figure 72), whereas for males, engagement was more common in the older age groups (50+ years).

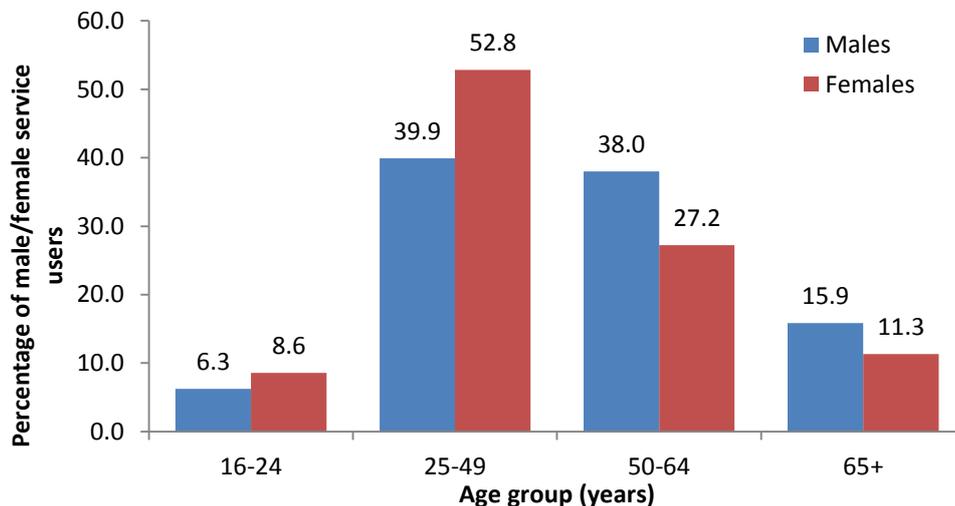


Figure 72. Percentage of male and female service users by age group

Of those who were discharged from the service, 109 males and 289 females had their weight recorded which equates to 53% of men and women registered. Of those males and females with weight recorded, 94% and 89% had their body mass index (BMI) recorded respectively. Although only 22 males were classified in the 45-50 BMI group compared 44 females, a greater proportion of males were within this BMI group compared to females (Figure 73). However, a greater number and proportion of females were classified in the 50+ BMI groups compared to males (Figure 73).

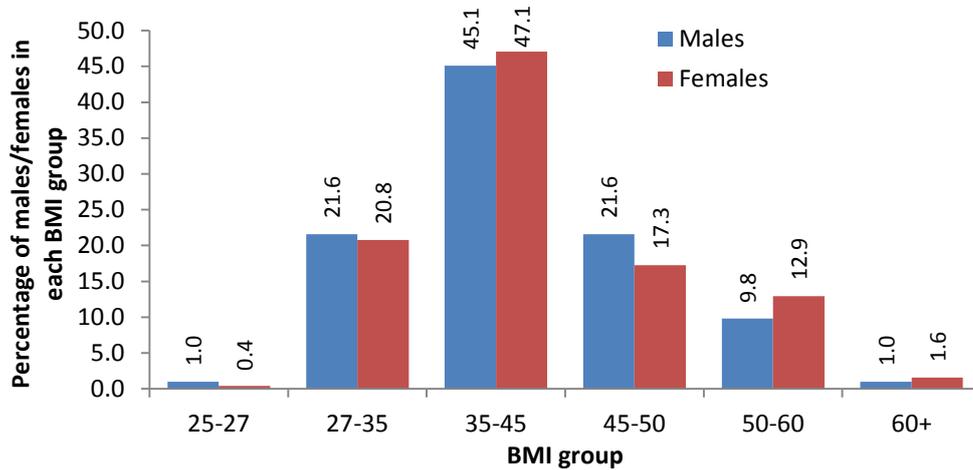


Figure 73. Percentage of male and female completions by BMI group

Of those discharged from the service during Q3 2014-2015, a similar proportion of men and women had a co-morbidity (Table 14), although only the primary co-morbidity type was recorded.

Table 14. Number of males and females discharged from weight management services with a co-morbidity

Co-morbidity type	Number of males	Number of females
Diabetes mellitus	4	7
Nutritional disorder	0	1
Raised blood lipids	2	2
Depression	1	6
Hypertension	2	4
Respiratory disease	2	6
Major abdominal surgery	0	3
Surgery NOS	0	4
Heart disorder	1	1
Arthritis	0	3
Total	12	37
% out of all registered in the service	5.8	6.8

Of those with weight measured, a larger proportion of males lost weight compared to females (60% vs. 46% respectively). Both males and females typically lost 1-3% of their initial weight (Figure 74).

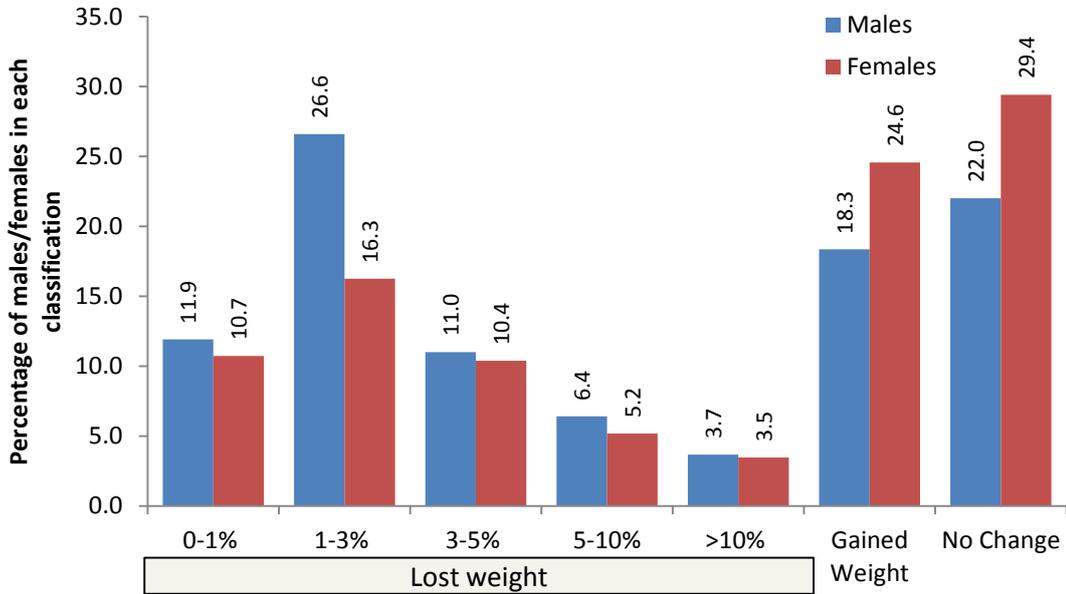


Figure 74. Percentage of males and females who lost, gained or did not change their weight

7.3.3 Ministry of Food programme

When the programme was initially implemented it engaged more women as compared to men in the first two years (Figure 75), however in the last two years the gender split has become almost equal. This suggests that it has become more successful at engaging men in the service.

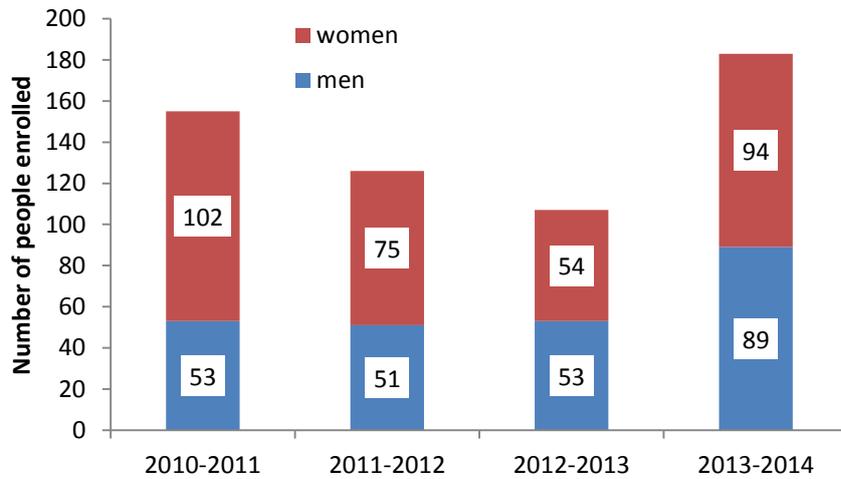


Figure 75. Number of men and women enrolled in the Ministry of Food programme each year

Although the number of men engaging in the programme has increased since it began, the majority of men engaging in 2013-2014 resided in areas classed as non-deprived (Table 15).

Table 15. Demographical data of men engaged in the Ministry of Food programme

	2010-2011	2011-2012	2012-2013	2013-2014
Age				
13 to 19	-	-	11	13
20 to 44	-	-	23	43
45 to 64	-	-	12	25
65+	-	-	7	7
Residential location				
Deprived	15	26	15	25
Non-deprived	38	24	36	63
Ethnicity				
White	50	42	49	72
Mixed/multiple	0	2	0	2
Asian/Asian British	1	1	2	4
Black/African/Caribbean	1	1	2	6
Other	0	5	0	4
Disability				
No disability	39	30	26	36
Physical, learning or mental health	13	21	27	52
Multiple factors				
Deprived and ethnic minority	0	5	1	5
Deprived and disability	4	11	8	15

7.3.4 Smoking cessation services

During 2013-2014, there were 41% more women using smoking cessation services compared to men (Table 16). Though more men smoke the number of men using the service was equivalent to 2.6% of male smokers known to GPs across Leeds; the number of women using the service was equivalent to 4.1% of known female smokers in Leeds.

With regards to age, engagement was greatest in males aged 50-64 years (3.0% of known male smokers) and least in males aged 16-24 years (1.8% of known male smokers). This was different in women, with the greatest engagement observed in the 16-24 and 25-49 year age group (4.5 and 4.6% of known female smokers respectively) and least in the 65+ years age group (2.5% of known female smokers).

The MSOA with the highest proportion of male known smokers engaged in smoking cessation services was Wetherby East, Thorpe Arch and Walton (34% of known smokers engaged) however most of these service users (90/92) were engaging within a prison setting which is likely to facilitate engagement. In the top five MSOAs with the highest proportion of male known smokers (41-44% of each MSOA's male over 16 population⁹⁶, total of 6340 male smokers), only 246 men across these five MSOAs were registered with smoking cessation services in 2013-2014.

Men were more likely to set a quit date during their visits compared to women but the percentage of successful quit attempts were similar between men and women (Table 16). Of the men using the services, 1186 (52%) were new users and 549 set a quit date on their first visit (46% of new users). Of these men, 43% had a successful quit, which was greater than observed in women (36% successful quit

⁹⁶ as stated in the section 5.2 'Smoking prevalence'

on first attempt) but less than those men setting a quit date on their second on more visit (57% successful).

Although the proportion of men with successful quits is encouraging, quit data are self-reported and may therefore over-represent true smoking status – in 2012-2013 77% of men who self-reported a successful quit had this confirmed by a carbon monoxide test.

Table 16. Analysis of smoking cessation service use

Service use	Males	Females
Total number of users registered in 2013-2014	2,062	2,914
Number of visits made by all users in the year	2,270	3,264
Number of visits where a quit date was set (% of all visits)	1,231 (54%)	1,401 (43%)
Number of successful quits (% of quits set)	844 (69%)	936 (67%)
Quit on first episode (% of successful quits)	367 (43%)	333 (36%)
Quit on second or more episode (% of successful quits)	477 (57%)	603 (64%)
Number of unsuccessful quits (% of quits set)	154 (18%)	199 (21%)
Number lost during follow up (% of quits set)	233 (13%)	266 (12%)

Men were most likely to set a quit date when registered in a ‘closed group’ intervention (approximately 66% of those registered) but least likely to set a quit date in the ‘drop-in clinic’ and ‘one-to-one’ intervention [approximately 52% of those registered setting a quit date (Figure 76)]. Women were also least likely to set a quit date in the ‘one-to-one’ intervention, with 31% of those registered in this intervention setting a quit date (Figure 77). The most successful type of intervention for men was the closed group (46.6% successful quits out of all men who initially registered with this intervention). Success within types of interventions was generally similar for men and women (Figure 76 and Figure 77) except in the one-to-one support type which was more successful for men compared to women (37.6% of men registered quit compared to 21.6% for women who had registered with this intervention).

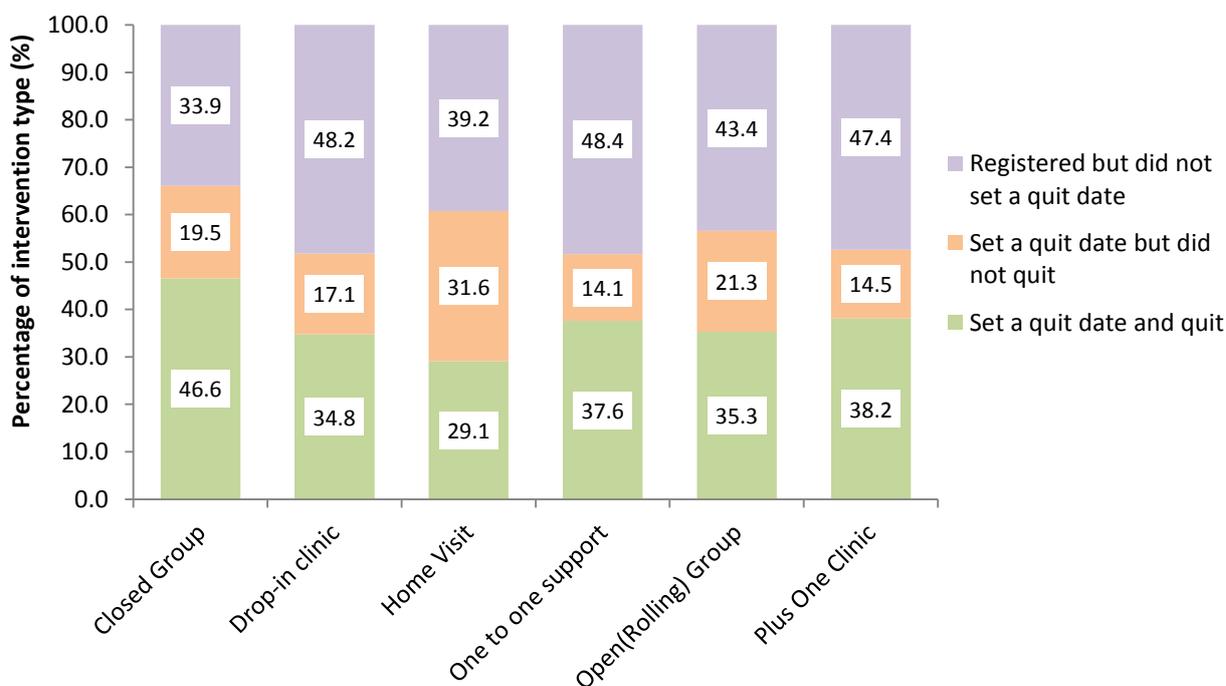


Figure 76. Percentage of males who registered, had unsuccessful quits and successful quits by intervention type

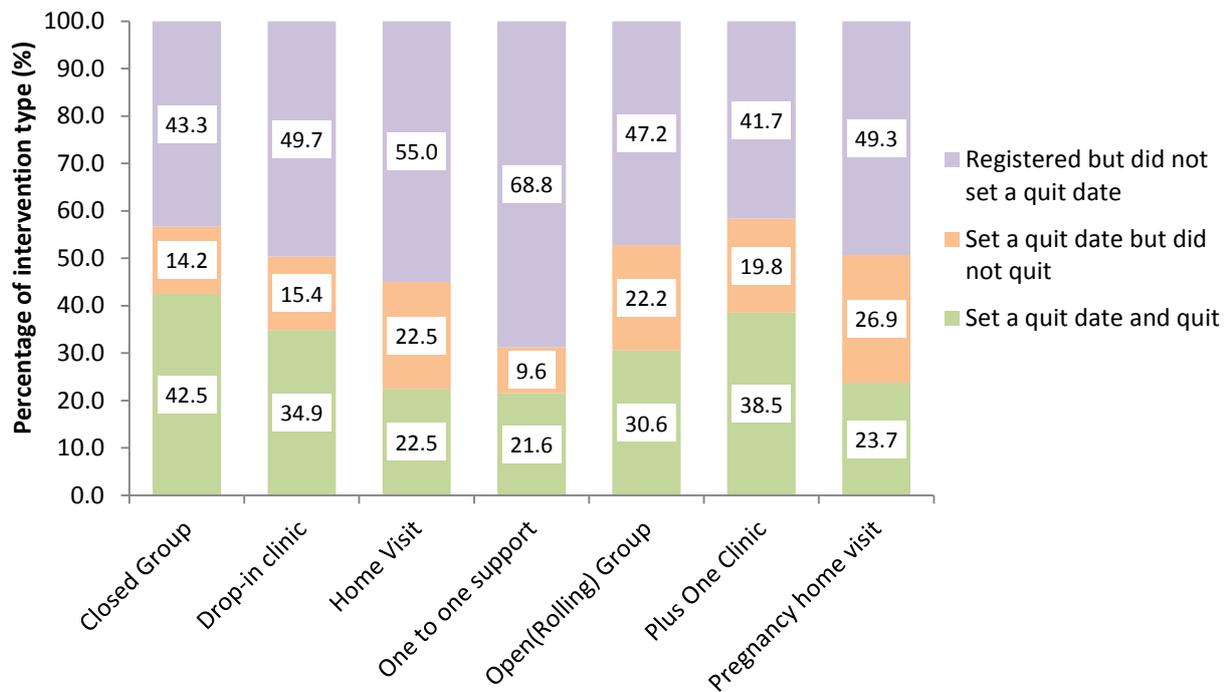


Figure 77. Percentage of females who registered, had unsuccessful quits and successful quits by intervention type

7.4 Mental health service use

The number of males accessing NHS specialist mental health services in the Leeds Metropolitan District has increased by almost 14% over the past four years but the number of females accessing services is approximately 35% greater (Figure 78)⁹⁷.

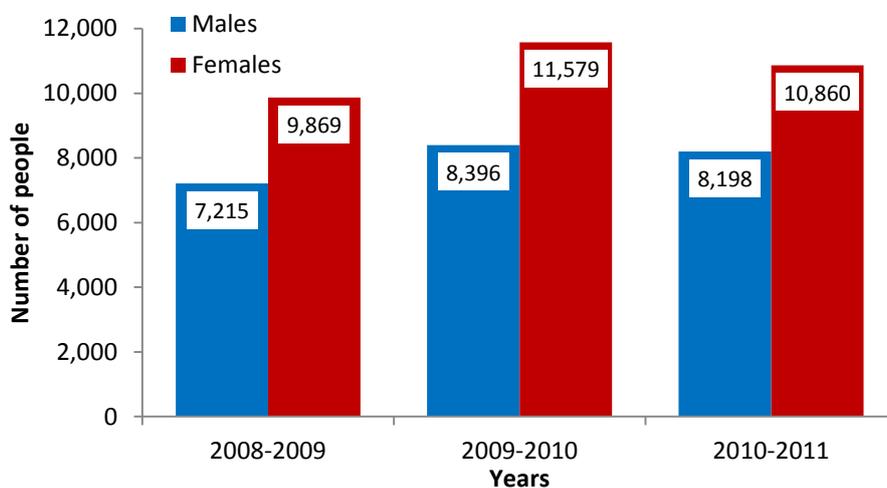


Figure 78. Number of males and females in the Leeds Metropolitan District accessing NHS specialist mental health services (2008-2011)⁹⁸

During the period of 2010-2011, the number of men accessing NHS specialist mental health services was greatest in the under 65 age groups (Figure 79). In the 65+ years age group, the number of men accessing mental health services was almost half that of women.

⁹⁷ Mental Health, Adults accessing NHS specialist mental health services - England, Mental Health Minimum Data Set (MHMDS) annual returns 2010-11. Copyright © 2015, Re-used with the permission of the Health and Social Care Information Centre. All rights reserved, available from <http://www.hscic.gov.uk/>

⁹⁸ Taken from the Mental Health Minimum Dataset (MHMDS) online statistics. Copyright © 2015, Re-used with the permission of the Health and Social Care Information Centre. All rights reserved, available through <http://www.hscic.gov.uk/>

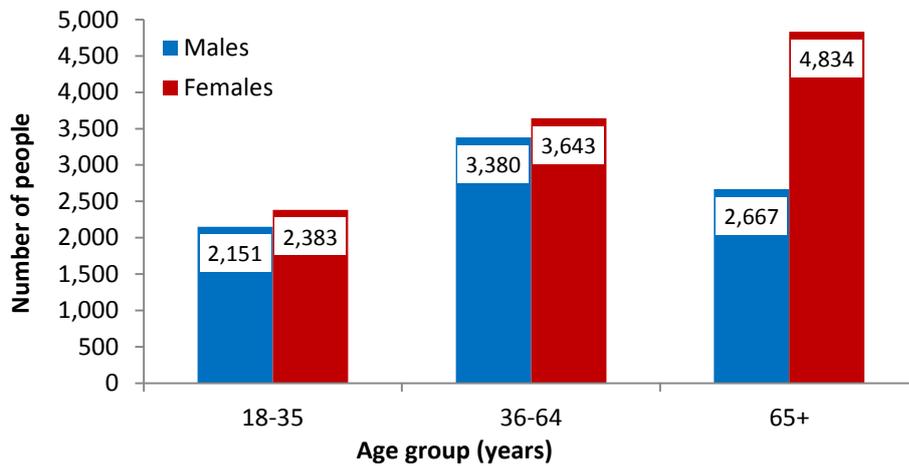


Figure 79. Number of adults accessing NHS specialist mental health services (2010-2011) by age and sex

Recent quarterly data for Leeds⁹⁹ shows that 2,910 more females (63%) were referred into Psychological Therapies (IAPT) services through NHS Leeds CCGs compared to males (Figure 80) and 83% more females finished a treatment compared to males (Figure 81), although this depends of how many started therapy.

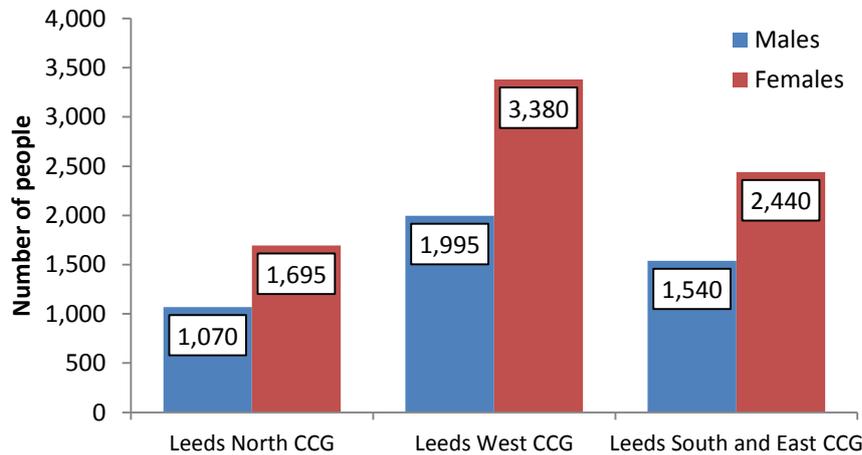


Figure 80. Number of new male and female IAPT referrals over Q1-Q3 2014-2015

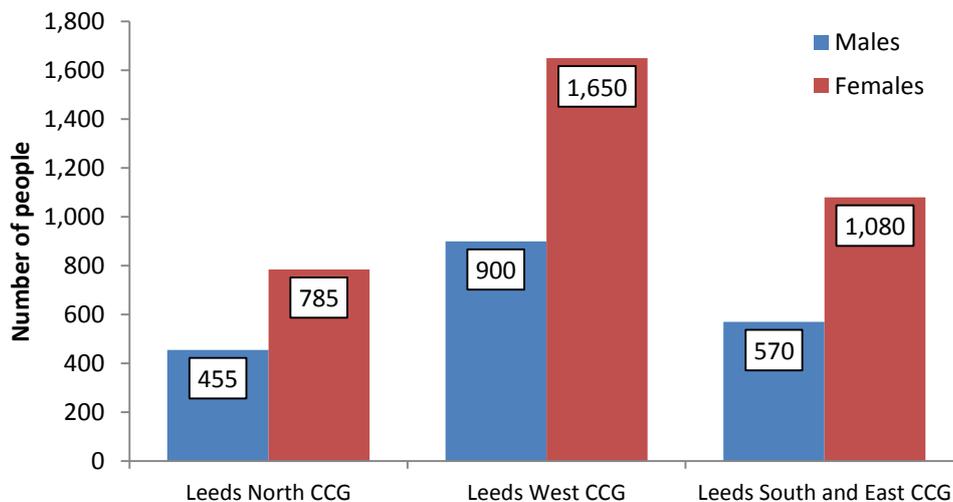


Figure 81. Number of male and female referrals that finished a treatment over Q1-Q3 2014-2015

⁹⁹ HSCIC Quarterly Improving Access to Psychological Therapies (IAPT) Dataset Reports. Quarter 1-3 2014/15 commissioner summary statistics and related information, England, Experimental Statistics. Copyright © 2015, Re-used with the permission of the Health and Social Care Information Centre. All rights reserved, available from www.hscic.gov.uk

7.5 Sexual health

Between Oct and Dec 2012, a total of 9,331 young persons (aged 15-24 years) in Leeds were screened for Chlamydia (Figure 82), however only 26% (2,449) of these were males which equates to 4% of that age population across Leeds, compared to 11% of the equivalent female population. Of those who were screened, males were more likely to receive a positive diagnosis (Figure 82) compared to females (13.3% of all males tested compared to 9.5% of females tested). The higher proportion of positive tests for males suggests a greater need to engage them in chlamydia screening in addition to ongoing sexual health education.

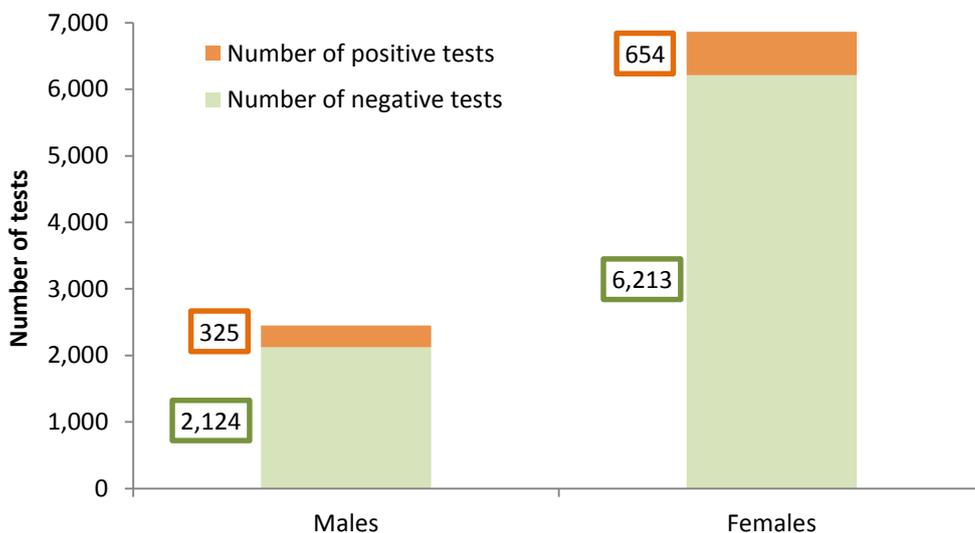


Figure 82. Number of positive and negative diagnoses of Chlamydia in males and females, aged 15-24 years

7.6 Drug and alcohol services

Availability of service use data was limited and only provided at city-wide level. Data from 2011/2012 showed that there were over double the number of men using drug and alcohol services compared to women (Table 17). It is interesting to note that only males exited the service due to a prison sentence.

Table 17. Male and female users of drug and alcohol services in Leeds (2011/2012) and exits

	Male	Female
Total using the service	3831	1499
Total entering the service (% of users)	2616 (68%)	1040 (69%)
Total in treatment for 2-4 years (% of users)	594 (16%)	237 (16%)
Total in treatment for 4+ years (% of users)	661 (16%)	222 (15%)
Total exiting the service	599	259
Planned (% exiting)	151 (25%)	102 (39%)
Referred on (% exiting)	231 (39%)	74 (29%)
Dropped out (% exiting)	174 (29%)	77 (30%)
Unplanned – prison (% exiting)	18 (3%)	0 (0%)
Unplanned – other (% exiting)	25 (4%)	6 (2%)

Over 2012/2013 the type of substances abused by service users in Leeds was similar between men and women, with both men and women in the service primarily using opiates or opiates and crack (Figure 83 and Figure 84)¹⁰⁰. The proportion of men and women in drug abuse services in Leeds who were using both opiates and crack was higher than observed across England (31% of males and 33% of females in drug abuse services).

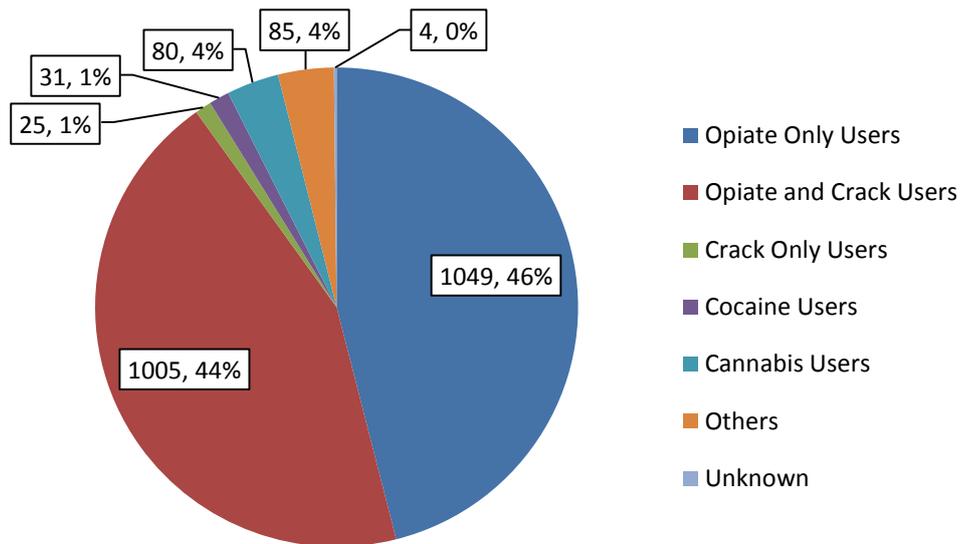


Figure 83. Number (%) of male users in drug treatment services by type of substance abuse.

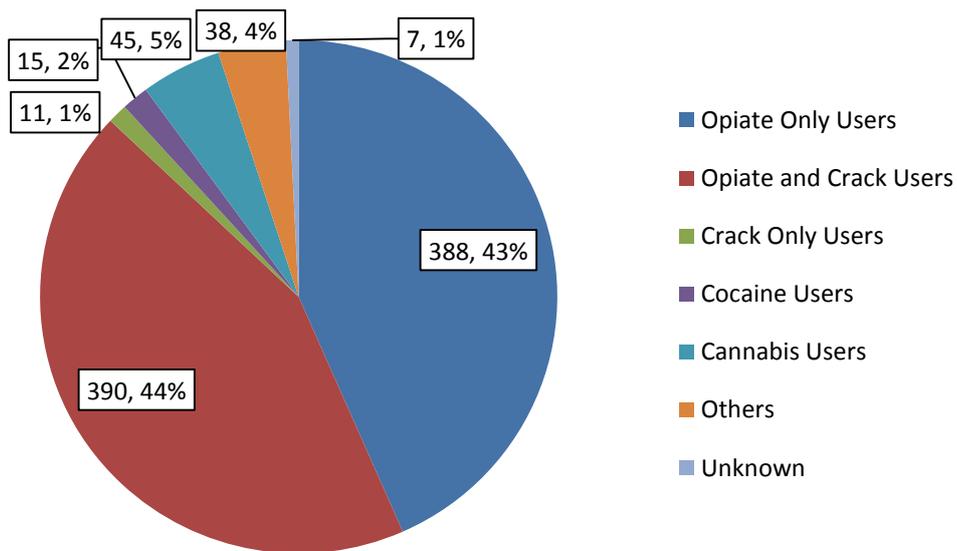


Figure 84. Number (%) of female users in drug treatment services by type of substance abuse.

Recent data showed that from 2013/2014 showed that 63% of those undergoing alcohol treatment were men (1526 out of 2423 in treatment) and 63% of successful completions were men (388 out of 623 successful completions)¹⁰⁰.

¹⁰⁰ Data obtained from the National Drug Treatment Monitoring System <https://www.ndtms.net/WhatWeAre.aspx>

8 Looked after children

Of the 2,173 children entering care between Jan 2010 and March 2015, 54.1% were male. The ward with the highest number of female children entering care was Burmantofts and Richmond Hill (83 girls, 8.32% of all girls entering care). The top five wards with highest number of male children entering care were:

1. Burmantofts and Richmond Hill (96, 8.16% of all boys entering care)
2. Gipton and Harehills (74, 6.29% of all boys entering care)
3. City and Hunslet (73, 6.21% of all boys entering care)
4. Middleton Park (68 boys, 5.78% of all boys entering care)
5. Armley (58 boys, 4.93% of all boys entering care)

On average, male and female children were in care for a similar duration (1,267 and 1,230 days for male and female children respectively).

Recent data (31st Jan 2015) showed that more male LAC are under a child protection plan (CPP) compared to female LAC (343 compared to 298 respectively). The ward with the highest number of female LAC under a CPP was Gipton and Harehills (27, 9.1% of all female LAC under a CPP). The top five wards with highest number of male LAC under a CPP were:

1. Middleton Park Ward (28, 8.2% of all male LAC under a CPP)
2. Burmantofts & Richmond Hill Ward (27, 7.9%)
3. Armley Ward (24, 7.0%)
4. City and Hunslet Ward (23, 6.71%).
5. Gipton and Harehills Ward (21, 6.12%)

Although the majority of LAC at risk of sexual exploitation are female (275), there are a number of male LAC who are also at risk (47) and need to be monitored appropriately.

Compared to female LAC, male LAC are more likely to be accessing alternative education provision (69% of the 811 LAC accessing alternative provision are males), are more likely to score high on the 'Strengths and Difficulties Questionnaire' indicating behavioural or mental health concerns (35% of assessed male LAC vs. 25% of assessed female LAC) and are more likely to have been through three or more placements in a 12 month period (65 male LAC vs. 54 female LAC). These factors may contribute towards the poorer educational attainment observed in male LAC compared to female LAC (Table 18).

In a recent report, where fathers of LAC were known, a higher proportion of them misused alcohol/drugs compared to the mothers where children were looked after (41% vs. 24%)¹⁰¹. Of the fathers with known substance abuse (n=15), the most common substances were cannabis (n=7) and alcohol (n=4); the most common substances for mothers (n=11) were heroin (n=3) and alcohol (n=3). Of the known fathers misusing substances, 64% were not engaging with support services.

¹⁰¹ Looked After Children Research Report (2013) by Sophie Bane.

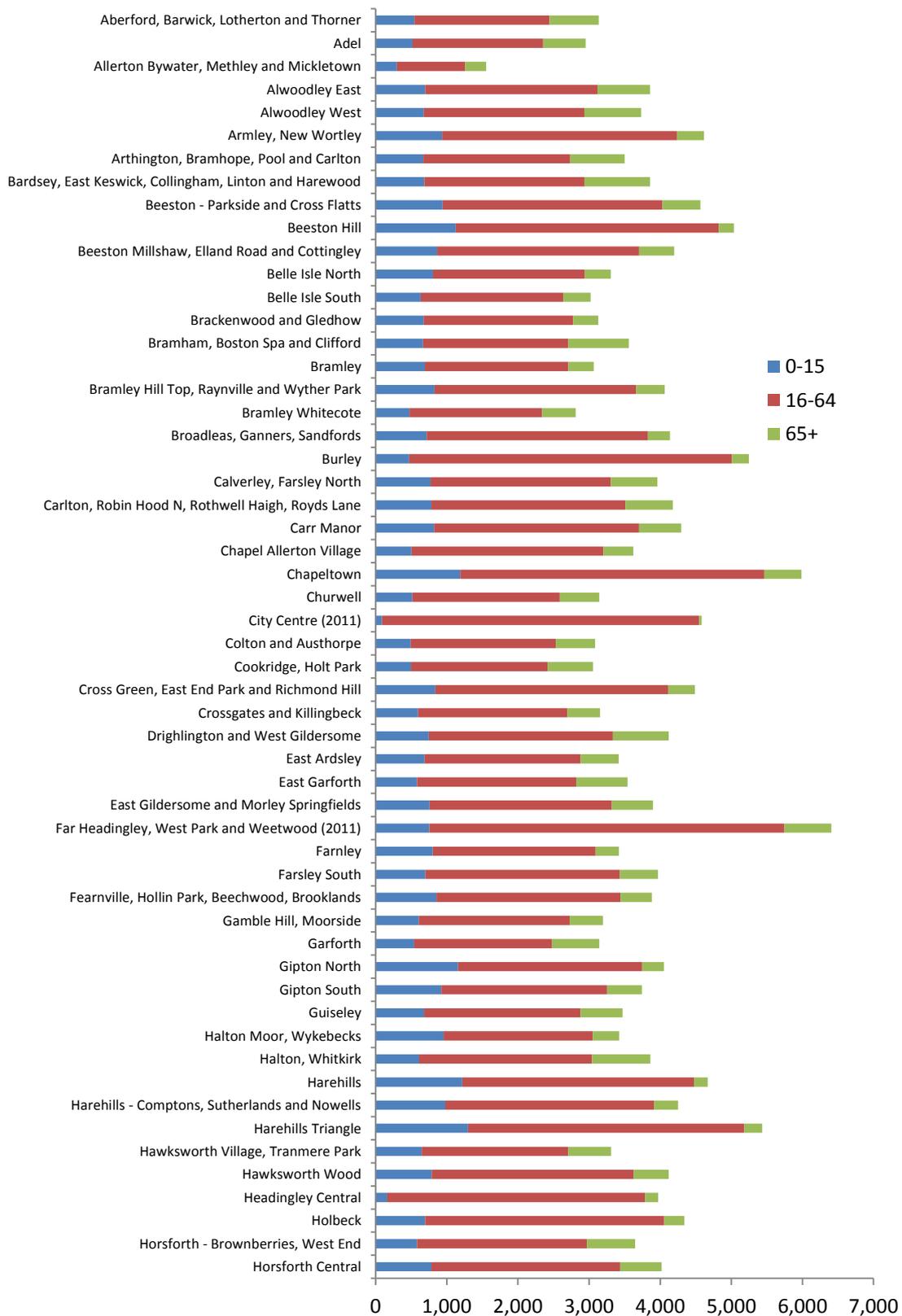
Table 18. Educational attainment¹⁰² of looked after children in Leeds

Educational attainment measure	Male (% of male LAC)	Female (% of female LAC)
Achieving a good level of development in the Foundation Stage profile	23	26
Achieving level 2 at KS1 English reading	56	69
Achieving level 2 at KS1 English writing	50	62
Achieving level 2 at KS1 Maths	50	77
Achieving level 4 at KS2 reading (%)	50	71
Achieving level 4 at KS2 writing	38	67
Achieving level 4 at KS2 maths (%)	50	58
Achieving level 4 at KS2 grammar, punctuation and spelling (%)	33	54
Achieving level 4 at KS2 reading, writing and maths (%)	33	58
Achieving 5 GCSEs grade C or higher	17	19
Achieving 5 GCSEs grade C or higher including English and Maths	14	19

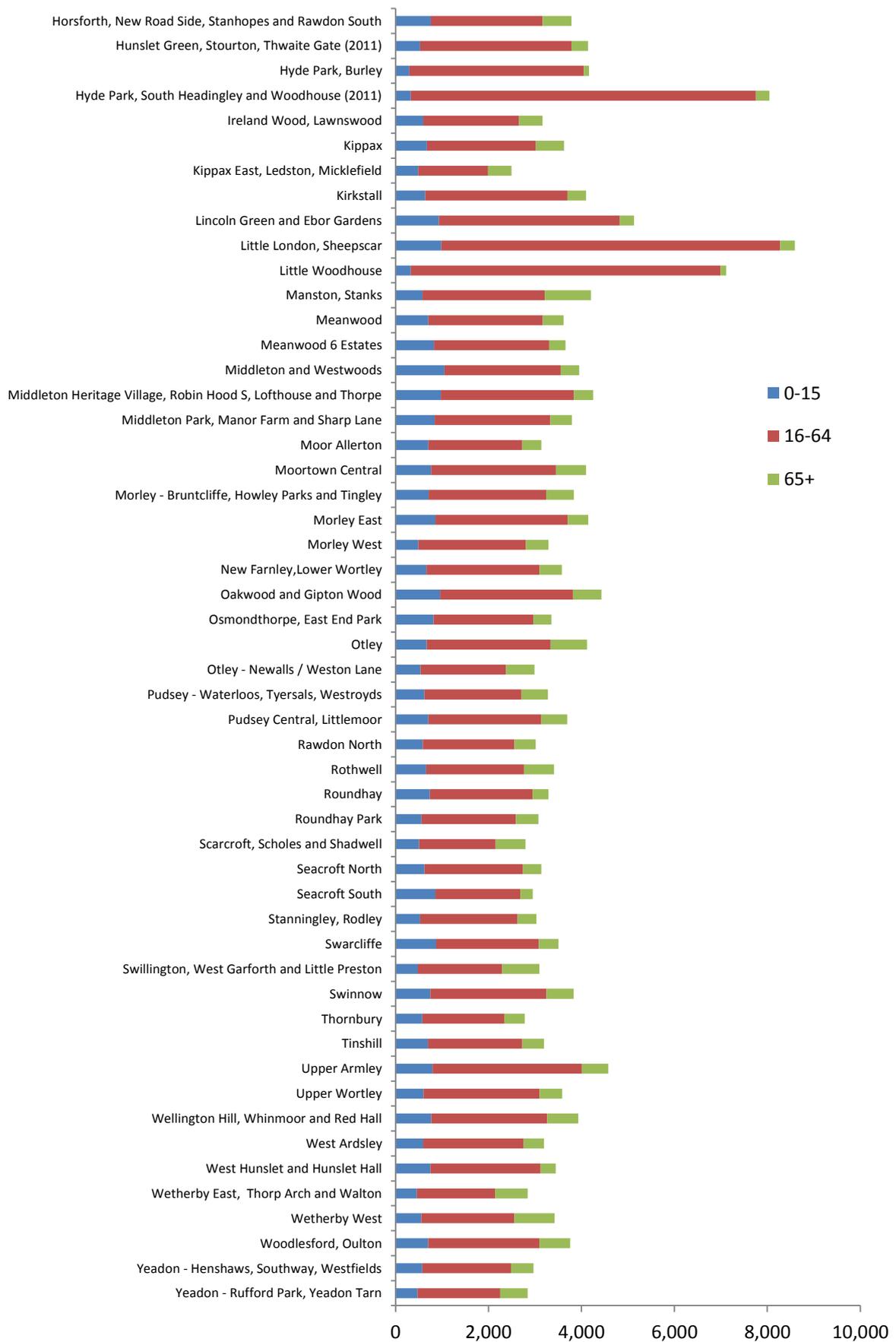
¹⁰² Assessed during the 2013/2014 academic year. GCSE results are based on best entry.

9 Appendices

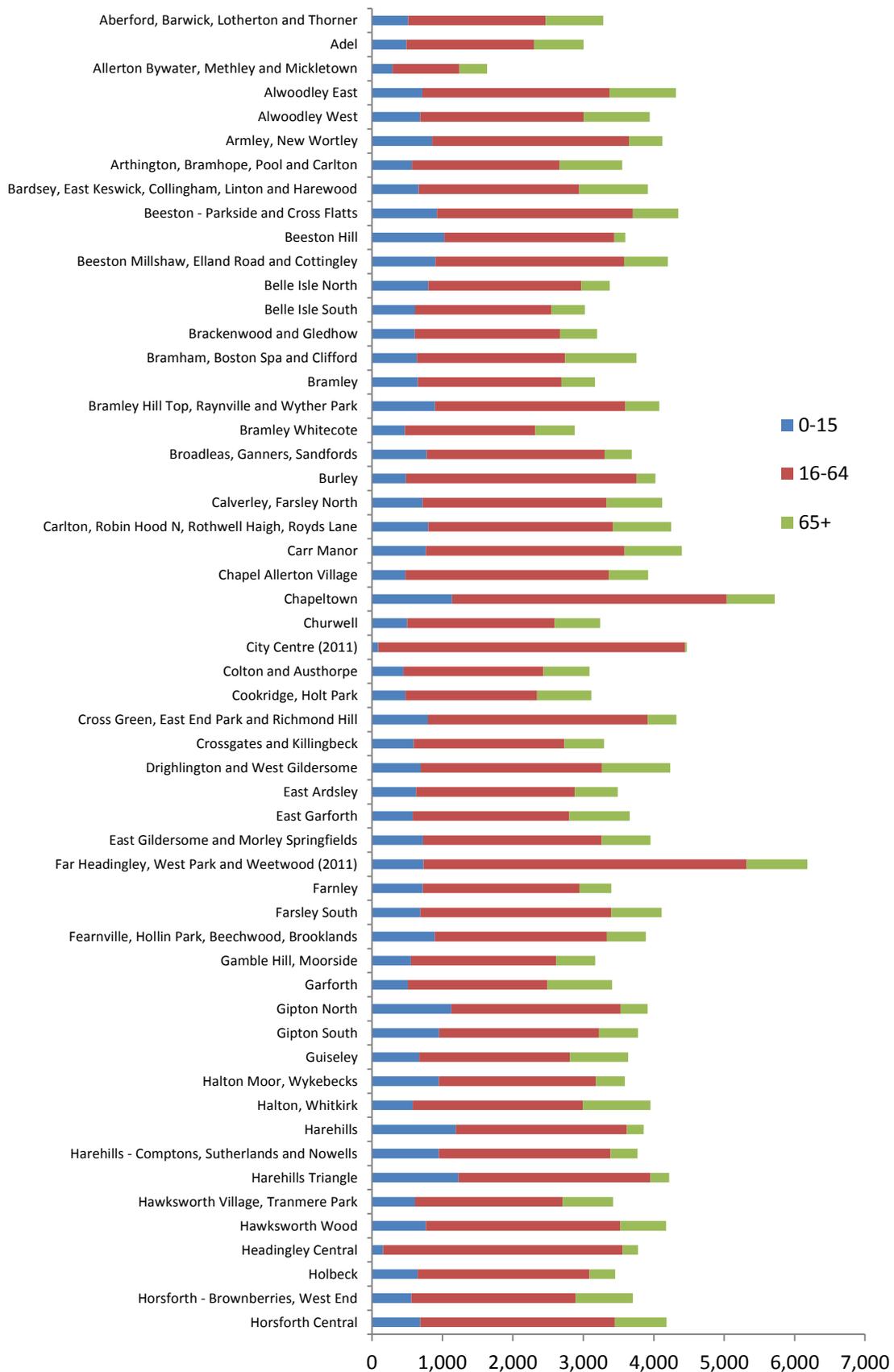
9.1 Appendix 1. MSOA Populations for Males and Females



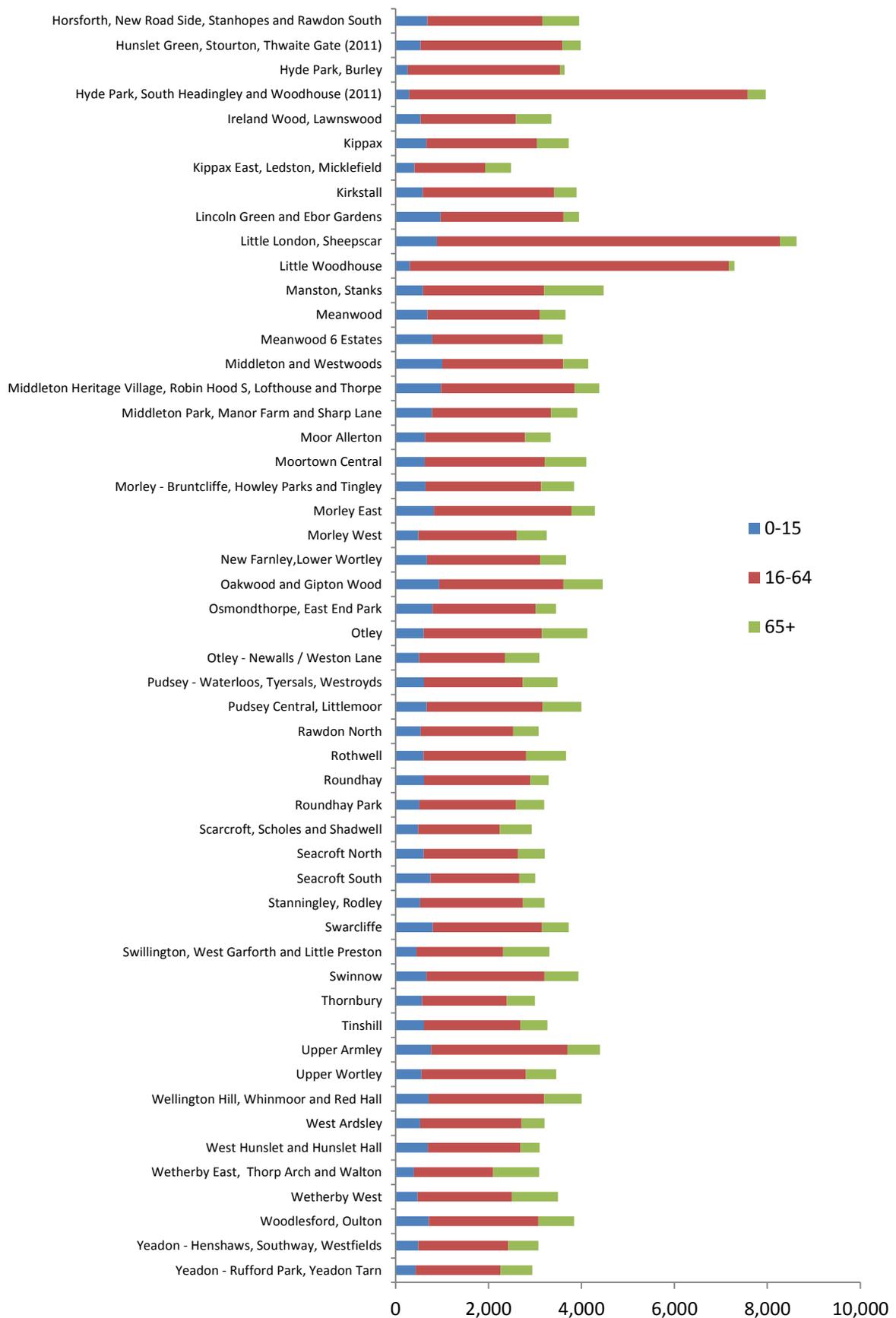
Male population across MSOAs in Leeds by age



Male population across MSOAs in Leeds by age (continued)

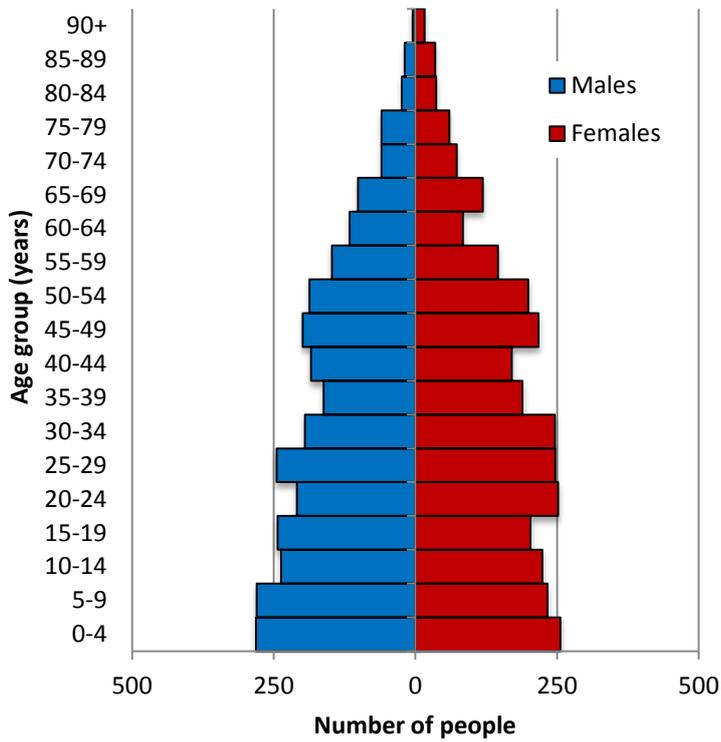


Female population across MSOAs in Leeds by age

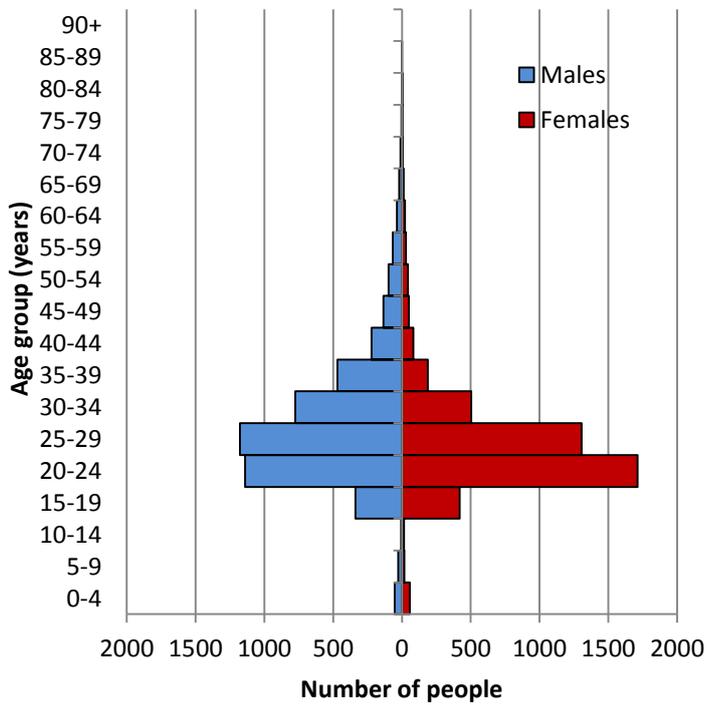


Female population across MSOAs in Leeds by age (continued)

9.2 Appendix 2. MSOA Populations for Seacroft South and City Centre



Population pyramid for Seacroft South



Population pyramid for City Centre