

## Area overview profile for Inner East Community Committee

This profile presents a high level summary of data sets for the Inner East Community Committee, using closest match Middle Super Output Areas (MSOAs) to calculate the area.

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

If a Community Committee is significantly above or below the Leeds rate then it is coloured as a dark grey bar, otherwise it is shown as white. Leeds overall is shown as a horizontal black line, Deprived Leeds\* (or the deprived fifth\*\*) is a dashed horizontal. The MSOAs that make up this area are shown as red circles and often range widely.

Pupil ethnicity, top 5	Area	% Area	% Leeds
White - British	6,273	39%	67%
Pakistani	2,124	13%	6%
Black - African	1,832	11%	5%
Any other white background	1,153	7%	4%
Bangladeshi	691	4%	1%

(January 2016, top 5 in Community committee, corresponding Leeds value)

Pupil language, top 5	Area	% Area	% Leeds
English	9,382	60%	81%
Urdu	979	6%	3%
Bengali	491	3%	1%
Czech	428	3%	1%
Polish	337	2%	1%

(January 2016, top 5 in Community committee, corresponding Leeds value)

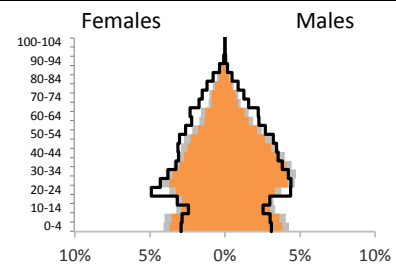
Population: 89,506

43,035

46,471

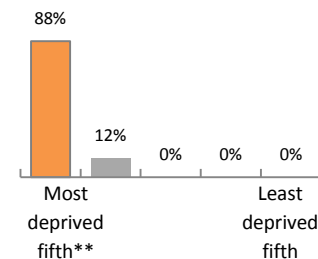
Comparison of Community Committee and Leeds age structures in October 2015.

Leeds is outlined in black, Community Committee populations are shown as orange if inside the most deprived fifth of Leeds, or grey if elsewhere.



### Deprivation distribution

Proportions of this population within each deprivation 'quintile' or fifth of Leeds (Leeds therefore has equal proportions of 20%), October 2015.

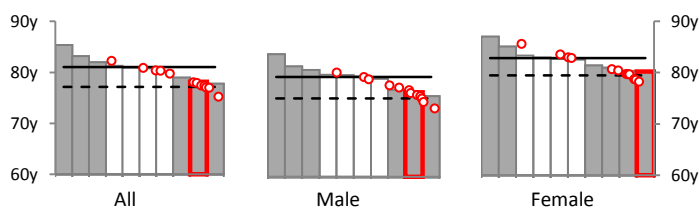


GP recorded ethnicity, top 5	% Area	% Leeds
White British	52%	71%
Other White Background	11%	10%
Pakistani or British Pakistani	9%	3%
Black African	8%	3%
Other Ethnic Background	4%	2%

(October 2015, top 5 in Community committee, corresponding Leeds values)

### Life expectancy at birth, 2012-14 ranked Community Committees

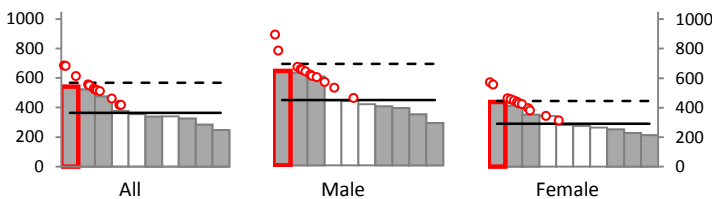
ONS and GP registered populations



(years)	All	Males	Females
Inner East CC	78.1	76.2	80.2
Leeds resident	81.0	79.2	82.8
Deprived Leeds*	77.1	75.0	79.5

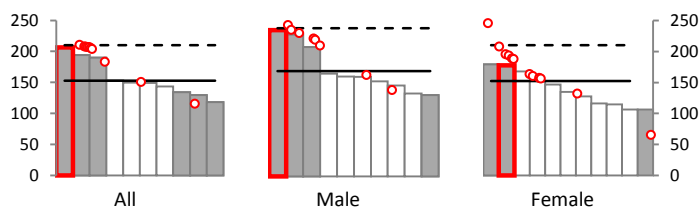
Slope index of inequality (see commentary) = 2.1

### All cause mortality - under 75s, 2010-14 ranked. Directly age Standardised Rates (DSRs)



(DSR per 100,000)	All	Males	Females
Inner East CC	541	640	437
Highest MSOAs in area	683	884	569
Lowest MSOAs in area	415	454	311
Leeds resident	365	441	291
Deprived fifth**	567	687	444

### Cancer mortality - under 75s, 2010-14 ranked

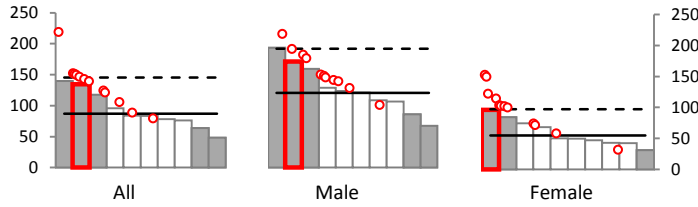


(DSR per 100,000)	All	Males	Females
Inner East CC	207	236	178
Highest MSOAs in area	270	307	245
Lowest MSOAs in area	116	139	65
Leeds resident	153	170	137
Deprived fifth	210	239	182

DSR - Directly Standardised Rate removes the effect that differing age structures have on data, allows comparison of 'young' and 'old' areas.

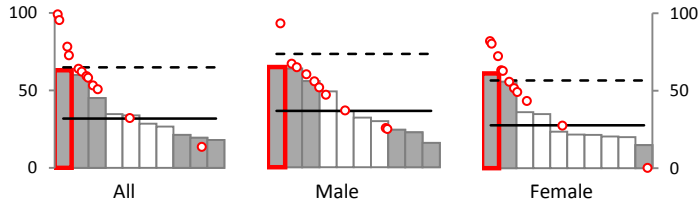
**Circulatory disease mortality - under 75s, 2010-14 ranked**

ONS and GP registered populations



(DSR per 100,000)	All	Males	Females
Inner East CC	135	171	96
Highest MSOAs in area	219	306	152
Lowest MSOAs in area	79	101	31
Leeds resident	87	121	55
Deprived fifth**	145	192	97

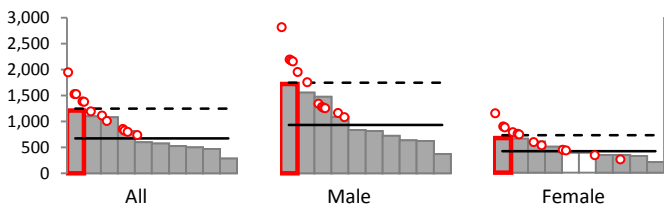
**Respiratory disease mortality - under 75s, 2010-14 ranked**



(DSR per 100,000)	All	Males	Females
Inner East CC	63	65	61
Highest MSOAs in area	99	116	138
Lowest MSOAs in area	13	25	0
Leeds resident	32	36	28
Deprived fifth	65	73	57

**Alcohol specific admissions, 2012-14 ranked**

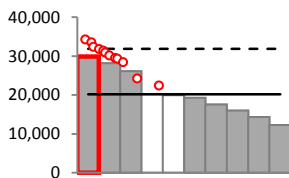
HES



(DSR per 100,000)	All	Males	Females
Inner East AC	1,211	1,724	663
Highest MSOAs in area	1,940	2,811	1,138
Lowest MSOAs in area	735	1,079	249
Leeds resident	673	934	412
Deprived Leeds*	1,249	1,752	722

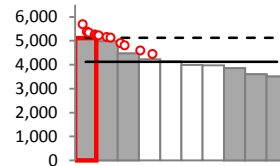
**GP recorded conditions, persons, October 2015 (DSR per 100,000)**

GP data



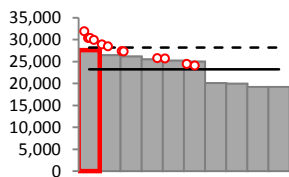
**Smoking (16y+)**

Inner E CC	29,919
Leeds	20,165
Deprived Leeds *	31,829



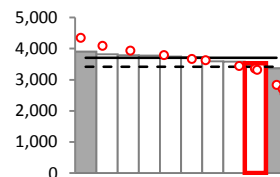
**CHD**

Inner E CC	5,113
Leeds	4,126
Deprived Leeds *	5,122



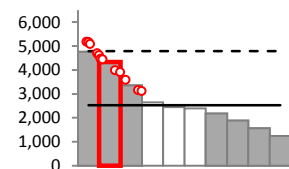
**Obesity (16y+ and BMI>30)**

Inner E CC	27,592
Leeds	23,226
Deprived Leeds *	28,196



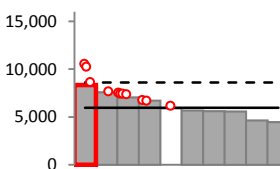
**Cancer**

Inner E CC	3,532
Leeds	3,703
Deprived Leeds *	3,419



**COPD**

Inner E CC	4,330
Leeds	2,532
Deprived Leeds *	4,792

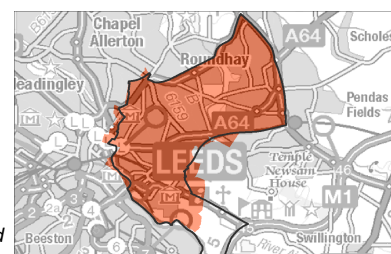


**Diabetes**

Inner E CC	8,327
Leeds	5,977
Deprived Leeds *	8,603

The GP data charts show all ten Community Committees in rank order by directly standardised rate (DSR). DSR removes the effect that differing age structures have on data, and allow comparison of 'young' and 'old' areas. GP data can only reflect those patients who visit their doctor. Certain groups within the population are known to present late, or not at all, therefore it is important to remember that GP data is not the whole of the picture. This data includes all Leeds GP registered patients who live within the Community Committee. However, some areas of Leeds have low numbers of patients registered at Leeds practices; if too few then their data is excluded from the data here. Obesity here is the rate within the population who have a recorded BMI.

**Map** shows this Community Committee as a black outline, the combined best match MSOAs used in this report are the shaded area. **\*Deprived Leeds:** areas of Leeds within the 10% most deprived in England, using the Index of Multiple Deprivation. **\*\*Most deprived fifth (quintile) of Leeds** - Leeds split into five areas from most to least deprived, using IMD2015 LSOA scores adjusted to MSA2011 areas. **Ordinance Survey** PSMA Data, Licence Number 100050507, (c) Crown Copyright 2011, All rights reserved. **GP data** courtesy of Leeds GPs, only includes Leeds registered patients who are resident in the city. **Admissions data** Copyright © 2016, re-used with the permission of the Health and Social Care Information Centre (HSCIC) / NHS Digital. All rights reserved.



## Inner East Community Committee

The health and wellbeing of the Inner East Community Committee contains some variation across the range of Leeds, tending strongly towards ill health. Around 9 in 10 people live in the most deprived fifth of Leeds\*. Life expectancy within the 12 MSOA\*\* areas making up the Community Committee are generally among the shortest in Leeds and mostly significantly lower than Leeds (with some notable exceptions). However, comparing single MSOA level life expectancies is not always suitable\*\*\*.

Instead the Slope Index of Inequality (Sii\*\*\*\*) is used as a measure of health inequalities in life expectancy at birth within a local area taking into account the whole population experience, not simply the difference between the highest and lowest MSOAs. The Sii for this Community Committee is 2.1 years and can be interpreted as the difference in life expectancy between the most and least deprived people in the Community Committee. Life expectancy for the Community Committee is significantly lower than Leeds for overall.

The age structure bears a close resemblance to that of Leeds overall but with larger proportions of children. GP recorded ethnicity shows the Community Committee to have smaller proportions of “White background” than Leeds and higher proportions of some BME groups. However 16% of the GP population in Leeds have no recorded ethnicity which needs to be taken into account here. The pupil survey shows a similar picture with BME groups more predominant than in Leeds.

All-cause mortality for under 75s is significantly above the Leeds average for men, women and overall – it is the highest for any Community Committee in Leeds. Most MSOAs are significantly above Leeds, and the *Cross Green, East End Park and Richmond Hill* MSOA has the second highest all-cause mortality rate overall in the city. The *Lincoln Green and Ebor Gardens* MSOA has the highest mortality rate in the city for men. For women, the MSOA with highest mortality rate is *Cross Green, East End Park and Richmond Hill* and this is the second highest in Leeds.

Cancer and circulatory disease mortality rates are quite widely spread at MSOA level but the overall Community Committee rates are significantly higher than Leeds. The Community Committee has the highest rates of respiratory disease mortality in the city, the *Cross Green, East End Park and Richmond Hill* MSOA has an overall respiratory disease mortality rate that is 3<sup>rd</sup> highest in the city overall, and also 2<sup>nd</sup> highest in the city for females.

Alcohol specific admissions for this Community Committee are the highest in Leeds, and almost all the MSOAs in the area have overall and male rates significantly above the Leeds rates. Smoking in the MSOAs is all significantly above the Leeds average, with the highest Community Committee rate in Leeds. Obesity rates in all the MSOAs are significantly above Leeds, the Community Committee again is the highest in the city. COPD and CHD show all MSOAs as being significantly above Leeds. Diabetes rates are also all significantly above Leeds average, with the Community Committee again coming top. Cancer at Community Committee level is nearly significantly below the city, and two MSOAs are within the lowest three in Leeds (*Harehills* | *Harehills Triangle*), this is expected as deprived areas often have low GP recorded cancer due to non/late presentation.

**\*Deprived fifth of Leeds:** *The fifth of Leeds which are most deprived according to the 2015 Index of Multiple Deprivation, using MSOAs.*  
**\*\*MSOA:** *Middle Super Output Area, small areas of England to enable data processing at consistent and relatively fine level of detail. MSOAs each have a code number such as E02002300, and locally they are named, in this sheet their names are in italics. MSOAs used in this report are the post 2011 updated versions; 107 in Leeds.* **\*\*\*Life expectancy:** *Life expectancy calculations are most accurate where the age structure of, and deaths within, of the subject area are regular. At MSOA level there are some extreme cases where low numbers of deaths and age structures very different to normal produce inconsistent LE estimates. So while a collection of MSOA life expectancy figures show us information on the city when they are brought together, as single items they are not suitable for comparison to another. This report displays Community Committee level life expectancy instead, and uses the MSOA calculations to produce the Slope Index of Inequality.* **\*\*\*\*Slope Index of Inequality:** *more details here <http://www.instituteofhealthequity.org/projects/the-slope-index-of-inequality-sii-in-life-expectancy-interpreting-it-and-comparisons-across-london>. For this profile, MSOA level deprivation was calculated with July 2013 population weighted 2015IMD LSOA deprivation scores and MSOA level life expectancy in order to create the Sii.*