

## Area overview profile for Inner North East Community Committee

This profile presents a high level summary of data sets for the Inner North 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 shaded red or green respectively, 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	4,500	42%	65%
Pakistani	1,664	15%	6%
Indian	671	6%	2%
Any other white background	554	5%	5%
Black African	552	5%	5%

(January 2018, top 5 in Community committee, corresponding Leeds value. Includes unknowns)

Pupil language, top 5	Area	% Area	% Leeds
English	7,880	71%	79%
Urdu	768	7%	3%
Punjabi	294	3%	1%
Romanian	183	2%	1%
Bengali	167	2%	1%

(January 2018, top 5 in Community committee, corresponding Leeds value. Includes unknowns)

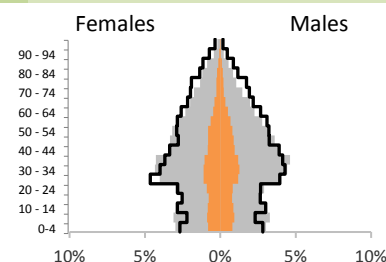
Population: 81,242

40,645

40,597

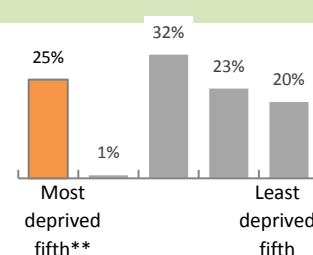
Comparison of Community Committee and Leeds age structures in October 2018.

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 2018.

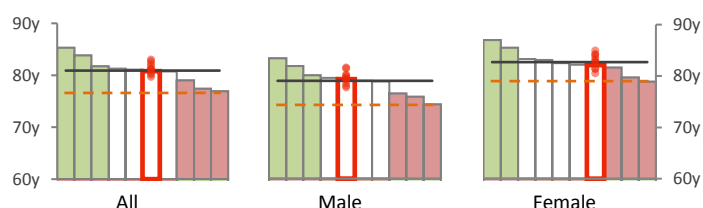


GP recorded ethnicity, top 5	% Area	% Leeds
White British	52%	70%
Other White Background	13%	10%
Pakistani or British Pakistani	9%	3%
Indian or British Indian	6%	3%
Black African	3%	3%

(October 2018, top 5 in Community committee, and corresponding Leeds values. Does not include unknowns)

## Life expectancy at birth, 2014-16 ranked Community Committees

ONS and GP registered populations

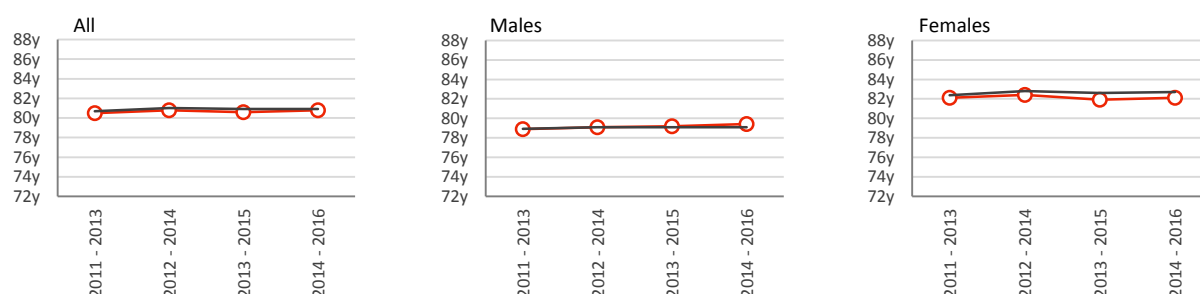


(years)	All	Males	Females
Inner North East CC	80.8	79.4	82.1
Leeds resident	80.9	79.1	82.7
Deprived Leeds*	76.6	74.4	79.0

### "How different is the life expectancy here to Leeds?"

The three charts below show life expectancy for people, men, and women in this Community Committee in red against Leeds. The Community Committee points are coloured red if the it is significantly worse than Leeds, green if better than Leeds, and white if not significantly different.

Life expectancy in this Community Committee is not significantly different to that of Leeds and it has been this way since 2011-13

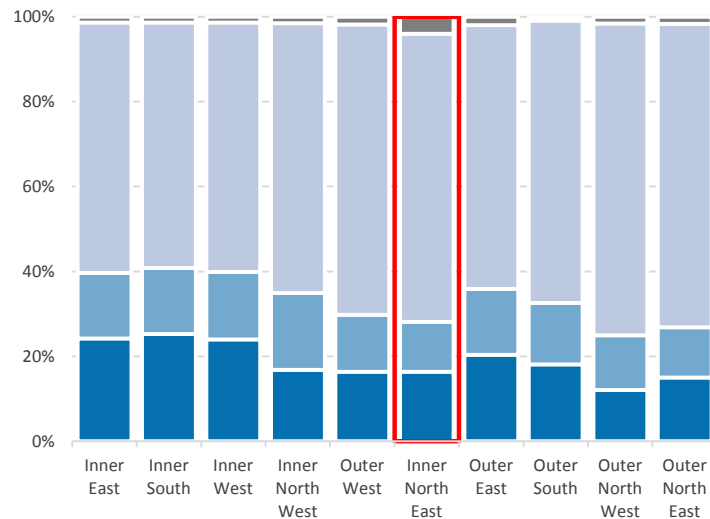


**Child obesity - Year 6***National Child Measurement Programme (NCMP)*

Child obesity data is shown here for Year 6 classes in Leeds in 2016-17.

The Community Committees are displayed in deprivation order with the most deprived on the left. The proportions of 'healthy weight' increase as deprivation falls, this is mostly due to larger 'very overweight' groups in more deprived areas.

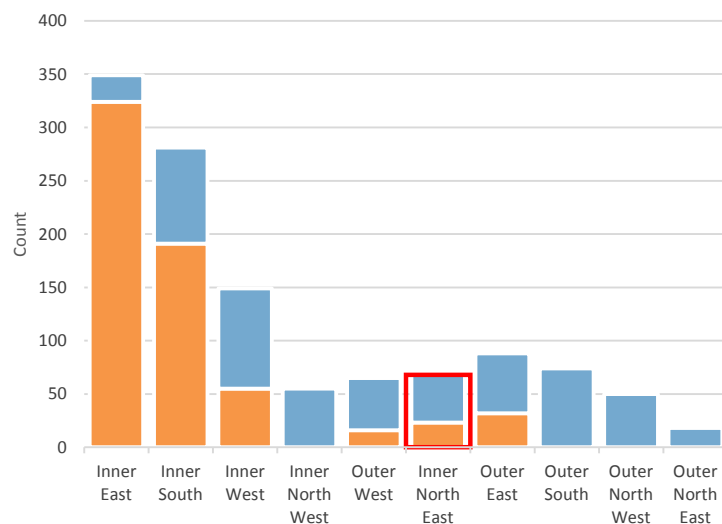
- Underweight
- Healthy Weight
- Overweight
- very overweight
- This Community Committee

**Looked after children***Intelligence & Policy Service LCC*

Number of looked after children in Community Committees from 2016-17.

The Community Committees are shown ranked by deprivation and despite variations in population sizes the general picture shows larger counts in more deprived areas. Children living inside the most deprived fifth of Leeds are shown in orange.

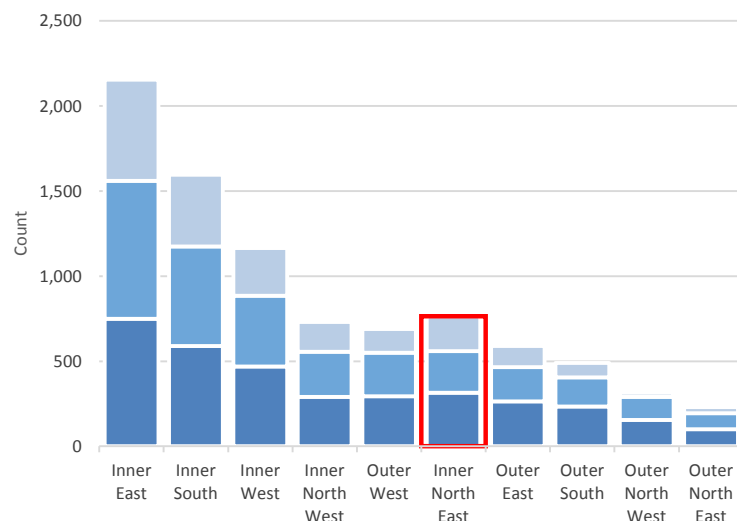
- Not in deprived 5th
- In most deprived fifth
- This Community Committee

**Job seekers allowance**<https://www.nomisweb.co.uk/>

Counts of adults receiving Job Seekers Allowance in August 2018. the data is split by the amount of time spent receiving the allowance.

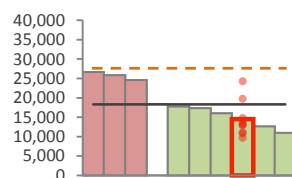
The Community Committees are ranked by levels of deprivation and despite variations in population size and structure, there is a clear reduction in numbers as deprivation falls.

- 1 to 13 weeks
- 13 to 52 weeks
- 52+ weeks

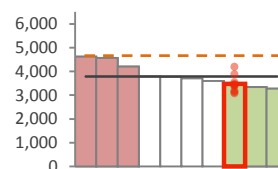


## GP recorded conditions, persons (DSR per 100,000)

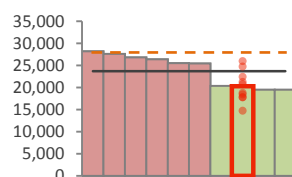
GP data, October 2018

**Smoking (16y+)**

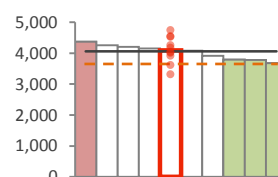
Inner North East CC	14,482
Leeds	18,277
Deprived fifth**	27,619

**CHD**

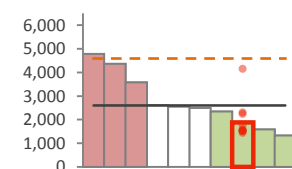
Inner North East CC	3,482
Leeds	3,783
Deprived fifth	4,663

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

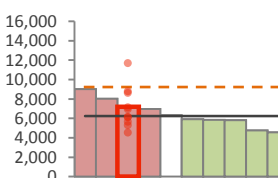
Inner North East CC	20,271
Leeds	23,712
Deprived fifth	27,935

**Cancer**

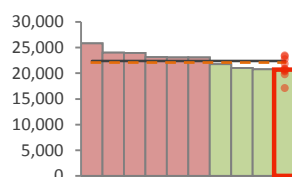
Inner North East CC	4,089
Leeds	4,065
Deprived fifth	3,653

**COPD**

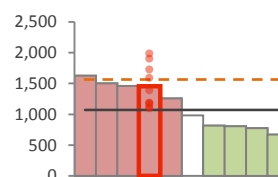
Inner North East CC	1,881
Leeds	2,596
Deprived fifth	4,589

**Diabetes**

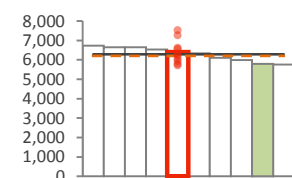
Inner North East CC	7,212
Leeds	6,259
Deprived fifth	9,233

**Common mental health**

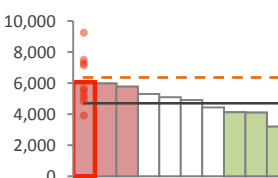
Inner North East CC	20,682
Leeds	22,361
Deprived fifth	22,076

**Severe mental health**

Inner North East CC	1,453
Leeds	1,069
Deprived fifth	1,565

**Asthma in children**

Inner North East CC	6,406
Leeds	6,286
Deprived fifth	6,207

**Dementia (over 65s)**

Inner North East CC	6,059
Leeds	4,701
Deprived fifth	6,367

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. Obesity here is the rate within the population who have a recorded BMI. If a Community Committee is significantly above or below the Leeds rate then it is shaded red or green respectively, otherwise it is shown as white.

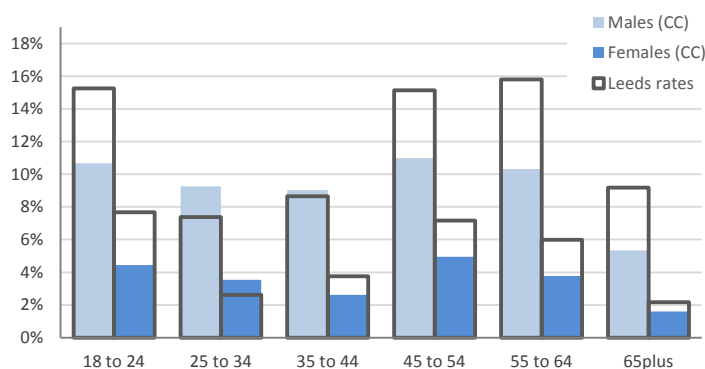
## Alcohol dependency - the Audit-C test

GP data, most recent scores, recorded between September 2014 and October 2018

The Audit-C test assesses a patients drinking habits, assigning them a score. Patients scoring 8 or higher are considered to be at 'increasing risk' due to their alcohol consumption.

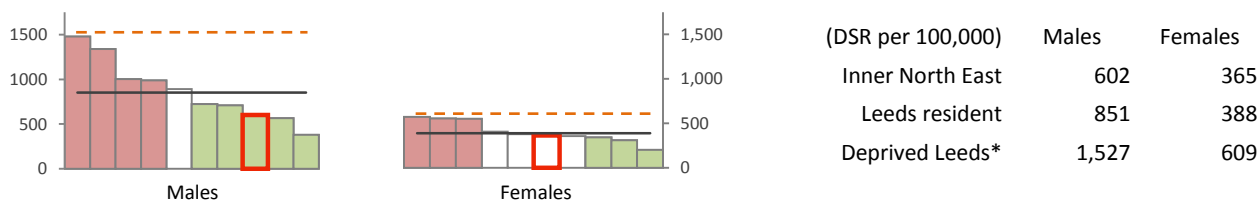
The *proportion* of tests which score 8 or more are shown here for this Community Committee in blue with the Leeds rates overlaid in dark grey.

Men generally have a greater rate than women.



## Alcohol specific hospital admissions, 2015-17 ranked

HES



## Mortality - under 75s, age Standardised Rates per 100,000

ONS and GP registered populations

"How different are the sexes in this area?"

- Males  
△ Females

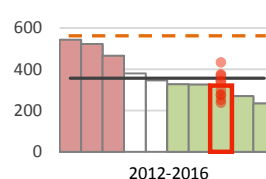
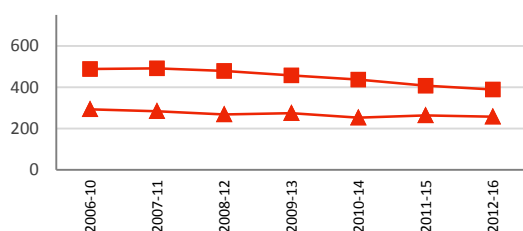
Gender rates are solid red if they are significantly different to one another.

"Where is this Community Committee in relation to the others and Leeds?"

Community Committees are ranked by their most recent rates and coloured as red or green if their rate is significantly above or below that of Leeds.

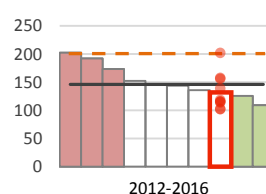
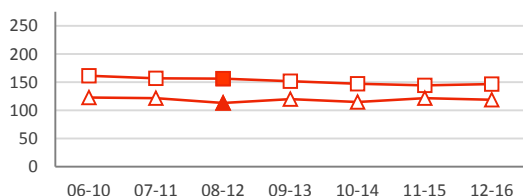
Rates for small areas within this Community Committee are shown as red dots. This Community Committee is highlighted with a red border.

## All cause mortality - under 75s



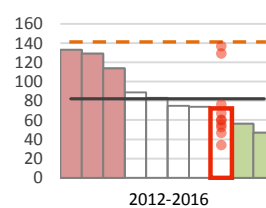
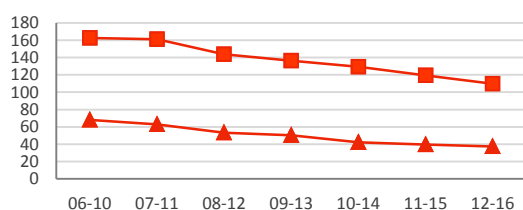
Persons (DSR per 100,000)	
Inner North East CC	321
<u>Count of deaths in 2012-16</u>	827
Leeds resident	356
Deprived fifth**	562

## Cancer mortality - under 75s



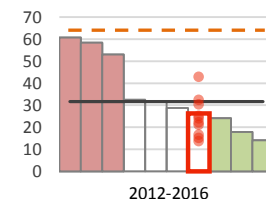
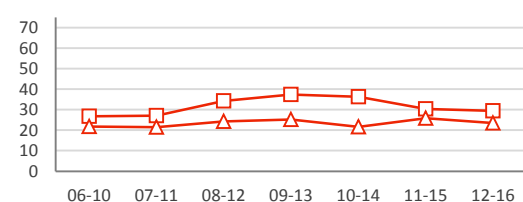
Persons (DSR per 100,000)	
Inner North East CC	132
<u>Count of deaths in 2012-16</u>	332
Leeds resident	146
Deprived fifth	201

## Circulatory disease mortality - under 75s



Persons (DSR per 100,000)	
Inner North East CC	72
<u>Count of deaths in 2012-16</u>	183
Leeds resident	82
Deprived fifth	141

## Respiratory disease mortality - under 75s



Persons (DSR per 100,000)	
Inner North East CC	26
<u>Count of deaths in 2012-16</u>	62
Leeds resident	32
Deprived fifth	64

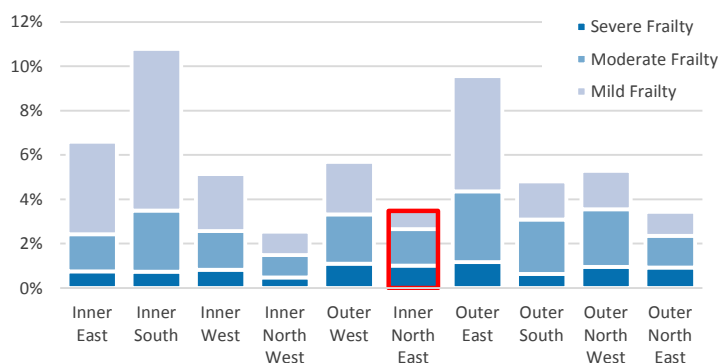
DSR - Directly Standardised Rate removes the effect that differing age structures have on data, allows comparison of 'young' and 'old' areas.

**Frailty rates - all ages**

GP data, April 2018

Rates of frailty (all ages) within whole populations. The Community Committees here are ordered from most deprived on the left to least deprived on the right.

Less deprived populations tend to have larger proportions of elderly patients, but in this chart the least deprived areas have some of the lowest rates of frailty.

**Inner North East Community Committee**

The health and wellbeing of the Inner North East Community Committee contains some variation but is generally around the mid to healthier range within Leeds. Around 25% of the population live in the most deprived fifth of Leeds\*\* but the rest are distributed widely including in the least deprived areas.

Life expectancy for the Community Committee is more or less the same as for Leeds overall. The age structure bears a close resemblance to that of Leeds overall but with slightly 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, especially “Pakistani or British Pakistani”. Around 9% of the GP population in Leeds have no recorded ethnicity and are not included here, which needs to be taken into account. The pupil survey shows a similar picture.

Smoking, obesity, CHD and COPD are well below the Leeds average despite one MSOA ‘Meanwood 6 estates’ having figures which are much higher than other parts of the area. Diabetes, dementia and severe mental health rates are well above Leeds and again the same MSOA features 1st or 2nd. The alcohol dependency test shows the usual higher proportions of men to women, and in general a younger profile than many committee areas, but rates are in general much lower than average. Correspondingly, alcohol specific admissions are significantly below Leeds for men, and average for women.

All-cause mortality for under 75s has historically not been any different to the Leeds rate but recently it become significantly lower than that of the city. Male and female rates are very different though and female rates look to be levelling off. Circulatory disease mortality shows a similar situation. Three small areas show much higher cancer and circulatory disease mortality rates than their neighbours – ‘Meanwood’, ‘Chapelton’, and ‘Meanwood 6 estates’.

The **Map** shows this Community Committee as a black outline. Health data is available at MSOA level and must be aggregated to best-fit the committee boundary. The MSOAs used in this report are shaded orange.

\* **Deprived Leeds:** areas of Leeds within the 10% most deprived in England, using the Index of Multiple Deprivation. \*\***Most deprived fifth of Leeds** - Leeds split into five areas from most to least deprived. **Ordnance 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.

