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 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.

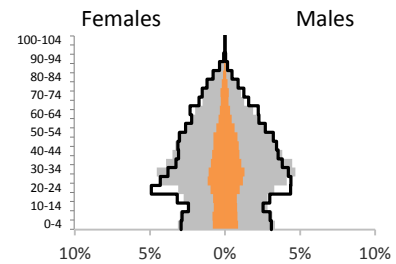| **Population: 80,349**	40,180	40,169
	Females	Males

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.

Pupil ethnicity, top 5	**Area**	*% Area*	*% Leeds*
White - British	4,290	40%	67%
Pakistani	1,690	16%	6%
Indian	648	6%	2%
Black - African	537	5%	5%
Any other white background	508	5%	4%

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

Deprivation distribution

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

Pupil language, top 5	**Area**	*% Area*	*% Leeds*
English	7,580	73%	81%
Urdu	674	6%	3%
Panjabi	315	3%	1%
Bengali	172	2%	1%
Polish	135	1%	1%

(January 2016, top 5 in Community committee, corresponding Leeds value)
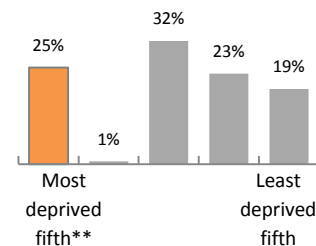
GP recorded ethnicity, top 5	*% Area*	*% Leeds*
White British	52%	71%
Other White Background	13%	10%
Pakistani or British Pakistani	8%	3%
Indian or British Indian	6%	3%
Black African	3%	3%

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

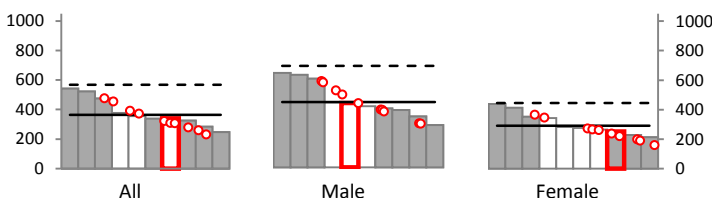**Life expectancy at birth, 2012-14 ranked Community Committees** *ONS and GP registered populations*

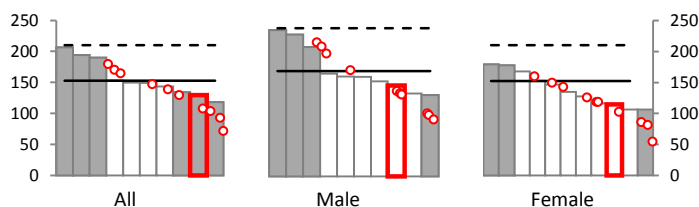| (years)	All	Males	Females
Inner North East CC	80.9	79.3	82.5
Leeds resident	81.0	79.2	82.8
Deprived Leeds*	77.1	75.0	79.5

Slope index of inequality (see commentary) = 4.2

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

(DSR per 100,000)	All	Males	Females
Inner North East CC	340	436	252
Highest MSOAs in area	474	582	364
Lowest MSOAs in area	227	294	157
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 North East CC	130	147	115
Highest MSOAs in area	179	216	160
Lowest MSOAs in area	71	92	54
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.
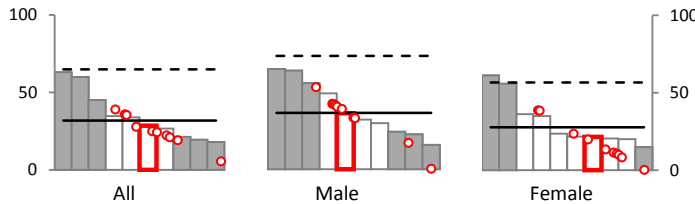
Circulatory disease mortality - under 75s, 2010-14 ranked

ONS and GP registered populations
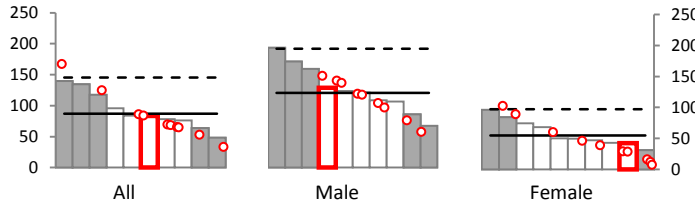
(DSR per 100,000)	All	Males	Females
Inner North East CC	84	129	42
Highest MSOAs in area	167	257	102
Lowest MSOAs in area	33	57	7
Leeds resident	87	121	55
Deprived fifth**	145	192	97

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

(DSR per 100,000)	All	Males	Females
Inner North East CC	28	36	22
Highest MSOAs in area	39	53	38
Lowest MSOAs in area	5	0	0
Leeds resident	32	36	28
Deprived fifth	65	73	57

Alcohol specific admissions, 2012-14 ranked

HES
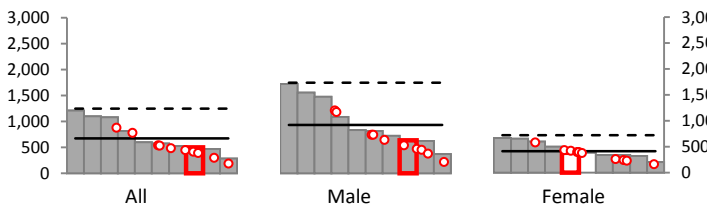
(DSR per 100,000)	All	Males	Females
Inner North East AC	503	638	383
Highest MSOAs in area	878	1,211	575
Lowest MSOAs in area	181	216	154
Leeds resident	673	934	412
Deprived Leeds*	1,249	1,752	722

GP recorded conditions, persons, October 2015 (DSR per 100,000)
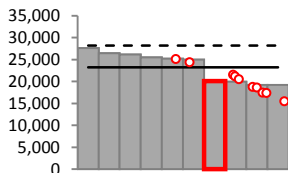
GP data
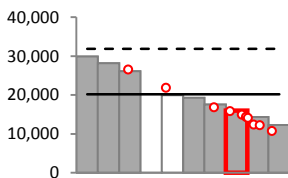
Smoking (16y+)

Inner NE CC	15,994
Leeds	20,165
Deprived Leeds *	31,829
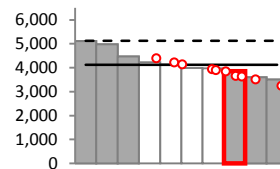
CHD

Inner NE CC	3,856
Leeds	4,126
Deprived Leeds *	5,122

Obesity (16y+ and BMI>30)

Inner NE CC	20,065
Leeds	23,226
Deprived Leeds *	28,196
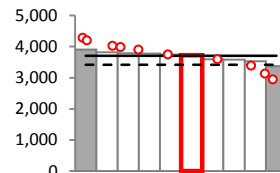
Cancer

Inner NE CC	3,724
Leeds	3,703
Deprived Leeds *	3,419
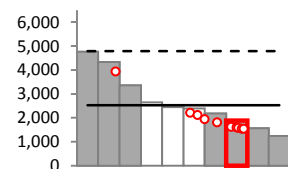
COPD

Inner NE CC	1,888
Leeds	2,532
Deprived Leeds *	4,792
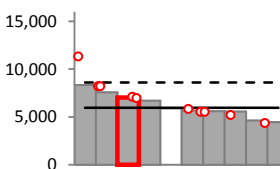
Diabetes

|	
Inner NE CC	7,033
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 MSOA2011 areas. 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.*
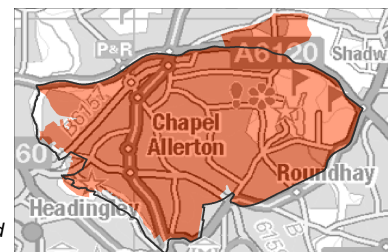
Inner North East Community Committee

The health and wellbeing of the Inner North East Community Committee contains some variation across the range of Leeds, overall in the midrange of Leeds. Around 25% of the population live in the most deprived fifth of Leeds*. Life expectancy within the 10 MSOA** areas making up the Community Committee are generally average for Leeds. 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 4.2 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 more or less the same as for Leeds overall.

The age structure bears a close resemblance to that of Leeds overall except for lower numbers of young adults. 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". 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.

All-cause mortality for under 75s is not significantly different to the Leeds average, none of the MSOAs have extremely high values. Cancer and circulatory disease mortality rates are widely spread over Leeds at MSOA level but the Community Committee rates are not significantly different to Leeds – except for cancer mortality overall which is. The *Chapeltown* MSOA male circulatory mortality is fifth highest in Leeds.

Alcohol specific admissions for this Community Committee are significantly below Leeds for men and overall. Almost all the MSOAs in the area have rates significantly below the Leeds rates. Smoking in the MSOAs is all below the Leeds average, except for *Chapeltown* and *Meanwood "6 Estates"* which are actually significantly above Leeds. GP recorded obesity shows the same situation, with *Chapeltown* and *Meanwood "6 Estates"* MSOAs again being above the Leeds average. All MSOAs have CHD rates around average or significantly below those of Leeds.

GP recorded cancer overall is not significantly different to the city, but the *Roundhay* MSOA has the 4th highest rate of recorded cancer in Leeds. Diabetes at MSOA level includes 5 areas above Leeds, the highest of which is *Chapeltown* in second place in the city.

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*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.