







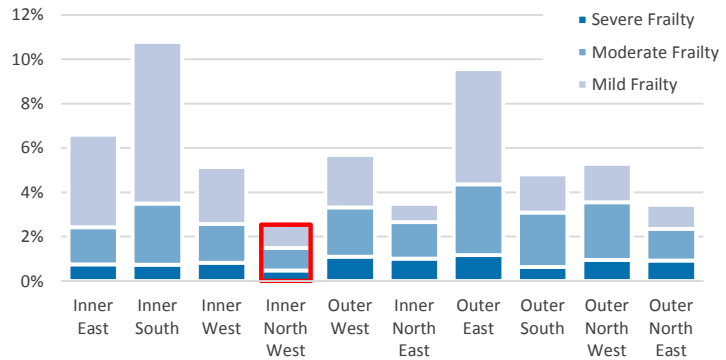


**Frailty rates - all ages**

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 West Community Committee**

The health and wellbeing of the Inner North West Community Committee sits somewhere in the middle of Leeds rates. Less than 1% of the population live in the most deprived fifth of Leeds and life expectancy is improving steadily, especially for women. The age structure is extremely different to that of Leeds because of the student population. GP recorded ethnicity shows the Community Committee to have smaller proportions of “White background” than Leeds and larger a proportion of ‘Chinese’. 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 picture with smaller ‘White British’ proportions, and larger ‘Pakistani’, ‘Black African’ and ‘other’ groups than Leeds.

GP recorded obesity in the area is well below the Leeds average, with an overall rate significantly lower than Leeds. Smoking is recorded to be around the Leeds rate. COPD and common mental health issues are also significantly lower than Leeds. Severe mental health issues though are the highest (recorded) in the city – perhaps related to the student population as the MSOA ‘Hyde Park and Burley’ within this Committee has the very highest rate in the city. Two other MSOAs belonging to the Committee area: ‘Little London, Sheepscar’ and ‘Little Woodhouse and Burley’ are 2nd and 3rd highest in the city.

Also likely to be related to the student population, is the age profile of patients identified as being at increased risk due to alcohol consumption, it is completely different to the rest of the city with lower rates in older age bands, and higher rates in the youngest. That activity translates into an alcohol specific hospital admissions rate which is significantly higher than Leeds for men and women, female rates in particular are not far behind other Community Committees that have very different lifestyles, while male admissions are very high in the ‘Hawthornthwaite Wood’ and ‘Little London, Sheepscar’ MSOAs.

All-cause mortality for under 75s is not significantly different to the city. Circulatory disease mortality shows a very steep decline for males, while the female rate is static. Respiratory mortality shows female rates overtaking those of the men and average rates except for two MSOAs – ‘Little London, Sheepscar’ and ‘Little Woodhouse and Burley’ which have the fourth and fifth highest rates in the city and are very different to the rest of the committee areas. Overall, the picture of this Community Committee is very mixed due to the skewed population age structure, smaller geographies such as ward or MSOA will pick out the extremes which are being hidden here.

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.

