

## Area overview profile for Inner North West Community Committee

This profile presents a high level summary of data sets for the Inner North West 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	2,327	40%	65%
Pakistani	671	12%	6%
Black African	626	11%	5%
Any other ethnic group	491	8%	2%
Any other Asian background	437	8%	2%

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

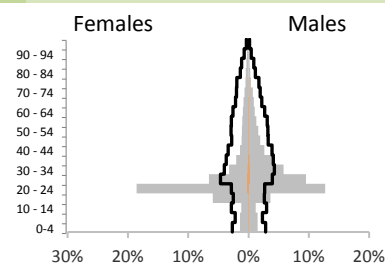
Pupil language, top 5	Area	% Area	% Leeds
English	3,540	60%	79%
Arabic	398	7%	1%
Urdu	282	5%	3%
Kurdish	200	3%	1%
Punjabi	200	3%	1%

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

Population: 103,021      50,475      52,546

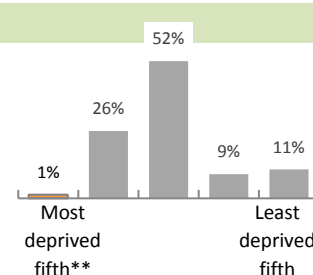
Comparison of Community Committee and Leeds age structures in October 2018.

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.

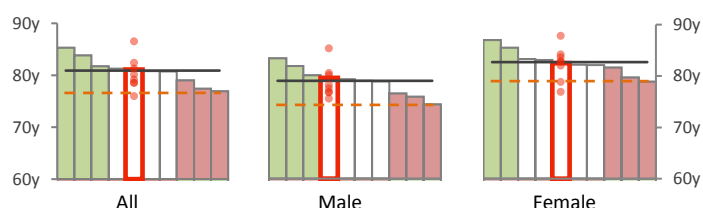


GP recorded ethnicity, top 5	% Area	% Leeds
White British	50%	70%
Other White Background	13%	10%
Chinese	8%	2%
Other Asian Background	6%	2%
Indian or British Indian	4%	3%

(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

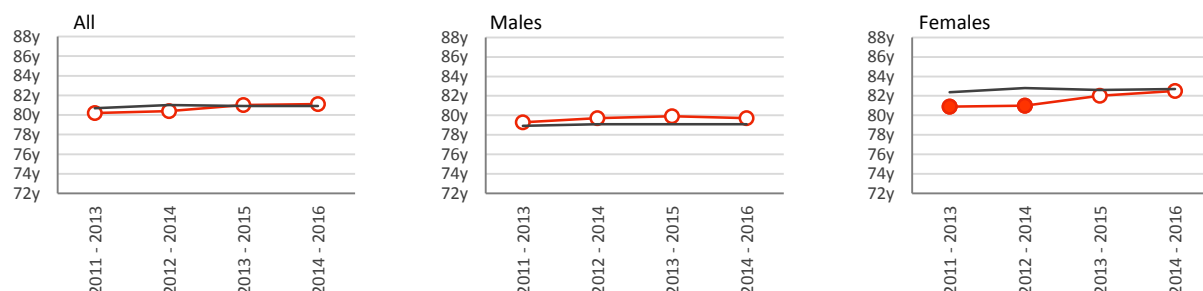


(years)	All	Males	Females
Inner North West CC	81.1	79.7	82.5
Leeds resident	80.9	79.1	82.7
Deprived Leeds*	76.6	74.4	79.0

### "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 seen to be improving but is not significantly different to that of Leeds yet. Female life expectancy in the past was significantly worse than Leeds.

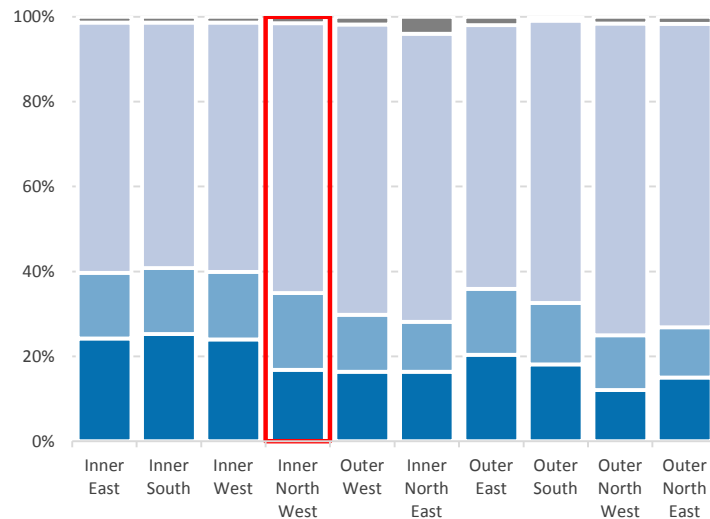


**Child obesity - Year 6***National Child Measurement Programme (NCMP)*

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.

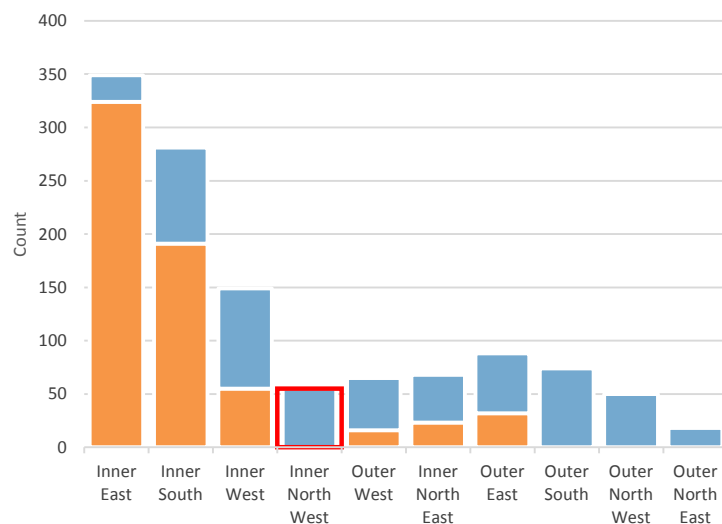
- Underweight
- Healthy Weight
- Overweight
- very overweight
- This Community Committee

**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.

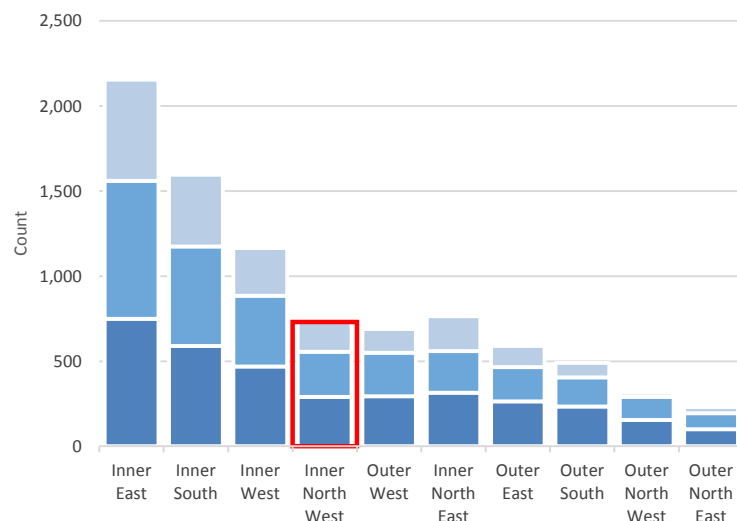
- Not in deprived 5th
- In most deprived fifth
- This Community Committee

**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.

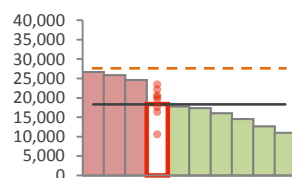
The Community Committees are ranked by levels of deprivation and despite variations in population size and structure, there is a clear reduction in numbers as deprivation falls.

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

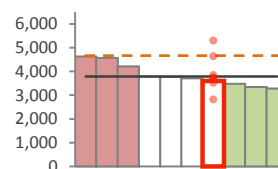


## GP recorded conditions, persons (DSR per 100,000)

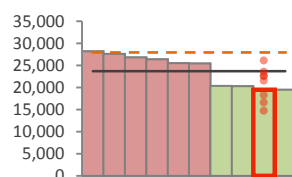
GP data, October 2018

**Smoking (16y+)**

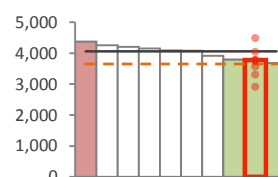
Inner North West CC	18,426
Leeds	18,277
Deprived fifth**	27,619

**CHD**

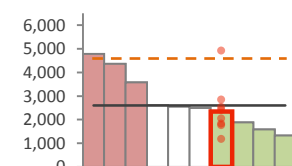
Inner North West CC	3,600
Leeds	3,783
Deprived fifth	4,663

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

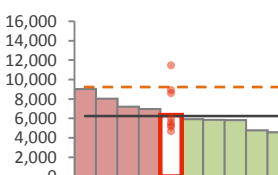
Inner North West CC	19,522
Leeds	23,712
Deprived fifth	27,935

**Cancer**

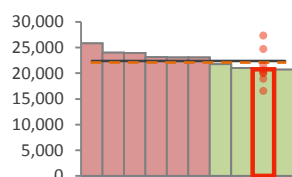
Inner North West CC	3,784
Leeds	4,065
Deprived fifth	3,653

**COPD**

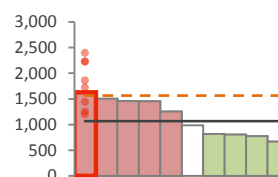
Inner North West CC	2,343
Leeds	2,596
Deprived fifth	4,589

**Diabetes**

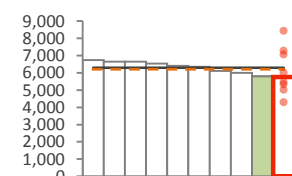
Inner North West CC	6,341
Leeds	6,259
Deprived fifth	9,233

**Common mental health**

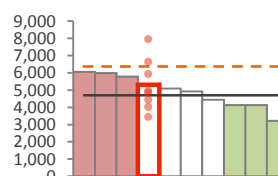
Inner North West CC	20,744
Leeds	22,361
Deprived fifth	22,076

**Severe mental health**

Inner North West CC	1,629
Leeds	1,069
Deprived fifth	1,565

**Asthma in children**

Inner North West CC	5,765
Leeds	6,286
Deprived fifth	6,207

**Dementia (over 65s)**

Inner North West CC	5,303
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.

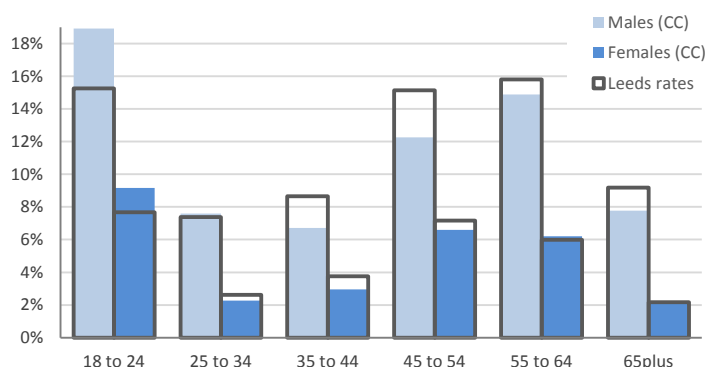
## Alcohol dependency - the Audit-C test

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.

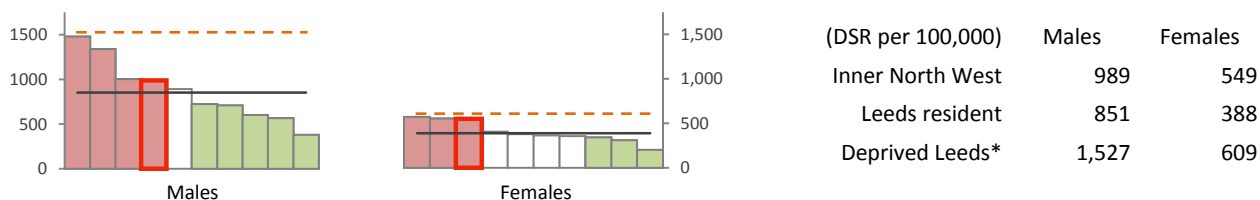
The *proportion* of tests which score 8 or more are shown here for this Community Committee in blue with the Leeds rates overlaid in dark grey.

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

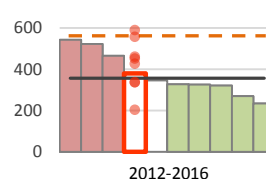
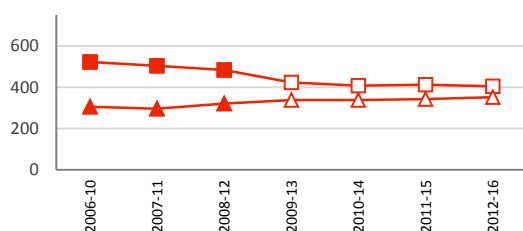
Gender rates are solid red if they are significantly different to one another.

"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.

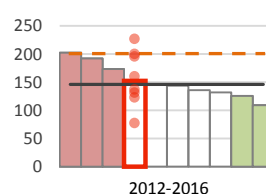
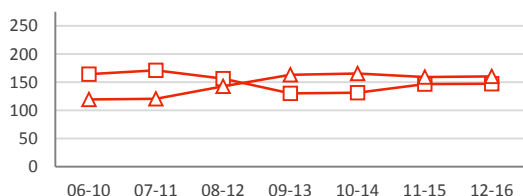
Rates for small areas within this Community Committee are shown as red dots. This Community Committee is highlighted with a red border.

## All cause mortality - under 75s



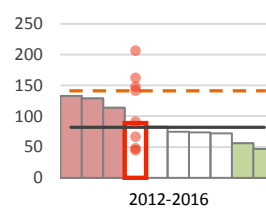
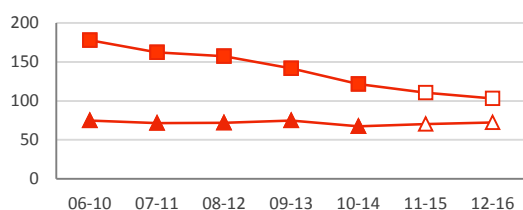
Persons (DSR per 100,000)	
Inner North West CC	379
<u>Count of deaths in 2012-16</u>	582
Leeds resident	356
Deprived fifth**	562

## Cancer mortality - under 75s



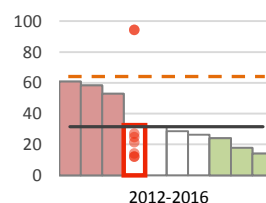
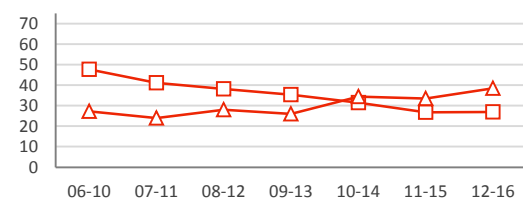
Persons (DSR per 100,000)	
Inner North West CC	153
<u>Count of deaths in 2012-16</u>	216
Leeds resident	146
Deprived fifth	201

## Circulatory disease mortality - under 75s



Persons (DSR per 100,000)	
Inner North West CC	89
<u>Count of deaths in 2012-16</u>	124
Leeds resident	82
Deprived fifth	141

## Respiratory disease mortality - under 75s



Persons (DSR per 100,000)	
Inner North West CC	33
<u>Count of deaths in 2012-16</u>	41
Leeds resident	32
Deprived fifth	64

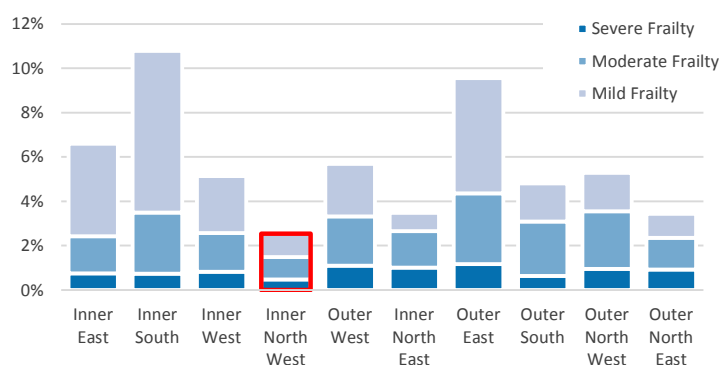
DSR - Directly Standardised Rate removes the effect that differing age structures have on data, allows comparison of 'young' and 'old' areas.

## 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 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.

