

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 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	2,272	41%	67%
Pakistani	690	13%	6%
Black - African	492	9%	5%
Any other Asian background	425	8%	2%
Any other ethnic group	307	6%	2%

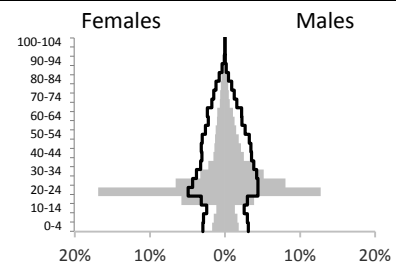
(January 2016, top 5 in Community committee, corresponding Leeds value)

Pupil language, top 5	Area	% Area	% Leeds
English	3,310	62%	81%
Arabic	352	7%	1%
Urdu	314	6%	3%
Panjabi	216	4%	1%
Kurdish	138	3%	1%

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

Population: 82,907

41,024 41,883

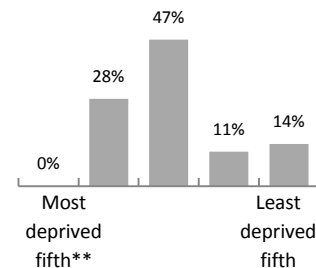


Comparison of Community Committee and Leeds age structures in October 2015.

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.



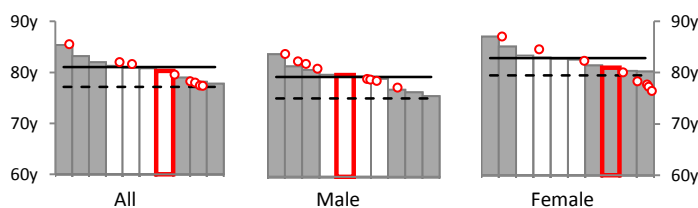
GP recorded ethnicity, top 5

GP recorded ethnicity, top 5	% Area	% Leeds
White British	54%	71%
Other White Background	13%	10%
Other Asian Background	5%	2%
Chinese	5%	1%
Pakistani or British Pakistani	4%	3%

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

Life expectancy at birth, 2012-14 ranked Community Committees

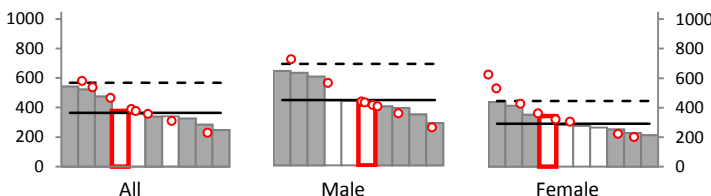
ONS and GP registered populations



(years)	All	Males	Females
Inner North West CC	80.3	79.5	80.9
Leeds resident	81.0	79.2	82.8
Deprived Leeds*	77.1	75.0	79.5

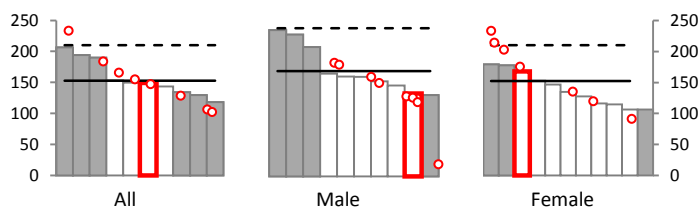
Slope index of inequality (see commentary) = 2.6

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



(DSR per 100,000)	All	Males	Females
Inner North West CC	378	413	342
Highest MSOAs in area	578	717	622
Lowest MSOAs in area	225	253	198
Leeds resident	365	441	291
Deprived fifth**	567	687	444

Cancer mortality - under 75s, 2010-14 ranked

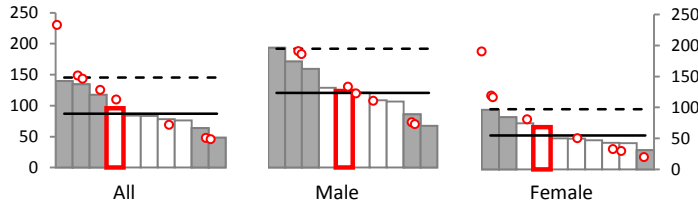


(DSR per 100,000)	All	Males	Females
Inner North West CC	149	134	168
Highest MSOAs in area	233	183	291
Lowest MSOAs in area	102	19	91
Leeds resident	153	170	137
Deprived fifth	210	239	182

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

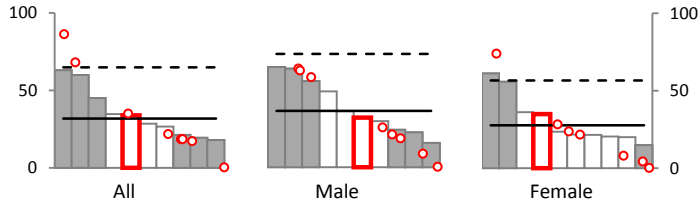
Circulatory disease mortality - under 75s, 2010-14 ranked

ONS and GP registered populations



(DSR per 100,000)	All	Males	Females
Inner North West CC	96	124	68
Highest MSOAs in area	230	310	190
Lowest MSOAs in area	45	70	20
Leeds resident	87	121	55
Deprived fifth**	145	192	97

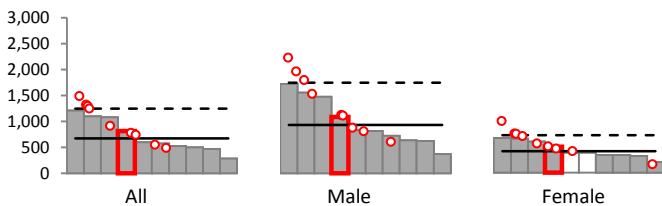
Respiratory disease mortality - under 75s, 2010-14 ranked



(DSR per 100,000)	All	Males	Females
Inner North West CC	34	32	35
Highest MSOAs in area	86	64	105
Lowest MSOAs in area	0	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 West AC	817	1,091	500
Highest MSOAs in area	1,487	2,225	992
Lowest MSOAs in area	488	603	157
Leeds resident	673	934	412
Deprived Leeds*	1,249	1,752	722

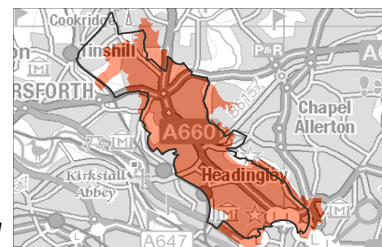
GP recorded conditions, persons, October 2015 (DSR per 100,000)

GP data

	<p>Smoking (16y+)</p> <p>Inner NW CC 19,958</p> <p>Leeds 20,165</p> <p>Deprived Leeds * 31,829</p>		<p>CHD</p> <p>Inner NW CC 3,994</p> <p>Leeds 4,126</p> <p>Deprived Leeds * 5,122</p>
	<p>Obesity (16y+ and BMI>30)</p> <p>Inner NW CC 19,227</p> <p>Leeds 23,226</p> <p>Deprived Leeds * 28,196</p>		<p>Cancer</p> <p>Inner NW CC 3,579</p> <p>Leeds 3,703</p> <p>Deprived Leeds * 3,419</p>
	<p>COPD</p> <p>Inner NW CC 2,175</p> <p>Leeds 2,532</p> <p>Deprived Leeds * 4,792</p>		<p>Diabetes</p> <p>Inner NW CC 5,902</p> <p>Leeds 5,977</p> <p>Deprived Leeds * 8,603</p>

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 West Community Committee

The health and wellbeing of the Inner North West Community Committee contains very wide variation across the full range of Leeds, overall sitting somewhere in the middle of Leeds. Less than 1% of the population live in the most deprived fifth of Leeds*. Life expectancy within the 8 MSOA** areas making up the Community Committee are widely spread, 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 2.6 years and can be interpreted as the difference in life expectancy between the most and least deprived people in the Community Committee. Life expectancy was also calculated for the Community Committee (at which level it becomes more reliable), and is very close to Leeds for men and overall, but with significantly lower life expectancy for women.

The age structure is very different to that of Leeds overall because of the student population. GP recorded ethnicity shows the Community Committee to have smaller proportions of “White background” than Leeds. However around a fifth of the GP population in Leeds have no recorded ethnicity which needs to be taken into account here. The pupil survey shows a picture with smaller ‘White British’ proportions, and larger ‘Pakistani’, ‘Black African’ and ‘other’ groups than Leeds.

All-cause mortality for under 75s is not significantly different to the Community Committee. Cancer mortality rates are very widely spread at MSOA level but the Community Committee rates are mid-range. Circulatory disease mortality shows a wide MSOA pattern with *Little Woodhouse and Burley* and *Headingley Central* the highest in Leeds for men and women respectively. In terms of respiratory mortality, the Community Committee is not significantly different to Leeds, but the MSOAs are very widely spread.

Alcohol specific admissions are significantly above Leeds rates but overall still mid range for the city. Female admissions at MSOA level are almost all above Leeds rates.

GP recorded obesity in the MSOAs is mostly well below the Leeds average, with an overall rate significantly lower than Leeds. Smoking is recorded to be around the Leeds rate. COPD is significantly lower than Leeds but the MSOA *Little London, Sheepscar* stands out as much higher than other parts of the Community Committee. CHD is virtually the same as Leeds, but at MSOA level is extremely widely distributed - *Hyde Park, Burley*, and *West Park and Weetwood* are 3rd highest and 8th highest in Leeds overall.

Diabetes has some MSOA in higher ranks, including *Hyde Park, Burley* which is third highest in the city. Cancer recording in *West Park and Weetwood* is 12th highest in the city.

***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.instituteoftheequity.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.