

## Area overview profile for Inner South Community Committee

This profile presents a high level summary of data sets for the Inner South 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              | 7,156 | 51%    | 65%     |
| Black African              | 1,775 | 13%    | 5%      |
| Pakistani                  | 1,272 | 9%     | 6%      |
| Any other white background | 1,070 | 8%     | 5%      |
| Bangladeshi                | 496   | 4%     | 1%      |

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

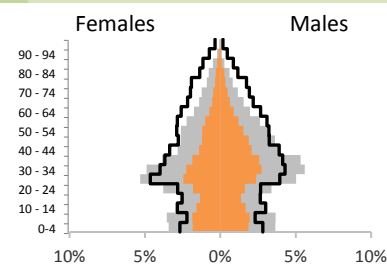
| Pupil language, top 5 | Area  | % Area | % Leeds |
|-----------------------|-------|--------|---------|
| English               | 9,073 | 64%    | 79%     |
| Other than English    | 652   | 5%     | 1%      |
| Urdu                  | 541   | 4%     | 3%      |
| Polish                | 478   | 3%     | 2%      |
| Portuguese            | 313   | 2%     | 1%      |

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

**Population: 89,918**      42,852      47,066

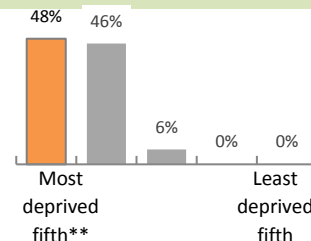
Comparison of Community Committee and Leeds age structures in October 2018.

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.

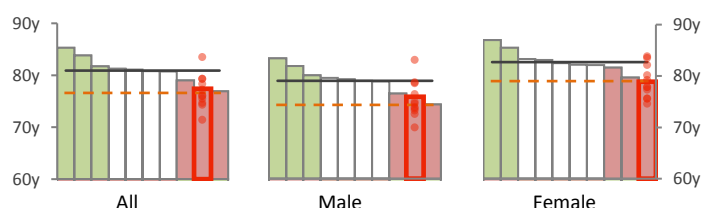


| GP recorded ethnicity, top 5   | % Area | % Leeds |
|--------------------------------|--------|---------|
| White British                  | 59%    | 70%     |
| Other White Background         | 14%    | 10%     |
| Black African                  | 7%     | 3%      |
| Pakistani or British Pakistani | 5%     | 3%      |
| Indian or British Indian       | 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

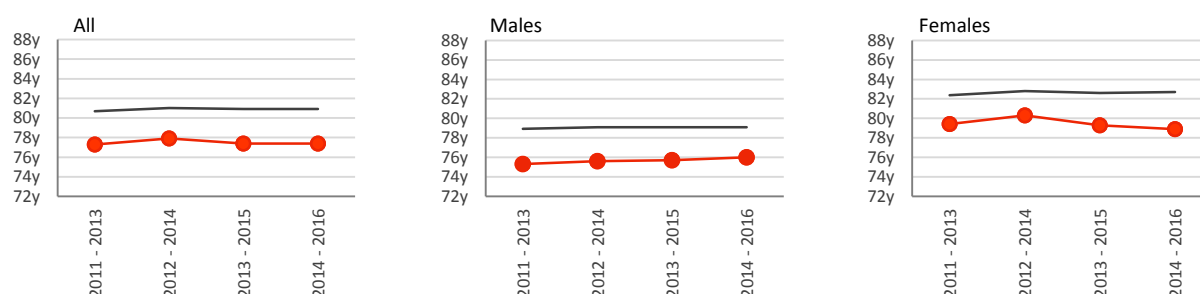


| (years)         | All  | Males | Females |
|-----------------|------|-------|---------|
| Inner South CC  | 77.4 | 76.0  | 78.9    |
| Leeds resident  | 80.9 | 79.1  | 82.7    |
| Deprived Leeds* | 76.6 | 74.4  | 79.0    |

### "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 significantly worse than that of Leeds and it has been this way since 2011-13.

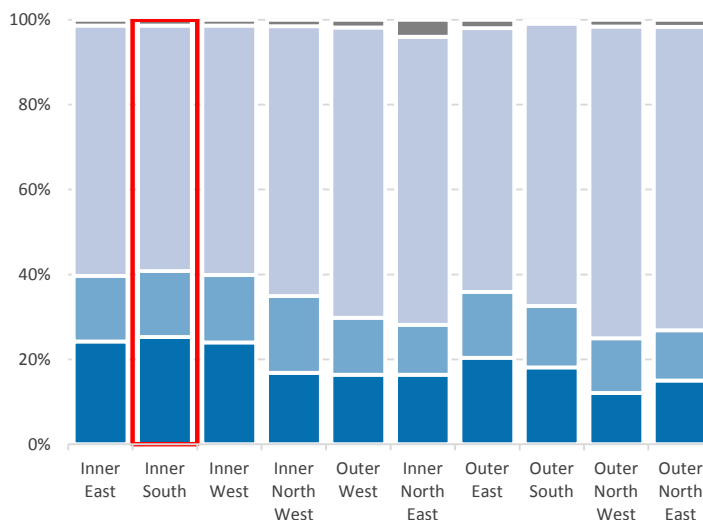


**Child obesity - Year 6***National Child Measurement Programme (NCMP)*

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.

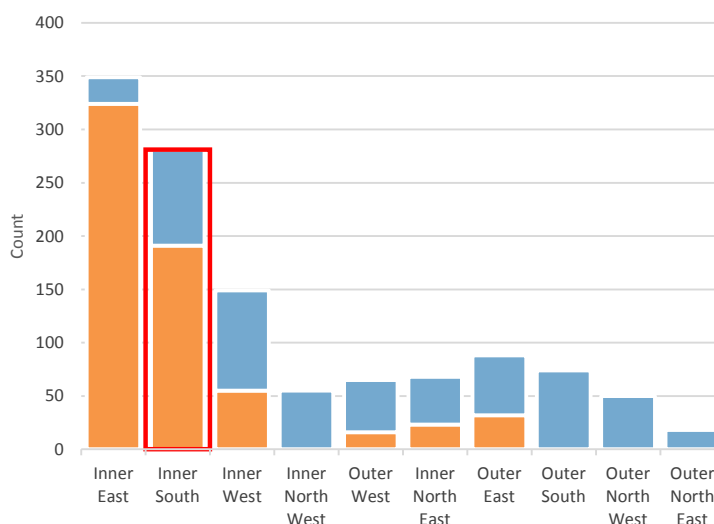
- Underweight
- Healthy Weight
- Overweight
- very overweight
- This Community Committee

**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.

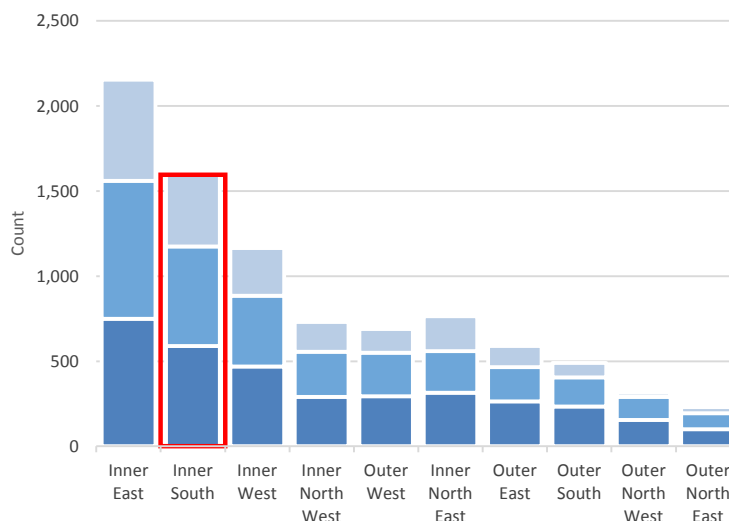
- Not in deprived 5th
- In most deprived fifth
- This Community Committee

**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.

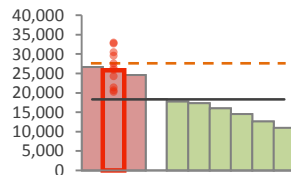
The Community Committees are ranked by levels of deprivation and despite variations in population size and structure, there is a clear reduction in numbers as deprivation falls.

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

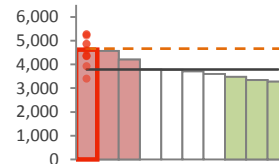


## GP recorded conditions, persons (DSR per 100,000)

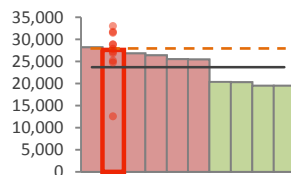
GP data, October 2018

**Smoking (16y+)**

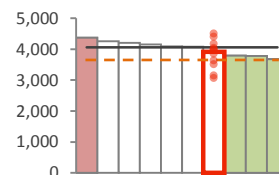
|                  |        |
|------------------|--------|
| Inner South CC   | 25,835 |
| Leeds            | 18,277 |
| Deprived fifth** | 27,619 |

**CHD**

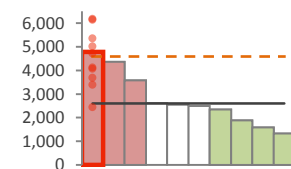
|                |       |
|----------------|-------|
| Inner South CC | 4,619 |
| Leeds          | 3,783 |
| Deprived fifth | 4,663 |

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

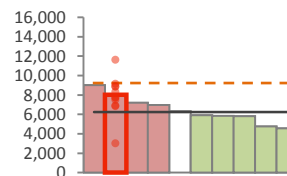
|                |        |
|----------------|--------|
| Inner South CC | 27,601 |
| Leeds          | 23,712 |
| Deprived fifth | 27,935 |

**Cancer**

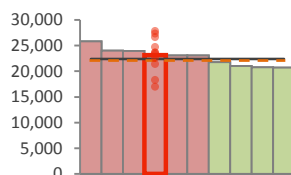
|                |       |
|----------------|-------|
| Inner South CC | 3,918 |
| Leeds          | 4,065 |
| Deprived fifth | 3,653 |

**COPD**

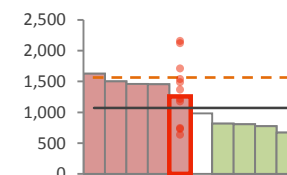
|                |       |
|----------------|-------|
| Inner South CC | 4,789 |
| Leeds          | 2,596 |
| Deprived fifth | 4,589 |

**Diabetes**

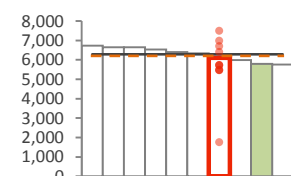
|                |       |
|----------------|-------|
| Inner South CC | 8,039 |
| Leeds          | 6,259 |
| Deprived fifth | 9,233 |

**Common mental health**

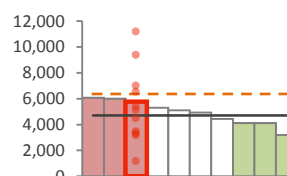
|                |        |
|----------------|--------|
| Inner South CC | 23,158 |
| Leeds          | 22,361 |
| Deprived fifth | 22,076 |

**Severe mental health**

|                |       |
|----------------|-------|
| Inner South CC | 1,256 |
| Leeds          | 1,069 |
| Deprived fifth | 1,565 |

**Asthma in children**

|                |       |
|----------------|-------|
| Inner South CC | 6,104 |
| Leeds          | 6,286 |
| Deprived fifth | 6,207 |

**Dementia (over 65s)**

|                |       |
|----------------|-------|
| Inner South CC | 5,772 |
| 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.

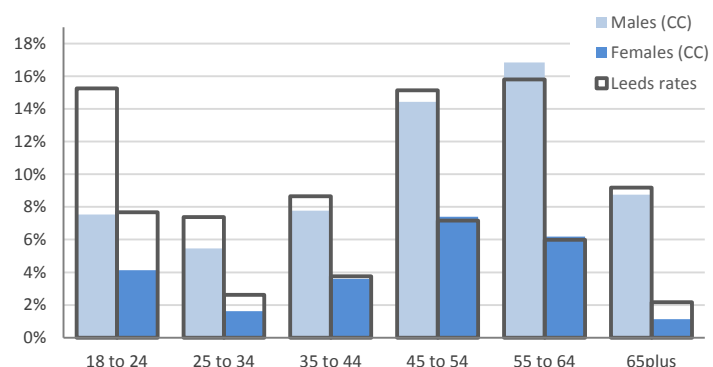
## Alcohol dependency - the Audit-C test

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.

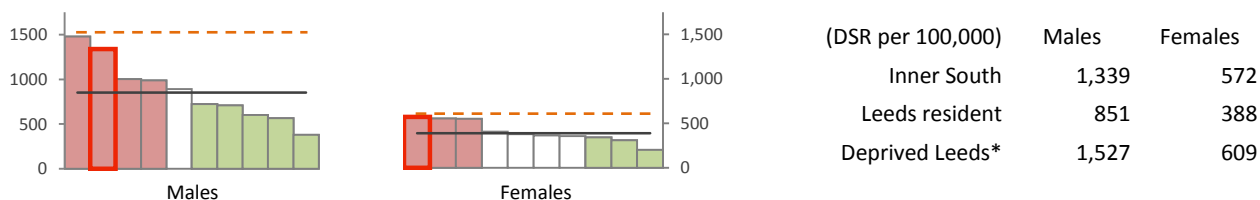
The *proportion* of tests which score 8 or more are shown here for this Community Committee in blue with the Leeds rates overlaid in dark grey.

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

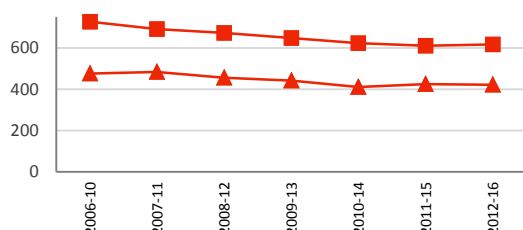
Gender rates are solid red if they are significantly different to one another.

"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.

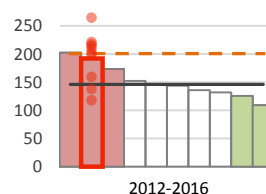
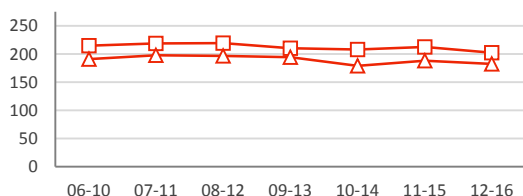
Rates for small areas within this Community Committee are shown as red dots. This Community Committee is highlighted with a red border.

## All cause mortality - under 75s



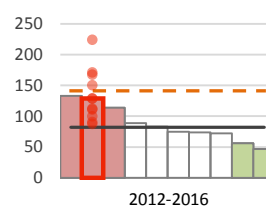
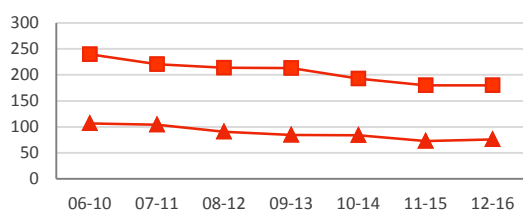
|                                   |       |
|-----------------------------------|-------|
| Persons (DSR per 100,000)         |       |
| Inner South CC                    | 523   |
| <u>Count of deaths in 2012-16</u> | 1,293 |
| Leeds resident                    | 356   |
| Deprived fifth**                  | 562   |

## Cancer mortality - under 75s



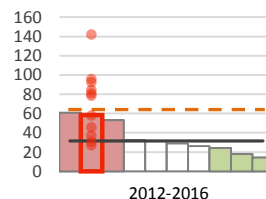
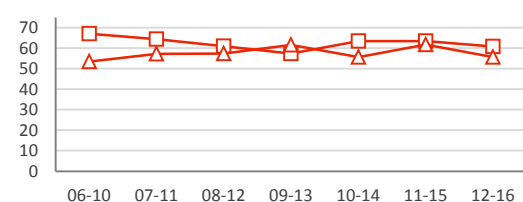
|                                   |     |
|-----------------------------------|-----|
| Persons (DSR per 100,000)         |     |
| Inner South CC                    | 192 |
| <u>Count of deaths in 2012-16</u> | 441 |
| Leeds resident                    | 146 |
| Deprived fifth                    | 201 |

## Circulatory disease mortality - under 75s



|                                   |     |
|-----------------------------------|-----|
| Persons (DSR per 100,000)         |     |
| Inner South CC                    | 129 |
| <u>Count of deaths in 2012-16</u> | 301 |
| Leeds resident                    | 82  |
| Deprived fifth                    | 141 |

## Respiratory disease mortality - under 75s



|                                   |     |
|-----------------------------------|-----|
| Persons (DSR per 100,000)         |     |
| Inner South CC                    | 58  |
| <u>Count of deaths in 2012-16</u> | 124 |
| Leeds resident                    | 32  |
| Deprived fifth                    | 64  |

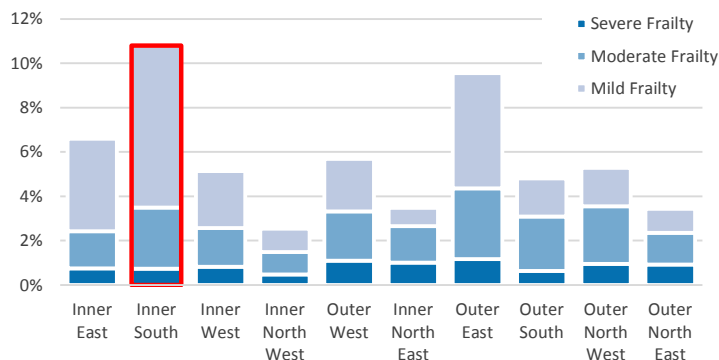
DSR - Directly Standardised Rate removes the effect that differing age structures have on data, allows comparison of 'young' and 'old' areas.

## 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 South Community Committee

The health and wellbeing of the Inner South Community Committee tends overall towards ill health. Almost half of the population live in the most deprived fifth of Leeds\*\* with the remaining majority in the 2nd most deprived parts of the city. Life expectancy for the Community Committee is significantly worse than Leeds, with the lowest expectancy in the city for women, and second lowest for men. While male life expectancy in this area has been slowly improving, female life expectancy appears to be declining against citywide trends.

The age structure bears little resemblance to that of Leeds overall with larger proportions of children and young adults, and fewer aged above 40. GP recorded ethnicity shows the Community Committee to have lower proportions of “White background” to Leeds and slightly higher proportions of ‘Other white background’ and the ‘Black African’ group. The pupil survey shows a similar picture. The LCP has the highest proportion of Year 6 classed as ‘very overweight’ or ‘overweight’. The area has the second largest number for both ‘looked after children’ and ‘Job seekers allowance’.

Most GP recorded conditions are significantly above the Leeds rate, being highest in the city for GP recorded COPD and CHD, and virtually top for smoking, diabetes, dementia and obesity – ‘Belle Isle North’, ‘Middleton and Westwoods’ and ‘West Hunslet and Hunslet Hall’ MSOAs all feature heavily in the top figures in the city. Diabetes rates are 2nd highest in the city, and mental health issues are high enough to put the committee ahead of the city as well. GP recorded cancer is average, this is perhaps expected as deprived areas often have low GP recorded cancer due to non/late presentation. Asthma in children is slightly lower than the city, perhaps there is an issue with identification similar to cancer.

Alcohol specific admissions for this Community Committee are very nearly the highest in Leeds – ‘Holbeck’ and ‘West Hunslet and Hunslet Hall’ are in the top 5, while the alcohol dependency test shows the usual male / female discrepancy it seems very marked except for the youngest age band where both sexes have very low proportions.

All-cause mortality for the Community Committee has been significantly above the Leeds average for many years, and is nearly the very highest in the city with ‘Belle Isle North’, ‘City Centre, Hunslet Green and Thwaite Gate’, and ‘Holbeck’ MSOAs all in the top 5. Male and female rates within the committee are actually very different, however both appear to be levelling off. Cancer mortality rates show a similar situation, although male and female rates are very close. Circulatory disease mortality has been falling slightly faster than the city rate but may be showing the start of a levelling off, male and female rates are very different. Respiratory disease mortality rates have always been very high and are more or less static.

The **Map** shows this Community Committee as a black outline. Health data is available at MSA level and must be aggregated to best-fit the committee boundary. The MSAOs 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.

