

## 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 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	7,067	55%	67%
Black - African	1,369	11%	5%
Pakistani	1,162	9%	6%
Any other white background	903	7%	4%
Bangladeshi	463	4%	1%

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

Pupil language, top 5	Area	% Area	% Leeds
English	8,763	68%	81%
Believed to be Other than English	468	4%	1%
Urdu	463	4%	3%
Other than English	424	3%	1%
Polish	401	3%	1%

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

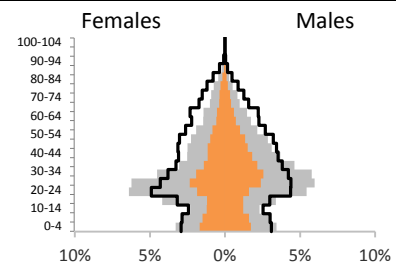
Population: 95,747

46,370

49,377

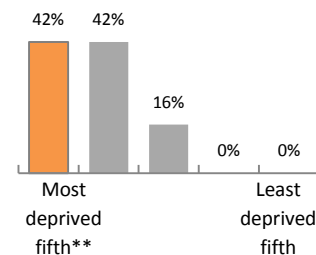
Comparison of Community Committee and Leeds age structures in October 2015.

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.

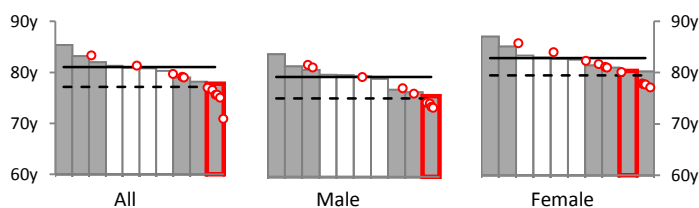


GP recorded ethnicity, top 5	% Area	% Leeds
White British	59%	71%
Other White Background	15%	10%
Black African	6%	3%
Pakistani or British Pakistani	4%	3%
Indian or British Indian	3%	3%

(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 South CC	77.8	75.5	80.3
Leeds resident	81.0	79.2	82.8
Deprived Leeds*	77.1	75.0	79.5

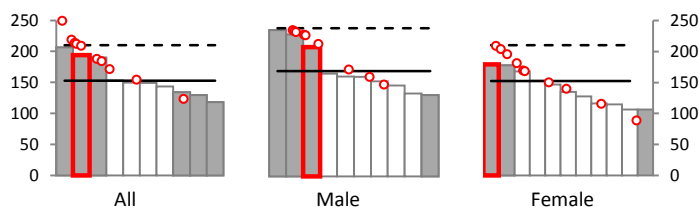
Slope index of inequality (see commentary) = 4.3

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



(DSR per 100,000)	All	Males	Females
Inner South CC	522	626	412
Highest MSOAs in area	914	1,118	555
Lowest MSOAs in area	378	452	308
Leeds resident	365	441	291
Deprived fifth**	567	687	444

### Cancer mortality - under 75s, 2010-14 ranked

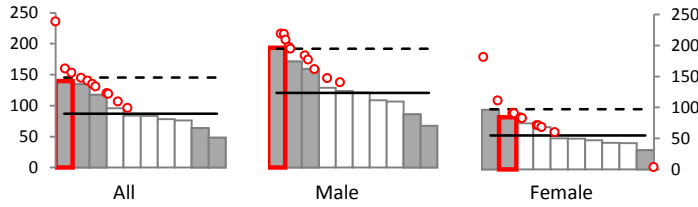


(DSR per 100,000)	All	Males	Females
Inner South CC	194	209	179
Highest MSOAs in area	299	340	267
Lowest MSOAs in area	123	148	88
Leeds resident	153	170	137
Deprived fifth	210	239	182

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

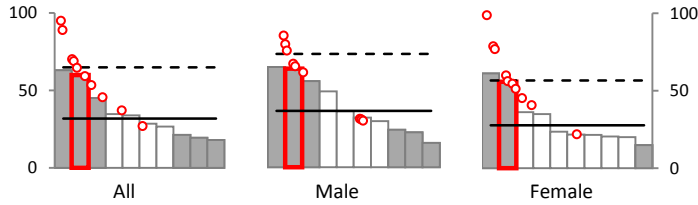
**Circulatory disease mortality - under 75s, 2010-14 ranked**

ONS and GP registered populations



(DSR per 100,000)	All	Males	Females
Inner South CC	140	194	84
Highest MSOAs in area	236	270	181
Lowest MSOAs in area	96	137	3
Leeds resident	87	121	55
Deprived fifth**	145	192	97

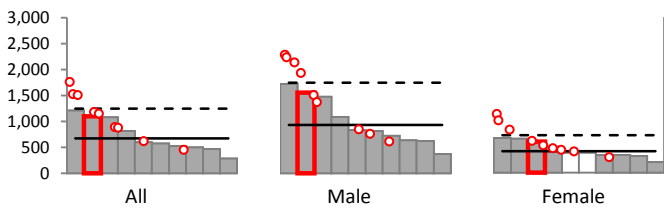
**Respiratory disease mortality - under 75s, 2010-14 ranked**



(DSR per 100,000)	All	Males	Females
Inner South CC	60	64	56
Highest MSOAs in area	277	310	163
Lowest MSOAs in area	27	30	22
Leeds resident	32	36	28
Deprived fifth	65	73	57

**Alcohol specific admissions, 2012-14 ranked**

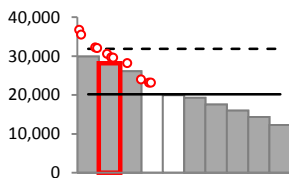
HES



(DSR per 100,000)	All	Males	Females
Inner South AC	1,101	1,561	599
Highest MSOAs in area	1,757	2,280	1,128
Lowest MSOAs in area	450	610	291
Leeds resident	673	934	412
Deprived Leeds*	1,249	1,752	722

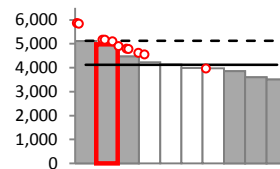
**GP recorded conditions, persons, October 2015 (DSR per 100,000)**

GP data



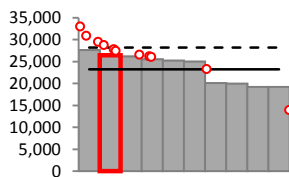
**Smoking (16y+)**

Inner S CC	28,170
Leeds	20,165
Deprived Leeds *	31,829



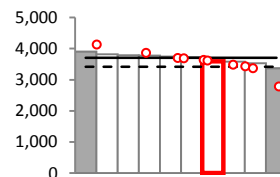
**CHD**

Inner S CC	4,976
Leeds	4,126
Deprived Leeds *	5,122



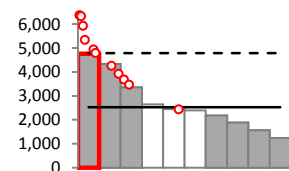
**Obesity (16y+ and BMI>30)**

Inner S CC	26,402
Leeds	23,226
Deprived Leeds *	28,196



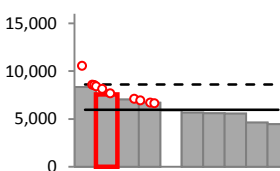
**Cancer**

Inner S CC	3,594
Leeds	3,703
Deprived Leeds *	3,419



**COPD**

Inner S CC	4,754
Leeds	2,532
Deprived Leeds *	4,792



**Diabetes**

Inner S CC	7,582
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 MSA2011 areas. **Ordinance 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 South Community Committee

The health and wellbeing of the Inner South Community Committee contains some variation across the range of Leeds, but tends overall towards ill health. Around 4 in 10 people live in the most deprived fifth of Leeds\*. Life expectancy within the 11 MSOA\*\* areas making up the Community Committee are generally among the shortest in Leeds and significantly lower than 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 4.3 years and can be interpreted as the difference in life expectancy between the most and least deprived people in the Community Committee. Overall life expectancy is the shortest of all Community Committees.

The age structure bears a little resemblance to that of Leeds overall with larger proportions of young adults and fewer aged above 40. GP recorded ethnicity shows the Community Committee to have lower proportions of "White background" to Leeds and higher proportions of some BME groups. 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 similar picture.

All-cause mortality for the Community Committee is significantly above the Leeds average for all, and nearly the very highest in the city. The *city centre* MSOA in this area has the highest rate in the city.

Cancer mortality rates are widely spread at MSOA level and the Community Committee rates are significantly higher than Leeds (female cancer mortality is the highest in the city). Circulatory disease mortality shows an MSOA pattern high above the Leeds averages, with the *Beeston Hill* MSOA standing out as highest in Leeds overall. Respiratory disease mortality rates are very similar and at MSOA level the highest in the city.

Alcohol specific admissions for this Community Committee are very nearly the highest in Leeds, and many of the MSOAs in the area have rates significantly above those of Leeds. Smoking, Obesity, CHD and Diabetes in the MSOAs are almost all significantly above the Leeds average, with the Community Committee rates the 2<sup>nd</sup> highest in Leeds.

The Community Committee is highest in the city for GP recorded COPD with all but one MSOA being above Leeds. GP recorded cancer is not significantly lower than the city, this is expected as deprived areas often have low GP recorded cancer due to non/late presentation.

**\*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.