

Area overview profile for Inner West Community Committee

This profile presents a high level summary of data sets for the Inner 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	6,820	68%	67%
Any other white background	604	6%	4%
Pakistani	522	5%	6%
Black - African	424	4%	5%
Any other ethnic group	214	2%	2%

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

Pupil language, top 5	Area	% Area	% Leeds
English	7,833	80%	81%
Polish	265	3%	1%
Urdu	251	3%	3%
Other than English	220	2%	1%
Believed to be Other than English	161	2%	1%

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

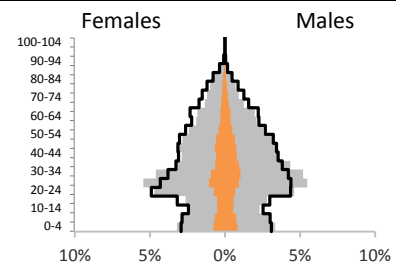
Population: 75,838

36,996

38,842

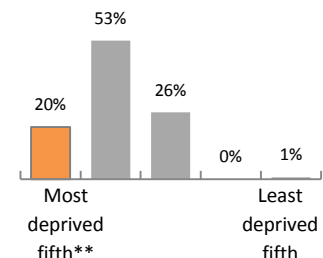
Comparison of Community Committee and Leeds age structures in October 2015.

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.

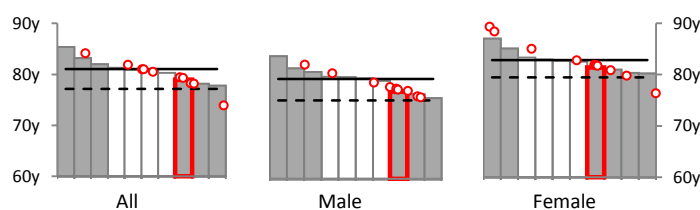


GP recorded ethnicity, top 5	% Area	% Leeds
White British	76%	71%
Other White Background	10%	10%
Black African	2%	3%
Pakistani or British Pakistani	2%	3%
Other Ethnic Background	2%	2%

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

Life expectancy at birth, 2012-14 ranked Community Committees

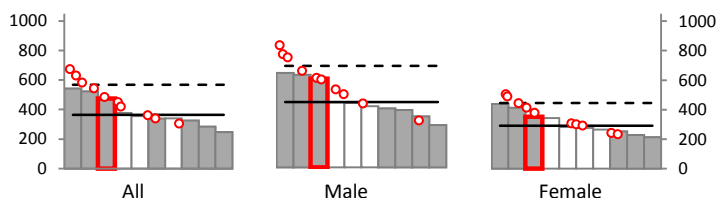
ONS and GP registered populations



(years)	All	Males	Females
Inner West CC	79.0	76.7	81.4
Leeds resident	81.0	79.2	82.8
Deprived Leeds*	77.1	75.0	79.5

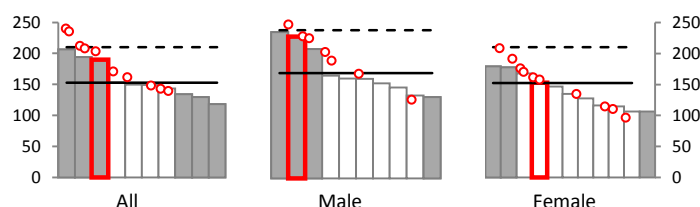
Slope index of inequality (see commentary) = 6.2

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



(DSR per 100,000)	All	Males	Females
Inner West CC	475	599	351
Highest MSOAs in area	671	825	503
Lowest MSOAs in area	302	314	232
Leeds resident	365	441	291
Deprived fifth**	567	687	444

Cancer mortality - under 75s, 2010-14 ranked

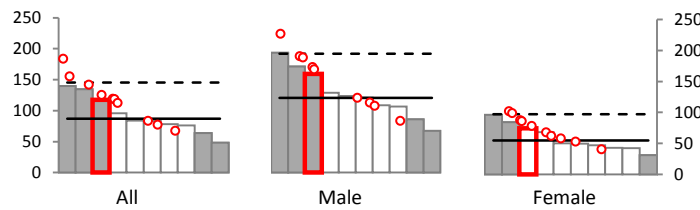


(DSR per 100,000)	All	Males	Females
Inner West CC	190	229	153
Highest MSOAs in area	240	292	208
Lowest MSOAs in area	139	127	96
Leeds resident	153	170	137
Deprived fifth	210	239	182

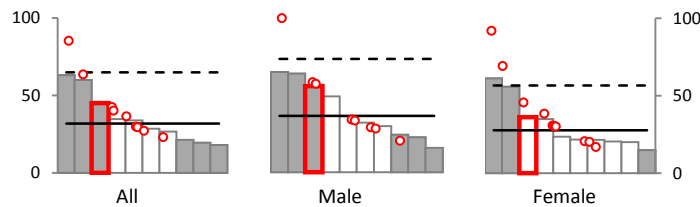
DSR - Directly Standardised Rate removes the effect that differing age structures have on data, allows comparison of 'young' and 'old' areas.

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

ONS and GP registered populations



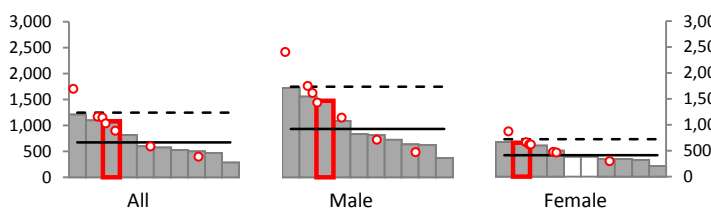
(DSR per 100,000)	All	Males	Females
Inner West CC	117	159	74
Highest MSOAs in area	184	261	101
Lowest MSOAs in area	67	83	40
Leeds resident	87	121	55
Deprived fifth**	145	192	97

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

(DSR per 100,000)	All	Males	Females
Inner West CC	45	56	36
Highest MSOAs in area	105	119	92
Lowest MSOAs in area	23	20	17
Leeds resident	32	36	28
Deprived fifth	65	73	57

Alcohol specific admissions, 2012-14 ranked

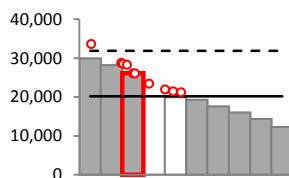
HES



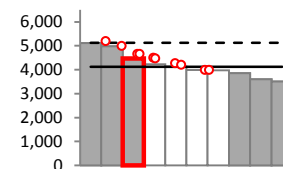
(DSR per 100,000)	All	Males	Females
Inner West AC	1,080	1,480	655
Highest MSOAs in area	1,701	2,414	866
Lowest MSOAs in area	390	482	294
Leeds resident	673	934	412
Deprived Leeds*	1,249	1,752	722

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

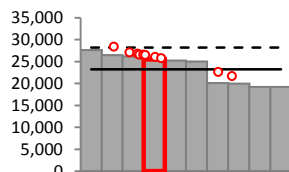
GP data

**Smoking (16y+)**

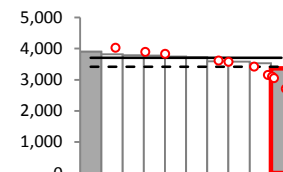
Inner W CC	26,129
Leeds	20,165
Deprived Leeds *	31,829

**CHD**

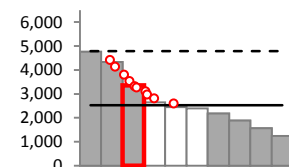
Inner W CC	4,470
Leeds	4,126
Deprived Leeds *	5,122

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

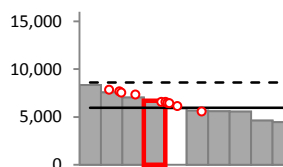
Inner W CC	25,523
Leeds	23,226
Deprived Leeds *	28,196

**Cancer**

Inner W CC	3,365
Leeds	3,703
Deprived Leeds *	3,419

**COPD**

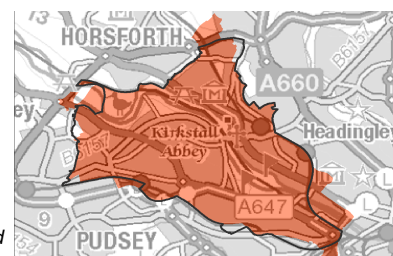
Inner W CC	3,359
Leeds	2,532
Deprived Leeds *	4,792

**Diabetes**

Inner W CC	6,693
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. **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 West Community Committee

The health and wellbeing of the Inner West Community Committee contains very wide variation across the full range of Leeds, and tends predominantly towards ill health. Around 20% of the population live in the most deprived fifth of Leeds*. Life expectancy within the 10 MSOA** areas making up the Community Committee ranges vary widely from almost the shortest life expectancies in Leeds to almost the longest, 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 6.2 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 it has significantly lower life expectancy than Leeds for men, women and overall.

The age structure bears a close resemblance to that of Leeds overall. GP recorded ethnicity shows the Community Committee to have slightly larger proportions of “White background” (76%) than Leeds (71%) and lower proportions of other groups. However around a sixth 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 under 75s is significantly above the Leeds average for men and women, as well as overall for the Community Committee. The *Armley, New Wortley* MSOA in this area has the 3rd and 10th highest all-cause mortality rates for men and women respectively in the city, and the 4th highest rate overall.

Cancer mortality rates are widely spread and significantly higher than Leeds, for men, and overall. Circulatory disease mortality shows a similar widely spread MSOA pattern with the *Burley* area standing out as having the 4th highest male and overall rate in Leeds.

Alcohol specific admissions are significantly above Leeds rates for this Community Committee. The *Armley, New Wortley* area is 4th highest in Leeds overall, and 3rd highest in Leeds for men. Smoking in the MSOAs is all above or very close to the Leeds average, with an overall rate significantly higher than Leeds.

Obesity rates in this Community Committee and most of the MSOAs are significantly above Leeds. COPD and CHD show almost all areas to be significantly above Leeds, with *Armley, New Wortley / Bramley* as the highest in the Community Committee respectively. Diabetes rates are around Leeds average but cancer is the lowest Community Committee rate in Leeds – significantly below Leeds itself, three MSOAs are nearly the lowest in Leeds (*Armley, New Wortley | Bramley Hill Top, Raynville and Wyther Park | Upper Armley*), 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.instituteofhealthequity.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.