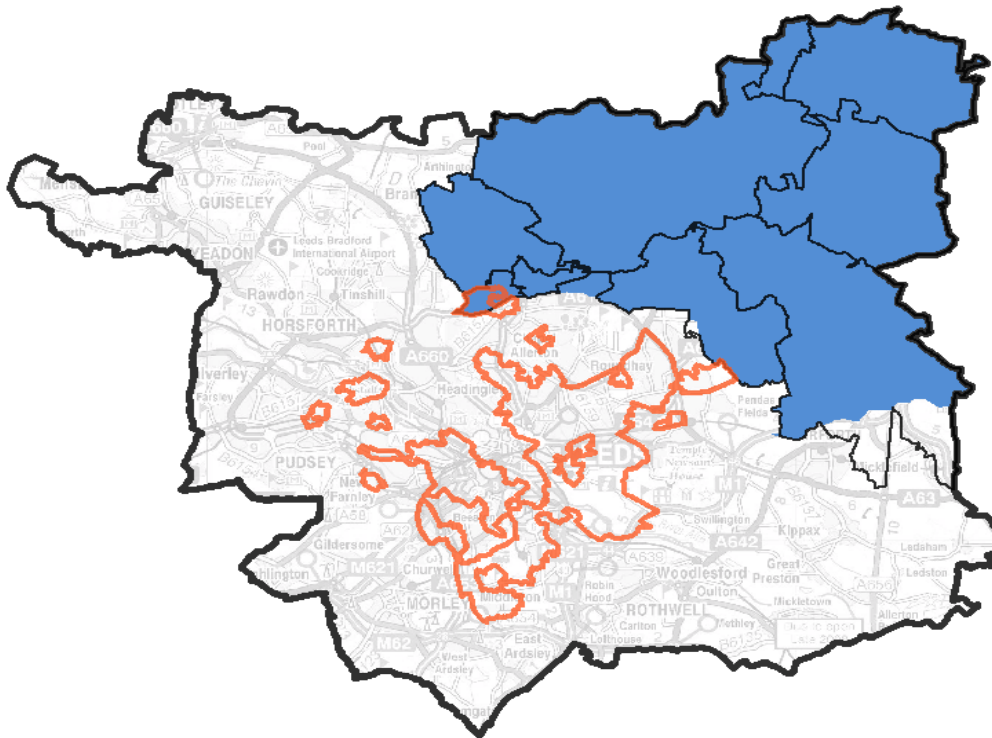# Area profile: Outer North East Area Committee

The main map shows the Outer North East Area Committee area committee area in blue. The data in the report is built up using small geographic areas called Middle Super Output Areas (MSOAs), the MSOAs used in this report are shown as black outlines. MSOA are attributed to an area if the 'centre of gravity' of the population is within the area. This means the data in this report is as closely matched to the blue area as possible.

The orange outline represents parts of Leeds which fall into the 10% most deprived in England according to the Index of Multiple Deprivation (2004). Approximately 20% of the Leeds population live in this area.

The smaller map shows the Outer North East Area Committee area committee area and the ward boundaries.

About MSOAs: (Middle Super Output Area). These are geographic areas designed to improve the reporting of small area statistics in England and Wales. There are 108 MSOA in Leeds. MSOAs are built from groups of Lower Super Output Areas (LSOAs).

The minimum population of an MSOA is 5,000 and the mean is 7,200 (when originally generated).
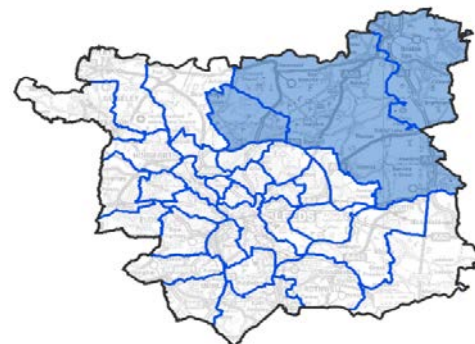
Based upon the 2006 Landranger 1:50 000 Scale map, with the permission of Ordnance Survey on behalf of the controller of Her Majesty's Stationery Office, (c) Crown Copyright. NHS Leeds Information Service, Leeds Primary Care Trust, North West House. License Number 1000332643.

Summary table for Outer North East Area Committee		This Area Committee	'best' MSOA in this area committee		'worst' MSOA in this area committee		Leeds	Deprived quintile	Deprived Leeds
area population		61,743					795,476	159,387	172,084
area population proportion of Leeds pop		7.8%						20.0%	21.6%
number in deprived Leeds		3,214					172,084		
proportion of population in deprived Leeds		5.2%					21.6%		
proportion of deprived Leeds this represents		1.9%							
number in deprived *quintile*		0					159,387		
proportion of population in deprived quintile		0.0%					20.0%		
proportion of deprived quintile this represents		0.0%							
pupils on roll		6,713					104,056		
proportion of all pupils in leeds		6.5%							
GP recorded CANCER	*Age Standardised rate per 100,000*	2,168.7	E02002351	1,799.4	E02002341	2,434.2	2,199.3	1,999.1	
GP recorded CHD	*Age Standardised rate per 100,000*	2,395.3	E02002335	2,003.0	E02002347	3,000.1	2,853.6	3,562.8	
GP recorded COPD	*Age Standardised rate per 100,000*	793.1	E02002341	439.7	E02002347	1,833.2	1,536.6	2,872.7	
GP recorded Diabetes	*Age Standardised rate per 100,000*	2,707.0	E02002335	1,976.4	E02002347	4,830.0	3,615.5	5,244.1	
GP recorded Obesity	*Age Standardised rate per 100,000*	17,904.4	E02002335	14,934.9	E02002347	23,745.5	21,130.3	25,726.2	
GP recorded Smoking	*Age Standardised rate per 100,000*	14,997.3	E02002341	10,767.0	E02002347	25,640.0	23,112.4	34,123.3	
Mortality under 75s all causes	*rate per 100,000*	188.2	E02002330	134.0	E02002347	295.0	294.6		458.8
Mortality under 75s all causes Males	*rate per 100,000*	218.2	E02002330	146.0	E02002347	375.0	356.1		568.2
Mortality under 75s all causes Females	*rate per 100,000*	159.6	E02002330	119.0	E02002347	232.0	235.3		344.9
Cancer mortality under 75s ALL	*rate per 100,000*	90.3					117.7		159.8
Cancer mortality under 75s Males	*rate per 100,000*	86.7					128.4		173.5
Cancer mortality under 75s Females	*rate per 100,000*	93.8					108.2		146.6
Circulatory disease mortality under 75s ALL	*rate per 100,000*	42.4					79.1		127.4
Circulatory disease mortality under 75s Males	*rate per 100,000*	60.9					108.4		174.3
Circulatory disease mortality under 75s Females	*rate per 100,000*	25.0					50.9		78.7
Respiratory disease mortality under 75s ALL	*rate per 100,000*	12.3					26.2		53.7
Respiratory disease mortality under 75s Males	*rate per 100,000*	13.8					32.0		68.5
Respiratory disease mortality under 75s Females	*rate per 100,000*	10.8					20.8		39.0
Alcohol specific admissions	*rate per 1000*	3.5	E02002335	1.3	E02002331	7.0			
Alcohol specific admissions Male	*rate per 1000*	4.4							
Alcohol specific admissions Female	*rate per 1000*	2.6							
Alcohol attributable admissions	*rate per 1000*	17.5	E02002335	12.1	E02002331	31.2			
Alcohol attributable admissions Male	*rate per 1000*	22.1							
Alcohol attributable admissions Female	*rate per 1000*	13.1							

Area profile contents

Contents

MSOAs making up this area

The MSOAs that are used in this report to represent Outer North East Area Committee

E02002347	Moor Allerton
E02002341	Alwoodley West
E02002344	Alwoodley East
E02002359	Aberford, Barwick, Lotherton and Thorner
E02002351	Scarcroft, Scholes and Shadwell
E02002331	Wetherby East, Thorp Arch and Walton
E02002335	Bardsey, East Keswick, Collingham, Linton and Harewood
E02002330	Wetherby West
E02002334	Bramham, Boston Spa and Clifford

To see profiles for these MSOA, visit: http://www.westyorkshireobservatory.org/explorer/resources/

Population profile

Population of Outer North East Area Committee
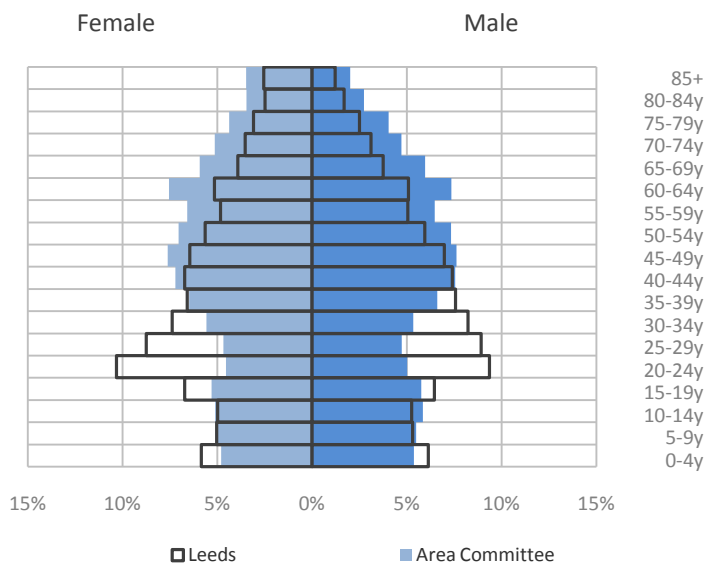
61,743 which is 7.8% of the Leeds registered and resident population of 795,476.

Males: 29,981   Females: 31,762

Population of Outer North East Area Committee living in deprived Leeds*.

There are 3,214 people in this area who are living in deprived Leeds. This equates to 5.2% of the Outer North East Area Committee population and 1.9% of the entire population of deprived Leeds.

Population pyramid for Outer North East Area Committee

Female   Male

85+
80-84y
75-79y
70-74y
65-69y
60-64y
55-59y
50-54y
45-49y
40-44y
35-39y
30-34y
25-29y
20-24y
15-19y
10-14y
5-9y
0-4y

15%   10%   5%   0%   5%   10%   15%

☐ Leeds   ■ Area Committee

(January 2011 GP registered population)

The population shown in the chart is what is commonly referred to as a population pyramid. Traditionally, the chart is shaped like a pyramid in that the base is wide and each level above becomes slightly narrower as the population in the increasing age groups becomes a smaller percentage of the total.

In modern western societies the pyramids are now typically narrower at the base due to a decline in the birth rate. The Leeds profile is shown in outline and follows the expected pattern for a modern western population with an increase in the proportion of people in the university student age groups.

The blue bars in this pyramid represent the total GP registered population living in the area of this report.

The population in this Area has an older profile than the standard profile for Leeds. The population pyramid is consequently top heavy. A greater than expected proportion of the population are aged over fifty. The proportion of younger children is slightly lower than the Leeds average.

*Deprived Leeds: This is the Lower Super output Areas (LSOAs) in Leeds which are in the 10% most deprived in *England.* Elsewhere in this report the '*Deprived quintile* ' is also mentioned, this is the *fifth* of *Leeds* MSOAs which are most deprived.

Practice population note: The practice populations here are from January 2011 and include all patients living in the MSOAs making up the area of the report.

Population heritage and faith

Population of this area: 61,743

The Leeds registered and resident population is 795,476

Origins geography groups* of the population in this area:

(index compares this area with Leeds in terms of proportions of populations. An index of 100 means the area has the same proportion of a group as Leeds does. 200 is double the proportion leeds has for instance)

	in this area		in Leeds		index	0	100	200
Africa	458	0.7%	14,698	1.8%	41			
Americas	219	0.4%	4,633	0.6%	62			
British Isles	51,387	83.2%	633,431	78.6%	106			
Central Asia	7	0.0%	190	0.0%	48			
Diasporic	788	1.3%	2,571	0.3%	400			
East Asia	762	1.2%	14,104	1.7%	71			
Eastern Europe	1,042	1.7%	19,536	2.4%	70			
Middle East	1,040	1.7%	22,681	2.8%	60			
Northern Europe	336	0.5%	4,409	0.5%	100			
Not found	72	0.1%	2,457	0.3%	38			
Oceanian	13	0.0%	229	0.0%	74			
South Asia	3,117	5.0%	47,734	5.9%	85			
Southern Europe	915	1.5%	14,485	1.8%	82			
Unknown	6	0.0%	187	0.0%	42			
Western Europe	2,124	3.4%	22,909	2.8%	121			
Blank	102	0.2%	1,981	0.2%	67			
Grand Total		101.0%		100.0%	101			

(Chart does not *illustrate* groups numbering less than 1,000 in the total Leeds population)

The population in this area is almost entirely British in origin with very small numbers of other geographical origins, the largest of which is West European.

In terms of faith, this is almost entirely a Christian area, predominantly Protestant.

'Faith' as calculated by Origins software

	this area
Armenian	0.0%
Buddhist	1.0%
Christian	0.0%
Christian Catholic	8.7%
Christian Greek Orthodox	0.3%
Christian Protestant	81.0%
Hindu	1.9%
Jewish	1.3%
Muslim	3.4%
Not Found	0.1%
Russian Orthodox	0.6%
Sikh	1.6%
Unknown	0.0%
Blank	0.2%

■ this area
☐ Leeds
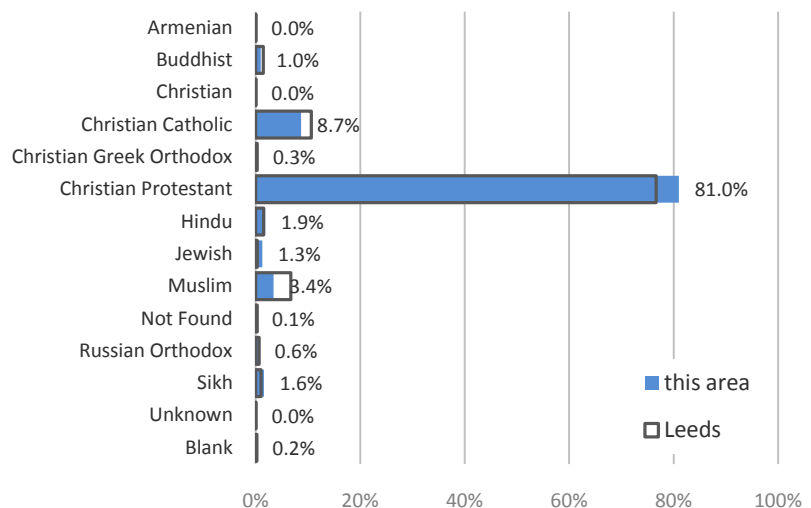
*Origins geography and faith note: Origins software analyses forename and surname of every GP registered patient in Leeds and gives what is considered to be an indication of an individuals most likely heritage and faith according to geography. This is not necessarily how they might describe themselves. For more information about Origins software visit: http://publicsector.experian.co.uk/Products/Mosaic%20Origins.aspx

As the Origins data includes all Leeds registered patients in January 2011, regardless of where they live, totals will vary slightly from those elsewhere in the report where only Leeds resident patients are counted.

January 2011 School Census
Language and ethnicity

(index compares this area with Leeds in terms of proportions of populations. An index of 100 means the area has the same proportion of a group as Leeds does. 200 is double the proportion leeds has for instance)

| Pupils on roll in this area:	6,713
Leeds total:	104,056

Top five languages recorded:	in this area		in Leeds		index	Index (Leeds = 100)
English	6,020	89.7%	87,265	83.9%	**107**	
Panjabi	96	1.4%	1,450	1.4%	**103**	
Urdu	69	1.0%	2,506	2.4%	43	
Other than English	33	0.5%	1,433	1.4%	36	
Hindi	27	0.4%	129	0.1%	**324**	
Others	314	4.7%	9,637	9.3%		

(Totals will be slightly less than roll total as it is not a statutory requirement to collect ethnicity and language data for pupils below the statutory school age)

Chart: Proportions of *top five* languages in this area compared to Leeds
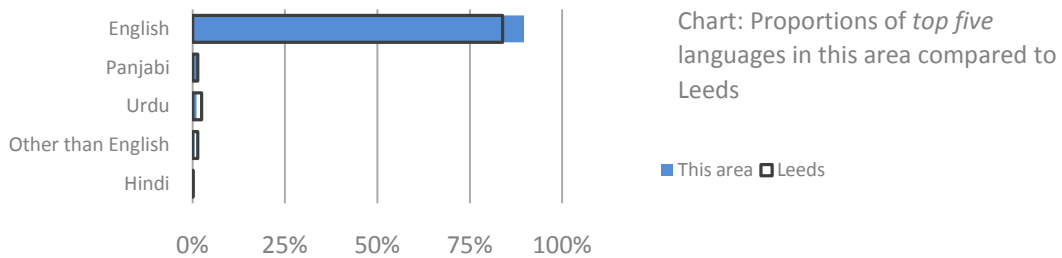
■ This area □ Leeds

Top five ethnicity recorded:	in this area		in Leeds		index	
White British	5,146	76.7%	76,737	73.7%	**104**	
Other White Background	314	4.7%	1,179	1.1%	**413**	
Indian	280	4.2%	2,163	2.1%	**201**	
Other Pakistani	141	2.1%	4,050	3.9%	54	
Other Mixed Background	102	1.5%	1,521	1.5%	**104**	
Others	715	10.7%	18,032	17.3%		

(Totals will be slightly less than roll total as it is not a statutory requirement to collect ethnicity and language data for pupils below the statutory school age)

Chart: Proportions of *top five* ethnicities in this area compared to Leeds

■ This area
□ Leeds
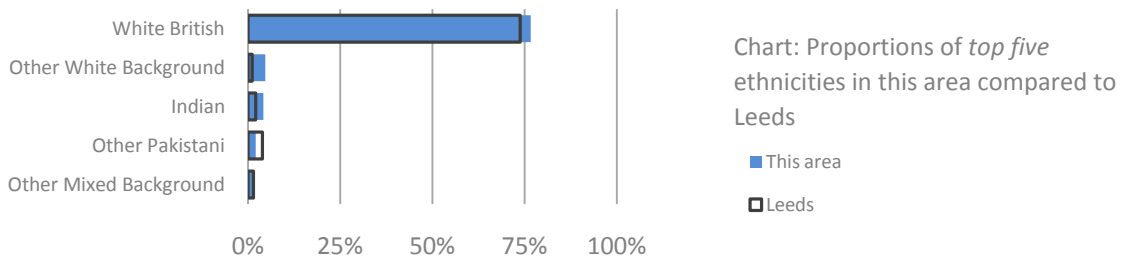
The annual school census provides information on the ethnicity and first language of pupils who live in and go to school in Leeds. In total, there are 24 ethnic categories and over 170 different first languages.

This profile summarises the top five of each in the area and compares these to the city averages (N.B. the "top five" has been set as a threshold because in most areas the numbers below this are very small).

While this data is specific to school children it is representative of the wider population and provides valuable additional information on the make-up of the area and complements the population profile derived from analysis with Origins software of the GP registered population.
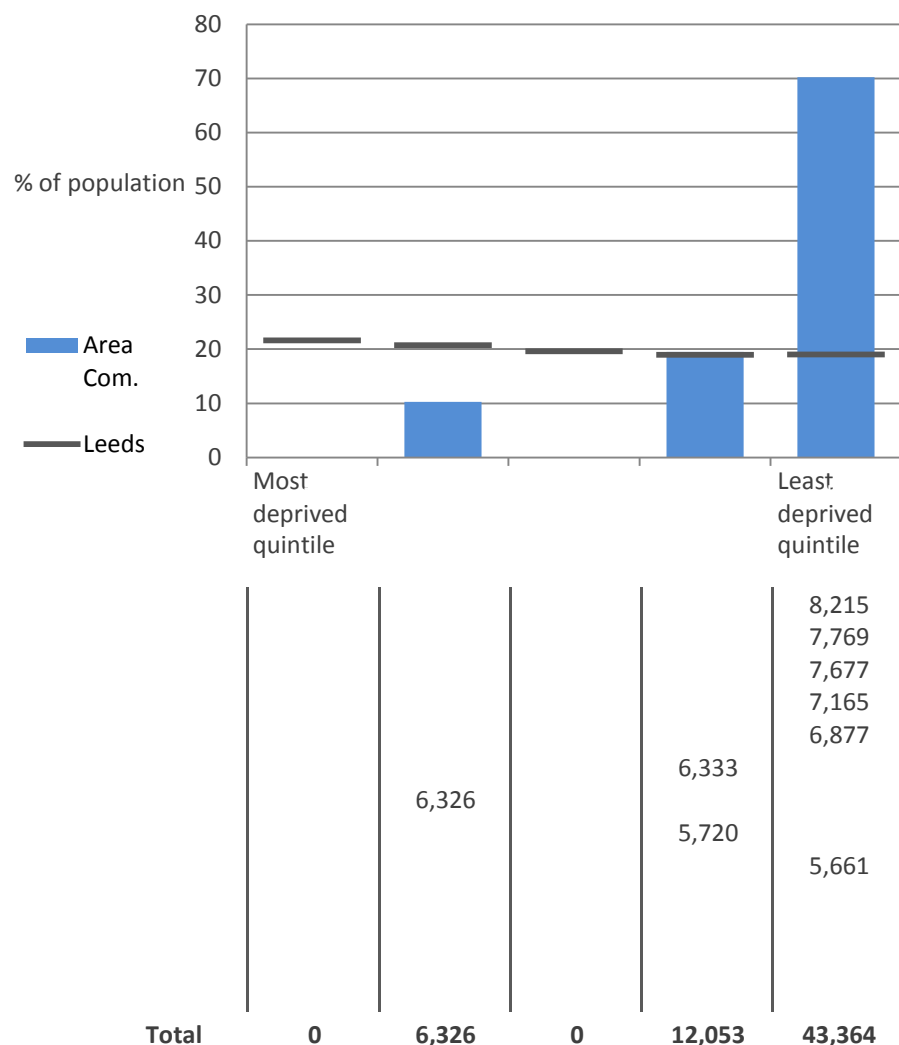
Source: January 2011 School Census

Deprivation

People living in different levels of deprivation in Outer North East Area Committee

The most deprived *fifth* of Leeds is the area which is arrived at by ranking all 108 MSOAs in Leeds according to their Index of Multiple Deprivation score, and simply taking the lowest fifth of all those MSOAs. This is also known as the **most deprived quintile.** There are of course 4 more quintiles with the last representing the *least deprived* parts of Leeds.

The chart illustrates how the population of this Area Committee is split over these 5 quintiles of deprivation. Overlaid on the chart are the proportions of the Leeds population in the same quintiles.

The MSOA which constitute this Area Committee are listed below the chart. The number of people living in each MSOA is also listed.

				8,215	E02002344	Alwoodley East
				7,769	E02002341	Alwoodley West
				7,677	E02002335	Bardsey, East Keswick, Collingham, Linton and Harewood
				7,165	E02002334	Bramham, Boston Spa and Clifford
				6,877	E02002330	Wetherby West
			6,333		E02002359	Aberford, Barwick, Lotherton and Thorner
	6,326				E02002347	Moor Allerton
			5,720		E02002331	Wetherby East, Thorp Arch and Walton
				5,661	E02002351	Scarcroft, Scholes and Shadwell

Total	**0**	**6,326**	**0**	**12,053**	**43,364**

About the IMD: The English Indices of Deprivation attempt to measure a broader concept of multiple deprivation, made up of several distinct dimensions, or domains, of deprivation. Seven distinct domains have been identified in the English Indices of Deprivation; Income Deprivation, Employment Deprivation, Health Deprivation and Disability, Education Skills and Training Deprivation, Barriers to Housing and Services, Living Environment Deprivation, and Crime. For more details visit http://www.communities.gov.uk/corporate/researchandstatistics/statistics/subject/indicesdeprivation

Neighbourhood Index

Neighbourhood Index

The City Council has worked with partner organisations to develop a "Neighbourhood Index" for the city, which provides the Council and its partners with a robust evidence base by which to plan service interventions and to begin to identify and guide resources into the areas of greatest need. It contributes to a more sophisticated understanding of the problems and issues facing local communities and the people in those communities, and provides a framework to benchmark progress in key neighbourhoods and communities.

The Neighbourhood Index is a tool which brings together a wealth of information that paints a broad picture of an area and helps to describe local conditions.

It is a multiple domain and indicator based system that seeks to measure outcomes rather than activities and inputs, and which can be used to measure the general "health" and the relative success of neighbourhoods across the city. The aim has been to provide a framework for the exchange, analysis and sharing of information amongst partners / project deliverers / local communities that:

- can consistently gather, collate, analyse and present information about neighbourhoods
- can identify areas of need and analyse relevant data on the critical issues facing target neighbourhoods
- provides an agreed mechanism for reporting progress in neighbourhoods, and target areas in particular, and monitors success in meeting targets.

The Index is constructed from 27 indicators that have been grouped into the following seven domains, then combined into a domain score and rank, and then into a single Neighbourhood Index score and rank:

Economic Activity	Community Safety
Low Income	Environment
Education	Housing
Health	

The Neighbourhood Index is run once a year and this profile represents the third year of the Index. Comparison profiles are also available showing how conditions in an area have changed over time. The information contained in the Neighbourhood Index provides a contextual background for the detailed health and wellbeing data contained in this profile.

Two profiles are included here as examples.

For further information please contact Jacky Pruckner, Business Transformation Team, Leeds City Council. Email: jacky.pruckner@leeds.gov.uk or telephone: 0113 2476394.

Leeds Neighbourhood Index Year 3

Outer North East Area Committee

On a best fit basis the Outer North East Area Committee covers nine Middle Super Output Areas (MSOA).

The following overview provides a brief summary for each MSOA in the area highlighting any domain scores that are significantly worse than the city average and identifying any domain where an area is ranked in the top 10.

E02002330: Wetherby West
This area is ranked 107 on the combined Neighbourhood Index. Across the individual domains the scores are all significantly higher than the averages for the city.

E02002331: Wetherby East / Thorp Arch / Walton
This area is ranked 79 on the combined Neighbourhood Index. Across the individual domains the scores are all higher than the averages for the city, although it should be noted that within the Low Income domain it has a higher than average proportion of older person households that are in receipt of local authority administered benefits.

E02002334: Braham / Boston Spa / Clifford
This area is ranked 90 on the combined Neighbourhood Index. Across the individual domains the scores are all higher than the averages for the city.

E02002335: Bardsey / East Keswick / Collingham / Linton / Harewood
This area is ranked 106 on the combined Neighbourhood Index. Across the individual domains the scores are well above the average for the city.

E02002341: Alwoodley West
This area is ranked 103 on the combined Neighbourhood Index. Across the individual domains the scores are well above the average for the city.

E02002344: Alwoodley East
This area is ranked 91 on the combined Neighbourhood Index. Across all domains the area scores are all higher than the averages for the city.

E02002347: Moor Allerton
With a rank of 36 on the combined Neighbourhood Index this is the least successful area in Outer North East. Across the domains the area scores are generally close to the city averages, however the scores for both the

Economic Activity and Low Income domains are both lower than the city figures.

E02002351: Scarcroft / Scholes / Shadwell
This area is ranked 102 on the combined Neighbourhood Index and across all domains the area scores are higher than the averages for the city.

E02002359: Aberford / Barwick / Lotherton / Thorner
This area is ranked 97 on the combined Neighbourhood Index. Across the individual domains the area scores are all higher than the averages for the city.

E02002347: Moor Allerton

Leeds City Council

Leeds Neighbourhood Index

Domain Summary

2011	Rank	Score	Leeds Score	Diff.
Economic Activity	26	46.27	68.48	-22.21
Low Income	30	46.75	58.74	-11.99
Housing	61	65.63	57.92	7.71
Health	49	59.89	50.84	9.05
Environment	64	91.90	78.94	12.96
Education	42	56.32	55.19	1.13
Community Safety	52	84.81	78.38	6.43
Leeds Index	36	50.89	56.19	-5.31

Key Statistics

Key Statistics	Profiled Area Number	Profiled Area Rate	Leeds M.D. Number	Leeds M.D. Rate
Population 2009 MYE	6,196		787,701	
Households Liable for Council Tax	2,760		321,098	
BME Population	902	15.27%	77,482	10.83%
Foundation Stage	32	50.00%	4,251	52.49%
Key Stage 2	48	80.00%	5,596	73.09%
Key Stage 4	38	48.10%	3,858	50.16%
Persistent Absenteeism	28	8.09%	2,838	7.60%
NEET (Nov - Jan Average)	16	7.42%	1596	7.58%
Crimes Against the Person	224	N/A	25,887	N/A
Acquisitive Property Crime	215	N/A	45,203	N/A
Environmental Crimes	68	N/A	11,961	N/A
Community Disorders	495	N/A	51,988	N/A
Average Purchase Price	£144,087	N/A	£170,997	N/A
Price / Income Ratio	5.62	N/A	5.24	N/A
Housing Turnover	302	10.63%	47,987	14.23%
Empty Homes (90+ days)	111	3.91%	21,110	6.26%
Children in Workless Households	283	24.21%	25,184	18.88%
Households Receiving In-Work Benefits	198	7.17%	15,569	4.85%
60+ Households In Receipt of Benefits	417	15.11%	33,200	10.34%
Court Payment Orders	162	N/A	23,562	N/A
Job Seekers' Allowance	228	5.83%	22,675	4.34%
Incapacity Benefit	445	11.38%	30,830	5.90%
Lone Parent Income Support	75	1.92%	8,710	1.67%
Circulatory Disease Mortality	N/A	68.34	N/A	79.13
Cancer Mortality	N/A	103.48	N/A	117.74
Low Birthweight	N/A	7.88	N/A	7.86
Adult Social Care	174	N/A	12,836	N/A
Fly Tipping	18	N/A	4,375	N/A
Graffiti	15	N/A	3,141	N/A
Waste Issues	27	N/A	6,852	N/A

Adult Social Care

Adult Social Care Community Based Service Users	Profiled Area Number	Profiled Area Rate	Leeds MD Number	Leeds MD Rate
Learning Disabilities	17	N/A	1,448	N/A
Mental Health	49	N/A	2,424	N/A
Physical Disability	98	N/A	8,374	N/A
Other Reasons	10	N/A	590	N/A

Age (2009 M.Y.E.)

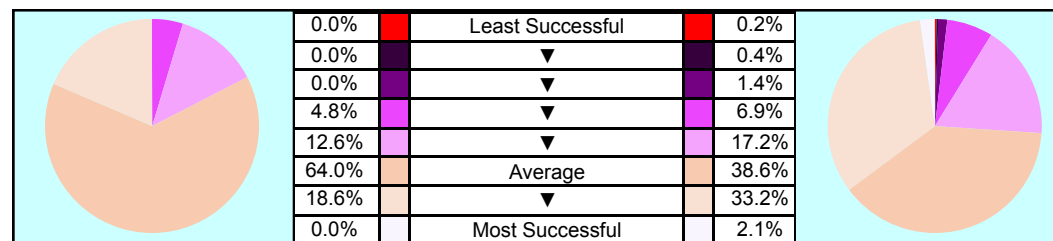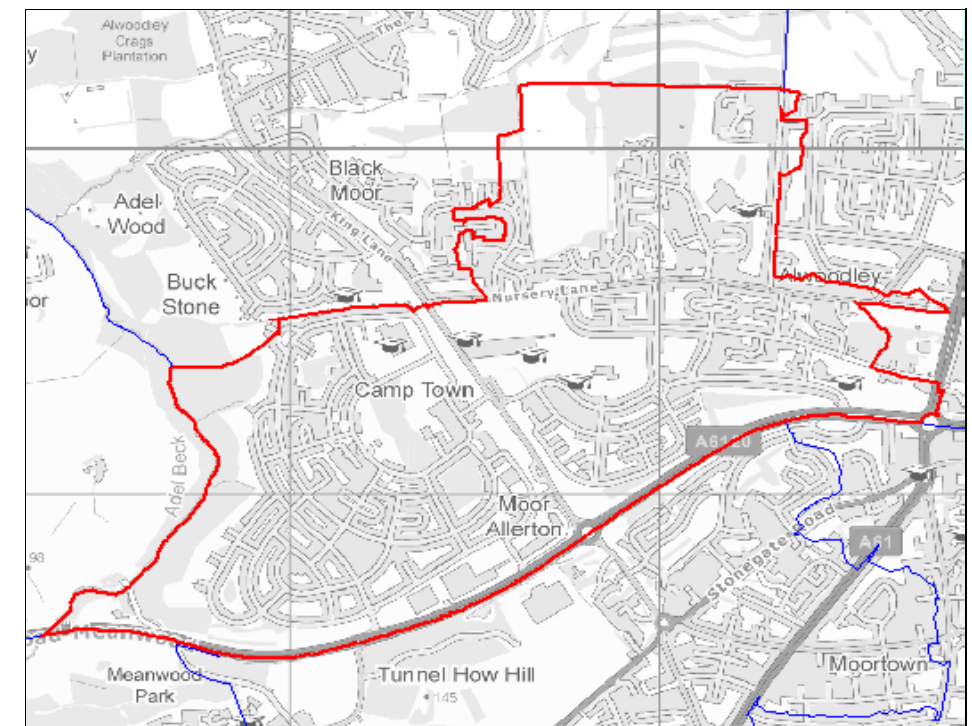| Age (2009 M.Y.E.)	Profiled Area Number	Profiled Area Rate	Leeds MD Number	Leeds MD Rate
Children	1,169	18.87%	133,396	16.93%
Working Age	3,909	63.09%	522,769	66.37%
Older People	1,118	18.04%	131,536	16.70%
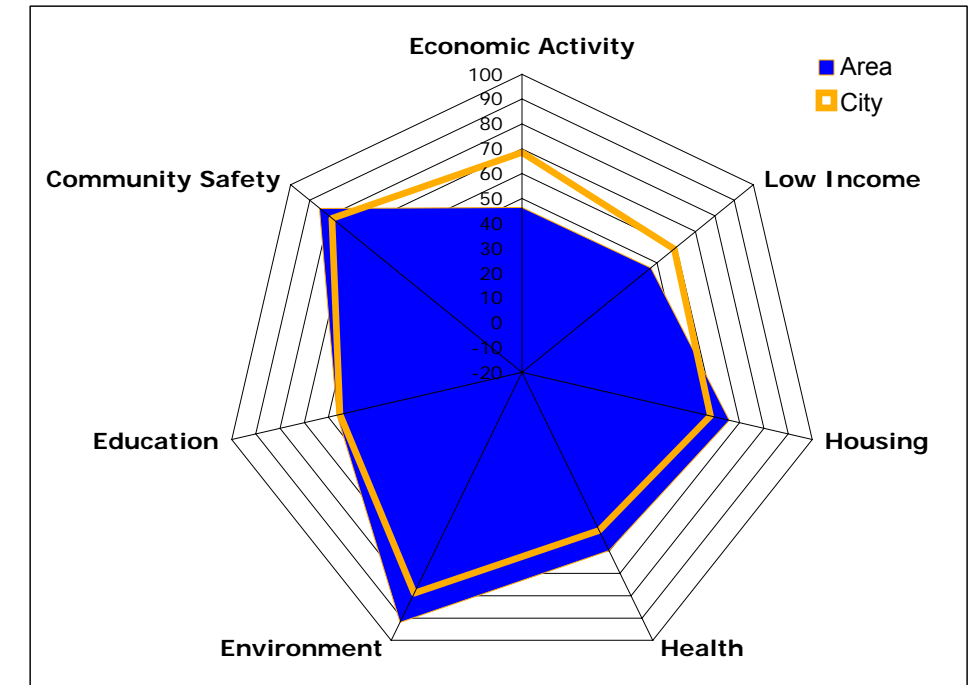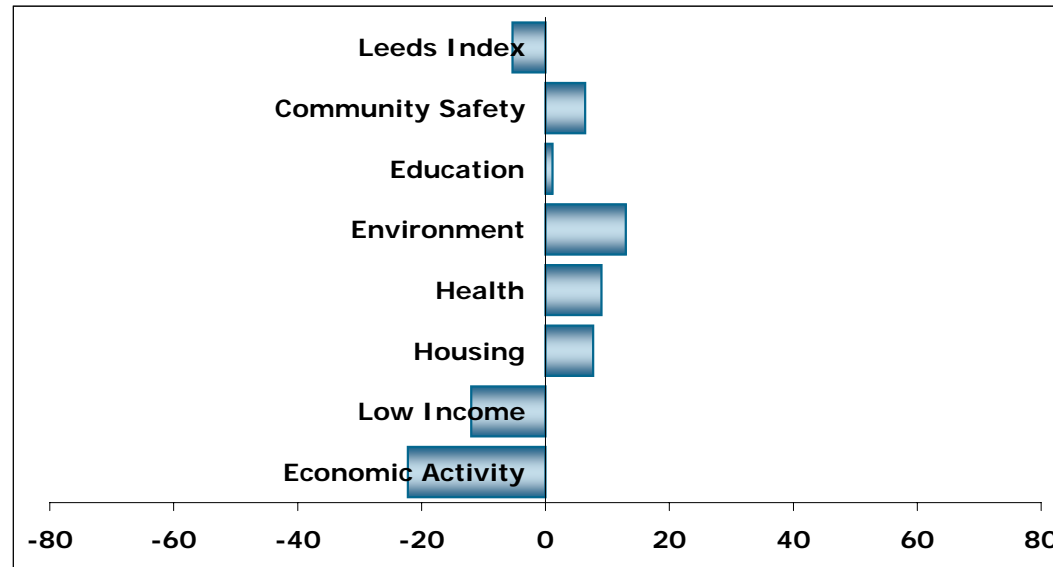
The area is located in the Outer North East. It is located north of the Outer Ring Road and to the west of Harrogate Road, predominantly residential it contains the housing areas of Aldertons, Cranmers, Lingfields, Fir Trees and Tynwalds.

The age breakdown shows slightly higher than average proportions of both children and of older people. The area has a diverse ethnic population with over 15% of people coming from BME communities.

46% of households are in owner-occupation and 41% are renting from the local authority (through and ALMO). Semi-detached housing accounts for 51.5% of the stock with purpose built flats accounting for a further 29%. 59% of properties are classified in Council Tax Band A and 20% in Band B.

The area contains three primary Schools, a High School and a Children's Centre. The area has been designated a priority neighbourhood and is served by Moor Alleron Partnership (MAP) which comprises representatives from all major statutory and voluntary organisations working together to improve the quality of life for local residents.

The area includes: Moor Allerton Shopping Centre; a library; Moor Allerton Elderly Care (MAECare) Centre which provides a range of support services for older people; Northcall Centre providing a range of services and activities for the community; and Open House – based in a council owned shop unit offers a range of activities.

Profiled Area		Band		Leeds M.D.
0.0%		Least Successful		0.2%
0.0%		▼		0.4%
0.0%		▼		1.4%
4.8%		▼		6.9%
12.6%		▼		17.2%
64.0%		Average		38.6%
18.6%		Most Successful		33.2%
0.0%				2.1%

The pie charts represent the weighted proportions of individual indicators falling into each band

Ethnicity (2001 Census)

Ethnicity (2001 Census)	Profiled Area Number	Profiled Area Rate	Leeds M.D. Number	Leeds M.D. Rate
White British	5,006	84.73%	637,872	89.17%
Irish	70	1.18%	8,532	1.19%
Black Caribbean & White	81	1.37%	4,577	0.64%
Black African & White	7	0.12%	867	0.12%
Asian & White	37	0.63%	2,541	0.36%
Indian	139	2.35%	12,296	1.72%
Pakistani	139	2.35%	15,064	2.11%
Bangladeshi	10	0.17%	2,531	0.35%
Black Caribbean	83	1.40%	6,737	0.94%
Black African	32	0.54%	2,404	0.34%
Chinese	48	0.81%	3,468	0.48%

Faith (2001 Census)

Faith (2001 Census)	Profiled Area Number	Profiled Area Rate	Leeds M.D. Number	Leeds M.D. Rate
Christian	3,768	64.08%	492,656	68.87%
Buddhist	6	0.10%	1,603	0.22%
Hindu	56	0.95%	4,189	0.59%
Jewish	384	6.53%	8,233	1.15%
Muslim	234	3.98%	21,385	2.99%
Sikh	87	1.48%	7,601	1.06%

Supplementary Health Information

Supplementary Health Information	Profiled Area Number	Profiled Area Rate	Leeds MD Number	Leeds MD Rate
CHD Prevalance	N/A	4%	N/A	3.5%
Smoking Prevalance	N/A	25%	N/A	22.8%

Disability (2001 Census)

Disability (2001 Census)	Profiled Area Number	Profiled Area Rate	Leeds MD Number	Leeds MD Rate
Limiting Long-Term Illness	1,329	22.59%	128,647	17.98%

DRAFT area committee profile for editing

E02002330: Wetherby West

Leeds City Council
Leeds Neighbourhood Index

(Bar chart: Leeds Index, Community Safety, Education, Environment, Health, Housing, Low Income, Economic Activity — scale -80 to 80)

(Radar chart — Area vs City: Economic Activity, Low Income, Housing, Health, Environment, Education, Community Safety)

Domain Summary

2011	Rank	Score	Leeds Score	Diff.
Economic Activity	102	96.17	68.48	27.69
Low Income	102	94.41	58.74	35.68
Housing	106	89.31	57.92	31.39
Health	108	101.88	50.84	51.04
Environment	107	101.12	78.94	22.18
Education	102	92.48	55.19	37.28
Community Safety	107	99.97	78.38	21.60
Leeds Index	107	100.27	56.19	44.07

Key Statistics

Key Statistics	Profiled Area Number	Profiled Area Rate	Leeds M.D. Number	Leeds M.D. Rate
Population 2009 MYE	6,831		787,701	
Households Liable for Council Tax	2,703		321,098	
BME Population	192	2.70%	77,482	10.83%
Foundation Stage	43	71.67%	4,251	52.49%
Key Stage 2	60	90.91%	5,596	73.09%
Key Stage 4	40	68.97%	3,858	50.16%
Persistent Absenteeism	6	2.78%	2,838	7.60%
NEET (Nov - Jan Average)	1	1.17%	1596	7.58%
Crimes Against the Person	42	N/A	25,887	N/A
Acquisitive Property Crime	82	N/A	45,203	N/A
Environmental Crimes	25	N/A	11,961	N/A
Community Disorders	195	N/A	51,988	N/A
Average Purchase Price	£323,490	N/A	£170,997	N/A
Price / Income Ratio	7.14	N/A	5.24	N/A
Housing Turnover	164	5.94%	47,987	14.23%
Empty Homes (90+ days)	86	3.11%	21,110	6.26%
Children in Workless Households	26	2.40%	25,184	18.88%
Households Receiving In-Work Benefits	44	1.63%	15,569	4.85%
60+ Households In Receipt of Benefits	105	3.88%	33,200	10.34%
Court Payment Orders	40	N/A	23,562	N/A
Job Seekers' Allowance	47	1.20%	22,675	4.34%
Incapacity Benefit	95	2.43%	30,830	5.90%
Lone Parent Income Support	10	0.26%	8,710	1.67%
Circulatory Disease Mortality	N/A	21.52	N/A	79.13
Cancer Mortality	N/A	88.01	N/A	117.74
Low Birthweight	N/A	2.82	N/A	7.86
Adult Social Care	66	N/A	12,836	N/A
Fly Tipping	8	N/A	4,375	N/A
Graffiti	2	N/A	3,141	N/A
Waste Issues	4	N/A	6,852	N/A

Adult Social Care

Adult Social Care Community Based Service Users	Profiled Area Number	Profiled Area Rate	Leeds MD Number	Leeds MD Rate
Learning Disabilities	21	N/A	1,448	N/A
Mental Health	9	N/A	2,424	N/A
Physical Disability	34	N/A	8,374	N/A
Other Reasons	2	N/A	590	N/A

Age (2009 M.Y.E.)

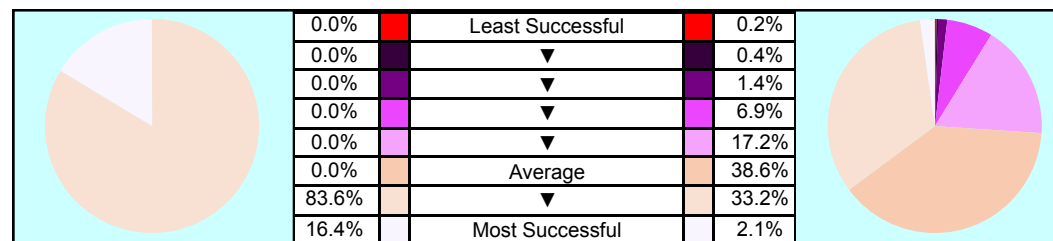| Age (2009 M.Y.E.)	Profiled Area Number	Profiled Area Rate	Leeds MD Number	Leeds MD Rate
Children	1,085	15.88%	133,396	16.93%
Working Age	3,913	57.28%	522,769	66.37%
Older People	1,833	26.83%	131,536	16.70%
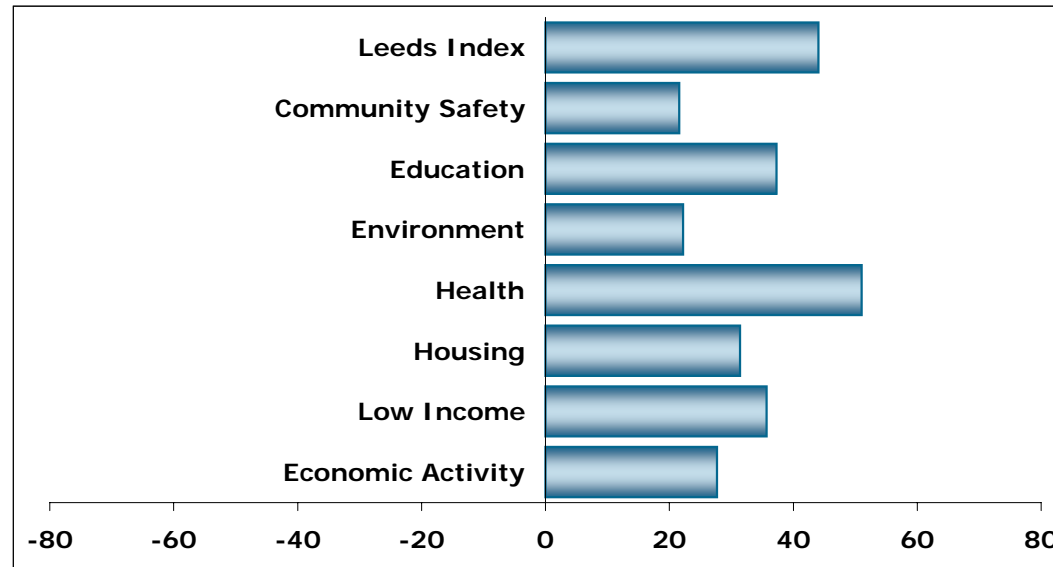
The area is located in the Outer North East and covers the west of Wetherby (west of the B6164). The area also includes the northern part of the village of Linton.

The population is predominantly White British and the age breakdown shows a higher than average proportion of older people.

92% of households are in owner occupation. Detached housing accounts for 62% of the stock and semi-detached for 26%. 73% of properties are classified in Council Tax Bands D-H.

There are two primary schools: Deighton Gates and St Josephs Catholic. The area is served by Wetherby and Harewood Neighbourhood Policing Team. Wetherby has a town council which is able to raise its own precept and spend money on local projects.

	Profiled Area		Leeds M.D.
0.0%	Least Successful	(red)	0.2%
0.0%	▼		0.4%
0.0%	▼		1.4%
0.0%	▼		6.9%
0.0%	▼		17.2%
0.0%	Average		38.6%
83.6%			33.2%
16.4%	Most Successful		2.1%

Profiled Area   The pie charts represent the weighted proportions of individual indicators falling into each band   **Leeds M.D.**

Ethnicity (2001 Census)

Ethnicity (2001 Census)	Profiled Area Number	Profiled Area Rate	Leeds M.D. Number	Leeds M.D. Rate
White British	6,906	97.30%	637,872	89.17%
Irish	44	0.62%	8,532	1.19%
Black Caribbean & White	9	0.13%	4,577	0.64%
Black African & White	0	0.00%	867	0.12%
Asian & White	22	0.31%	2,541	0.36%
Indian	6	0.08%	12,296	1.72%
Pakistani	10	0.14%	15,064	2.11%
Bangladeshi	0	0.00%	2,531	0.35%
Black Caribbean	6	0.08%	6,737	0.94%
Black African	0	0.00%	2,404	0.34%
Chinese	11	0.15%	3,468	0.48%

(Map: E02002330 Wetherby West — Wetherby, Linton)

Faith (2001 Census)
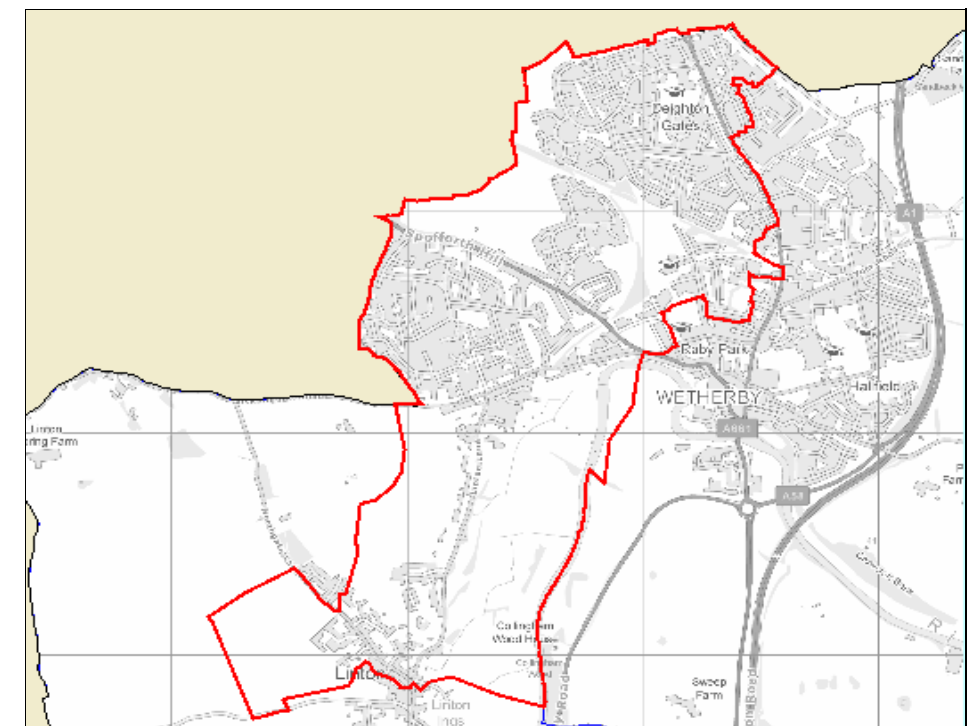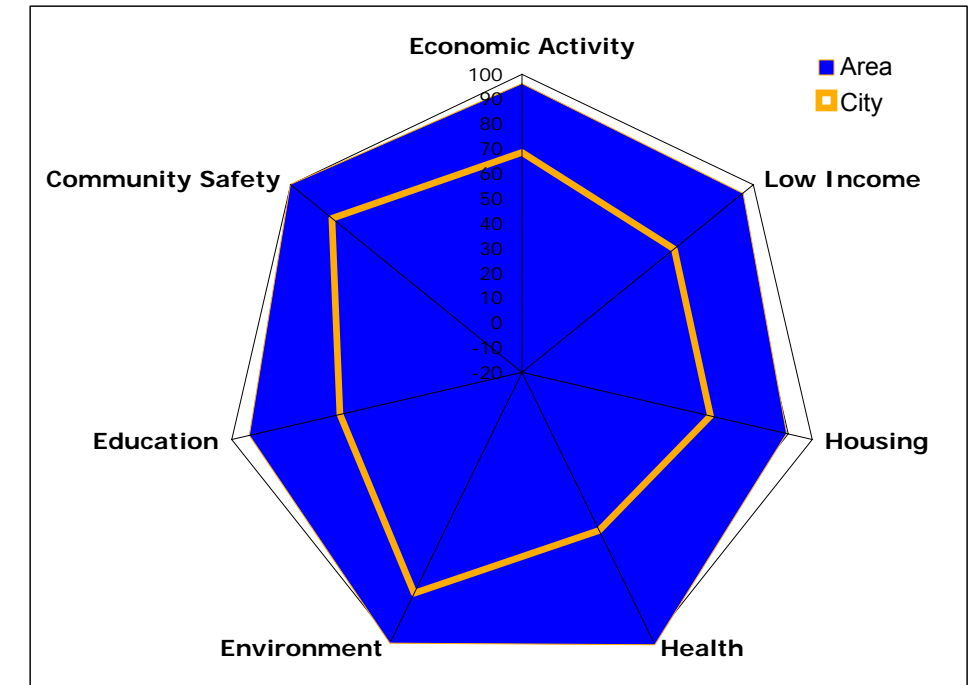
Faith (2001 Census)	Profiled Area Number	Profiled Area Rate	Leeds M.D. Number	Leeds M.D. Rate
Christian	5,904	83.35%	492,656	68.87%
Buddhist	3	0.04%	1,603	0.22%
Hindu	3	0.04%	4,189	0.59%
Jewish	25	0.35%	8,233	1.15%
Muslim	16	0.23%	21,385	2.99%
Sikh	3	0.04%	7,601	1.06%

Supplementary Health Information

Supplementary Health Information	Profiled Area Number	Profiled Area Rate	Leeds MD Number	Leeds MD Rate
CHD Prevalance	N/A	4%	N/A	3.5%
Smoking Prevalance	N/A	11%	N/A	22.8%

Disability (2001 Census)

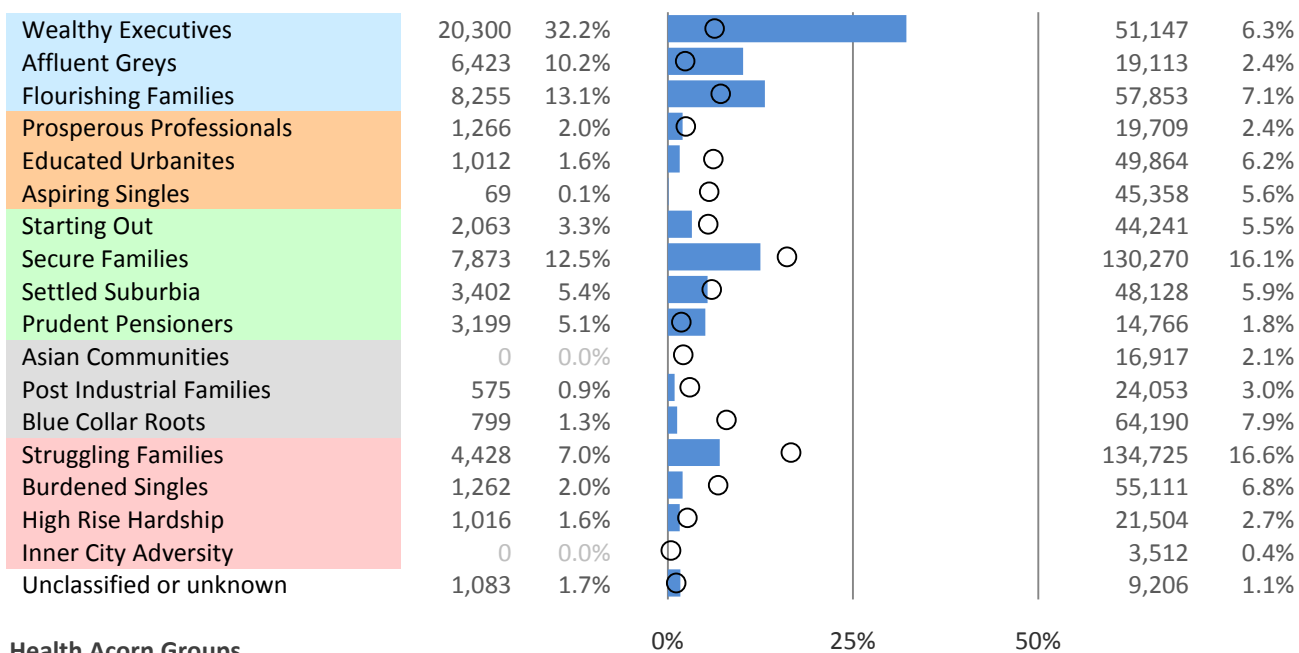| Disability (2001 Census)	Profiled Area Number	Profiled Area Rate	Leeds MD Number	Leeds MD Rate
Limiting Long-Term Illness	873	12.34%	128,647	17.98%

2010 Population Acorn Profile

Acorn is a nationwide population segmentation tool. It combines geography with demographics and lifestyle information, and places where people live with their underlying characteristics and behaviour, to create a tool for understanding the different types of people in different areas throughout the country. This data is modelled using the standardised population provided by JICPOP, *not* Leeds GP patients. see www.jicpops.co.uk

This sheet compares the population of Outer North East Area Committee with the whole population of Leeds in terms of Acorn groups. For instance 10.6% of the population are in the 'Hard Pressed' category, compared to 26.5% of the population of Leeds.

Acorn categories

	people			Leeds	
Wealthy Achievers	34,978	55.5%		128,113	15.8%
Urban Prosperity	2,347	3.7%		114,931	14.2%
Comfortably Off	16,537	26.2%		237,405	29.3%
Moderate Means	1,374	2.2%		105,160	13.0%
Hard Pressed	6,706	10.6%		214,852	26.5%
Unclassified or unknown	1,083	1.7%		9,206	1.1%

Acorn groups

	people			Leeds	
Wealthy Executives	20,300	32.2%		51,147	6.3%
Affluent Greys	6,423	10.2%		19,113	2.4%
Flourishing Families	8,255	13.1%		57,853	7.1%
Prosperous Professionals	1,266	2.0%		19,709	2.4%
Educated Urbanites	1,012	1.6%		49,864	6.2%
Aspiring Singles	69	0.1%		45,358	5.6%
Starting Out	2,063	3.3%		44,241	5.5%
Secure Families	7,873	12.5%		130,270	16.1%
Settled Suburbia	3,402	5.4%		48,128	5.9%
Prudent Pensioners	3,199	5.1%		14,766	1.8%
Asian Communities	0	0.0%		16,917	2.1%
Post Industrial Families	575	0.9%		24,053	3.0%
Blue Collar Roots	799	1.3%		64,190	7.9%
Struggling Families	4,428	7.0%		134,725	16.6%
Burdened Singles	1,262	2.0%		55,111	6.8%
High Rise Hardship	1,016	1.6%		21,504	2.7%
Inner City Adversity	0	0.0%		3,512	0.4%
Unclassified or unknown	1,083	1.7%		9,206	1.1%

Health Acorn Groups

	people			Leeds	
Existing Problems	6,870	10.9%		150,588	18.6%
Future Problems	636	1.0%		142,150	17.6%
Possible Future Concerns	42,789	67.9%		228,318	28.2%
Healthy	11,191	17.8%		282,174	34.9%

The population of Outer North East Area Committee is divided between Acorn categories in a manner which differs greatly to the way the Leeds population is divided. For instance, the Wealthy Achievers category has very much higher prevalence here than it does in the Leeds population as a whole.

Outer North East is made up of 9 MSOAs, it has some of the wealthiest areas in Leeds e.g. Wetherby West, Alwoodley West, this is reflected in Acorn data with a higher number of "wealthy achievers" than the Leeds average. However, it does also have 1 MSOA which is much more deprived, Moor Allerton ranked 36 in the neighbourhood index; this MSOA by contrast has 68% hard "pressed compared" to the rest of this profile of only 10%.In terms of Health Acorn Data, the area has lower rates of "existing health problems" but interestingly has a higher rate of possible "future concerns", this could be due to the age of the population being higher than the Leeds average.

For more information about Acorn, including the characteristics of the categories, groups and types listed here, visit
http://www.caci.co.uk/Acorn-classification.aspx   and   http://www.caci.co.uk/healthacorn.aspx

Cancer and CHD

note: chart scales vary to reveal maximum detail, be careful with visual comparisons between charts

Cancer rates	This area	Leeds	Deprived quintile
Qtr 1 09-10	2,091	2,043	1,805
Qtr 2 09-10	2,115	2,062	1,821
Qtr 3 09-10	2,123	2,069	1,834
Qtr 4 09-10	2,144	2,088	1,849
Qtr 1 10-11	2,152	2,116	1,874
Qtr 2 10-11	2,148	2,147	1,925
Qtr 3 10-11	2,179	2,181	1,956
Qtr 4 10-11	2,169	2,199	1,999
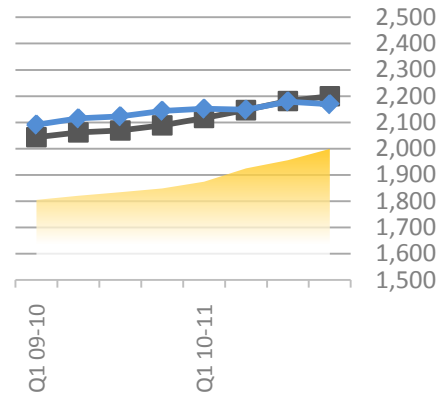
Rates are *age standardised* and per 100,000

Deprived quintile — Leeds — This area

The Outer North East Area Committee has age standardised cancer rates which are generally the same as Leeds, and above that of the deprived quintile. The three MSOA with highest age standardised rates of cancer are E02002341, E02002359, and E02002344. In addition, age standardised CHD rates are generally much lower than Leeds, and much lower than that of the deprived quintile. The three MSOA with highest age standardised rates of CHD are E02002347, E02002331, and E02002344.

The main risk factors for cancer are: growing older, smoking, sun, ionising radiation and chemicals, some viruses, family history of cancer, alcohol, poor diet, lack of physical activity, or being overweight. Life expectancy for people with cancer is lower in more deprived communities. The range of risk factors suggests many cancers are potentially preventable. CHD has a close association with deprivation as well as key lifestyle factors such as smoking, being overweight and excessive alcohol use. From a recent CVD mortality audit within Leeds we know that being on a register has a positive effective on increasing both life expectancy and quality of life.

In terms of risk factors the smoking rate is below the Leeds figure. The standardised rate of obesity is just below the Leeds average. This area made is up of mainly wealthy MSOAs and in general has low levels of deprivation.

CHD rates	This area	Leeds	Deprived quintile
Qtr 1 09-10	2,454	2,973	3,628
Qtr 2 09-10	2,453	2,961	3,631
Qtr 3 09-10	2,431	2,934	3,589
Qtr 4 09-10	2,411	2,912	3,590
Qtr 1 10-11	2,430	2,899	3,597
Qtr 2 10-11	2,396	2,885	3,625
Qtr 3 10-11	2,413	2,876	3,576
Qtr 4 10-11	2,395	2,854	3,563

Rates are *age standardised* and per 100,000

About the GP records data collection: The PCT runs a quarterly collection of data from GP systems, forming a picture over time of how conditions are recorded by GPs across Leeds. The automated data collections note the most recent occurances of specific disease codes in each patients record as defined by the Quality Outcomes Framework (QOF). The data includes age, gender and location information, giving Leeds a much greater level of detail than standard QOF data and is a benefit of the trusting relationship we have developed with practices.

Age standardised rates: Are calculated using the date-relevant GP registered populations for those practices which partook in the data collection. Some practices opted not to submit data for certain audits and therefore their population are not part of rate calculations. **Deprived QUINTILE:** The deprived quintile is the most deprived *fifth of all MSOA* in Leeds. 'Deprived Leeds' as used elsewhere, is the *LSOA* in Leeds which are in the 10% most deprived in England - a more exact definition, but GP audit data is restricted to *MSOA* level and cannot be resolved to the finer level of detail *LSOAs* offer.

COPD and Diabetes

note: chart scales vary to reveal maximum detail, be careful with visual comparisons between charts

COPD rates	This area	Leeds	Deprived quintile
Qtr 1 09-10	808	1,468	2,669
Qtr 2 09-10	785	1,481	2,697
Qtr 3 09-10	787	1,482	2,713
Qtr 4 09-10	773	1,475	2,711
Qtr 1 10-11	798	1,495	2,743
Qtr 2 10-11	825	1,500	2,759
Qtr 3 10-11	821	1,524	2,813
Qtr 4 10-11	793	1,537	2,873

Rates are *age standardised* and per 100,000

Legend: Deprived quintile — Leeds — This area
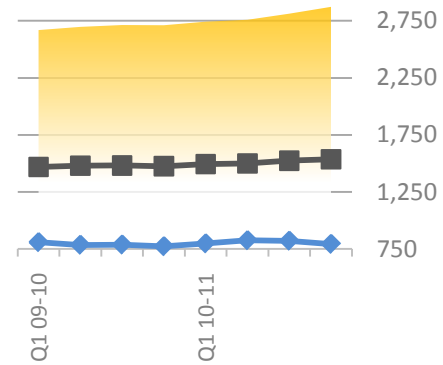
The Outer North East Area Committee has age standardised COPD rates which are generally very much lower than Leeds, and very much lower than that of the deprived quintile. The three MSOA with highest age standardised rates of COPD are E02002347, E02002334, and E02002331. In addition, age standardised diabetes rates are generally much lower than Leeds, and very much lower than that of the deprived quintile. The three MSOA with highest age standardised rates of Diabetes are E02002347, E02002344, and E02002341.

COPD is a disease of the lungs and is a key cause of premature mortality in Leeds. It is associated with deprivation and smoking. COPD is often identified late, reducing options for management to improve quality of life or to slow down the progression of the disease. Diabetes consists of type 1 and 2. Type 2 is the most common and is strongly associated with obesity, other lifestyle factors, particular population groups and deprivation. The NHS Health Check (a vascular risk assessment and identification programme) is a systematic way of identifying people with diabetes, it is estimated that the prevalence in Leeds should be around 6.7% but the recorded prevalence on GP system for Leeds is 3.6%.

The low age standardised rate of COPD compared to Leeds reflects the low rate of GP recorded smoking in this area.

Diabetes rates	This area	Leeds	Deprived quintile
Qtr 1 09-10	2,497	3,352	4,769
Qtr 2 09-10	2,509	3,384	4,852
Qtr 3 09-10	2,539	3,410	4,844
Qtr 4 09-10	2,581	3,452	4,929
Qtr 1 10-11	2,625	3,500	5,050
Qtr 2 10-11	2,664	3,554	5,153
Qtr 3 10-11	2,686	3,601	5,228
Qtr 4 10-11	2,707	3,616	5,244

Rates are *age standardised* and per 100,000

About the GP records data collection: The PCT runs a quarterly collection of data from GP systems, forming a picture over time of how conditions are recorded by GPs across Leeds. The automated data collections note the most recent occurances of specific disease codes in each patients record as defined by the Quality Outcomes Framework (QOF). The data includes age, gender and location information, giving Leeds a much greater level of detail than standard QOF data and is a benefit of the trusting relationship we have developed with practices.

Age standardised rates: Are calculated using the date-relevant GP registered populations for those practices which partook in the data collection. Some practices opted not to submit data for certain audits and therefore their population are not part of rate calculations. **Deprived QUINTILE:** The deprived quintile is the most deprived *fifth of all MSOA* in Leeds. 'Deprived Leeds' as used elsewhere, is the *LSOA* in Leeds which are in the 10% most deprived in England - a more exact definition, but GP audit data is restricted to *MSOA* level and cannot be resolved to the finer level of detail *LSOAs* offer.

Obesity and Smoking

note: chart scales vary to reveal maximum detail, be careful with visual comparisons between charts

Obesity rates	This area	Leeds	Deprived quintile
Qtr 1 09-10	17,836	20,581	25,081
Qtr 2 09-10	17,754	20,587	25,104
Qtr 3 09-10	17,813	20,572	25,214
Qtr 4 09-10	17,914	20,831	25,340
Qtr 1 10-11	18,029	20,924	25,498
Qtr 2 10-11	17,994	20,887	25,445
Qtr 3 10-11	17,892	21,020	25,603
Qtr 4 10-11	17,904	21,130	25,726

Rates are *age standardised* and per 100,000

Deprived quintile   Leeds   This area
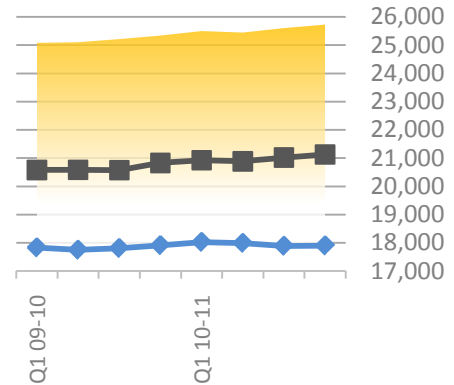
The Outer North East Area Committee has age standardised obesity rates which are generally below Leeds, and much lower than that of the deprived quintile. The three MSOA with highest age standardised rates of Obesity are E02002347, E02002331, and E02002359. In addition, age standardised smoking rates are generally much lower than Leeds, and very much lower than that of the deprived quintile. The three MSOA with highest age standardised rates of Smoking are E02002347, E02002331, and E02002359.

The latest Health Survey for England (HSE) data shows that nearly 1 in 4 adults, and over 1 in 10 children aged 2-10, are obese and the trend is set to increase. Obesity can have a severe impact on people's health. Around 10% of all cancer deaths among non- smokers are related to obesity. The risk of coronary artery disease and type 2 diabetes directly increases with increasing levels of obesity e.g. levels of type 2 diabetes are about 20 times greater for people who are very obese. These diseases can shorten life expectancy.

The use of tobacco is the primary cause of preventable disease and premature death. It is not only harmful to smokers but also to the people around them through the damaging effects of second-hand smoke. Smoking rates are much higher in some social groups, including those with the lowest incomes. These groups suffer the highest burden of smoking-related illness and death. This is the single biggest cause of inequalities in death rates between the richest and poorest in our communities. Levels of smoking have fallen since the 1960s. However this decline in smoking rates has stopped and may be reversing.

Smoking rates	This area	Leeds	Deprived quintile
Qtr 1 09-10	15,333	23,268	33,989
Qtr 2 09-10	15,083	23,213	33,989
Qtr 3 09-10	15,152	23,039	33,720
Qtr 4 09-10	15,117	22,982	33,601
Qtr 1 10-11	15,200	22,922	33,589
Qtr 2 10-11	15,094	22,793	33,422
Qtr 3 10-11	15,211	23,089	33,950
Qtr 4 10-11	14,997	23,112	34,123

Rates are *age standardised* and per 100,000

About the GP records data collection: The PCT runs a quarterly collection of data from GP systems, forming a picture over time of how conditions are recorded by GPs across Leeds. The automated data collections note the most recent occurances of specific disease codes in each patients record as defined by the Quality Outcomes Framework (QOF).   The data includes age, gender and location information, giving Leeds a much greater level of detail than standard QOF data and is a benefit of the trusting relationship we have developed with practices.

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Mortality rates, all causes, under 75s 2006-8

Calculated using the best fit MSOA for this area

Mortality rates per hundred thousand for all 108 MSOA in Leeds are ranked in the charts below. The MSOA comprising this report area are highlighted in blue. Leeds and Deprived Leeds under 75s mortality rates are shown as vertical lines for comparison.

MSOA of this area, listed in corresponding order to their position in the main charts

Male and female, all causes per 100,000

MSOA
E02002330
E02002335
E02002351
E02002341
E02002344
E02002334
E02002359
E02002331
E02002347

Female, all causes per 100,000

MSOA
E02002330
E02002351
E02002359
E02002335
E02002344
E02002334
E02002341
E02002331
E02002347

Male, all causes per 100,000

MSOA
E02002330
E02002335
E02002341
E02002351
E02002344
E02002334
E02002359
E02002331
E02002347
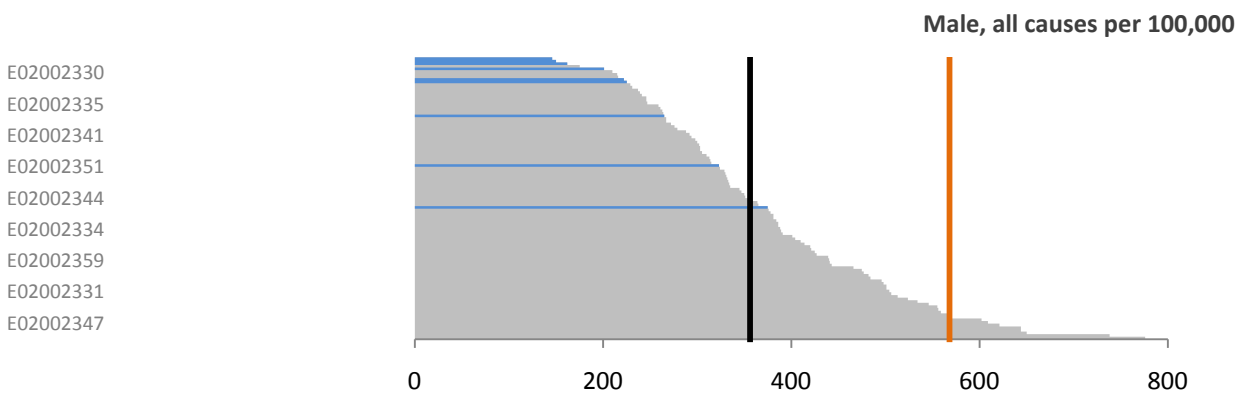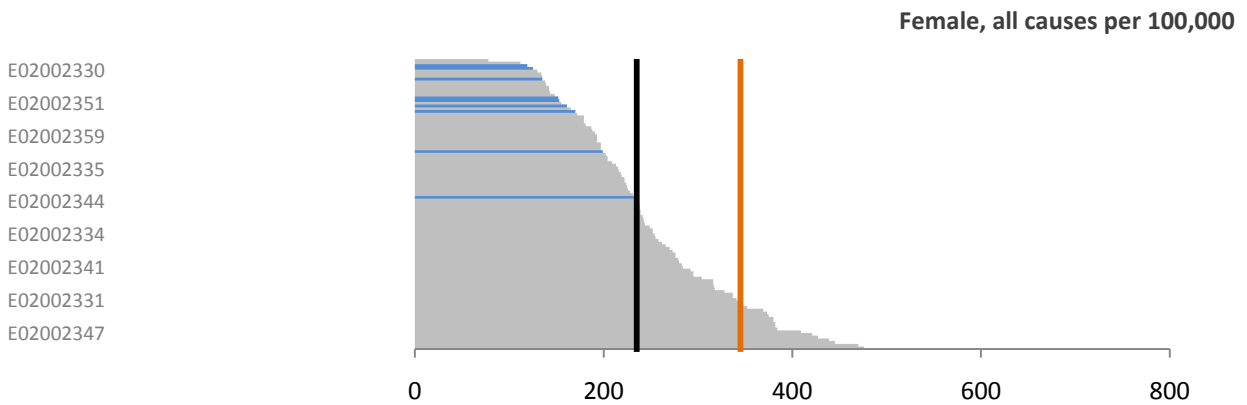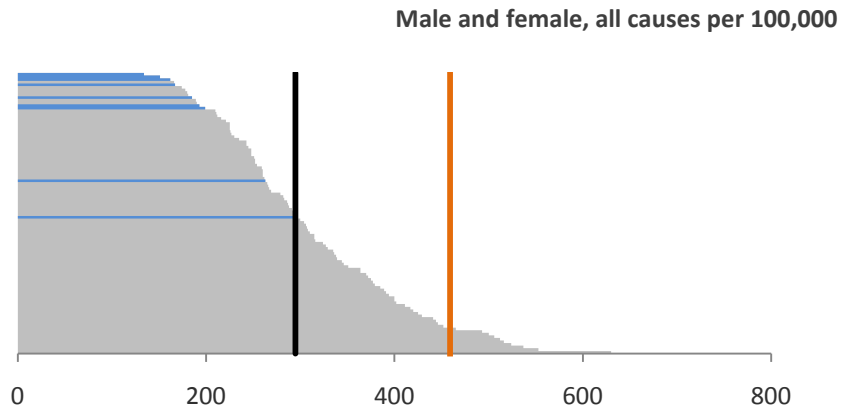
This area All MSOAs Leeds Deprived Leeds

These charts show at MSOA level the mortality rates within Outer North East Area for men and women. This area is made up of 9 MSOAs which fall within the more affluent areas of Leeds; Moor Allerton is the only MSOA that has slightly higher than average male mortality. All other MSOAs in this area have mortality rates lower than that of Leeds as a whole.

Source: ONS deaths extract, GP registered populations.

Mortality rates, under 75s 2006-8

Mortality rates per hundred thousand for this Area Committee are listed below for all causes and three major sub headings - cancer mortality, circulatory disease mortality, and respiratory disease mortality.   A rate is shown for Males, Females, and All. The charts display this information alongside that for Leeds and Deprived Leeds.

Outer North East Area Committee	All	Males	Females
Mortality, all Causes	188.2	218.2	159.6
Cancer mortality	90.3	86.7	93.8
Circulatory disease mortality	42.4	60.9	25.0
Respiratory disease mortality	12.3	13.8	10.8

- ■ Area Committee
- ■ Leeds
- ■ Deprived Leeds
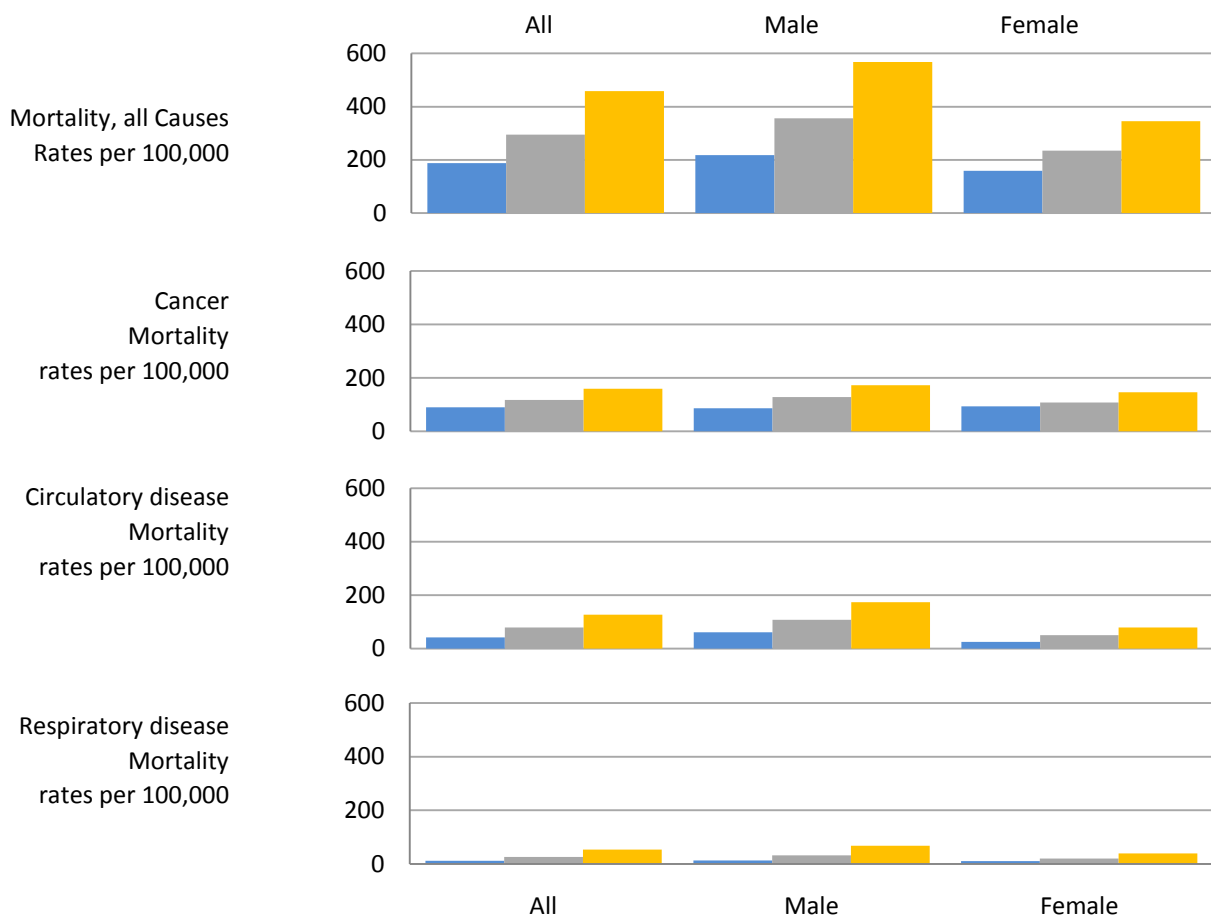
Mortality rates for Outer North East area are well below average.

Source: ONS deaths extract, GP registered populations. **'Deprived Leeds'** is the LSOA in Leeds which are in the *10% most deprived in England.*

Alcohol admissions 2009-10

Alcohol *specific* admissions

(Where alcohol is the single cause of admission)

	Count	This area rate	Leeds rate
All	217	3.5 per 1,000	6.0 per 1,000
Male	133	4.4 per 1,000	8.1 per 1,000
Female	84	2.6 per 1,000	3.8 per 1,000

■ This area
□ Leeds

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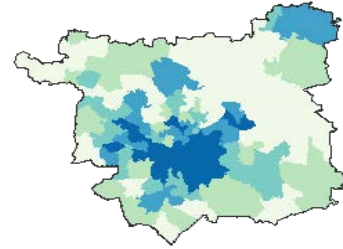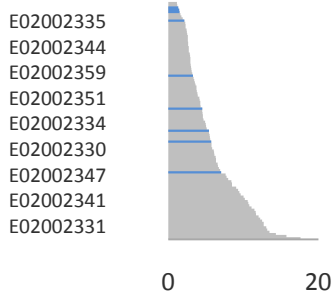
All MSOAs in Leeds ranked by their alcohol specific admissions rate per 1000 population. Those in this area are highlighted in blue and listed in order of appearance.

This area: Alcohol specific admissions rates per 1000 population.

Map of all MSOAs in Leeds, showing alcohol specific admissions divided into five groups each with about a fifth of all MSOAs.

Alcohol *attributable* admissions

(Where alcohol is not the entire cause of admission.

	This area rate	Leeds rate
All	17.5 per 1,000	18.7 per 1,000
Male	22.1 per 1,000	23.1 per 1,000
Female	13.1 per 1,000	14.4 per 1,000

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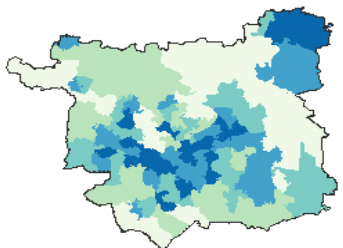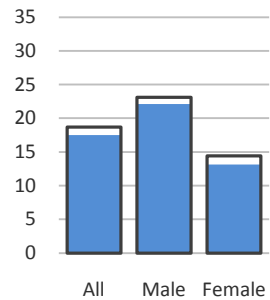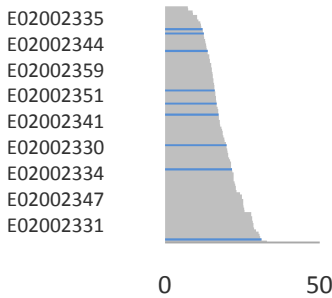
All MSOAs in Leeds ranked by their alcohol attributable admissions rate per 1000 population. Those in this area are highlighted in blue and listed in order of appearance.

This area: Alcohol attributable admissions rates per 1000 population.

Map of all MSOAs in Leeds, showing alcohol attributable admissions divided into five groups each with about a fifth of all MSOAs.

The overall alcohol specific admission rate in Outer North East Area Committee is much lower than the Leeds rate. As is normal, the Male rate is higher than the Female rate. When we look at attributable admissions, the overall rate in Outer North East Area Committee is about the same as the Leeds rate. As is normal, the Male attributable admissions rate is much higher than the Female rate.

The misuse of alcohol is associated with a wide range of chronic health conditions such as liver disease, hypertension, some cancers, impotence and mental health problems. It has a direct association with accidents, criminal offending, domestic violence and risky sexual behaviour. It also has hidden impacts on educational attainment and workplace productivity. Within this area, both alcohol specific and attributable admission rates are below the Leeds average. However Wetherby East has high rates for both.

Source: Hospital episode statistics 2009-10 and NWPHO alcohol attributable fractions - details of how attributable admissions are calculated can be found at http://www.nwph.net/nwpho/publications/alcoholattributablefractions.pdf. **Maps** show data split into groups each holding about a fifth of 108 MSOA in Leeds, for full scale maps with legends please contact Adam.taylor@nhsleeds.nhs.uk. **Rates** are calculated against GP registered and Leeds resident population January 2010.
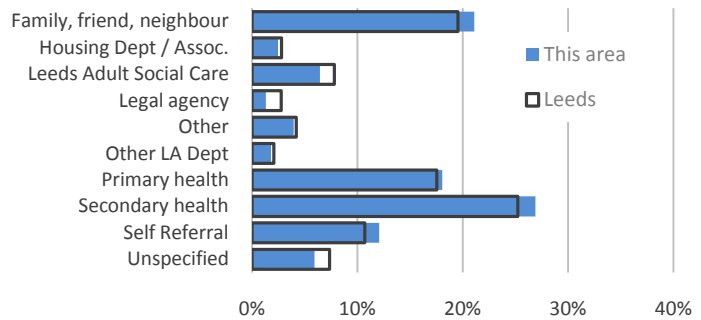
Adult Social Care (ASC)

Referrals to ASC by source

1,617 which is 8.2% of the
19,831 Leeds total

Chart shows the % contribution to the total for various referral sources
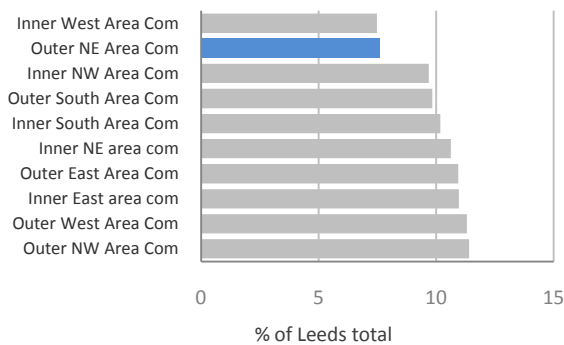

Signposted referrals

In this area, 13% of referrals are signposted for action by other agencies. In Leeds as a whole, this figure is 15%. A referral is signposted by ASC when it is considered to be more suitable for another agency.
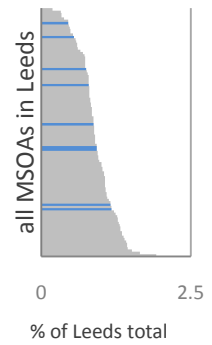
Adult Social Care assessments

This area had 557 completed assessments. This is 7.6% of the Leeds total.

list of MSOAs in this area in rank order as charted

People receiving Adult Social Care services

367 people received services from Adult Social Care, that is 7.8% of the 4,691 total for Leeds.
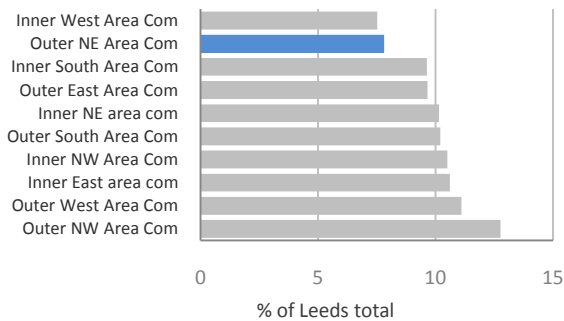
list of MSOAs in this area in rank order as charted
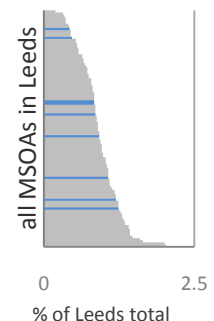
What proportion of completed ASC assessments led to services being provided?

In this area, 66% of completed assessments led to a service being provided. In Leeds this figure is 64%
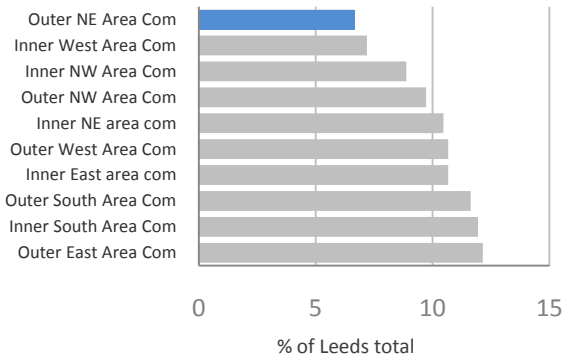
This is an area of Leeds in which a higher proportion of the population are middle aged or older. This area has a disproportionately high number of referrals for adult social care. Secondary health care, self and family and friends were relatively high referrers. Two thirds of all people who were assessed went on to receive social care services, which is higher than the city wide average.

Referrals data includes 1,233 referrals which are attributed to 'Outside Leeds' or 'Unspecified' locations. These 1,233 referrals are not included in the Leeds total of 19,831 mentioned above as they are not attributed to an MSOA in Leeds.

Provision and safeguarding

ASC supported residential and nursing care admissions (18+ years)

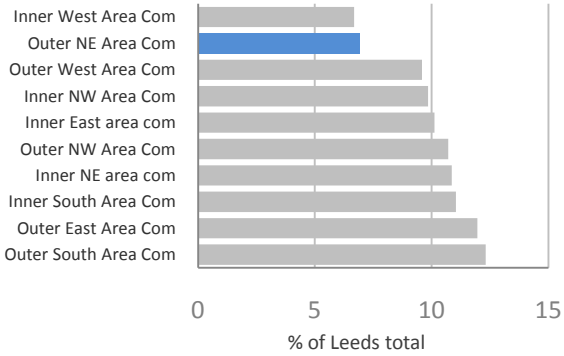This area had 63 admissions. Which is 6.7% of the Leeds total of 946.

Bar chart (% of Leeds total):
- Outer NE Area Com (highlighted)
- Inner West Area Com
- Inner NW Area Com
- Outer NW Area Com
- Inner NE area com
- Outer West Area Com
- Inner East area com
- Outer South Area Com
- Inner South Area Com
- Outer East Area Com

list of MSOAs in this area in rank order as charted:
E02002351
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E02002341
E02002359
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all MSOAs in Leeds — % of Leeds total
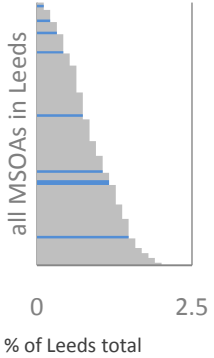
Number of people aged 18+ who received domiciliary care at some point in the year

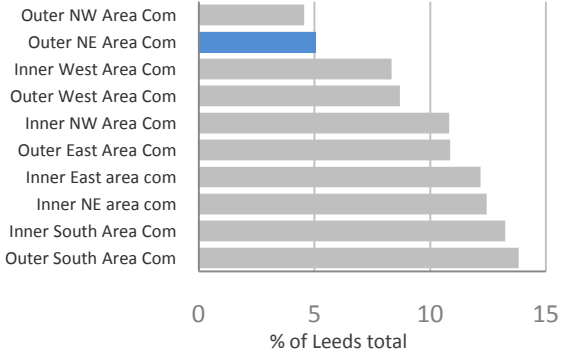This area had 369 people who received domiciliary care. Which is 6.9% of the Leeds total of 5,340.

Bar chart (% of Leeds total):
- Inner West Area Com
- Outer NE Area Com (highlighted)
- Outer West Area Com
- Inner NW Area Com
- Inner East area com
- Outer NW Area Com
- Inner NE area com
- Inner South Area Com
- Outer East Area Com
- Outer South Area Com

list of MSOAs in this area in rank order as charted:
E02002330
E02002351
E02002335
E02002359
E02002341
E02002344
E02002334
E02002347
E02002331

all MSOAs in Leeds — % of Leeds total
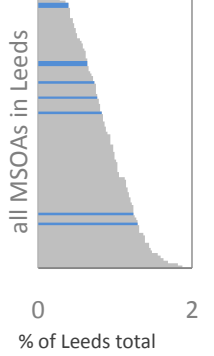
Safeguarding referral at some point in year

This area had 138 safeguarding referrals. Which is 5.1% of the Leeds total of 2,726.

Bar chart (% of Leeds total):
- Outer NW Area Com
- Outer NE Area Com (highlighted)
- Inner West Area Com
- Outer West Area Com
- Inner NW Area Com
- Outer East Area Com
- Inner East area com
- Inner NE area com
- Inner South Area Com
- Outer South Area Com

list of MSOAs in this area in rank order as charted:
E02002335
E02002341
E02002330
E02002359
E02002334
E02002344
E02002351
E02002331
E02002347

all MSOAs in Leeds — % of Leeds total
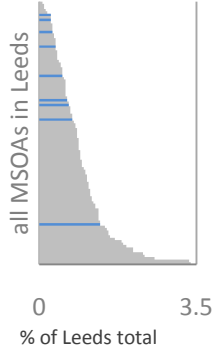
This area is amongst the lowest for people needing assistance with care homes or domiciliary care, possibly as a result of a large number being in a financial position where they are able to purchase their own services. Levels of safeguarding investigation are disproportionately low.

Glossary

Acorn   A nationwide population segmentation tool. Combines geography with demographics and lifestyle information, places where people live with their underlying characteristics and behaviour, to create a tool for understanding the different types of people in different areas throughout the country. Over 400 variables were used to build describe the different Acorn types. Of these variables, 30% were sourced from the 2001 Census. The remainder were derived from CACI's consumer lifestyle databases, which cover all of the UK's 49 million adults and 25 million households. For more information about Acorn, including the characteristics of the categories, groups and types listed here, visit http://www.caci.co.uk/acorn-classification.aspx

Alcohol attributable admission   A hospital admission which is partly caused by alcohol. NWPHO alcohol attributable fractions assign values to each type of admission, rating each by the effect alcohol has in its cause. Attributable admissions are sums of these fractions, not actual admissions. For more details see http://www.nwph.net/nwpho/publications/alcoholattributablefractions.pdf

Alcohol specific admission   A hospital admission solely caused by alcohol.

BMI   Body Mass Index

Deprived Leeds   The area of Leeds where LSOAs rank in England in the 10% most deprived, in terms of Index of Multiple Deprivation (IMD 2004). Almost 20% of the Leeds population live in this area.

Deprived quintile   This is the _fifth_ of Leeds's MSOAs which are the *most deprived* . This does not have the fine level of detail that "Deprived Leeds" (see above) has. The Deprived Quintile is used in this report where data is only available at MSOA level in order to allow some comparison with deprived parts of Leeds.

DSR - Directly Age Standardised Rate   Age standardising compensates for the fact that populations usually have varied age profiles. DSR is usually expressed as a rate per 100,000 and means we can exclude differences in age structure when investigating the underlying causes of different rates (see example below)

"Wetherby West MSOA has a high prevalence of CHD (in the highest fifth of the Leeds MSOAs). This would be expected as the MSOA has an elderly population and CHD is more prevalent in older people. Directly age standardised rates show how many people (in most cases per 100,000) would be expected to have CHD in Wetherby West if the population had the same structure as the European Standard Age Profile. (This has a even distribution between age groups up until 55 before gradually decreasing in older ages). Age standardised rates for CHD in Wetherby West are well below average, in the lowest fifth of the Leeds MSOAs. This shows that, while there are a lot of people with CHD in Wetherby West, it is the age of the population which is a large factor rather than other possible contributing factors."

Health Acorn   An extension to the Acorn classification system. The classification groups the population of Great Britain into 4 groups, 25 types and 60 sub-types for more in-depth analysis. By analysing diet, illness and exercise characteristics as well as demographic attributes, Health Acorn provides an in-depth understanding of different communities in every part of the country. The classification names and descriptions have been chosen to be simple and non-judgemental. For more information about Acorn, including the characteristics of the categories, groups and types listed here, visit http://www.caci.co.uk/acorn-classification.aspx

Index   An index of 100 for this area means this area has the same proportion of its population recorded with a condition as Leeds does. An index of 200 means the area has twice the proportion that Leeds has. Index scores below 100 mean the area has a lower proportion than Leeds. Index attempts to illustrate how closely the area matches Leeds.

IMD - Index of Multiple Deprivation   Measures relative levels of deprivation in small areas of England called Lower Super Output Areas (LSOAs). The English Indices of Deprivation are a continuous measure of relative deprivation, therefore there is no definitive point on the scale below which areas are considered to be deprived and above which they are not. IMD scores and ranks have been produced for all LSOA in England in 2004, 2007 and 2010.

LSOA - Lower Super Output Area   These are geographic areas designed nationally to improve the reporting of small area statistics in England.   LSOAs when originally generated had between 1000 and 3000 people living in them with an average population of 1500 people.

Glossary
Credits

MSOA - Middle Super Output Area   These are geographic areas designed nationally to improve the reporting of small area statistics in England and Wales.   MSOAs are built from groups of Lower Super Output Areas (LSOAs). The minimum population of an MSOA is 5,000 and the mean is 7,200 (when originally generated). There are 108 MSOA in Leeds.

NEET   not in education,employment, or training

NWPHO   North West Public Health Observatory

Origins software   Analyses forename and surname of every GP registered patient in Leeds and gives a calculated most likely heritage for each patient. This is considered to be an indication of 'country of origin' and not actual ethnicity. These 'countries of origin' are grouped up into geography levels and this is what is displayed here. The same software gives a likely faith for each patient.

Prevalence The number of cases divided by the population. In this report it can be thought of as the proportion of the relevant population with diabetes / CHD etc. Prevalence is expressed as a percentage. However an elderly population can be expected to have more cases (a higher prevalence) of certain conditions than a younger population. To compensate for variations in population ages, data can be directly age standardised (see above).

Rank   Areas are often ranked in this report. This simply puts them in logical order from largest to smallest.

Rate per 100,000   The number of cases that would be expected in a population sized 100,000. DSR (see above) usually produces rates per 100,000. In this report the MSOA possibly has a population of around 5,000 people. Rates per 5,000 would be too small to consider and would not allow comparison with another MSOA of different population size. By producing rates per 100,000 for all areas they can be directly compared.

Q1 or Qtr1,2,3,4   Quarters in this report are financial year quarters. So Q1 data is from April – June with Q4 running from January to March.

Credits

GP audit data supplied by James Womack (Senior Public Health Information Analyst). Alcohol admissions, A&E admissions, populations data and profile introduction by Frank Wood (Information Manager). Origins, Admissions, Mortality data by Richard Dixon (Information Manager) at NHS Leeds. ASC data supplied by Stuart Cameron-Strickland (Head of Policy Performance & Improvement and Adam Mitchell) at Leeds City Council. Neighbourhoods data, Neighbourhood Index, Service map and School Census data supplied by Jacky Pruckner (Information Officer, Strategy and Development) and Richard Haslett (Research Officer, Business Transformation Team) at Leeds City Council. Report produced by Adam Taylor (Senior Information Analyst at NHS Leeds) using CACI InSite software.

Commentary thanks to: Bernadette Murphy (Public Health Manager), Sam Ramsey (Senior Administrator), Lucy Jackson (Consultant in Public Health), Jon Fear (Consultant in Public Health and Deputy Director of Public Health), Richard Dixon (Information Manager), Brenda Fullard (Head of Healthy Living and Inequalities), Diane Burke (Health Improvement Principal), Paul Lambert (Advanced Health Improvement Specialist - Tobacco Control), Lorraine Shuker (Health Improvement Specialist, Workplace- Advanced), Louise Cresswell (Health Improvement Specialist - Neighbourhoods), Pia Bruhn (Health Inequalities Manager - Vulnerable Groups), Steph Jorysz (Health Improvement Specialist- Neighbourhoods), Gemma Mann (Health Improvement Specialist) at NHS Leeds. Stuart Cameron-Strickland (Head of Policy Performance & Improvement, Leeds Adult Social Services), Jacky Pruckner (Information Officer, Strategy and Development, Business Transformation) at Leeds City Council.

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