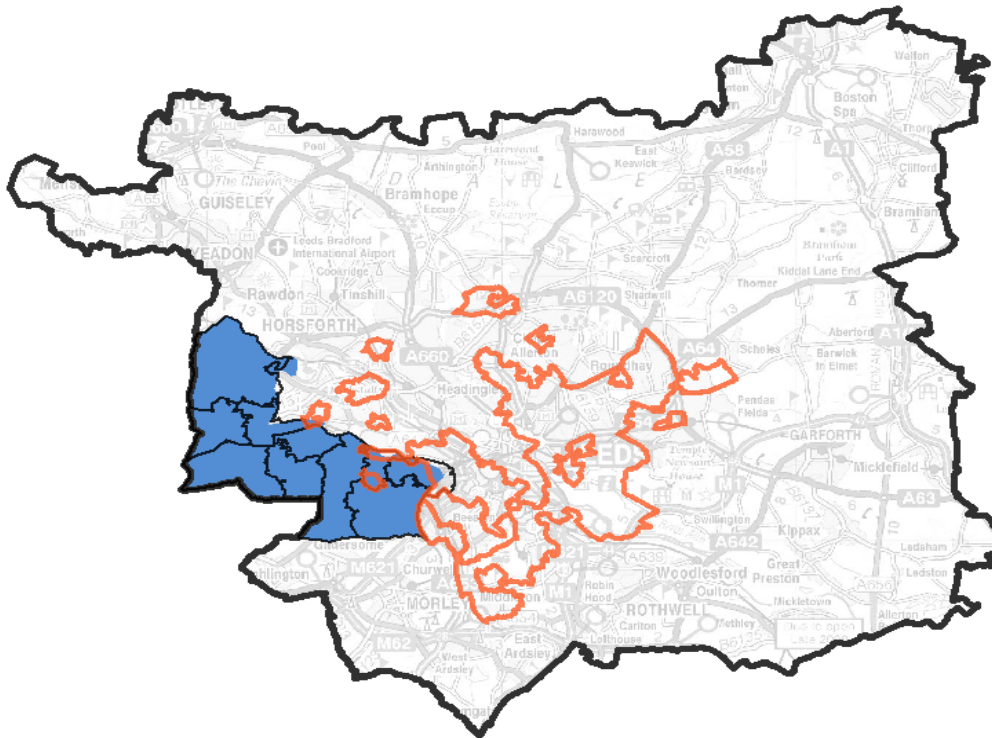


Area profile: Outer West Area Committee

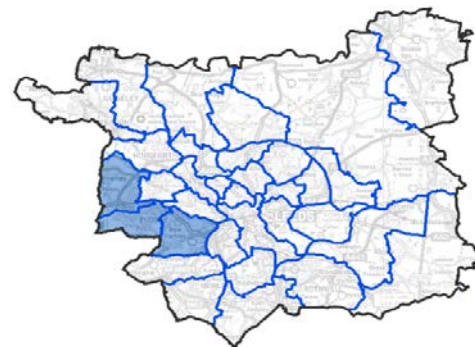


The main map shows the Outer West Area Committee area committee area in blue. The data in the report is built up using small geographic areas called Middle Super Output Areas (MSOAs), the MSOAs used in this report are shown as black outlines. MSOA are attributed to an area if the 'centre of gravity' 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 West 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 West Area Committee	This Area Committee	'best' MSOA in this area committee	'worst' MSOA in this area committee	Leeds	Deprived quintile	Deprived Leeds
area population	70,076			795,476	159,387	172,084
area population proportion of Leeds pop	8.8%				20.0%	21.6%
number in deprived Leeds	8,625			172,084		
proportion of population in deprived Leeds	12.3%			21.6%		
proportion of deprived Leeds this represents	5.0%					
number in deprived <i>quintile</i>	6,583			159,387		
proportion of population in deprived quintile	9.4%			20.0%		
proportion of deprived quintile this represents	4.1%					
pupils on roll	10,133			104,056		
proportion of all pupils in leeds	9.7%					
GP recorded CANCER <i>Age Standardised rate per 100,000</i>	2,234.1	E02002410 1,913.9	E02002397 2,594.3	2,199.3	1,999.1	
GP recorded CHD <i>Age Standardised rate per 100,000</i>	2,879.9	E02002368 2,090.3	E02002407 3,860.9	2,853.6	3,562.8	
GP recorded COPD <i>Age Standardised rate per 100,000</i>	1,608.9	E02002368 882.6	E02002407 2,663.2	1,536.6	2,872.7	
GP recorded Diabetes <i>Age Standardised rate per 100,000</i>	3,417.2	E02002368 2,753.1	E02002407 4,138.0	3,615.5	5,244.1	
GP recorded Obesity <i>Age Standardised rate per 100,000</i>	22,845.6	E02002368 17,324.6	E02002407 28,608.2	21,130.3	25,726.2	
GP recorded Smoking <i>Age Standardised rate per 100,000</i>	25,378.1	E02002395 14,698.2	E02002407 39,722.0	23,112.4	34,123.3	
Mortality under 75s all causes <i>rate per 100,000</i>	307.7	E02002368 235.0	E02002407 385.0	294.6		458.8
Mortality under 75s all causes Males <i>rate per 100,000</i>	376.6	E02002368 279.0	E02002407 546.0	356.1		568.2
Mortality under 75s all causes Females <i>rate per 100,000</i>	242.9	E02002395 148.0	E02002412 318.0	235.3		344.9
Cancer mortality under 75s ALL <i>rate per 100,000</i>	129.6			117.7		159.8
Cancer mortality under 75s Males <i>rate per 100,000</i>	144.0			128.4		173.5
Cancer mortality under 75s Females <i>rate per 100,000</i>	116.5			108.2		146.6
Circulatory disease mortality under 75s ALL <i>rate per 100,000</i>	83.8			79.1		127.4
Circulatory disease mortality under 75s Males <i>rate per 100,000</i>	113.2			108.4		174.3
Circulatory disease mortality under 75s Females <i>rate per 100,000</i>	56.5			50.9		78.7
Respiratory disease mortality under 75s ALL <i>rate per 100,000</i>	24.6			26.2		53.7
Respiratory disease mortality under 75s Males <i>rate per 100,000</i>	29.5			32.0		68.5
Respiratory disease mortality under 75s Females <i>rate per 100,000</i>	20.1			20.8		39.0
Alcohol specific admissions <i>rate per 1000</i>	6.7	E02002395 2.6	E02002407 13.5			
Alcohol specific admissions Male <i>rate per 1000</i>	9.2					
Alcohol specific admissions Female <i>rate per 1000</i>	4.3					
Alcohol attributable admissions <i>rate per 1000</i>	21.3	E02002412 15.4	E02002410 28.8			
Alcohol attributable admissions Male <i>rate per 1000</i>	27.0					
Alcohol attributable admissions Female <i>rate per 1000</i>	15.8					

Area profile contents

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Glossary

MSOAs making up this area

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

E02002395	Thornbury
E02002397	Swinnow
E02002405	Pudsey - Waterloos, Tyersals, Westroyds
E02002408	Pudsey Central, Littlemoor
E02002409	Gamble Hill, Moorside
E02002412	New Farnley, Lower Wortley
E02002391	Farsley South
E02002368	Calverley, Farsley North
E02002410	Upper Wortley
E02002407	Farnley

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

Population profile

Population of Outer West Area Committee

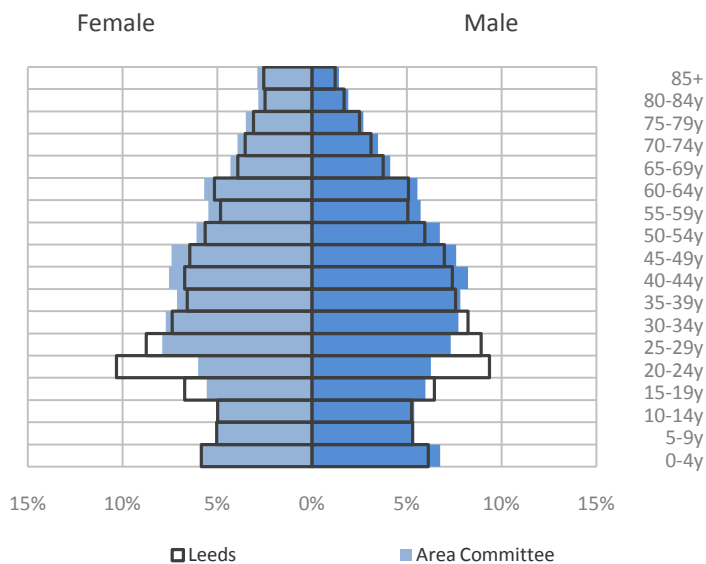
70,076 which is 8.8% of the Leeds registered and resident population of 795,476.

Males: 34,518 Females: 35,558

Population of Outer West Area Committee living in deprived Leeds*.

There are 8,625 people in this area who are living in deprived Leeds. This equates to 12.3% of the Outer West Area Committee population and 5.0% of the entire population of deprived Leeds.

Population pyramid for Outer West Area Committee



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 falls into two main categories 35 plus, and under 4's. The population in this area is probably mainly made up of families with a slightly higher number of over 60's than the Leeds average.

(January 2011 GP registered population)

***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: 70,076

The Leeds registered and resident population is 795,476

(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)

Origins geography groups* of the population in this area:

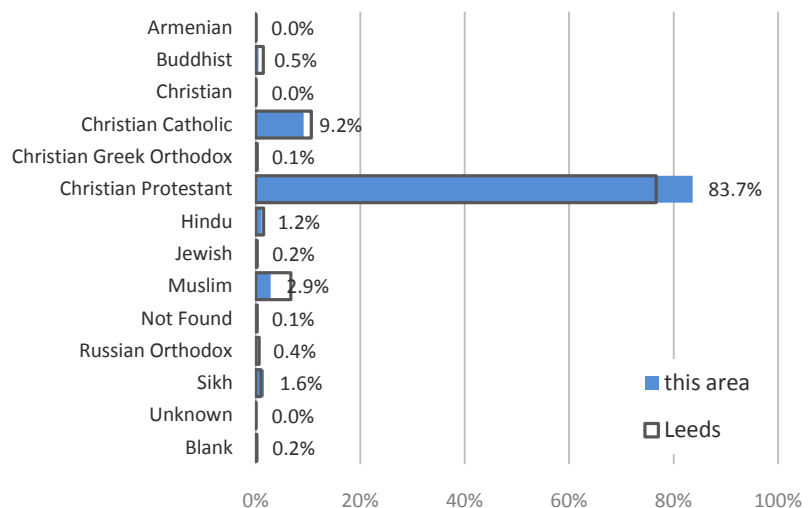
	in this area		in Leeds		index	0	100	200
Africa	392	0.6%	14,698	1.8%	31			
Americas	189	0.3%	4,633	0.6%	47			
British Isles	63,294	90.3%	633,431	78.6%	115			
Central Asia	8	0.0%	190	0.0%	48			
Diasporic	110	0.2%	2,571	0.3%	49			
East Asia	594	0.8%	14,104	1.7%	48			
Eastern Europe	1,166	1.7%	19,536	2.4%	69			
Middle East	761	1.1%	22,681	2.8%	39			
Northern Europe	251	0.4%	4,409	0.5%	65			
Not found	71	0.1%	2,457	0.3%	33			
Oceanian	9	0.0%	229	0.0%	45			
South Asia	3,264	4.7%	47,734	5.9%	79			
Southern Europe	733	1.0%	14,485	1.8%	58			
Unknown	10	0.0%	187	0.0%	62			
Western Europe	1,694	2.4%	22,909	2.8%	85			
Blank	121	0.2%	1,981	0.2%	70			
Grand Total	103.7%		100.0%		104			

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

'Faith' as calculated by Origins software

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

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



***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

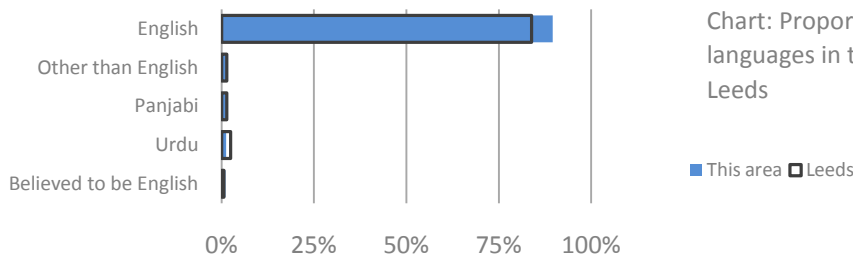
Language and ethnicity

(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: 10,133
Leeds total: 104,056

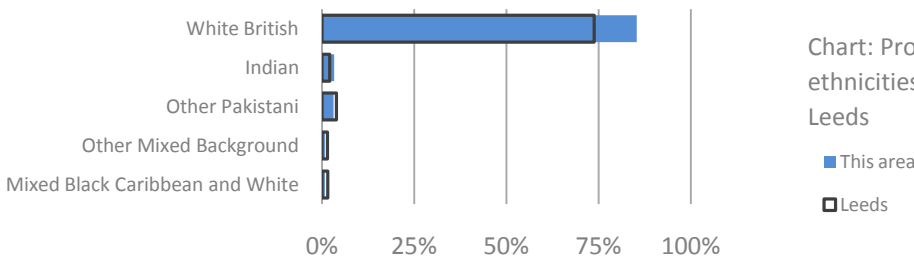
Top five languages recorded:	in this area		in Leeds		index	Index (Leeds = 100)
	Count	%	Count	%		
English	9,080	89.6%	87,265	83.9%	107	
Other than English	174	1.7%	1,433	1.4%	125	
Panjabi	173	1.7%	1,450	1.4%	123	
Urdu	121	1.2%	2,506	2.4%	50	
Believed to be English	108	1.1%	650	0.6%	171	
Others	286	2.8%	9,116	8.8%		

(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)



Top five ethnicity recorded:	in this area		in Leeds		index	Index (Leeds = 100)
	Count	%	Count	%		
White British	8,646	85.3%	76,737	73.7%	116	
Indian	337	3.3%	2,163	2.1%	160	
Other Pakistani	315	3.1%	4,050	3.9%	80	
Other Mixed Background	81	0.8%	1,521	1.5%	55	
Mixed Black Caribbean and White	75	0.7%	1,667	1.6%	46	
Others	644	6.4%	17,544	16.9%		

(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)



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.

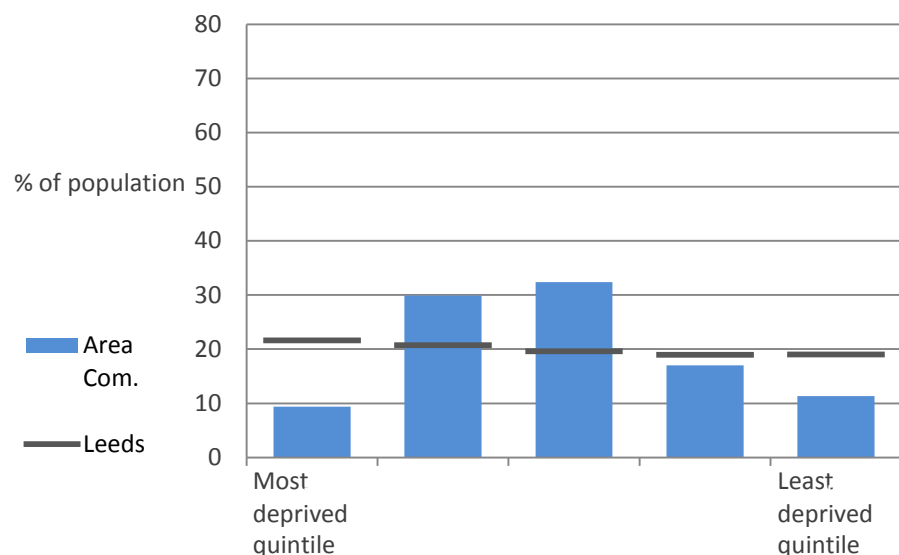
Source: January 2011 School Census

Source: Index of Multiple Deprivation 2007

Office for National Statistics

Deprivation

People living in different levels of deprivation in Outer West 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.

Quintile	Area Com. Total	MSOA 1	MSOA 2	MSOA 3	MSOA 4	MSOA 5
Most deprived quintile	6,583					
Second quintile	20,954	6,421	6,914	7,509		
Middle quintile	22,698		7,104	8,085		
Fourth quintile	11,912				6,212	5,700
Least deprived quintile	7,929					7,929

- E02002391 Farsley South
- E02002368 Calverley, Farsley North
- E02002397 Swinnow
- E02002408 Pudsey Central, Littlemoor
- E02002412 New Farnley, Lower Wortley
- E02002410 Upper Wortley
- E02002407 Farnley
- E02002409 Gamble Hill, Moorside
- E02002405 Pudsey - Waterloos, Tyersals, Westroyds
- E02002395 Thornbury

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 West Area Committee

On a best fit basis the Outer West Area Committee covers ten 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.

E02002368: Calverley / Farsley North

This area is ranked 92 on the combined Neighbourhood Index. Across the individual domains the scores are all higher than the averages for the city.

E02002391: Farsley South

This area is ranked 63 on the combined Neighbourhood Index. Across the individual domains the scores are all in line with or slightly above the averages for the city, with the exception of Community Safety where the area score is very slightly lower.

E02002395: Thornbury

This area is ranked 78 on the combined Neighbourhood Index. Across the individual domains the scores are higher than the averages for the city.

E02002397: Swinnow

This area is ranked 44 on the combined Neighbourhood Index. Across the individual domains the area scores are higher than the city averages for Housing, Environment, Education and Community Safety, but slightly lower for Economic Activity, Low Income and Health.

E02002405: Pudsey – Waterloos / Tyersals / Westroyds

This area is ranked 70 on the combined Neighbourhood Index. Across the individual domains the area scores are all higher than the averages for the city.

E02002407: Farnley

With a rank of 10 on the combined Neighbourhood Index this is the least successful area in Outer West. Across all domains the area scores are lower than the averages for the city but most notably for Education (where it is ranked 10) and Environment (where it is ranked 4).

E02002408: Pudsey Central / Littlemoor

This area is ranked 56 on the combined Neighbourhood Index. Across the individual domains the scores are all in line with or higher than the averages for the city. It should however be noted that within the Health domain the area records a relatively high number of adults receiving social care services, within the Education domain the area performs less well in terms of Key Stage 2 attainment and within the Low Income Domain there is a higher than average proportion of older person households that are in receipt of local authority administered benefits.

E02002409: Gamble Hill / Moorside

This area is ranked 39 on the combined Neighbourhood Index and across the individual domains the area scores are broadly slightly higher than the city averages for Low Income, Housing, Environment and Community Safety but slightly below for Economic Activity, Education and Health.

E02002410: Upper Wortley

This area is ranked 51 on the combined Neighbourhood Index. Across the individual domains the area scores are broadly in line with the city averages, although for the Housing domain the area score is slightly below the average for the city.

E02002412: New Farnley / Lower Wortley

This area is ranked 45 on the combined Neighbourhood Index. Across the individual domains the area scores are broadly in line with the city averages, although for the Health domain the area score is slightly below the average for the city (largely due to the higher than average cancer and circulatory disease mortality rates).



Leeds Neighbourhood Index

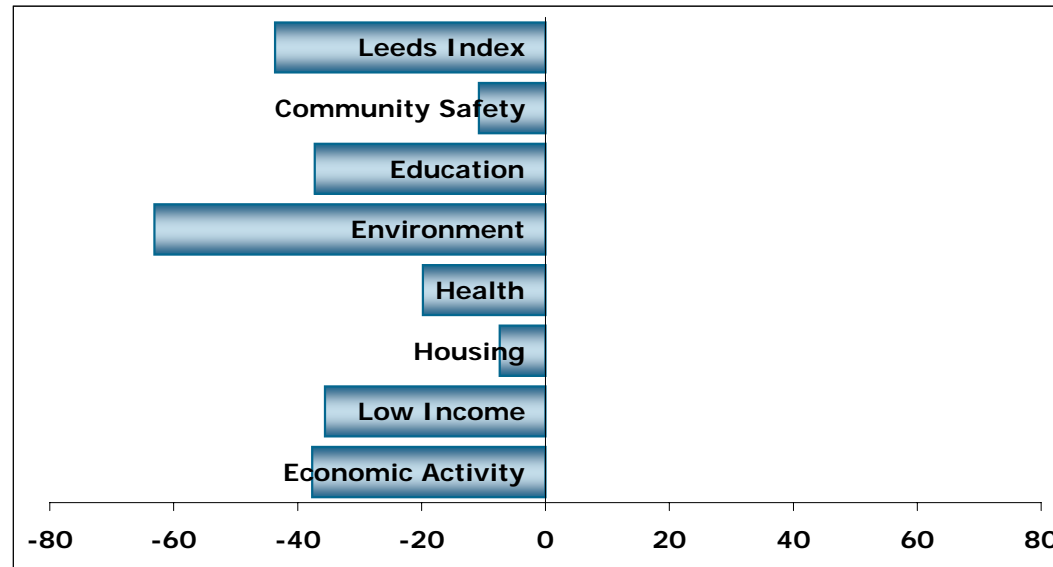
Domain Summary				
2011	Rank	Score	Leeds Score	Diff.
Economic Activity	16	30.81	68.48	-37.66
Low Income	18	23.17	58.74	-35.57
Housing	21	50.53	57.92	-7.39
Health	15	31.04	50.84	-19.79
Environment	4	15.83	78.94	-63.11
Education	10	17.93	55.19	-37.26
Community Safety	22	67.62	78.38	-10.75
Leeds Index	10	12.53	56.19	-43.67

Key Statistics	Profiled Area		Leeds M.D.	
	Number	Rate	Number	Rate
Population 2009 MYE	6,579		787,701	
Households Liable for Council Tax	2,851		321,098	
BME Population	345	5.57%	77,482	10.83%
Foundation Stage	34	41.98%	4,251	52.49%
Key Stage 2	49	64.47%	5,596	73.09%
Key Stage 4	20	23.53%	3,858	50.16%
Persistent Absenteeism	64	15.24%	2,838	7.60%
NEET (Nov - Jan Average)	40	14.90%	1,596	7.58%
Crimes Against the Person	371	N/A	25,887	N/A
Acquisitive Property Crime	414	N/A	45,203	N/A
Environmental Crimes	171	N/A	11,961	N/A
Community Disorders	706	N/A	51,988	N/A
Average Purchase Price	£82,000	N/A	£170,997	N/A
Price / Income Ratio	4.42	N/A	5.24	N/A
Housing Turnover	424	14.27%	47,987	14.23%
Empty Homes (90+ days)	154	5.18%	21,110	6.26%
Children in Workless Households	508	36.73%	25,184	18.88%
Households Receiving In-Work Benefits	236	8.28%	15,569	4.85%
60+ Households In Receipt of Benefits	433	15.19%	33,200	10.34%
Court Payment Orders	342	N/A	23,562	N/A
Job Seekers' Allowance	349	8.22%	22,675	4.34%
Incapacity Benefit	440	10.37%	30,830	5.90%
Lone Parent Income Support	170	4.00%	8,710	1.67%
Circulatory Disease Mortality	N/A	165.50	N/A	79.13
Cancer Mortality	N/A	118.48	N/A	117.74
Low Birthweight	N/A	9.75	N/A	7.86
Adult Social Care	143	N/A	12,836	N/A
Fly Tipping	56	N/A	4,375	N/A
Graffiti	17	N/A	3,141	N/A
Waste Issues	539	N/A	6,852	N/A

Adult Social Care Community Based Service Users	Profiled Area		Leeds MD	
	Number	Rate	Number	Rate
Learning Disabilities	18	N/A	1,448	N/A
Mental Health	20	N/A	2,424	N/A
Physical Disability	100	N/A	8,374	N/A
Other Reasons	5	N/A	590	N/A

Age (2009 M.Y.E.)	Profiled Area		Leeds MD	
	Number	Rate	Number	Rate
Children	1,383	21.02%	133,396	16.93%
Working Age	4,245	64.52%	522,769	66.37%
Older People	951	14.46%	131,536	16.70%

E02002407: Farnley



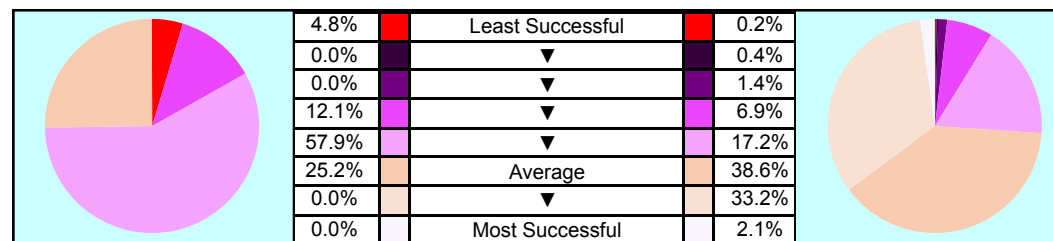
The area is located in the Outer West. It takes in Farnley, Swallow Hill and Silver Royd Hill.

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

51% are renting from the local authority (through an ALMO) and 37% are in owner-occupation. Terraced housing accounts for 44% of the stock, semi-detached housing for 29% and purpose built flats for a further 21%. 91% of properties are classified in Council Tax Band A.

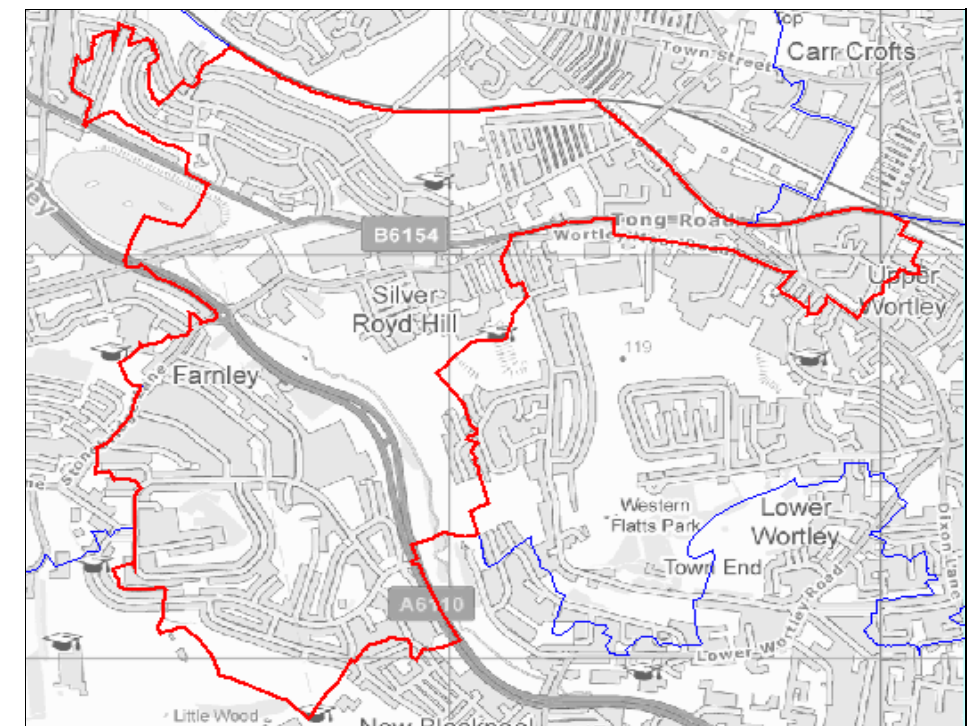
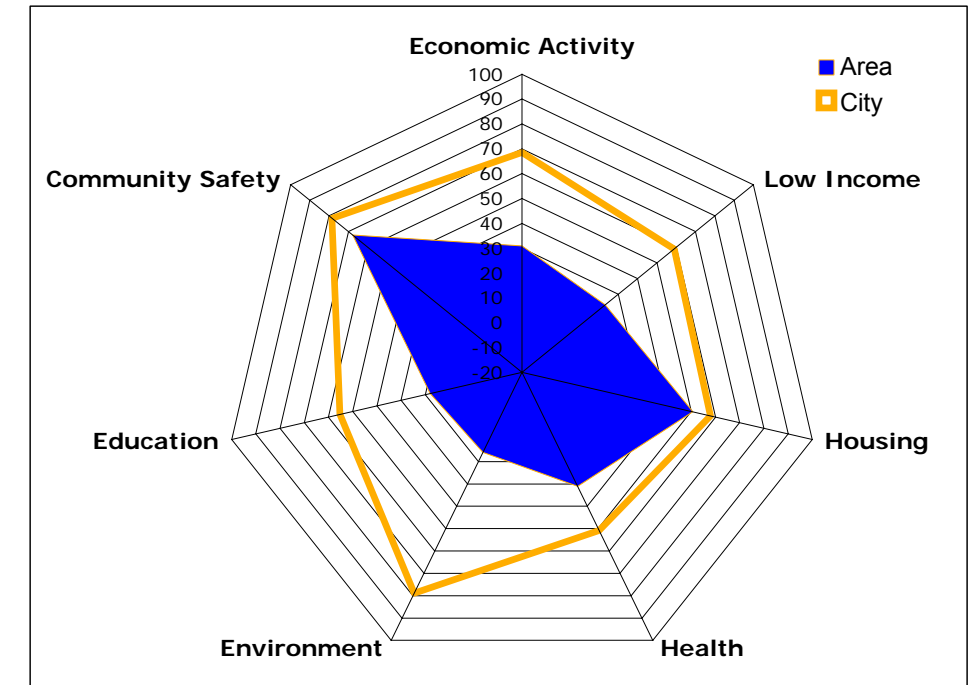
Key services located in the area include: Swallow Hill High School; Leeds West City Learning Centre; and Greenhill Primary school.

Other points of interest include: Part of Farnley reservoir; Heights & Farrow's Local Area Management Plan area (LAMP); Armley Juniors; Farnley and Wortley Becks; Silveroyd Hill Bawn's estate (LAMP area); Cow Close Library and Hillside Community Centre.



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

Ethnicity (2001 Census)	Profiled Area		Leeds M.D.	
	Number	Rate	Number	Rate
White British	5,848	94.43%	637,872	89.17%
Irish	82	1.32%	8,532	1.19%
Black Caribbean & White	62	1.00%	4,577	0.64%
Black African & White	10	0.16%	867	0.12%
Asian & White	6	0.10%	2,541	0.36%
Indian	49	0.79%	12,296	1.72%
Pakistani	28	0.45%	15,064	2.11%
Bangladeshi	0	0.00%	2,531	0.35%
Black Caribbean	21	0.34%	6,737	0.94%
Black African	9	0.15%	2,404	0.34%
Chinese	0	0.00%	3,468	0.48%



Faith (2001 Census)	Profiled Area		Leeds M.D.	
	Number	Rate	Number	Rate
Christian	4,167	67.29%	492,656	68.87%
Buddhist	9	0.15%	1,603	0.22%
Hindu	22	0.36%	4,189	0.59%
Jewish	0	0.00%	8,233	1.15%
Muslim	30	0.48%	21,385	2.99%
Sikh	27	0.44%	7,601	1.06%

Supplementary Health Information	Profiled Area		Leeds MD	
	Number	Rate	Number	Rate
CHD Prevalance	N/A	4%	N/A	3.5%
Smoking Prevalance	N/A	39%	N/A	22.8%

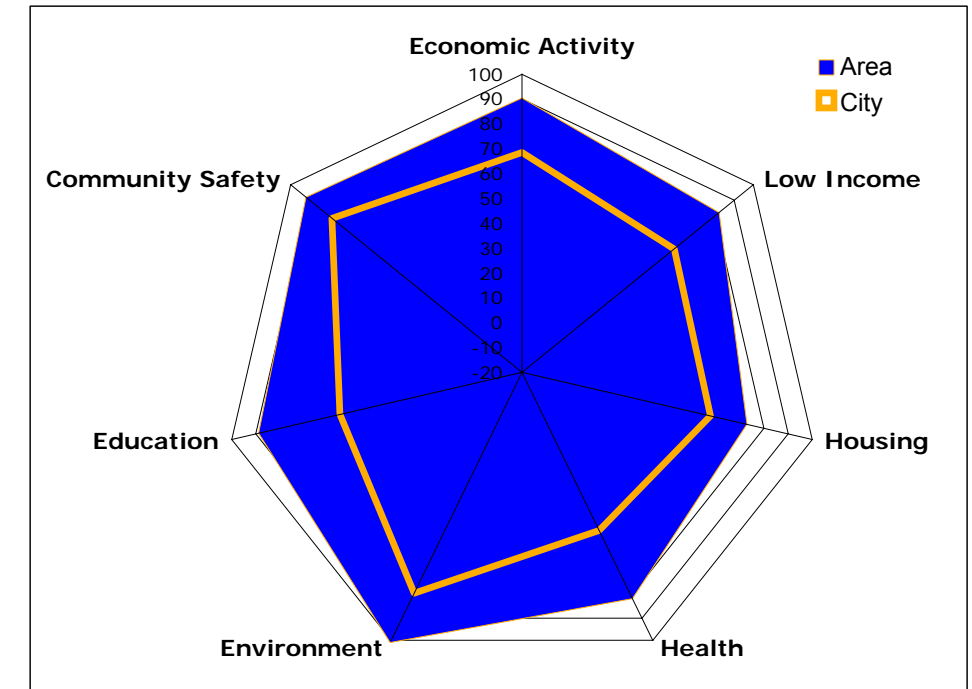
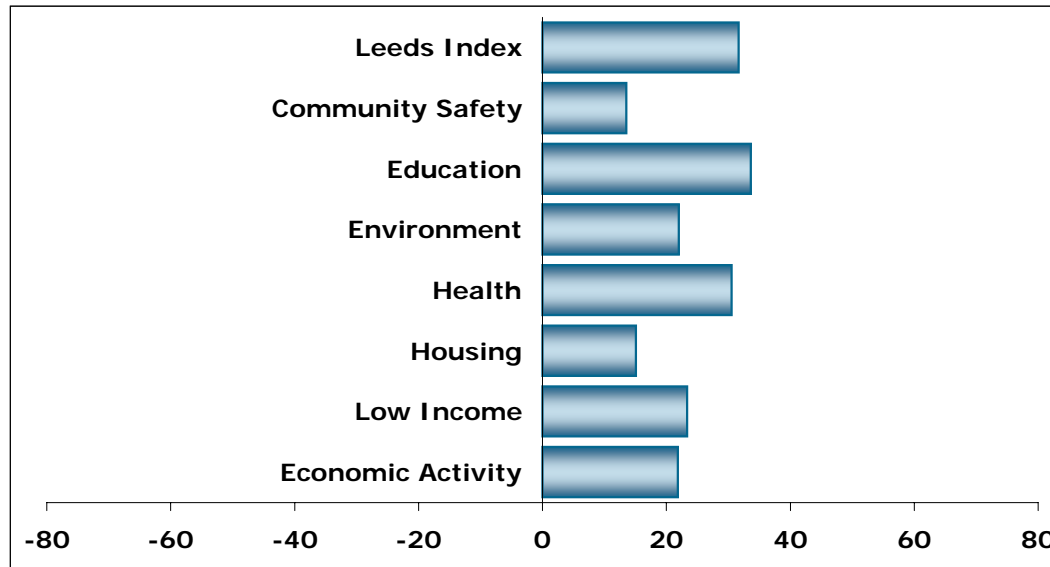
Disability (2001 Census)	Profiled Area		Leeds MD	
	Number	Rate	Number	Rate
Limiting Long-Term Illness	1,284	20.74%	128,647	17.98%



Leeds Neighbourhood Index

E02002368: Calverley, Farsley North

Domain Summary				
2011	Rank	Score	Leeds Score	Diff.
Economic Activity	89	90.35	68.48	21.87
Low Income	84	82.09	58.74	23.35
Housing	90	73.01	57.92	15.09
Health	96	81.37	50.84	30.54
Environment	105	100.95	78.94	22.01
Education	94	88.84	55.19	33.65
Community Safety	81	91.89	78.38	13.51
Leeds Index	92	87.87	56.19	31.67



Located in the Outer West this area is bounded by the River Aire to the north and the Leeds Bradford boundary line to the west. The area contains all of Calverley and surrounding rural areas and the north of Farsley.

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

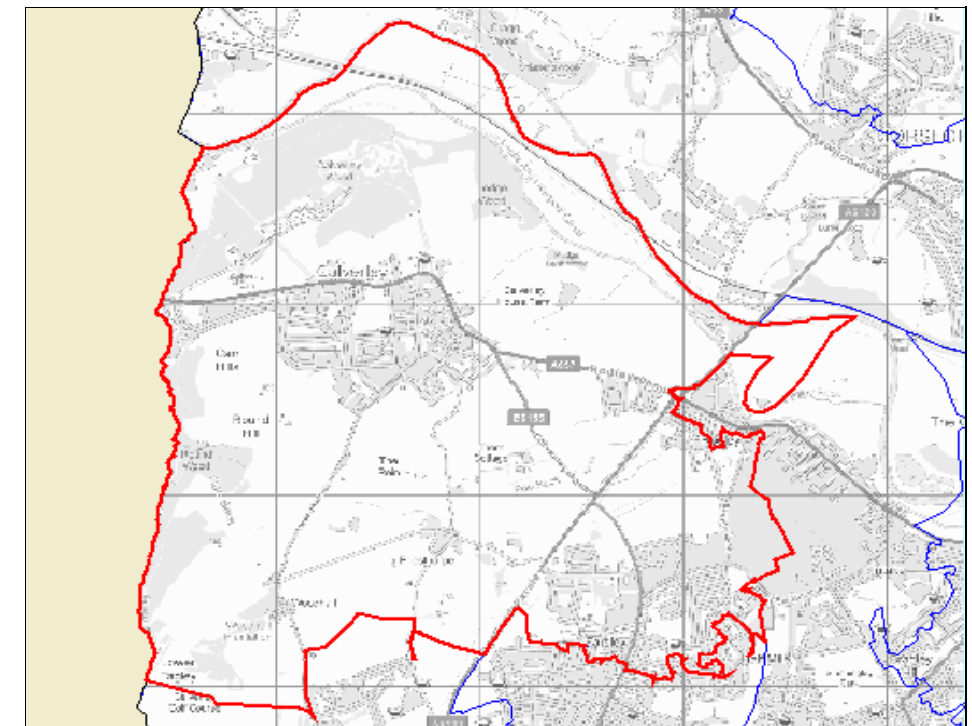
84% of households are in owner-occupation. Semi-detached housing accounts for 38.5% of the stock and terraced housing for a further 33%. 76% of properties are classified in Council Tax Bands B-D.

Key services located in the area include: Calverley C of E Voluntary Controlled Primary School; Calverley Parkside Primary School; Farsley Springbank Junior School; Farsley Recreation ground; Calverley Cricket ground; Calverley Golf Club; Woodhall Hills Golf Club; Calverley Library and Calverley Post Office.

Other points of interest include: Woodhall Hills Hamlet; Calverley Woods; Calverley Cutting and Leeds Liverpool Canal

Conservation area reviews have been completed for Calverley, Woodhall Hill and Farsley.

There is a Farsley Village Design Statement.



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

Ethnicity (2001 Census)	Profiled Area		Leeds M.D.	
	Number	Rate	Number	Rate
White British	7,079	96.20%	637,872	89.17%
Irish	39	0.53%	8,532	1.19%
Black Caribbean & White	6	0.08%	4,577	0.64%
Black African & White	0	0.00%	867	0.12%
Asian & White	19	0.26%	2,541	0.36%
Indian	62	0.84%	12,296	1.72%
Pakistani	22	0.30%	15,064	2.11%
Bangladeshi	0	0.00%	2,531	0.35%
Black Caribbean	9	0.12%	6,737	0.94%
Black African	0	0.00%	2,404	0.34%
Chinese	11	0.15%	3,468	0.48%

Faith (2001 Census)	Profiled Area		Leeds M.D.	
	Number	Rate	Number	Rate
Christian	5,652	76.85%	492,656	68.87%
Buddhist	7	0.10%	1,603	0.22%
Hindu	25	0.34%	4,189	0.59%
Jewish	6	0.08%	8,233	1.15%
Muslim	40	0.54%	21,385	2.99%
Sikh	41	0.56%	7,601	1.06%

Key Statistics	Profiled Area		Leeds M.D.	
	Number	Rate	Number	Rate
Population 2009 MYE	7,972		787,701	
Households Liable for Council Tax	3,499		321,098	
BME Population	280	3.80%	77,482	10.83%
Foundation Stage	58	69.88%	4,251	52.49%
Key Stage 2	56	93.33%	5,596	73.09%
Key Stage 4	44	60.27%	3,858	50.16%
Persistent Absenteeism	9	2.69%	2,838	7.60%
NEET (Nov - Jan Average)	4	2.00%	1,596	7.58%
Crimes Against the Person	82	N/A	25,887	N/A
Acquisitive Property Crime	354	N/A	45,203	N/A
Environmental Crimes	52	N/A	11,961	N/A
Community Disorders	211	N/A	51,988	N/A
Average Purchase Price	£234,207	N/A	£170,997	N/A
Price / Income Ratio	6.08	N/A	5.24	N/A
Housing Turnover	378	10.44%	47,987	14.23%
Empty Homes (90+ days)	149	4.11%	21,110	6.26%
Children in Workless Households	59	4.58%	25,184	18.88%
Households Receiving In-Work Benefits	80	2.29%	15,569	4.85%
60+ Households In Receipt of Benefits	245	7.00%	33,200	10.34%
Court Payment Orders	111	N/A	23,562	N/A
Job Seekers' Allowance	85	1.66%	22,675	4.34%
Incapacity Benefit	180	3.51%	30,830	5.90%
Lone Parent Income Support	25	0.49%	8,710	1.67%
Circulatory Disease Mortality	N/A	65.78	N/A	79.13
Cancer Mortality	N/A	86.56	N/A	117.74
Low Birthweight	N/A	4.72	N/A	7.86
Adult Social Care	118	N/A	12,836	N/A
Fly Tipping	11	N/A	4,375	N/A
Graffiti	2	N/A	3,141	N/A
Waste Issues	3	N/A	6,852	N/A

Adult Social Care Community Based Service Users	Profiled Area		Leeds MD	
	Number	Rate	Number	Rate
Learning Disabilities	14	N/A	1,448	N/A
Mental Health	23	N/A	2,424	N/A
Physical Disability	75	N/A	8,374	N/A
Other Reasons	6	N/A	590	N/A

Age (2009 M.Y.E.)	Profiled Area		Leeds MD	
	Number	Rate	Number	Rate
Children	1,288	16.16%	133,396	16.93%
Working Age	5,126	64.30%	522,769	66.37%
Older People	1,558	19.54%	131,536	16.70%

Supplementary Health Information	Profiled Area		Leeds MD	
	Number	Rate	Number	Rate
CHD Prevalance	N/A	3%	N/A	3.5%
Smoking Prevalance	N/A	14%	N/A	22.8%

Disability (2001 Census)	Profiled Area		Leeds MD	
	Number	Rate	Number	Rate
Limiting Long-Term Illness	1,163	15.80%	128,647	17.98%

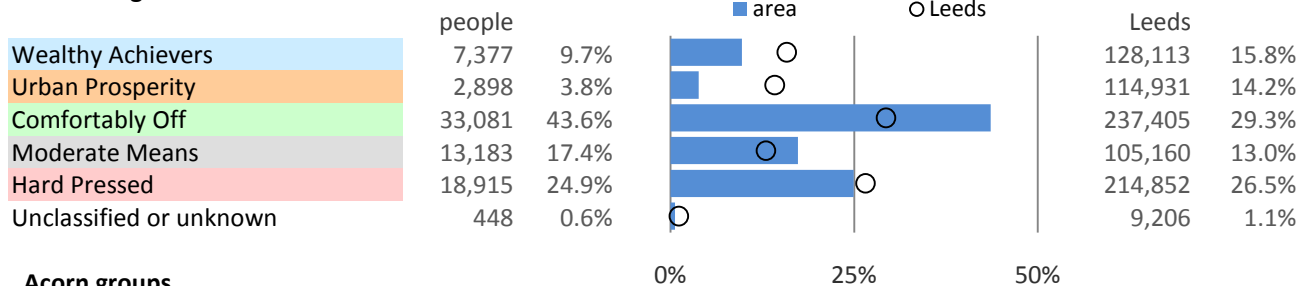
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2010 Population Acorn Profile

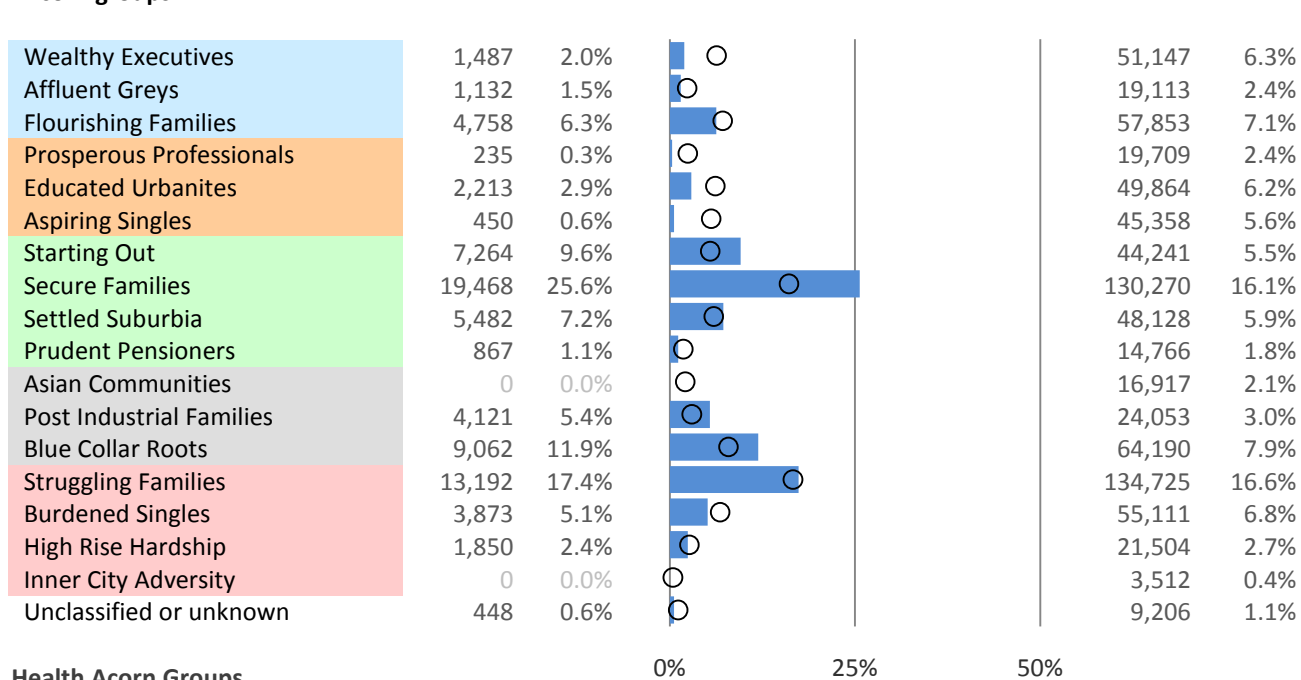
Acorn is a nationwide population segmentation tool. It combines geography with demographics and lifestyle information, and places where people live with their underlying characteristics and behaviour, to create a tool for understanding the different types of people in different areas throughout the country. 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 West Area Committee with the whole population of Leeds in terms of Acorn groups. For instance 24.9% of the population are in the 'Hard Pressed' category, compared to 26.5% of the population of Leeds.

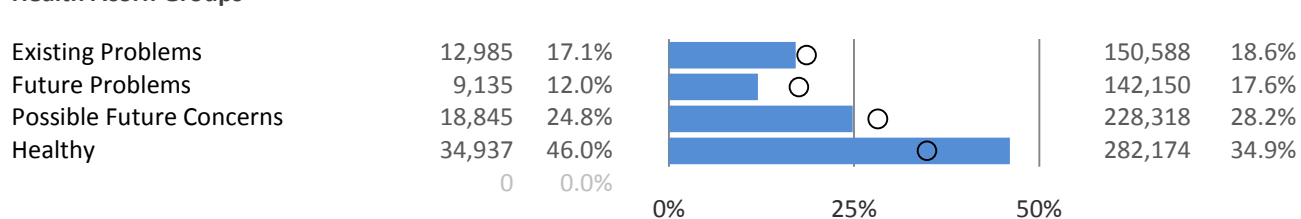
Acorn categories



Acorn groups



Health Acorn Groups



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

Outer West area is made up of 10 MSOAs, with a large proportion of "comfortably off" which make up 44% of the population, well above the Leeds figure. However, it does have substantial "hard pressed" and "moderate means" groups. Farnley is ranked 10 in the Neighbourhood Index. In terms of Health Acorn Data, the area has a much higher proportion of "healthy" than Leeds as a whole.

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

Calculated using the best fit MSOA for this area

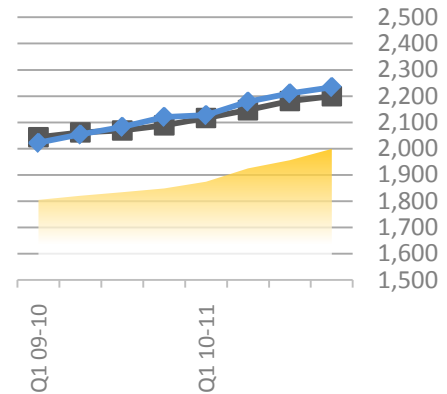
note: chart scales vary to reveal maximum detail, be careful with visual comparisons between charts

Cancer rates

	This area	Leeds	Deprived quintile
Qtr 1 09-10	2,022	2,043	1,805
Qtr 2 09-10	2,054	2,062	1,821
Qtr 3 09-10	2,083	2,069	1,834
Qtr 4 09-10	2,121	2,088	1,849
Qtr 1 10-11	2,128	2,116	1,874
Qtr 2 10-11	2,179	2,147	1,925
Qtr 3 10-11	2,210	2,181	1,956
Qtr 4 10-11	2,234	2,199	1,999

Rates are *age standardised* and per 100,000

■ Deprived quintile
 ■ Leeds
 ■ This area



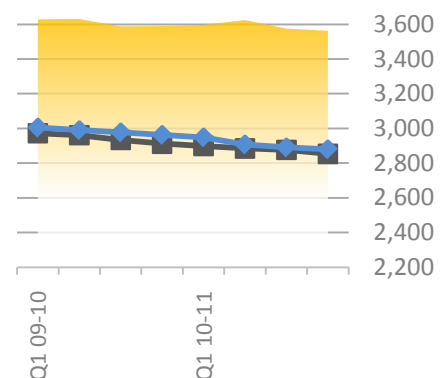
The Outer West Area Committee has age standardised cancer rates which are generally the same as Leeds, and above that of the deprived quintile. The three MSOA with highest age standardised rates of cancer are E02002397, E02002368, and E02002412. In addition, age standardised CHD rates are generally the same as Leeds, and much lower than that of the deprived quintile. The three MSOA with highest age standardised rates of CHD are E02002407, E02002391, and E02002409.

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 in line with the Leeds average. The standardised rate of obesity is higher than the Leeds average. This area made up of 10 MSOAs mainly "comfortably off" Acorn types, and in general has low levels of deprivation.

CHD rates

	This area	Leeds	Deprived quintile
Qtr 1 09-10	3,006	2,973	3,628
Qtr 2 09-10	2,991	2,961	3,631
Qtr 3 09-10	2,978	2,934	3,589
Qtr 4 09-10	2,963	2,912	3,590
Qtr 1 10-11	2,949	2,899	3,597
Qtr 2 10-11	2,908	2,885	3,625
Qtr 3 10-11	2,891	2,876	3,576
Qtr 4 10-11	2,880	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 occurrences 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.

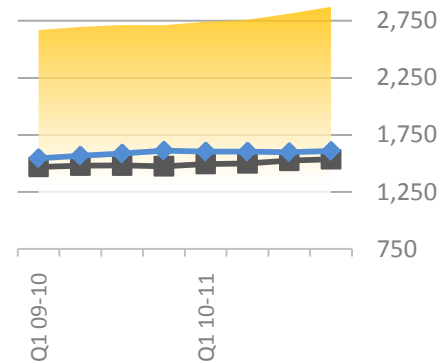
COPD and Diabetes

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	1,545	1,468	2,669
Qtr 2 09-10	1,567	1,481	2,697
Qtr 3 09-10	1,587	1,482	2,713
Qtr 4 09-10	1,612	1,475	2,711
Qtr 1 10-11	1,604	1,495	2,743
Qtr 2 10-11	1,603	1,500	2,759
Qtr 3 10-11	1,598	1,524	2,813
Qtr 4 10-11	1,609	1,537	2,873

Rates are *age standardised* and per 100,000

Deprived quintile Leeds This area

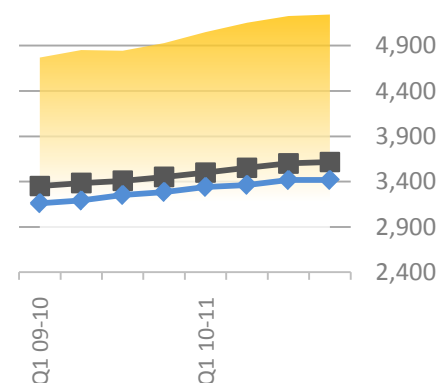


The Outer West Area Committee has age standardised COPD rates which are generally above Leeds, and very much lower than that of the deprived quintile. The three MSOA with highest age standardised rates of COPD are E02002407, E02002397, and E02002409. In addition, age standardised diabetes rates are generally below Leeds, and much lower than that of the deprived quintile. The three MSOA with highest age standardised rates of Diabetes are E02002407, E02002395, and E02002397.

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%.

Diabetes rates	This area	Leeds	Deprived quintile
Qtr 1 09-10	3,162	3,352	4,769
Qtr 2 09-10	3,191	3,384	4,852
Qtr 3 09-10	3,252	3,410	4,844
Qtr 4 09-10	3,286	3,452	4,929
Qtr 1 10-11	3,341	3,500	5,050
Qtr 2 10-11	3,364	3,554	5,153
Qtr 3 10-11	3,417	3,601	5,228
Qtr 4 10-11	3,417	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 occurrences 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.

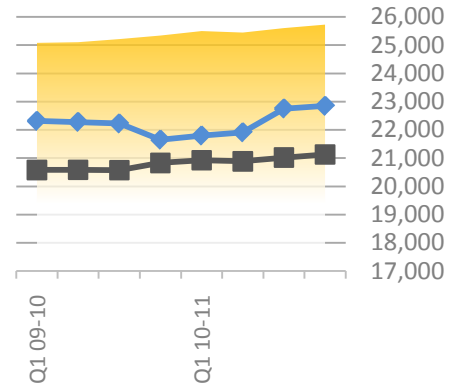
Obesity and Smoking

Source: NHS Leeds GP data audits, quarterly 2009-11

Calculated using the best fit MSOA for this area

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	22,315	20,581	25,081
Qtr 2 09-10	22,278	20,587	25,104
Qtr 3 09-10	22,223	20,572	25,214
Qtr 4 09-10	21,650	20,831	25,340
Qtr 1 10-11	21,796	20,924	25,498
Qtr 2 10-11	21,910	20,887	25,445
Qtr 3 10-11	22,753	21,020	25,603
Qtr 4 10-11	22,846	21,130	25,726



Rates are *age standardised* and per 100,000

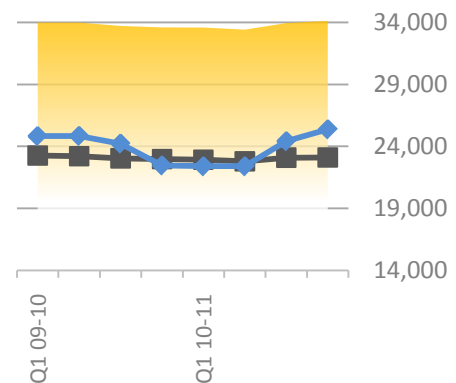
Deprived quintile Leeds This area

The Outer West Area Committee has age standardised obesity rates which are generally above Leeds, and below that of the deprived quintile. The three MSOA with highest age standardised rates of Obesity are E02002407, E02002409, and E02002397. In addition, age standardised smoking rates are generally the same as Leeds, and much lower than that of the deprived quintile. The three MSOA with highest age standardised rates of Smoking are E02002407, E02002409, and E02002412.

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	24,829	23,268	33,989
Qtr 2 09-10	24,843	23,213	33,989
Qtr 3 09-10	24,227	23,039	33,720
Qtr 4 09-10	22,467	22,982	33,601
Qtr 1 10-11	22,398	22,922	33,589
Qtr 2 10-11	22,398	22,793	33,422
Qtr 3 10-11	24,421	23,089	33,950
Qtr 4 10-11	25,378	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 occurrences 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

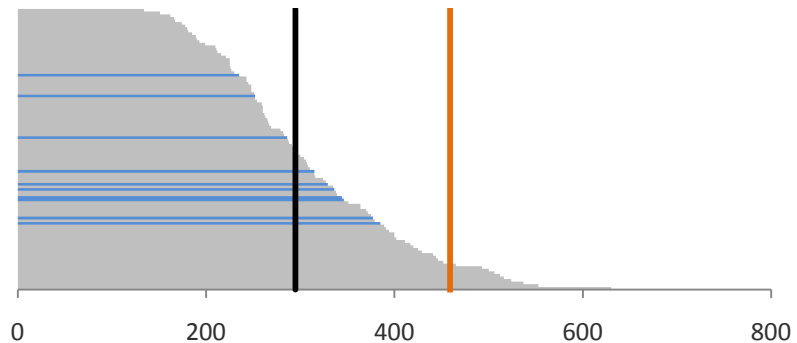
Calculated using the best fit MSOA for this area

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

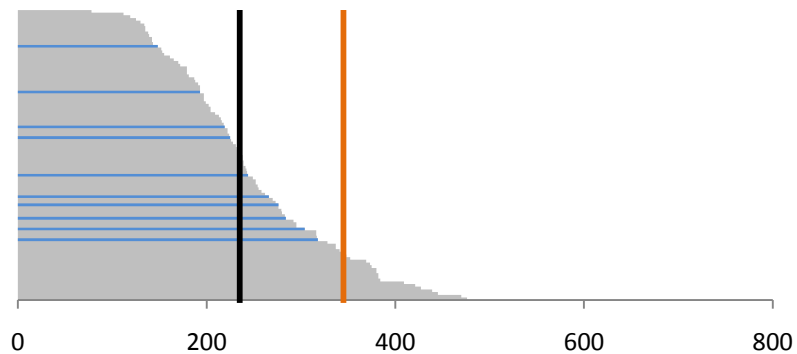
- E02002368
- E02002395
- E02002405
- E02002408
- E02002412
- E02002410
- E02002391
- E02002409
- E02002397
- E02002407

Male and female, all causes per 100,000



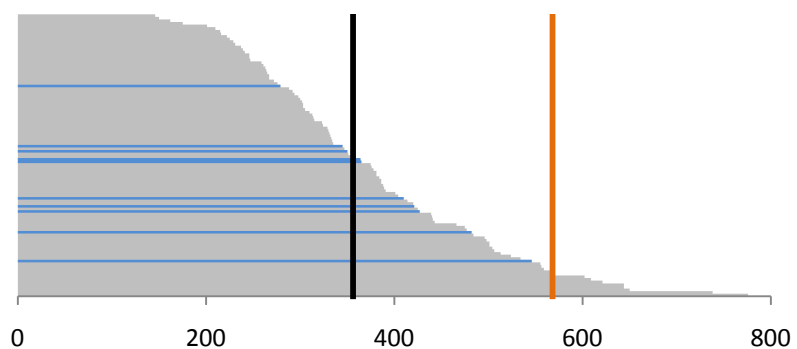
Female, all causes per 100,000

- E02002395
- E02002368
- E02002408
- E02002405
- E02002407
- E02002391
- E02002397
- E02002409
- E02002410
- E02002412



Male, all causes per 100,000

- E02002368
- E02002412
- E02002405
- E02002395
- E02002410
- E02002409
- E02002408
- E02002391
- E02002397
- E02002407



■ This area ■ All MSOAs — Leeds — Deprived Leeds

These charts show at MSOA level the mortality rates within Outer West Area. This area is made up of 10 MSOAs which mainly fall into “wealthy achievers” and “comfortably off”. However, Farnley is an outlier with much higher rates of mortality particularly for men from circulatory heart disease. Swinnow also has higher mortality for both men and women. (visit <http://www.westyorkshireobservatory.org/explorer/resources/> for in depth profiles on MSOAs)

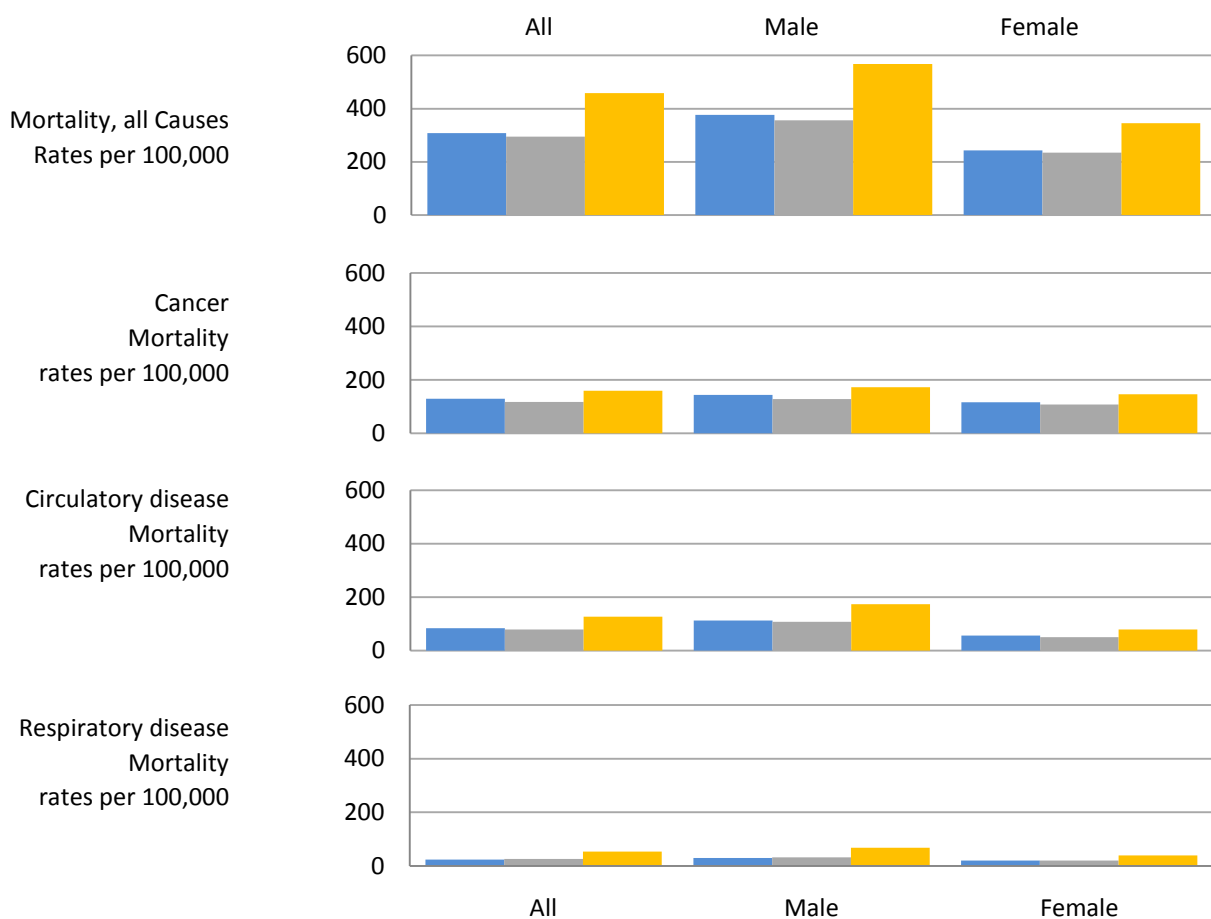
Source: ONS deaths extract, GP registered populations.

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 West Area Committee	All	Males	Females
Mortality, all Causes	307.7	376.6	242.9
Cancer mortality	129.6	144.0	116.5
Circulatory disease mortality	83.8	113.2	56.5
Respiratory disease mortality	24.6	29.5	20.1

- Area Committee
- Leeds
- Deprived Leeds



Mortality rates for Outer West area are slightly above the Leeds average for both males and females.

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

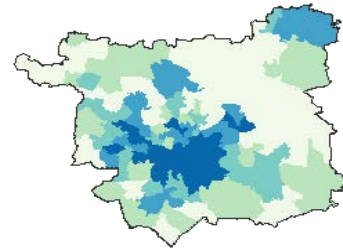
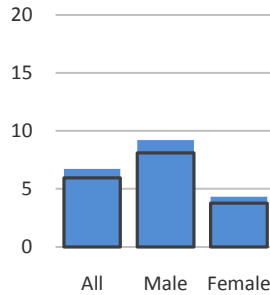
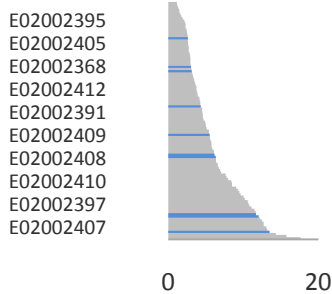
(Where alcohol is the single cause of admission)

	Count
All	486
Male	328
Female	158

This area rate
6.7 per 1,000
9.2 per 1,000
4.3 per 1,000

Leeds rate
6.0 per 1,000
8.1 per 1,000
3.8 per 1,000

■ This area
□ Leeds



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.

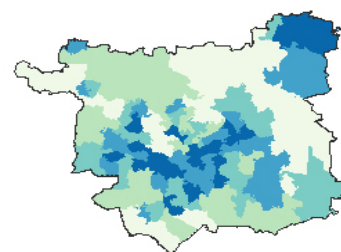
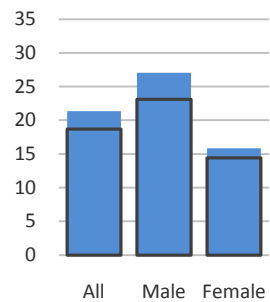
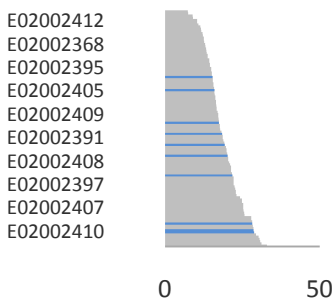
Map of all MSOAs in Leeds, showing alcohol specific admissions divided into five groups each with about a fifth of all MSOAs.

Alcohol attributable admissions

(Where alcohol is not the entire cause of admission.)

	This area rate
All	21.3 per 1,000
Male	27 per 1,000
Female	15.8 per 1,000

Leeds rate
18.7 per 1,000
23.1 per 1,000
14.4 per 1,000



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 West Area Committee is higher than the Leeds rate. As is normal, the Male rate is much higher than the Female rate. When we look at attributable admissions, the overall rate in Outer West Area Committee is higher than 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, alcohol specific rates are above average, as are attributable admission rates.

Source: Hospital episode statistics 2009-10 and NWPFO alcohol attributable fractions - details of how attributable admissions are calculated can be found at <http://www.nwpho.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)

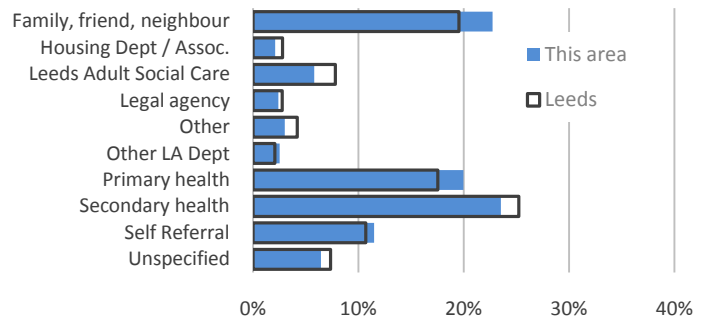
Source: LCC Adult Social Care data 2010-11

Calculated on an MSOA basis

Referrals to ASC by source

1,862 which is 9.4% of the 19,831 Leeds total

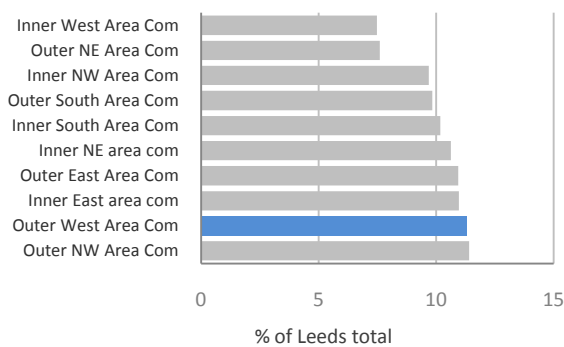
Chart shows the % contribution to the total for various referral sources



Signposted referrals

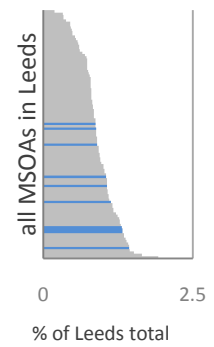
In this area, 15% of referrals are signposted for action by other agencies. In Leeds as a whole, this figure is 15%. A referral is signposted by ASC when it is considered to be more suitable for another agency.

Adult Social Care assessments This area had 828 completed assessments. This is 11.3% of the Leeds total.



- E02002409
- E02002412
- E02002368
- E02002391
- E02002395
- E02002397
- E02002405
- E02002407
- E02002410
- E02002408

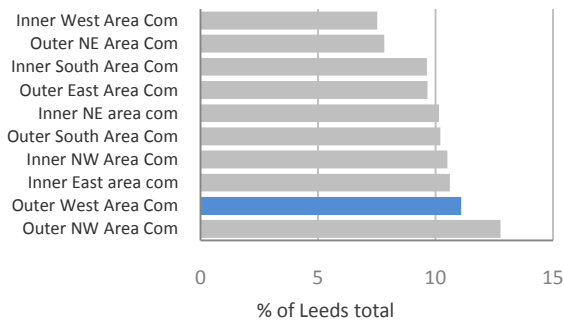
list of MSOAs in this area in rank order as charted



% of Leeds total

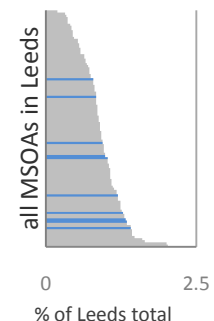
People receiving Adult Social Care services

521 people received services from Adult Social Care, that is 11.1% of the 4,691 total for Leeds.



- E02002412
- E02002368
- E02002409
- E02002391
- E02002395
- E02002410
- E02002397
- E02002405
- E02002407
- E02002408

list of MSOAs in this area in rank order as charted



% of Leeds total

What proportion of completed ASC assessments led to services being provided?

In this area, 63% of completed assessments led to a service being provided. In Leeds this figure is 64%

The prevalence of people referred and receiving Council support with adult social care is proportionately high in comparison with the proportion of the population of Leeds living within the Outer West area of Leeds. It is the second highest Area for the number of assessments of need completed and for the number of people assessed as needing services.

The number of referrals from primary health care sources and from family and friends is higher than the Leeds 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.

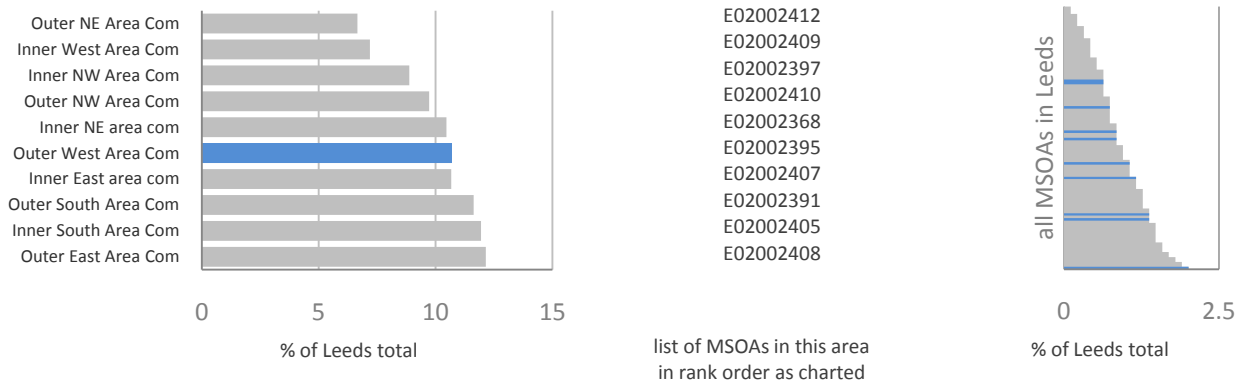
Provision and safeguarding

Source: LCC Adult Social Care data 2010-11

Calculated on an MSOA basis

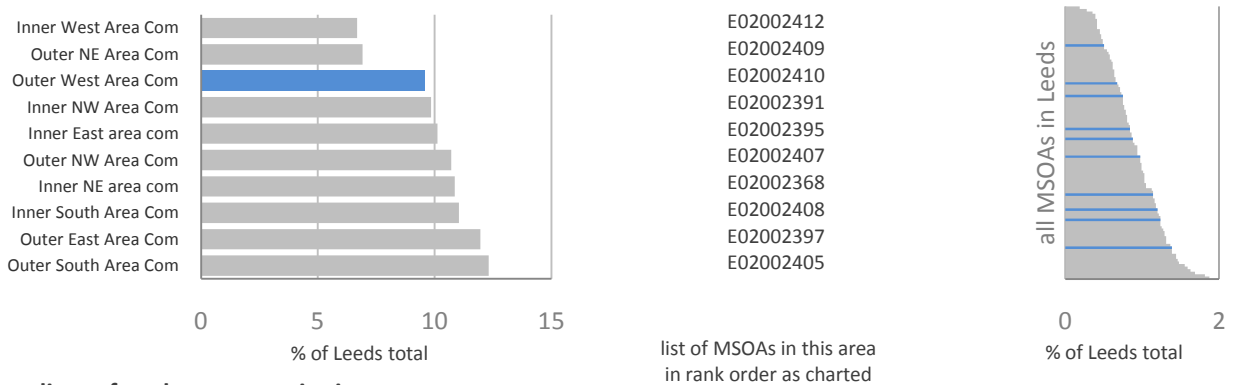
ASC supported residential and nursing care admissions (18+ years)

This area had 101 admissions. Which is 10.7% of the Leeds total of 946.



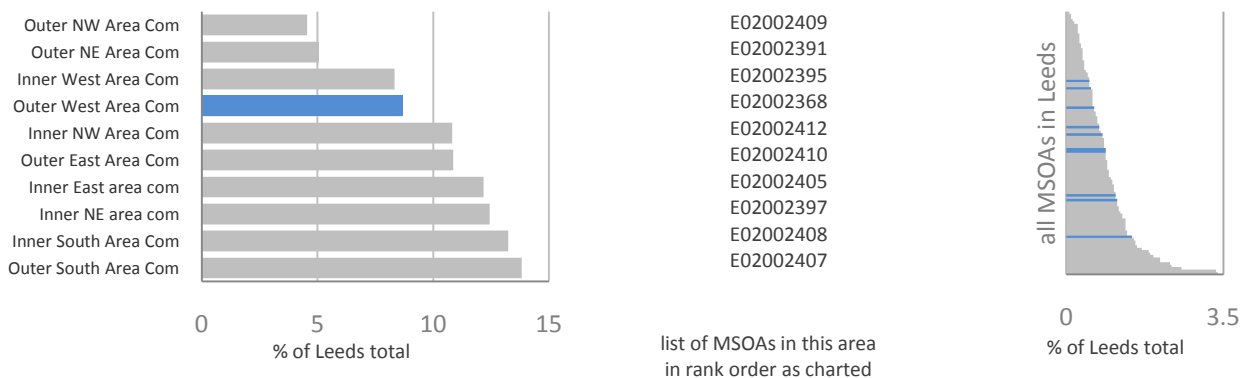
Number of people aged 18+ who received domiciliary care at some point in the year

This area had 512 people who received domiciliary care. Which is 9.6% of the Leeds total of 5,340.



Safeguarding referral at some point in year

This area had 237 safeguarding referrals. Which is 8.7% of the Leeds total of 2,726.



Outer West has higher levels of domiciliary care and residential & nursing care than would be expected from the size of its population, but a relatively low proportion of people assessed as needing social care are actually offered these services. This suggests that other forms of social care are likely to be more commonly received in this area than the average for the rest of the city.

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 an 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.

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