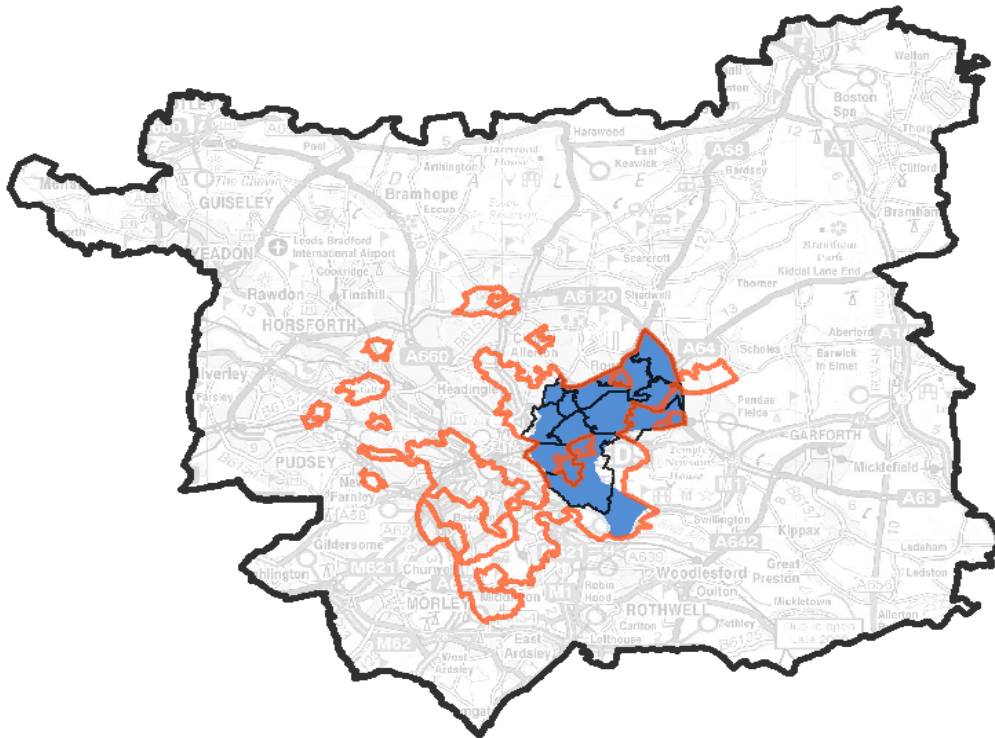


Area profile: Inner East area Committee

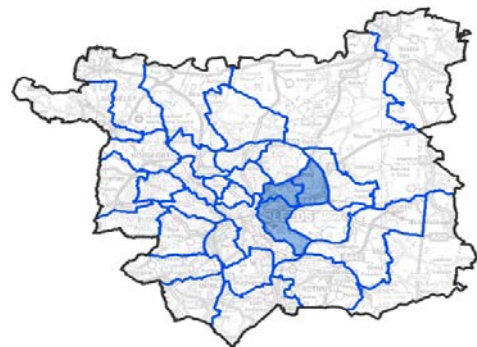


The main map shows the Inner East area Committee area in blue. The data in the report is built up using small geographic areas called Middle Super Output Areas (MSOAs), the MSOAs used in this report are shown as black outlines. MSOA are attributed to an area if the 'centre of gravity' of the population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



Leeds
CITY COUNCIL



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Summary table for Inner 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	88,457			795,476	159,387	172,084
area population proportion of Leeds pop	11.1%				20.0%	21.6%
number in deprived Leeds	67,661			172,084		
proportion of population in deprived Leeds	76.5%			21.6%		
proportion of deprived Leeds this represents	39.3%					
number in deprived <i>quintile</i>	75,254			159,387		
proportion of population in deprived quintile	85.1%			20.0%		
proportion of deprived quintile this represents	47.2%					
pupils on roll	14,563			104,056		
proportion of all pupils in leeds	14.0%					
GP recorded CANCER <i>Age Standardised rate per 100,000</i>	2,121.9	E02002377 1,329.2	E02002389 2,681.1	2,199.3	1,999.1	
GP recorded CHD <i>Age Standardised rate per 100,000</i>	3,511.4	E02002382 2,962.7	E02002376 4,250.0	2,853.6	3,562.8	
GP recorded COPD <i>Age Standardised rate per 100,000</i>	2,804.1	E02002377 1,667.1	E02002394 3,802.6	1,536.6	2,872.7	
GP recorded Diabetes <i>Age Standardised rate per 100,000</i>	5,079.1	E02002404 3,809.1	E02002377 9,734.9	3,615.5	5,244.1	
GP recorded Obesity <i>Age Standardised rate per 100,000</i>	25,618.2	E02002377 22,148.2	E02002379 29,985.2	21,130.3	25,726.2	
GP recorded Smoking <i>Age Standardised rate per 100,000</i>	32,960.7	E02002377 23,756.5	E02002364 39,606.9	23,112.4	34,123.3	
Mortality under 75s all causes <i>rate per 100,000</i>	445.1	E02002390 338.0	E02002364 553.0	294.6		458.8
Mortality under 75s all causes Males <i>rate per 100,000</i>	543.3	E02002390 334.0	E02002364 738.0	356.1		568.2
Mortality under 75s all causes Females <i>rate per 100,000</i>	342.8	E02002399 222.0	E02002389 470.0	235.3		344.9
Cancer mortality under 75s ALL <i>rate per 100,000</i>	164.7			117.7		159.8
Cancer mortality under 75s Males <i>rate per 100,000</i>	179.7			128.4		173.5
Cancer mortality under 75s Females <i>rate per 100,000</i>	150.0			108.2		146.6
Circulatory disease mortality under 75s ALL <i>rate per 100,000</i>	122.3			79.1		127.4
Circulatory disease mortality under 75s Males <i>rate per 100,000</i>	154.9			108.4		174.3
Circulatory disease mortality under 75s Females <i>rate per 100,000</i>	87.1			50.9		78.7
Respiratory disease mortality under 75s ALL <i>rate per 100,000</i>	48.3			26.2		53.7
Respiratory disease mortality under 75s Males <i>rate per 100,000</i>	66.8			32.0		68.5
Respiratory disease mortality under 75s Females <i>rate per 100,000</i>	30.6			20.8		39.0
Alcohol specific admissions <i>rate per 1000</i>	9.5	E02002377 4.6	E02002364 13.0			
Alcohol specific admissions Male <i>rate per 1000</i>	13.3					
Alcohol specific admissions Female <i>rate per 1000</i>	5.4					
Alcohol attributable admissions <i>rate per 1000</i>	23.7	E02002377 15.9	E02002364 30.5			
Alcohol attributable admissions Male <i>rate per 1000</i>	29.9					
Alcohol attributable admissions Female <i>rate per 1000</i>	17.2					

Area profile contents

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MSOAs making up this area

The MSOAs that are used in this report to represent Inner East area Committee

E02002404	Cross Green, East End Park and Richmond Hill
E02002382	Harehills
E02002393	Lincoln Green and Ebor Gardens
E02002377	Harehills Triangle
E02002376	Gipton North
E02002390	Crossgates and Killingbeck
E02002379	Seacroft South
E02002364	Seacroft North
E02002369	Fearnville, Hollin Park, Beechwood, Brooklands
E02002399	Osmondthorpe, East End Park
E02002389	Gipton South
E02002394	Harehills - Comptons, Sutherlands and Nowells

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

Population profile

Population of Inner East area Committee

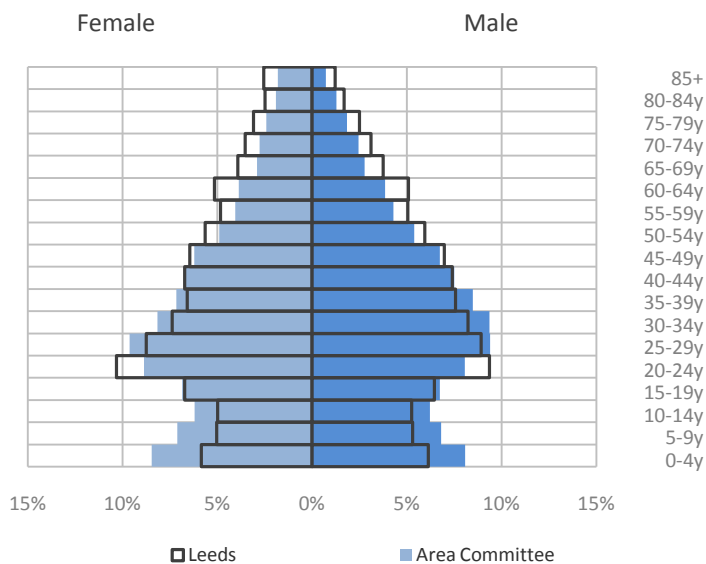
88,457 which is 11.1% of the Leeds registered and resident population of 795,476.

Males: 45,554 Females: 42,903

Population of Inner East area Committee living in deprived Leeds*.

There are 67,661 people in this area who are living in deprived Leeds. This equates to 76.5% of the Inner East area Committee population and 39.3% of the entire population of deprived Leeds.

Population pyramid for Inner East 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.

Inner East Area has one of the largest populations. It has a slightly lower proportion of older people than the Leeds average, with a particularly high number of children under four.

(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.

Calculated using the best fit MSOA for this area

Population heritage and faith

Population of this area: 88,457

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	4,354	4.9%	14,698	1.8%	270			
Americas	950	1.1%	4,633	0.6%	187			
British Isles	56,397	63.8%	633,431	78.6%	81			
Central Asia	20	0.0%	190	0.0%	96			
Diasporic	180	0.2%	2,571	0.3%	64			
East Asia	1,641	1.9%	14,104	1.7%	106			
Eastern Europe	3,777	4.3%	19,536	2.4%	176			
Middle East	5,869	6.6%	22,681	2.8%	236			
Northern Europe	523	0.6%	4,409	0.5%	108			
Not found	525	0.6%	2,457	0.3%	195			
Oceanian	32	0.0%	229	0.0%	127			
South Asia	9,673	10.9%	47,734	5.9%	185			
Southern Europe	2,037	2.3%	14,485	1.8%	128			
Unknown	38	0.0%	187	0.0%	185			
Western Europe	2,273	2.6%	22,909	2.8%	90			
Blank	175	0.2%	1,981	0.2%	81			
Grand Total		100.0%		100.0%	100			

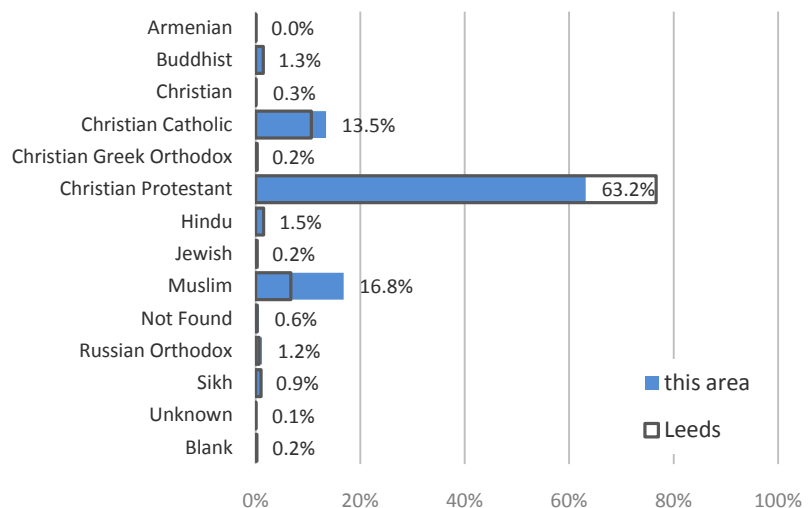
(Chart does not illustrate groups numbering less than 1,000 in the total Leeds population)

This area has a higher than average South Asian population which may account for the higher number of young children. This area encompasses the least successful area in Leeds, Harehills.

Around 6 out of 10 residents are of British heritage and there are substantial numbers of people of South Asian and African, and large numbers of people of Eastern European and Middle Eastern background.

This area has a higher proportion of people of Muslim faith than Leeds does.

'Faith' as calculated by Origins software



***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

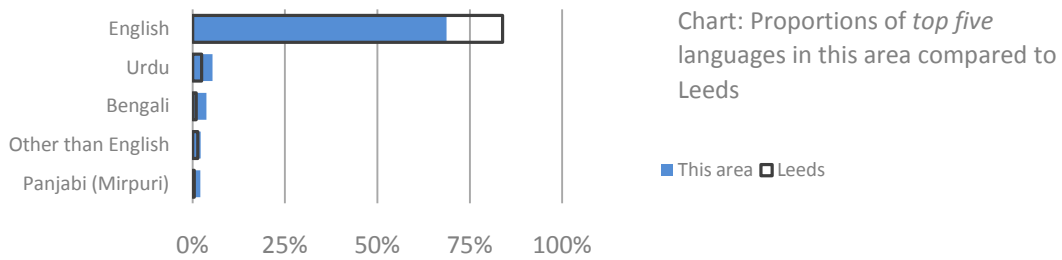
Language and ethnicity

(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: **14,563**
 Leeds total: 104,056

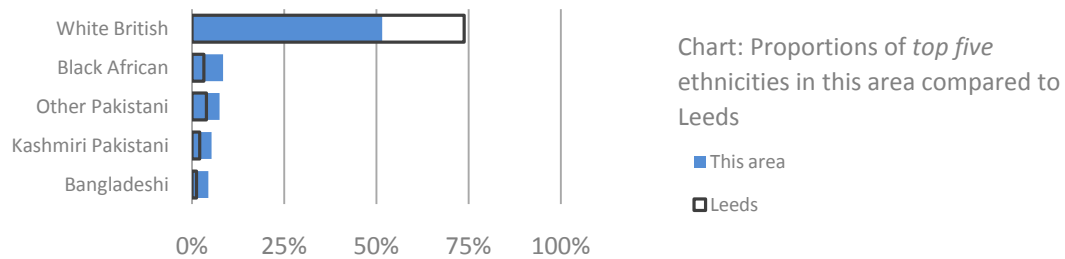
Top five languages recorded:	in this area		in Leeds		index	Index (Leeds = 100)	
	Count	%	Count	%		0	100
English	10,009	68.7%	87,265	83.9%	82		
Urdu	780	5.4%	2,506	2.4%	222		
Bengali	550	3.8%	991	1.0%	397		
Other than English	318	2.2%	1,433	1.4%	159		
Panjabi (Mirpuri)	305	2.1%	447	0.4%	488		
Others	2,431	16.7%	9,778	9.4%			

(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	%		0	100
White British	7,512	51.6%	76,737	73.7%	70		
Black African	1,230	8.4%	3,322	3.2%	265		
Other Pakistani	1,081	7.4%	4,050	3.9%	191		
Kashmiri Pakistani	776	5.3%	2,195	2.1%	253		
Bangladeshi	651	4.5%	1,283	1.2%	363		
Others	3,267	22.4%	16,095	15.5%			

(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.

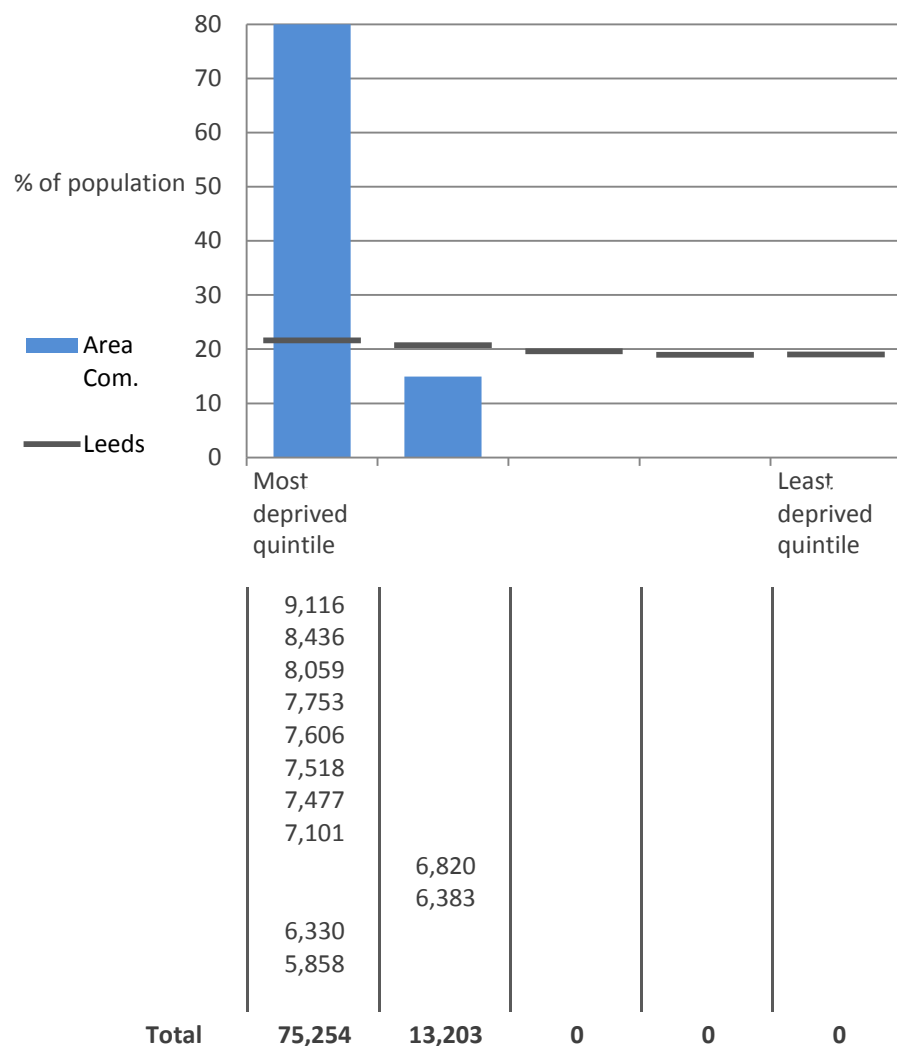
Source: January 2011 School Census

Deprivation

People living in different levels of deprivation in Inner East area Committee

Source: Index of Multiple Deprivation 2007

Office for National Statistics



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.

- E02002377 Harehills Triangle
- E02002393 Lincoln Green and Ebor Gardens
- E02002404 Cross Green, East End Park and Richmond Hill
- E02002369 Fearnville, Hollin Park, Beechwood, Brooklands
- E02002382 Harehills
- E02002376 Gipton North
- E02002394 Harehills - Comptons, Sutherlands and Nowells
- E02002389 Gipton South
- E02002399 Osmondthorpe, East End Park
- E02002390 Crossgates and Killingbeck
- E02002364 Seacroft North
- E02002379 Seacroft South

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

Inner East Area Committee

On a best fit basis the Inner East Area Committee covers twelve 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.

E02002364: Seacroft North

This area is ranked 22 on the combined Neighbourhood Index. Across the domains the scores are generally lower than the city averages, but particularly so in the Economic Activity and Health domains where the area scores are significantly lower than those for the city and the area is ranked 7 and 3 respectively. The only exceptions are the Housing and Environment domains where the area scores are slightly higher.

E02002369: Fearnville / Hollin Park / Beechwood / Brooklands

This area is ranked 21 on the combined Neighbourhood Index. Across the domains the scores are generally lower than the city averages, the only exception being the Housing domain where the score is slightly higher.

E02002376: Gipton North

This area is ranked 19 on the combined Neighbourhood Index. Across the domains the scores are generally lower than the city averages, but particularly so in the Economic Activity and Low Income domains where the area scores are significantly lower than those for the city. The only exception is the Health domain where the area score is very slightly higher.

E02002377: Harehills Triangle

This area is ranked 11 on the combined Neighbourhood Index. Across all domains the area scores are lower than the averages for the city, but most notably in the Low Income and Housing domains where it is ranked 7 and 8 respectively.

E02002379: Seacroft South

This area is ranked 13 on the combined Neighbourhood Index. Across the individual domains the scores are generally lower than the averages for the city but particularly so in the following domains; Economic Activity (ranked 5); Health (ranked 2); Education (ranked 4); and Community Safety (ranked 7). The only exceptions are the Housing and Environment domains where the scores are very slightly higher than the city average.

E02002382: Harehills

This area is ranked 7 on the combined Neighbourhood Index. Across all domains the area scores are lower than the averages for the city, and this is most significant in terms of the following domains; Economic Activity, Low Income; Housing (ranked 5); and Environment (ranked 10).

E02002389: Gipton South

This area is ranked 17 on the combined Neighbourhood Index. Across the domains the scores are generally lower than the city averages, but particularly so in the following domains; Economic Activity (ranked 9), Low Income (ranked 10); and Health (ranked 4). The only exceptions are the Housing and Environment domains where the area scores are slightly higher.

E02002390: Crossgates / Killingbeck

This area is ranked 38 on the combined Neighbourhood Index. Across the domains scores are generally fairly close to the averages for the city.

E02002393: Lincoln Green / Ebor Gardens

This area is ranked 4 on the combined Neighbourhood Index. Across all domains the area scores are lower than the averages for the city, and this is most significant in terms of the following domains; Low Income (ranked 2), Economic Activity (ranked 4) and Community Safety (ranked 5).

E02002394: Harehills – Comptons / Sutherlands / Nowells

With a rank of 1 on the combined Neighbourhood Index this is the least successful area in Inner East (and in the city). Across all domains the area scores are lower than the averages for the city, and this is most significant in terms of the following domains; Economic Activity (ranked 3); Low Income domain (also ranked 3), Housing (ranked 10); Environment (ranked 9); Education (ranked 6); and Community Safety (ranked 3).

E02002399: Osmondthorpe / East End Park

This area is ranked 26 on the combined Neighbourhood Index. Across the individual domains the scores are all lower than the averages for the city.

E02002404: Cross Green / East End Park / Richmond Hill

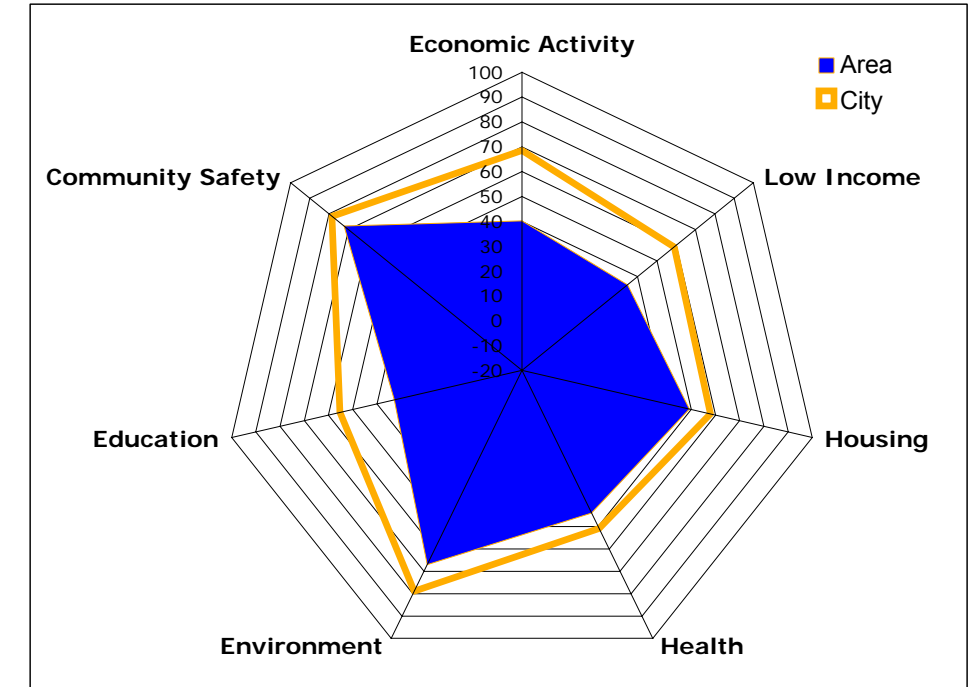
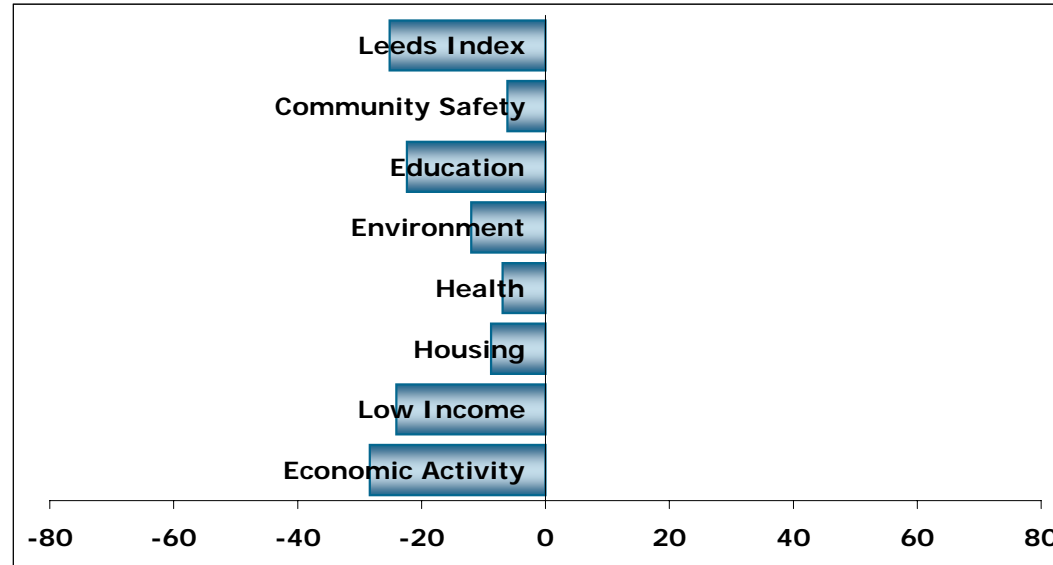
This area is ranked 3 on the combined Neighbourhood Index. Across all domains the area scores are significantly lower than the averages for the city, most notably in terms of Economic Activity, Low Income (ranked 9), Housing (ranked 3), Health (ranked 9), Environment (ranked 7), and Community Safety (ranked 9).



Leeds Neighbourhood Index

E02002399: Osmondthorpe, East End Park

Domain Summary				
2011	Rank	Score	Leeds Score	Diff.
Economic Activity	23	40.11	68.48	-28.36
Low Income	27	34.66	58.74	-24.08
Housing	17	49.16	57.92	-8.76
Health	31	43.91	50.84	-6.93
Environment	20	66.93	78.94	-12.01
Education	26	32.85	55.19	-22.34
Community Safety	31	72.22	78.38	-6.16
Leeds Index	26	31.04	56.19	-25.16



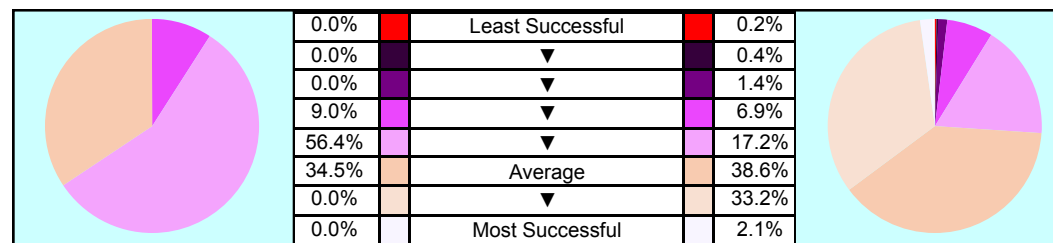
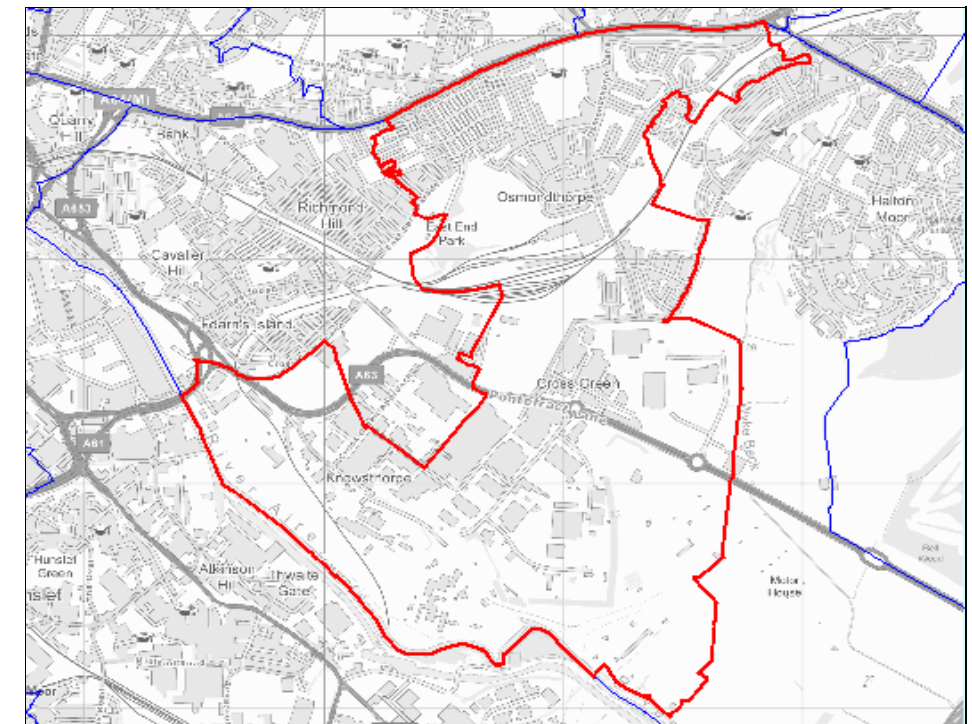
The area is located in the Inner East. It is bounded by York Road to the north and the large Cross Green industrial estate to the south and stretches across from Raincliffe Road and Londesboro Terrace in the west to the Rookwoods and Halton Moor Avenue in the east. It lies within the Richmond Hill Priority Neighbourhood.

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

It is an area of mixed tenure. Terraced housing accounts for 55% of stock with semi-detached housing accounting for a further 37%. 74% of properties are classified in Council Tax Band A and 24% in Band B.

Victoria Primary School is located in the area. East End Park has a children's playground and a large green space. The area contains a major industrial / railway site at Neville Hill.

This neighbourhood forms part of the EASEL regeneration area.



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

Key Statistics	Profiled Area		Leeds M.D.	
	Number	Rate	Number	Rate
Population 2009 MYE	6,452		787,701	
Households Liable for Council Tax	2,644		321,098	
BME Population	347	5.88%	77,482	10.83%
Foundation Stage	39	34.82%	4,251	52.49%
Key Stage 2	60	66.67%	5,596	73.09%
Key Stage 4	30	41.10%	3,858	50.16%
Persistent Absenteeism	43	11.17%	2,838	7.60%
NEET (Nov - Jan Average)	24	10.98%	1,596	7.58%
Crimes Against the Person	347	N/A	25,887	N/A
Acquisitive Property Crime	478	N/A	45,203	N/A
Environmental Crimes	145	N/A	11,961	N/A
Community Disorders	475	N/A	51,988	N/A
Average Purchase Price	£82,877	N/A	£170,997	N/A
Price / Income Ratio	4.05	N/A	5.24	N/A
Housing Turnover	328	11.82%	47,987	14.23%
Empty Homes (90+ days)	172	6.20%	21,110	6.26%
Children in Workless Households	505	36.81%	25,184	18.88%
Households Receiving In-Work Benefits	187	7.07%	15,569	4.85%
60+ Households In Receipt of Benefits	323	12.22%	33,200	10.34%
Court Payment Orders	250	N/A	23,562	N/A
Job Seekers' Allowance	252	6.04%	22,675	4.34%
Incapacity Benefit	360	8.63%	30,830	5.90%
Lone Parent Income Support	195	4.68%	8,710	1.67%
Circulatory Disease Mortality	N/A	80.04	N/A	79.13
Cancer Mortality	N/A	200.85	N/A	117.74
Low Birthweight	N/A	6.75	N/A	7.86
Adult Social Care	113	N/A	12,836	N/A
Fly Tipping	60	N/A	4,375	N/A
Graffiti	28	N/A	3,141	N/A
Waste Issues	133	N/A	6,852	N/A

Adult Social Care Community Based Service Users	Profiled Area		Leeds MD	
	Number	Rate	Number	Rate
Learning Disabilities	11	N/A	1,448	N/A
Mental Health	28	N/A	2,424	N/A
Physical Disability	70	N/A	8,374	N/A
Other Reasons	4	N/A	590	N/A

Age (2009 M.Y.E.)	Profiled Area		Leeds MD	
	Number	Rate	Number	Rate
Children	1,372	21.26%	133,396	16.93%
Working Age	4,171	64.65%	522,769	66.37%
Older People	909	14.09%	131,536	16.70%

Ethnicity (2001 Census)	Profiled Area		Leeds M.D.	
	Number	Rate	Number	Rate
White British	5,552	94.12%	637,872	89.17%
Irish	90	1.53%	8,532	1.19%
Black Caribbean & White	39	0.66%	4,577	0.64%
Black African & White	8	0.14%	867	0.12%
Asian & White	18	0.31%	2,541	0.36%
Indian	35	0.59%	12,296	1.72%
Pakistani	12	0.20%	15,064	2.11%
Bangladeshi	0	0.00%	2,531	0.35%
Black Caribbean	30	0.51%	6,737	0.94%
Black African	12	0.20%	2,404	0.34%
Chinese	9	0.15%	3,468	0.48%

Faith (2001 Census)	Profiled Area		Leeds M.D.	
	Number	Rate	Number	Rate
Christian	4,426	75.07%	492,656	68.87%
Buddhist	6	0.10%	1,603	0.22%
Hindu	18	0.31%	4,189	0.59%
Jewish	7	0.12%	8,233	1.15%
Muslim	17	0.29%	21,385	2.99%
Sikh	16	0.27%	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	32%	N/A	22.8%

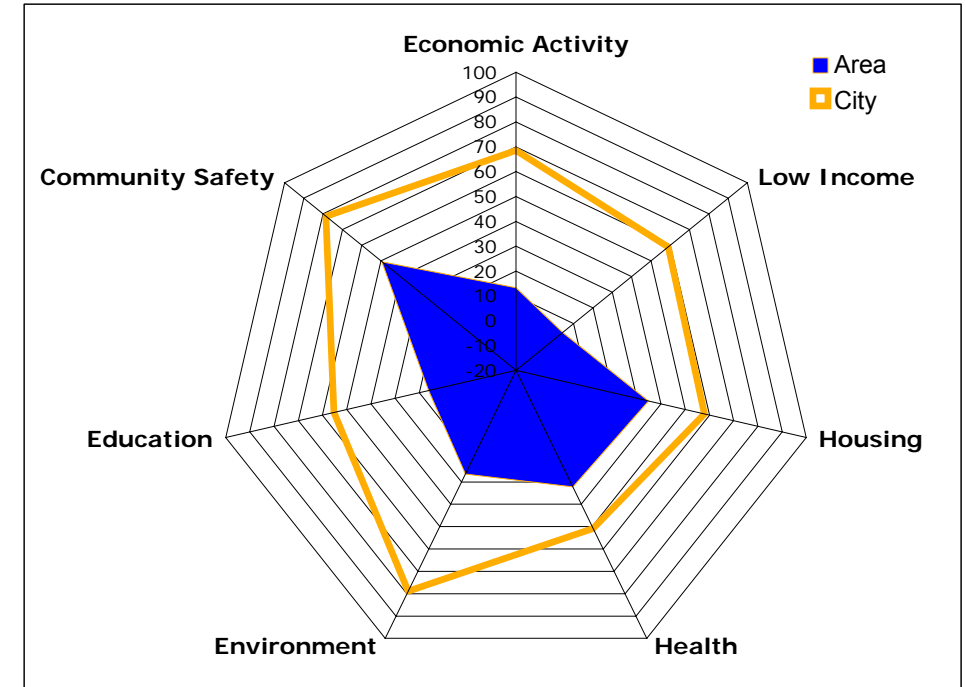
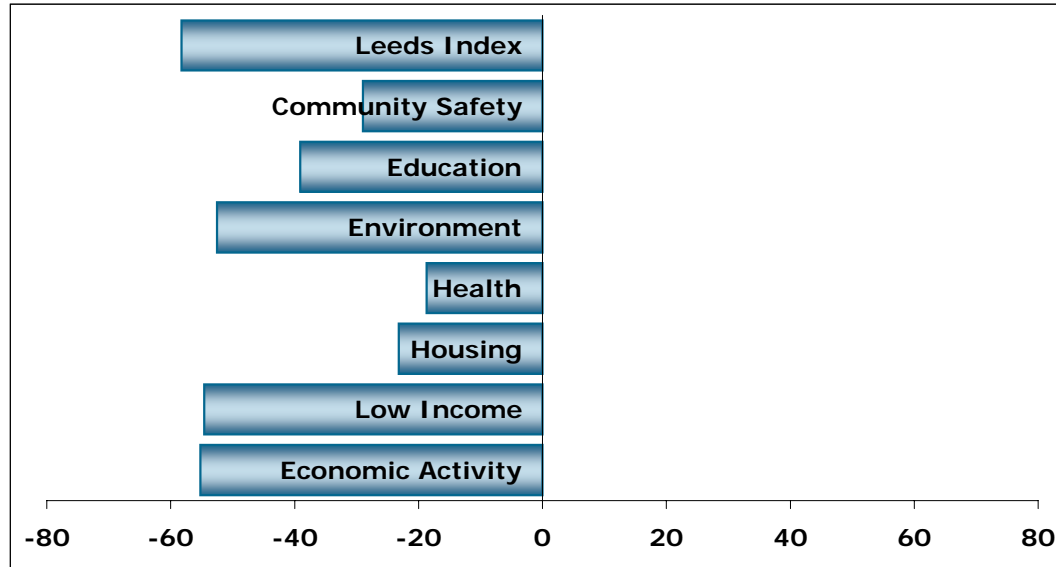
Disability (2001 Census)	Profiled Area		Leeds MD	
	Number	Rate	Number	Rate
Limiting Long-Term Illness	1,298	22.01%	128,647	17.98%



Leeds Neighbourhood Index

E02002394: Harehills - Comptons, Sutherlands and Nowells

Domain Summary				
2011	Rank	Score	Leeds Score	Diff.
Economic Activity	3	13.25	68.48	-55.23
Low Income	3	4.16	58.74	-54.58
Housing	10	34.73	57.92	-23.19
Health	17	32.12	50.84	-18.72
Environment	9	26.43	78.94	-52.51
Education	6	16.09	55.19	-39.10
Community Safety	3	49.41	78.38	-28.97
Leeds Index	1	-2.05	56.19	-58.24



Key Statistics	Profiled Area		Leeds M.D.	
	Number	Rate	Number	Rate
Population 2009 MYE	7,344		787,701	
Households Liable for Council Tax	3,073		321,098	
BME Population	722	11.44%	77,482	10.83%
Foundation Stage	28	30.43%	4,251	52.49%
Key Stage 2	43	62.32%	5,596	73.09%
Key Stage 4	23	29.49%	3,858	50.16%
Persistent Absenteeism	64	16.93%	2,838	7.60%
NEET (Nov - Jan Average)	20	9.99%	1,596	7.58%
Crimes Against the Person	528	N/A	25,887	N/A
Acquisitive Property Crime	727	N/A	45,203	N/A
Environmental Crimes	247	N/A	11,961	N/A
Community Disorders	919	N/A	51,988	N/A
Average Purchase Price	£75,231	N/A	£170,997	N/A
Price / Income Ratio	4.41	N/A	5.24	N/A
Housing Turnover	812	24.47%	47,987	14.23%
Empty Homes (90+ days)	287	8.65%	21,110	6.26%
Children in Workless Households	671	42.66%	25,184	18.88%
Households Receiving In-Work Benefits	291	9.47%	15,569	4.85%
60+ Households In Receipt of Benefits	398	12.95%	33,200	10.34%
Court Payment Orders	472	N/A	23,562	N/A
Job Seekers' Allowance	517	10.52%	22,675	4.34%
Incapacity Benefit	550	11.19%	30,830	5.90%
Lone Parent Income Support	270	5.49%	8,710	1.67%
Circulatory Disease Mortality	N/A	133.42	N/A	79.13
Cancer Mortality	N/A	168.23	N/A	117.74
Low Birthweight	N/A	8.86	N/A	7.86
Adult Social Care	111	N/A	12,836	N/A
Fly Tipping	49	N/A	4,375	N/A
Graffiti	34	N/A	3,141	N/A
Waste Issues	400	N/A	6,852	N/A

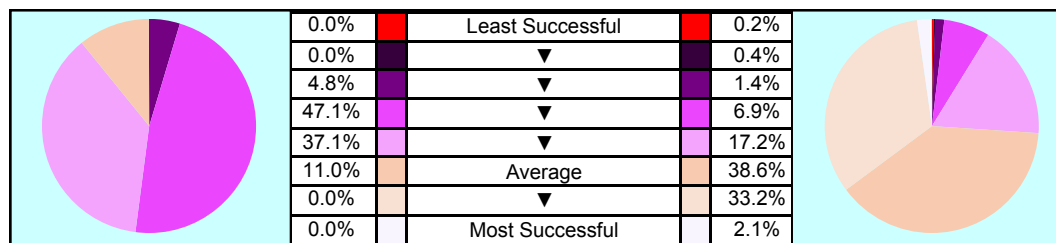
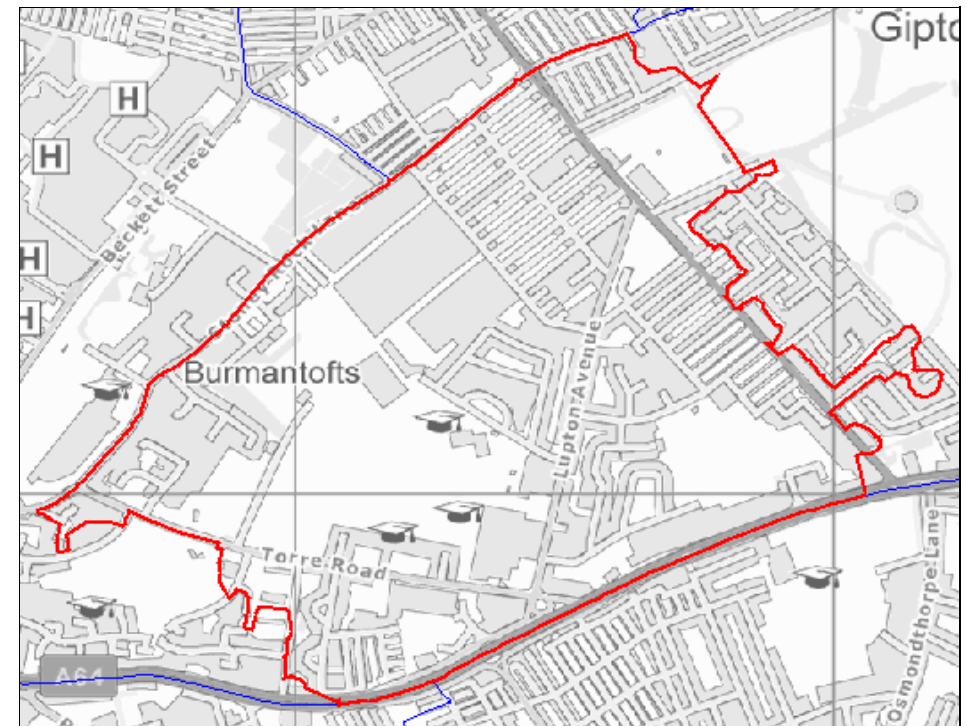
The area is located in the Inner East and is adjacent to the city centre. It is bounded by York Road to the south, Stoney Rock Lane and Compton Road to the north, cutting along Harehills Lane to the east. It lies predominantly within the Burmantofts Priority Neighbourhood.

The age breakdown shows slightly higher than average proportions of children and young people and people of working age. At 11% the BME population broadly reflects the city average.

It is a mixed tenure area although just under 40% of households are renting from the local authority (through an ALMO). Terraced housing accounts for 58% of stock with purpose built flats accounting for a further 22%. 94% of properties are classified in Council Tax Band A.

The area contains Nowell Mount Community Centre and the Arcadia Business Park. The schools in this area are Brownhill Primary School and St Patrick Roman Catholic Primary School. Compton Joint Service Centre is located in this area and provides a library and jobshop as well as benefits and housing advice services.

This neighbourhood forms part of the EASEL regeneration area.



Adult Social Care Community Based Service Users	Profiled Area		Leeds MD	
	Number	Rate	Number	Rate
Learning Disabilities	12	N/A	1,448	N/A
Mental Health	18	N/A	2,424	N/A
Physical Disability	71	N/A	8,374	N/A
Other Reasons	10	N/A	590	N/A

Ethnicity (2001 Census)	Profiled Area		Leeds M.D.	
	Number	Rate	Number	Rate
White British	5,589	88.56%	637,872	89.17%
Irish	124	1.96%	8,532	1.19%
Black Caribbean & White	95	1.51%	4,577	0.64%
Black African & White	12	0.19%	867	0.12%
Asian & White	26	0.41%	2,541	0.36%
Indian	47	0.74%	12,296	1.72%
Pakistani	60	0.95%	15,064	2.11%
Bangladeshi	3	0.05%	2,531	0.35%
Black Caribbean	90	1.43%	6,737	0.94%
Black African	71	1.13%	2,404	0.34%
Chinese	29	0.46%	3,468	0.48%

Faith (2001 Census)	Profiled Area		Leeds M.D.	
	Number	Rate	Number	Rate
Christian	4,300	68.26%	492,656	68.87%
Buddhist	9	0.14%	1,603	0.22%
Hindu	37	0.59%	4,189	0.59%
Jewish	16	0.25%	8,233	1.15%
Muslim	119	1.89%	21,385	2.99%
Sikh	14	0.22%	7,601	1.06%

Supplementary Health Information	Profiled Area		Leeds MD	
	Number	Rate	Number	Rate
CHD Prevalance	N/A	3%	N/A	3.5%
Smoking Prevalance	N/A	36%	N/A	22.8%

Age (2009 M.Y.E.)	Profiled Area		Leeds MD	
	Number	Rate	Number	Rate
Children	1,573	21.42%	133,396	16.93%
Working Age	4,914	66.91%	522,769	66.37%
Older People	857	11.67%	131,536	16.70%

Disability (2001 Census)	Profiled Area		Leeds MD	
	Number	Rate	Number	Rate
Limiting Long-Term Illness	1,363	21.58%	128,647	17.98%

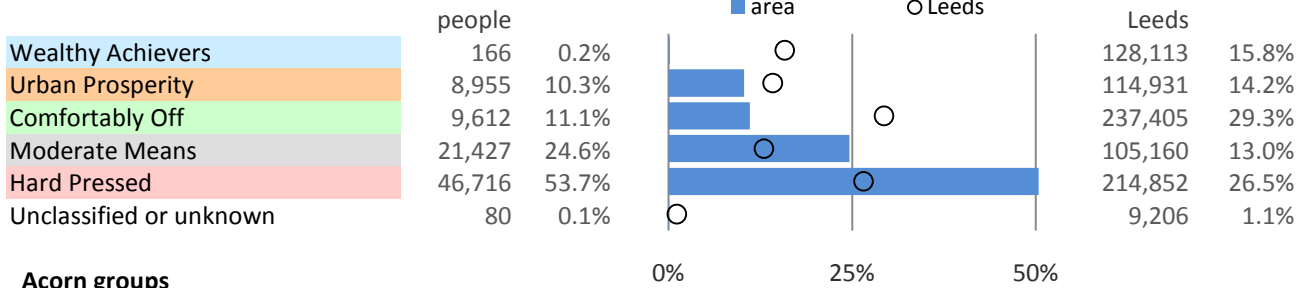
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2010 Population Acorn Profile

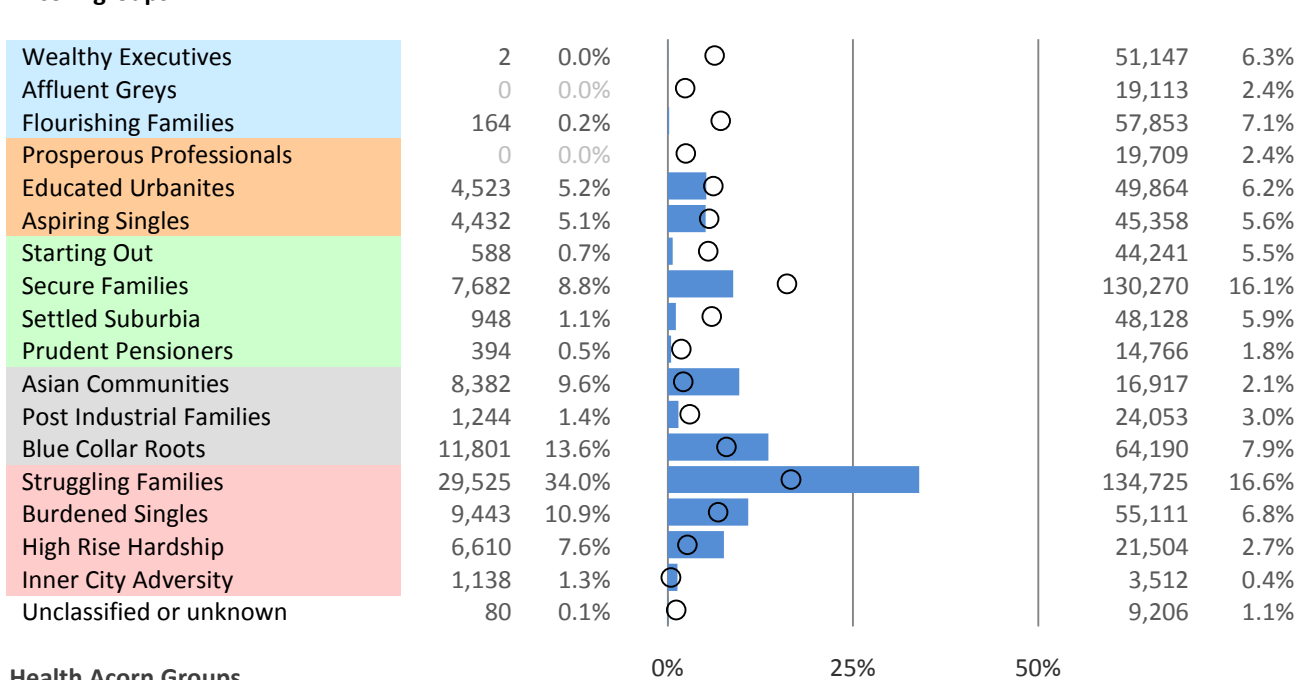
Acorn is a nationwide population segmentation tool. It combines geography with demographics and lifestyle information, and places where people live with their underlying characteristics and behaviour, to create a tool for understanding the different types of people in different areas throughout the country. 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 Inner East area Committee with the whole population of Leeds in terms of Acorn groups. For instance 53.7% of the population are in the 'Hard Pressed' category, compared to 26.5% of the population of Leeds.

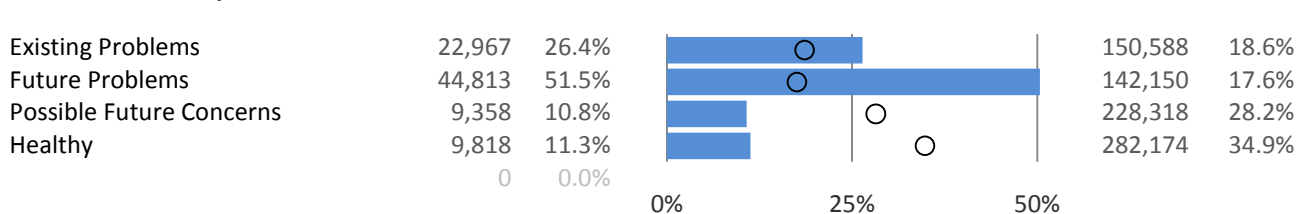
Acorn categories



Acorn groups



Health Acorn Groups



The population of Inner East area Committee is divided between Acorn categories in a manner which bears no resemblance to the way the Leeds population is divided. For instance, the Hard Pressed category has very much higher prevalence here than it does in the Leeds population as a whole.

Acorn highlights a significant number of the population in the "hard pressed" category. Within this category "struggling families" is double the Leeds rates, with "burdened singles" and "high rise hardship" also making up a significant number. The Health Acorn Groups data highlights the high number of people who have existing health problems with 50% falling into "future problems" compared to a Leeds average of 18%. In addition those classified as "healthy" is substantially lower than the average in Leeds with this area at 11% and the Leeds average being 35%.

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>

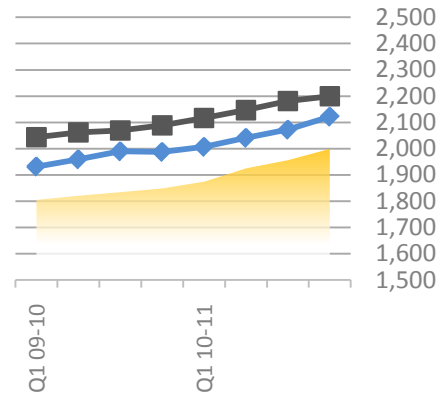
Cancer and CHD

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	1,932	2,043	1,805
Qtr 2 09-10	1,959	2,062	1,821
Qtr 3 09-10	1,990	2,069	1,834
Qtr 4 09-10	1,987	2,088	1,849
Qtr 1 10-11	2,007	2,116	1,874
Qtr 2 10-11	2,041	2,147	1,925
Qtr 3 10-11	2,072	2,181	1,956
Qtr 4 10-11	2,122	2,199	1,999

Rates are *age standardised* and per 100,000

Deprived quintile Leeds This area



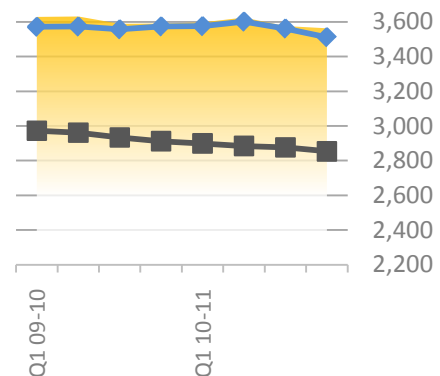
The Inner East area Committee has age standardised cancer rates which are generally the same as Leeds, and above that of the deprived quintile. The three MSAO with highest age standardised rates of cancer are E02002389, E02002390, and E02002379. In addition, age standardised CHD rates are generally much higher than Leeds, and the same as that of the deprived quintile. The three MSAO with highest age standardised rates of CHD are E02002376, E02002404, and E02002379.

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.

Inner East Leeds has lower than expected cancer rate but a high mortality rate for cancer this is probably due to lack of early detection. This area has high levels of deprivation and a high rate of CHD. The smoking rate for this area is high, as is the obesity rate.

CHD rates	This area	Leeds	Deprived quintile
Qtr 1 09-10	3,571	2,973	3,628
Qtr 2 09-10	3,573	2,961	3,631
Qtr 3 09-10	3,557	2,934	3,589
Qtr 4 09-10	3,573	2,912	3,590
Qtr 1 10-11	3,575	2,899	3,597
Qtr 2 10-11	3,601	2,885	3,625
Qtr 3 10-11	3,561	2,876	3,576
Qtr 4 10-11	3,511	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.

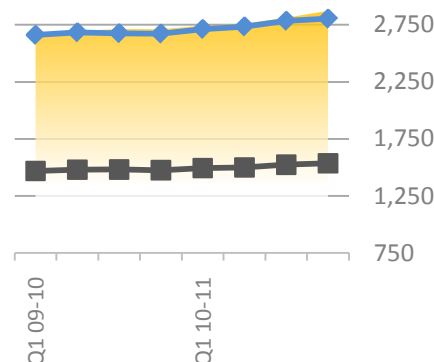
Age standardised rates: Are calculated using the date-relevant GP registered populations for those practices which partook in the data collection. Some practices opted not to submit data for certain audits and therefore their population are not part of rate calculations. **Deprived QUINTILE:** The deprived quintile is the most deprived *fifth of all MSAO* 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 *MSAO* level and cannot be resolved to the finer level of detail *LSOAs* offer.

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

COPD rates	This area	Leeds	Deprived quintile
Qtr 1 09-10	2,661	1,468	2,669
Qtr 2 09-10	2,684	1,481	2,697
Qtr 3 09-10	2,676	1,482	2,713
Qtr 4 09-10	2,673	1,475	2,711
Qtr 1 10-11	2,713	1,495	2,743
Qtr 2 10-11	2,735	1,500	2,759
Qtr 3 10-11	2,785	1,524	2,813
Qtr 4 10-11	2,804	1,537	2,873



Rates are *age standardised* and per 100,000

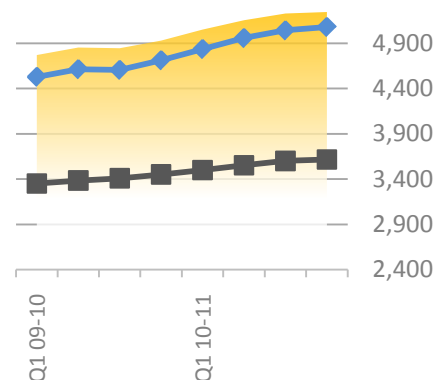
Deprived quintile Leeds This area

The Inner East area Committee has age standardised COPD rates which are generally very much higher than Leeds, and the same as that of the deprived quintile. The three MSOA with highest age standardised rates of COPD are E02002394, E02002389, and E02002393. In addition, age standardised diabetes rates are generally very much higher than Leeds, and the same as that of the deprived quintile. The three MSOA with highest age standardised rates of Diabetes are E02002377, E02002382, and E02002376.

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

Diabetes rates	This area	Leeds	Deprived quintile
Qtr 1 09-10	4,528	3,352	4,769
Qtr 2 09-10	4,613	3,384	4,852
Qtr 3 09-10	4,605	3,410	4,844
Qtr 4 09-10	4,712	3,452	4,929
Qtr 1 10-11	4,836	3,500	5,050
Qtr 2 10-11	4,957	3,554	5,153
Qtr 3 10-11	5,042	3,601	5,228
Qtr 4 10-11	5,079	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.

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

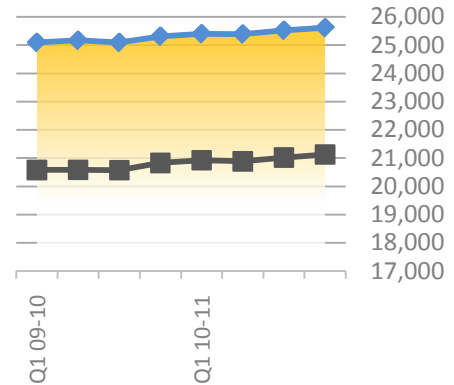
Calculated using the best fit MSOA for this area

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	25,096	20,581	25,081
Qtr 2 09-10	25,168	20,587	25,104
Qtr 3 09-10	25,094	20,572	25,214
Qtr 4 09-10	25,313	20,831	25,340
Qtr 1 10-11	25,404	20,924	25,498
Qtr 2 10-11	25,394	20,887	25,445
Qtr 3 10-11	25,525	21,020	25,603
Qtr 4 10-11	25,618	21,130	25,726

Rates are *age standardised* and per 100,000

Deprived quintile Leeds This area



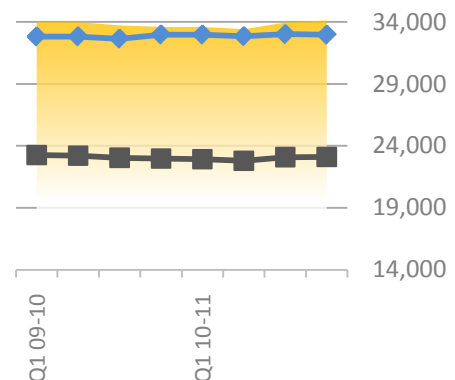
The Inner East area Committee has age standardised obesity rates which are generally much higher than Leeds, and the same as that of the deprived quintile. The three MSOA with highest age standardised rates of Obesity are E02002379, E02002364, and E02002389. In addition, age standardised smoking rates are generally very much higher than Leeds, and the same as that of the deprived quintile. The three MSOA with highest age standardised rates of Smoking are E02002364, E02002379, and E02002404.

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	32,820	23,268	33,989
Qtr 2 09-10	32,826	23,213	33,989
Qtr 3 09-10	32,645	23,039	33,720
Qtr 4 09-10	32,981	22,982	33,601
Qtr 1 10-11	32,975	22,922	33,589
Qtr 2 10-11	32,844	22,793	33,422
Qtr 3 10-11	33,011	23,089	33,950
Qtr 4 10-11	32,961	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.

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.

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

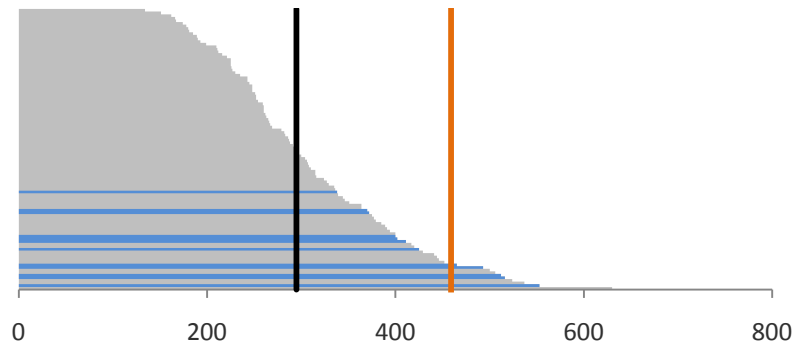
Calculated using the best fit MSOA for this area

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

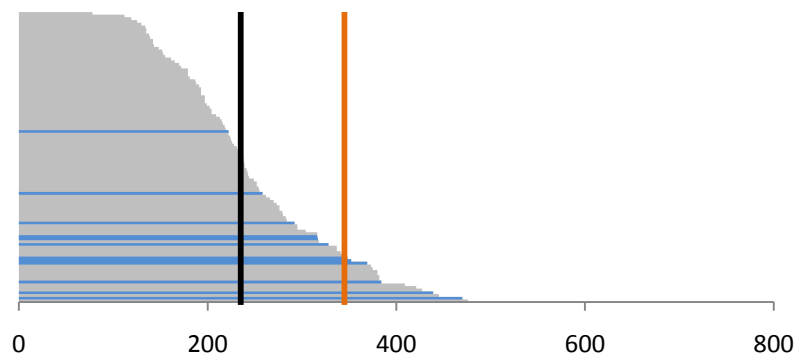
- E02002390
- E02002376
- E02002399
- E02002377
- E02002382
- E02002369
- E02002404
- E02002394
- E02002379
- E02002389
- E02002393
- E02002364

Male and female, all causes per 100,000



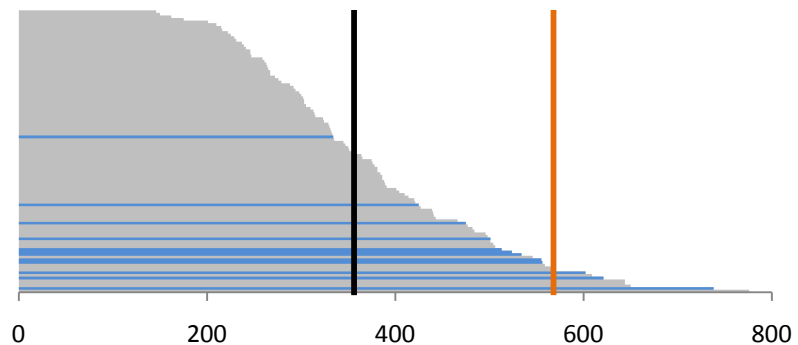
Female, all causes per 100,000

- E02002399
- E02002377
- E02002369
- E02002376
- E02002394
- E02002382
- E02002404
- E02002390
- E02002364
- E02002393
- E02002379
- E02002389



Male, all causes per 100,000

- E02002390
- E02002376
- E02002382
- E02002404
- E02002377
- E02002399
- E02002369
- E02002389
- E02002379
- E02002394
- E02002393
- E02002364



■ This area ■ All MSOAs — Leeds — Deprived Leeds

This area is made up of 12 MSOAs; mortality rates within Inner East Area are very high with 11 MSOAs above the Leeds average. When data is divided on gender lines there are two MSOA areas that are below the Leeds average: females living in Osmondthorpe and East End Park and males living in Crossgates and Killingbeck. While Seacroft North has the highest mortality rates for men who have double the mortality rate of Leeds. While, Gipton South has the highest mortality for women.

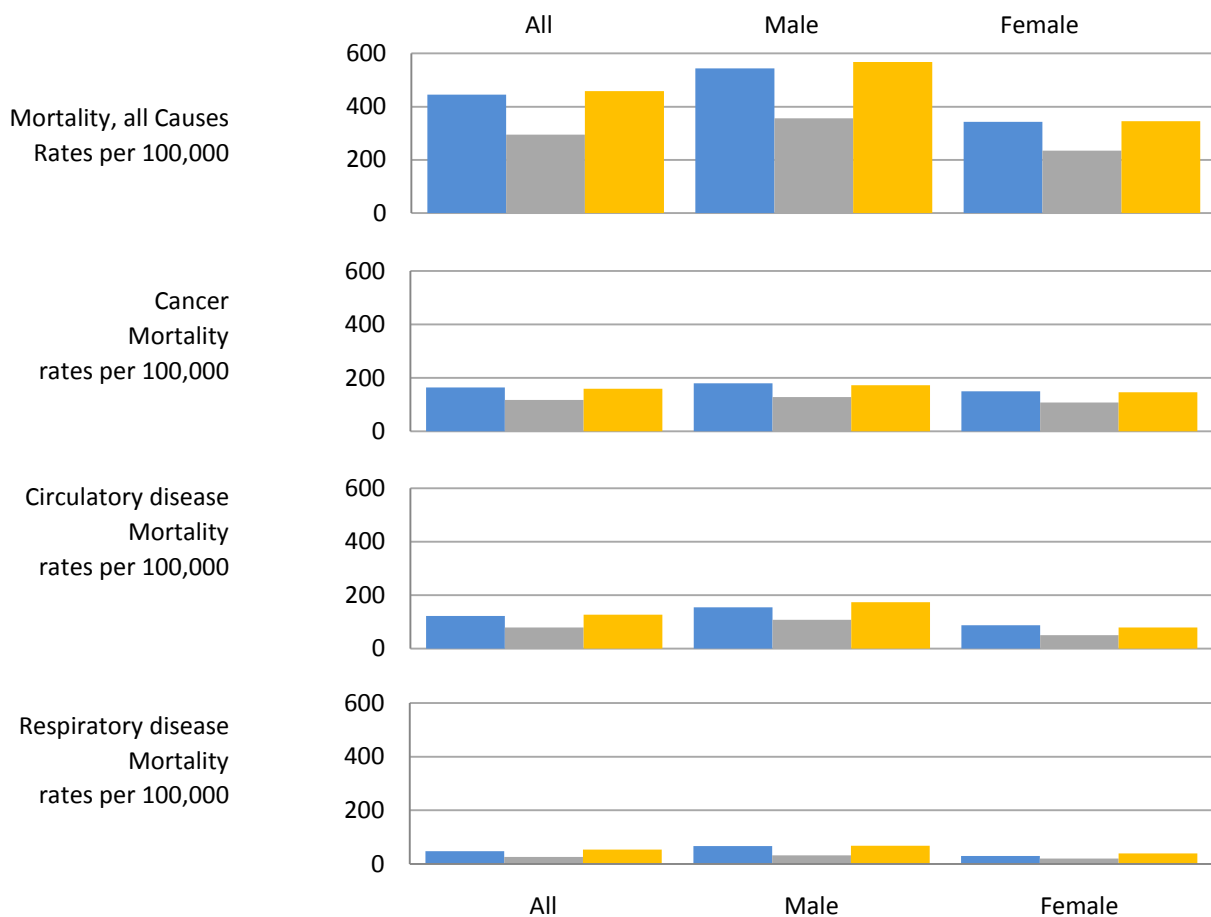
Source: ONS deaths extract, GP registered populations.

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.

Inner East area Committee	All	Males	Females
Mortality, all Causes	445.1	543.3	342.8
Cancer mortality	164.7	179.7	150.0
Circulatory disease mortality	122.3	154.9	87.1
Respiratory disease mortality	48.3	66.8	30.6

- Area Committee
- Leeds
- Deprived Leeds



It is significant that deaths from cancer in Inner East area are in line with the deprived quintile but Cancer detection rates at GP level are lower than the Leeds average. This suggests that there is a problem with early diagnosis of cancer in this area.

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

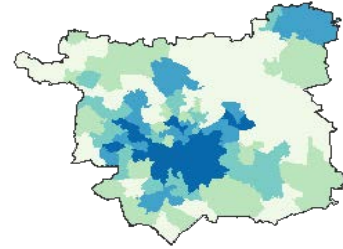
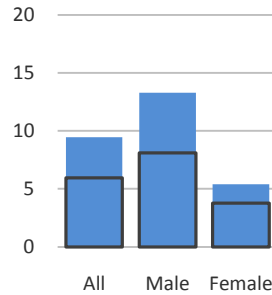
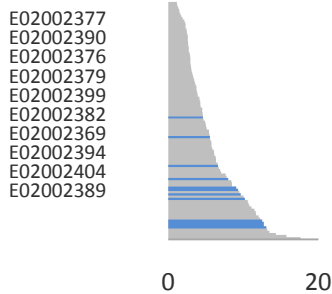
(Where alcohol is the single cause of admission)

	Count
All	833
Male	602
Female	231

This area rate
9.5 per 1,000
13.3 per 1,000
5.4 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.

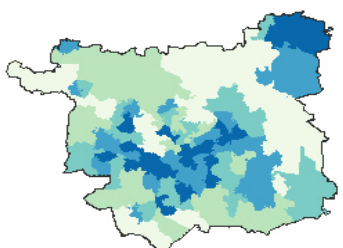
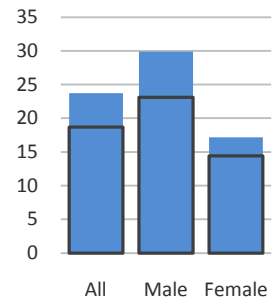
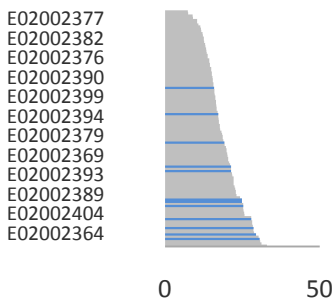
Map of all MSOAs in Leeds, showing alcohol specific admissions divided into five groups each with about a fifth of all MSOAs.

Alcohol *attributable* admissions

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

	This area rate
All	23.7 per 1,000
Male	29.9 per 1,000
Female	17.2 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 Inner East area Committee is much 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 Inner East area Committee is much 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, both alcohol specific and attributable admission rates are much higher than the Leeds average.

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)

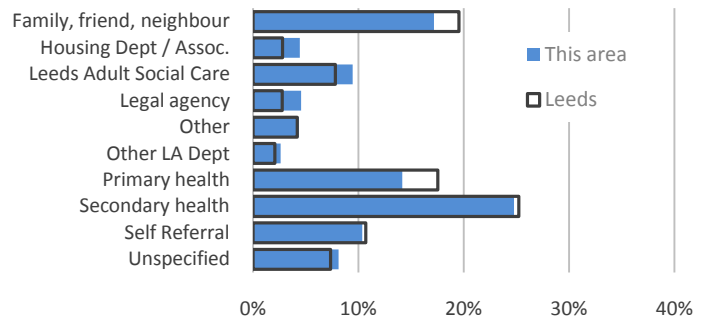
Source: LCC Adult Social Care data 2010-11

Calculated on an MSOA basis

Referrals to ASC by source

2,318 which is 11.7% of the 19,831 Leeds total

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

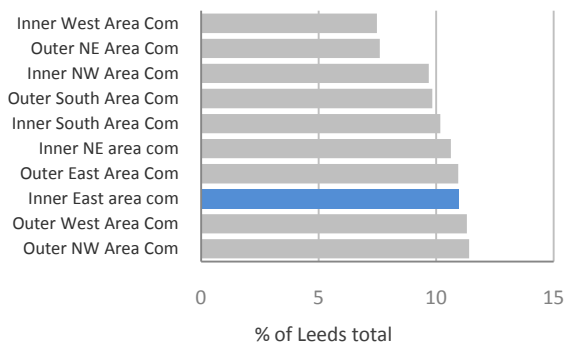


Signposted referrals

In this area, 8% 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.

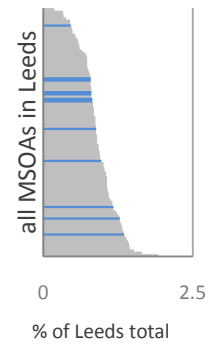
Adult Social Care assessments

This area had 803 completed assessments. This is 11% of the Leeds total.



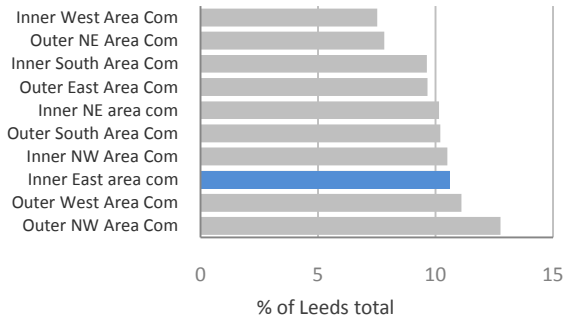
- E02002382
- E02002399
- E02002390
- E02002376
- E02002377
- E02002394
- E02002393
- E02002379
- E02002404
- E02002369
- E02002389
- E02002364

list of MSOAs in this area in rank order as charted



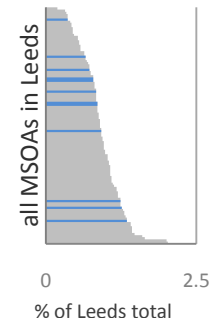
People receiving Adult Social Care services

498 people received services from Adult Social Care, that is 10.6% of the 4,691 total for Leeds.



- E02002382
- E02002393
- E02002377
- E02002399
- E02002390
- E02002394
- E02002379
- E02002376
- E02002404
- E02002369
- E02002389
- E02002364

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, 62% of completed assessments led to a service being provided. In Leeds this figure is 64%

In general, the prevalence of people referred and receiving Council support with adult social care is in line with the proportion of the population aged 18+ of Leeds living within the Inner East Area This may appear surprising at first glance, given the relative rate of poverty and the prevalence of long term conditions within the area.

High levels of social care activity are, however, more strongly associated with the size of the population aged 85 and over. It will be noted that the relatively low proportion of the population in this age group will have reduced levels of demand.

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.

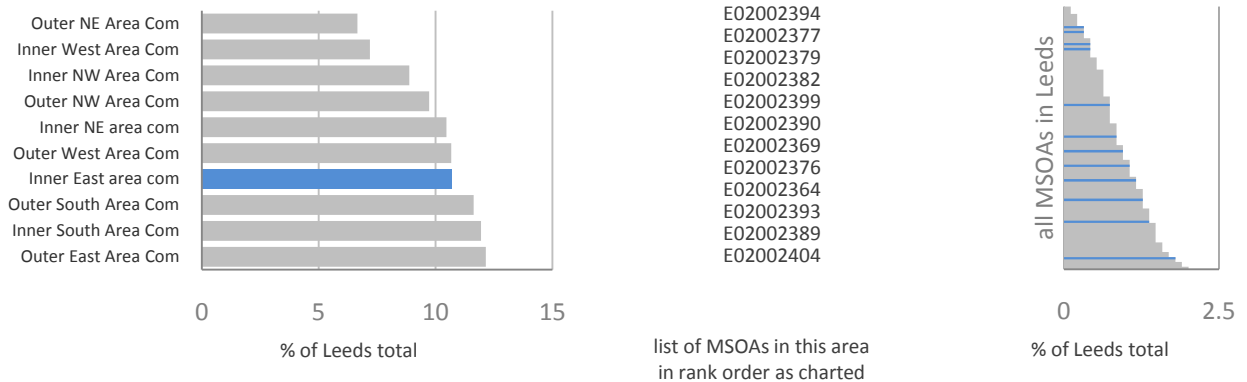
Provision and safeguarding

Source: LCC Adult Social Care data 2010-11

Calculated on an MSOA basis

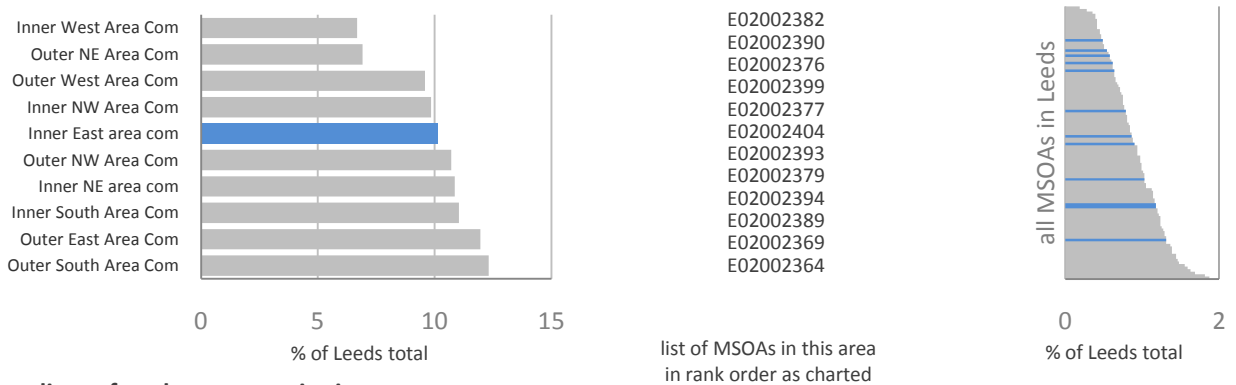
ASC supported residential and nursing care admissions (18+ years)

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



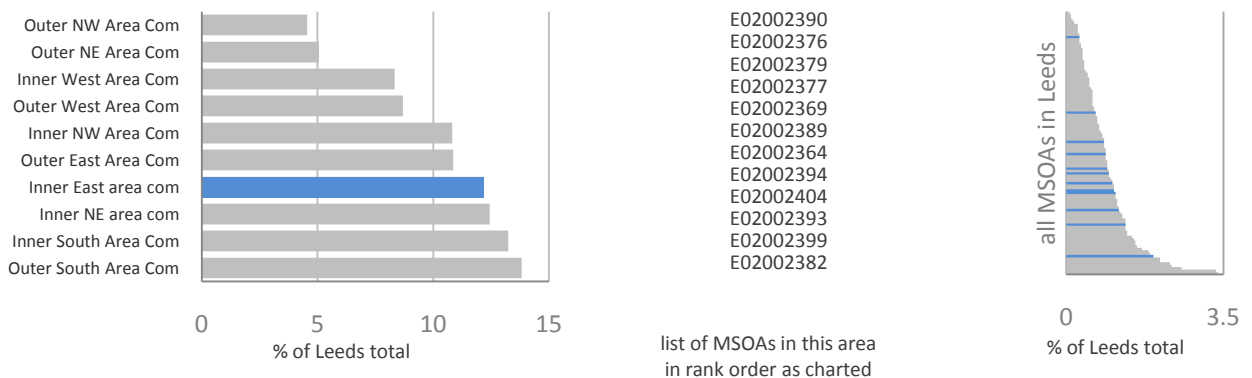
Number of people aged 18+ who received domiciliary care at some point in the year

This area had 540 people who received domiciliary care. Which is 10.1% of the Leeds total of 5,340.



Safeguarding referral at some point in year

This area had 332 safeguarding referrals. Which is 12.2% of the Leeds total of 2,726.



The area has a relatively high proportion of safeguarding referrals compared to other areas. The referral profile suggests relatively strong relationships with housing, police and local 'in-house' social care. These agencies may well be in a strong position to identify safeguarding issues and may have higher levels of awareness of the issue than other major groups of referrers.

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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