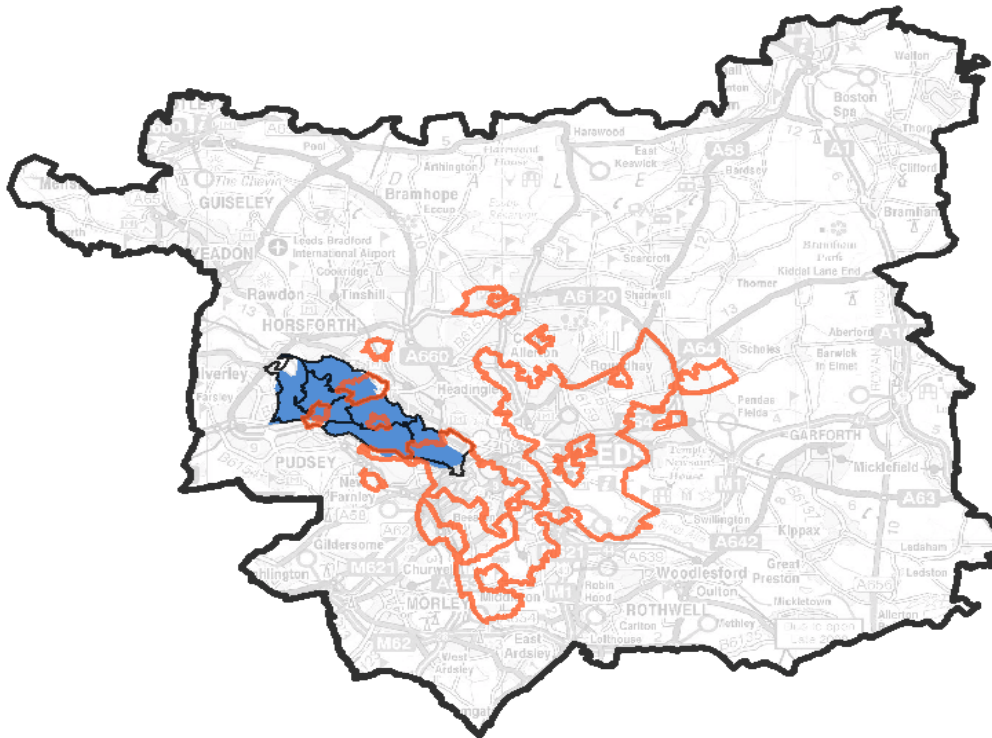


## Area profile: Inner West Area Committee



The main map shows the Inner 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 Inner 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).



**Leeds**  
CITY COUNCIL



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Summary table for Inner 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	50,369			795,476	159,387	172,084	
area population proportion of Leeds pop	6.3%				20.0%	21.6%	
number in deprived Leeds	15,670			172,084			
proportion of population in deprived Leeds	31.1%			21.6%			
proportion of deprived Leeds this represents	9.1%						
number in deprived <i>quintile</i>	15,717			159,387			
proportion of population in deprived quintile	31.2%			20.0%			
proportion of deprived quintile this represents	9.9%						
pupils on roll	7,157			104,056			
proportion of all pupils in leeds	6.9%						
GP recorded CANCER <i>Age Standardised rate per 100,000</i>	1,874.3	E02002400	1,589.9	E02002380	2,120.0	2,199.3	1,999.1
GP recorded CHD <i>Age Standardised rate per 100,000</i>	3,146.8	E02002381	2,803.7	E02002387	4,013.7	2,853.6	3,562.8
GP recorded COPD <i>Age Standardised rate per 100,000</i>	1,975.8	E02002396	1,278.7	E02002400	2,719.8	1,536.6	2,872.7
GP recorded Diabetes <i>Age Standardised rate per 100,000</i>	4,127.7	E02002380	3,414.4	E02002400	4,853.4	3,615.5	5,244.1
GP recorded Obesity <i>Age Standardised rate per 100,000</i>	24,732.8	E02002396	23,552.4	E02002387	26,797.1	21,130.3	25,726.2
GP recorded Smoking <i>Age Standardised rate per 100,000</i>	29,798.4	E02002381	24,496.9	E02002400	37,544.7	23,112.4	34,123.3
Mortality under 75s all causes <i>rate per 100,000</i>	397.8	E02002380	307.0	E02002400	500.0	294.6	458.8
Mortality under 75s all causes Males <i>rate per 100,000</i>	488.0	E02002381	332.0	E02002400	609.0	356.1	568.2
Mortality under 75s all causes Females <i>rate per 100,000</i>	309.6	E02002396	193.0	E02002381	421.0	235.3	344.9
Cancer mortality under 75s ALL <i>rate per 100,000</i>	162.2					117.7	159.8
Cancer mortality under 75s Males <i>rate per 100,000</i>	175.6					128.4	173.5
Cancer mortality under 75s Females <i>rate per 100,000</i>	150.5					108.2	146.6
Circulatory disease mortality under 75s ALL <i>rate per 100,000</i>	106.7					79.1	127.4
Circulatory disease mortality under 75s Males <i>rate per 100,000</i>	146.7					108.4	174.3
Circulatory disease mortality under 75s Females <i>rate per 100,000</i>	67.4					50.9	78.7
Respiratory disease mortality under 75s ALL <i>rate per 100,000</i>	29.0					26.2	53.7
Respiratory disease mortality under 75s Males <i>rate per 100,000</i>	31.4					32.0	68.5
Respiratory disease mortality under 75s Females <i>rate per 100,000</i>	26.9					20.8	39.0
Alcohol specific admissions <i>rate per 1000</i>	8.3	E02002381	4.6	E02002388	13.2		
Alcohol specific admissions Male <i>rate per 1000</i>	12.1						
Alcohol specific admissions Female <i>rate per 1000</i>	4.4						
Alcohol attributable admissions <i>rate per 1000</i>	23.1	E02002375	17.8	E02002388	28.1		
Alcohol attributable admissions Male <i>rate per 1000</i>	28.8						
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 West Area Committee

E02002396	Upper Armley
E02002387	Bramley
E02002380	Bramley Whitecote
E02002381	Stanningley, Rodley
E02002400	Armley, New Wortley
E02002388	Bramley Hill Top, Raynville and Wyther Park
E02002375	Broadleas, Ganners, Sandfords

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

## Population profile

### Population of Inner West Area Committee

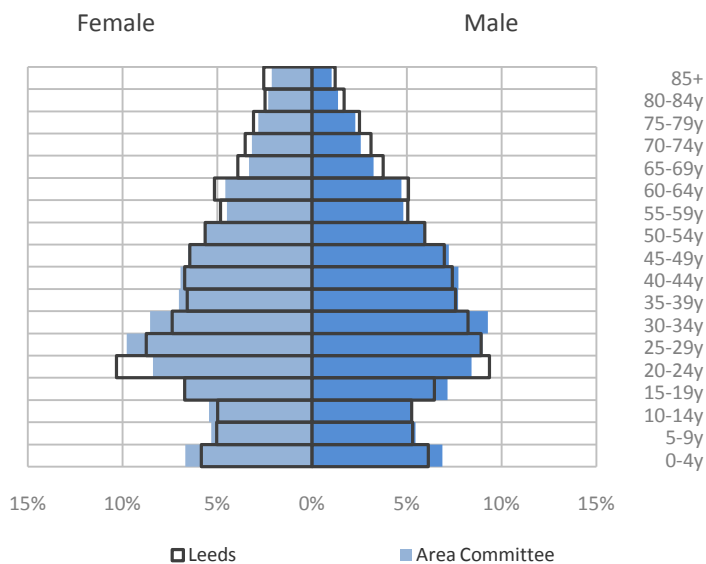
50,369 which is 6.3% of the Leeds registered and resident population of 795,476.

Males: 25,392                      Females: 24,977

### Population of Inner West Area Committee living in deprived Leeds\*.

There are 15,670 people in this area who are living in deprived Leeds. This equates to 31.1% of the Inner West Area Committee population and 9.1% of the entire population of deprived Leeds.

### Population pyramid for Inner 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.

This population profile has a fairly even distribution across the adult population in line with the Leeds average. It has the smallest area committee population in Leeds. There are a slightly higher proportion of people in the 30-34 year category and in the 0-4 years. Armley/New Wortley is ranked 6 on the Neighbourhood Index.

(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: 50,369

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:

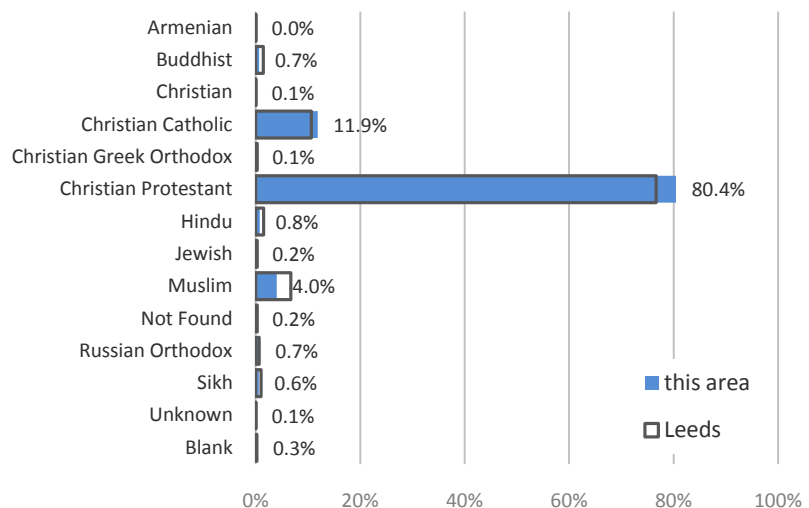
	in this area		in Leeds		index	0	100	200
Africa	730	1.4%	14,698	1.8%	79			
Americas	262	0.5%	4,633	0.6%	91			
British Isles	42,096	83.6%	633,431	78.6%	106			
Central Asia	13	0.0%	190	0.0%	110			
Diasporic	76	0.2%	2,571	0.3%	47			
East Asia	505	1.0%	14,104	1.7%	57			
Eastern Europe	1,872	3.7%	19,536	2.4%	153			
Middle East	820	1.6%	22,681	2.8%	58			
Northern Europe	241	0.5%	4,409	0.5%	87			
Not found	93	0.2%	2,457	0.3%	61			
Oceanian	11	0.0%	229	0.0%	77			
South Asia	1,699	3.4%	47,734	5.9%	57			
Southern Europe	656	1.3%	14,485	1.8%	72			
Unknown	9	0.0%	187	0.0%	77			
Western Europe	1,157	2.3%	22,909	2.8%	81			
Blank	138	0.3%	1,981	0.2%	112			
Grand Total		100.0%		100.0%	100			

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

The population in this area is mainly made up of people of British heritage. There are a higher than average Eastern European population and a much lower South Asian population than the Leeds average.

The main religion is Christian Protestant at 80% and a slightly higher Christian Catholic population than the Leeds average.

### '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

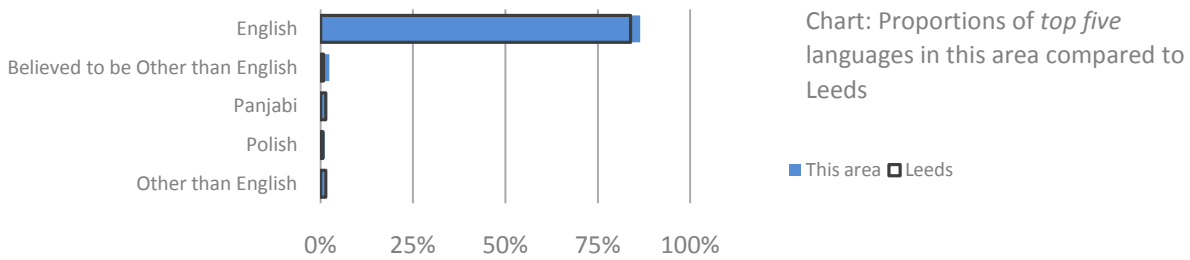
## Language and ethnicity

(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:** **7,157**  
 Leeds total: 104,056

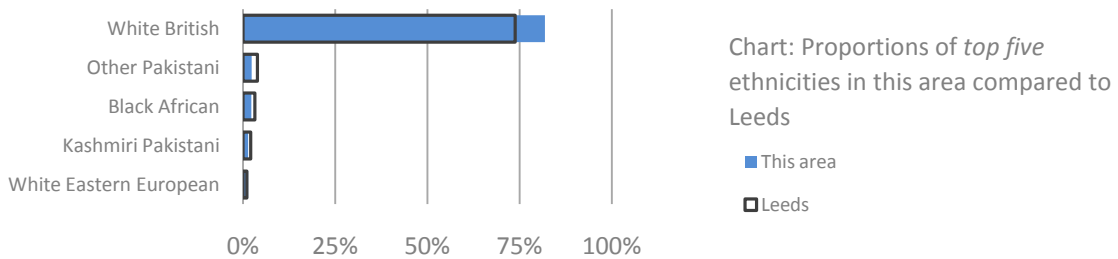
Top five languages recorded:	in this area		in Leeds		index	Index (Leeds = 100)	
	Count	%	Count	%		0	100
English	6,189	86.5%	87,265	83.9%	103		
Believed to be Other than English	168	2.3%	798	0.8%	306		
Panjabi	106	1.5%	1,450	1.4%	106		
Polish	83	1.2%	655	0.6%	184		
Other than English	77	1.1%	1,433	1.4%	78		
Others	423	5.9%	10,819	10.4%			

(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	5,858	81.8%	76,737	73.7%	111		
Other Pakistani	170	2.4%	4,050	3.9%	61		
Black African	162	2.3%	3,322	3.2%	71		
Kashmiri Pakistani	98	1.4%	2,195	2.1%	65		
White Eastern European	98	1.4%	1,069	1.0%	133		
Others	746	10.4%	16,309	15.7%			

(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.

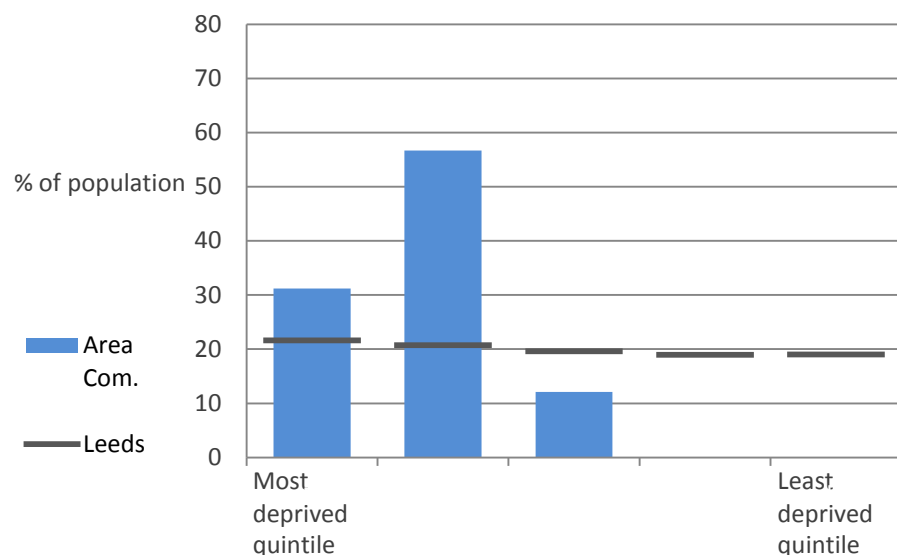
Source: January 2011 School Census

Source: Index of Multiple Deprivation 2007

Office for National Statistics

## Deprivation

### People living in different levels of deprivation in Inner 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	15,717	8,217	7,500			
Second quintile	28,548	8,779	8,044	5,956	5,769	
Third quintile	6,104			6,104		
Fourth quintile	0					
Least deprived quintile	0					

- E02002396 Upper Armley
- E02002400 Armley, New Wortley
- E02002388 Bramley Hill Top, Raynville and Wyther Park
- E02002375 Broadleas, Ganners, Sandfords
- E02002381 Stanningley, Rodley
- E02002387 Bramley
- E02002380 Bramley Whitecote

**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](mailto:jacky.pruckner@leeds.gov.uk) or telephone: 0113 2476394.

## Leeds Neighbourhood Index Year 3

### Inner West Area Committee

On a best fit basis the Inner West Area Committee covers seven 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.

#### **E02002375: Broadleas / Ganners / Sandfords**

This area is ranked 27 on the combined Neighbourhood Index. With the exception of the Environment and Housing domains the area significantly underperforms when compared to the city averages, most notably in the Education domain (where it is ranked 7).

#### **E02002380: Bramley / Whitecote**

This area is ranked 53 on the combined Neighbourhood Index. Across the individual domains the scores are generally close to or higher than the averages for the city, the only exception being the Education domain where the area score is slightly lower.

#### **E02002381: Stanningley / Rodley**

This area is ranked 49 on the combined Neighbourhood Index. Across the individual domains the scores are generally close to or just slightly higher than the averages for the city, the only exception being the Health domain where the area score is slightly lower.

#### **E02002387: Bramley**

This area is ranked 30 on the combined Neighbourhood Index. Across the individual domains the scores are generally lower than the averages for the city, most notably in the Education domain (where it is ranked 5), but also in the Economic Activity domain. The only exceptions are the Housing and Environment domains where the area scores are slightly above the averages for the city.

#### **E02002388: Bramley Hill Top / Raynville / Wyther Park**

This area is ranked 24 on the combined Neighbourhood Index. Across the individual domains the scores are all lower than the averages for the city.

#### **E02002396: Upper Armley**

This area is ranked 32 on the combined Neighbourhood Index. Across the individual domains the scores are all lower than the averages for the city.

### **E02002400: Armley / New Wortley**

With a rank of 6 on the combined Neighbourhood Index this is the least successful area in Inner West and is significantly below city average scores across all domains, but particularly so in the Low Income domain (where it is ranked 5), the Health domain (where it is also ranked 56), the Education domain (where it is ranked 9) and the Community Safety domain (where it is ranked 2).



# Leeds Neighbourhood Index

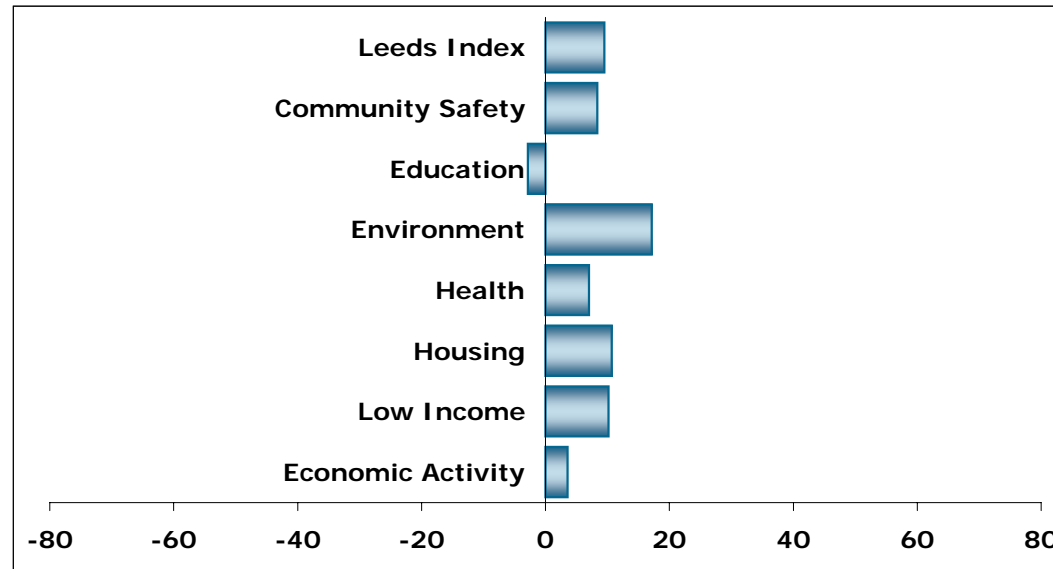
Domain Summary				
2011	Rank	Score	Leeds Score	Diff.
Economic Activity	48	72.06	68.48	3.58
Low Income	62	68.92	58.74	10.18
Housing	74	68.59	57.92	10.67
Health	47	57.86	50.84	7.02
Environment	83	96.10	78.94	17.16
Education	38	52.33	55.19	-2.86
Community Safety	59	86.73	78.38	8.35
Leeds Index	53	65.68	56.19	9.48

Key Statistics	Profiled Area		Leeds M.D.	
	Number	Rate	Number	Rate
Population 2009 MYE	5,870		787,701	
Households Liable for Council Tax	2,457		321,098	
BME Population	224	3.91%	77,482	10.83%
Foundation Stage	29	56.86%	4,251	52.49%
Key Stage 2	37	67.27%	5,596	73.09%
Key Stage 4	22	38.60%	3,858	50.16%
Persistent Absenteeism	20	5.99%	2,838	7.60%
NEET (Nov - Jan Average)	11	6.53%	1,596	7.58%
Crimes Against the Person	169	N/A	25,887	N/A
Acquisitive Property Crime	284	N/A	45,203	N/A
Environmental Crimes	93	N/A	11,961	N/A
Community Disorders	312	N/A	51,988	N/A
Average Purchase Price	£134,545	N/A	£170,997	N/A
Price / Income Ratio	5.75	N/A	5.24	N/A
Housing Turnover	208	8.21%	47,987	14.23%
Empty Homes (90+ days)	89	3.51%	21,110	6.26%
Children in Workless Households	165	16.92%	25,184	18.88%
Households Receiving In-Work Benefits	105	4.27%	15,569	4.85%
60+ Households In Receipt of Benefits	340	13.84%	33,200	10.34%
Court Payment Orders	126	N/A	23,562	N/A
Job Seekers' Allowance	137	3.66%	22,675	4.34%
Incapacity Benefit	225	6.02%	30,830	5.90%
Lone Parent Income Support	50	1.34%	8,710	1.67%
Circulatory Disease Mortality	N/A	59.99	N/A	79.13
Cancer Mortality	N/A	140.33	N/A	117.74
Low Birthweight	N/A	8.13	N/A	7.86
Adult Social Care	98	N/A	12,836	N/A
Fly Tipping	18	N/A	4,375	N/A
Graffiti	12	N/A	3,141	N/A
Waste Issues	6	N/A	6,852	N/A

Adult Social Care Community Based Service Users	Profiled Area		Leeds MD	
	Number	Rate	Number	Rate
Learning Disabilities	19	N/A	1,448	N/A
Mental Health	15	N/A	2,424	N/A
Physical Disability	62	N/A	8,374	N/A
Other Reasons	2	N/A	590	N/A

Age (2009 M.Y.E.)	Profiled Area		Leeds MD	
	Number	Rate	Number	Rate
Children	975	16.61%	133,396	16.93%
Working Age	3,739	63.70%	522,769	66.37%
Older People	1,156	19.69%	131,536	16.70%

## E02002380: Bramley Whitecote



The area is located in the Inner West. It stretches down from the canal towards Broad Lane and across from Intake Lane to Newlay Lane and extending slightly beyond to include Bell Lane and Wellington Gardens. The River Aire and the Leeds / Liverpool Canal run through this area.

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

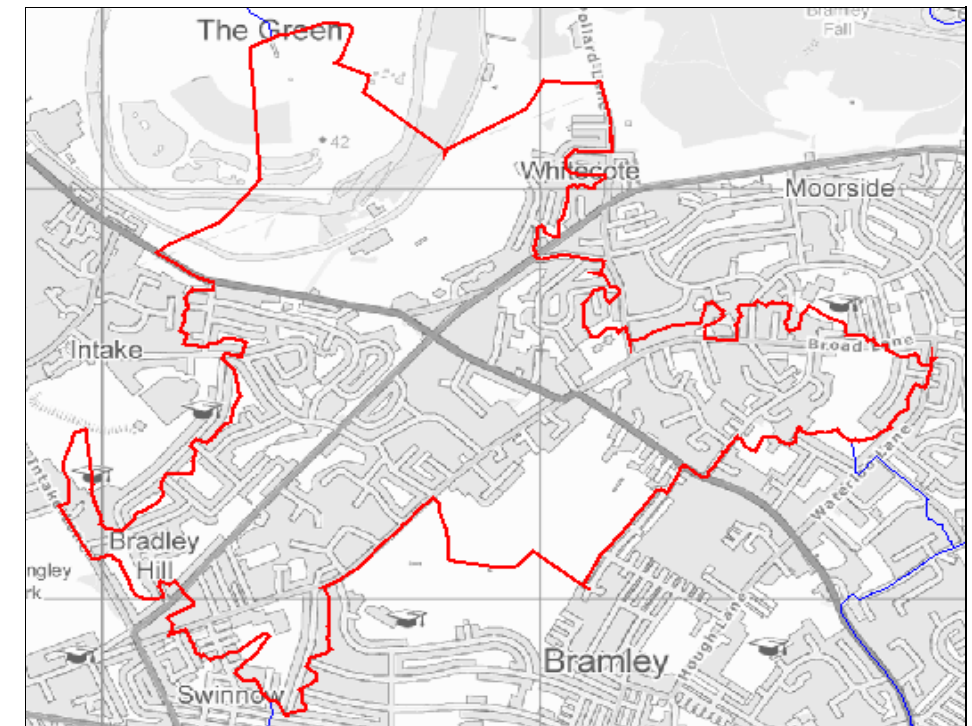
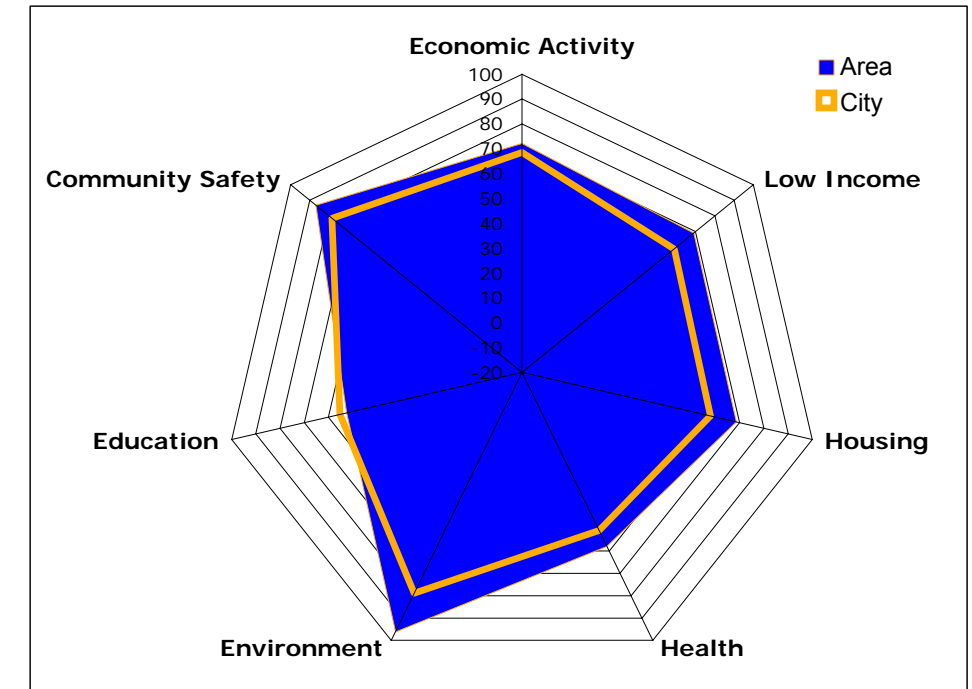
73% of households are in owner-occupation and 19.5% are renting from the local authority (through an ALMO). Semi-detached housing accounts for 56% of the stock and terraced housing for a further 27%. 44% of properties are classified in Council Tax Band A and 36% in Band B.

Key services located in the area include: Bramley Library and Broad Lane Library, Whitecotes sub post office, and Bramley Public Baths.



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	5,502	96.09%	637,872	89.17%
Irish	27	0.47%	8,532	1.19%
Black Caribbean & White	13	0.23%	4,577	0.64%
Black African & White	0	0.00%	867	0.12%
Asian & White	15	0.26%	2,541	0.36%
Indian	32	0.56%	12,296	1.72%
Pakistani	3	0.05%	15,064	2.11%
Bangladeshi	0	0.00%	2,531	0.35%
Black Caribbean	12	0.21%	6,737	0.94%
Black African	14	0.24%	2,404	0.34%
Chinese	19	0.33%	3,468	0.48%



Faith (2001 Census)	Profiled Area		Leeds M.D.	
	Number	Rate	Number	Rate
Christian	4,184	72.80%	492,656	68.87%
Buddhist	3	0.05%	1,603	0.22%
Hindu	30	0.52%	4,189	0.59%
Jewish	6	0.10%	8,233	1.15%
Muslim	28	0.49%	21,385	2.99%
Sikh	13	0.23%	7,601	1.06%

Supplementary Health Information	Profiled Area		Leeds MD	
	Number	Rate	Number	Rate
CHD Prevalance	N/A	5%	N/A	3.5%
Smoking Prevalance	N/A	25%	N/A	22.8%

Disability (2001 Census)	Profiled Area		Leeds MD	
	Number	Rate	Number	Rate
Limiting Long-Term Illness	1,022	17.83%	128,647	17.98%

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# Leeds Neighbourhood Index

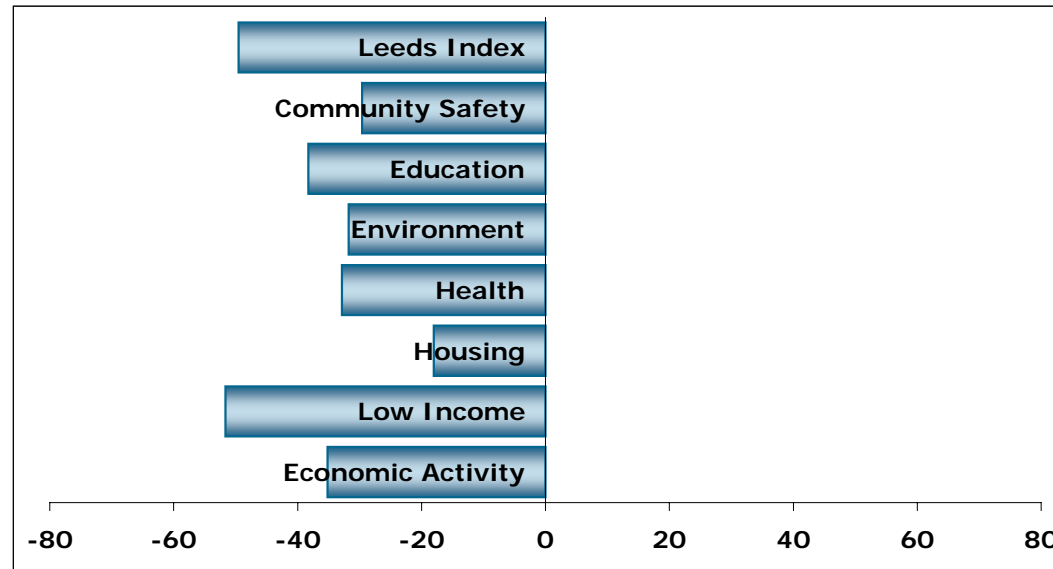
Domain Summary				
2011	Rank	Score	Leeds Score	Diff.
Economic Activity	18	33.33	68.48	-35.15
Low Income	5	7.09	58.74	-51.65
Housing	13	39.88	57.92	-18.04
Health	5	17.98	50.84	-32.85
Environment	15	47.18	78.94	-31.76
Education	9	16.92	55.19	-38.27
Community Safety	2	48.78	78.38	-29.59
Leeds Index	6	6.66	56.19	-49.53

Key Statistics	Profiled Area		Leeds M.D.	
	Number	Rate	Number	Rate
Population 2009 MYE	8,673		787,701	
Households Liable for Council Tax	3,611		321,098	
BME Population	1,146	14.72%	77,482	10.83%
Foundation Stage	36	39.56%	4,251	52.49%
Key Stage 2	63	72.41%	5,596	73.09%
Key Stage 4	19	24.05%	3,858	50.16%
Persistent Absenteeism	64	17.20%	2,838	7.60%
NEET (Nov - Jan Average)	38	16.70%	1,596	7.58%
Crimes Against the Person	532	N/A	25,887	N/A
Acquisitive Property Crime	783	N/A	45,203	N/A
Environmental Crimes	201	N/A	11,961	N/A
Community Disorders	1,041	N/A	51,988	N/A
Average Purchase Price	£88,277	N/A	£170,997	N/A
Price / Income Ratio	4.66	N/A	5.24	N/A
Housing Turnover	791	20.52%	47,987	14.23%
Empty Homes (90+ days)	342	8.87%	21,110	6.26%
Children in Workless Households	488	31.81%	25,184	18.88%
Households Receiving In-Work Benefits	335	9.28%	15,569	4.85%
60+ Households In Receipt of Benefits	501	13.87%	33,200	10.34%
Court Payment Orders	493	N/A	23,562	N/A
Job Seekers' Allowance	526	8.80%	22,675	4.34%
Incapacity Benefit	575	9.62%	30,830	5.90%
Lone Parent Income Support	210	3.51%	8,710	1.67%
Circulatory Disease Mortality	N/A	103.67	N/A	79.13
Cancer Mortality	N/A	229.88	N/A	117.74
Low Birthweight	N/A	9.62	N/A	7.86
Adult Social Care	148	N/A	12,836	N/A
Fly Tipping	112	N/A	4,375	N/A
Graffiti	42	N/A	3,141	N/A
Waste Issues	194	N/A	6,852	N/A

Adult Social Care Community Based Service Users	Profiled Area		Leeds MD	
	Number	Rate	Number	Rate
Learning Disabilities	13	N/A	1,448	N/A
Mental Health	40	N/A	2,424	N/A
Physical Disability	85	N/A	8,374	N/A
Other Reasons	10	N/A	590	N/A

Age (2009 M.Y.E.)	Profiled Area		Leeds MD	
	Number	Rate	Number	Rate
Children	1,534	17.69%	133,396	16.93%
Working Age	5,979	68.94%	522,769	66.37%
Older People	1,160	13.37%	131,536	16.70%

## E02002400: Armley, New Wortley

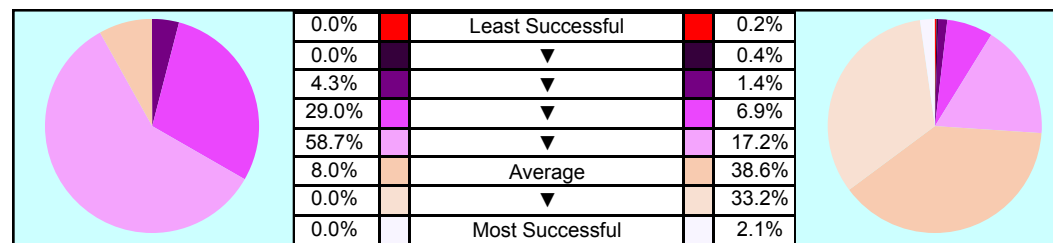


The area is located in the Inner West and is adjacent to the City Centre. The populated area is bounded by the canal to the north and Tong Road to the south and stretches across from New Wortley to Armley Moor Top. The River Aire and the Leeds / Liverpool Canal run through this area.

The age breakdown broadly reflects the averages for the city. The area has a diverse ethnic population with 15% of people coming from BME communities.

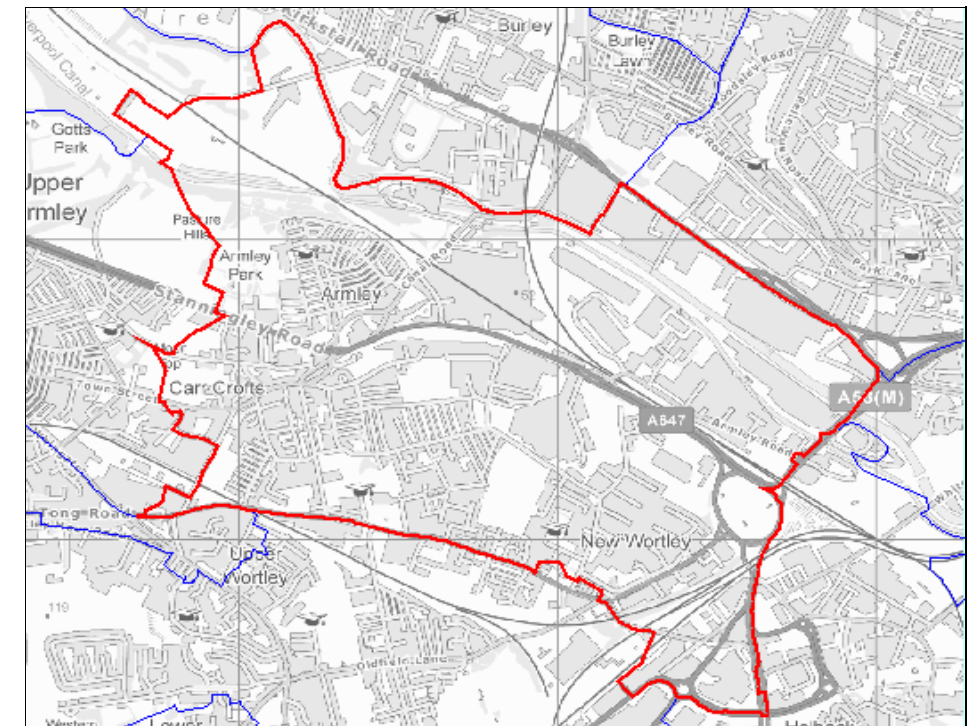
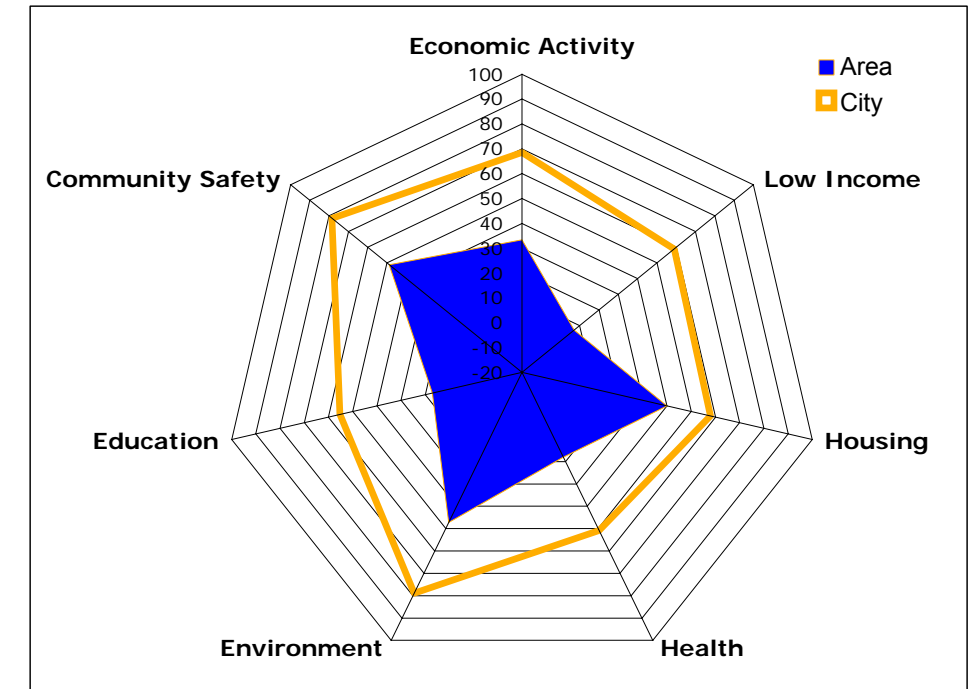
40% of households are renting from the local authority (through an ALMO) and 37% are in owner-occupation. Terraced housing accounts for 58% of the stock and purpose built flats for a further 25%. 92% of properties are classified in Council Tax Band A.

Key services located in the area include: St Bartholomews C of E Primary, Castleton Primary, Armley Primary, Holy Family Catholic Primary, Armley Library (nearest), Armley Post Office and Wortley Post Office, Armley Mills.



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	6,638	85.28%	637,872	89.17%
Irish	110	1.41%	8,532	1.19%
Black Caribbean & White	91	1.17%	4,577	0.64%
Black African & White	11	0.14%	867	0.12%
Asian & White	27	0.35%	2,541	0.36%
Indian	135	1.73%	12,296	1.72%
Pakistani	455	5.85%	15,064	2.11%
Bangladeshi	14	0.18%	2,531	0.35%
Black Caribbean	69	0.89%	6,737	0.94%
Black African	16	0.21%	2,404	0.34%
Chinese	26	0.33%	3,468	0.48%



Faith (2001 Census)	Profiled Area		Leeds M.D.	
	Number	Rate	Number	Rate
Christian	4,647	59.63%	492,656	68.87%
Buddhist	9	0.12%	1,603	0.22%
Hindu	47	0.60%	4,189	0.59%
Jewish	16	0.21%	8,233	1.15%
Muslim	520	6.67%	21,385	2.99%
Sikh	87	1.12%	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	37%	N/A	22.8%

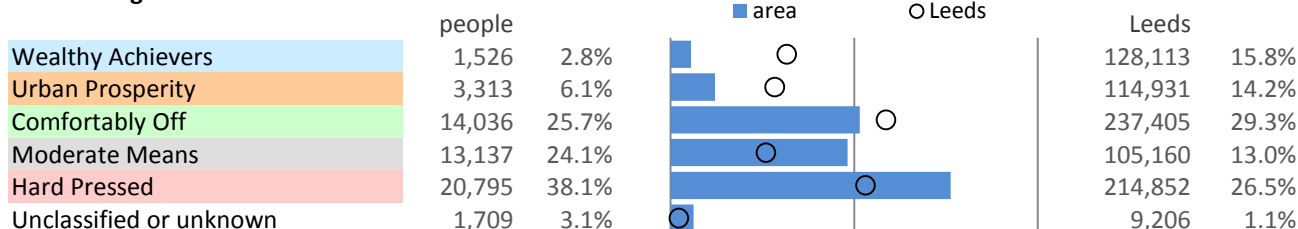
Disability (2001 Census)	Profiled Area		Leeds MD	
	Number	Rate	Number	Rate
Limiting Long-Term Illness	1,762	22.62%	128,647	17.98%

## 2010 Population Acorn Profile

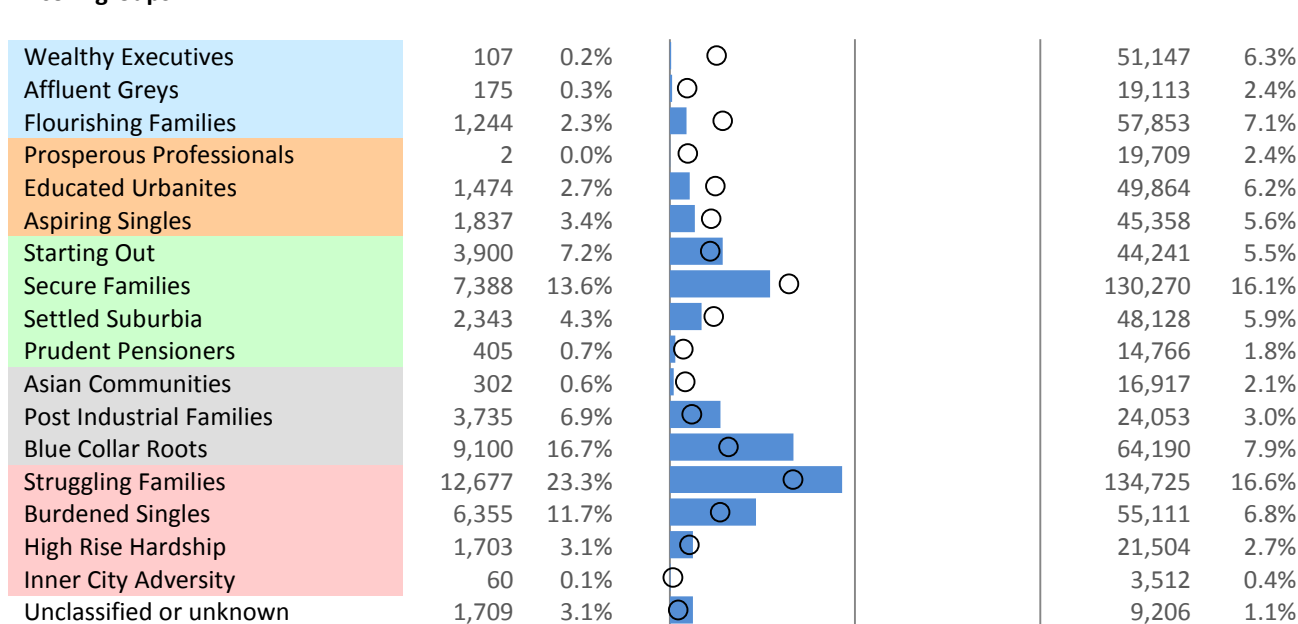
Acorn is a nationwide population segmentation tool. It combines geography with demographics and lifestyle information, and places where people live with their underlying characteristics and behaviour, to create a tool for understanding the different types of people in different areas throughout the country.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

This sheet compares the population of Inner West Area Committee with the whole population of Leeds in terms of Acorn groups. For instance 38.1% of the population are in the 'Hard Pressed' category, compared to 26.5% of the population of Leeds.

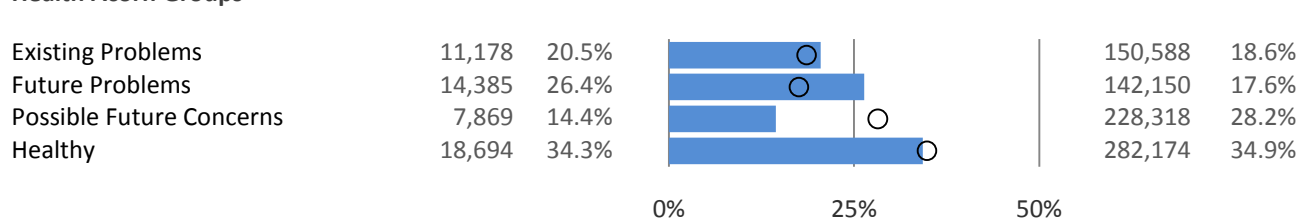
### Acorn categories



### Acorn groups



### Health Acorn Groups



The population of Inner 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 Moderate Means category has very much higher prevalence here than it does in the Leeds population as a whole.

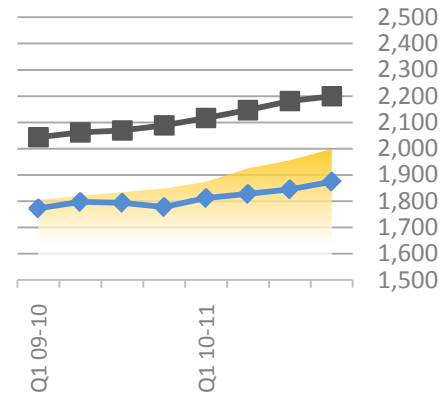
Inner West is a small area made up of 7 MSOAs; it has a very different profile to Leeds with a significant number of people (62%) in "moderate means" or "hard pressed" categories. Within the sub categories it has a substantial number of people within "blue collar roots" and "struggling families". In terms of Health Acorn, Inner West Leeds has average rates of existing health problems but a high rate for future problems.

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	1,773	2,043	1,805
Qtr 2 09-10	1,797	2,062	1,821
Qtr 3 09-10	1,794	2,069	1,834
Qtr 4 09-10	1,778	2,088	1,849
Qtr 1 10-11	1,812	2,116	1,874
Qtr 2 10-11	1,828	2,147	1,925
Qtr 3 10-11	1,845	2,181	1,956
Qtr 4 10-11	1,874	2,199	1,999



Rates are *age standardised* and per 100,000

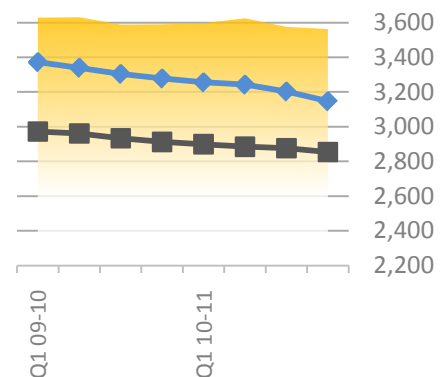
Deprived quintile Leeds This area

The Inner West Area Committee has age standardised cancer rates which are generally below Leeds, and the same as that of the deprived quintile. The three MSOA with highest age standardised rates of cancer are E02002380, E02002381, and E02002375. In addition, age standardised CHD rates are generally above Leeds, and below that of the deprived quintile. The three MSOA with highest age standardised rates of CHD are E02002387, E02002375, and E02002400.

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 rates are higher than the Leeds average as is the obesity rate. In addition the mortality rate for cancer is high. Therefore this could imply a low level of awareness of signs and symptoms in communities, and a low rate of detection within primary care.

CHD rates	This area	Leeds	Deprived quintile
Qtr 1 09-10	3,372	2,973	3,628
Qtr 2 09-10	3,339	2,961	3,631
Qtr 3 09-10	3,304	2,934	3,589
Qtr 4 09-10	3,278	2,912	3,590
Qtr 1 10-11	3,256	2,899	3,597
Qtr 2 10-11	3,242	2,885	3,625
Qtr 3 10-11	3,203	2,876	3,576
Qtr 4 10-11	3,147	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.

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

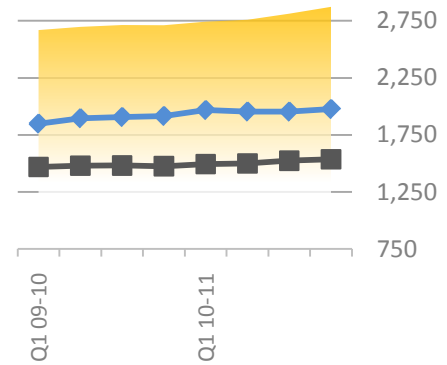
Calculated using the best fit MSOA for this area

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	1,849	1,468	2,669
Qtr 2 09-10	1,896	1,481	2,697
Qtr 3 09-10	1,906	1,482	2,713
Qtr 4 09-10	1,915	1,475	2,711
Qtr 1 10-11	1,967	1,495	2,743
Qtr 2 10-11	1,954	1,500	2,759
Qtr 3 10-11	1,954	1,524	2,813
Qtr 4 10-11	1,976	1,537	2,873

Rates are *age standardised* and per 100,000

Deprived quintile Leeds This area

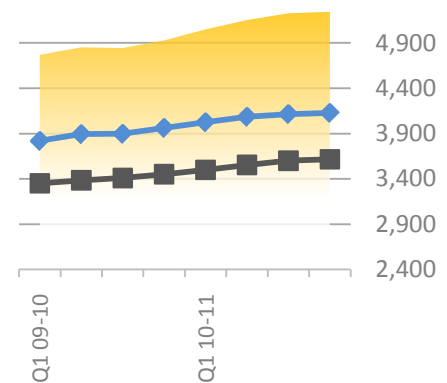


The Inner West Area Committee has age standardised COPD rates which are generally much higher than Leeds, and much lower than that of the deprived quintile. The three MSOA with highest age standardised rates of COPD are E02002400, E02002387, and E02002375. In addition, age standardised diabetes rates are generally above Leeds, and much lower than that of the deprived quintile. The three MSOA with highest age standardised rates of Diabetes are E02002400, E02002387, and E02002388.

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	3,819	3,352	4,769
Qtr 2 09-10	3,894	3,384	4,852
Qtr 3 09-10	3,897	3,410	4,844
Qtr 4 09-10	3,963	3,452	4,929
Qtr 1 10-11	4,025	3,500	5,050
Qtr 2 10-11	4,085	3,554	5,153
Qtr 3 10-11	4,115	3,601	5,228
Qtr 4 10-11	4,128	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

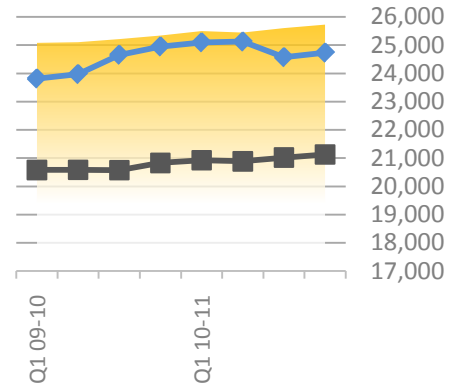
Calculated using the best fit MSOA for this area

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	23,818	20,581	25,081
Qtr 2 09-10	23,974	20,587	25,104
Qtr 3 09-10	24,657	20,572	25,214
Qtr 4 09-10	24,951	20,831	25,340
Qtr 1 10-11	25,097	20,924	25,498
Qtr 2 10-11	25,124	20,887	25,445
Qtr 3 10-11	24,572	21,020	25,603
Qtr 4 10-11	24,733	21,130	25,726

Rates are *age standardised* and per 100,000

Deprived quintile Leeds This area



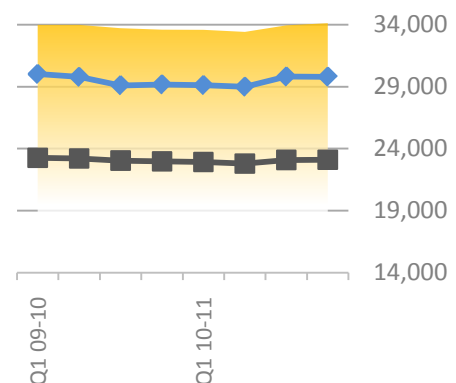
The Inner West Area Committee has age standardised obesity rates which are generally much higher than Leeds, and the same as that of the deprived quintile. The three MSOA with highest age standardised rates of Obesity are E02002387, E02002388, and E02002375. In addition, age standardised smoking rates are generally much higher than Leeds, and below that of the deprived quintile. The three MSOA with highest age standardised rates of Smoking are E02002400, E02002387, and E02002375.

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	30,015	23,268	33,989
Qtr 2 09-10	29,784	23,213	33,989
Qtr 3 09-10	29,107	23,039	33,720
Qtr 4 09-10	29,174	22,982	33,601
Qtr 1 10-11	29,119	22,922	33,589
Qtr 2 10-11	28,987	22,793	33,422
Qtr 3 10-11	29,812	23,089	33,950
Qtr 4 10-11	29,798	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

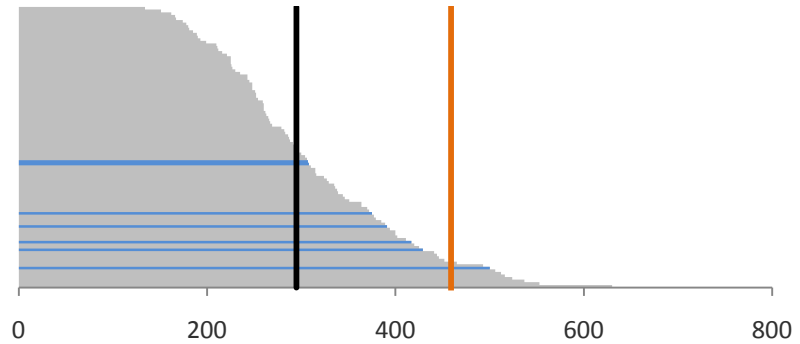
Calculated using the best fit MSOA for this area

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

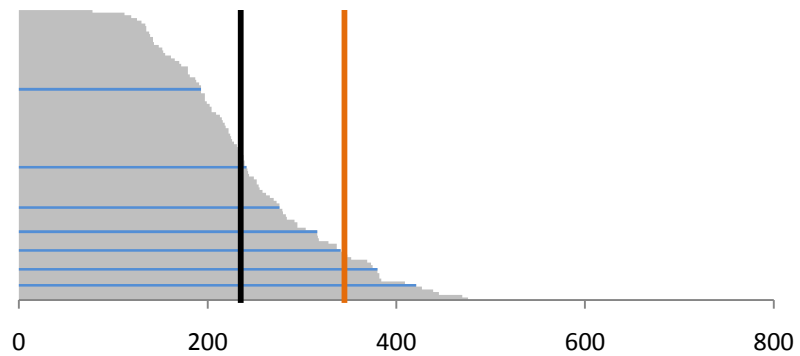
- E02002380
- E02002396
- E02002381
- E02002375
- E02002388
- E02002387
- E02002400

Male and female, all causes per 100,000



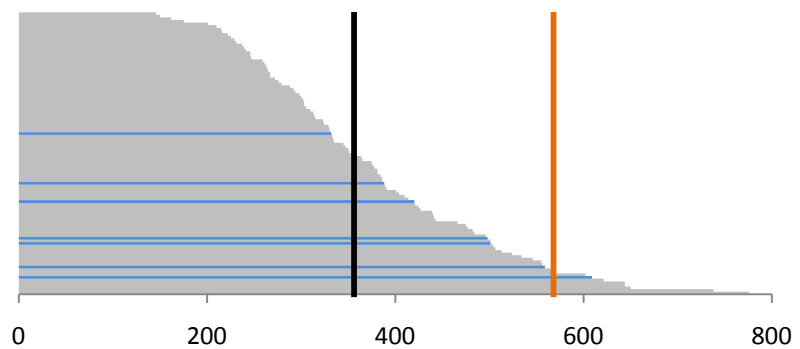
Female, all causes per 100,000

- E02002396
- E02002380
- E02002375
- E02002387
- E02002388
- E02002400
- E02002381



Male, all causes per 100,000

- E02002381
- E02002380
- E02002396
- E02002388
- E02002375
- E02002387
- E02002400



■ This area    ■ All MSOAs    — Leeds    — Deprived Leeds

These charts show at MSOA level the all cause mortality rates within the Inner West Area. This area is made up of 7 MSOAs, 5 of which have higher than average mortality rates. Female mortality rates in Stanningley and Rodley are significantly higher than the Leeds average, higher than the deprived Leeds rate. The same area has male mortality rates below that of Leeds. Mortality rates for men are highest in Armley New Wortley at almost double the Leeds rate.

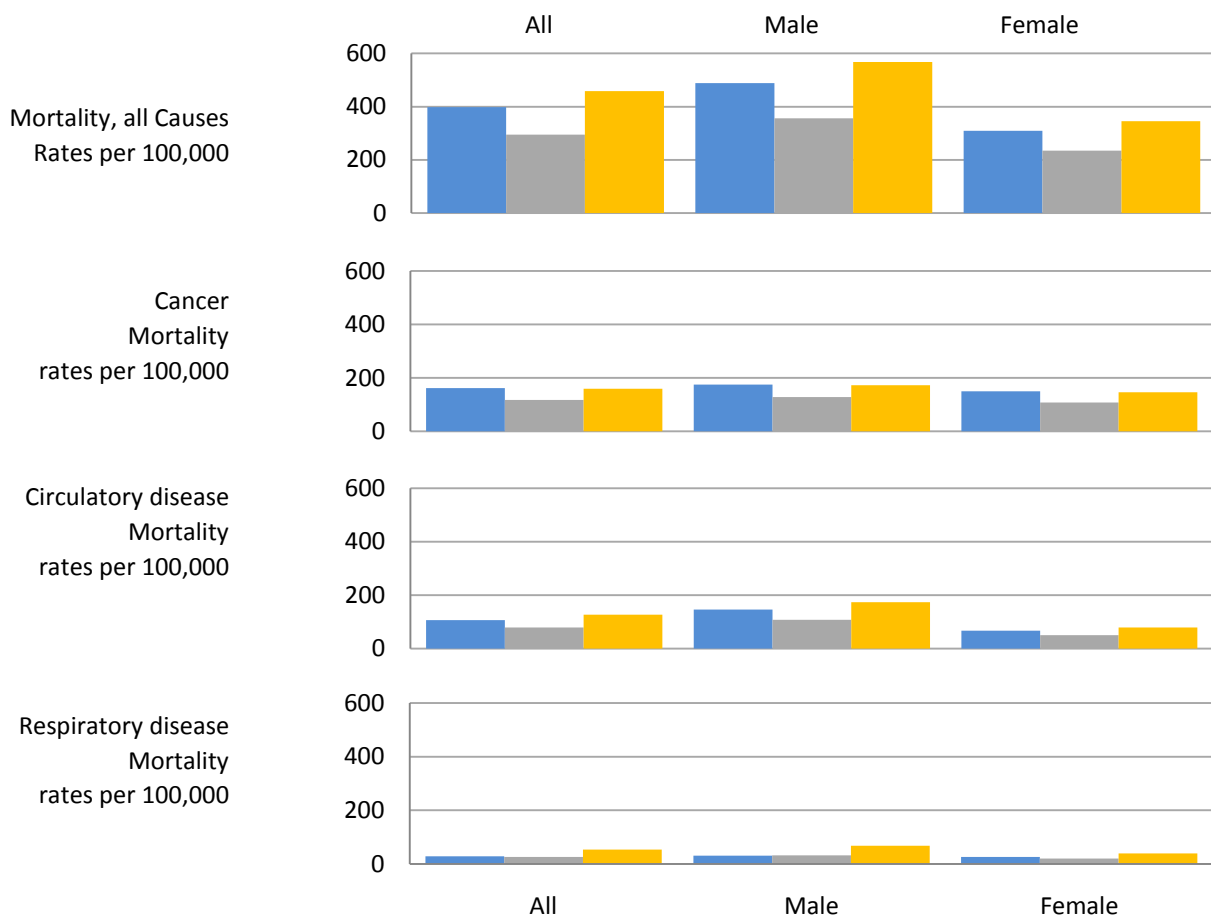
Source: ONS deaths extract, GP registered populations.

## 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 West Area Committee	All	Males	Females
Mortality, all Causes	397.8	488.0	309.6
Cancer mortality	162.2	175.6	150.5
Circulatory disease mortality	106.7	146.7	67.4
Respiratory disease mortality	29.0	31.4	26.9

- Area Committee
- Leeds
- Deprived Leeds



Mortality rates for the Inner West area are higher than the Leeds rate for both men and women.

**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

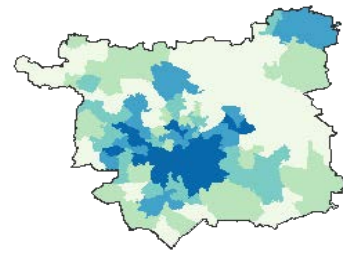
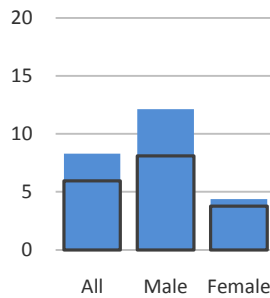
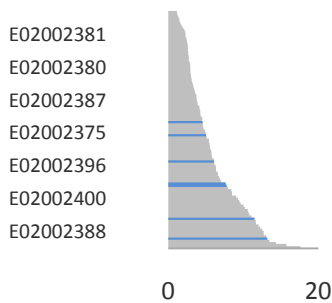
(Where alcohol is the single cause of admission)

	Count
All	416
Male	307
Female	109

This area rate
8.3 per 1,000
12.1 per 1,000
4.4 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.

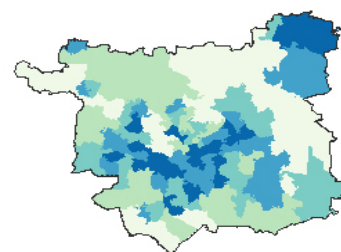
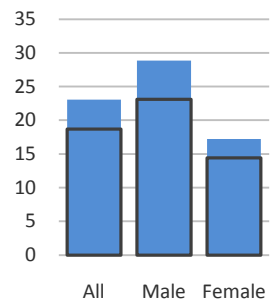
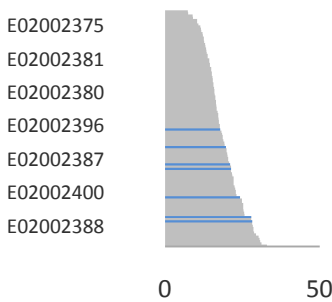
Map of all MSOAs in Leeds, showing alcohol specific admissions divided into five groups each with about a fifth of all MSOAs.

### Alcohol *attributable* admissions

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

	This area rate
All	23.1 per 1,000
Male	28.8 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 West 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 West 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 higher than the Leeds average with Bramley Hill Top/Raynville/Wyther Park particularly high.

**Source:** Hospital episode statistics 2009-10 and NWPCHO 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)

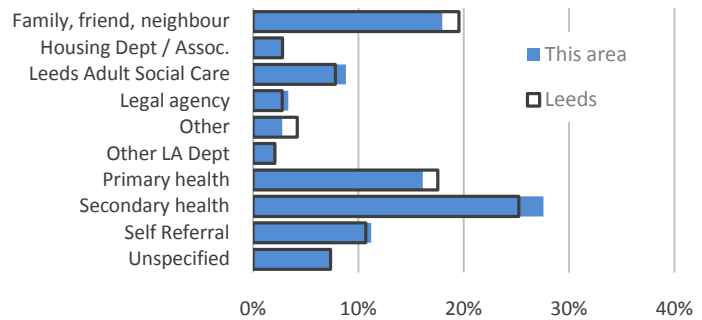
Source: LCC Adult Social Care data 2010-11

Calculated on an MSOA basis

### Referrals to ASC by source

1,408 which is 7.1% of the 19,831 Leeds total

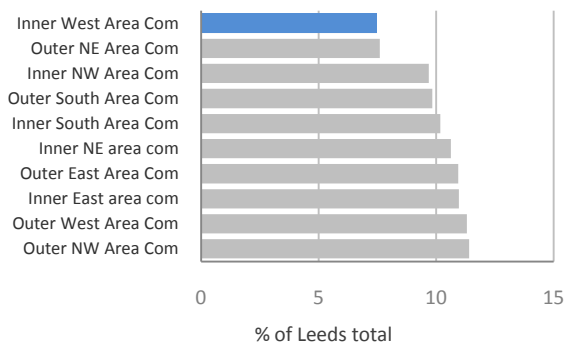
Chart shows the % contribution to the total for various referral sources



### Signposted referrals

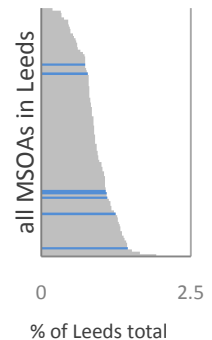
In this area, 16% of referrals are signposted for action by other agencies. In Leeds as a whole, this figure is 15%. A referral is signposted by ASC when it is considered to be more suitable for another agency.

**Adult Social Care assessments** This area had 548 completed assessments. This is 7.5% of the Leeds total.



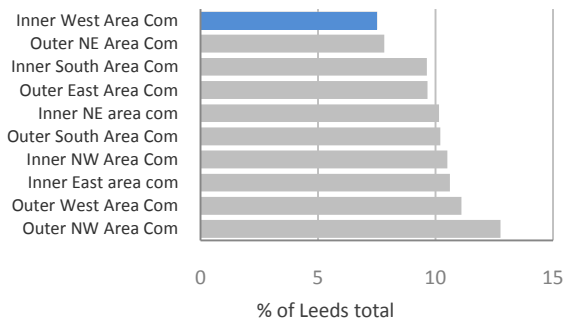
- E02002375
- E02002381
- E02002388
- E02002380
- E02002387
- E02002396
- E02002400

list of MSOAs in this area in rank order as charted



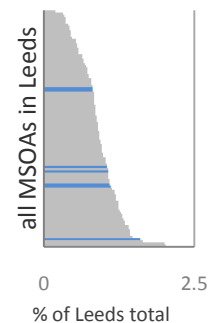
### People receiving Adult Social Care services

353 people received services from Adult Social Care, that is 7.5% of the 4,691 total for Leeds.



- E02002375
- E02002381
- E02002380
- E02002388
- E02002396
- E02002387
- E02002400

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

This area has one of the smallest populations in the City and has a similarly small proportion of the total referrals for Adult Social Care, although it is higher than the proportion of the population living in this area. The proportion of referrals from secondary health sources is higher than the Leeds average and the proportion from primary health lower.

This is the area has the lowest level of people receiving council support with social care services in the city

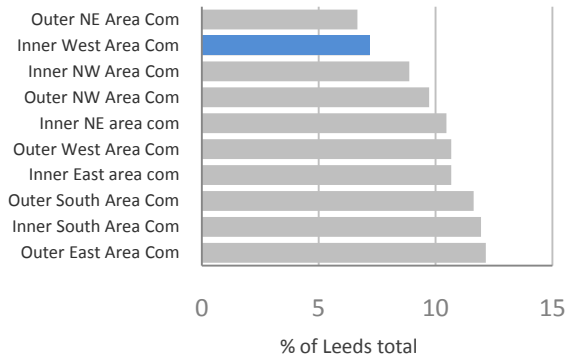
Referrals data includes 1,233 referrals which are attributed to 'Outside Leeds' or 'Unspecified' locations. These 1,233 referrals are not included in the Leeds total of 19,831 mentioned above as they are not attributed to an MSOA in Leeds.

Source: LCC Adult Social Care data 2010-11  
 Calculated on an MSOA basis

## Provision and safeguarding

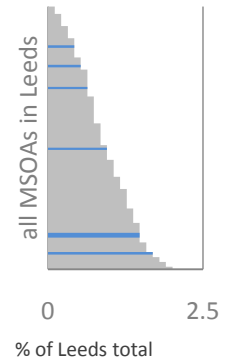
### ASC supported residential and nursing care admissions (18+ years)

This area had 68 admissions. Which is 7.2% of the Leeds total of 946.



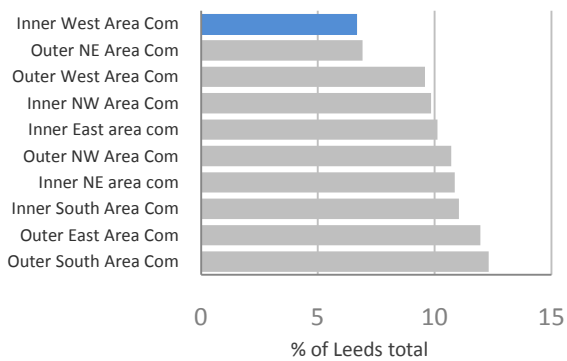
- E02002380
- E02002375
- E02002381
- E02002396
- E02002388
- E02002387
- E02002400

list of MSOAs in this area in rank order as charted



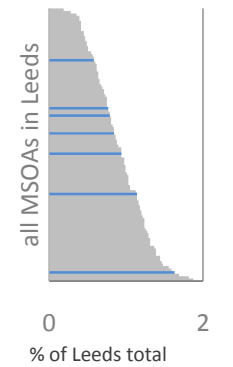
### Number of people aged 18+ who received domiciliary care at some point in the year

This area had 357 people who received domiciliary care. Which is 6.7% of the Leeds total of 5,340.



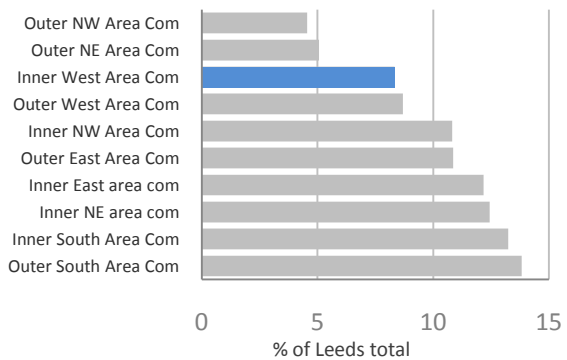
- E02002375
- E02002381
- E02002380
- E02002388
- E02002400
- E02002396
- E02002387

list of MSOAs in this area in rank order as charted



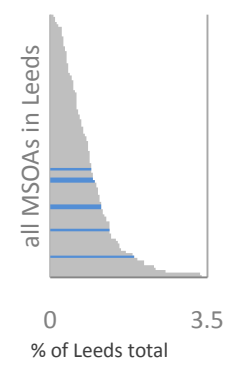
### Safeguarding referral at some point in year

This area had 227 safeguarding referrals. Which is 8.3% of the Leeds total of 2,726.



- E02002381
- E02002375
- E02002380
- E02002387
- E02002396
- E02002388
- E02002400

list of MSOAs in this area in rank order as charted



Activity levels for care home admissions and for domiciliary care are low in this area although the proportion of safeguarding referrals is higher than would be expected for the size of the population.

## 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.

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

Essential support from Kathryn Williams, Project Support Officer and Nichola Stephens, Senior Information Manager at NHS Leeds.

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