

Area overview profile for Outer North East Community Committee

This profile presents a high level summary of data sets for the Outer North East Community Committee, using closest match Middle Super Output Areas (MSOAs) to calculate the area.

All ten Community Committees are ranked to display variation across Leeds and this one is outlined in red.

If a Community Committee is significantly above or below the Leeds rate then it is coloured as a dark grey bar, otherwise it is shown as white. Leeds overall is shown as a horizontal black line, Deprived Leeds* (or the deprived fifth**) is a dashed horizontal. The MSOAs that make up this area are shown as red circles and often range widely.

Pupil ethnicity, top 5	Area	% Area	% Leeds
White - British	5,080	73%	67%
Indian	367	5%	2%
Pakistani	261	4%	6%
Any other white background	242	3%	4%
Any other Asian background	132	2%	2%

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

Pupil language, top 5	Area	% Area	% Leeds
English	6,047	90%	81%
Urdu	83	1%	3%
Panjabi	73	1%	1%
Arabic	49	1%	1%
Polish	43	1%	1%

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

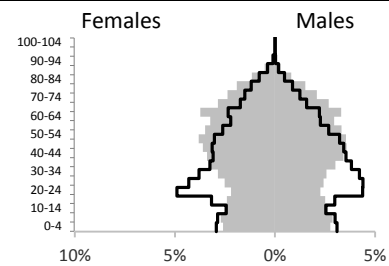
Population: 63,343

32,552

30,791

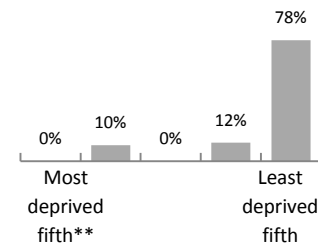
Comparison of Community Committee and Leeds age structures in October 2015.

Leeds is outlined in black, Community Committee populations are shown as orange if inside the most deprived fifth of Leeds, or grey if elsewhere.



Deprivation distribution

Proportions of this population within each deprivation 'quintile' or fifth of Leeds (Leeds therefore has equal proportions of 20%), October 2015.



GP recorded ethnicity, top 5

GP recorded ethnicity, top 5	% Area	% Leeds
White British	83%	71%
Other White Background	5%	10%
Indian or British Indian	4%	3%
Pakistani or British Pakistani	2%	3%
Other Ethnic Background	1%	2%

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

Life expectancy at birth, 2012-14 ranked Community Committees

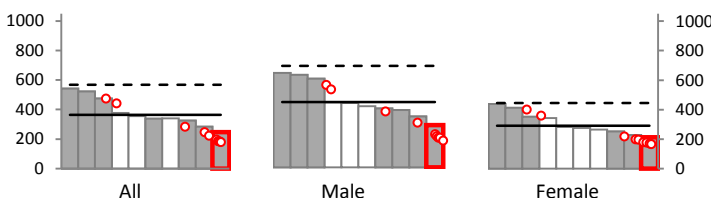
ONS and GP registered populations



(years)	All	Males	Females
Outer North East CC	85.4	83.5	87.0
Leeds resident	81.0	79.2	82.8
Deprived Leeds*	77.1	75.0	79.5

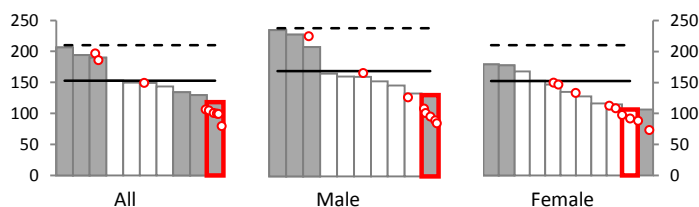
Slope index of inequality (see commentary) = 6.6

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



(DSR per 100,000)	All	Males	Females
Outer North East CC	247	285	213
Highest MSOAs in area	472	556	397
Lowest MSOAs in area	176	178	164
Leeds resident	365	441	291
Deprived fifth**	567	687	444

Cancer mortality - under 75s, 2010-14 ranked

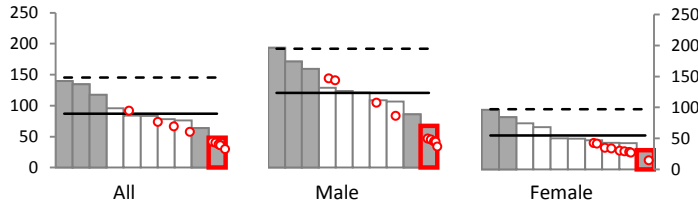


(DSR per 100,000)	All	Males	Females
Outer North East CC	118	131	106
Highest MSOAs in area	196	253	149
Lowest MSOAs in area	79	85	72
Leeds resident	153	170	137
Deprived fifth	210	239	182

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

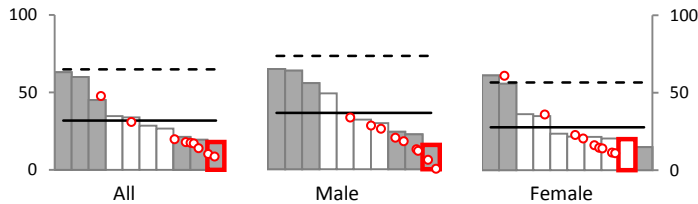
Circulatory disease mortality - under 75s, 2010-14 ranked

ONS and GP registered populations



(DSR per 100,000)	All	Males	Females
Outer North East CC	48	67	31
Highest MSOAs in area	91	144	42
Lowest MSOAs in area	30	34	14
Leeds resident	87	121	55
Deprived fifth**	145	192	97

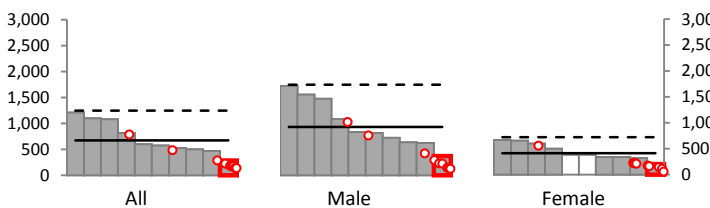
Respiratory disease mortality - under 75s, 2010-14 ranked



(DSR per 100,000)	All	Males	Females
Outer North East CC	18	16	20
Highest MSOAs in area	47	33	61
Lowest MSOAs in area	8	0	11
Leeds resident	32	36	28
Deprived fifth	65	73	57

Alcohol specific admissions, 2012-14 ranked

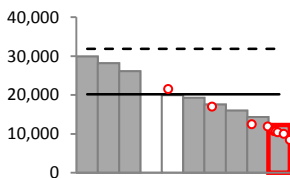
HES



(DSR per 100,000)	All	Males	Females
Outer North East AC	284	373	203
Highest MSOAs in area	783	1,022	551
Lowest MSOAs in area	131	120	49
Leeds resident	673	934	412
Deprived Leeds*	1,249	1,752	722

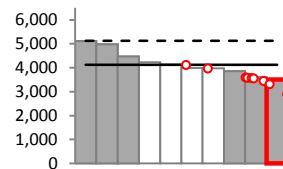
GP recorded conditions, persons, October 2015 (DSR per 100,000)

GP data



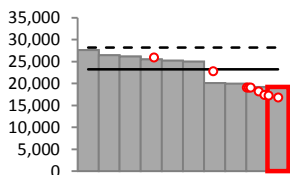
Smoking (16y+)

Outer NE CC	12,261
Leeds	20,165
Deprived Leeds *	31,829



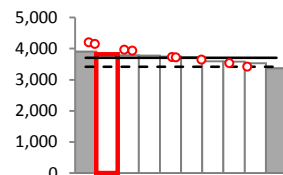
CHD

Outer NE CC	3,507
Leeds	4,126
Deprived Leeds *	5,122



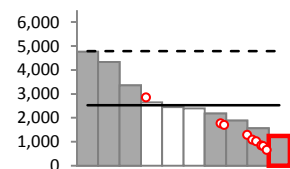
Obesity (16y+ and BMI>30)

Outer NE CC	19,180
Leeds	23,226
Deprived Leeds *	28,196



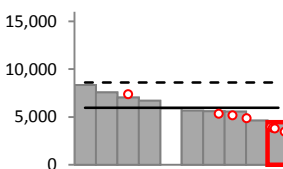
Cancer

Outer NE CC	3,821
Leeds	3,703
Deprived Leeds *	3,419



COPD

Outer NE CC	1,246
Leeds	2,532
Deprived Leeds *	4,792

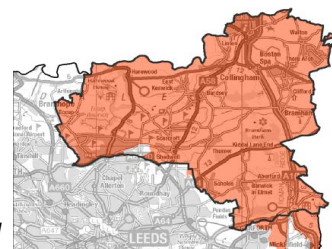


Diabetes

Outer NE CC	4,441
Leeds	5,977
Deprived Leeds *	8,603

The GP data charts show all ten Community Committees in rank order by directly standardised rate (DSR). DSR removes the effect that differing age structures have on data, and allow comparison of 'young' and 'old' areas. GP data can only reflect those patients who visit their doctor. Certain groups within the population are known to present late, or not at all, therefore it is important to remember that GP data is not the whole of the picture. This data includes all Leeds GP registered patients who live within the Community Committee. However, some areas of Leeds have low numbers of patients registered at Leeds practices; if too few then their data is excluded from the data here. Obesity here is the rate within the population who have a recorded BMI.

Map shows this Community Committee as a black outline, the combined best match MSOAs used in this report are the shaded area. ***Deprived Leeds:** areas of Leeds within the 10% most deprived in England, using the Index of Multiple Deprivation. ****Most deprived fifth (quintile) of Leeds** - Leeds split into five areas from most to least deprived, using IMD2015 LSOA scores adjusted to MSOA2011 areas. **Ordnance Survey** PSMA Data, Licence Number 100050507, (c) Crown Copyright 2011, All rights reserved. **GP data** courtesy of Leeds GPs, only includes Leeds registered patients who are resident in the city. **Admissions data** Copyright © 2016, re-used with the permission of the Health and Social Care Information Centre (HSCIC) / NHS Digital. All rights reserved.



Outer North East Community Committee

The health and wellbeing of the Outer North East Community Committee contains very wide variation across the full range of Leeds, overall looking very healthy within the city. None of the population live in the most deprived fifth of Leeds*. Life expectancy within the 9 MSOA** areas making up the Community Committee are mainly among the longest in Leeds but do include a reasonably wide variation, however, comparing single MSOA level life expectancies is not always suitable***.

Instead the Slope Index of Inequality (Sii****) is used as a measure of health inequalities in life expectancy at birth within a local area taking into account the whole population experience, not simply the difference between the highest and lowest MSOAs. The Sii for this Community Committee is 6.6 years and can be interpreted as the difference in life expectancy between the most and least deprived people in the Community Committee. Life expectancy was also calculated for the Community Committee (at which level it becomes more reliable), and the highest in Leeds overall.

The age structure bears very little resemblance to that of Leeds overall with many fewer young adults and greater proportions of those aged over 40. GP recorded ethnicity shows the Community Committee to have larger proportions of "White background" than Leeds. However 16% of the GP population in Leeds have no recorded ethnicity which needs to be taken into account here. The pupil survey shows a similar picture.

All-cause mortality for under 75s is well below the Leeds average for men and women, as well as overall for the Community Committee – the lowest rates in the city. Only two MSOAs are above Leeds the rate in every case - *Wetherby East, Thorp Arch and Moor Allerton*.

Cancer, circulatory, and respiratory disease mortality rates are widely spread but in the main are at the very low end, the Community Committee rates are therefore very low. The same two MSOAs feature as the highest two in the Community Committee in each case here.

Alcohol specific admissions are concentrated at the very low end except for the *Moor Allerton* MSOA which is higher than Leeds rates for males, females, and overall. GP recorded smoking, obesity, CHD, COPD and diabetes rates are the lowest of all Community Committees with the same *Moor Allerton* MSOA being the highest in each case.

GP recorded cancer for the Community Committee is almost the highest in Leeds reflecting the low numbers in more deprived areas who are thought to present with symptoms late.

***Deprived fifth of Leeds:** The fifth of Leeds which are most deprived according to the 2015 Index of Multiple Deprivation, using MSOAs.

****MSOA:** Middle Super Output Area, small areas of England to enable data processing at consistent and relatively fine level of detail.

MSOAs each have a code number such as E02002300, and locally they are named, in this sheet their names are in italics. MSOAs used in this report are the post 2011 updated versions; 107 in Leeds. *****Life expectancy:** Life expectancy calculations are most accurate where the age structure of, and deaths within, of the subject area are regular. At MSOA level there are some extreme cases where low numbers of deaths and age structures very different to normal produce inconsistent LE estimates. So while a collection of MSOA life expectancy figures show us information on the city when they are brought together, as single items they are not suitable for comparison to another. This report displays Community Committee level life expectancy instead, and uses the MSOA calculations to produce the Slope Index of Inequality. ******Slope Index of Inequality:** more details here <http://www.instituteofhealthequity.org/projects/the-slope-index-of-inequality-sii-in-life-expectancy-interpreting-it-and-comparisons-across-london>. For this profile, MSOA level deprivation was calculated with July 2013 population weighted 2015IMD LSOA deprivation scores and MSOA level life expectancy in order to create the Sii.