Area overview profile for Outer North West Community Committee

This profile presents a high level summary of data sets for the Outer North West 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	10,680	87%	67%	
Any other white backgroun	d 338	3%	4%	
Any other mixed backgrour	nd 167	1%	2%	
Indian	156	1%	2%	
White and Asian	143	1%	1%	
(January 2016, top 5 in Community committee, corresponding Leeds value)				

Pupil language, top 5	Area	% Area	% Leeds	
English	11,543	95%	81%	
Arabic	117	1%	1%	
Polish	40	0%	1%	
Farsi Persian (Any Other)	32	0%	0%	
Urdu	29	0%	3%	
(January 2016, top 5 in Community committee, corresponding Leeds value)				

Population: 90,773 45,940 44,833 Females Males 100-104 90-94 80-84 Comparison of 70-74 60-64 Community 50-54 40-44 Committee and 30-34 Leeds age structures 20-24 10-14 in October 2015. Leeds is outlined in 10% 5% 0% 5%

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

Deprivation distribution		54%
Proportions of this		
population within each		36%
deprivation 'quintile' or		
fifth of Leeds (Leeds	8%	
therefore has equal	0% 1%	
proportions of 20%),	Most	Least
October 2015.	deprived	deprived
	fifth**	fifth

GP recorded ethnicity, top 5	% Area	% Leeds
White British	90%	71%
Other White Background	5%	10%
Indian or British Indian	1%	3%
Other Ethnic Background	1%	2%
Other Asian Background	1%	2%
(October 2015, top 5 in Community commi	ttee corresponding	Leeds values)

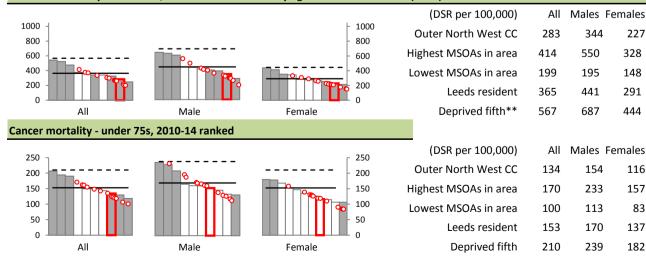
Life expectancy at birth, 2012-14 ranked Community Committees



ONS and GP registered populations

(years)	All	Males F	emales
Outer North West CC	83.2	81.2	85.1
Leeds resident	81.0	79.2	82.8
Deprived Leeds*	77.1	75.0	79.5
Slope index of inequality (see commentary) = 3.7			

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



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

227

328

148

291

444

116

157

83

137

182

Circulatory disease mortality - under 75s, 2010-14 ranked				c	NS and GP re	egistered po	pulations
250 _			- 250	(DSR per 100,000)) All	Males F	emales
200 -			- 200	Outer North West CC	64	86	43
150	•		- 150	Highest MSOAs in area	ı 125	154	98
		- <u>o</u>	- 100	Lowest MSOAs in area	ı 38	43	18
			- 50 - 0	Leeds resident	t 87	121	55
All	Male	Female	- 0	Deprived fifth**	⁴ 145	192	97
Respiratory disease mortality - ur	nder 75s, 2010-14 i	ranked					
100 _			100	(DSR per 100,000)) All	Males F	emales
100			100	Outer North West CC	: 19	24	15
50 - •	 >		- 50	Highest MSOAs in area	ı 52	61	42
			_ 50	Lowest MSOAs in area	ı 3	0	5
			- 0	Leeds resident	t 32	36	28
All	Male	Female	Ū	Deprived fifth	n 65	73	57
Alcohol specific admissions, 2012	-14 ranked						HES
3,000 –		ſ	3,000	(DSR per 100,000)) All	Males F	emales
2,500 -			2,500	Outer North West AC	470	626	321
2,000 - 1,500 -			2,000	Highest MSOAs in area	i 708	1,047	416
1,000	-o		1,000	Lowest MSOAs in area	201	166	147
			500 0	Leeds resident	t 673	934	412
All	Male	Female		Deprived Leeds*	1,249	1,752	722
GP recorded conditions, persons,	October 2015 (DS	R per 100,000)					GP data
40,000			6,000	-			
30,000	Smoking (16y+)		5,000		CHD		
20,000	Outer NW CC	14,342	4,000 3,000		Outer N\	N CC	3,594
10,000 -	Leeds	20,165	2,000 1,000		Leeds		4,126
0	Deprived Leeds *	31,829	1,000		Deprived	Leeds *	5,122
35,000			5,000	1			
30,000	Obesity (16y+ and		4,000		Cancer		
20,000 - 15,000 -	Outer NW CC 19,939		3,000 2,000		Outer N\	N CC	3,896
10,000 -	Leeds	23,226	1,000		Leeds		3,703
5,000	Deprived Leeds *	28,196	0		Deprived	Leeds *	3,419
6,000 -	COPD		15,000	-	Diabetes		
5,000				1	i lianofoc		
4,000 -	Outer NW CC	1,563	10,000	-	Outer N\		4,626

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.

4,792

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.

Deprived Leeds *



Deprived Leeds *

8.603

1,000

0

Outer North West Community Committee

The health and wellbeing of the Outer North West Community Committee contains wide variation across the full range of Leeds, including extremes, overall in the very healthy range for the city. None of the population live in the most deprived fifth of Leeds*. Life expectancy within the 13 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 3.7 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 is significantly higher than Leeds overall.

The age structure bears little resemblance to that of Leeds overall with 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. Cancer mortality rates are spread across the mid and low end of Leeds and the Community Committee rates are very low – significantly lower than Leeds for persons. Circulatory disease mortality is mostly gathered around the mid and low end in Leeds – the Community Committee is significantly below Leeds overall, and for men. Respiratory disease mortality rates are slightly more widely spread and very low.

Alcohol specific admissions are concentrated at the low end and mostly significantly lower than Leeds rates. Admissions at Community Committee level are among the very lowest in Leeds. Smoking, obesity, diabetes, CHD and COPD are very low except for the *Yeadon - Henshaws, Southway, Westfields* MSOA which is consistently the highest in the Community Committee.

*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 <u>http://www.instituteofhealthequity.org/projects/the-slope-index-ofinequality-sii-in-life-expectancy-interpreting-it-and-comparisons-across-london</u>. 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.