







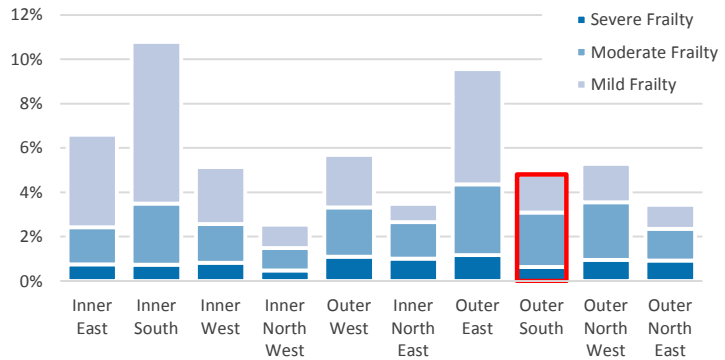


**Frailty rates - all ages**

GP data, April 2018

Rates of frailty (all ages) within whole populations. The Community Committees here are ordered from most deprived on the left to least deprived on the right.

Less deprived populations tend to have larger proportions of elderly patients, but in this chart the least deprived areas have some of the lowest rates of frailty.



**Outer South Community Committee**

The health and wellbeing of the Outer South Community Committee contains relatively wide variation across the range of Leeds, excluding some extremes, and is overall within the mid range for the city. It is the fourth largest Community Committee in the city and none of the population live in the most deprived fifth of Leeds\*\*. Life expectancy for the Community Committee population has for some time been significantly higher than Leeds overall. Male life expectancy is also much higher than the city. Female life expectancy though follows a similar pattern but is not significantly higher.

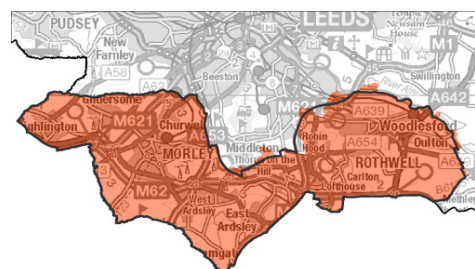
The age structure bears little resemblance to that of Leeds overall with fewer young adults, more young children, and very slightly greater proportions of those aged between 40 and 74. GP recorded ethnicity shows the Community Committee to have larger proportions of “White background” than Leeds. Around 9% of the GP population in Leeds have no recorded ethnicity and are not included here, which needs to be taken into account. The pupil survey shows a clearer but similar picture. The area has low counts of ‘looked after children’ and adults receiving Job Seekers Allowance.

GP recorded smoking, diabetes, severe mental health, and dementia rates are all significantly lower than Leeds and showing relatively little variation at MSOA level. Obesity and common mental health issues though are both significantly higher than Leeds rates. The Community Committee has virtually the highest rate of ‘Asthma in children’ in the city, but it is not significantly different to the Leeds rate or any other of the committees as rates are actually very similar.

Audit-C rates of patients scoring at ‘increasing risk’ or more are in general higher than Leeds, except for the youngest age band which is only half as prevalent. Alcohol specific admissions though are significantly below Leeds rates – ‘Morley East’ MSOA stands out as the MSOA with highest rate in the Committee area.

All-cause mortality for under 75s for the Community Committee is significantly below the Leeds rate but may be flattening off. This is due to female rates beginning to increase in recent years. The same increase in female mortality rates can be seen in the three main causes of death. The ‘Morley West’ MSOA has the highest rates in the Community Committee for most causes of death.

The **Map** shows this Community Committee as a black outline. Health data is available at MSOA level and must be aggregated to best-fit the committee boundary. The MSOAs used in this report are shaded orange.



\* **Deprived Leeds:** areas of Leeds within the 10% most deprived in England, using the Index of Multiple Deprivation. \*\***Most deprived fifth of Leeds** - Leeds split into five areas from most to least deprived. **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.