

Area overview profile for Outer South Community Committee

This profile presents a high level summary of data sets for the Outer South 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	12,223	89%	67%
Any other white background	274	2%	4%
White and Black Caribbean	176	1%	2%
Any other mixed background	166	1%	2%
Indian	155	1%	2%

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

Pupil language, top 5	Area	% Area	% Leeds
English	12,959	96%	81%
Polish	93	1%	1%
Believed to be English	62	0%	0%
Other than English	52	0%	1%
Panjabi	37	0%	1%

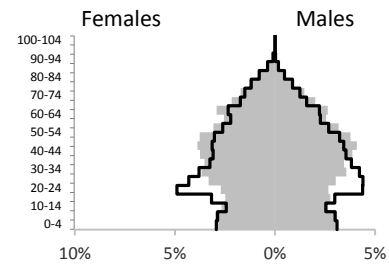
(January 2016, top 5 in Community committee, corresponding Leeds value)

Population: 89,594

45,367

44,227

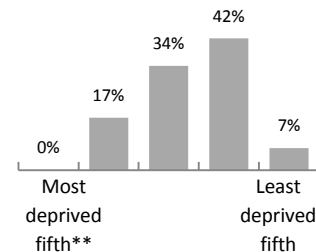
Comparison of Community Committee and Leeds age structures in October 2015.



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.



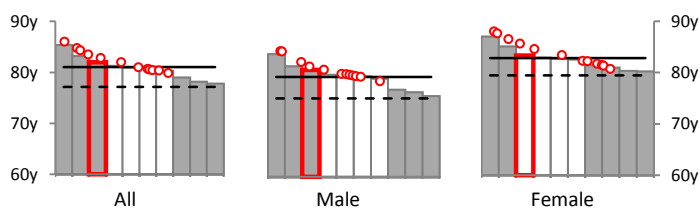
GP recorded ethnicity, top 5

GP recorded ethnicity, top 5	% Area	% Leeds
White British	78%	71%
Other White Background	17%	10%
Indian or British Indian	1%	3%
Chinese	0%	1%
Other Ethnic Background	0%	2%

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

Life expectancy at birth, 2012-14 ranked Community Committees

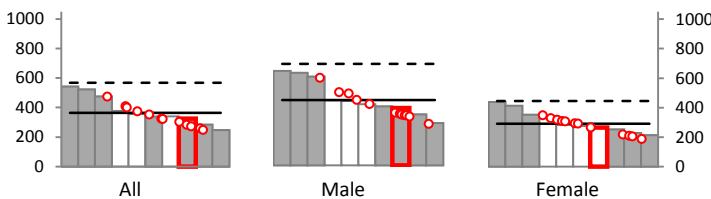
ONS and GP registered populations



(years)	All	Males	Females
Outer South CC	82.0	80.5	83.3
Leeds resident	81.0	79.2	82.8
Deprived Leeds*	77.1	75.0	79.5

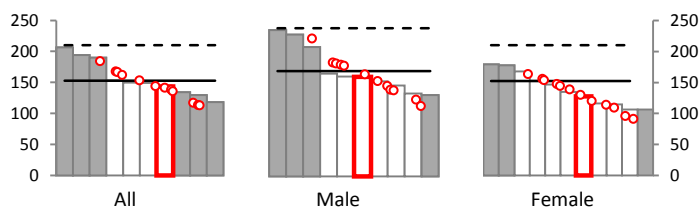
Slope index of inequality (see commentary) = 4.3

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



(DSR per 100,000)	All	Males	Females
Outer South CC	325	387	266
Highest MSOAs in area	472	590	347
Lowest MSOAs in area	246	278	185
Leeds resident	365	441	291
Deprived fifth**	567	687	444

Cancer mortality - under 75s, 2010-14 ranked

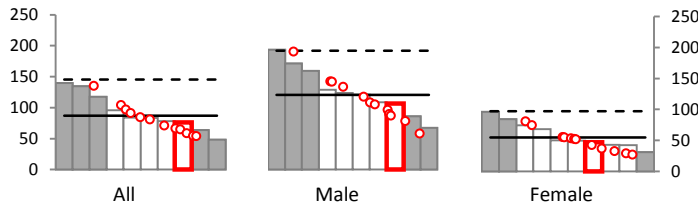


(DSR per 100,000)	All	Males	Females
Outer South CC	144	161	128
Highest MSOAs in area	184	223	163
Lowest MSOAs in area	113	113	90
Leeds resident	153	170	137
Deprived fifth	210	239	182

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

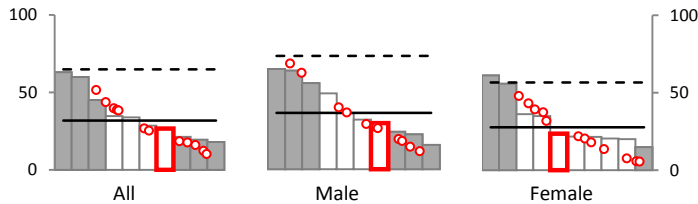
Circulatory disease mortality - under 75s, 2010-14 ranked

ONS and GP registered populations



(DSR per 100,000)	All	Males	Females
Outer South CC	76	107	47
Highest MSOAs in area	135	190	80
Lowest MSOAs in area	53	58	27
Leeds resident	87	121	55
Deprived fifth**	145	192	97

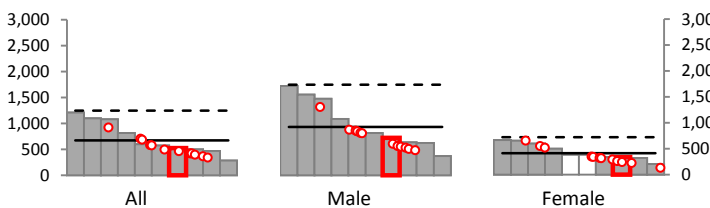
Respiratory disease mortality - under 75s, 2010-14 ranked



(DSR per 100,000)	All	Males	Females
Outer South CC	27	30	24
Highest MSOAs in area	51	68	48
Lowest MSOAs in area	10	11	5
Leeds resident	32	36	28
Deprived fifth	65	73	57

Alcohol specific admissions, 2012-14 ranked

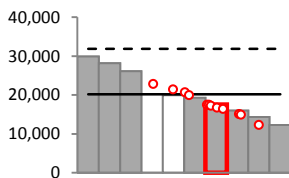
HES



(DSR per 100,000)	All	Males	Females
Outer South AC	524	723	338
Highest MSOAs in area	917	1,313	652
Lowest MSOAs in area	336	480	129
Leeds resident	673	934	412
Deprived Leeds*	1,249	1,752	722

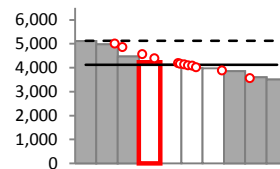
GP recorded conditions, persons, October 2015 (DSR per 100,000)

GP data



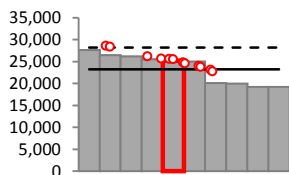
Smoking (16y+)

Outer S CC	17,529
Leeds	20,165
Deprived Leeds *	31,829



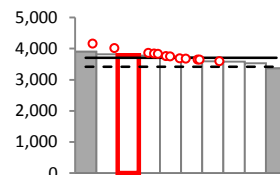
CHD

Outer S CC	4,234
Leeds	4,126
Deprived Leeds *	5,122



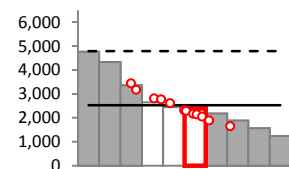
Obesity (16y+ and BMI>30)

Outer S CC	25,179
Leeds	23,226
Deprived Leeds *	28,196



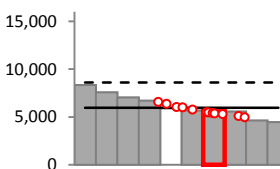
Cancer

Outer S CC	3,786
Leeds	3,703
Deprived Leeds *	3,419



COPD

Outer S CC	2,397
Leeds	2,532
Deprived Leeds *	4,792

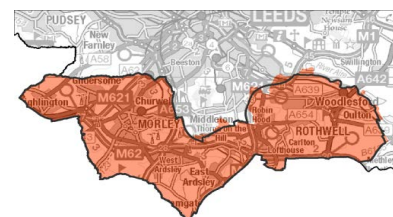


Diabetes

Outer S CC	5,579
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. **Ordinance 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 South Community Committee

The health and wellbeing of the Outer South Community Committee contains relatively wide variation across the range of Leeds, excluding the extremes, and is overall within the mid range for the city. None of the population live in the most deprived fifth of Leeds*. Life expectancy within the 12 MSOA** areas making up the Community Committee are mainly among the longest in Leeds but do include a 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 4.3 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 was significantly higher than Leeds overall and for men.

The age structure bears little resemblance to that of Leeds overall with fewer young adults and 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. 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 clearer but similar picture.

All-cause mortality for under 75s for the Community Committee is significantly below the Leeds average for men and overall. The MSOA *Morley West* is significantly higher than Leeds overall and for men.

Cancer mortality rates are widely spread at MSOA level, the Community Committee rates are average. Circulatory disease mortality is mostly gathered around the mid range in Leeds. Respiratory disease mortality rates are slightly more widely spread but Committee level rates are very low.

Alcohol specific admissions are mostly concentrated around the mid range and almost all are significantly below Leeds rates. Much of the GP audit data for this Community Committee is mid range for the city. GP recorded smoking, and diabetes are significantly lower than Leeds, whereas obesity is significantly higher than Leeds.

***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.