Area overview profile for Outer West Community Committee

This profile presents a high level summary of data sets for the Outer 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.

Population: 64,368	32,693	31,675

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.
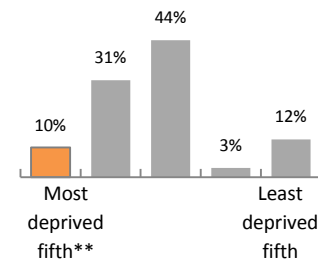
Pupil ethnicity, top 5

	Area	% Area	% Leeds
White - British	9,052	80%	67%
Pakistani	526	5%	6%
Indian	355	3%	2%
Any other white background	294	3%	4%
Any other mixed background	154	1%	2%

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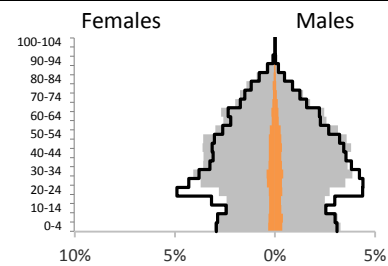
Deprivation distribution

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


Pupil language, top 5

	Area	% Area	% Leeds
English	9,958	90%	81%
Panjabi	197	2%	1%
Urdu	183	2%	3%
Other than English	144	1%	1%
Polish	115	1%	1%

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

GP recorded ethnicity, top 5

	% Area	% Leeds
White British	89%	71%
Other White Background	5%	10%
Indian or British Indian	1%	3%
Black African	1%	3%
Pakistani or British Pakistani	1%	3%

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

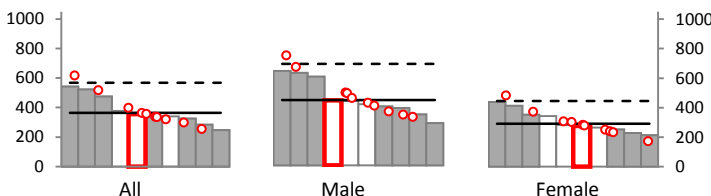### Life expectancy at birth, 2012-14 ranked Community Committees

ONS and GP registered populations
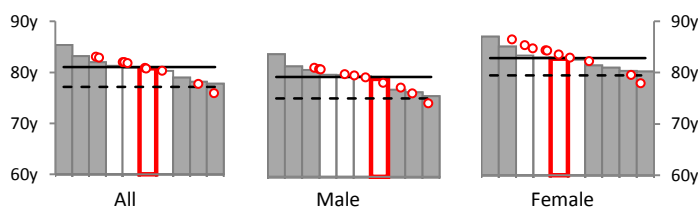
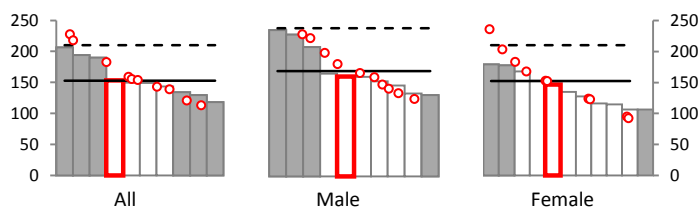| (years)	All	Males	Females
Outer West CC	80.8	78.8	82.7
Leeds resident	81.0	79.2	82.8
Deprived Leeds*	77.1	75.0	79.5
Slope index of inequality (see commentary) = 5.1			

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

(DSR per 100,000)	All	Males	Females
Outer West CC	356	441	276
Highest MSOAs in area	616	741	481
Lowest MSOAs in area	252	327	171
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 West CC	153	161	147
Highest MSOAs in area	228	229	236
Lowest MSOAs in area	113	125	92
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.
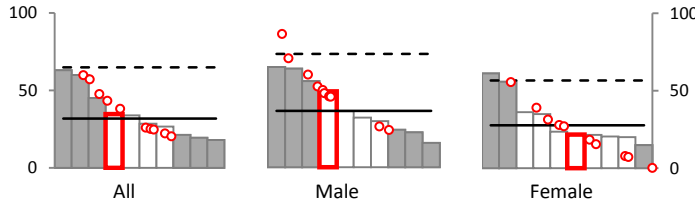
Circulatory disease mortality - under 75s, 2010-14 ranked

ONS and GP registered populations
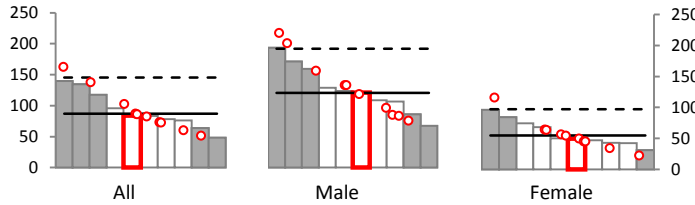
(DSR per 100,000)	All	Males	Females
Outer West CC	84	121	49
Highest MSOAs in area	162	217	116
Lowest MSOAs in area	51	75	22
Leeds resident	87	121	55
Deprived fifth**	145	192	97

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

(DSR per 100,000)	All	Males	Females
Outer West CC	35	49	22
Highest MSOAs in area	60	86	55
Lowest MSOAs in area	20	24	0
Leeds resident	32	36	28
Deprived fifth	65	73	57

Alcohol specific admissions, 2012-14 ranked

HES
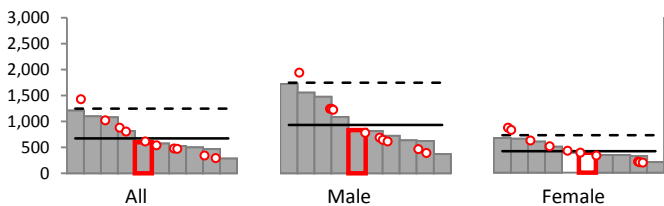
(DSR per 100,000)	All	Males	Females
Outer West AC	602	836	381
Highest MSOAs in area	1,425	1,939	859
Lowest MSOAs in area	289	390	189
Leeds resident	673	934	412
Deprived Leeds*	1,249	1,752	722

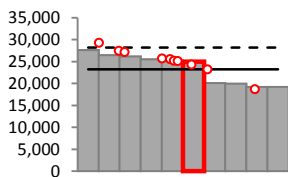## GP recorded conditions, persons, October 2015 (DSR per 100,000)

GP data
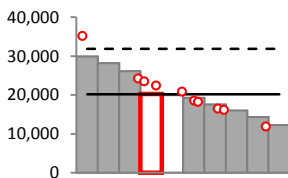
Smoking (16y+)

Outer W CC	20,234
Leeds	20,165
Deprived Leeds *	31,829
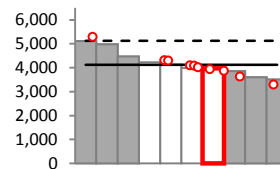
CHD

Outer W CC	3,979
Leeds	4,126
Deprived Leeds *	5,122

Obesity (16y+ and BMI>30)

Outer W CC	24,995
Leeds	23,226
Deprived Leeds *	28,196
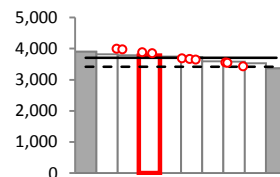
Cancer

Outer W CC	3,775
Leeds	3,703
Deprived Leeds *	3,419
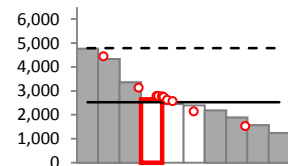
COPD

Outer W CC	2,644
Leeds	2,532
Deprived Leeds *	4,792
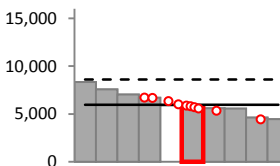
Diabetes

Outer W CC	5,671
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.*
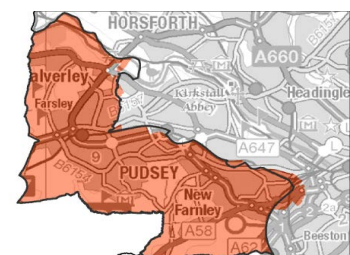
Outer West Community Committee

The health and wellbeing of the Outer West Community Committee contains wide variation across the full range of Leeds, overall looking average for the city. Around 10% of the population live in the most deprived fifth of Leeds*. Life expectancy within the 10 MSOA** areas making up the Community Committee are distributed across Leeds and include quite 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 5.1 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 very close to Leeds overall.

The age structure bears some resemblance to that of Leeds overall with fewer 15 to 30 year olds. GP recorded ethnicity shows the Community Committee to have slightly larger proportions of "White background" than Leeds. 16% of the GP population in Leeds have no recorded ethnicity which needs to be taken into account here. The pupil survey which has a higher rate of recording shows a similar picture with a larger than Leeds proportion of 'White British'.

All-cause mortality for under 75s is very close to the Leeds average for men and women, as well as overall for the Community Committee.

Cancer mortality rates are in the mid range for the city, *Farnley* stands out as being highest above the Leeds rates. Circulatory disease mortality has an MSOA *Farnley,* which is higher than the deprived rate overall. Similarly, respiratory disease mortality rates at the Farnley MSOA are higher than deprived Leeds. Alcohol specific admissions are distributed widely, some below and some above Leeds rates, of note again is the *Farnley* MSOA which is very high within Leeds for men, women and overall.

GP recorded obesity is significantly above Leeds but mid range among other Community Committees. Diabetes is significantly below, but very close to Leeds. COPD, CHD, cancer and smoking rates are not really different to Leeds rates.

*__*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.*