

Area overview profile for Outer East Community Committee

This profile presents a high level summary of data sets for the Outer 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	11,896	86%	67%
Black - African	345	3%	5%
Any other white background	278	2%	4%
Unknown	187	1%	1%
White and Black Caribbean	173	1%	2%

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

Pupil language, top 5	Area	% Area	% Leeds
English	12,688	95%	81%
Polish	109	1%	1%
Other than English	92	1%	1%
French	40	0%	1%
Believed to be English	37	0%	0%

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

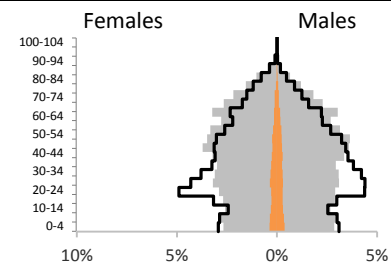
Population: 83,454

42,488

40,966

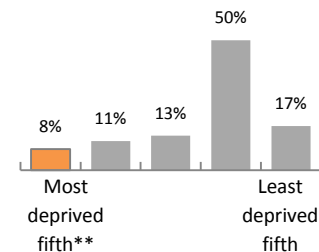
Comparison of Community Committee and Leeds age structures in October 2015.

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.

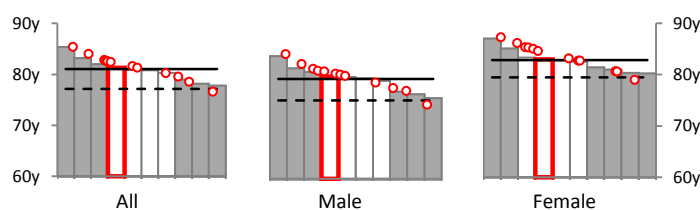


GP recorded ethnicity, top 5	% Area	% Leeds
White British	91%	71%
Other White Background	4%	10%
Black African	1%	3%
Indian or British Indian	1%	3%
White Irish	0%	1%

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

Life expectancy at birth, 2012-14 ranked Community Committees

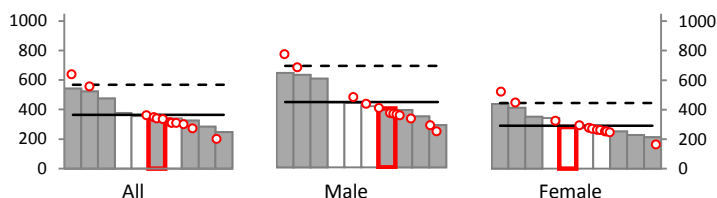
ONS and GP registered populations



(years)	All	Males	Females
Outer East CC	81.3	79.6	83.0
Leeds resident	81.0	79.2	82.8
Deprived Leeds*	77.1	75.0	79.5

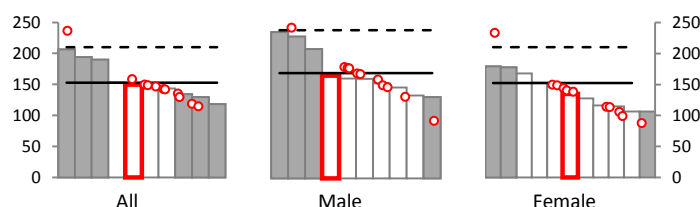
Slope index of inequality (see commentary) = 3.8

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



(DSR per 100,000)	All	Males	Females
Outer East CC	338	399	282
Highest MSOAs in area	636	765	520
Lowest MSOAs in area	199	240	162
Leeds resident	365	441	291
Deprived fifth**	567	687	444

Cancer mortality - under 75s, 2010-14 ranked

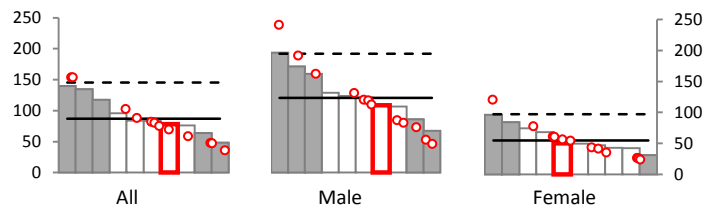


(DSR per 100,000)	All	Males	Females
Outer East CC	150	166	135
Highest MSOAs in area	266	260	276
Lowest MSOAs in area	114	93	87
Leeds resident	153	170	137
Deprived fifth	210	239	182

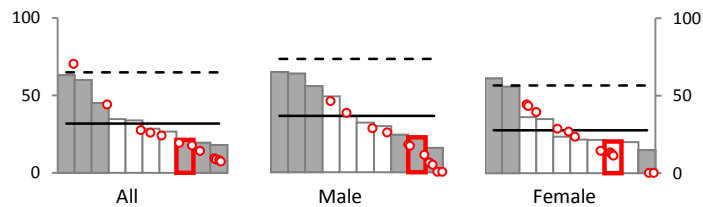
DSR - Directly Standardised Rate removes the effect that differing age structures have on data, allows comparison of 'young' and 'old' areas.

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

ONS and GP registered populations



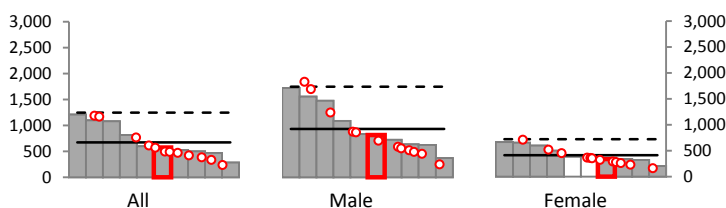
(DSR per 100,000)	All	Males	Females
Outer East CC	78	109	50
Highest MSOAs in area	153	238	120
Lowest MSOAs in area	35	46	23
Leeds resident	87	121	55
Deprived fifth**	145	192	97

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

(DSR per 100,000)	All	Males	Females
Outer East CC	21	22	20
Highest MSOAs in area	70	105	44
Lowest MSOAs in area	7	0	0
Leeds resident	32	36	28
Deprived fifth	65	73	57

Alcohol specific admissions, 2012-14 ranked

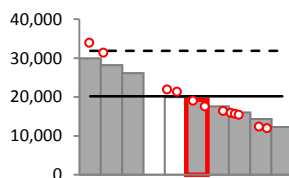
HES



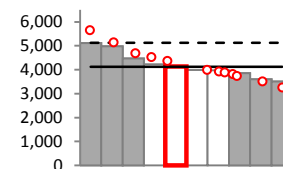
(DSR per 100,000)	All	Males	Females
Outer East AC	574	818	340
Highest MSOAs in area	1,182	1,837	705
Lowest MSOAs in area	235	248	157
Leeds resident	673	934	412
Deprived Leeds*	1,249	1,752	722

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

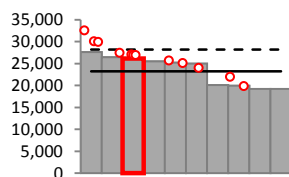
GP data

**Smoking (16y+)**

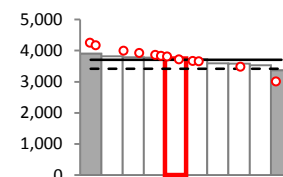
Outer E CC	19,277
Leeds	20,165
Deprived Leeds *	31,829

**CHD**

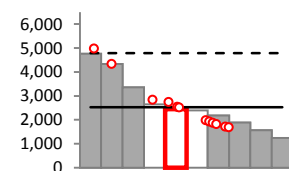
Outer E CC	4,129
Leeds	4,126
Deprived Leeds *	5,122

**Obesity (16y+ and BMI>30)**

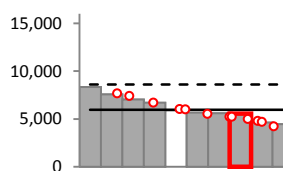
Outer E CC	26,110
Leeds	23,226
Deprived Leeds *	28,196

**Cancer**

Outer E CC	3,752
Leeds	3,703
Deprived Leeds *	3,419

**COPD**

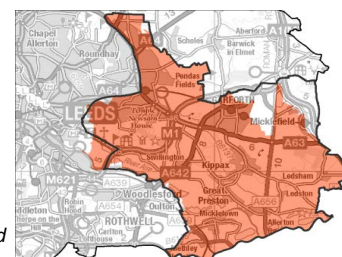
Outer E CC	2,450
Leeds	2,532
Deprived Leeds *	4,792

**Diabetes**

Outer E CC	5,570
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 MSA2011 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 East Community Committee

The health and wellbeing of the Outer East Community Committee contains very wide variation across the full range of Leeds, overall in the mid range for the city. Only 8% of the population live in the most deprived fifth of Leeds*. Life expectancy within the 12 MSOA** areas making up the Community Committee ranges vary widely including almost the shortest male life expectancy in Leeds, 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 3.8 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 not significantly different to 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 around the Leeds average for men and women, as well as overall for the Community Committee. The *Swarcliffe* MSOA in this area has highest rates in the Community Committee for men, women, and overall.

Cancer mortality rates are widely spread and the Community Committee rates are not significantly different to Leeds. One MSOA, *Swarcliffe* has the 3rd highest overall rate and 2nd highest female rates in the city. Circulatory disease mortality shows a similar widely spread MSOA pattern with the *Swarcliffe* area again standing out as having a very high rate. The *Halton moor, Wykebecks* MSOA has a male respiratory disease mortality rate that is 6th highest in the city (not charted as off the scale) but overall the Community Committee has low rates.

Alcohol specific admissions are significantly below Leeds rates for this Community Committee, and MSOA rates are well distributed around the Leeds rates but including some extremes such as *Halton Moor, Wykebecks*. Smoking rates in four of the twelve MSOAs are above Leeds, the *Halton Moor, Wykebecks* MSOA is actually fifth highest in Leeds, but overall the Community Committee rate is just significantly below Leeds.

Obesity rates in this Community Committee and almost all the MSOAs are significantly above Leeds, including *Swarcliffe* MSA with the second highest obesity rate in the city. COPD and CHD are both around the Leeds value but again the *Halton Moor, Wykebecks* MSOA is the highest with rates near the largest in Leeds. GP recorded cancer is no different to Leeds overall, there are some high MSOAs with *Allerton Bywater, Methley and Mickletown* having the 5th highest rate in the city.

***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.