

# Fairer, Healthier Leeds indicators - datapack

2024

## Aim of indicators

---


- The Fairer, Healthier Leeds Indicator set was developed to track progress over the next 5 – 10 years in addressing health equity.
- Existing governance frameworks\* in Leeds already include indicators which can be used to monitor health inequalities in Leeds.
- We sought to select Marmot Indicators from existing frameworks wherever possible rather than create new and separate indicators.
- This both makes more efficient use of reporting capacity and supports the Marmot approach of embedding inequalities in Leeds's existing reporting and governance frameworks.

\*Existing governance frameworks: Leeds Public Health Reporting [Item 8 - AHAL SB Perf Report inc appendices - January 2024.pdf \(leeds.gov.uk\)](#), [Health and Wellbeing Strategy \(leeds.gov.uk\)](#), [Leeds Social Progress Index](#) [The Leeds Social Progress Index | Inclusive Growth Leeds](#), [Leeds Joint Strategic Assessment](#), [Leeds Children and Young People's Plan 2018-2023](#)

## Development of indicators

---

- Criteria for indicator selection were set by a Leeds Data Task and Finish group and approved with the Marmot Working Group.
- A long list of indicators was created from existing indicators sets in Leeds and with reference to pre-existing Marmot Places indicators created in Greater Manchester, Cheshire and Merseyside, Gwent, and Coventry.
- A long list of existing indicators in Leeds was assessed against the following criteria to create a short list of potential Marmot indicators in Leeds.
  - *Alignment with Marmot Principles.*
  - *The possibility of data being disaggregated by inequality lenses and how this balances a view of inequality across the indicators selected.*
  - *Reliability of data access.*
  - *Validity of data reported.*
  - *Frequency with which these data can be updated.*
  - *Possibility of benchmarking regionally, nationally, and with peer comparators.*
- This process was a collaborative effort between the Leeds public health inequalities and intelligence teams and the Institute of Health Equity. In addition, we worked with experts in the wider public health directorate as well as Leeds City Council teams from: Housing; Children and Families; Health Partnerships and Policy and Planning.
- We also included two indicators that are yet to exist and have included it on a 'developmental' basis. These measures are important to include but require further work to meet the full criteria set out above.
- The indicator set is included in the Joint Strategic Assessment.
- The **Best City Ambition** sets out Leeds's overall vision for the future. Like the Marmot Places programme, at its heart is the mission to tackle poverty and inequality.
  - The Best City Ambition focuses on three pillars: health and wellbeing; inclusive growth and zero carbon.
  - The Fairer, Healthier Leeds: Marmot Indicator set covers the Best City Ambition health and wellbeing pillar and additional indicators to underpin the Best City Ambition.

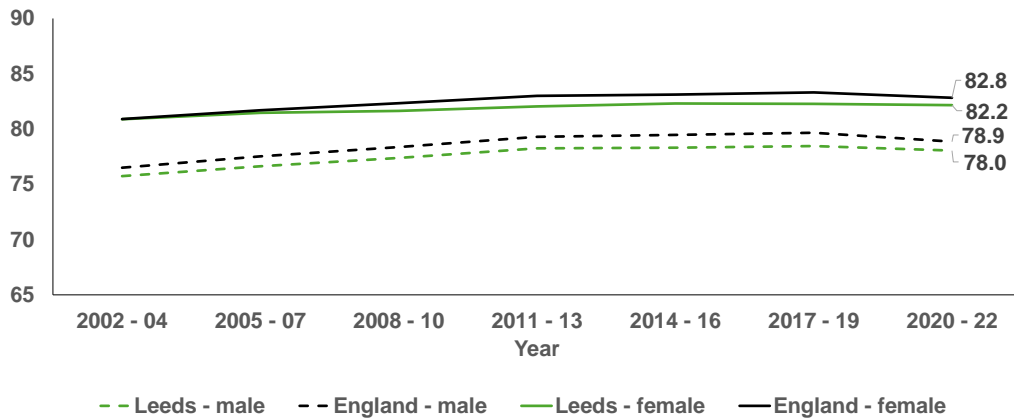


## Indicator 1. Life expectancy at birth in years

- One of the key measures of health inequality is inequality in life expectancy.
- As the level of neighbourhood deprivation increases, life expectancy decreases.
- This is unnecessary and health inequalities that are remediable by reasonable means are unjust.
- The 2020 IHE *Ten Years On* report showed life expectancy in England had stalled and for the most deprived areas outside London had declined.

## Life expectancy, by sex, Leeds and England, 2002-04 to 2020-22

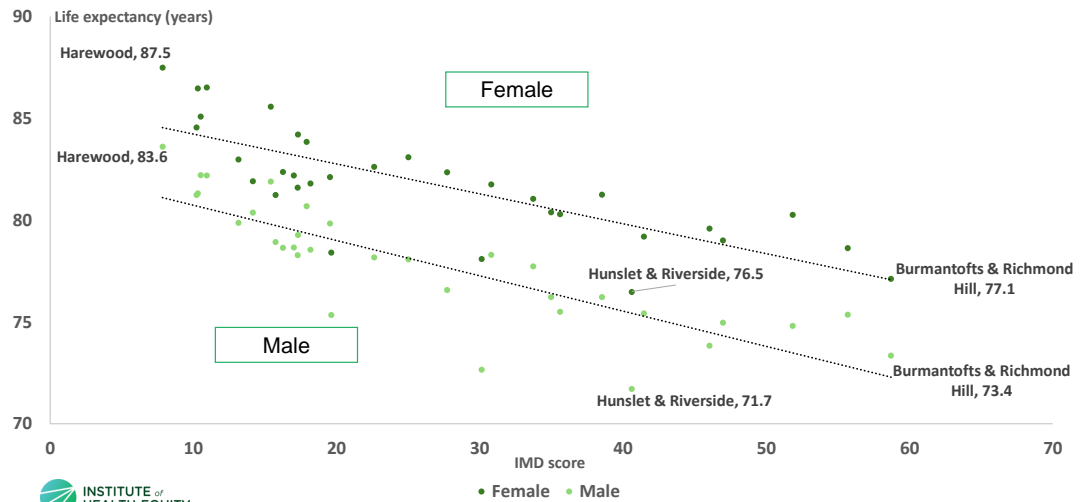
Life expectancy (years)



Source: Office for National Statistics

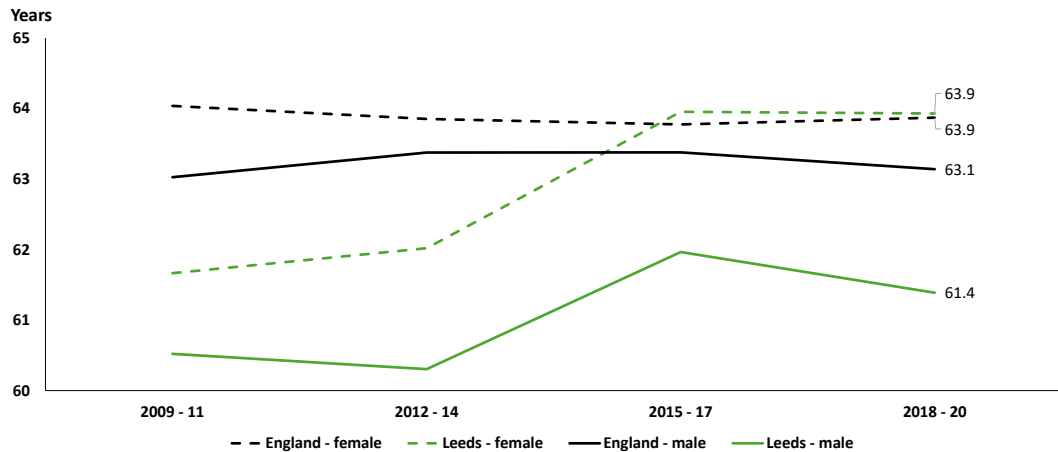
- Life expectancy for all populations in Leeds was stagnating before COVID for both men and women.

## Estimated female and male life expectancy at birth by deprivation (IMD 2019), Leeds wards, 2016-20



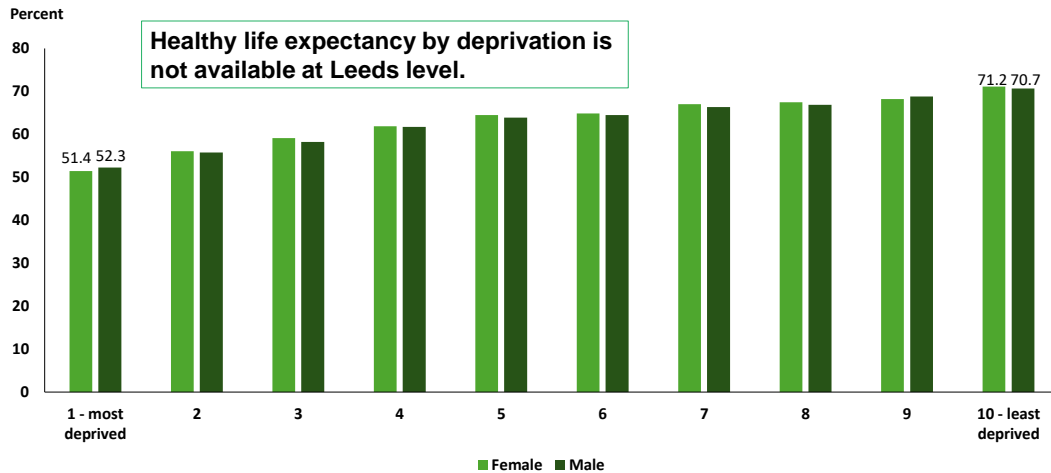
- Whilst most recent figures show that life expectancy in Leeds has increased slightly after the worst of the pandemic, wide inequalities remain within the city.
- On average, women living in Leeds's most deprived neighbourhoods live nine years less than women living in the least deprived neighbourhoods.
- For men, the difference is 10 years.

## Healthy life expectancy, by sex, Leeds and England, 2009-11 to 2018-20



- Healthy life expectancy is the average number of years an individual is expected to live in a state of self-assessed 'good' or 'very good' health.
- Healthy life expectancy for women in Leeds reflects the England average; for men it is close to 2 years worse.

## Healthy life expectancy, by sex, and deprivation, England, 2017-19



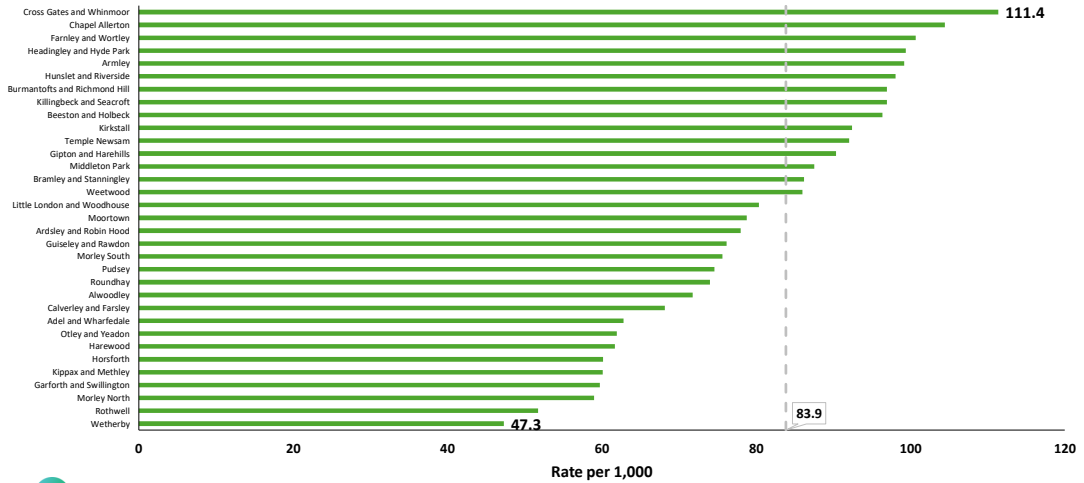
- 2018-20 data is available but includes impact of COVID-19. Data on healthy life expectancy by deprivation level is not available at the Leeds level.
- In England, the gap in healthy life expectancy is far larger than the gap in life expectancy.
- On average, women living in Leeds's most deprived neighbourhoods have a healthy life expectancy 20 years less than women living in the least deprived neighbourhoods. For men, the difference is 18 years.



## Indicator 2. Babies with low birth weight, rate per 1,000 live births

- Low birth weight (under 2,500 grams) is associated with an increased risk of infant mortality, developmental problems in childhood and poorer health in later life.
- Low birthweight is related to deprivation and low parental income as well as smoking while pregnant (which is higher amongst women living on low incomes) poor health and nutrition.

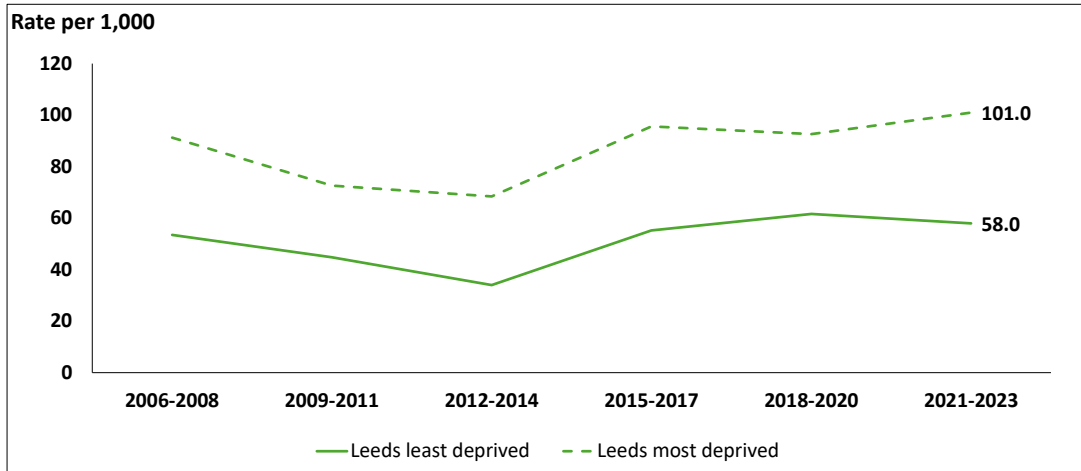
## Low birthweight babies, rate per 1,000 full-term live births, Leeds wards and Leeds, 2021-23



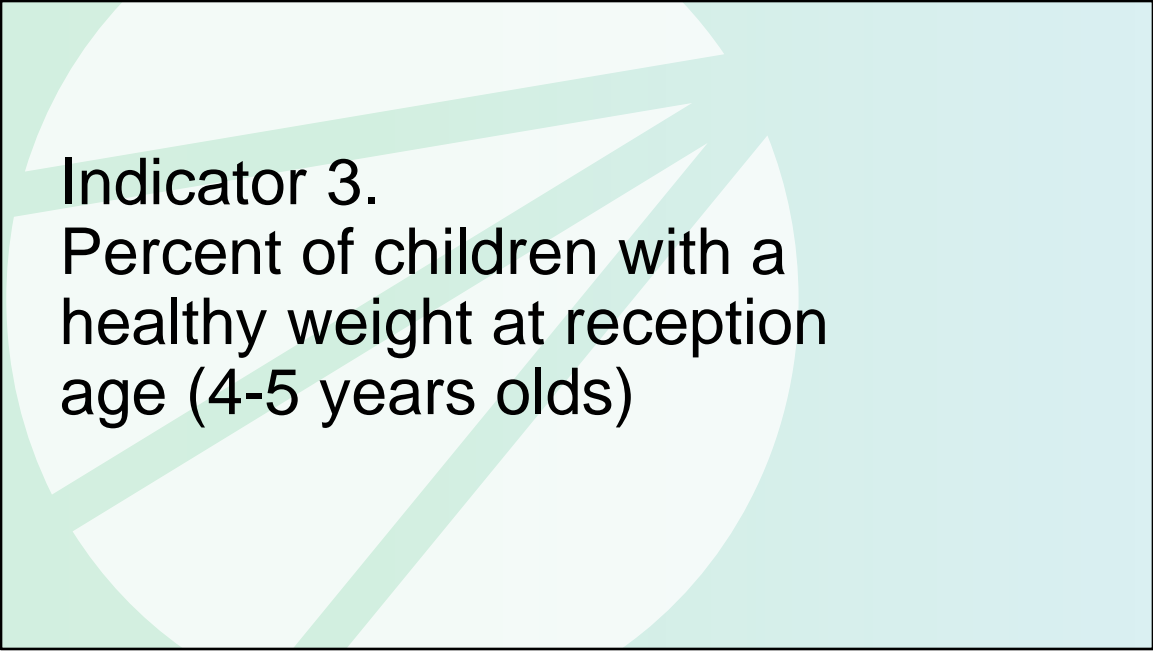
Source: Leeds ODA PH Intel Data

- Babies that are low birthweight are more likely to be born in areas of higher deprivation in Leeds.

Low birthweight babies, least and most deprived deciles, rate per 1,000 full-term live births, Leeds, 2006-08 to 2021-23



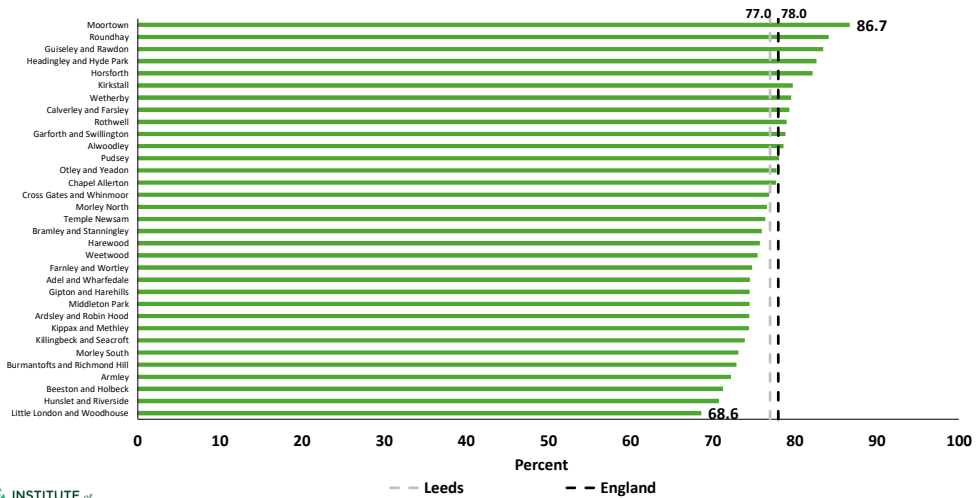
Source: Leeds ODA PH Intel Data



**Indicator 3.  
Percent of children with a  
healthy weight at reception  
age (4-5 years olds)**

- Levels of overweight and obesity in adults and children are higher in local authorities with higher levels of deprivation.
- Its causes include societal and environmental factors, which lie outside of an individual's control, and they significantly influence levels of obesity and overweight.

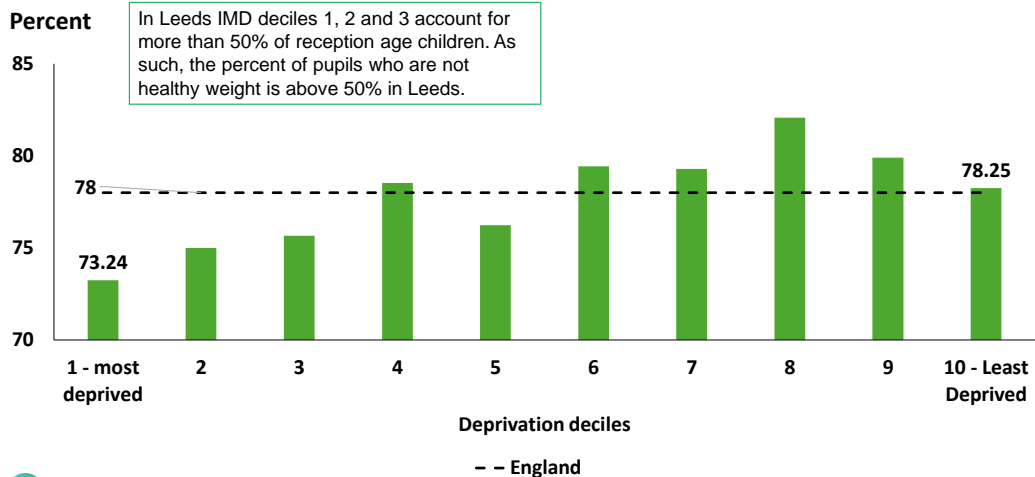
## Pupils in reception who are a healthy weight, percent, Leeds wards, Leeds and England 2021/22



Source: Leeds ODA PH Intel Data

- Pupils in reception who are healthy weight are more likely to live in areas of lower deprivation in Leeds.

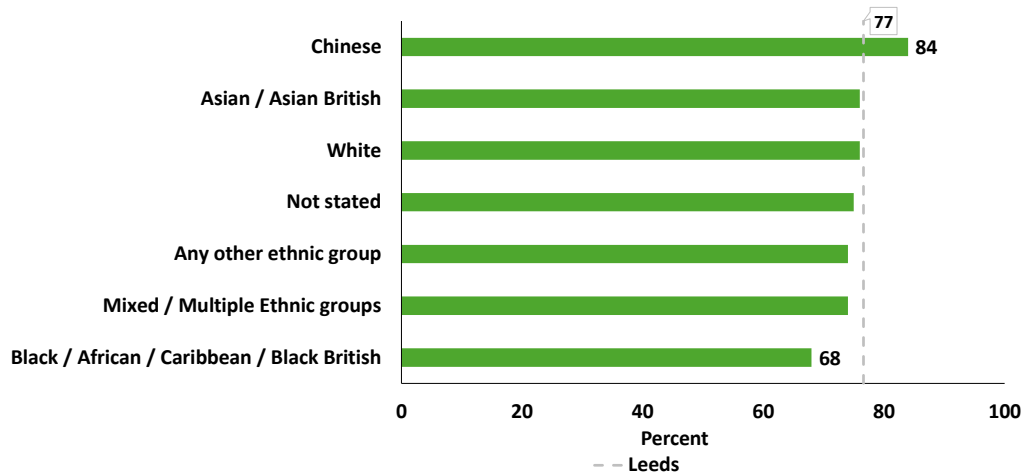
## Pupils in reception who are a healthy weight, by deprivation decile, percent, Leeds and England, 2021/22



- A Nuffield Trust 2022 report\* found no single individual or household behaviour associated with high levels of obesity and overweight amongst children.
- Local authorities with higher percentages of overweight or obese children in reception children had:
  - higher rates of under-fives living in areas with poor access to passive green spaces;
  - lower rates of adults walking for leisure;
  - lower rates of physically active adults
  - lower breastfeeding rates.
  - Children and young people cannot influence these factors.

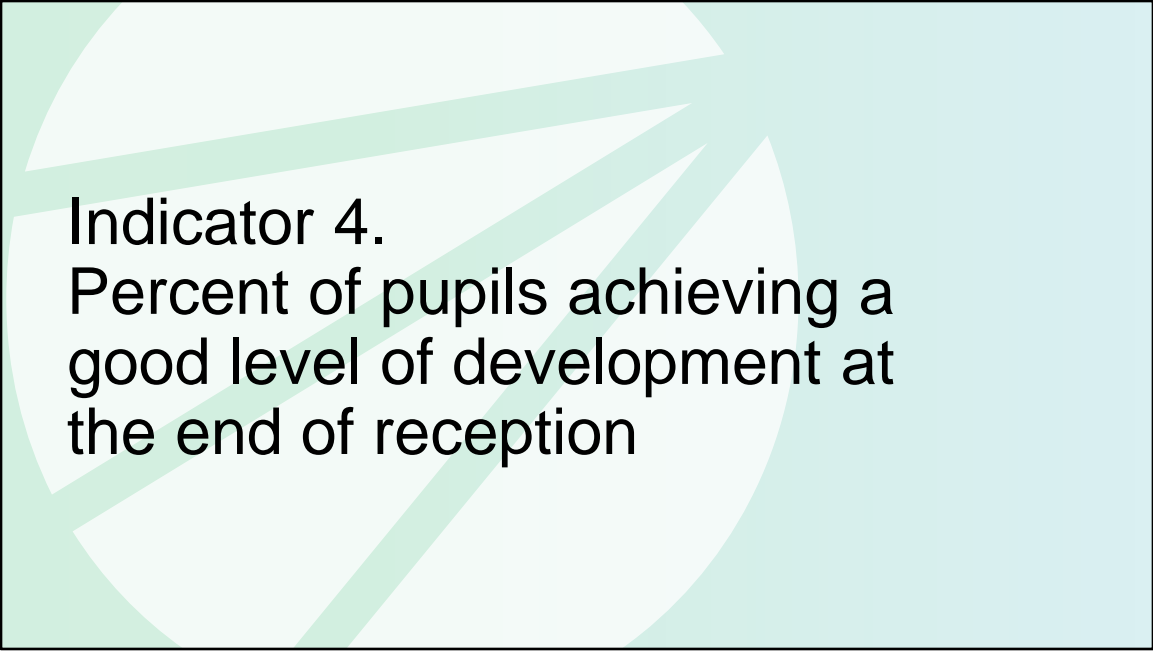
\*<https://www.nuffieldtrust.org.uk/research/childhood-obesity-is-where-you-live-important#:~:text=Key%20findings&text=Local%20authorities%20with%20the%20highest,those%20with%20the%20lowest%20percentage.>

Pupils in reception who are a healthy weight, by ethnic group, percent, Leeds, 2017/18 to 2021/22



Source: Leeds ODA PH Intel Data

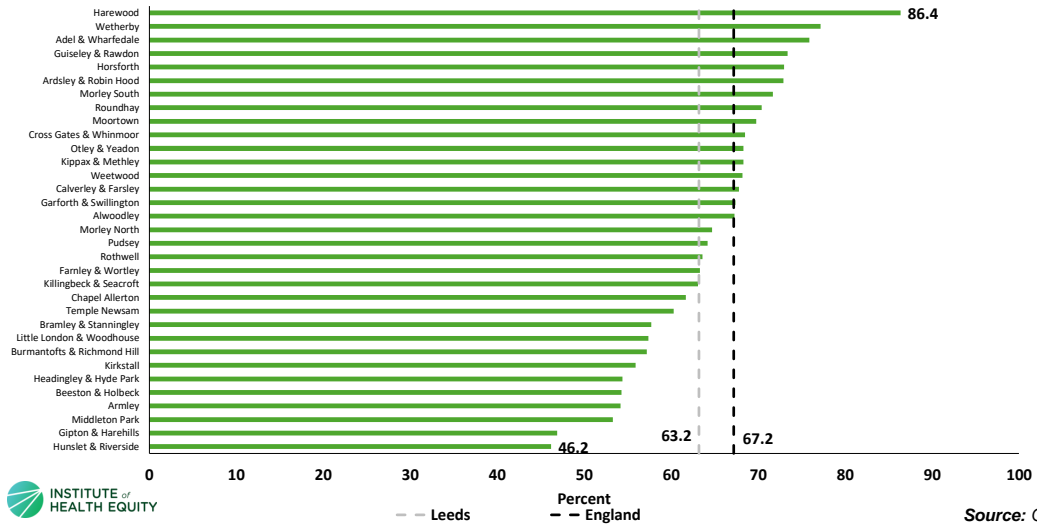
- Rates of obesity are higher in certain ethnic groups.
- In both reception and year 6, the prevalence of children living with obesity is highest for Black children and lowest for Chinese children.



## Indicator 4. Percent of pupils achieving a good level of development at the end of reception

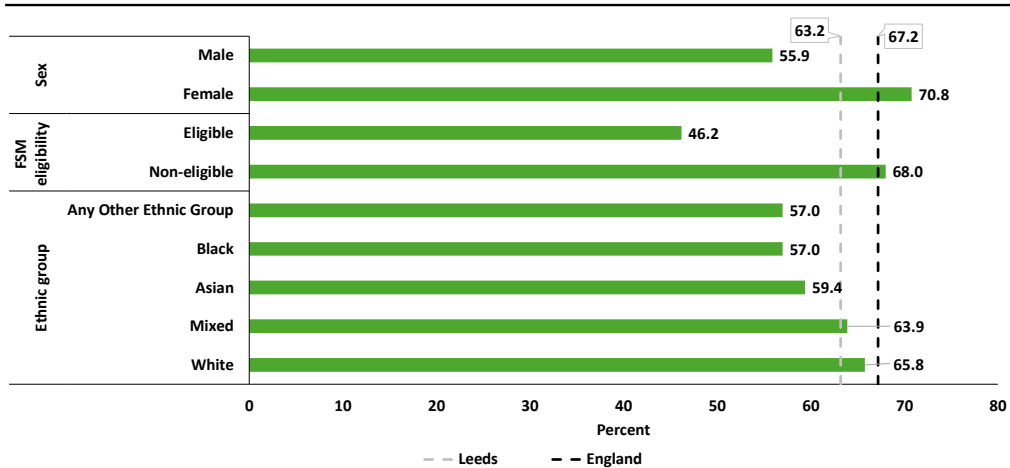
- This indicator measures 'school readiness' - how prepared a child is to succeed in school cognitively, socially and emotionally.
- At age 4, children have reached a good level of development if they achieved at least the 'expected level' in the areas of learning (personal, social and emotional development, physical development and communication and language) and in the specific areas of mathematics and literacy.

## Pupils achieving a good level of development at the end of reception, percent, Leeds wards, Leeds and England, 2022/23



- In 2024 37% of children in Reception were living in the most deprived neighbourhoods in Leeds, compared with 34% in 2021.
- Analysing outcomes in Leeds' wards, there is a 40% difference in children achieving a good level of development at age 4, at the end of Reception.

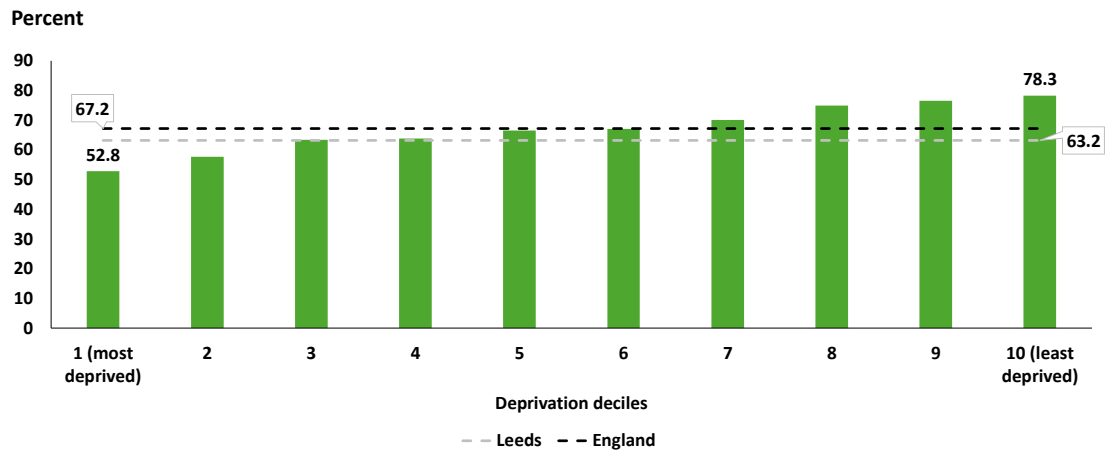
Pupils achieving a good level of development at the end of reception, by ethnic group, sex and Free School Meal eligibility, percent, Leeds and England, 2022/23

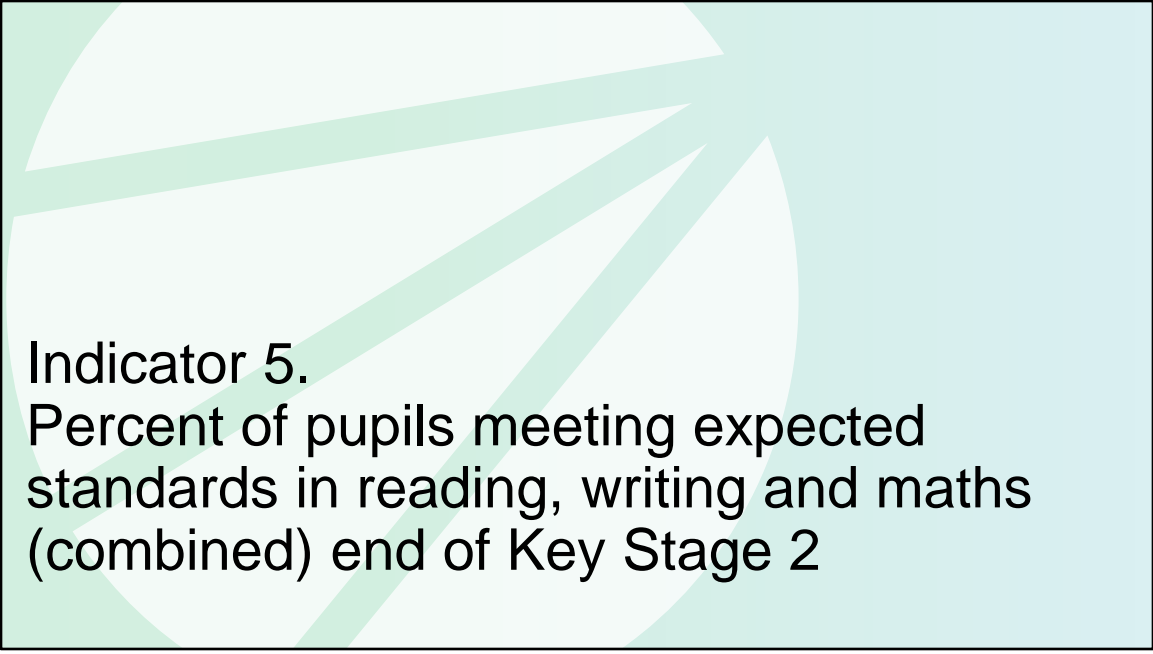


Source: Leeds ODA PH Intel Data

- There are wide differences in reaching good level of development between:
  - Boys and Girls
  - Free School Meal eligibility
- There are smaller differences in outcomes by ethnicity.

## Pupils achieving a good level of development at the end of reception, by deprivation decile, percent, Leeds and England, 2022/23

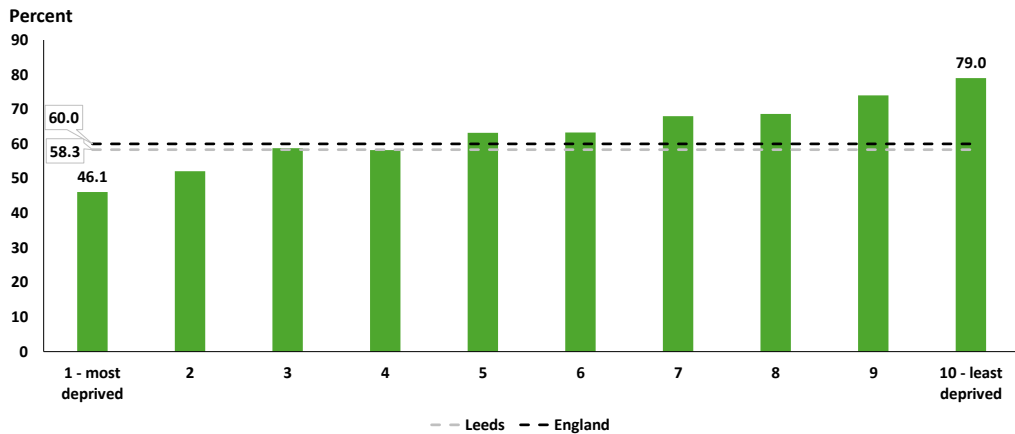




**Indicator 5.**  
**Percent of pupils meeting expected standards in reading, writing and maths (combined) end of Key Stage 2**

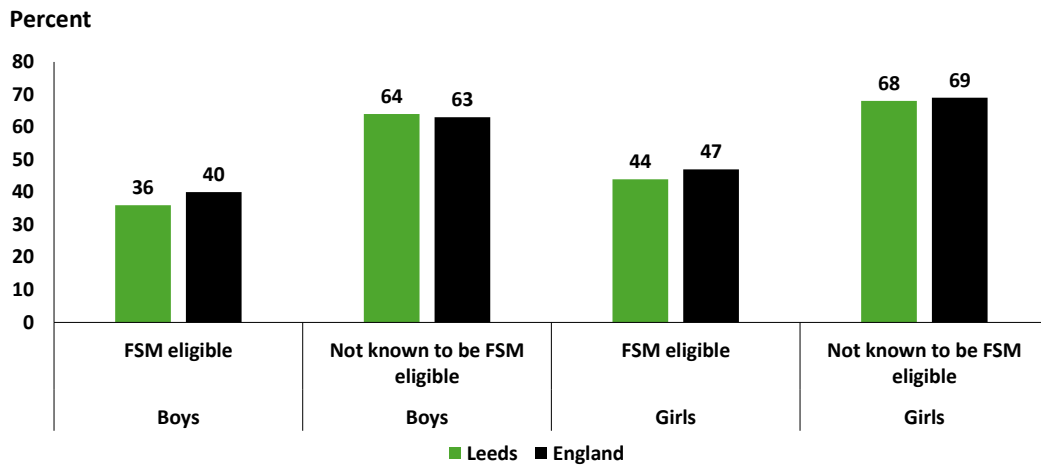
- There are inequalities in the number of pupils reaching expected standards in reading, writing and maths at the end of primary school between those eligible for free school meals and those who are not.

Pupils reaching the expected standard in reading, writing, and maths at the end of Key Stage 2, by deprivation decile, percent, Leeds, Leeds and England averages, 2022/23

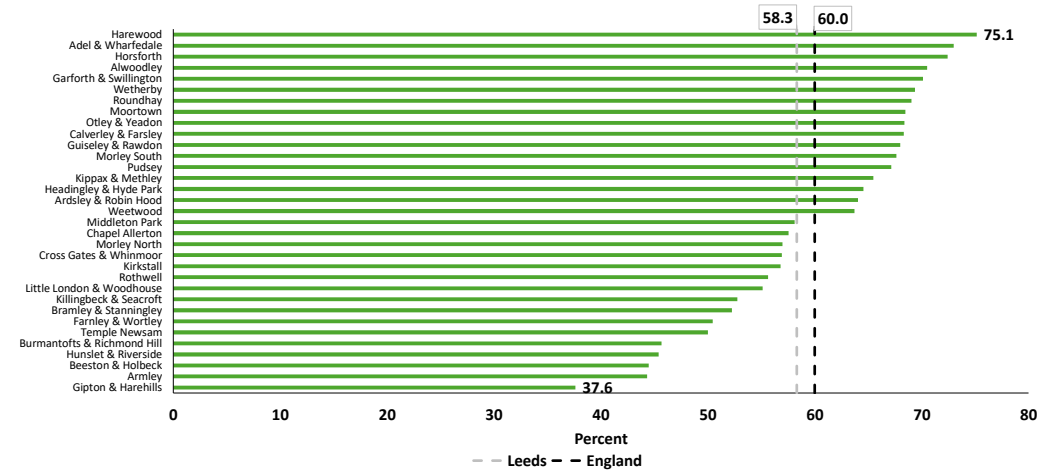


- There are wide inequalities in pupils who reach the expected standard at the end of Key Stage 2.
- 46% of pupils in the most deprived areas in Leeds reach this standard, 79% in the least deprived areas, a 33% difference.

Pupils reaching the expected standard in reading, writing, and maths at the end of Key Stage 2, by Free School Meal eligibility and sex, percent, Leeds and England, 2022/23



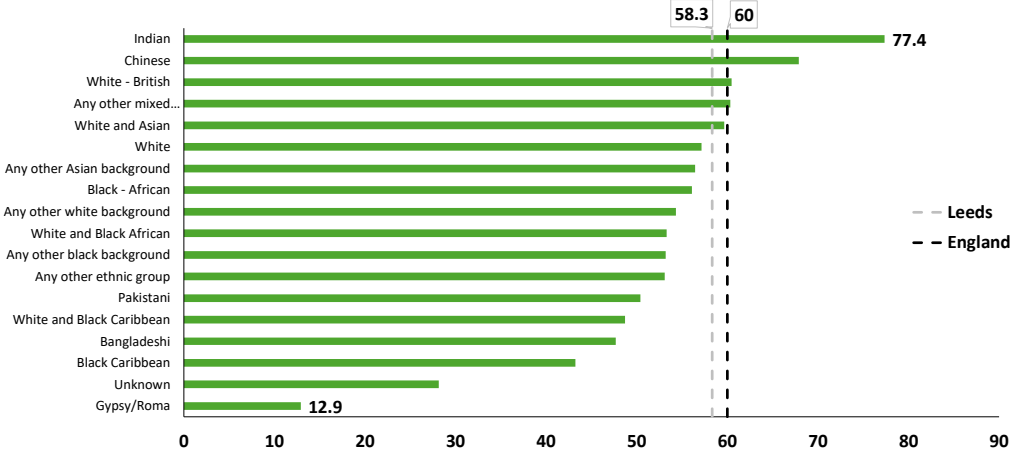
## Pupils reaching the expected standard in reading, writing, and maths, at the end of Key Stage 2, percent, Leeds wards, and Leeds, 2022/23



Source: Leeds ODA PH Intel Data

- Pupils reaching the expected standards at Key Stage 2 are more likely to live in areas of lower deprivation in Leeds.

Pupils reaching the expected standard in reading, writing, and maths, at the end of Key Stage 2, by ethnicity, percent, Leeds, 2022/23



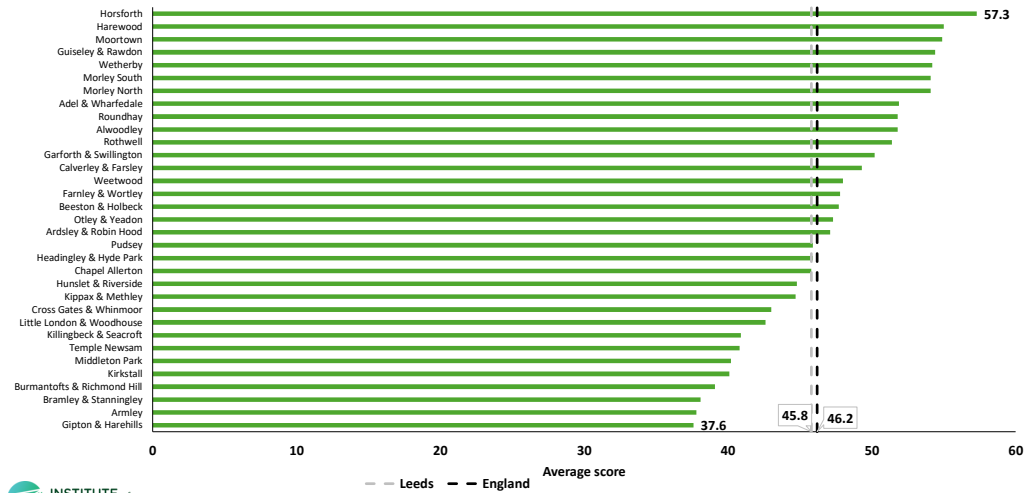
Source: Leeds ODA PH Intel Data



## Indicator 6. Average Attainment 8 score

- Attainment 8 is a measure of a pupil's performance at the end of Key Stage 4 (GCSEs) across eight core subjects, including Maths and English.
- In England, on average, pupils eligible for free school meals have higher Attainment 8 scores.

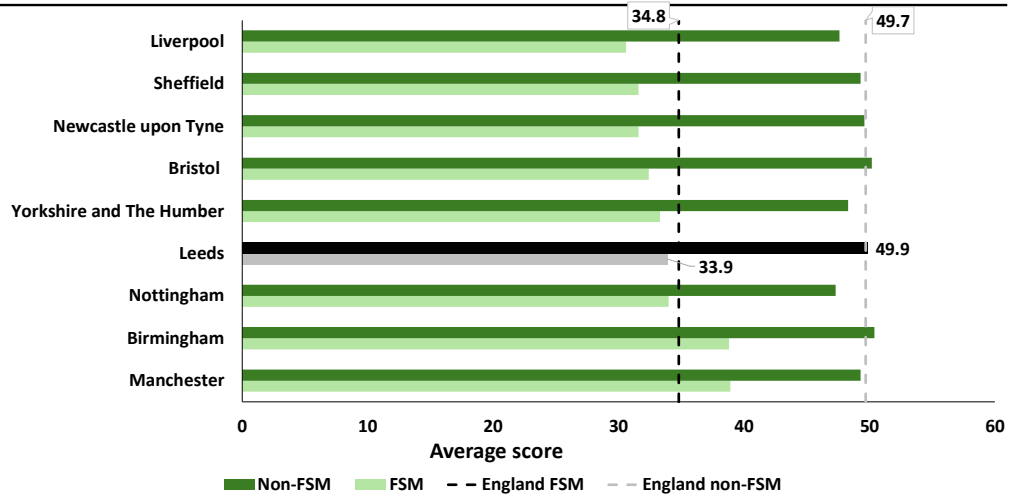
## Average Attainment 8 score, Leeds wards, Leeds and England, 2022/23



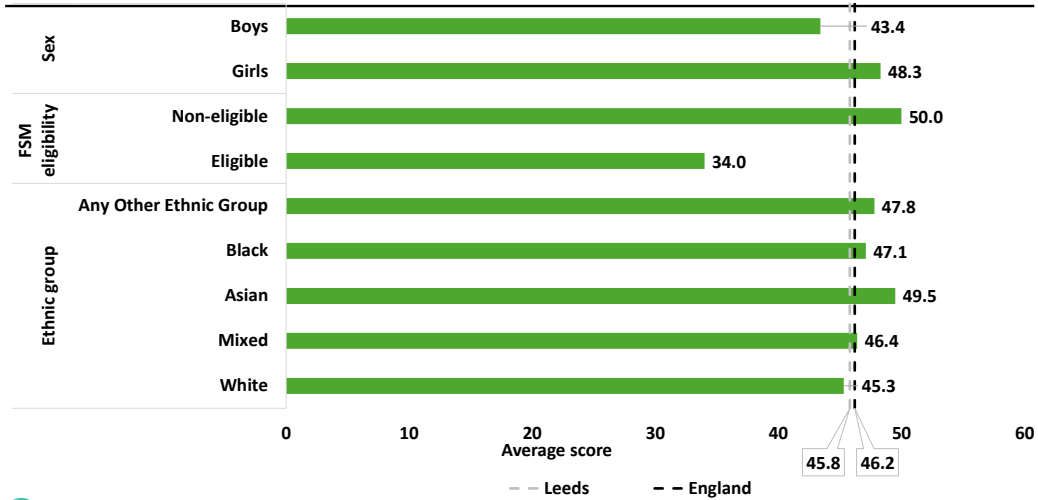
Source: Leeds ODA PH Intel Data

- Average Attainment 8 scores are higher in areas of lower deprivation in Leeds.

## Average Attainment 8 score by Free School Meal eligibility, English CORE cities and England, 2022/23



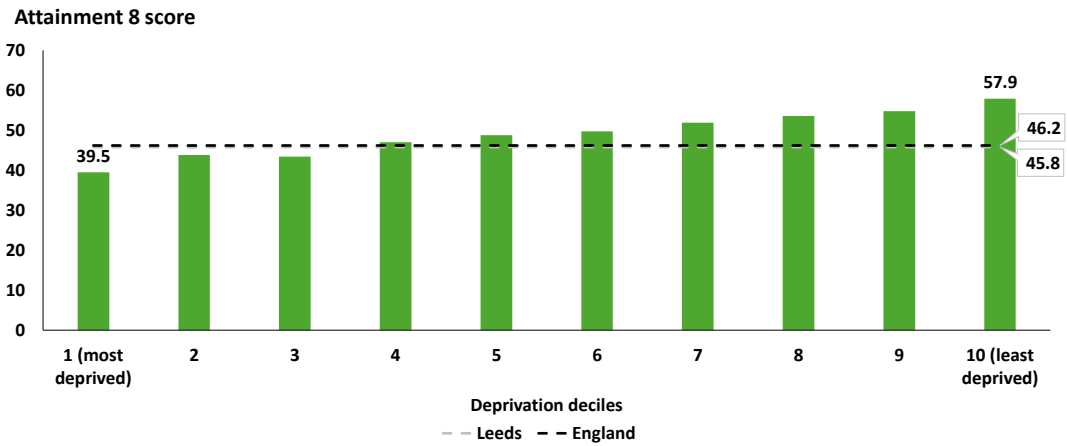
### Average Attainment 8 score, by ethnic group, sex and Free School Meal eligibility, Leeds and England, 2022/23

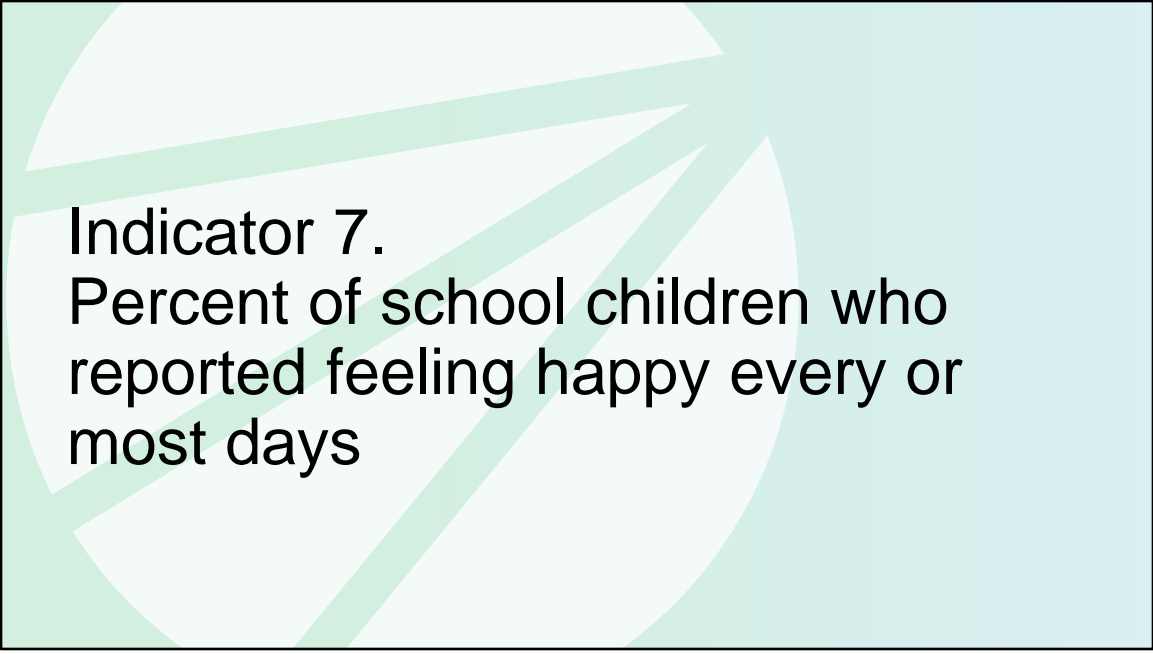


Source: Leeds ODA PH Intel Data

- In England, in every ethnic group girls score higher than boys and pupils eligible for free school meals score lower than pupils who are not eligible.

## Average Attainment 8 score by deprivation decile, Leeds and England averages, 2022/23



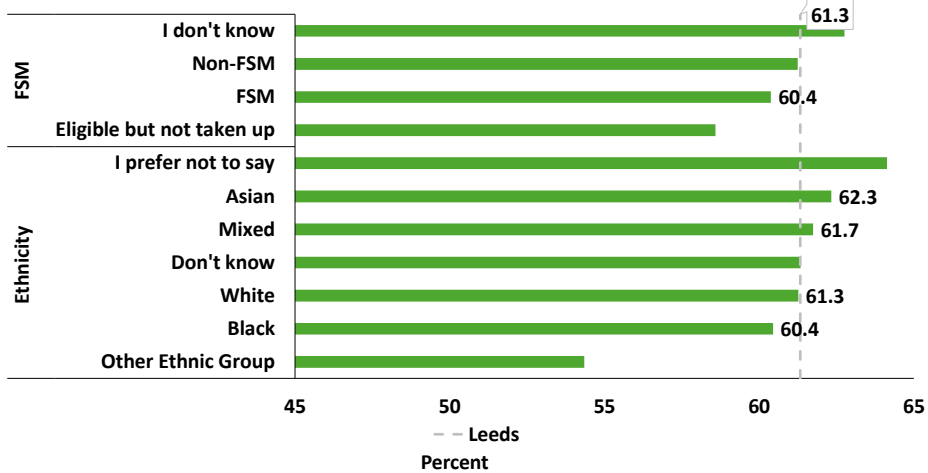


## Indicator 7. Percent of school children who reported feeling happy every or most days

- A 2022 Royal College of Paediatrics and Child Health survey\* of over 2,000 children and young people asked what stopped them from being healthy, well and happy.
- 57% of respondents mentioned issues related to a lack of money: being unable to afford food, transport, school costs (e.g. uniform, trips), technology in the home, clothes or unable to do things they enjoy.

\*<https://www.rcpch.ac.uk/key-topics/child-health-inequalities/everyone-deserves-the-world>

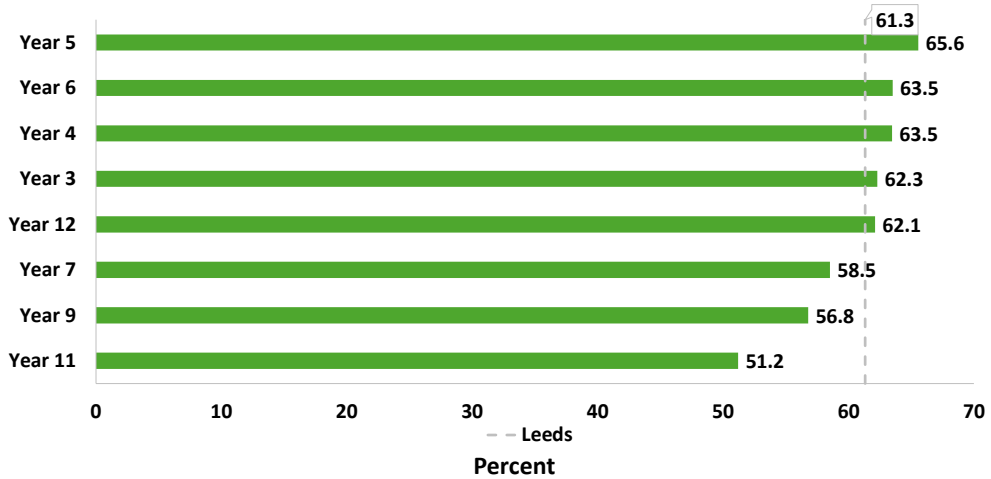
School pupils who feel happy most days or everyday (4-7 days a week), by ethnicity and Free School Meal eligibility, percent, Leeds, 2022/23



Source: Leeds ODA PH Intel Data

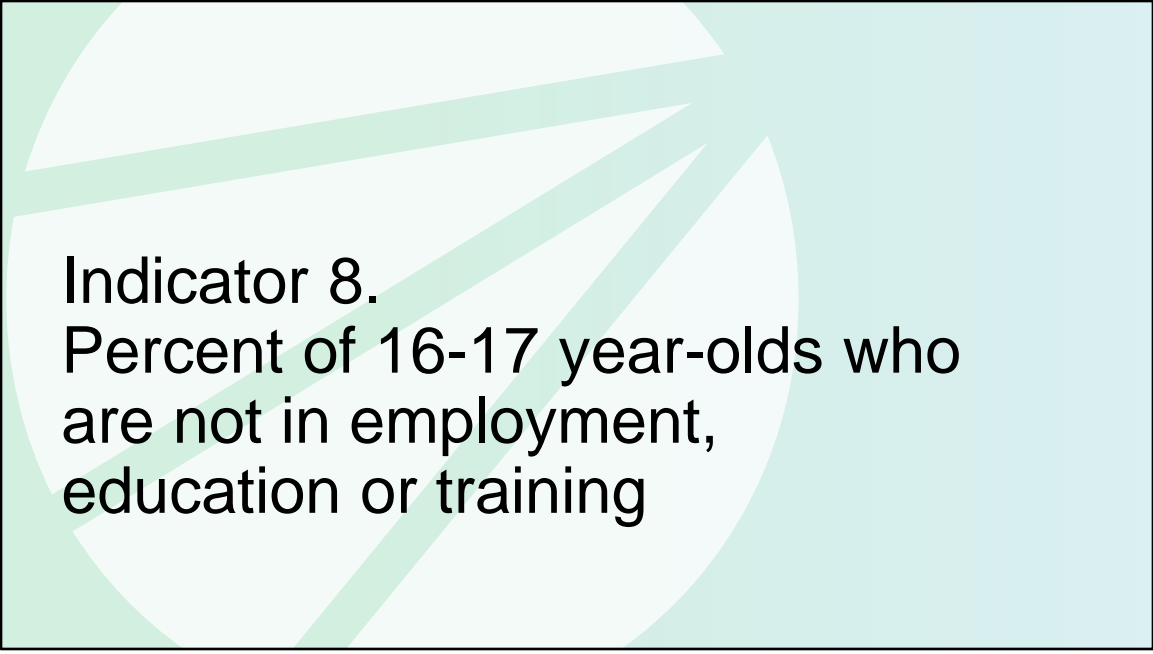
- School pupils are slightly less likely to feel happy if they are eligible for free school meals, outcomes are worse if they are eligible but do not take up the offer, suggesting issues related to stigma.

### School pupils who feel happy most days or everyday (4-7 days a week), by school year\*, percent, Leeds, 2022/23



\*Data not available for all school years

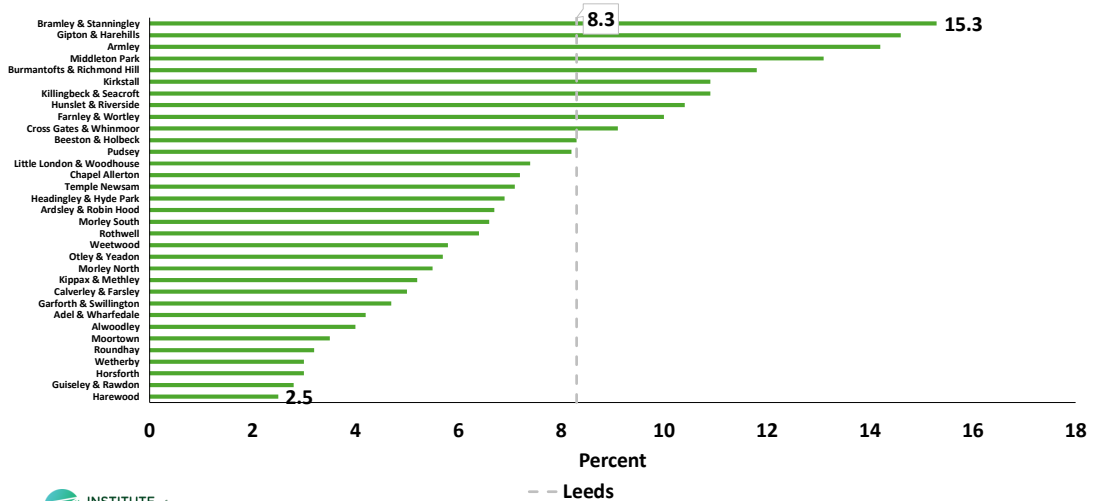
Source: Leeds ODA PH Intel Data



## Indicator 8. Percent of 16-17 year-olds who are not in employment, education or training

- Spending time not in employment, education or training (NEET) has a detrimental effect on physical and mental health.
- This effect is greater when time spent NEET is at a younger age or lasts for longer.
- The chance of being NEET is affected by area deprivation, socio-economic position, parental factors (such as employment, education, or attitudes), growing up in care, prior academic achievement and school experiences.

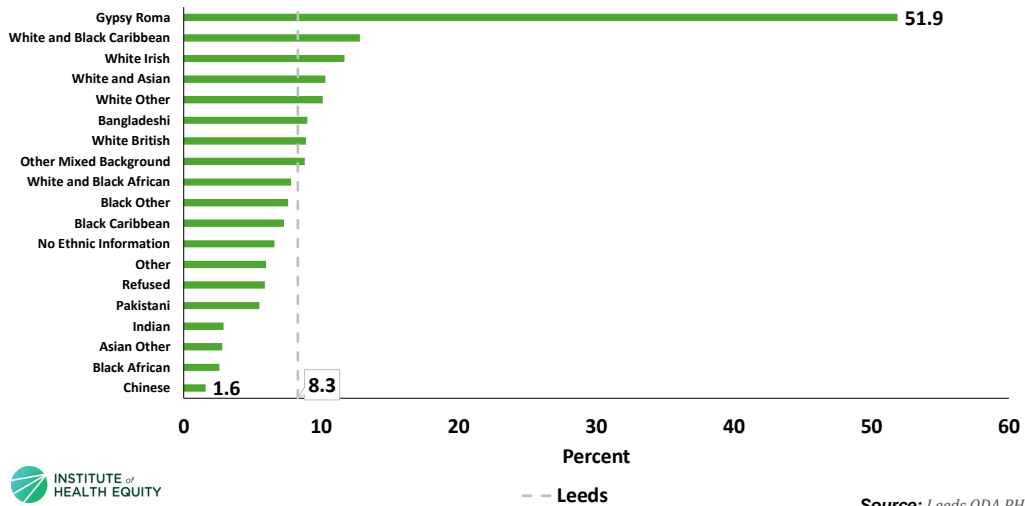
## Not in Education Employment or Training, 16–17-year-olds, percent, Leeds wards and Leeds, 2023/24\*



Source: Leeds ODA PH Intel Data

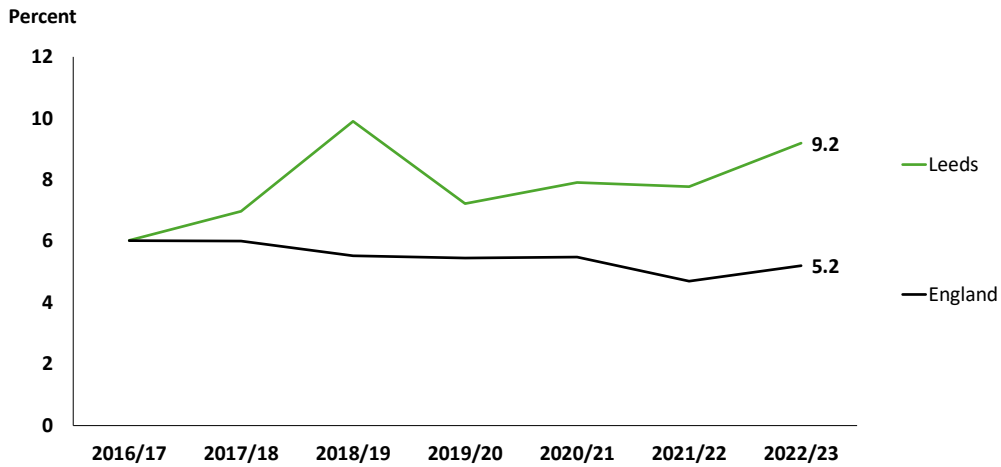
- The percent of NEETs are higher in areas of higher deprivation in Leeds.
- \*3 month average of December 2023, January 2024, and February 2024.

### Not in Education Employment or Training by ethnic group, 16–17-year-olds, percent, Leeds, 2023/24\*

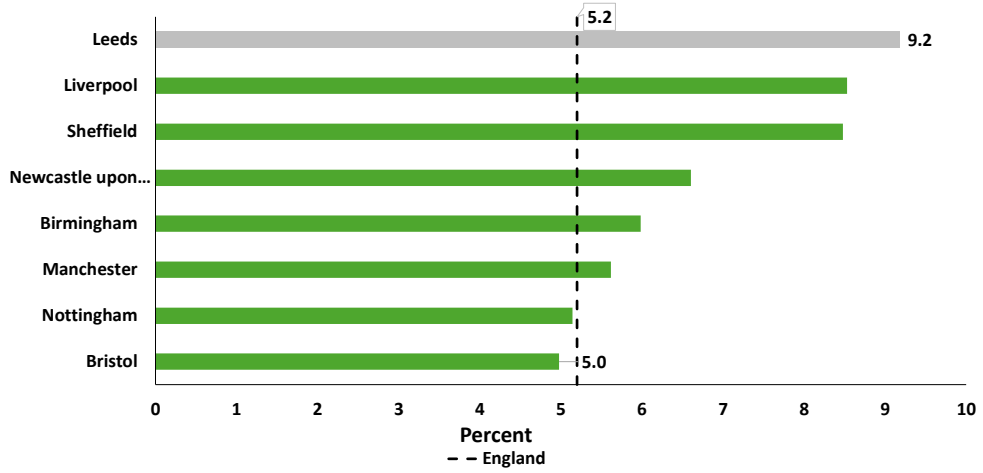


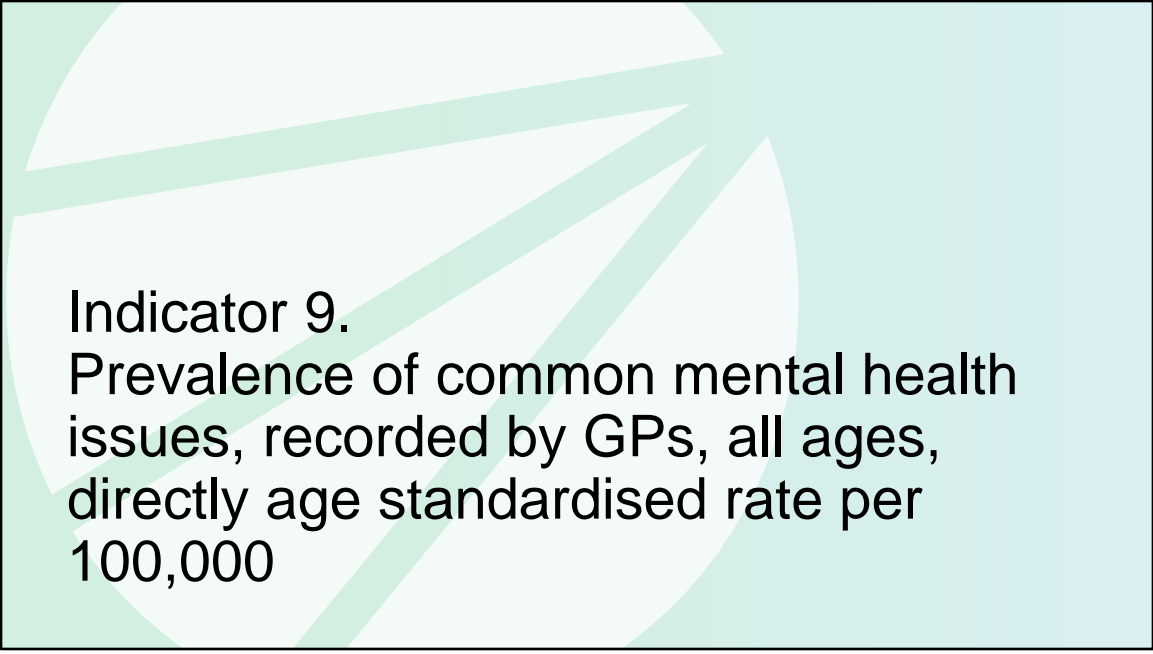
- Gypsy Roma teenagers are much more likely to not be in education, employment or training.
- \*3 month average of December 2023, January 2024, and February 2024.

## Not in Education Employment or Training, 16–17-year-olds, percent, Leeds and England, 2016/17 to 2022/23



### Not in Education Employment or Training, 16–17-year-olds, percent, English CORE cities and England, 2022/23

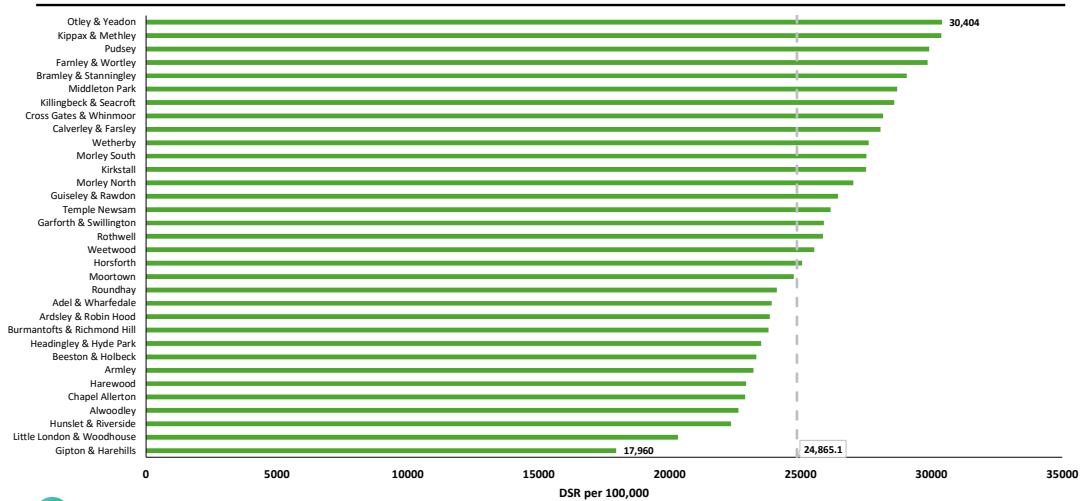




**Indicator 9.**  
**Prevalence of common mental health issues, recorded by GPs, all ages, directly age standardised rate per 100,000**

- Mental health issues are closely associated with many forms of inequalities. These inequalities are largely driven by the building blocks of health (poverty, unemployment, homelessness).
- People with mental illness are more likely to have higher rates of:
  - Poverty
  - Homelessness
  - Incarceration
  - Social isolation
  - Unemployment
- In addition, racism and discrimination and exclusion also affect mental health.

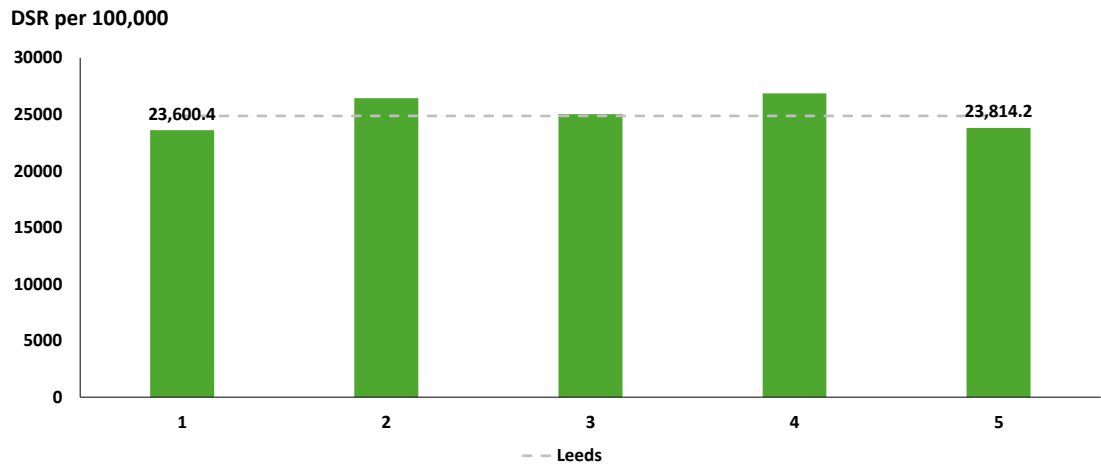
## Common mental health issues, recorded by GPs, DSR\* per 100,000, Leeds wards and Leeds, 2022/23



--- Leeds \*Directly Standardised Rate **Source:** Leeds ODA PH Intel Data

- There are differences in how GPs record common mental health issues in Leeds.

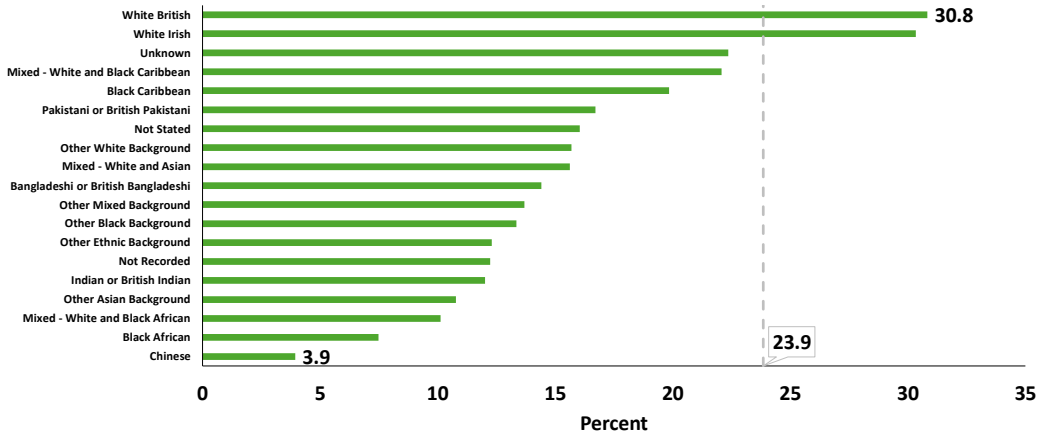
Common mental health issues, recorded by GPs, by deprivation quintile, DSR per 100,000, Leeds, 2022/23



Source: Leeds ODA PH Intel Data

- Whilst research shows there are inequalities in mental health issues, GP records in Leeds show a lack of inequalities, suggesting better recording is needed.
- This reflects inequalities in access to mental health support . Groups with higher levels of poor mental health, such as those living in areas of high deprivation, often have the greatest difficulty accessing services.

## Common mental health issues, recorded by GPs, by ethnic group, percent, Leeds, 2022/23

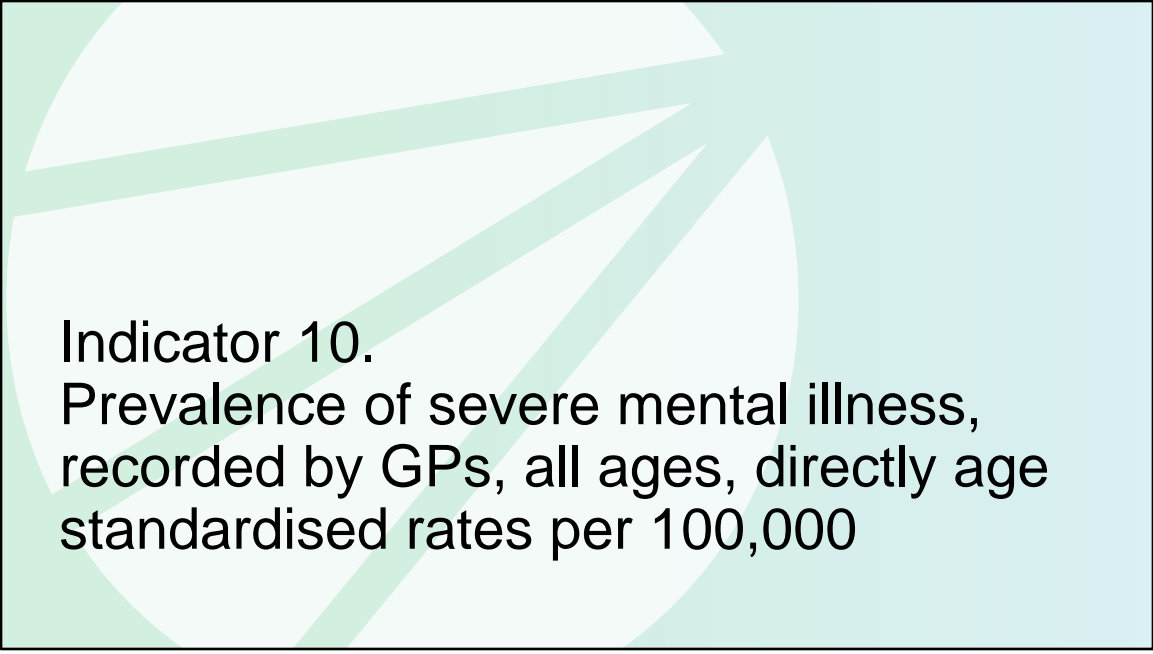


— Leeds

Source: Leeds Data Team

- In comparison with White British people (with the exception of Chinese people), people from all other ethnic groups experienced worse mental health outcomes; waited longer for mental health assessments and are less likely to receive a course of treatment following this assessment.

<https://www.nhs.uk/wp-content/uploads/2023/10/Ethnic-Inequalities-in-Improving-Access-to-Psychological-Therapies-IAPT.Full-report.pdf>

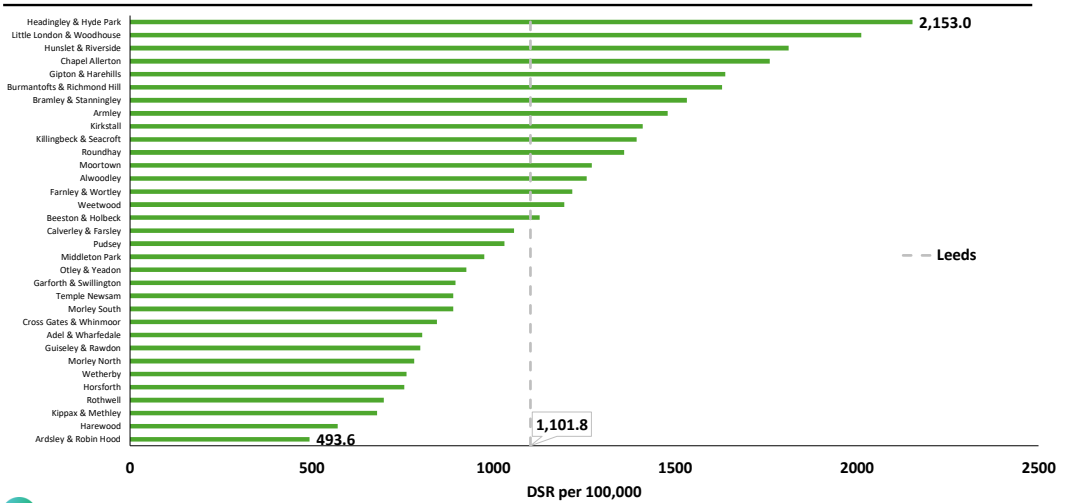


**Indicator 10.  
Prevalence of severe mental illness,  
recorded by GPs, all ages, directly age  
standardised rates per 100,000**

- People with severe mental illness (SMI), such as psychosis and bipolar disorder, have, on average, a life expectancy of up to 20 years shorter than the general population.

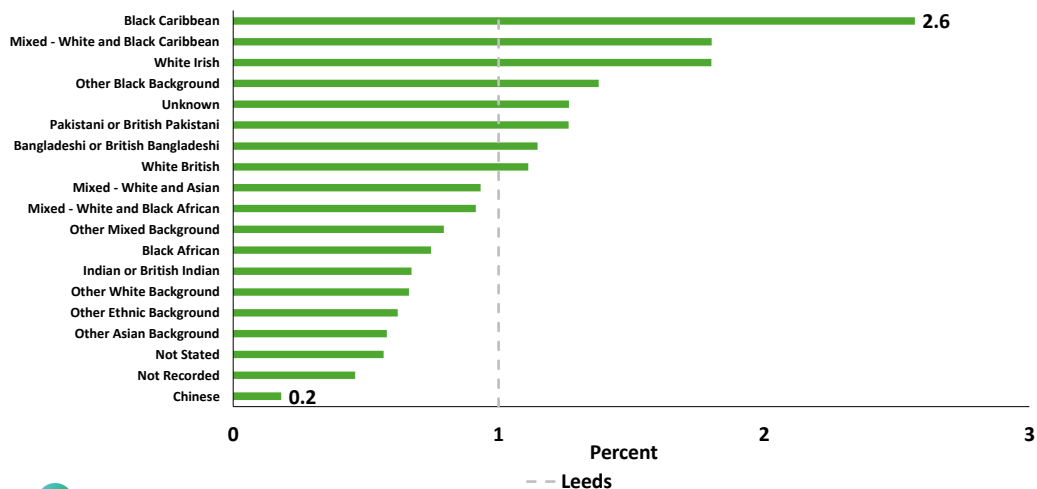
<https://www.gov.uk/government/publications/health-matters-reducing-health-inequalities-in-mental-illness/health-matters-reducing-health-inequalities-in-mental-illness>

## Severe mental illness, recorded by GPs, DSR per 100,000, Leeds wards and Leeds, 2022/23



Source: Leeds ODA PH Intel Data

### Severe mental illness, recorded by GPs, by ethnic group, percent, Leeds, 2022/23

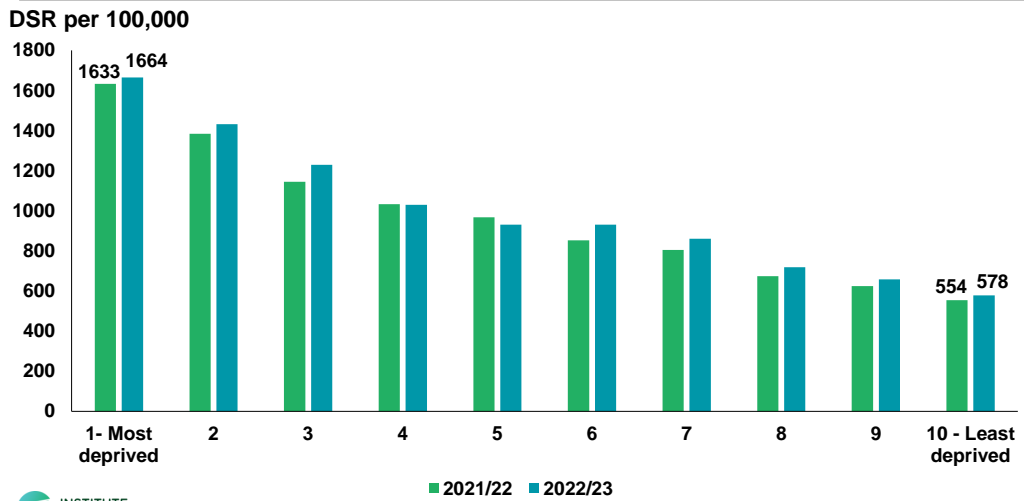


Source: Leeds ODA PH Intel Data

- People from minority ethnic backgrounds experience further disadvantage. For example, black people are more likely to be detained under the Mental Health Act, and have lower rates of recovery.
- Black people with SMI are more likely than other groups to come into contact with secondary care services through non-health agencies, in particular, the police. Adverse experiences of hospital mental health services among minority ethnic groups continue to be a cause of concern. These issues can lead to a mistrust of services and delays in seeking care.

<https://www.gov.uk/government/publications/health-matters-reducing-health-inequalities-in-mental-illness/health-matters-reducing-health-inequalities-in-mental-illness>

Severe mental illness, recorded by GPs and IMD (2019), DSR per 100,000, Leeds, 2021/22 and 2022/23

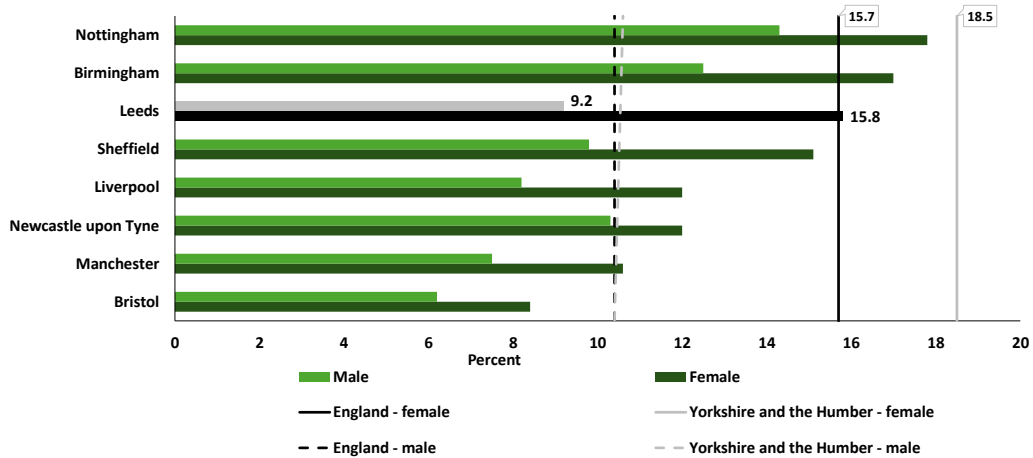




## Indicator 11. Percent of people earning less than the UK Real Living wage

- In 2024 the minimum wage for 21 year olds and older is £11.44 and for under 21s it is £8.60 in the UK.
- The Real Living wage is £12.00 for those aged 18 and older living outside of London.
- It is a voluntary payment calculated according to the cost of living, based on a basket of household goods and services.

## Employees earning below the UK Real Living wage, by sex, percent, English CORE cities, Yorkshire and Humber and England, 2023

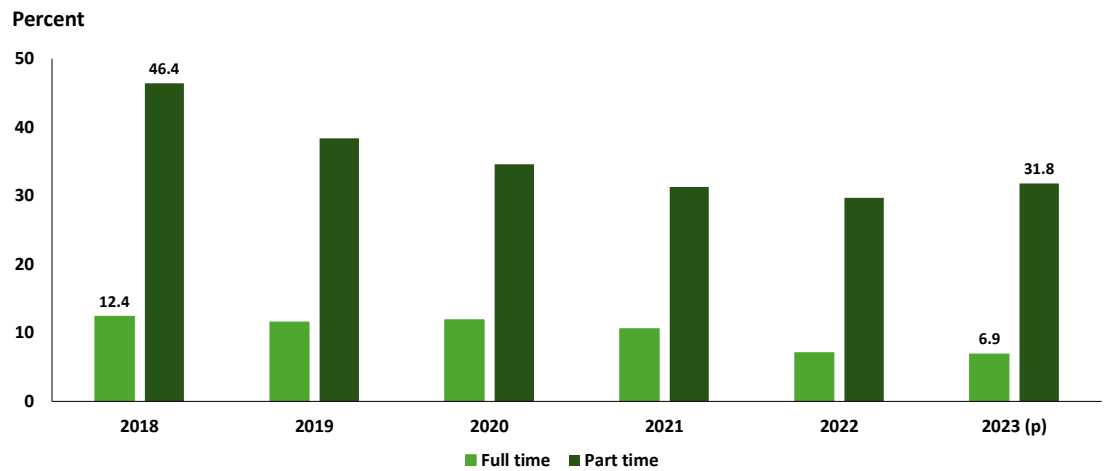


INSTITUTE of HEALTH EQUITY Note: The real living wage in 2023/24 is £12 for England, £13.15 for London

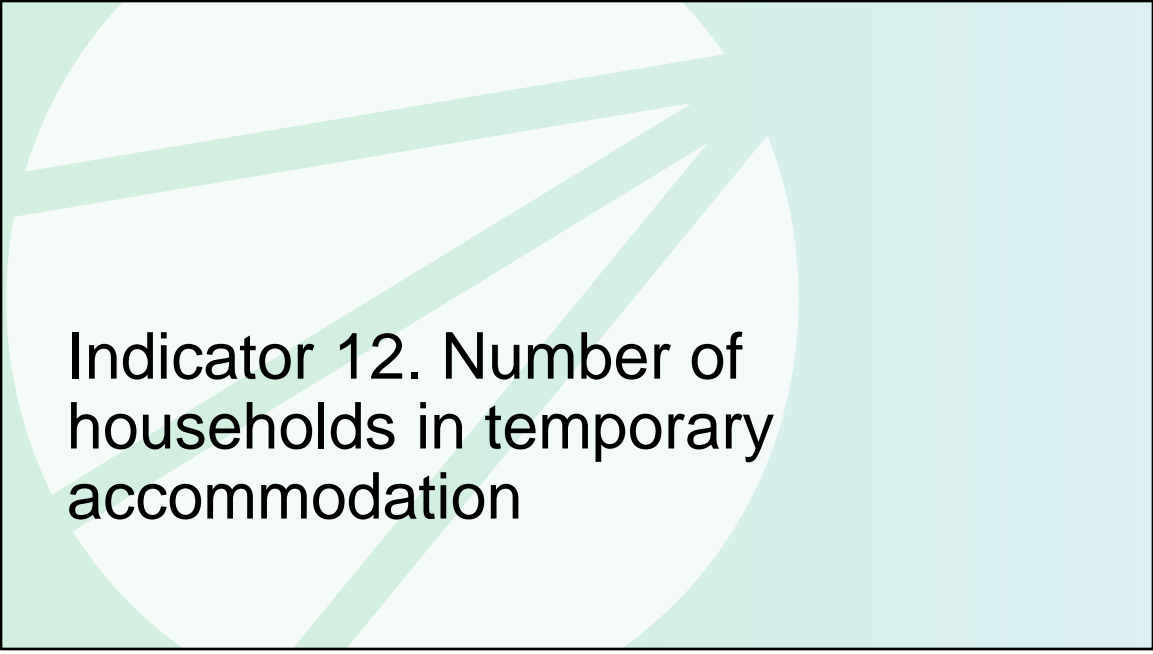
Source: Office for National Statistics

- The percent of workers in Leeds earning below the UK Real Living wage is higher than the England average and compared to CORE cities, for women, much higher.
- In April 2023 Leeds City Council increased its minimum pay rate to the UK Real Living Wage of £12.00/hour, above the central government-set UK living wage.

## Workers earning below the UK Real Living wage, by time worked, percent, Leeds, 2018-23



- Part-time workers are much less likely to receive the UK Real Living wage.

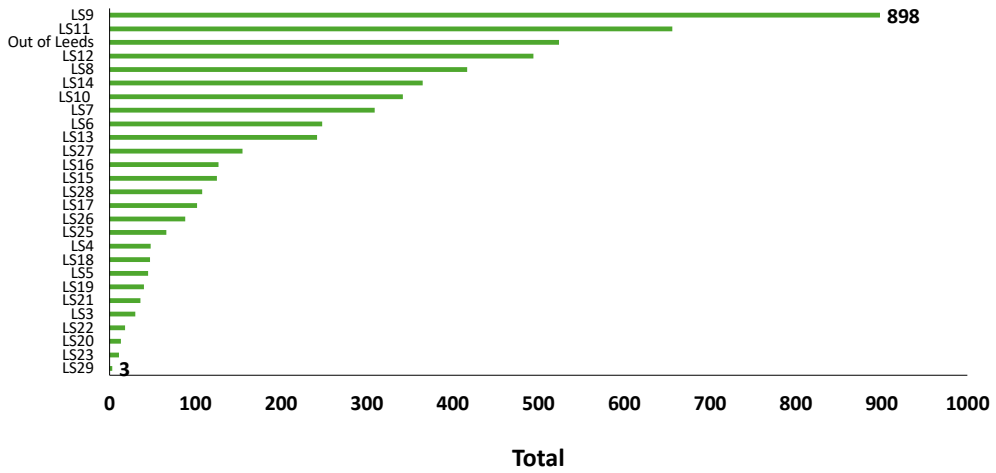


## Indicator 12. Number of households in temporary accommodation

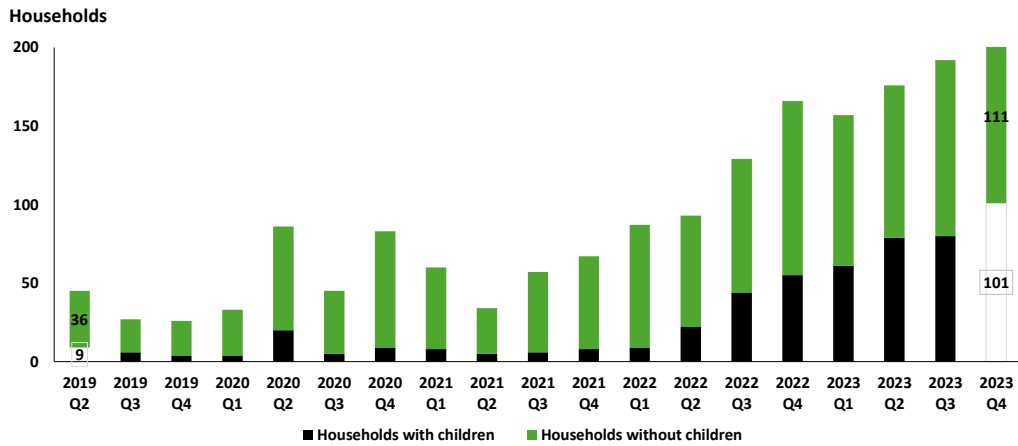
- Homelessness and rough sleeping rates have increased substantially.
- Most people who are considered 'homeless' are accommodated in emergency or temporary accommodation and are not sleeping rough on the street.
- The National Audit Office found\* temporary accommodation increases costs to public services, due to associated increased admissions to hospital and outpatient services, policing, and costs to the justice system.

\*<https://www.nao.org.uk/reports/homelessness/>

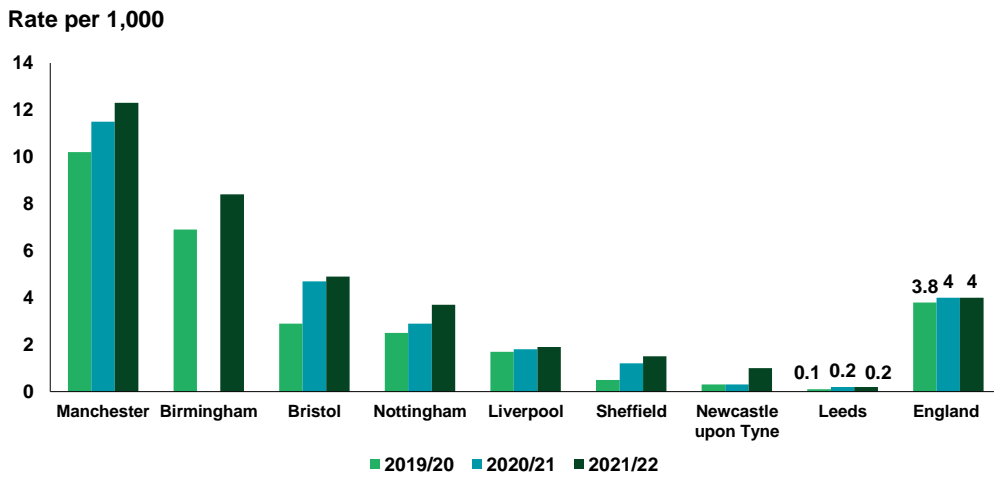
## Households in temporary accommodation, total number, Leeds postcodes, 2023



## Households in temporary accommodation, by households with or without children, total number, Leeds, 2019 Q1 to 2023 Q4

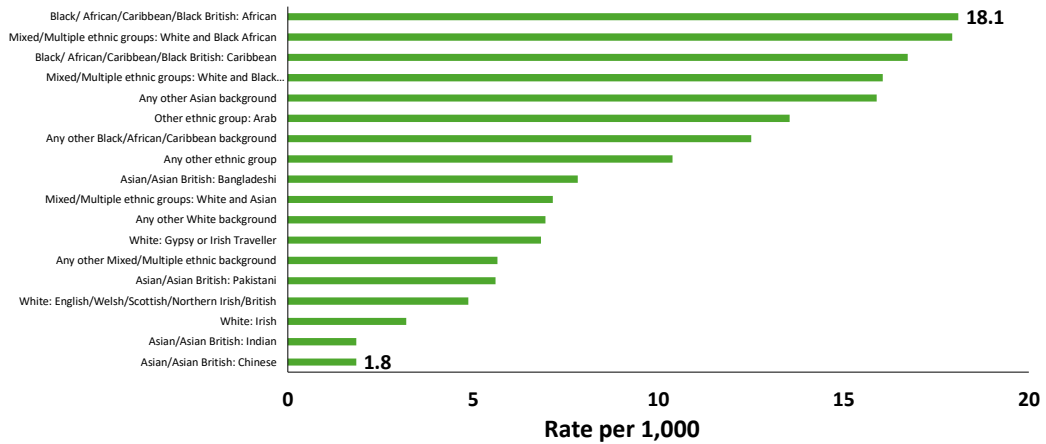


Households in temporary accommodation, rate per 1,000 households, English CORE cites and England, 2019/20 to 2021/22

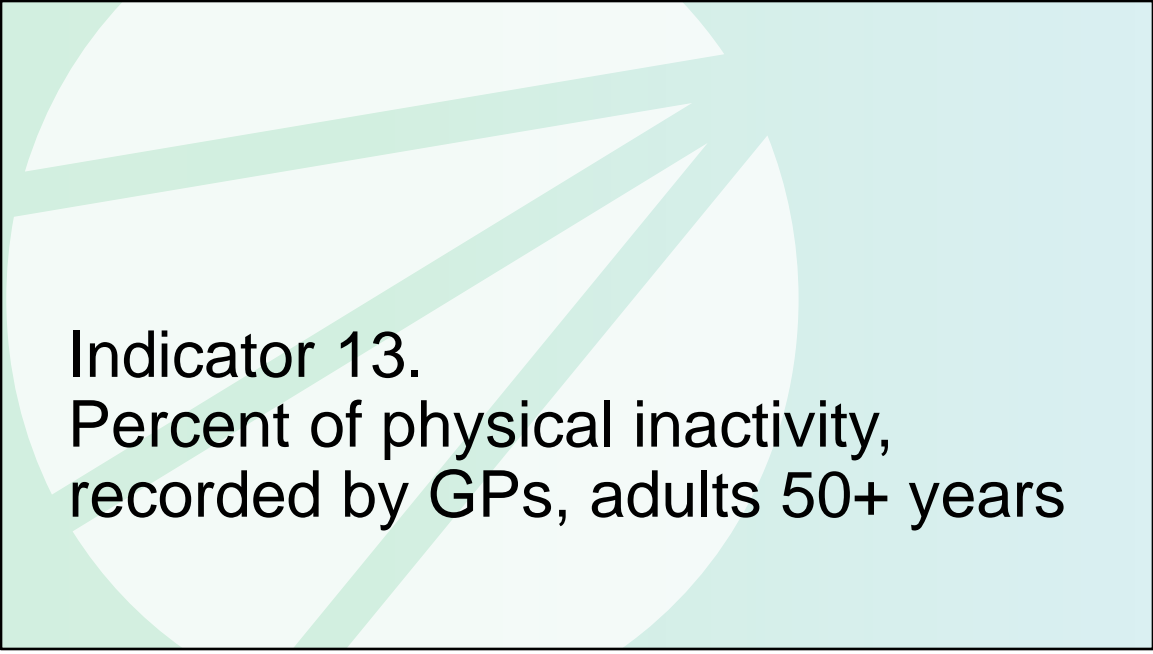


Source: Ministry of Housing, Communities & Local Government

## Households in temporary accommodation, by ethnic group, rate per 1,000, Leeds, 2023



- Rates calculated using Census 2021 data

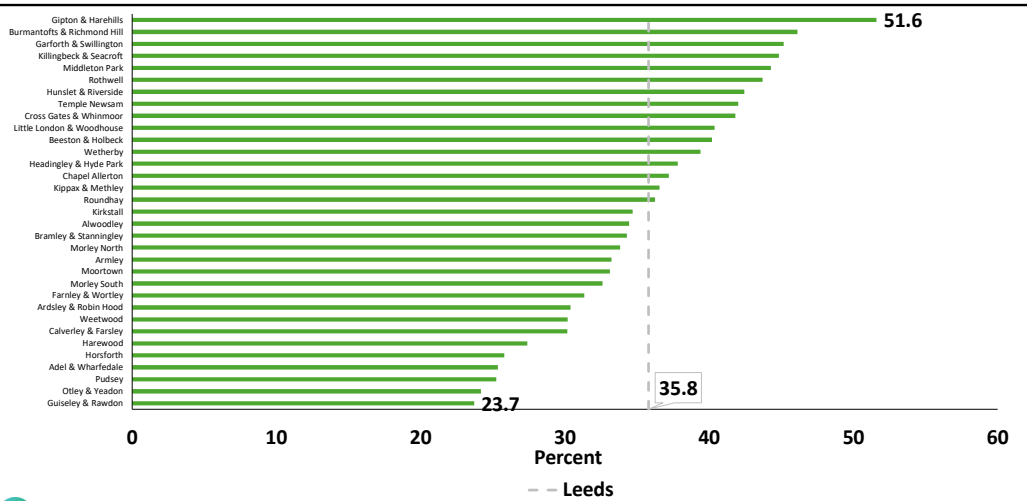


## Indicator 13. Percent of physical inactivity, recorded by GPs, adults 50+ years

- People living in areas of high deprivation are less likely to be physically active compared to those living in areas of lower deprivation.
- This reinforces existing health inequalities at older ages.
- People living in areas of high deprivation have, on average, worse access to exercise facilities and worse walkability and/or neighbourhood conditions.
- As the UK population ages, the costs of physical inactivity on the health system are significant.

<https://ageing-better.org.uk/resources/keep-on-moving-understanding-physical-inactivity-among-50-70-year-olds>

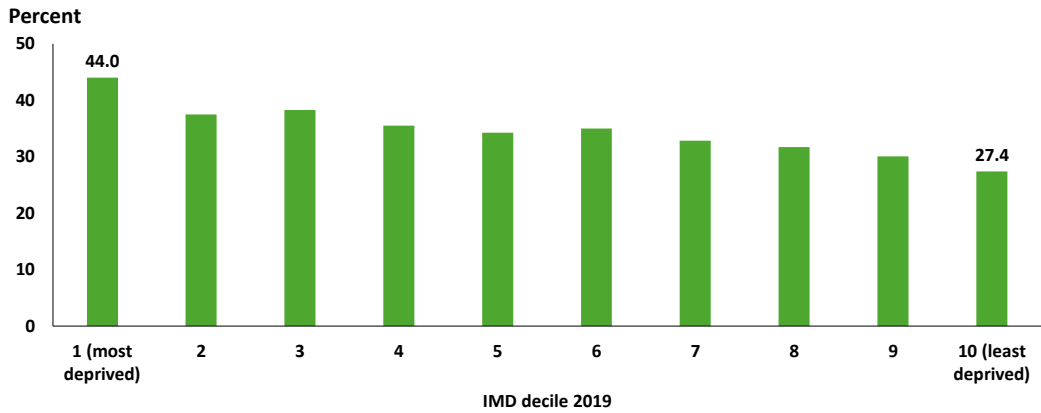
## Patients age 50+ who were physically inactive, recorded by GP, percent, Leeds wards and Leeds, 2023/24



Source: Leeds ODA PH Intel Data

- The percent of patients aged over 50 who are physically inactive is higher in areas of higher deprivation in Leeds.

Patients age 50+ who were physically inactive, recorded by GP, by IMD decile, percent, Leeds, 2023/24





***Indicator 14. in development***  
***Households in Fuel Poverty – annual.***

- Cold, damp homes damage health and increase mortality.
- Cold homes cause physical illness, including increases in circulatory and respiratory disease, colds and flu, and chronic conditions such as rheumatism and arthritis. Cold homes also impact mental health.
- In addition to the health effects of cold homes, rising energy bills reduce the cash available for other expenditure critical to health, including food.



***Indicator 15. in development***  
***Workforce by ethnicity***

- Anchor institutions, rooted in communities and unlikely to move – such as the NHS and local governments – are some of the largest employers in Leeds.
- They are also some of the largest employers of people from ethnic minorities in England. Locally the NHS and Leeds City Council can improve access to work for communities who are ethnic minorities and who have faced systematic and institutional barriers to the labour market and other inequalities in their social and economic wellbeing .
- These anchor institutions can reduce the health impacts of low income and / or insecure and unhealthy work by increasing the number of people employed from ethnic minority populations.