

FAIRER, HEALTHIER LEEDS: 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 Leeds¹ 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. The indicator set has also informed the latest Leeds Joint Strategic Assessment.

Criteria for indicator selection were set by a Data Task and Finish group and approved by the Marmot Working Group. A long list of indicators was created from existing indicators sets 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.

- (i) Alignment with Marmot Principles.
- (ii) The possibility of data being disaggregated by inequality lenses and how this balances a view of inequality across the indicators selected.
- (iii) Reliability of data access.
- (iv) Validity of data reported.
- (v) Frequency with which these data can be updated.
- (vi) Possibility of benchmarking regionally, nationally, and with peer comparators.

The Fairer, Healthier Leeds indicators are amenable to change, depending on the strategic direction of the city and the availability and reliability of data.

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 teams from: Housing; Children and Families; Health Partnerships and Policy and Planning teams in Leeds City Council.

We also included two indicators on a 'developmental' basis. These measures, based on ethnicity and employment, are important to include but require further work to meet the full criteria set out above.

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, as described above, draws on indicators that cover health outcomes and the building blocks of health - with a strong focus on disaggregation. All of these indicators are embedded in the Best City Ambition scorecard, alongside broader city-wide measures that cover economic development and zero carbon emissions.

Fairer, Healthier Leeds Indicator set

	Leeds Marmot Indicator	Disaggregation		Source
1	Life expectancy at birth in years	Ward IMD Decile	MSOA Sex	NHS Digital and ONS
2	Babies with low birth weight, rate per 1,000 live births	Ward IMD Decile	MSOA Sex	NHS Digital
3	Percent of children with a healthy weight at reception age (4-5 years olds)	Ward IMD Decile Ethnicity	MSOA Sex FSM status	NHS Digital
4	Percent of pupils achieving a good level of development at end of reception	Ward IMD Decile Ethnicity	MSOA Sex FSM status	National Consortium of Education Results
5	Percent of pupils meeting expected standards in reading, writing and maths (combined) end of Key Stage 2	Ward IMD Decile Ethnicity	MSOA Sex FSM status	Local
6	Average Attainment 8 score	Ward IMD Decile FSM status	MSOA Ethnicity	Local
7	Percent of school children who reported feeling happy every or most days	tbc		Leeds My Health My School survey
8	Percent of 16-17 year-olds not in employment, education, or training	Ward IMD Decile Ethnicity	MSOA Sex	Local with DfE definitions
9	Prevalence of common mental health issues, recorded by GPs, all ages, directly age standardised rate per 100,000 people	Ward IMD Decile Ethnicity	MSOA Sex Age	Local
10	Prevalence of severe mental illness, recorded by GPs, all ages, directly age standardised rates per 100,000 people	Ward IMD Decile Ethnicity	MSOA Sex Age	Local
11	Percent of people earning less than UK Real Living wage	Ward IMD Decile Ethnicity	MSOA Sex Age	Local
12	Number of households in temporary accommodation	LA		ONS, ASHE Survey
13	Percent of physical inactivity, recorded by GPs, adults 50+ years	IMD decile / MSOA Ethnicity		Local
14	<i>Households in fuel poverty - annual</i>	<i>In development*</i>		<i>In development</i>
15	<i>Workforce by ethnicity (TBC)</i>	<i>In development**</i>		<i>In development</i>

* Developmental indicator - as a place holder pending the development of WYCA fuel poverty measure.

** Developmental indicator - support the development of this aspirational indicator by reporting current information made available at city level.

Final indicator set

The **Leeds Best City Ambition Scorecard** is a combination product that includes both the **Fairer, Healthier Leeds: Marmot Indicators set** and broader city-wide measures that track economic development and zero carbon. The Best City Ambition scorecard will be presented annually to the Leeds Health and Wellbeing Board. The indicator set has also informed the latest Leeds Joint Strategic Assessment.

	Indicator	Rationale
1	Life Expectancy at birth in years	Overarching indicator to provide the context for the indicators selected below. Healthy Life Expectancy is not available at sub-Local Authority level. Should these data be developed nationally Life Expectancy would be replaced with Healthy Life Expectancy.
2	Babies with low birth weight, rate per 1,000 live births	Representative of health inequalities of baby and mother and are amenable to intervention.
3	Percent of children with a healthy weight at reception age (4-5 years olds)	Favoured over measures at year 6 as more of an opportunity to intervene earlier in the life course.
4	Percent of pupils achieving a good level of development at end of reception	Indicative of differences early in the life course for early intervention.
5	Percent of pupils meeting expected standards in reading, writing and maths (combined) end of Key Stage 2	These data can be accessed locally to examine inequalities within Leeds, providing monitoring of a crucial stage in development.
6	Average Attainment 8 score	To track outcomes prior to further education or employment.
7	Percent of school children who reported feeling happy every or most days	These data are collected locally and provide intelligence on the wellbeing of children and young people in Leeds.
8	Percent of 16-17 year-olds not in employment, education, or training	Supporting tracking of Marmot principles 2 and 3. Indicator matches national definition to enable national comparison.
9	Prevalence of common mental health issues, recorded by GPs, all ages, directly age standardised rate per 100,000	There is a close relationship between the building blocks of health and common mental health issues. This indicator provides some indication of the social gradient of poor mental health. However it must be treated with caution. Reporting of CMHI in the most deprived neighbourhoods is often not reflective of mental health need.
10	Prevalence of severe mental illness, recorded by GPs, all ages, directly age standardised rate per 100,000	The building blocks of health have an impact on the risk of developing serious mental illness. This indicator highlights inequalities in mental health need/illness.
11	Percent of people earning less than UK Real Living wage	This information is currently only at city level and selected to support developing more granular information within Leeds.
12	Number of households in temporary accommodation	Housing availability as a measure of the challenge to meet the housing needs of people in Leeds.
13	Percent of physical inactivity, recorded by GPs, adults 50+ years	Supports breadth of indicators over the life course. Measures effect of any preventative intervention to increase physical activity in this population. Local granular (ethnicity & geography) indicator applicable to older (50+) population.
14	<i>Households in Fuel Poverty - annual</i>	<i>Developmental indicator - as a place holder pending the development of WYCA fuel poverty measure.</i>
15	<i>Workforce by ethnicity (TBC)</i>	<i>Developmental indicator - support the development of this aspirational indicator by reporting current information made available at city level.</i>