

# Fairer, Healthier Leeds: reducing health inequalities Datapack

2024

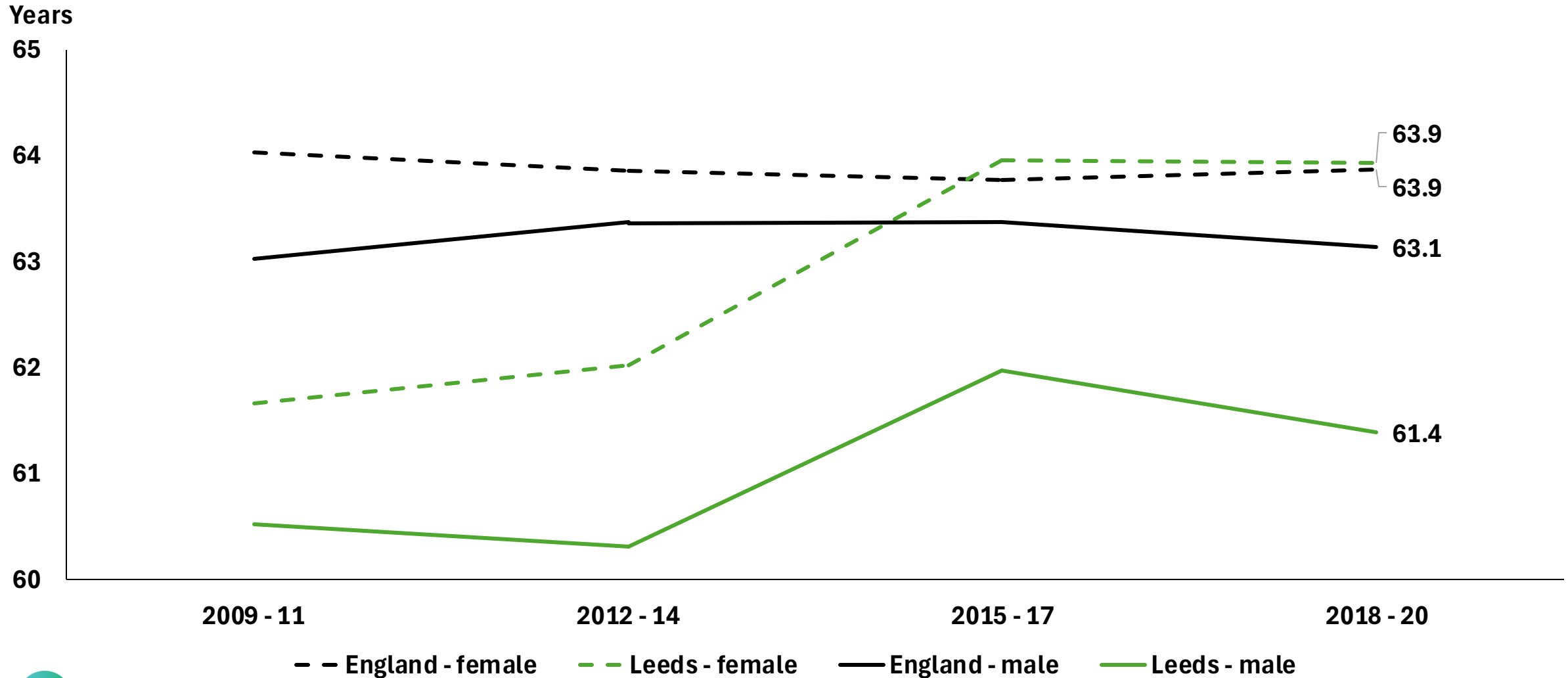
**This datapack provides an overview of health inequalities in Leeds,** examining the social, economic, and environmental factors that contribute to unfair and avoidable differences.

**The datapack highlights** areas where action is needed to reduce health inequalities and provides evidence to support interventions designed to improve the health and well-being and reduce inequalities in Leeds.



# **Life expectancy and health**

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

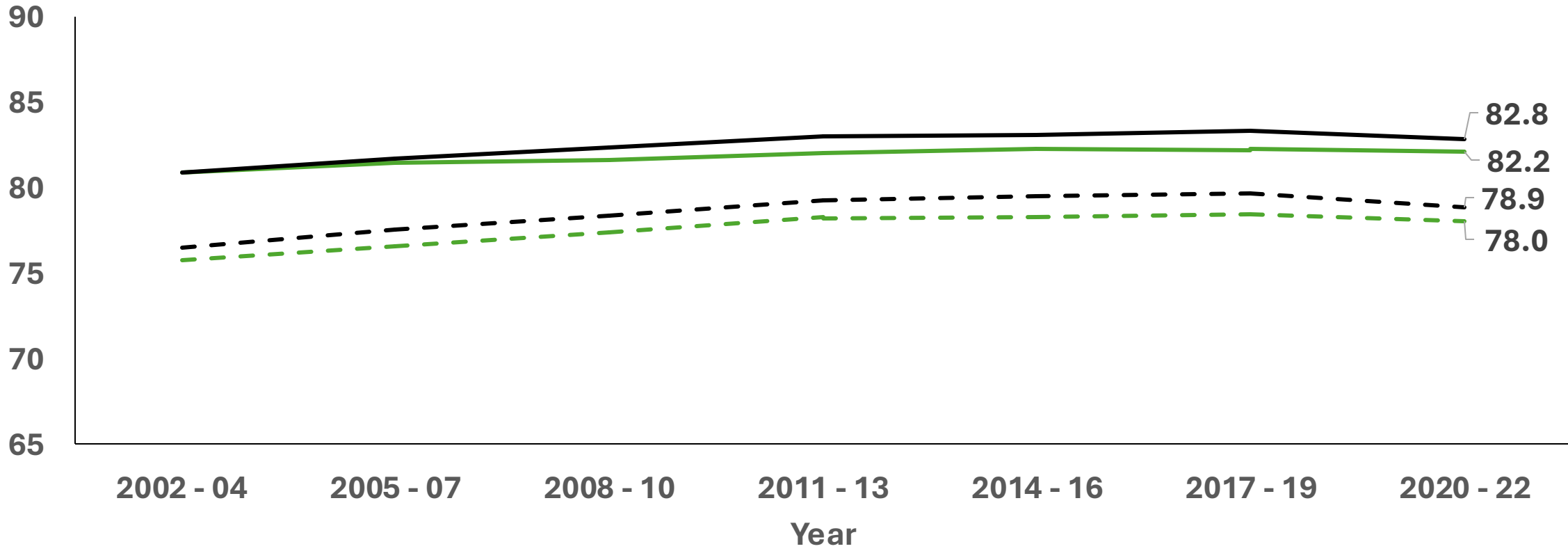


# Healthy life expectancy, by sex, and deprivation, England, 2017-19



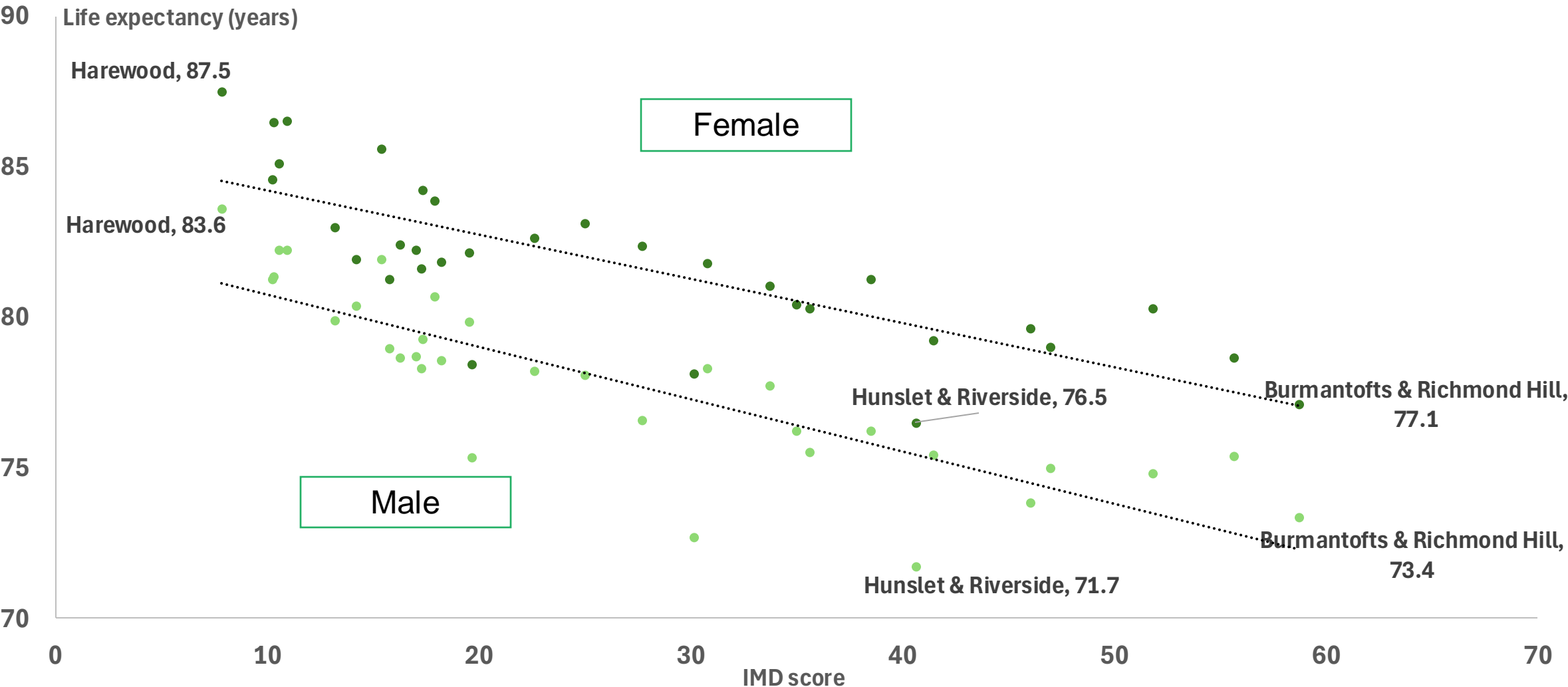
# Indicator 1. Trends in life expectancy, by sex, Leeds and England, 2002-04 to 2020-22


Life expectancy (years)



--- Leeds - male    --- England - male    — Leeds - female    — England - female

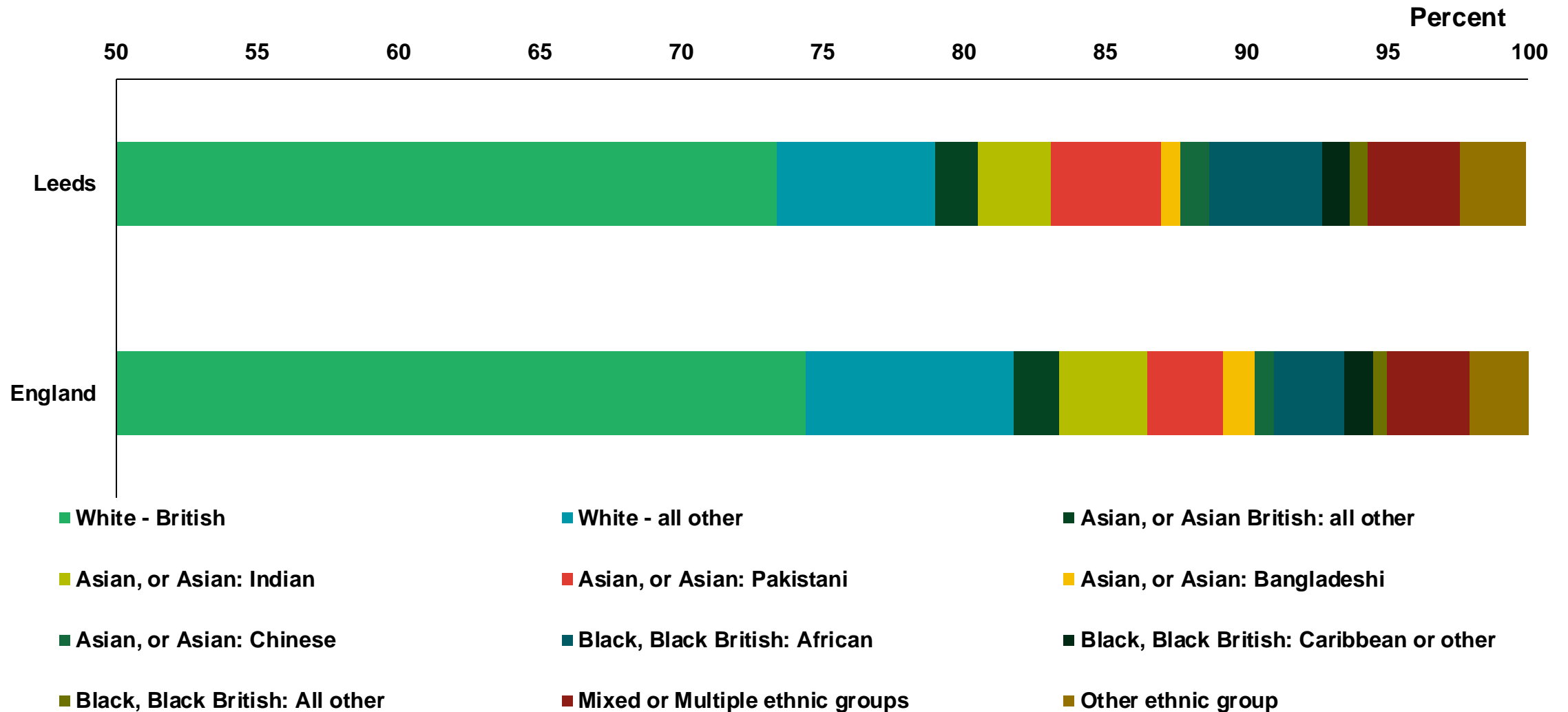
# Indicator 1. Estimated female and male life expectancy at birth by deprivation (IMD 2019), Leeds wards, 2016-20





**Population**

# Leeds' future - more ethnically diverse: Ethnic group, percent of population, Leeds and England, 2021

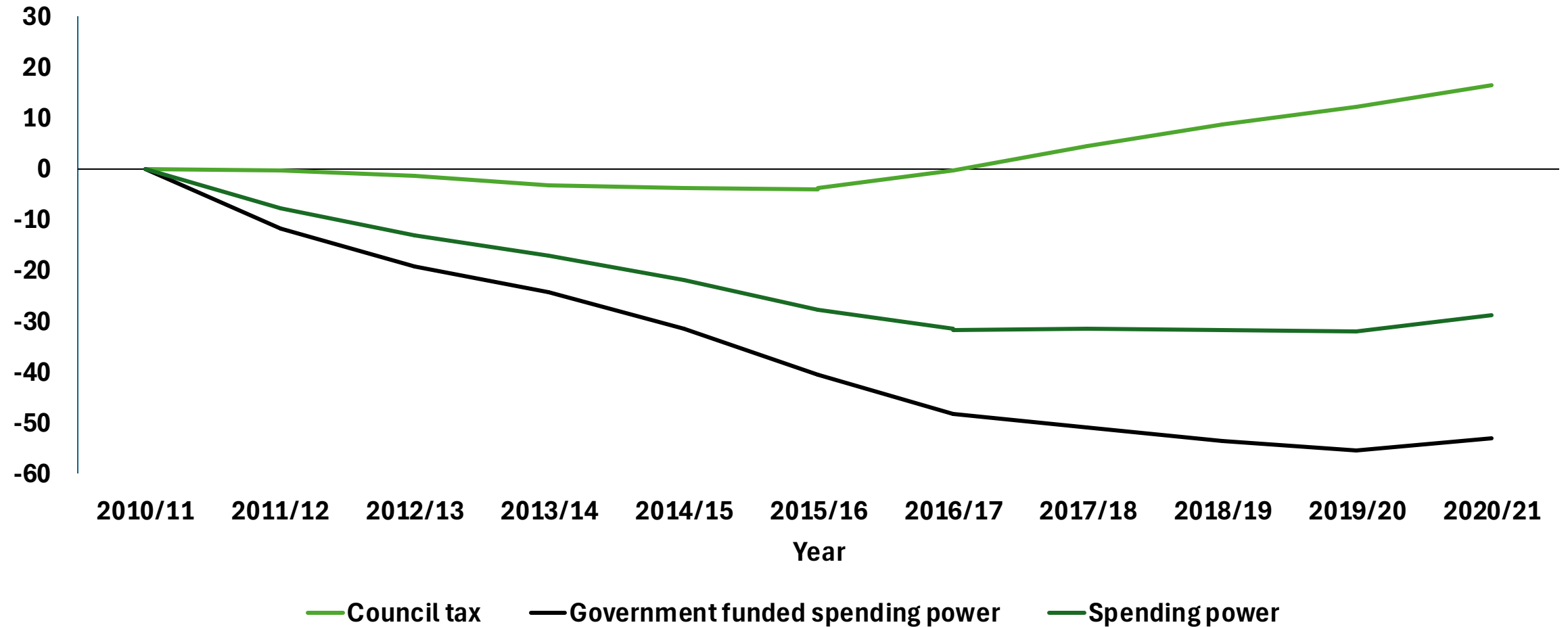




**Place**

# Spending power and its components indexed to 2010/11, Leeds, 2010/11 to 2020/21

Percent change

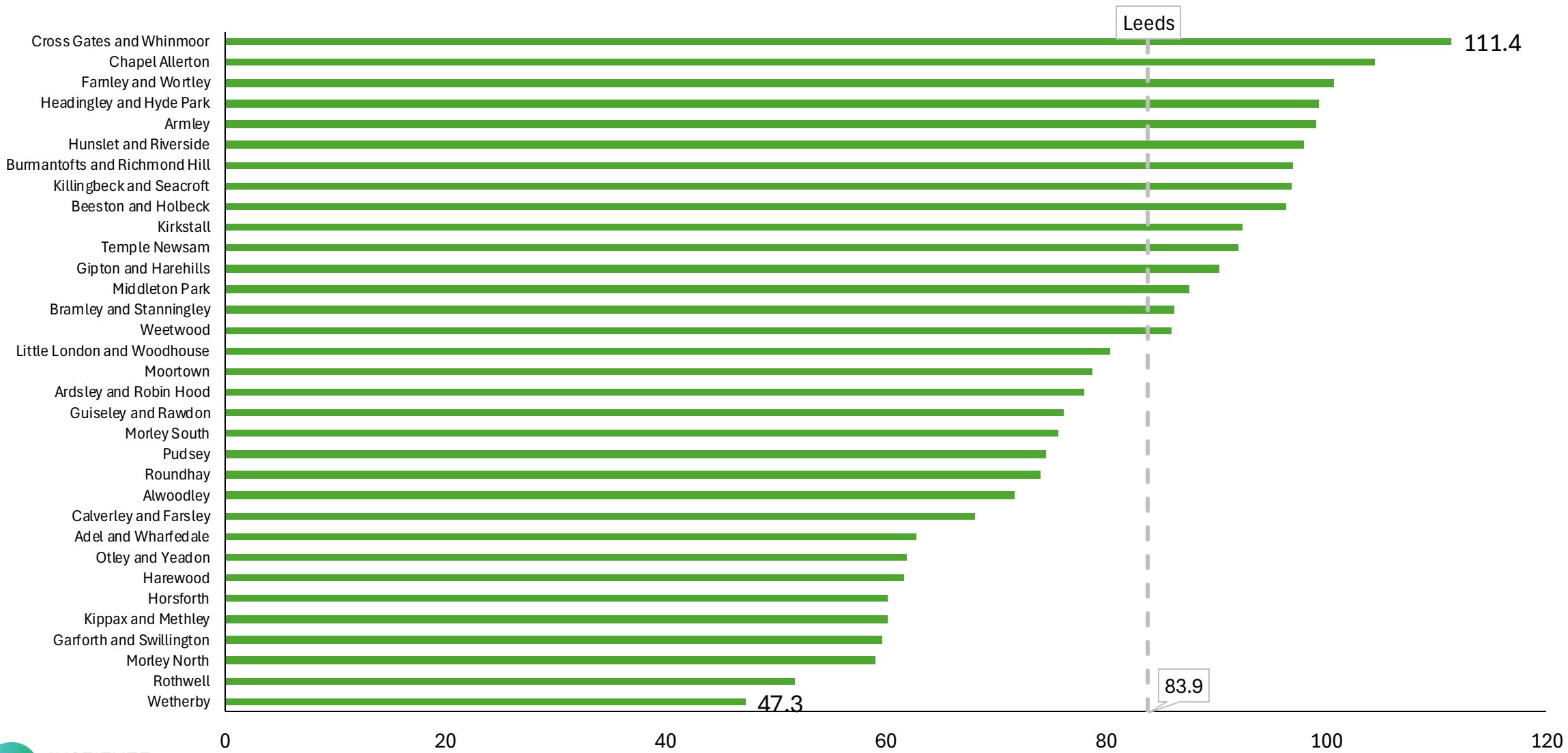


# Give every child the best start

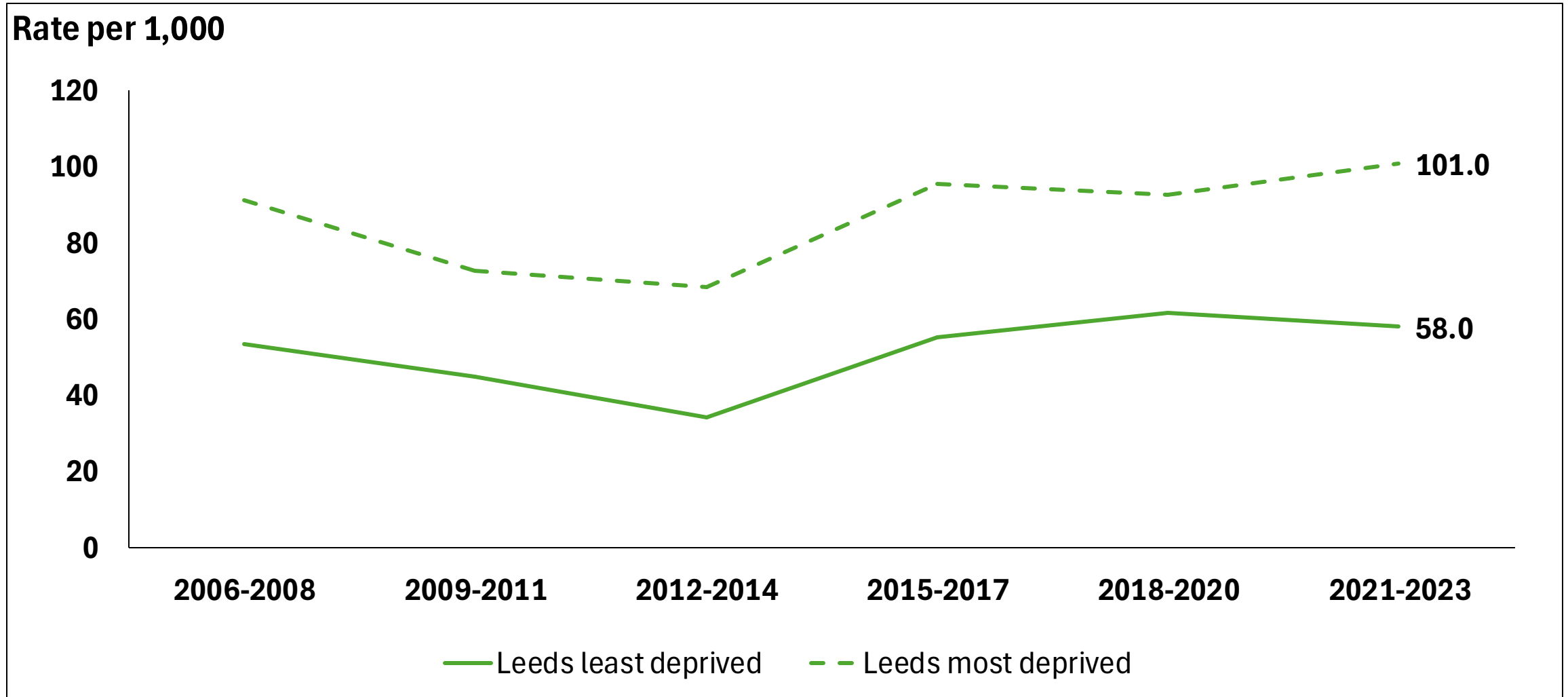
**Early interventions yield significant returns on investment and are a cost-effective approach to prevent future problems and improve outcomes.**

**The cost of late interventions.** A 2016 study by the Early Intervention Foundation estimated that failing to provide early support for children and young people costs England and Wales £16.6 billion annually. This cost is distributed across various sectors, with the highest burden on: local government, the NHS, and welfare services.

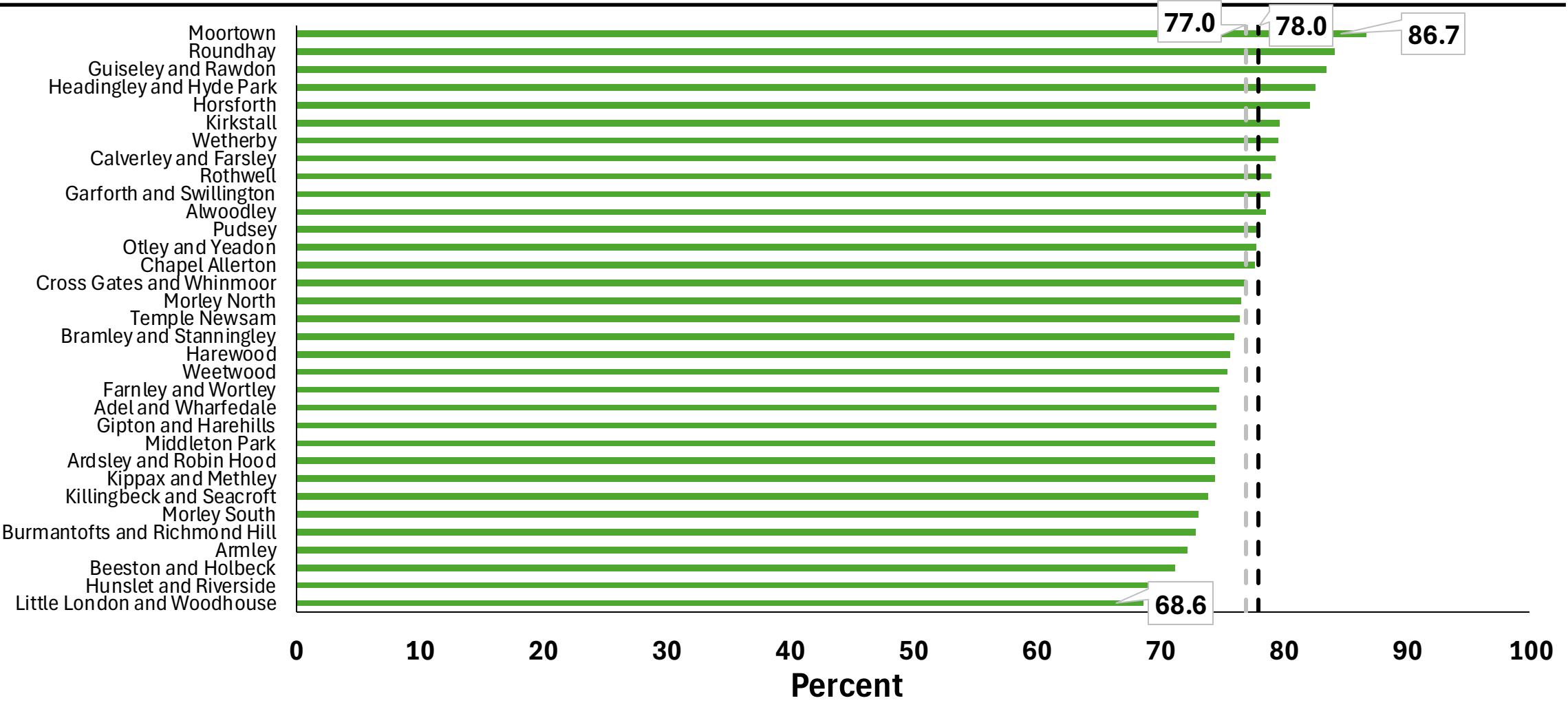
# Indicator 2. Low birthweight babies, rate per 1,000 full-term live births, Leeds wards and Leeds, 2021-23



## Indicator 2. Low birthweight babies, least and most deprived deciles, rate per 1,000 full-term live births, Leeds, 2006-08 to 2021-23



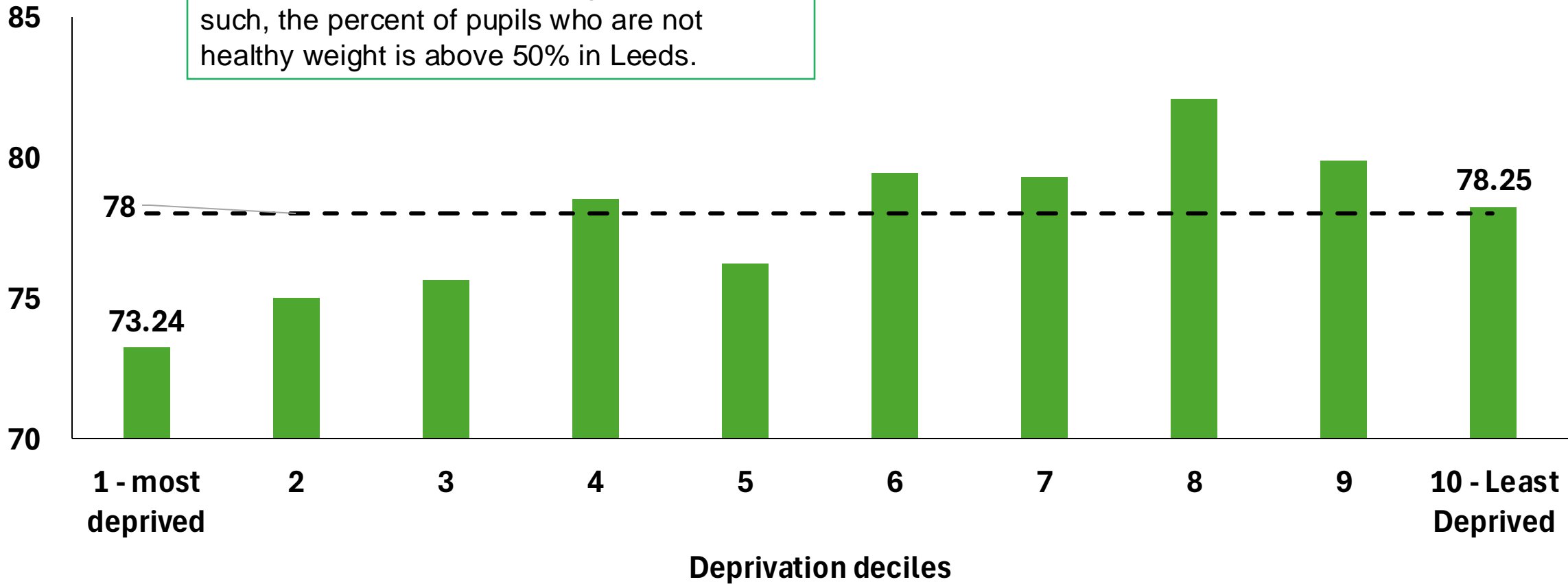
# Indicator 3. Pupils in reception who are a healthy weight, percent, Leeds wards, Leeds and England 2021/22



# Indicator 3. Pupils in reception who are a healthy weight, by deprivation decile, percent, Leeds and England, 2021/22

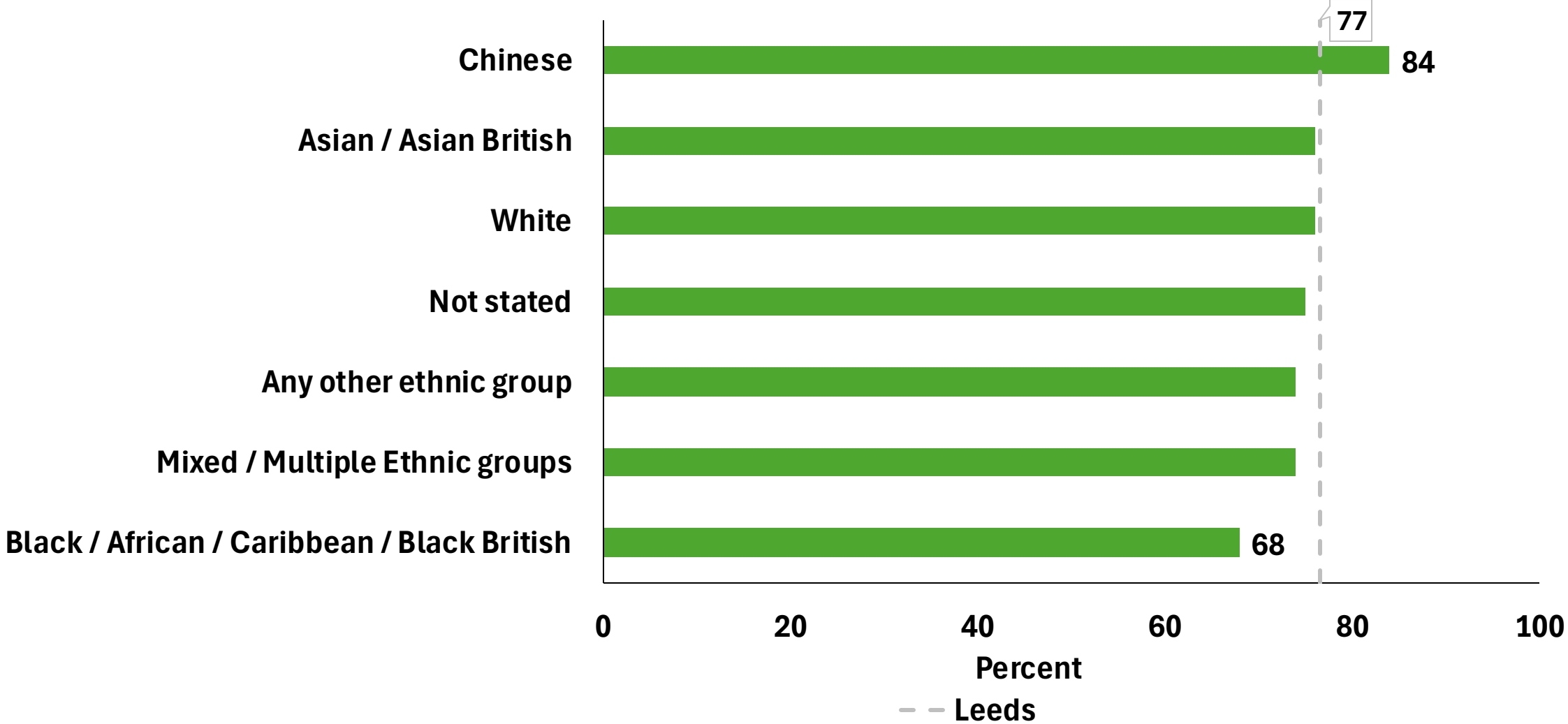
Percent

In Leeds IMD deciles 1, 2 and 3 account for more than 50% of reception age children. As such, the percent of pupils who are not healthy weight is above 50% in Leeds.

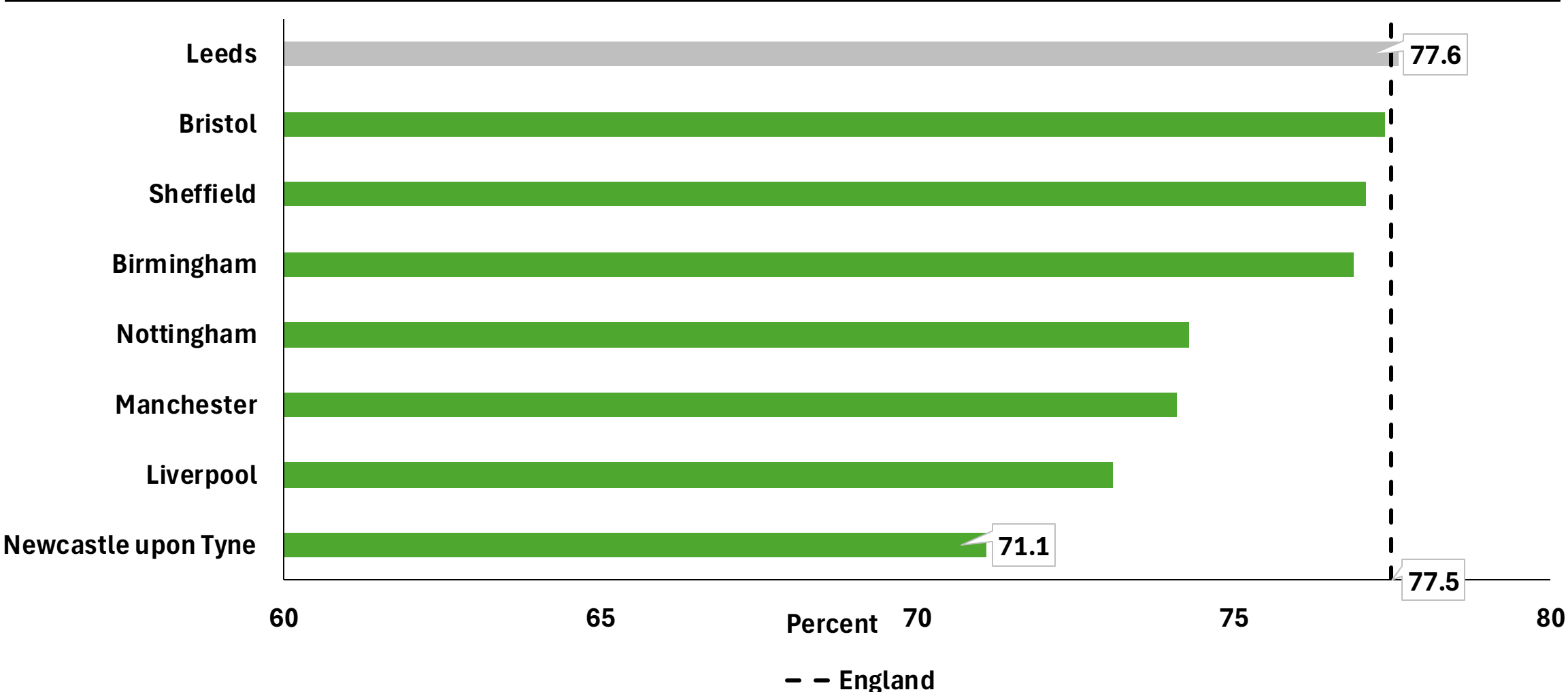


-- England

### Indicator 3. Pupils in reception who are a healthy weight, by ethnic group, percent, Leeds, 2017/18 to 2021/22

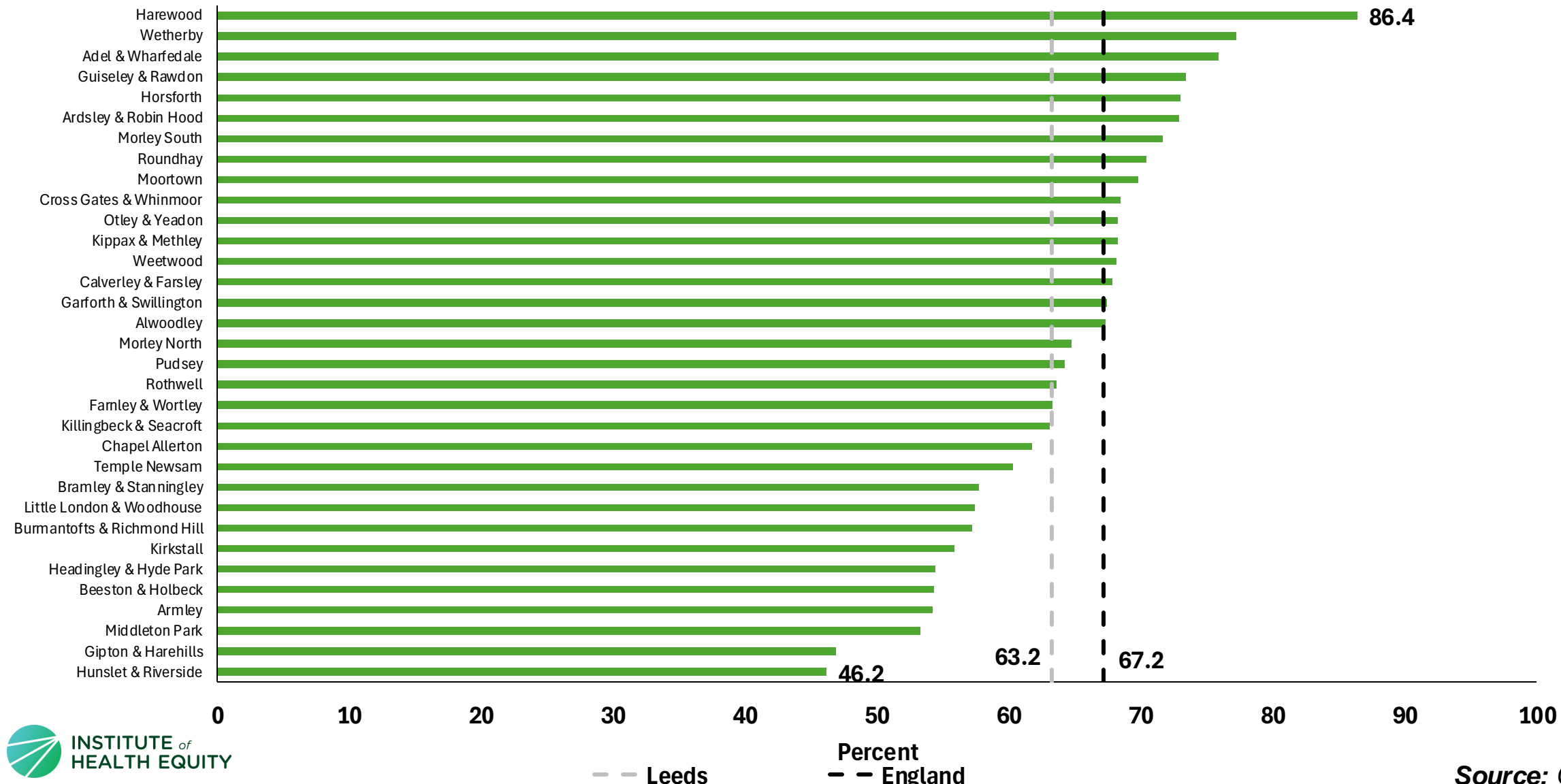


# Indicator 3. Percent children at healthy weight in reception, at ages 4 to 5 years, English CORE cities and England 2022/23

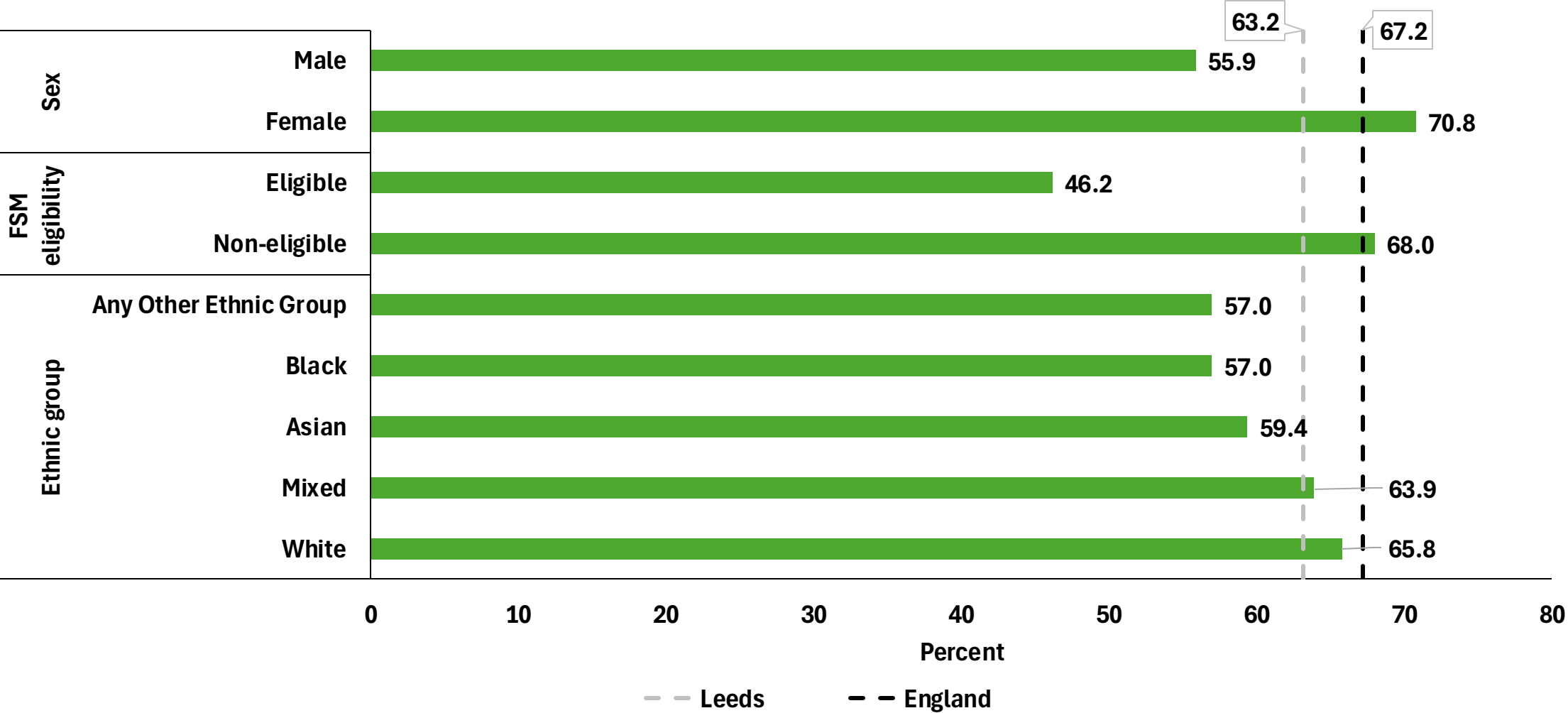


*Note: Children are classified as healthy weight if their body mass index is between the 2nd and less than the 85th centile of the British 1990 growth reference according to age and sex.*

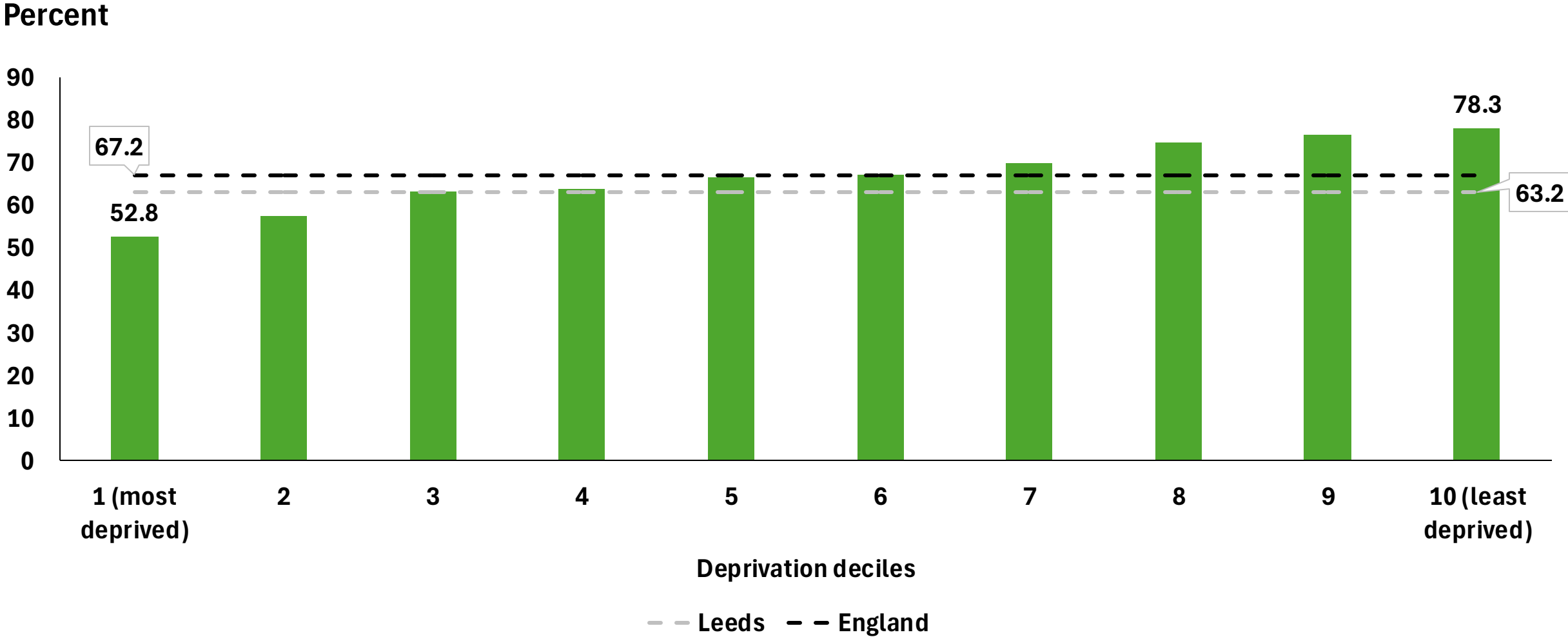
# Indicator 4. Pupils achieving a good level of development at the end of reception, percent, Leeds wards, Leeds and England, 2022/23



**Indicator 4.** 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



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



# Reducing inequalities in the early years in Leeds

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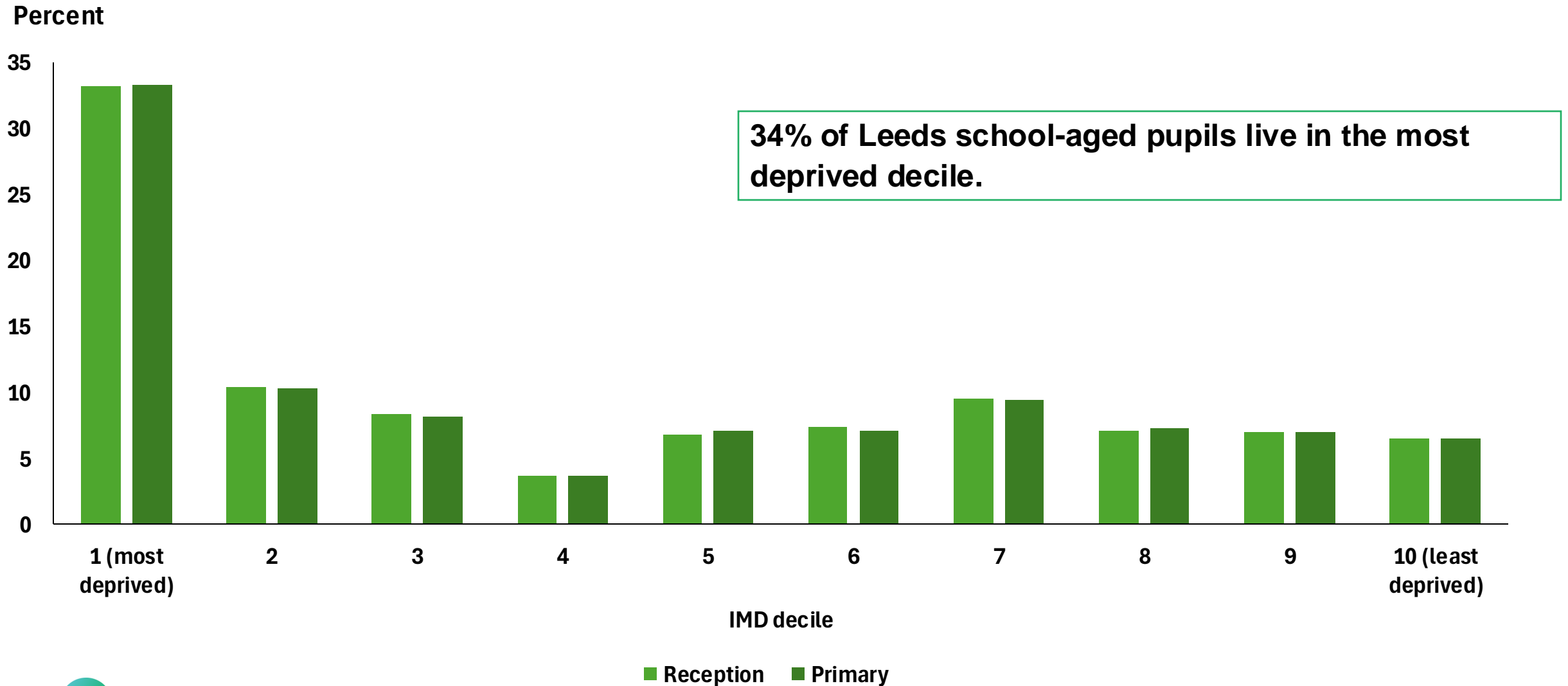
- Children living in areas of high deprivation are far less likely to have access to good quality early years education.
  - In 2022 75% of two-year-olds attended early years education in Leeds, differed by area and deprivation:
    - Holbeck 69%; Burmantofts and Richmond Hill 65%; Harehills 50%; Woodhouse 58%
- Future action plans and approaches on play in Leeds can aim to adopt a health equity in all policies approach.
  - For example, the Play Sufficiency project works in areas of high deprivation but its reporting is yet to incorporate health equity.

**Sources:** Institute of Fiscal Studies <https://ifs.org.uk/publications/early-years-spending-update-impact-inflation>; Child Friendly Leeds <https://democracy.leeds.gov.uk/documents/s243504/Item%207%20-%20Appendix%201%20-%20Update%20on%20Thriving%20Strategy.pdf/1000>

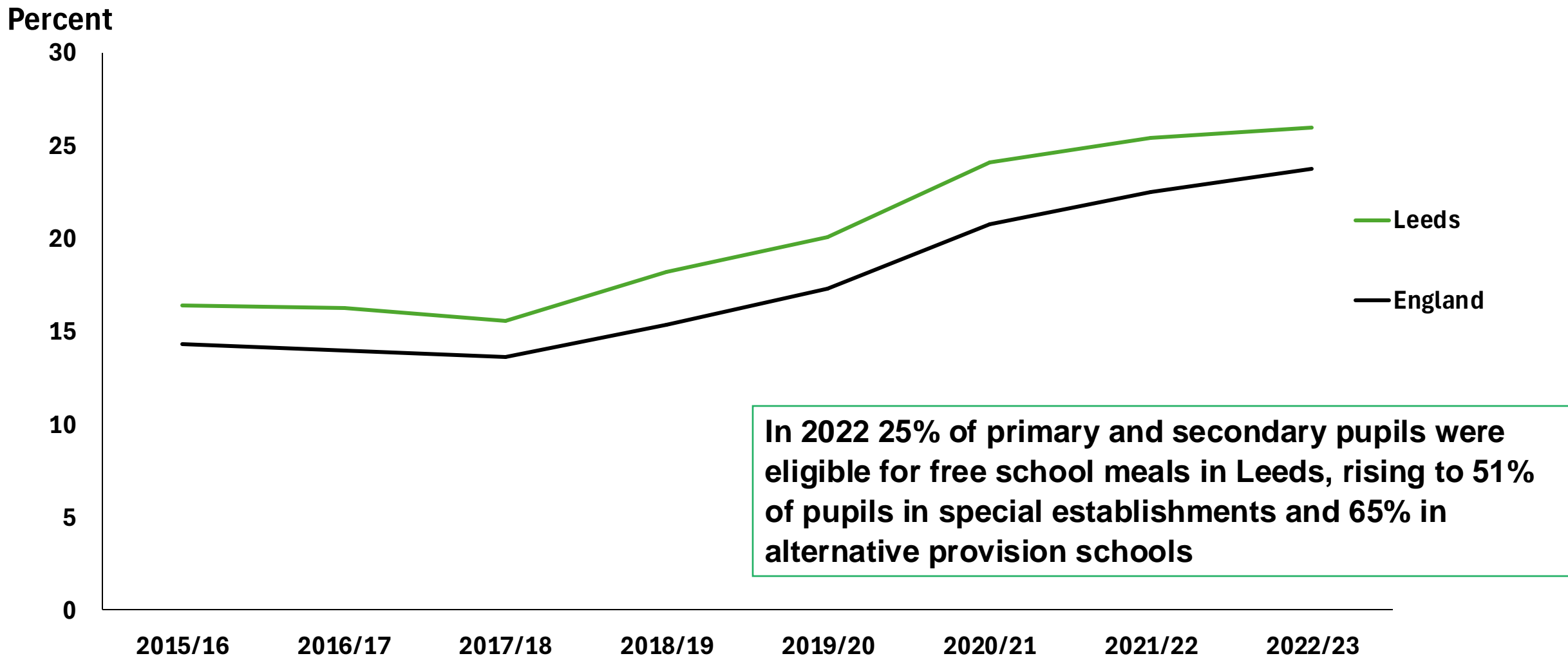
# **Enable all children, young people and adults to maximise their capabilities**

**The experiences of childhood and early adulthood has lifelong impacts and influence employment opportunities, lifetime earnings and health over their life course.**

# Leeds' future: Percent distribution of children by deprivation decile reception and primary schools, Leeds, 2023 (based on IMD 2019)

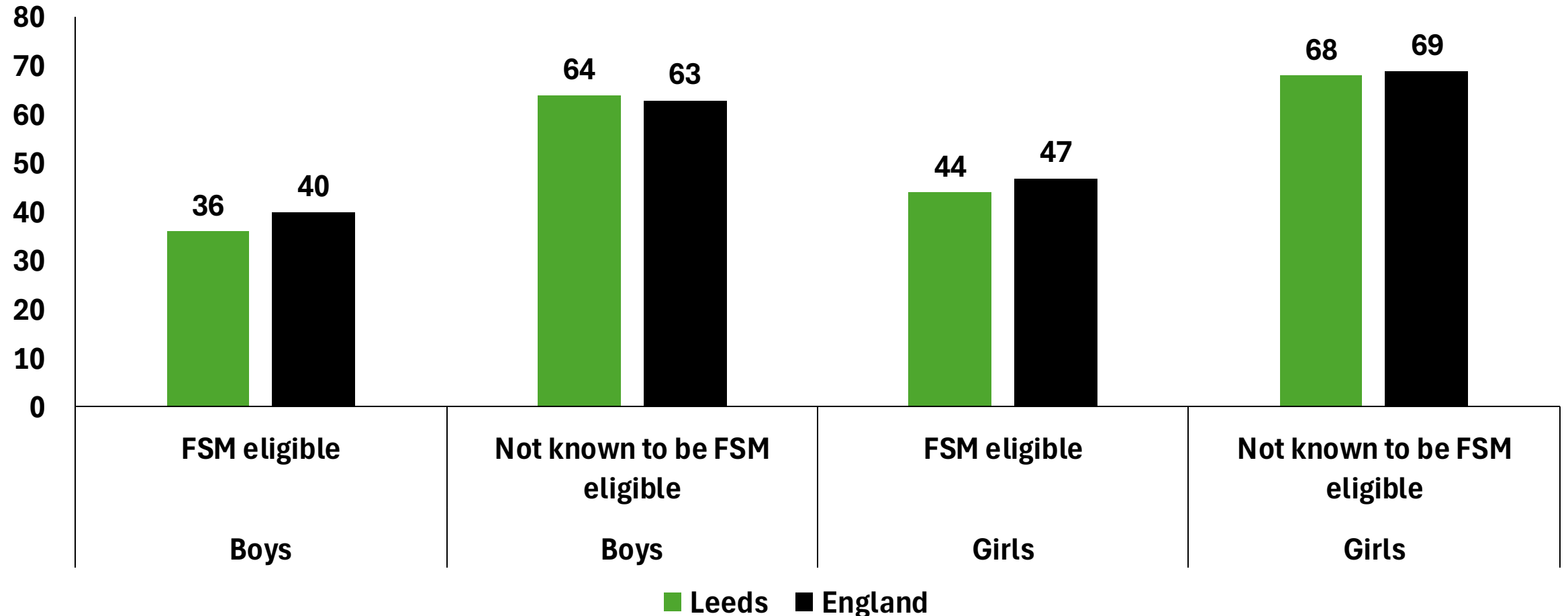


# Growing poverty: Primary and secondary pupils eligible for free school meals, percent, Leeds and England, 2015/16 to 2022/23

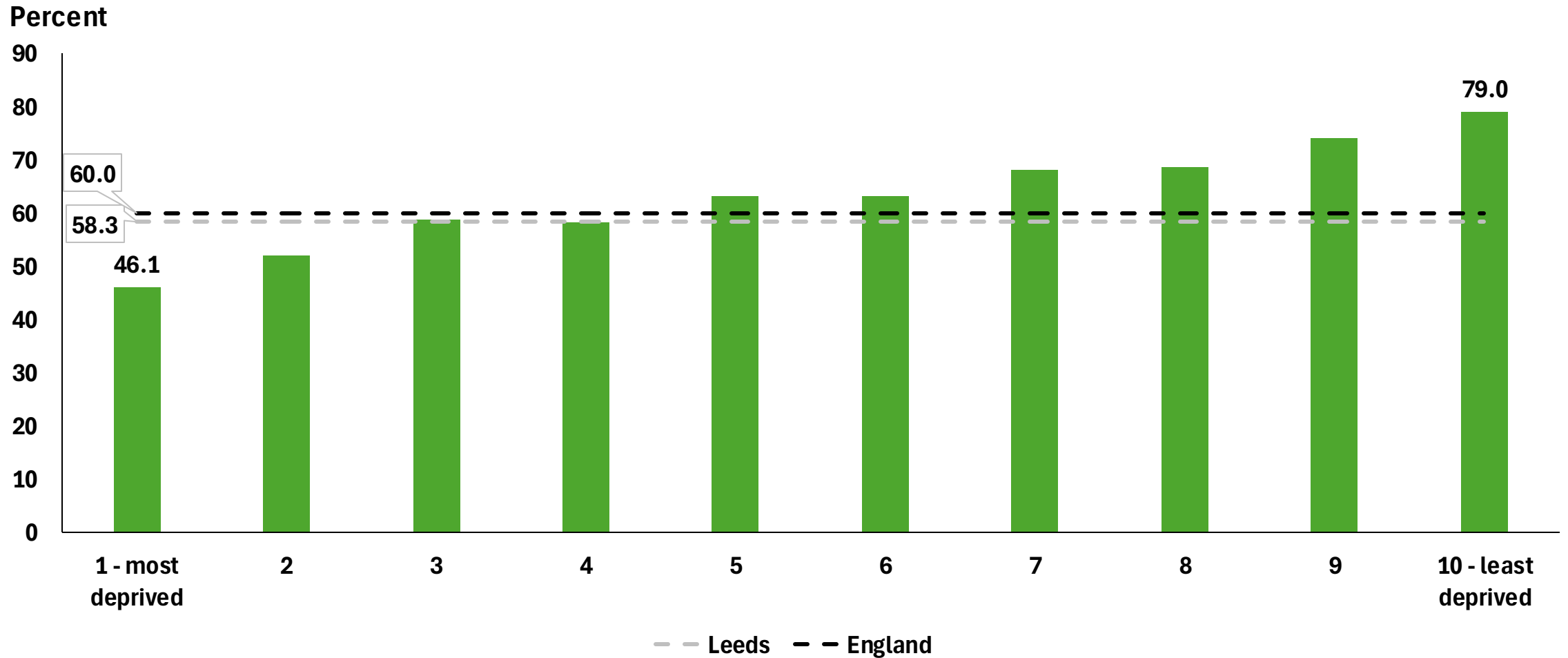


**Indicator 5.** Pupils reaching the expected standard in reading, writing, and maths at the end of Key Stage 2, by Free School Meal eligibility and sex, percent, Leeds and England, 2022/23

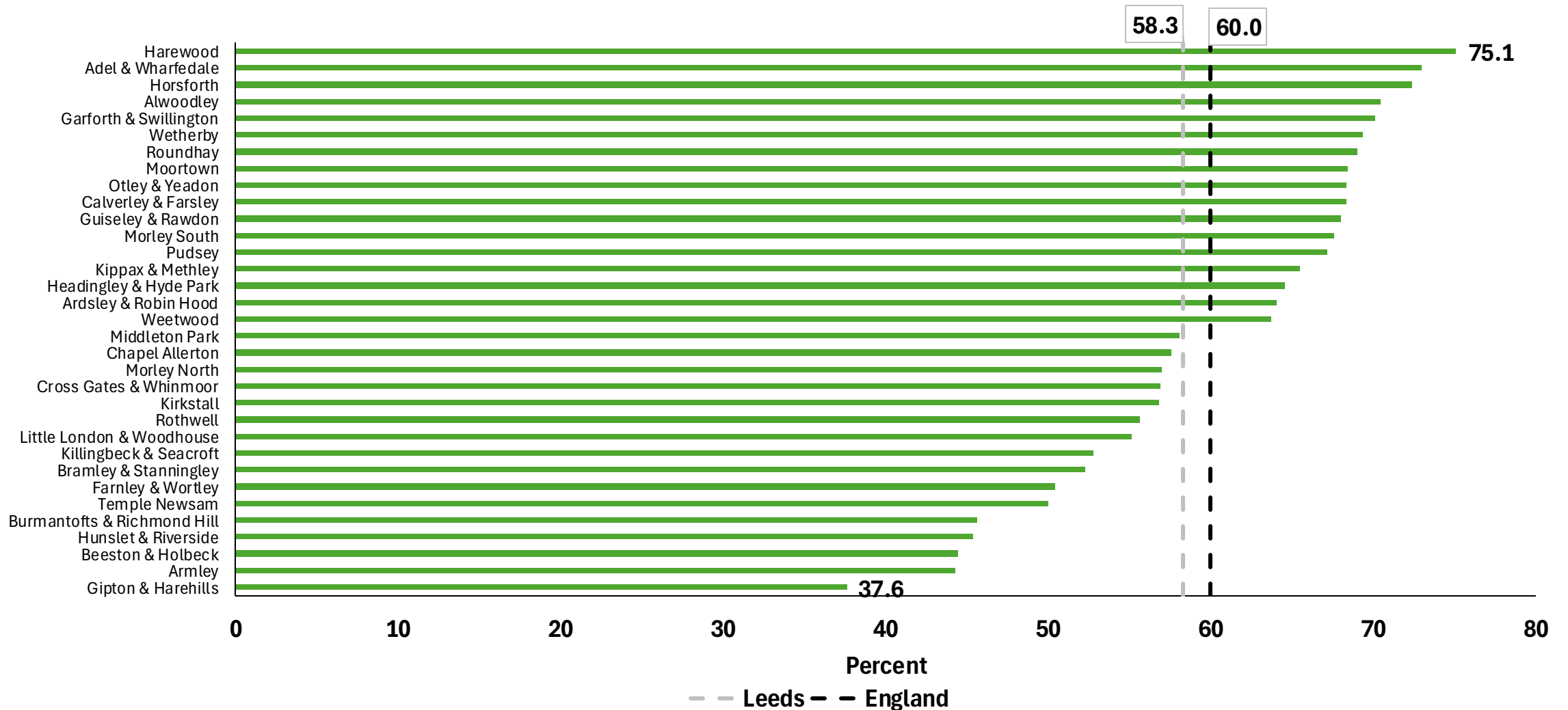
Percent



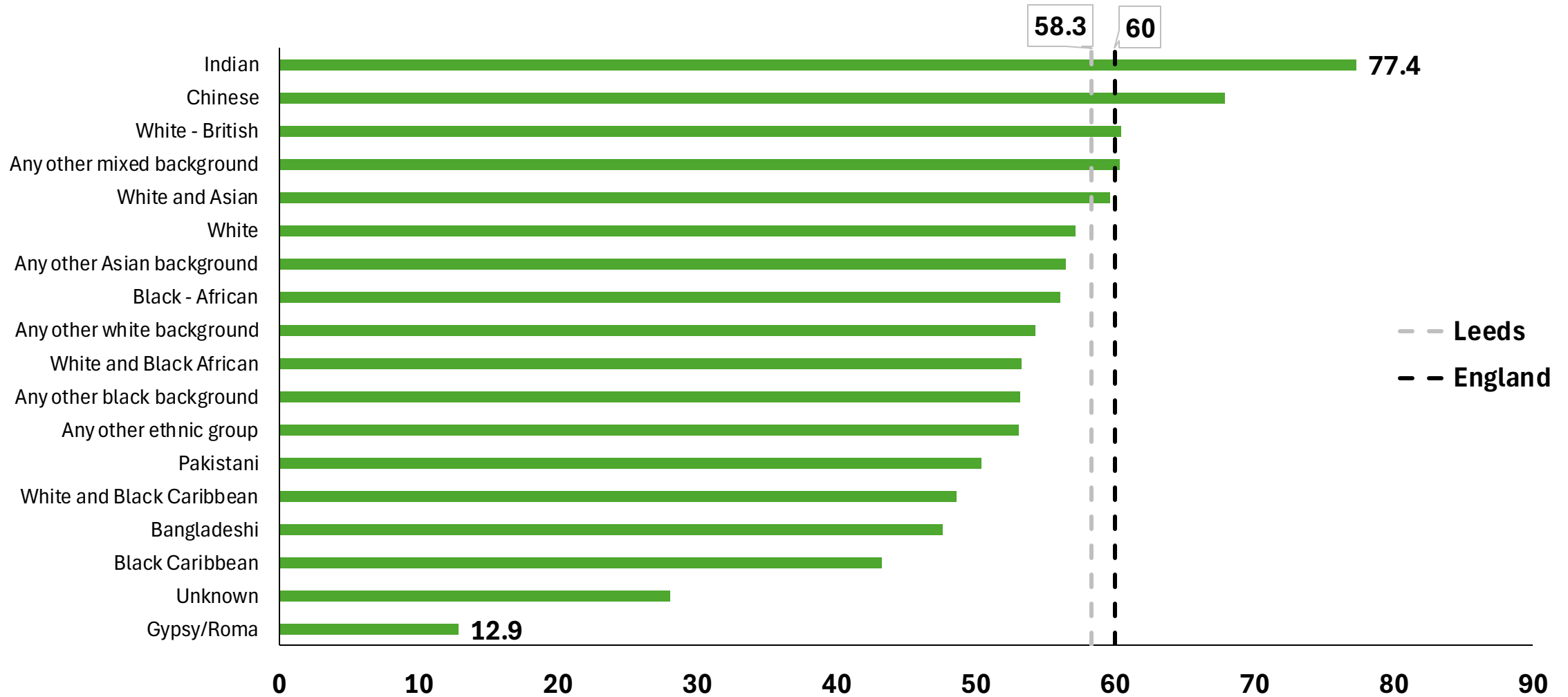
## Indicator 5. Pupils reaching the expected standard in reading, writing, and maths at the end of Key Stage 2, by deprivation decile, percent, Leeds, Leeds and England averages, 2022/23



# Indicator 5. Pupils reaching the expected standard in reading, writing, and maths, at the end of Key Stage 2, percent, Leeds wards, and Leeds, 2022/23



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



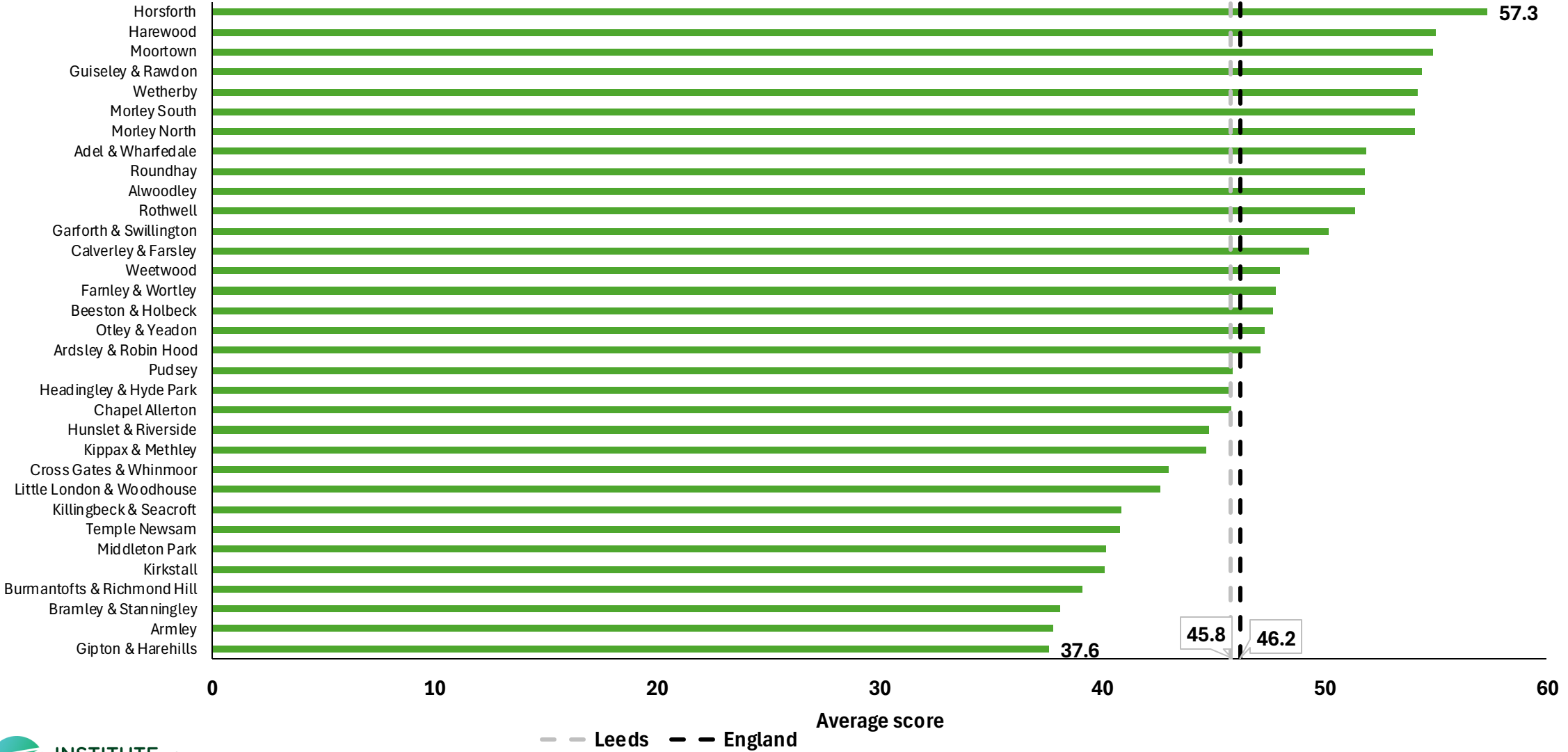
# School funding

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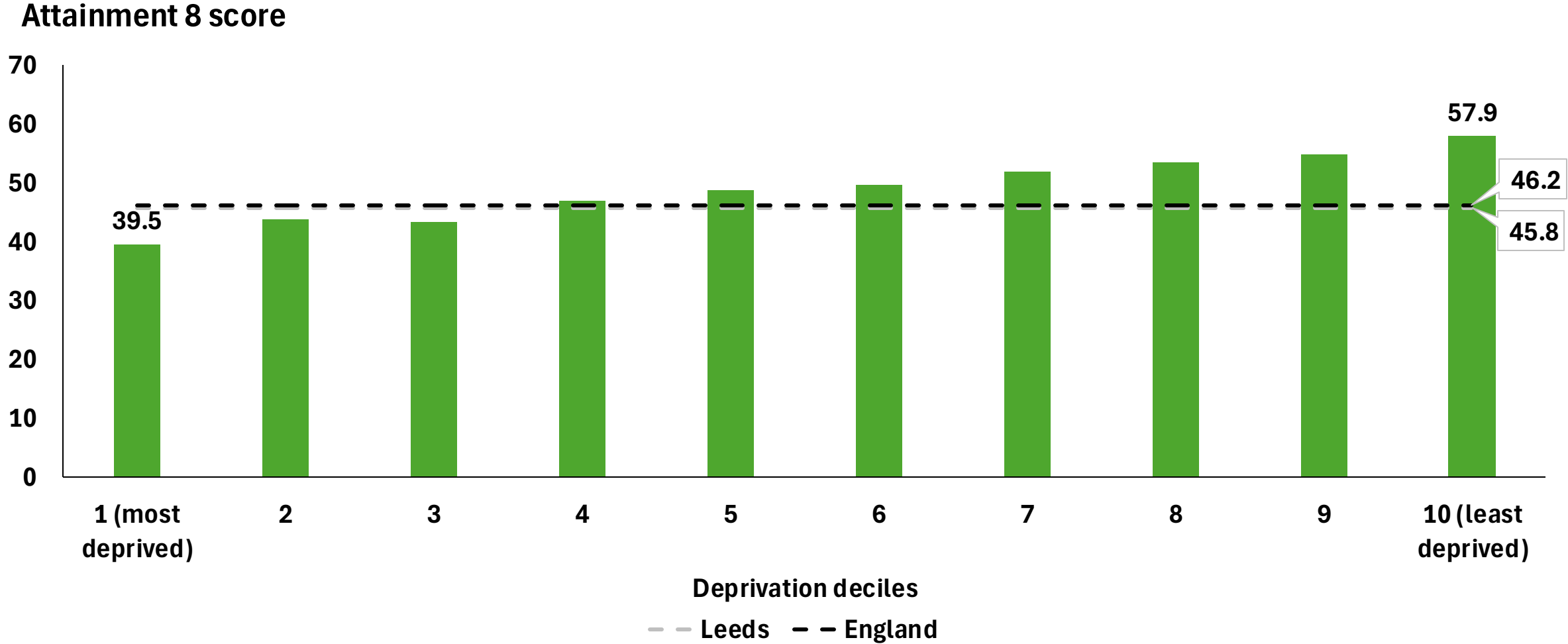
- Education funding has decreased in real terms in the past 13 years: Despite increases in school budgets in 2022/23 and 2024/25, inflation costs are leaving schools with budgets 4% lower than in 2009/10
  - Schools serving pupils in areas of higher deprivation in England have seen larger spending cuts. Between 2010 and 2021 in the most deprived fifth of secondary schools spending per pupil fell by 12%: 5% for the least deprived fifth
- In Leeds: spending per student aged 16–18 fell 22% between 2010/11 and 2023/24
- Building skills in adulthood is an important way to improve health and a range of outcomes in key social determinants of health and is an important way to tackle health inequalities.
  - Funding for adult education and skills has fallen as well, by just over 50% between 2009/10 and 2021/22

**Sources:** Institute for Fiscal Studies <https://ifs.org.uk/education-spending/schools>;  
Bolton et al. 2023 <https://researchbriefings.files.parliament.uk/documents/CDP-2023-0147/CDP-2023-0147.pdf>

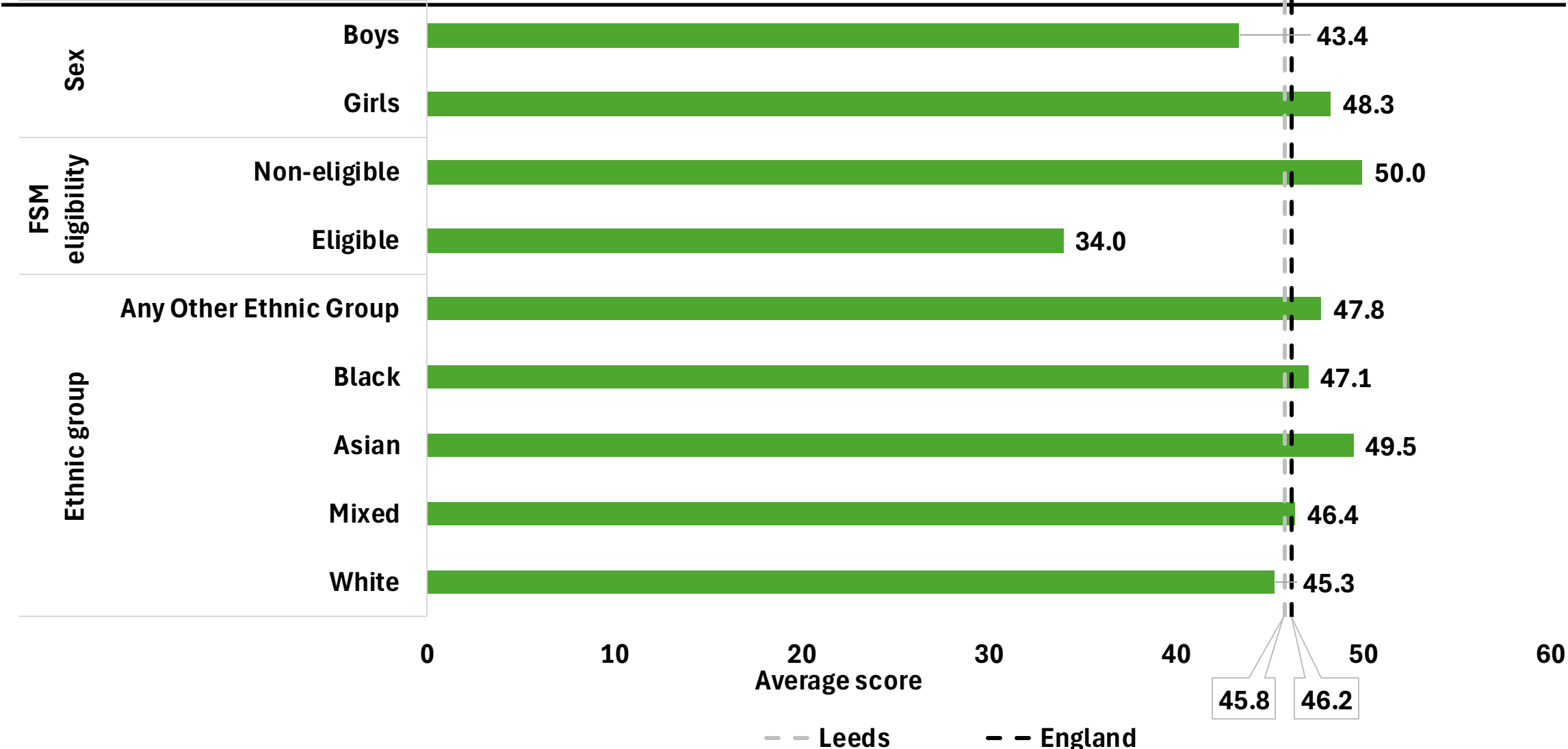
# Indicator 6. Average Attainment 8 score, Leeds wards, Leeds and England, 2022/23



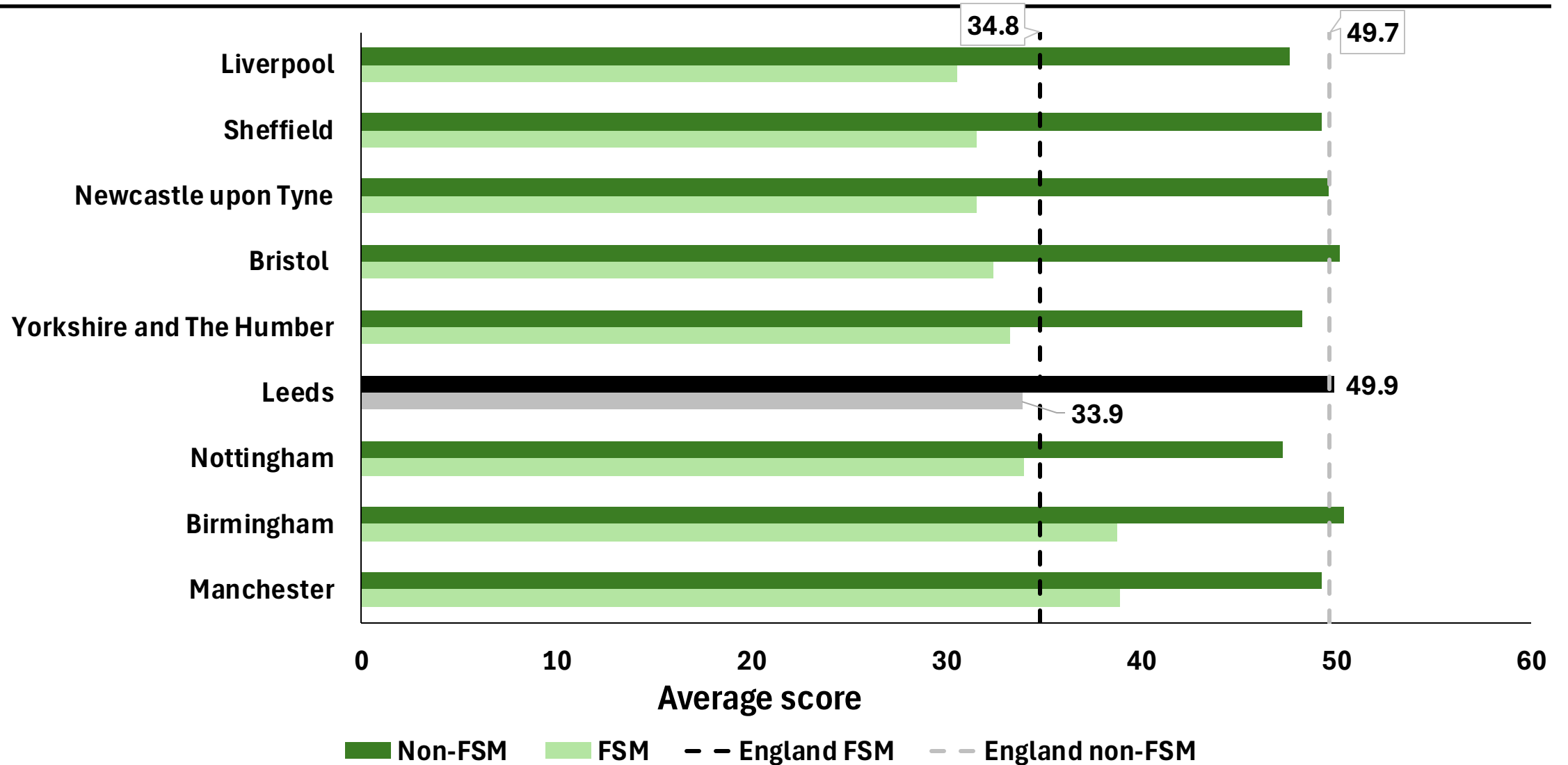
# Indicator 6. Average Attainment 8 score by deprivation decile, Leeds and England averages, 2022/23



# Indicator 6. Average Attainment 8 score, by ethnic group, sex and Free School Meal eligibility, Leeds and England, 2022/23



## Indicator 6. Average Attainment 8 score by Free School Meal eligibility, English CORE cities and England, 2022/23

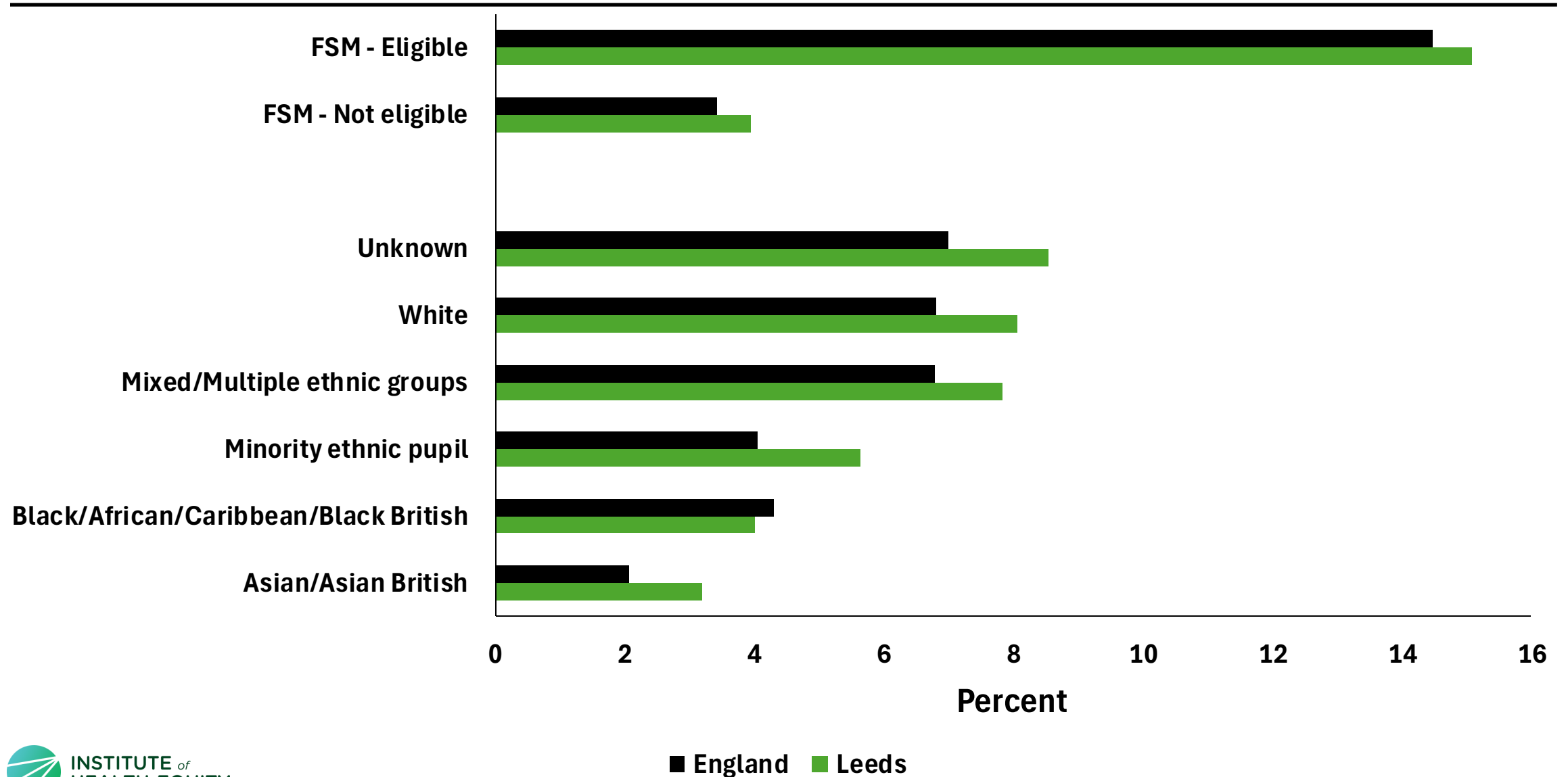


# Schools: absence, attendance and partnerships

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- **Higher rates of absence contribute** to poor education attainment. A continuing impact of the COVID-19 pandemic is the lingering higher rates of school absence, and persistently higher rates amongst students eligible for free school meals.
- In Leeds, as in England, **pupils eligible for free school meals are far more likely to be suspended** compared to those not eligible.
- Reducing high levels of suspensions and exclusions requires working in partnership across the city with Academies and local authority-maintained schools and examining the causes of the causes of suspensions.
- In Leeds 22 **Clusters** provide place-based partnerships. Their purpose is to support families and children and young people most in need of help
  - They are made up of representative from schools, health services, Area Inclusion Partnerships, Early Start teams in children's centres, police, social work, the third sector, and other relevant services such as housing.
- The **Leeds Learning Alliance** is another network that has developed to provide a space for schools to share experiences, support each other and improve outcomes for pupils in city. They focus on inclusion and inclusive leadership.
  - Members include the police, primary to university education institutions, the private sector, Leeds City Council and the Third Sector.

# Suspension rate in state funded secondary schools by ethnic group and Free School Meal status, Leeds and England, Autumn term 2022/23



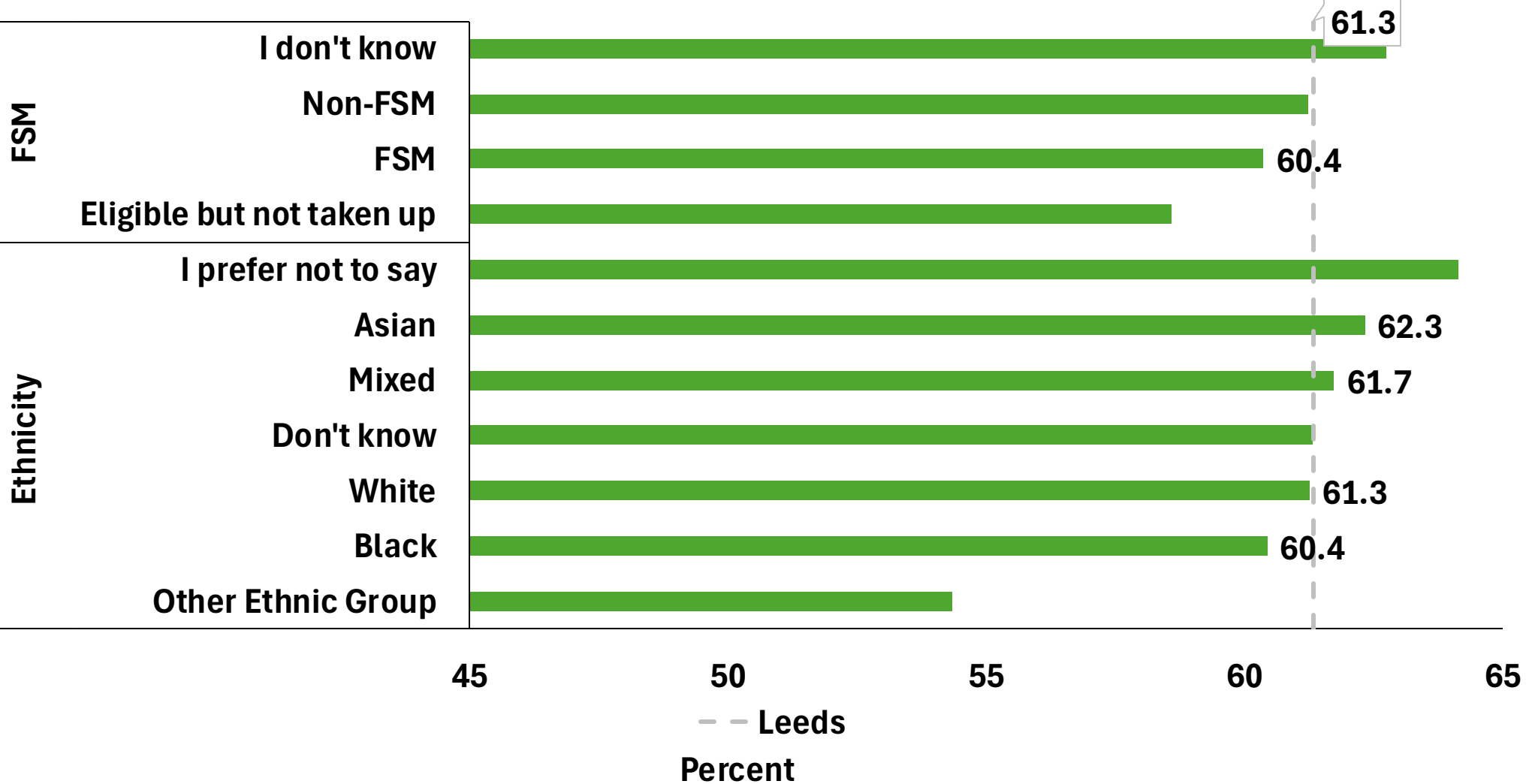
# Mental health, inequalities & young people

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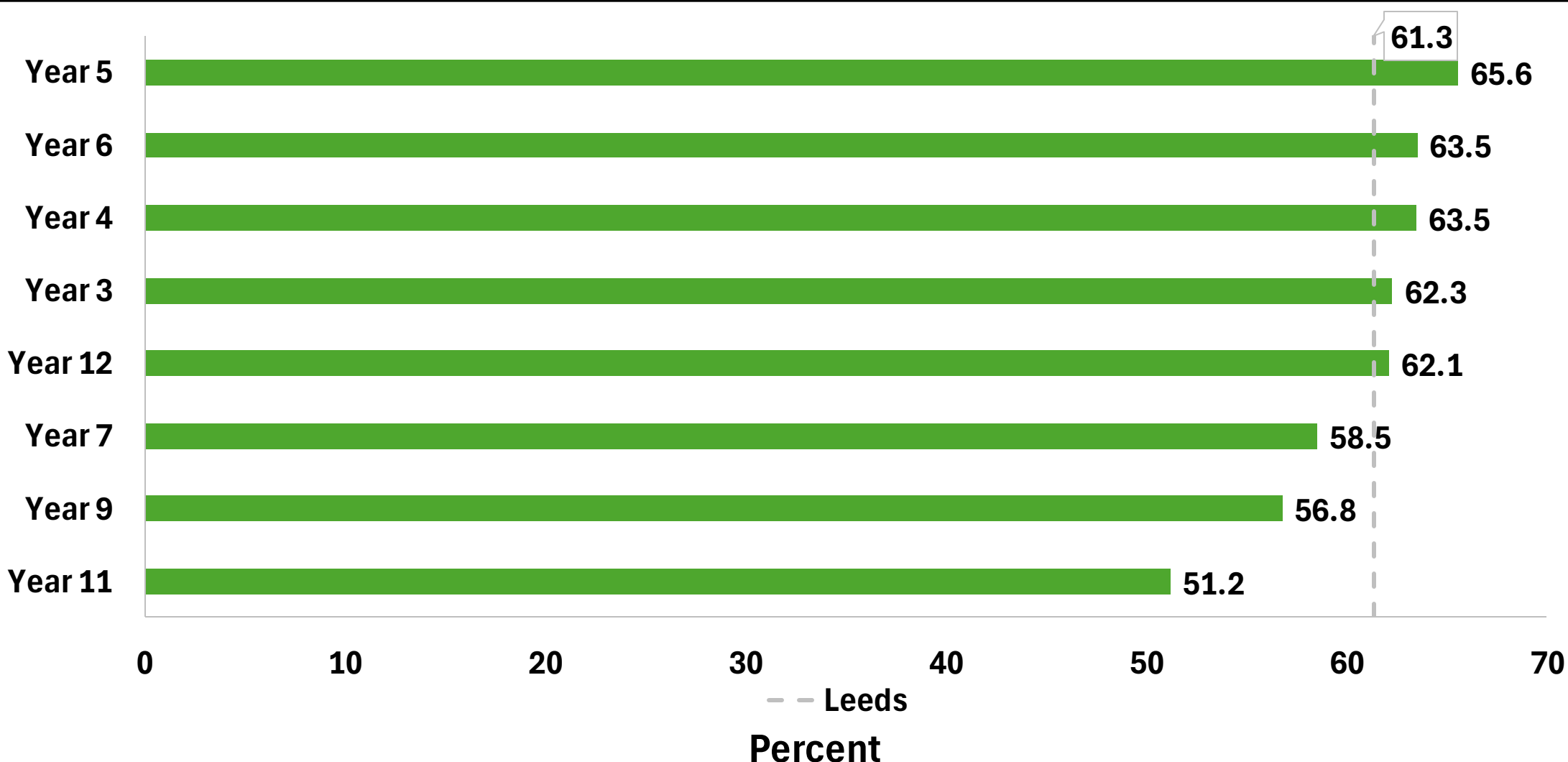
- England 2022 survey of over 2,000 children and young people asked what stopped them from being healthy, well and happy.
  - 57% mentioned issues related to a lack of money: being unable to afford food, transport, school costs (e.g. uniform, trips), technology in the home, clothes or unable to do things they enjoy.
- **Leeds School Census** analyses levels of mental health. Between 2009/10 and 2015/16 the level of pupils 'feeling happy every day or most days' was fairly stable, however since then there has been a decline in happiness.
  - In 2015/16 82% of pupils felt happy, dropping to 61% in 2021/22 and 2022/23.
- 2018 Health Needs Assessment in Leeds found **children and young people from ethnic minority groups under-represented in the majority of services** supporting serious mental health when compared to proportions in the population.
  - And they were less likely to be referred to CAMHS by a GP but more likely to be referred from Education or Social Care - suggesting may be issues related to stigma or discrimination.
- In interviews the provision of mental health in Leeds schools was reported as “very unclear”; “navigation not good for parents” and “fragmentation in system and a lack of a coherent offer that is joined up”.
  - Leeds can better implement its trauma informed approaches in schools.

**Sources:** Royal College of Paediatricians and Child Health. <https://www.rcpch.ac.uk/key-topics/child-health-inequalities/everyone-deserves-the-world>;  
Leeds City Council School Census. <https://datamillnorth.org/dataset/2j7dj/school-census>

**Indicator 7.** 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



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



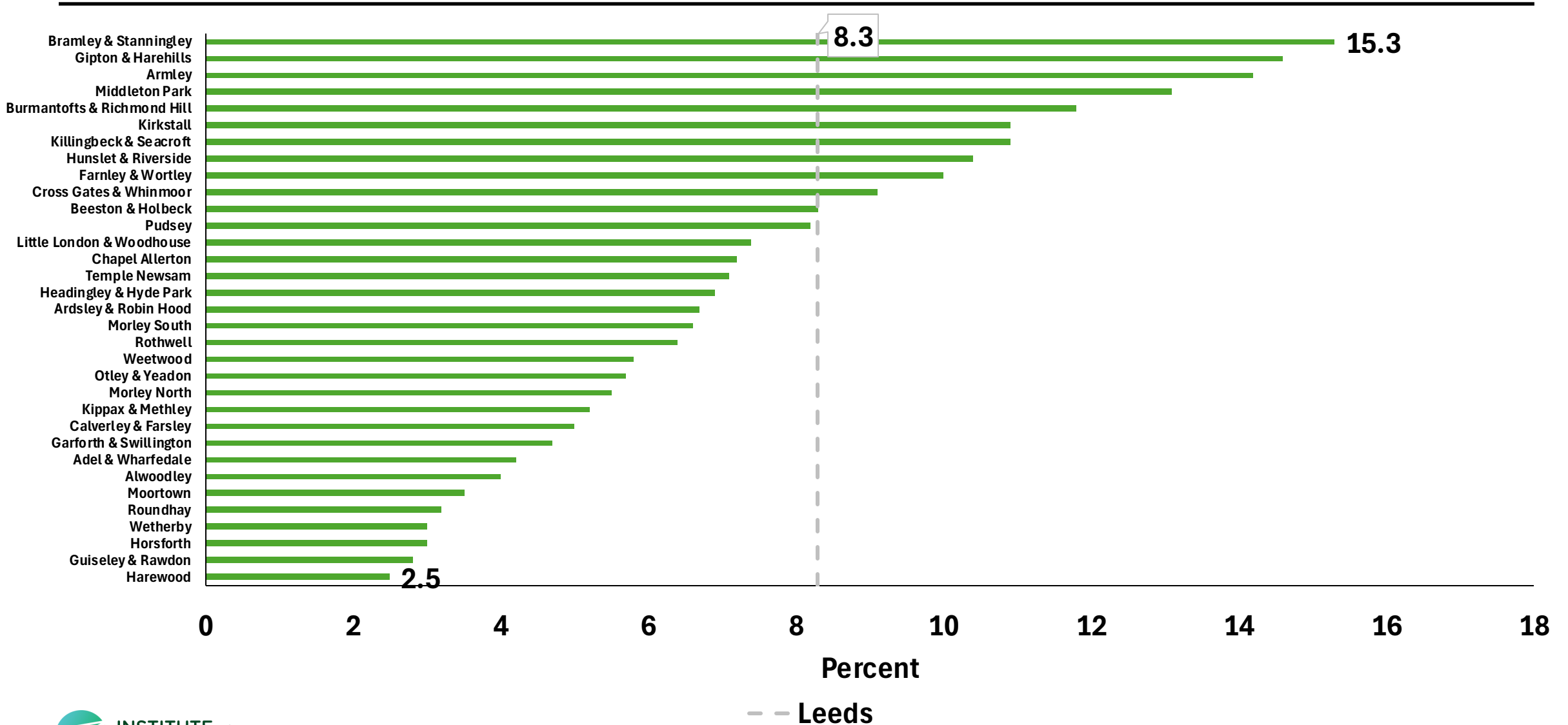
\*Data not available for all school years

# Whole School and Health Promoting School Approaches

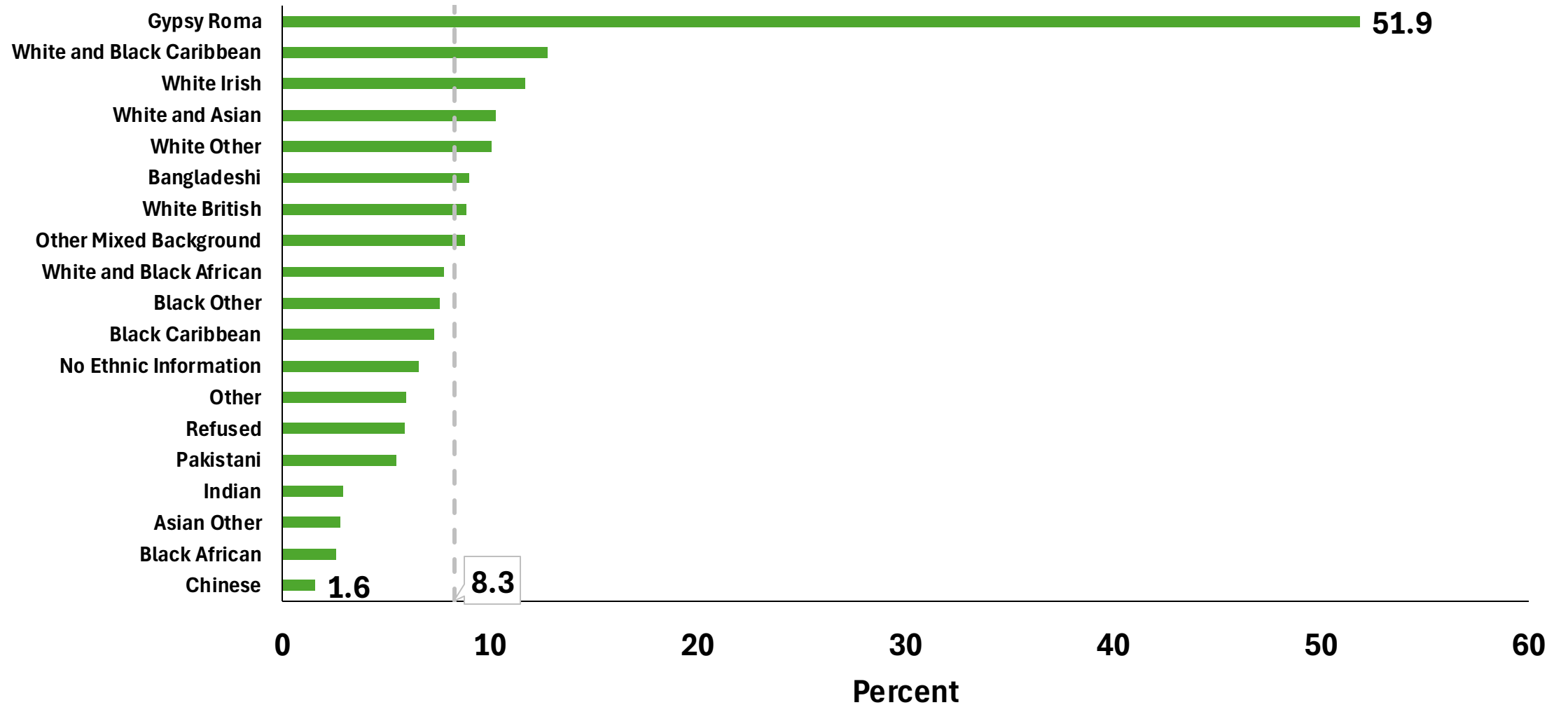
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- A whole school / health promoting approach places reducing inequalities in educational outcomes as central to the function of schools.
  - Partnerships involve: senior leaders, teachers, and parents, mental health specialists, inclusions workers, and the wider community working together to develop children's essential emotional and social skills.
- An interviewee described their primary schools as the 'centres of communities', not just there for the children but helping parents as well.
  - In this primary school in Leeds parents come in for 'Fab Friday' where teachers cook breakfast for parents and staff help parents with benefits applications.
- Leeds' key stakeholders can work with schools to assess their current whole school approaches and how to push themselves to go further and set higher standards to reduce inequalities.
  - This includes linking education approaches with the inclusive growth strategy in Leeds to help improve social mobility.
  - An interviewee from Leeds City Council stated that "strengthening linkages between interventions and strategies aimed at young people and our wider approach to inclusive growth will be vital in working to realise the full potential of our young people."

# Indicator 8. Not in Education Employment or Training, 16–17-year-olds, percent, Leeds wards and Leeds, 2023/24\*

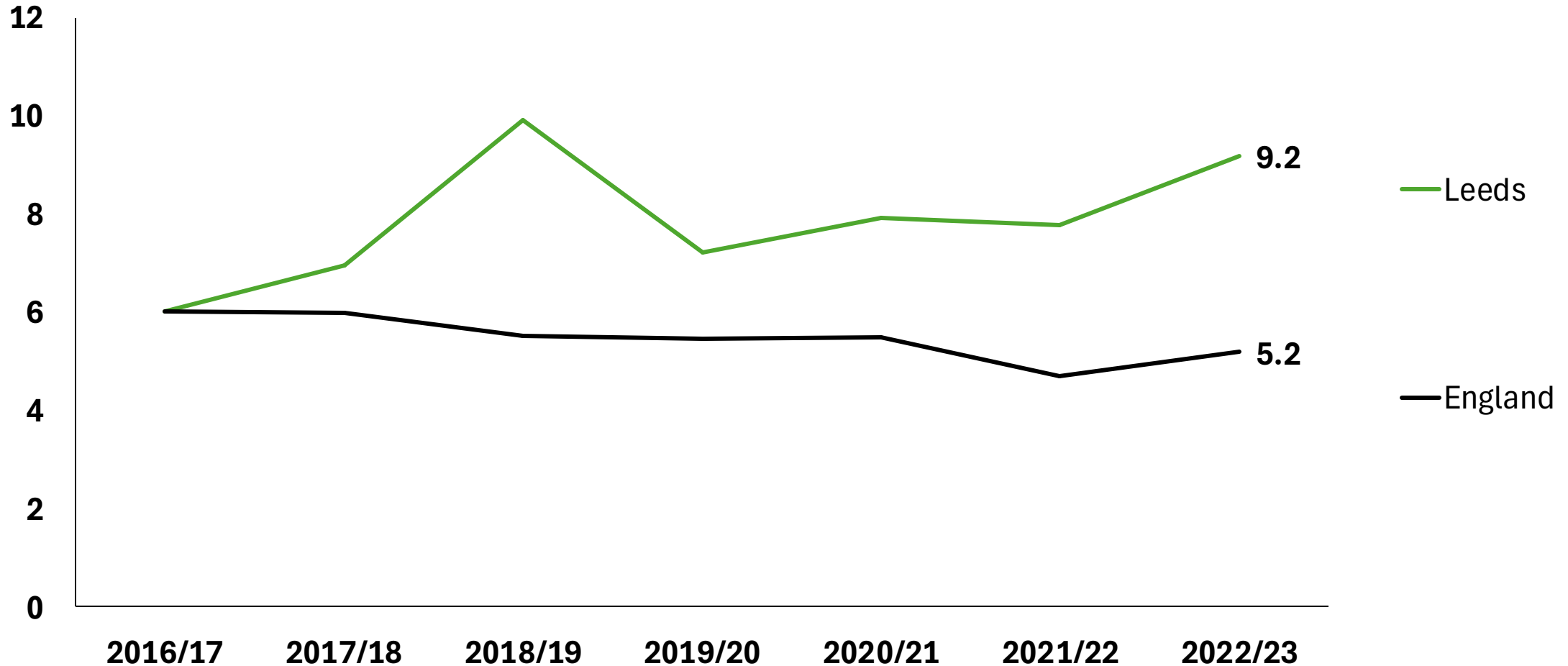


# Indicator 8. Not in Education Employment or Training by ethnic group, 16–17-year-olds, percent, Leeds, 2023/24\*

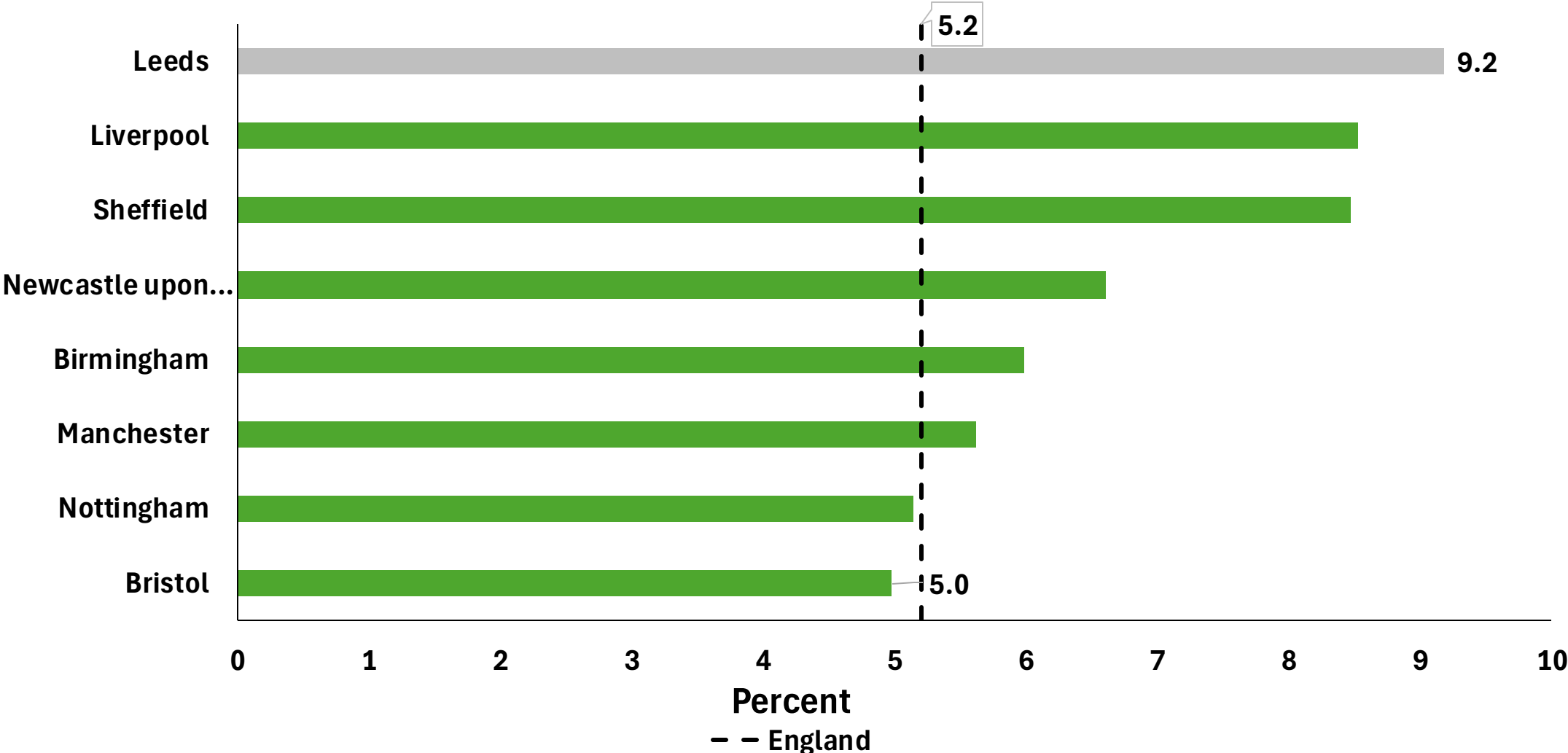


## Indicator 8. Not in Education Employment or Training, 16–17-year-olds, percent, Leeds and England, 2016/17 to 2022/23

Percent



# Indicator 8. Not in Education Employment or Training, 16–17-year-olds, percent, English CORE cities and England, 2022/23



# Youth Violence and Youth Work

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- Youth clubs and other informal spaces are often regarded as effective interventions to reduce youth violence as they can help to address lower levels of mental health problems before they become more serious.
  - Between 2010 and 2021 funding for youth services in Leeds fell (in real terms) by 87% (73% in England).
- Youth Endowment Fund survey of 7,500 young people in England found 14% said they felt “very safe” in or around youth clubs. 54% said they felt “fairly” or “very safe” there.
  - Ensuring these informal spaces are well managed and supervised is important in creating spaces where young people can thrive.
- A survey of 7500 13 to 17-year-olds in England and Wales in 2023 found children eligible for free school meals were more likely to be exposed to violence – as victims and perpetrators.
  - Yorkshire and the Humber had the second highest proportion of 13 to 17-year-olds who were victims of violence in the past 12 months, second only to London.
- Opportunities and services matter.
  - Young people engaged in the arts, young people are more “likely to have better self-control scores and view antisocial behaviour negatively...to make young people less likely to engage in antisocial and criminalised behaviours”.
  - Improving “environments around the child and family during middle childhood could have long-term benefits in reducing antisocial and criminal behaviour”
  - Interventions include good quality parenting programmes aimed at parents of younger children and teenagers.
- The Leeds Children and Young People’s Plan – to be longer-term, developed and delivered in partnership with key stakeholders and children and young people and their families.

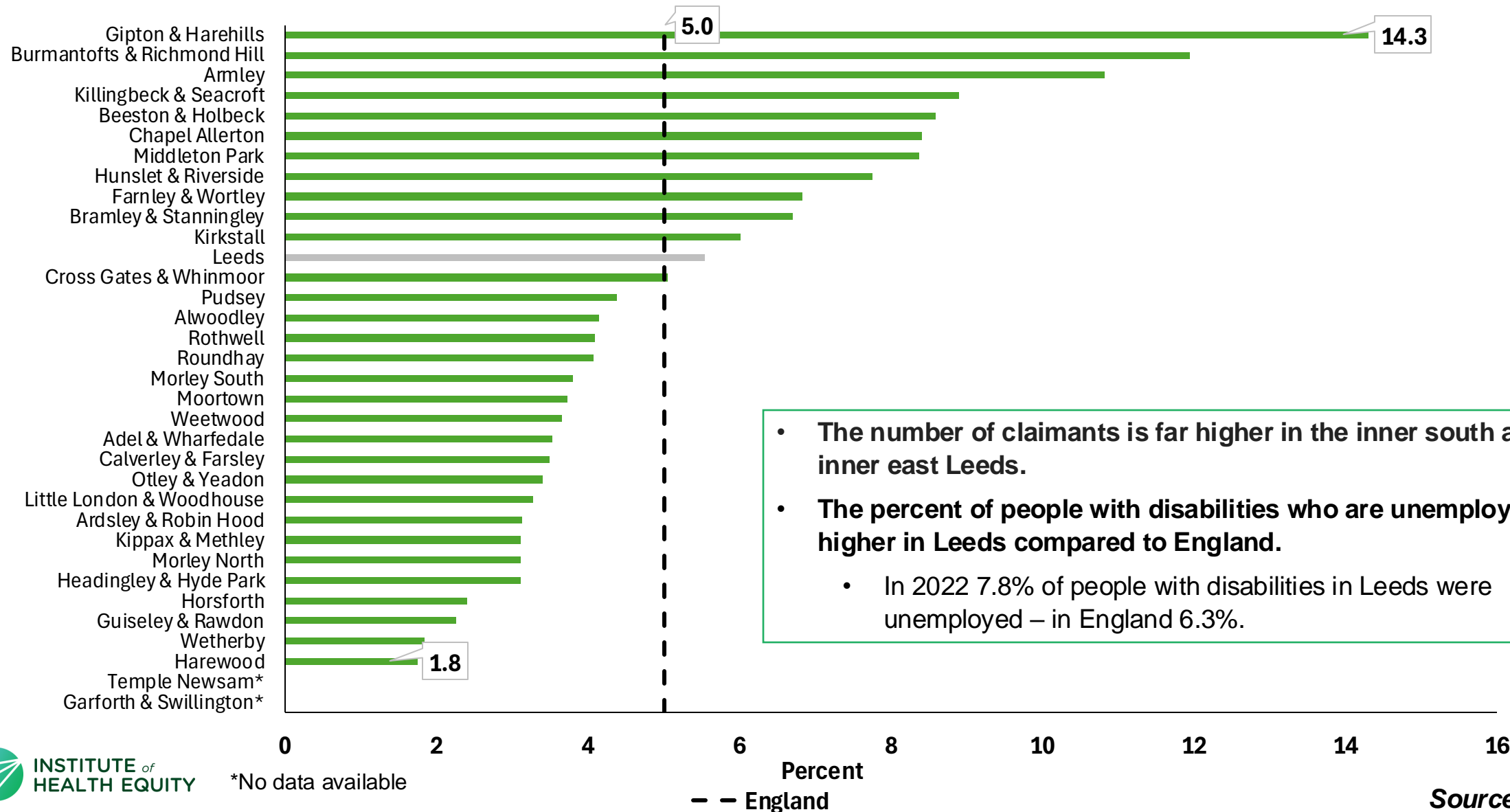
**Sources:** YMCA <https://ymca.e-activist.com/page/100775/action/2?chain>; Youth Endowment Fund <https://youthendowmentfund.org.uk/reports/children-violence-and-vulnerability-2023/>; UCL <https://www.ucl.ac.uk/news/2022/mar/arts-activities-may-improve-self-control-and-reduce-antisocial-behaviour-among-teenagers>; Stevens 2018 BMC Psychology; University of Oxford. Available from: <https://www.socsci.ox.ac.uk/reducing-child-antisocial-behaviour-in-britain>

# **Create fair employment and good work for all**

**Poor-quality and poorly paid work and unemployment harm health and contribute to health inequalities.**

**Poor pay and working conditions makes it harder to avoid stress and feel in control of one's life; harder to access resources; harder to adopt and maintain healthy behaviours; and removes the sense of a supportive financial safety net.**

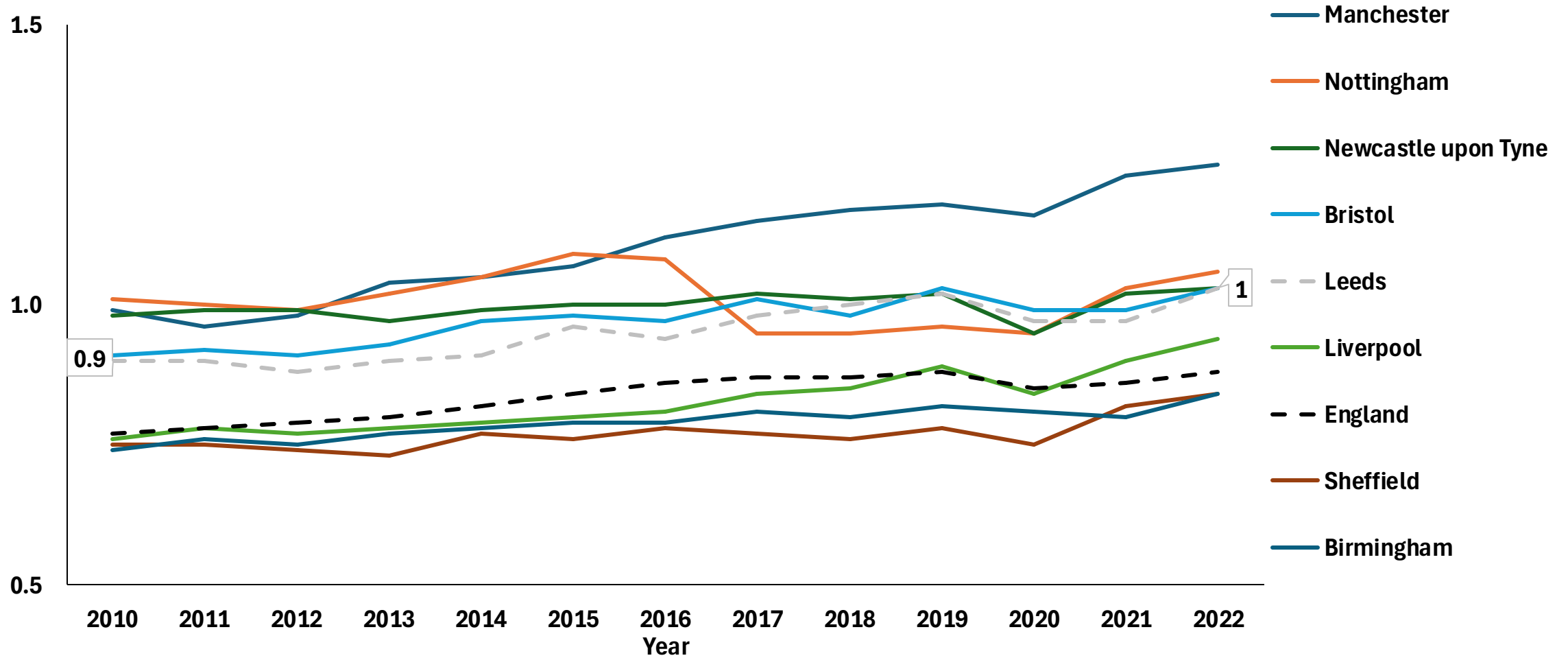
# Working age population claiming out of work benefit, percent, Leeds wards, Leeds, and England 2021/22



- The number of claimants is far higher in the inner south and inner east Leeds.
- The percent of people with disabilities who are unemployed is higher in Leeds compared to England.
  - In 2022 7.8% of people with disabilities in Leeds were unemployed – in England 6.3%.

# Jobs per resident, aged 16–64 years, English CORE cities, 2010-22

## Jobs per resident



# Leeds Inclusive Growth Strategy

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- An excellent approach working with employers in the public and private sectors to do more to recruit locally and improving health and a sense of purpose.
- The Strategy can be more ambitious, for example:
  - understand its impact of Leeds's levels of poverty to provide the city and other areas in England with evidence on how to truly have growth that is inclusive.
  - Develop measures to reduce equity, such as identifying how many jobs are going to people living in IMD 1 neighbourhoods in Leeds.

# Ensure a healthy standard of living for all

**Poverty damages physical and mental health**, from reducing access to healthy and nutritious food and good quality, sufficiently warm housing, to restricting opportunities to engage fully with society, to directly causing physiological stress and harming physical health.

**Children who grow up living in poverty** have worse levels of mental, social, physical and behavioural development, as well as worse educational outcomes, employment prospects and earning power into adulthood.

Most children living in poverty live in a **household where at least one adult is working.**

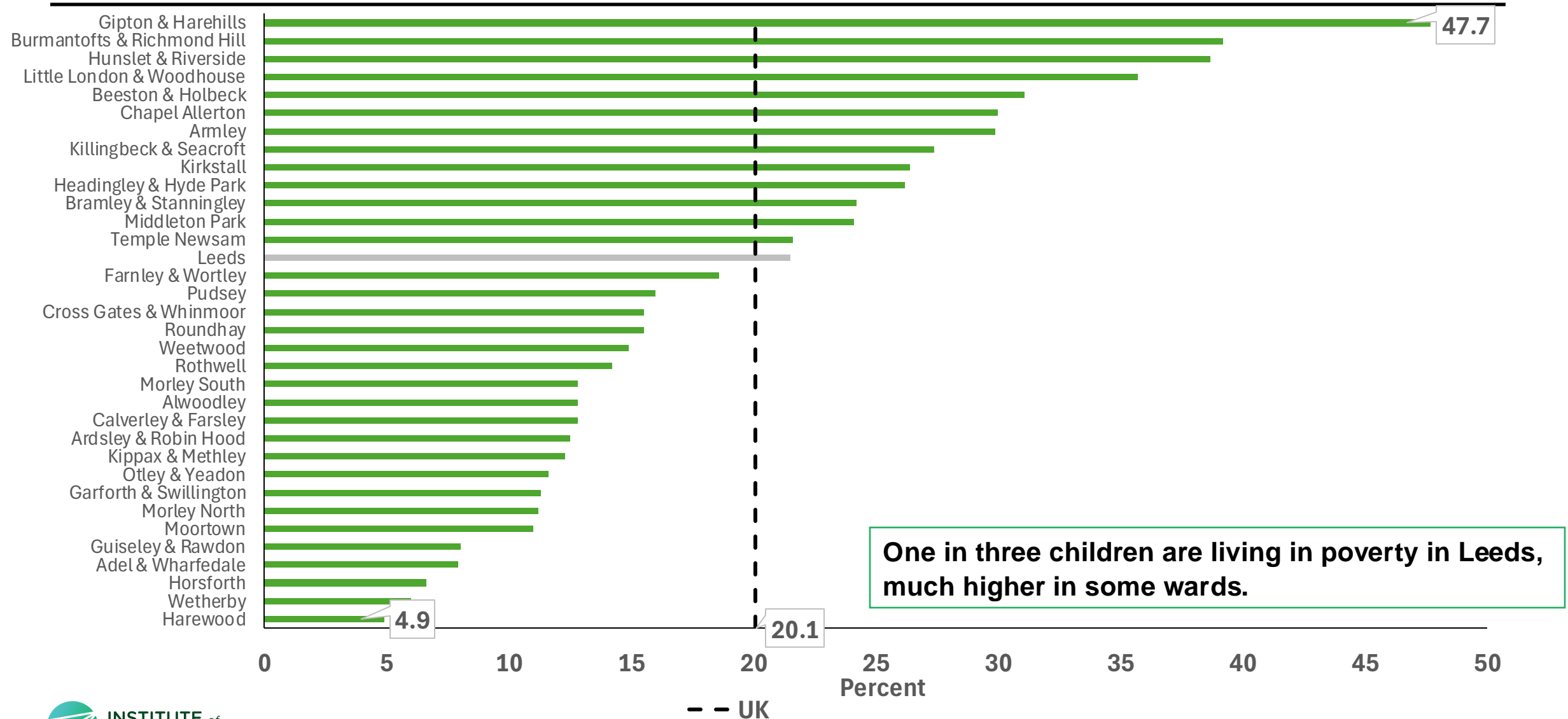
# Child poverty is increasing

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- Poverty rates in Leeds, as across the UK, are increasing, as the cost of living continues to increase and wages stall.
  - Higher rates of poverty are found in Inner East and Inner South Leeds.
- As a minimum, 1 in 5 children under 16 in Leeds are living in poverty (before housing costs).
  - Loughborough University analyses child poverty after housing costs. In 2021/22 they 31% of children aged under 20 were living in relative poverty in Leeds.
- Most of the Leeds' child poverty is found in Gipton and Harehills, Burmantofts and Richmond Hill, Hunslet and Riverside, Little London & Woodhouse Beeston & Holbeck, Chapel Allerton, Armley, Killingbeck & Seacroft, Kirkstall and Headingley and Hyde Park.
  - In all these wards **more than one in four children** are living in relative poverty.

*Source: End Child Poverty. <https://endchildpoverty.org.uk/child-poverty/>*

# Children in relative low-income families, percent, Leeds wards and UK, 2021/22



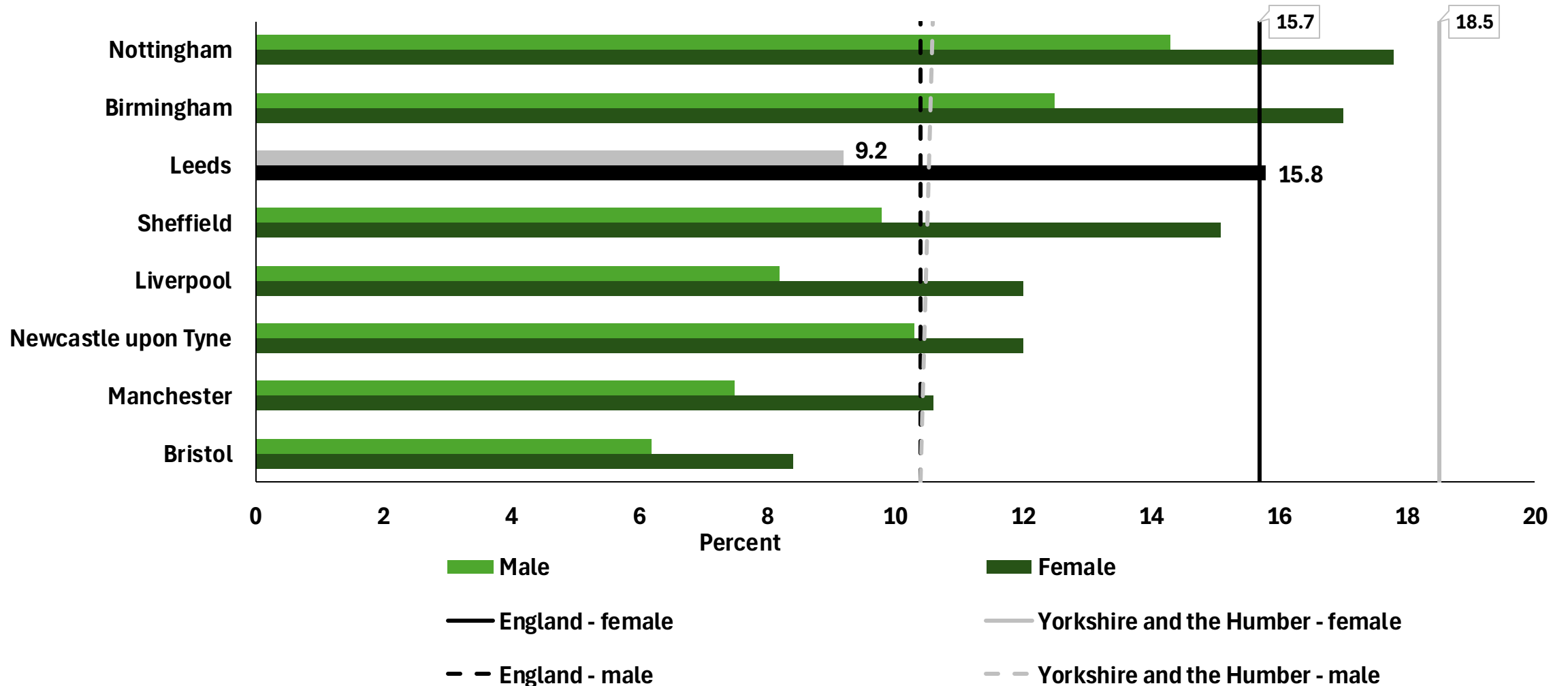
## In-work poverty

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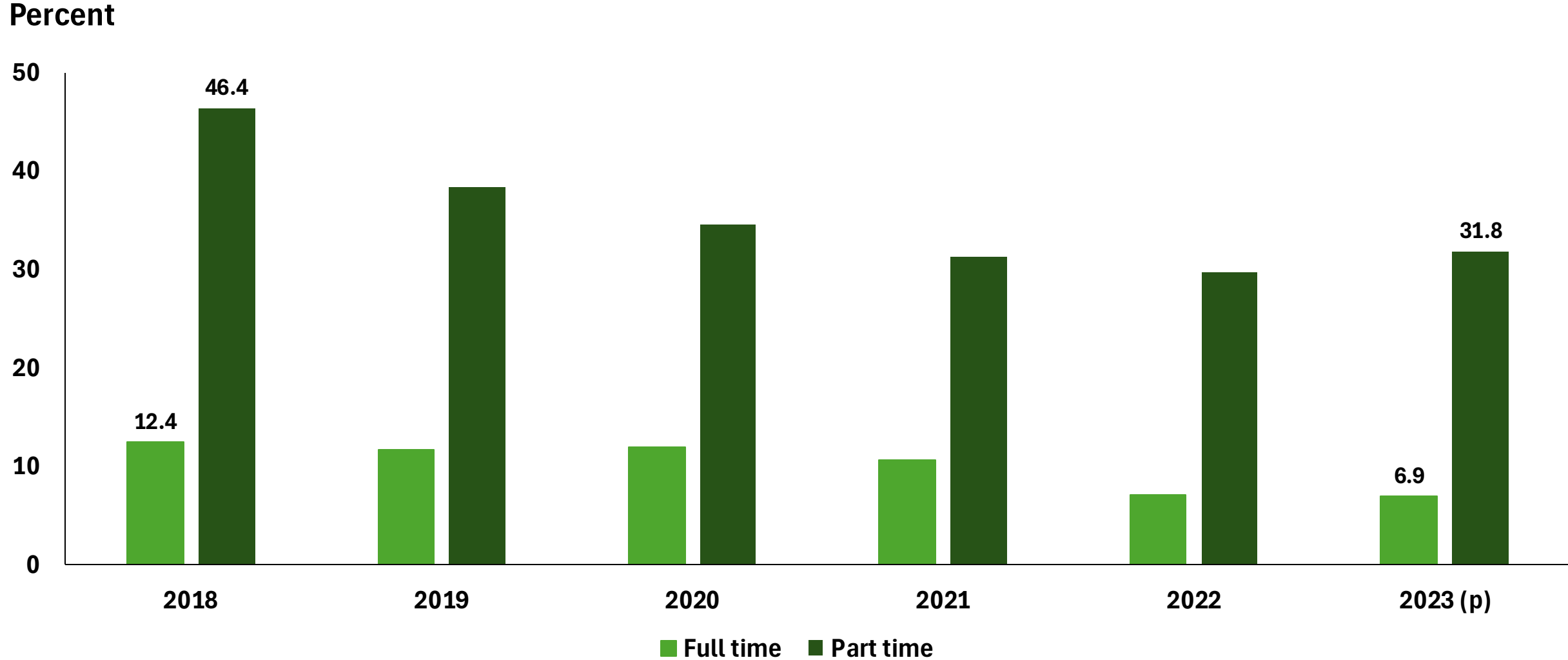
- People in in-work poverty are working and also needing to claim benefits or tax credits to help pay bills.
  - Their wages are not sufficient to cover essential costs of life
- **The majority of people living in poverty are working.**
  - The number of children and working-age adults in poverty lived in families where at least one adult was working part-time rose from 53% in 2009/10 to 66% in 2019/20.
- 9% of **all households in Leeds** (47,474) are living in poverty and working, before housing costs.

*Sources; The Health Foundation. <https://www.health.org.uk/evidence-hub/money-and-resources/poverty/in-work-poverty-trends>; Leeds Observatory. <https://observatory.leeds.gov.uk/leeds-poverty-fact-book/section-5-in-work-poverty-and-out-of-work-benefits/>*

# Indicator 11. Employees earning below the UK Real Living wage, by sex, percent, English CORE cities, Yorkshire and Humber and England, 2023



# Indicator 11. Workers earning below the UK Real Living wage, by time worked, percent, Leeds, 2018-23



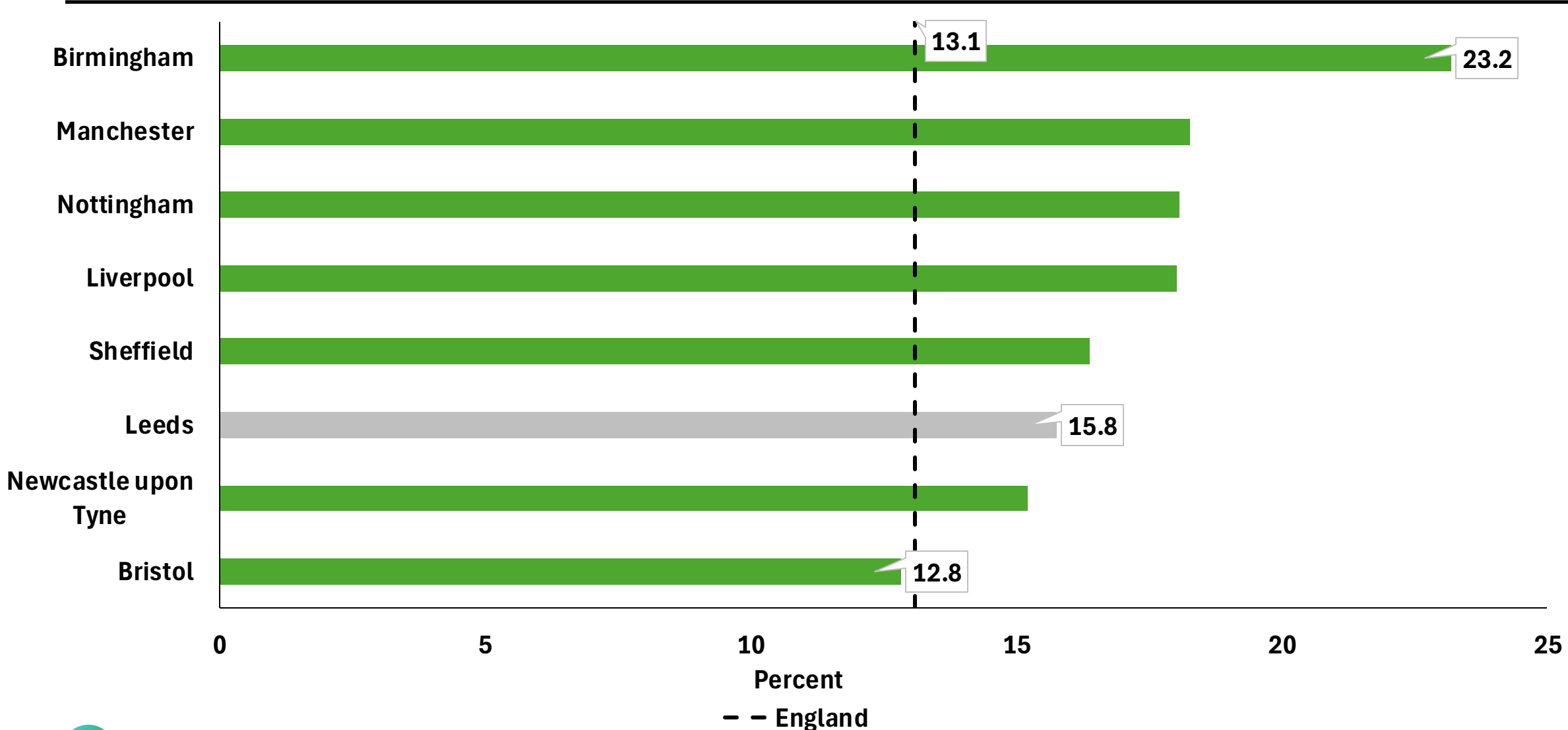
# Rising costs

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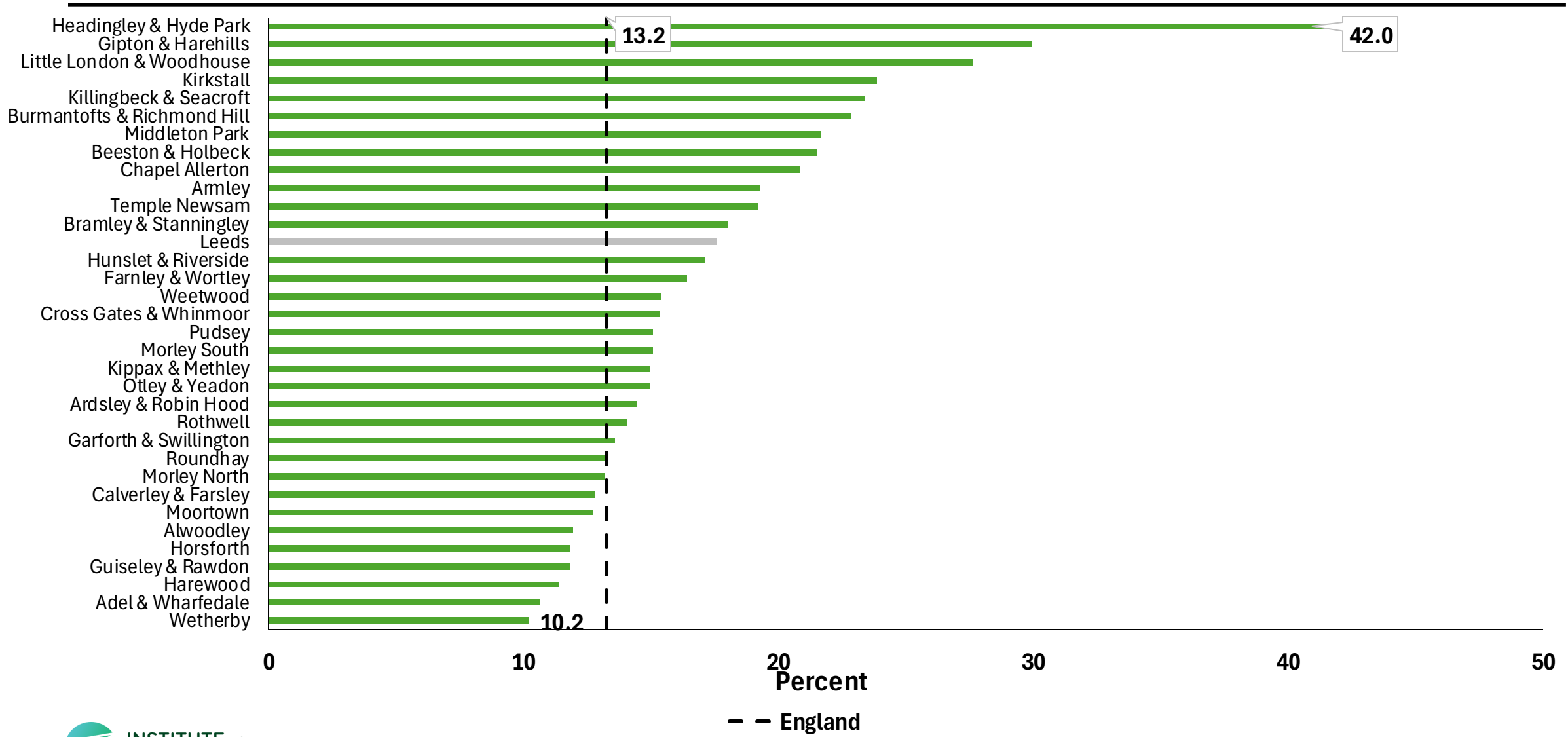
- Fuel poverty and cold homes have a significant impact on physical and mental health.
  - Cold homes increase the risk of cardiovascular and respiratory disease and chronic conditions such as rheumatism and arthritis, affect sleep and mental health. Children living in cold homes are more than twice as likely to suffer from a variety of respiratory problems as children living in warm homes.
- High inflation rates have pushed the cost of food to its highest levels. In 2023, the price of food and non-alcoholic drinks increased by 26%. In addition to people going hungry in the UK, diets are also worsening.
  - 57% of food insecure households said they were buying less fruit, 42% buying fewer vegetables.
  - 53% of UK households earning less than £20K per year, stated they could not afford to buy healthy food.
- Food banks and food pantries provide invaluable support to households during times of crisis but there is a growing movement seeking to ameliorate food poverty before it happens.
  - Food pantries people pay approximately £3.50 a week and receive approximately £15 of fresh food each week and seek to provide more choice and dignity to those depending on food donations.
  - 9 food pantries currently operate in Leeds and most are linked to community activities, such as community cafes, welfare benefits advice.

**Source:** Institute of Health Equity. <https://www.instituteoftheequity.org/resources-reports/fuel-poverty-cold-homes-and-health-inequalities-in-the-uk>;  
ONS. <https://www.ons.gov.uk/economy/inflationandpriceindices/articles/costoflivinginsights/food>;  
he Food Foundation <https://foodfoundation.org.uk/initiatives/food-insecurity-tracking#tabs/Round-12>;

*Indicator 14 (in development).* Households experiencing fuel poverty, percent, English CORE cities and England, 2021

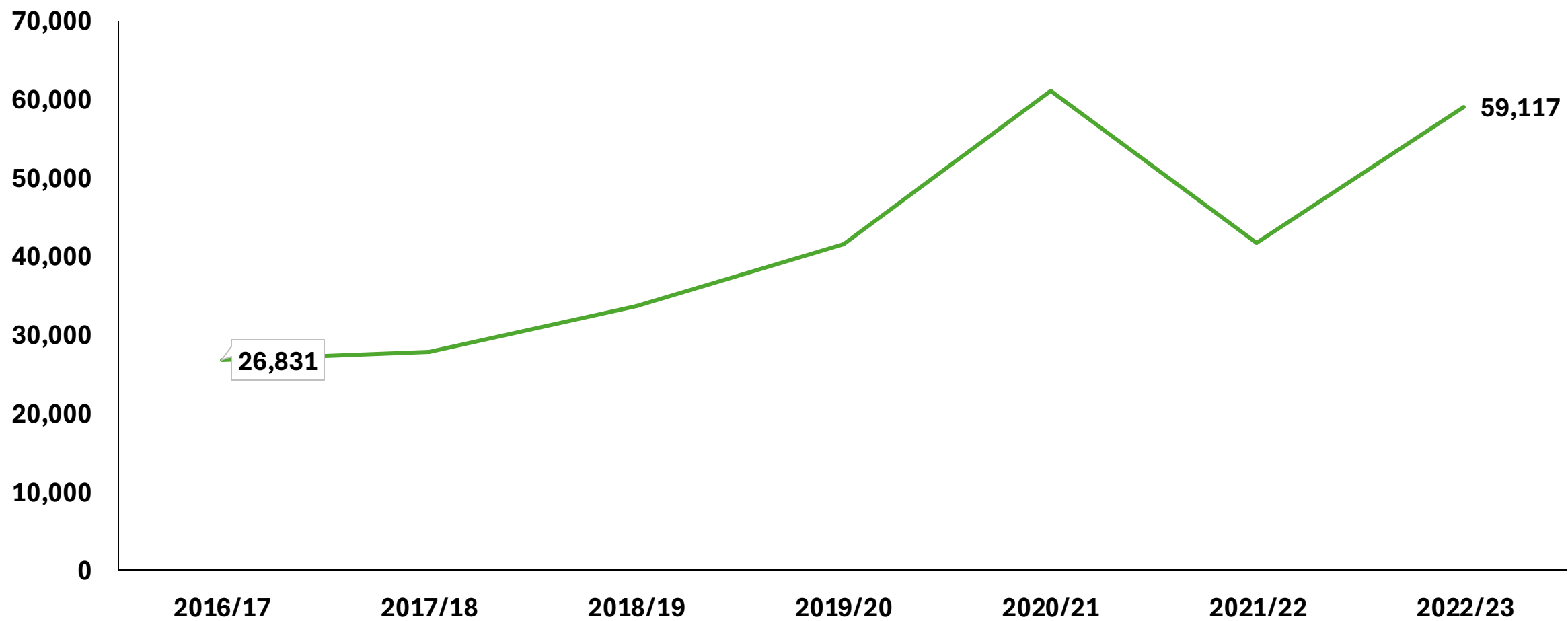


**Indicator 14 (in development).** Households experiencing fuel poverty, percent, Leeds wards, Leeds, and England, 2021



# Number of times people accessed foodbank or food parcels by referral from Leeds Food Aid Network, Leeds, 2016/17 to 2022/23

## Occasions of accessing foodbank



# Creating and developing healthy and sustainable places and communities

Healthy and sustainable homes and neighbourhoods support good physical and mental health by enabling and encouraging healthy, active and socially engaged lives.

Housing quality, affordability and security of tenure are crucial for health.

Regeneration and planning strategies can work in partnership to better address health inequalities.

# Leeds Housing

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- Leeds City Council retained its housing stock and own over 52,000 homes. It has a large number of high rise buildings and in the large private rented sector, thousands of back-to-back homes.
- The population in Leeds is growing fastest in areas of high deprivation but affordable housing is in no way matching this population growth.

# Private rented sector

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- In the UK, since 2020, the cost of privately rented homes has increased. Average rents rose by 9.3% in 2023 in Leeds.
- The private rental sector has the lowest quality housing of any sector.
  - In Leeds in March 2024 21% of all homes were considered 'non-decent', rising to 38% in privately rented homes.
    - In England 15% of all homes were considered 'non-decent', 23% in privately rented homes.
- The private housing supply in Leeds lacks mid-sized homes for families and many older people remain in large properties unable and/or unwilling to downsize.
- Poor quality private rented sector housing disproportionately affects some groups who are already facing increased risks to their health, including recently arrived migrants.
  - “wealth of anecdotal evidence that people who fear deportation are less likely to report a rogue landlord to their local authority. These tenants are therefore significantly more likely to experience overcrowding, non-decent homes, illegal eviction, harassment and threatening behaviour from landlords”.
- The Council is leading improvements to housing conditions through its Selective Licensing programme. An evaluation in 2024 will help to decide next steps.

**Sources:** ONS <https://www.ons.gov.uk/economy/inflationandpriceindices/bulletins/indexofprivatehousingrentalprices/december2023>; Department for Levelling Up, Housing and Communities. [https://assets.publishing.service.gov.uk/media/65cc8370138873000ce9e939/Annex\\_A\\_-\\_Non-Decent\\_Homes\\_by\\_Local\\_Authority.ods](https://assets.publishing.service.gov.uk/media/65cc8370138873000ce9e939/Annex_A_-_Non-Decent_Homes_by_Local_Authority.ods); Institute of Health Equity <https://www.instituteoftheequity.org/resources-reports/evidence-review-housing-and-health-inequalities-in-london>

# Local government cuts and housing in Leeds

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- Spending on housing services and homelessness prevention declined by over 50% in between 2009 and 2019.
- Demand for council housing in Leeds far outstrips availability. At the end of 2023, more than 26,000 people were on a waiting list for council housing in Leeds.
  - 6,000 people are in urgent need and on the priority list, the average waiting time for a home on the priority list in December 2023 was two years, rising to more than 3 years for a three-bed homes
  - A number of factors are adding pressure to the supply. 3,000 council homes disappeared between 2018 and 2023, many sold off as a right-to-buy.

**Source:** Alexiou et al. <https://pldr.org/2021/09/30/what-did-local-government-ever-do-for-us/>

# Insecure housing

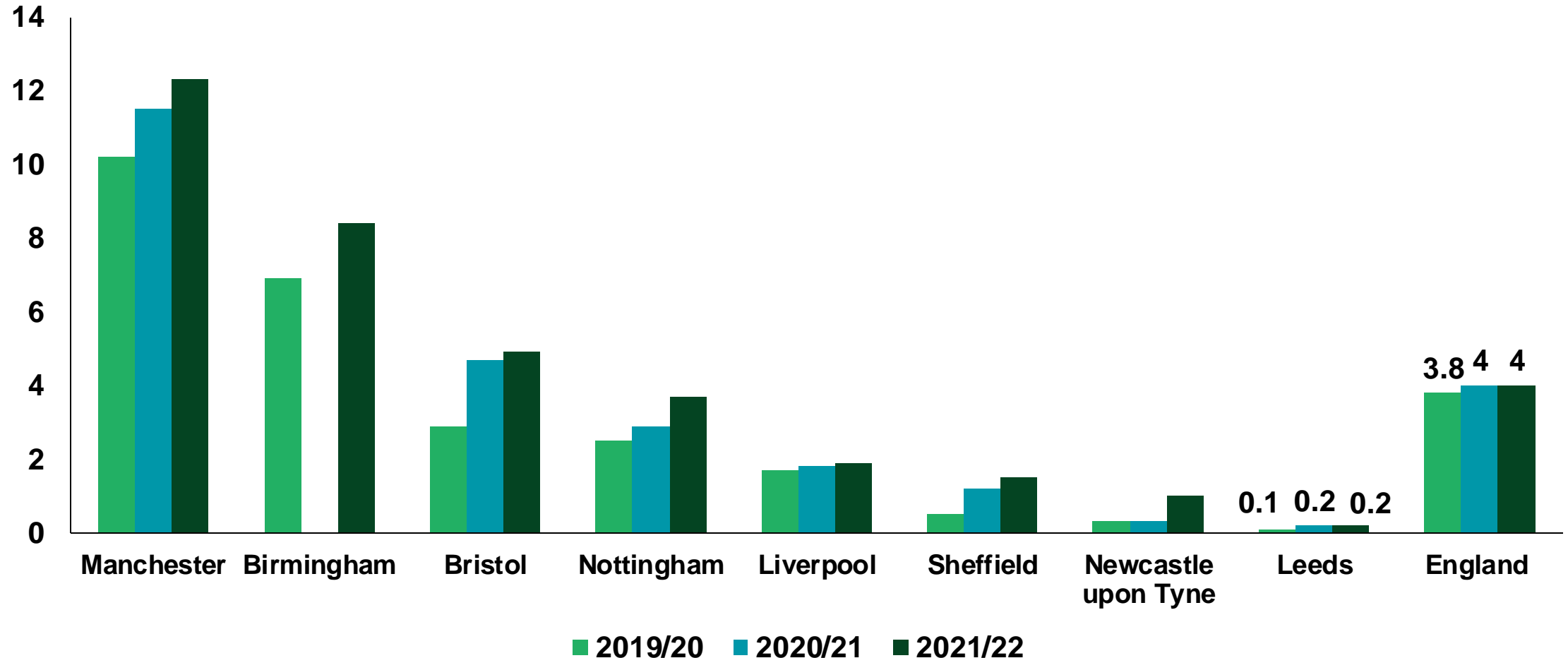
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- Insecure housing & the threat of eviction has significant negative health effects:
  - Worsening anxiety and depression and social isolation and impacting on people's sense of home and community and disrupting access to education and health services.
- Temporary accommodation is provided to homeless households in priority need groups is often poor quality and overcrowded.
- Recent data shows saw the highest number of households in temporary accommodation on record in England.
  - There have been slight increases in temporary accommodation in Leeds since 2019/20, however, these are well below the England average and other CORE cities.

**Sources:** Institute of Health Equity <https://www.instituteoftheequity.org/resources-reports/evidence-review-housing-and-health-inequalities-in-london>

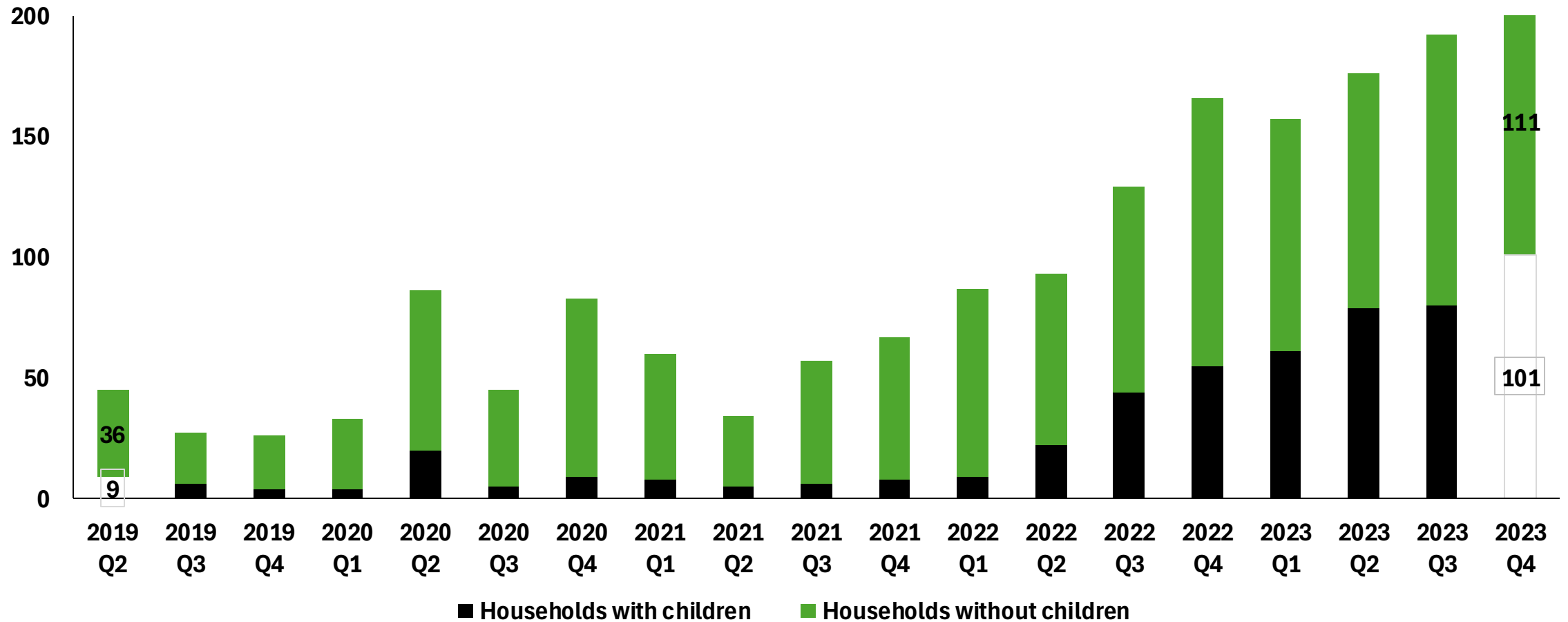
## Indicator 12. Households in temporary accommodation, rate per 1,000 households, English CORE cities and England, 2019/20 to 2021/22

Rate per 1,000

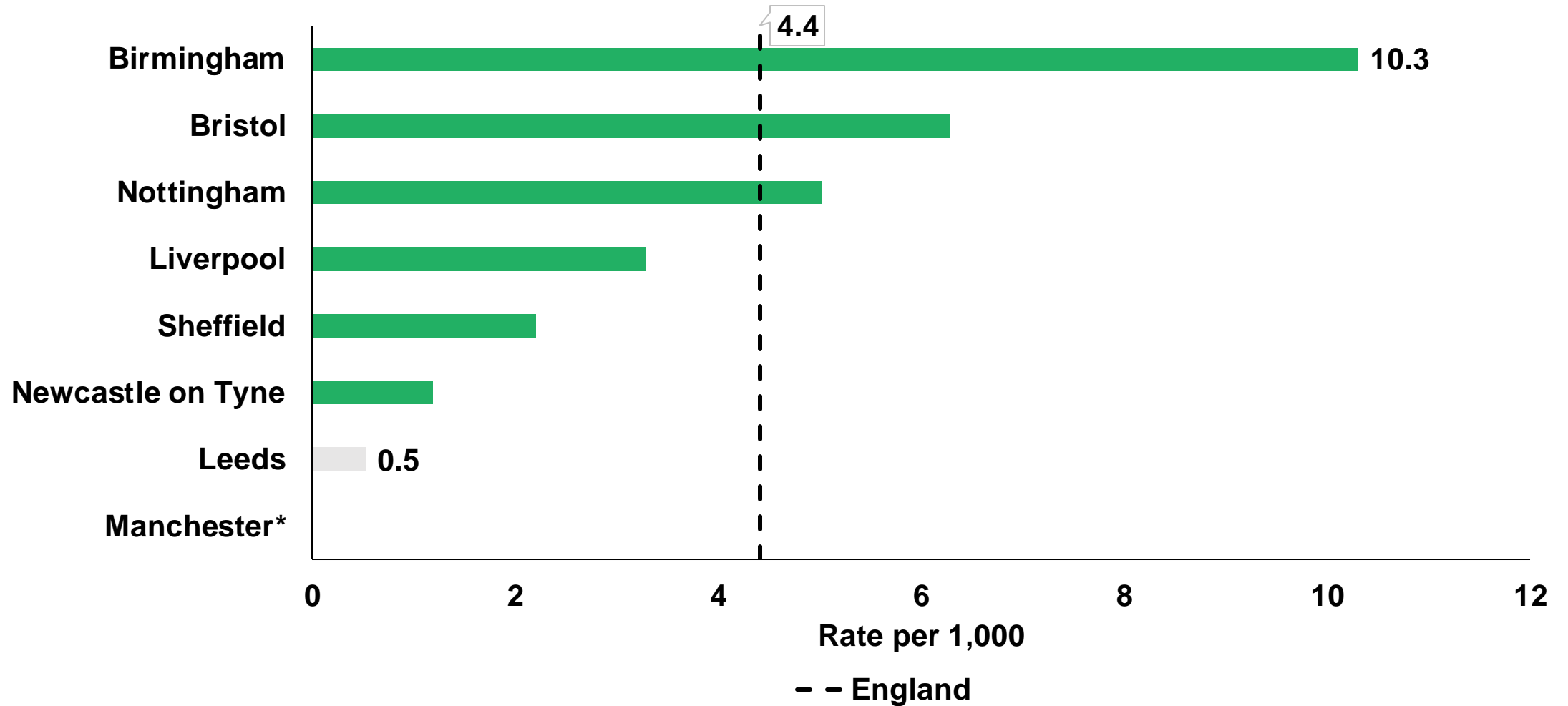


## Indicator 12. Households in temporary accommodation, by households with or without children, total number, Leeds, 2019 Q1 to 2023 Q4

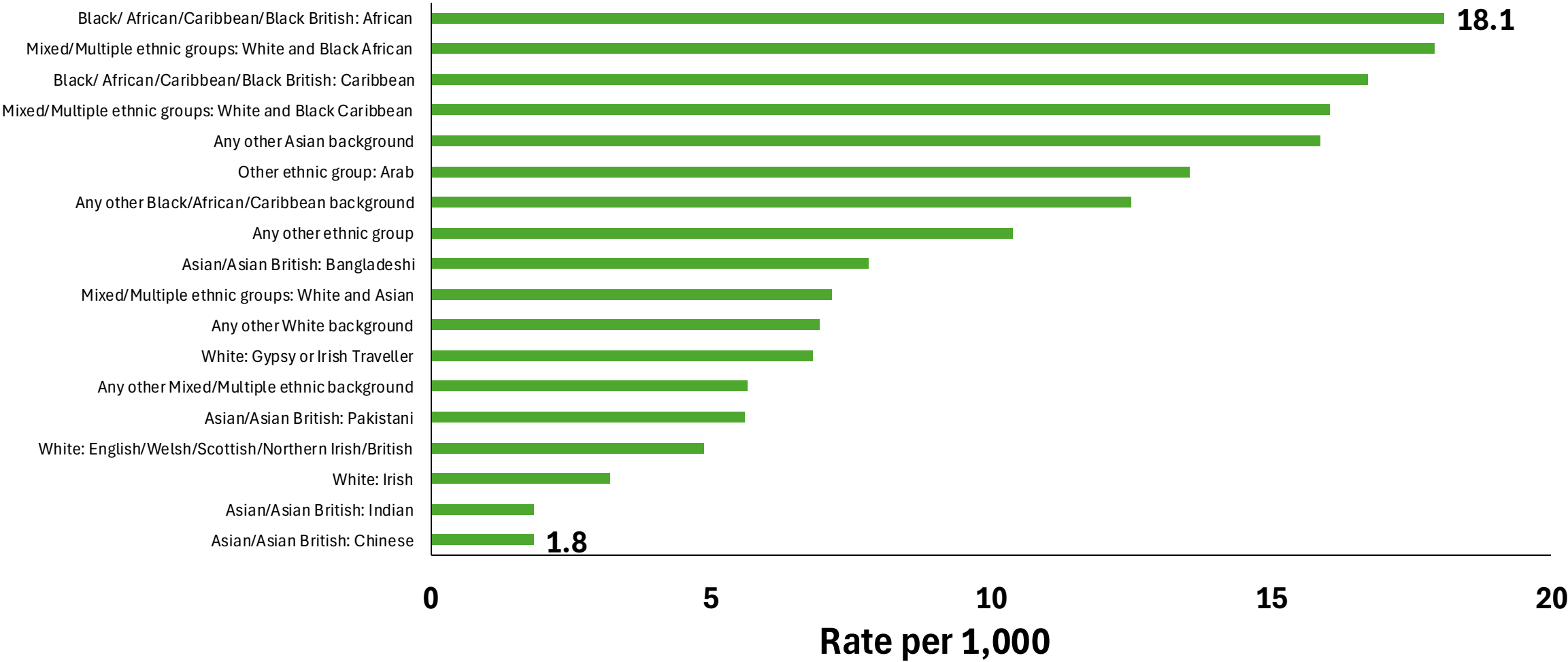
### Households



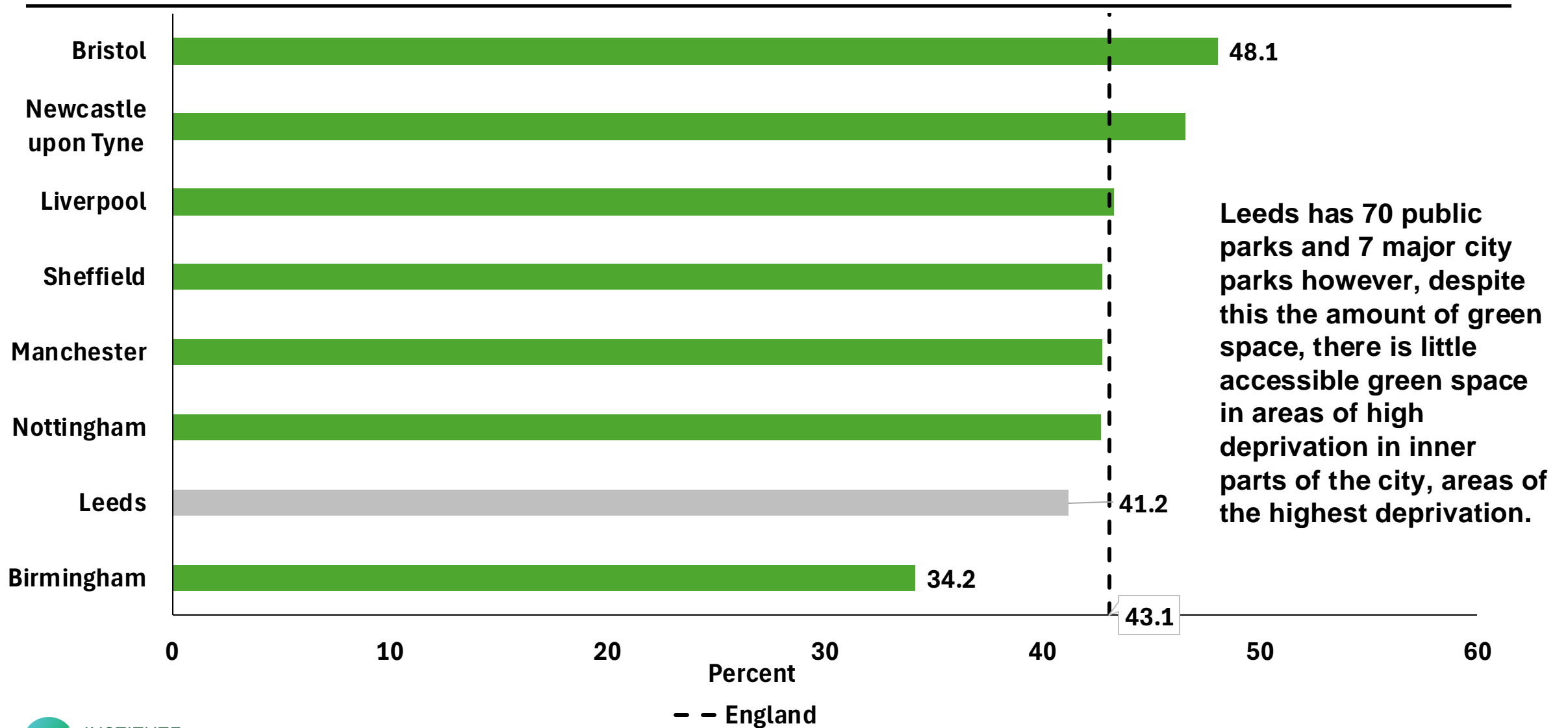
## Indicator 12. Households in temporary accommodation, English CORE cities and England, 2023 Q2



# Indicator 12. Households in temporary accommodation, by ethnic group, rate per 1,000, Leeds, 2023

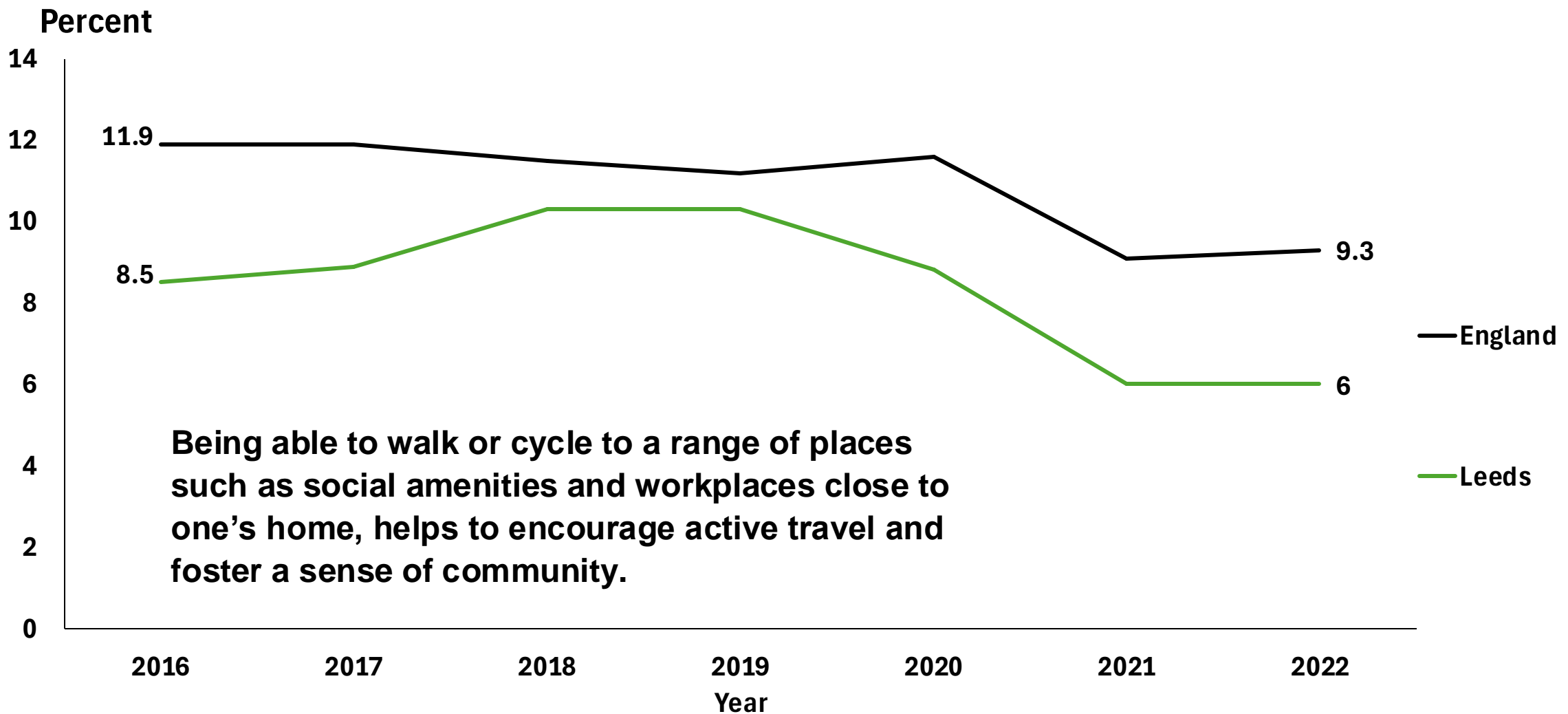


# Adults walking for any purpose at least three times per week, percent, Leeds and England, 2022



Leeds has 70 public parks and 7 major city parks however, despite this the amount of green space, there is little accessible green space in areas of high deprivation in inner parts of the city, areas of the highest deprivation.

# Thinking inequalities: Adults cycling at least once a week for any purpose, percent, Leeds and England, 2016-22



# Strengthen the role and impact of ill-health prevention

An equitable approach to preventing ill health is beneficial for the population and the economy and vital for reducing demand for NHS services.

Efforts at disease prevention need to ensure that they are universal but particularly targeted at those living in higher levels of deprivation, who stand to benefit the most, rather than those living in the areas of less deprivation, who may be 'easy wins'.

Actions on social determinants would improve health, reduce inequalities, improve employment and reduce the burden on NHS and other services, reducing costs in the long run.

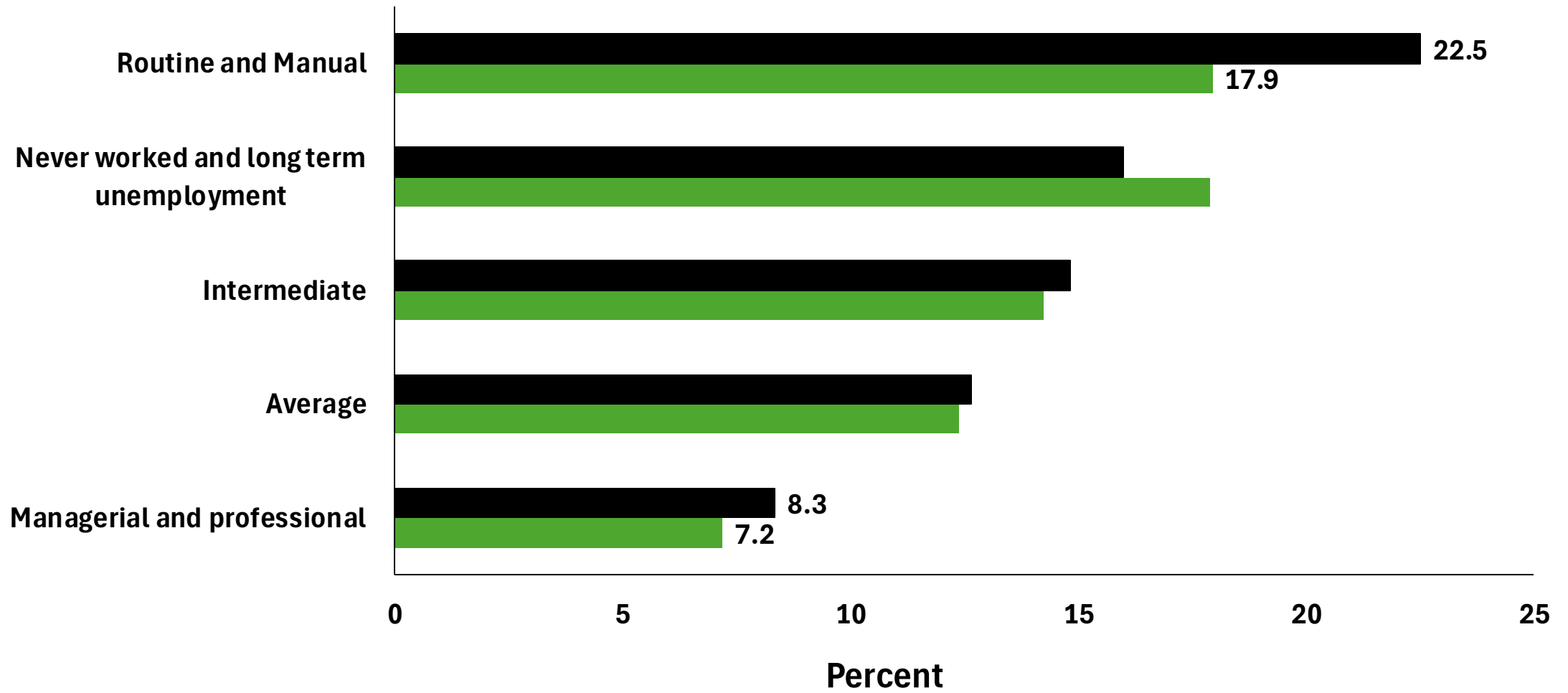
## Cuts to public health funding

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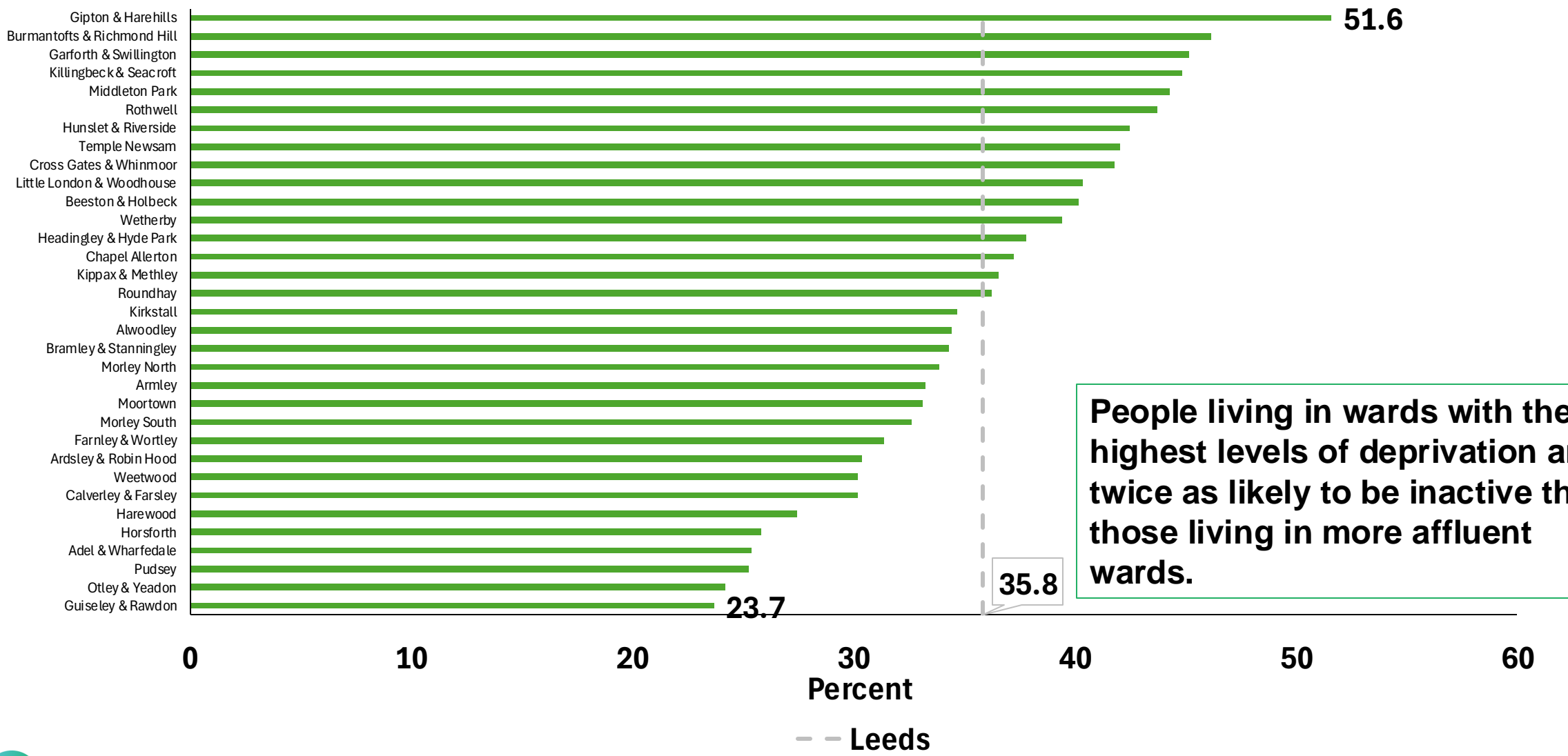
- Traditional public health disease prevention interventions such as smoking cessation services, dietary and exercise advice and public information campaigns do not, in themselves, target the social determinants of health.
  - These approaches can improve health equity when they are explicitly designed to reduce health inequalities.
- Cuts to public health budgets has reduced many prevention services.
  - The public health grant fell by £14.33 per capita between 2015/16 and 2024/25.
  - Between 2015/16 and 2023/24 in England, funding for stop smoking services and tobacco control fell by 46%.

**Source:** The Health Foundation. <https://www.health.org.uk/news-and-comment/charts-and-infographics/public-health-grant-what-it-is-and-why-greater-investment-is-needed>

# Smoking by socioeconomic group (aged 18-64), percent, Leeds and England, 2021/22

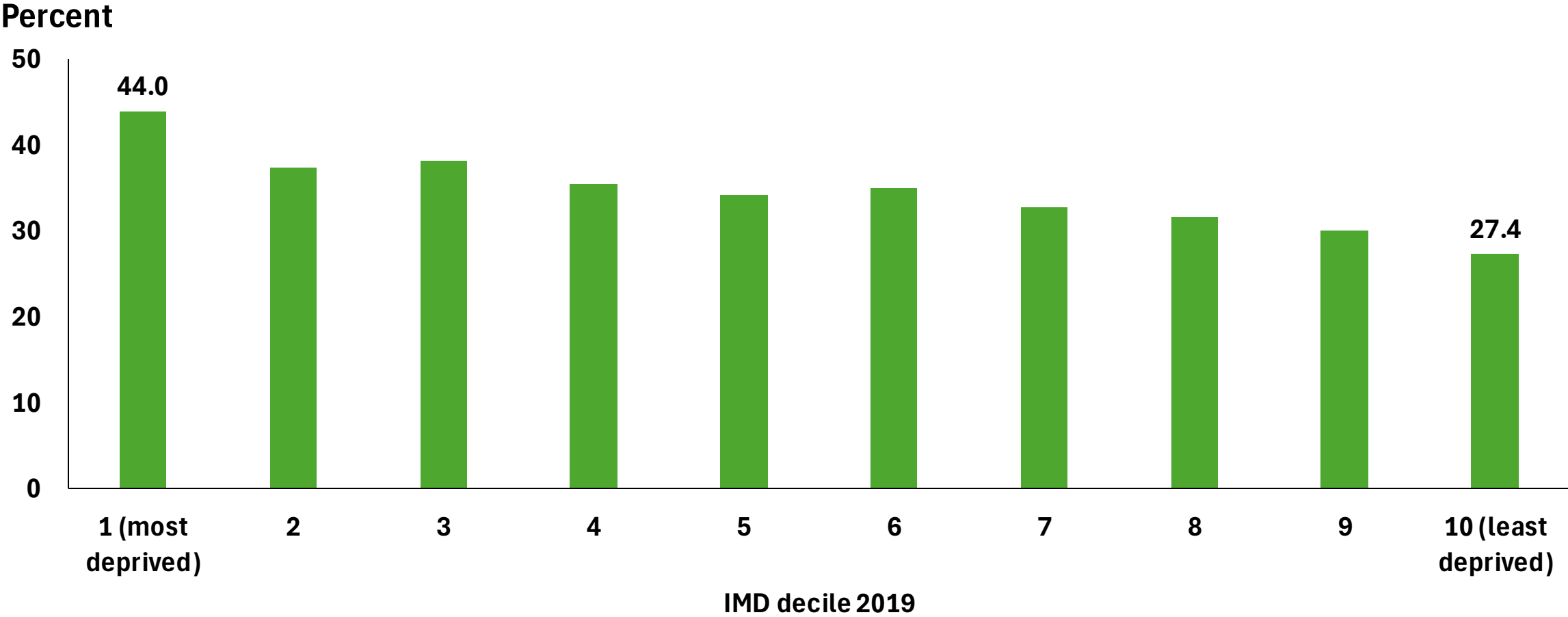


# Indicator 13. Patients age 50+ who were physically inactive, recorded by GP, percent, Leeds wards and Leeds, 2023/24



**People living in wards with the highest levels of deprivation are twice as likely to be inactive than those living in more affluent wards.**

# Indicator 13. Patients age 50+ who were physically inactive, recorded by GP, by IMD decile, percent, Leeds, 2023/24



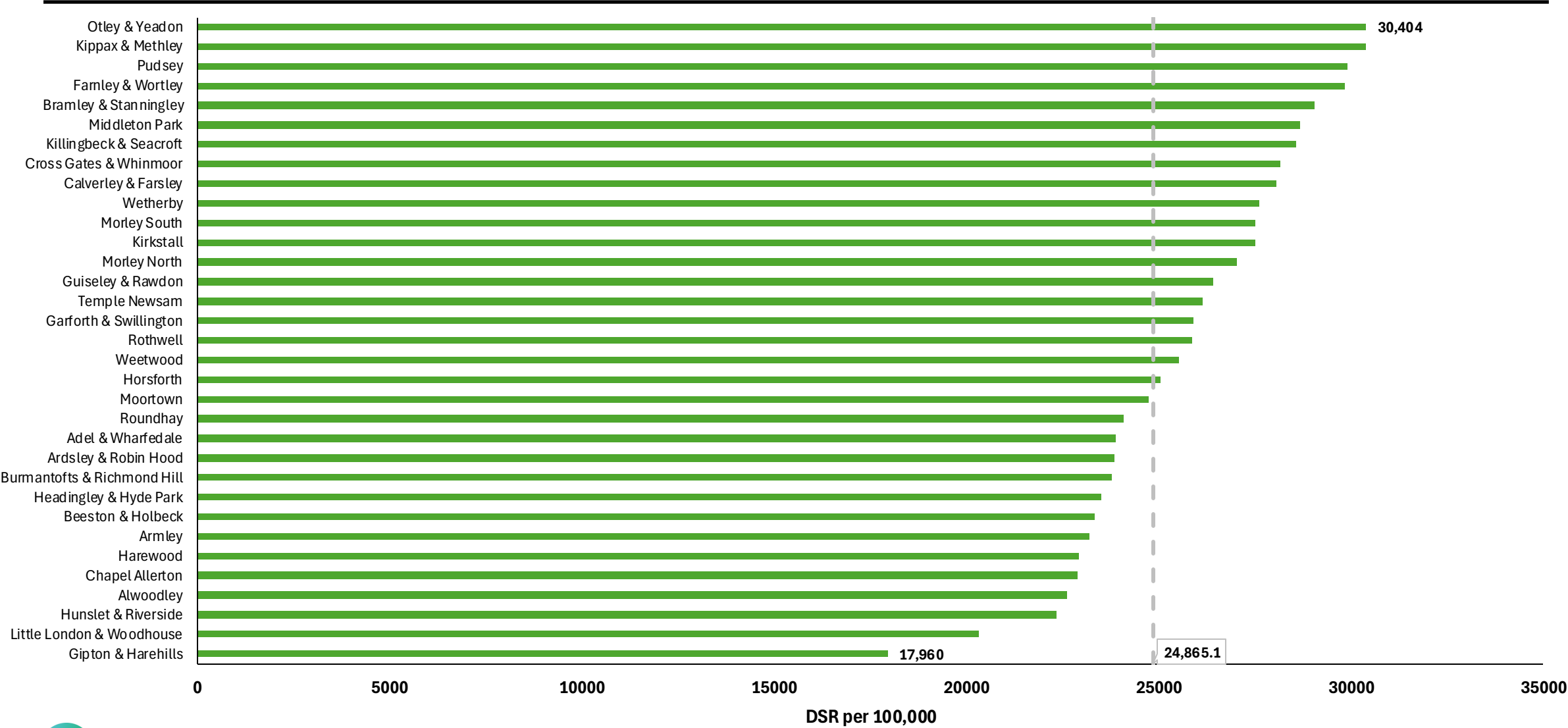
# Mental health and adults

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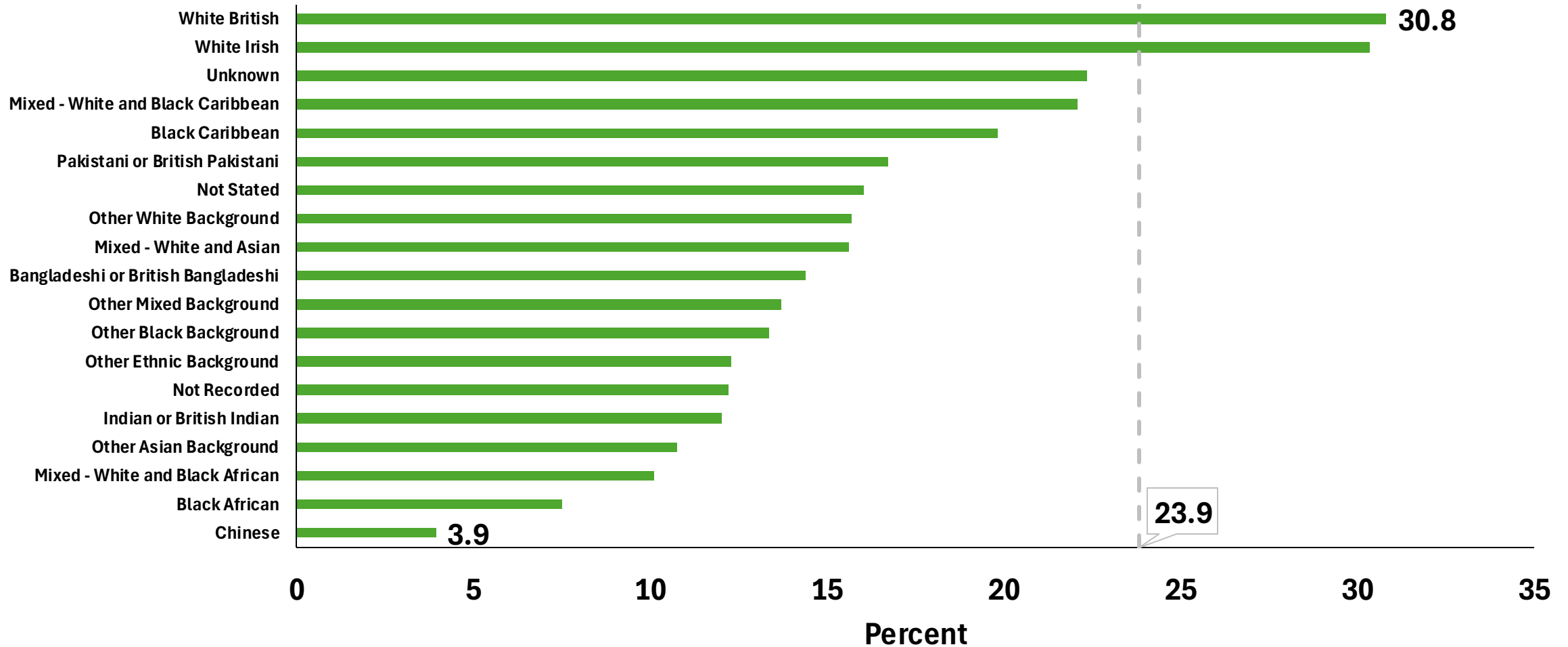
- Common mental disorders (CMD) are defined as any type of depression or anxiety. In Leeds, there are fewer reported incidents of CMD in the areas of highest deprivation.
  - This does not signify low prevalence in these areas but suggests lack of reporting needs to be analysed.
- Severe mental illness (SMI) refers to people with psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired (e.g. schizophrenia and bipolar disorder).
  - In contrast to CMD, the trend for SMI is the opposite. Rates of SMI are higher in areas of high deprivation and in ethnic minority populations.
- Loneliness and isolation have been linked to a range of physical and mental health outcomes, including depression, anxiety, dementia and suicide, as well as cancer, coronary heart disease and other cardiovascular conditions.
  - Loneliness and isolation are closely linked to deprivation.
  - Social isolation is an objective measure of reduced social contact, loneliness is the subjective negative feeling that isolation can cause. Not every person who spends time alone is lonely, nor does contact with another person necessarily remove the sense of loneliness.

*Source: Malcolm et al. (2019) Systematic Reviews*

# Indicator 9. Common mental health issues, recorded by GPs, DSR\* per 100,000, Leeds wards and Leeds, 2022/23

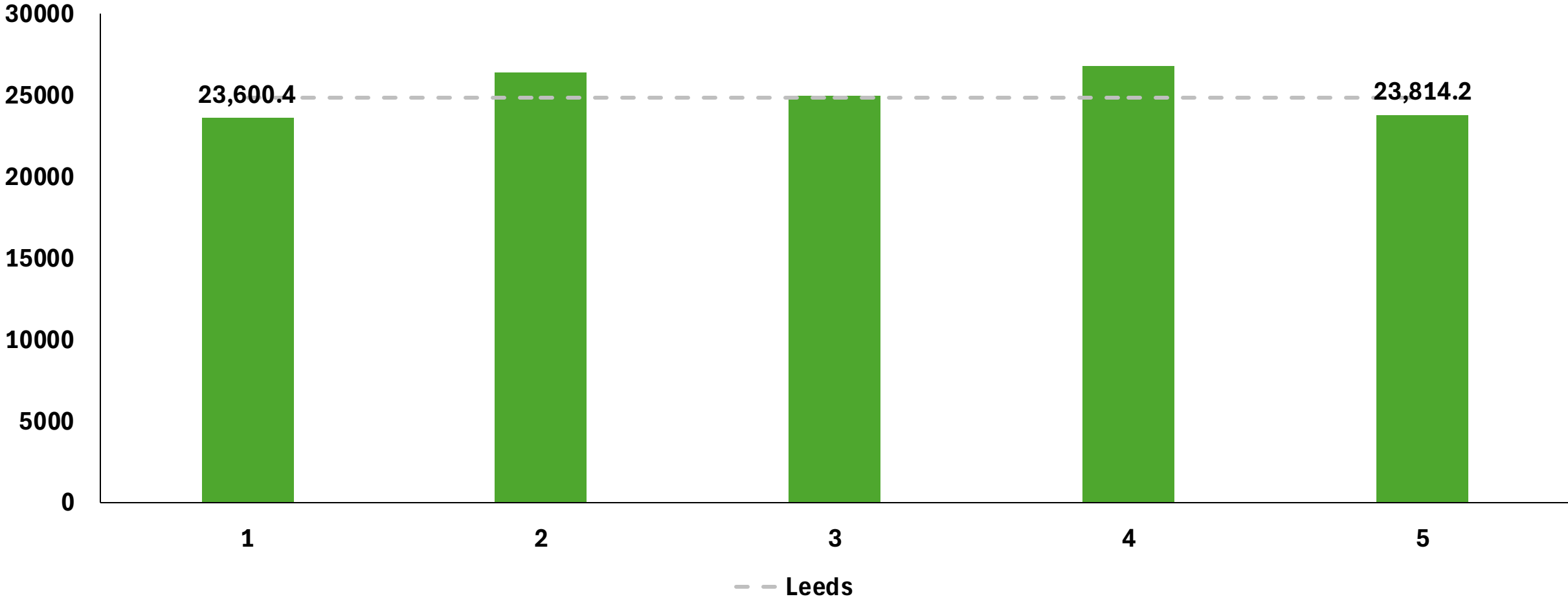


# Indicator 9. Common mental health issues, recorded by GPs, by ethnic group, percent, Leeds, 2022/23

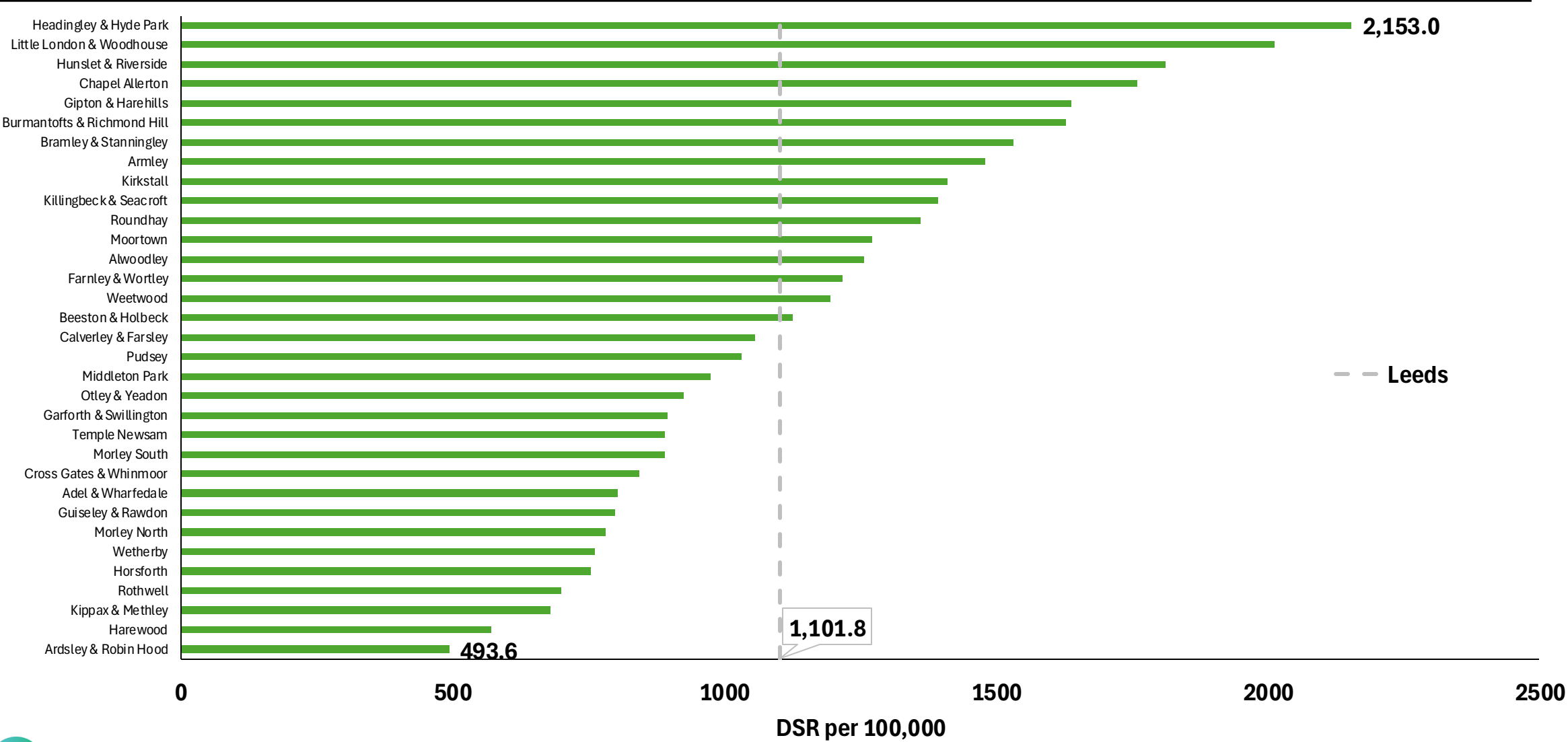


# Indicator 9. Common mental health issues, recorded by GPs, by deprivation quintile, DSR per 100,000, Leeds, 2022/23

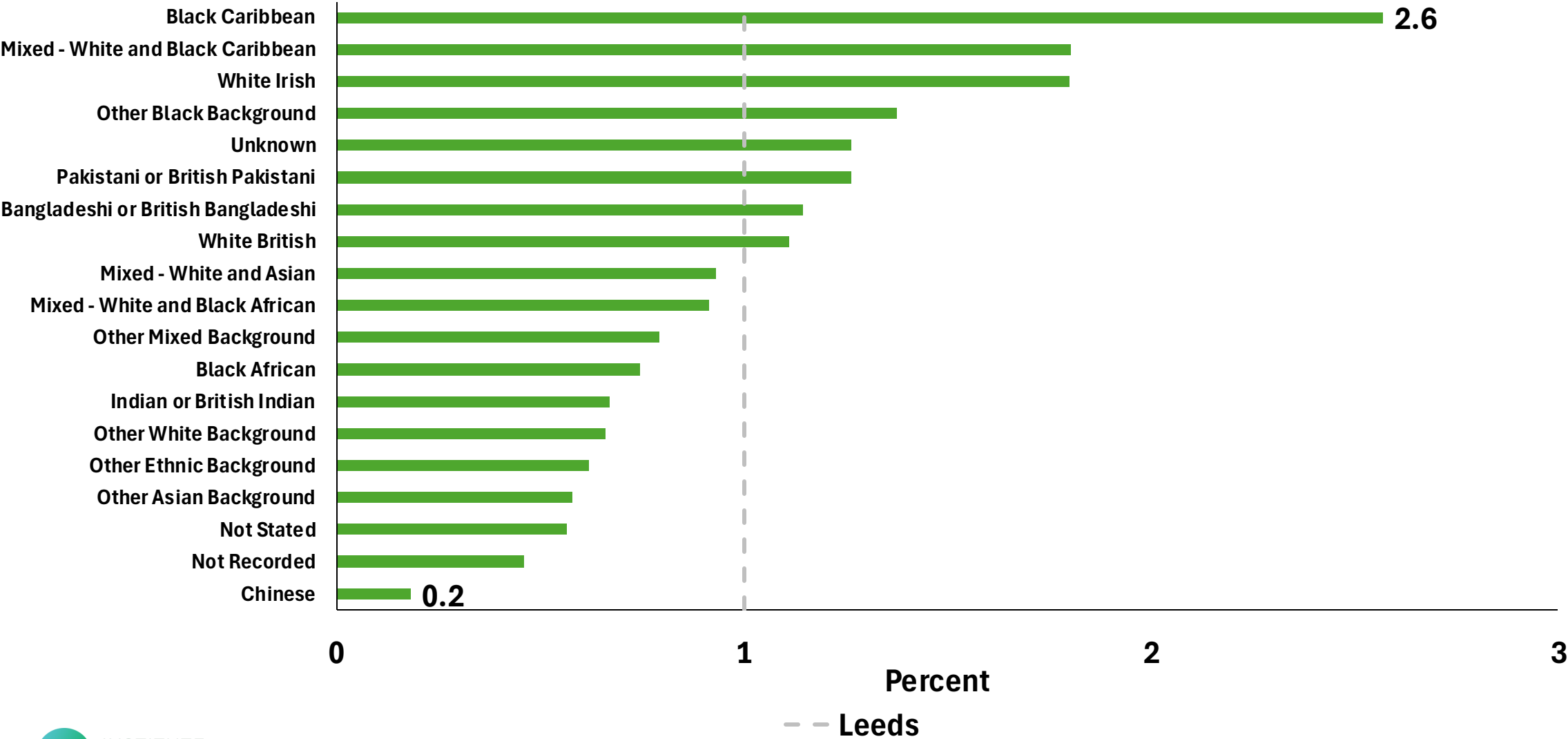
DSR per 100,000



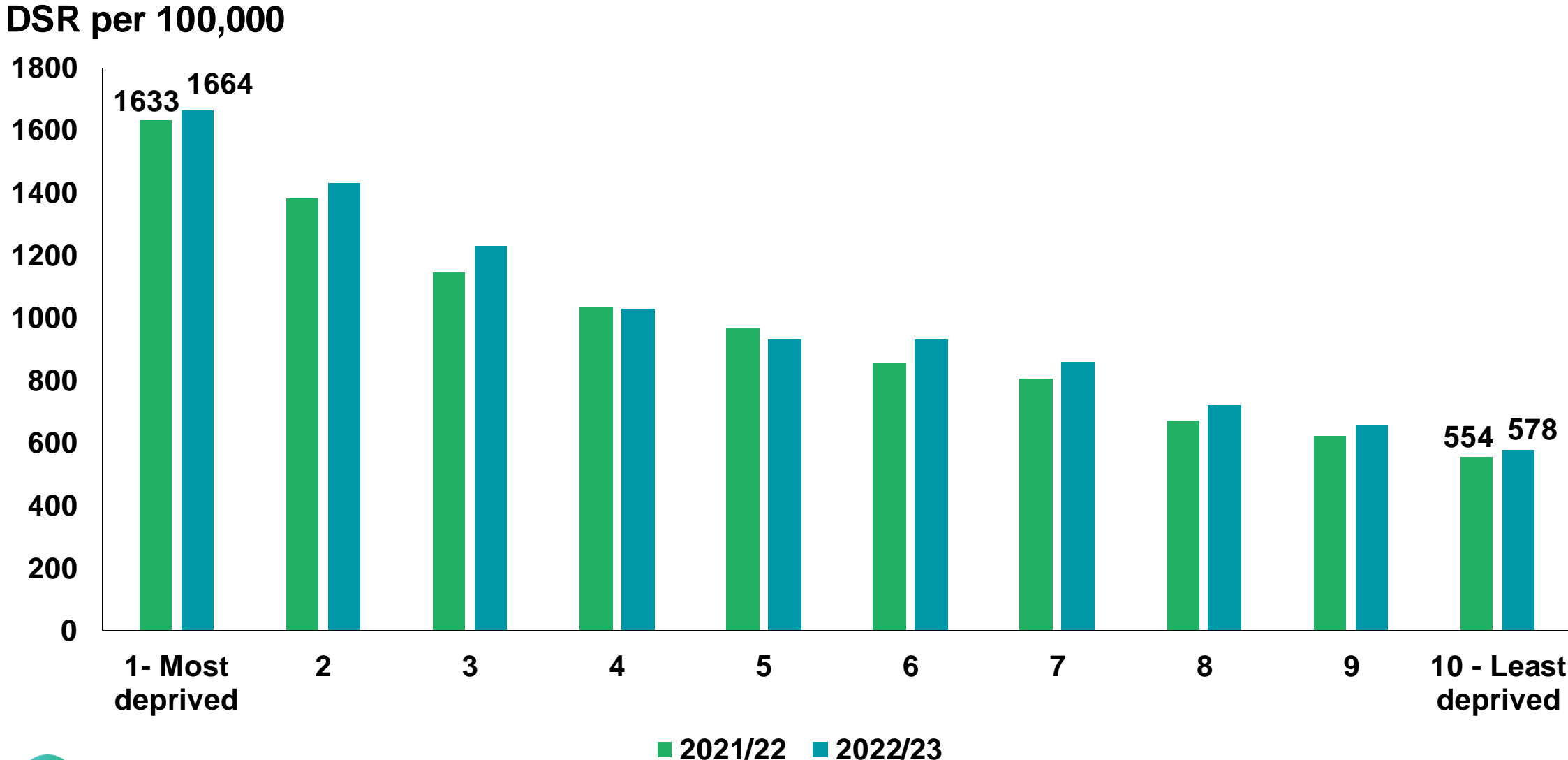
# Indicator 10. Severe mental illness, recorded by GPs, DSR per 100,000, Leeds wards and Leeds, 2022/23



# Indicator 10. Severe mental illness, recorded by GPs, by ethnic group, percent, Leeds, 2022/23



# Indicator 10. Severe mental illness, recorded by GPs and IMD (2019), DSR per 100,000, Leeds, 2021/22 and 2022/23



# Tackle racism, discrimination and their outcomes

Structural and systemic racism contributes to perpetuating health inequalities and lies behind ethnic minority inequalities in the building blocks of health.

In the UK minority ethnic populations are 2.2 times more likely than white populations to be in deep poverty, experiencing extreme levels of hardship, struggling to afford everyday basics such as food and energy.

Child poverty, low educational attainment, unemployment and factors associated with deprivation are more common among some ethnic minority groups.

# The NHS and ethnic minority populations

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- Access to, experience of, and outcomes from health services can also be worse for ethnic minority populations.
- It is crucial that NHS bodies and other services routinely gather data on ethnicity to determine where inequalities exist, including in access to services.
  - to enable employers and providers of services to reduce discrimination and inequalities.
- Barriers to accessing NHS services for minority ethnic patients include:
  - poor quality or discriminatory treatment from healthcare staff;
  - a lack of appropriate interpreting services for people who do not speak English confidently
  - delays in, or avoidance of, seeking help for health problems due to fear of racist treatment from NHS healthcare professionals.

**Source:** NHS Race and Health Observatory [https://www.nhsrho.org/wp-content/uploads/2023/05/RHO-Rapid-Review-Final-Report\\_Summary\\_v.4.pdf](https://www.nhsrho.org/wp-content/uploads/2023/05/RHO-Rapid-Review-Final-Report_Summary_v.4.pdf)

# Pursue environmental sustainability and health equity together

Climate change will have significant impacts on health and inequalities as the burden will fall more severely in areas of higher deprivation.

Mitigating climate change and reducing greenhouse gas emissions has co-benefits for health and health equity. Retrofitting housing stock will reduce carbon emissions and rates of fuel poverty by lowering heating bills.

Equity needs to be considered when planning and implementing green policies, to ensure that it is not the worst-off who also bear the costs of remedying the problem.

## Air quality, deprivation and ethnicity

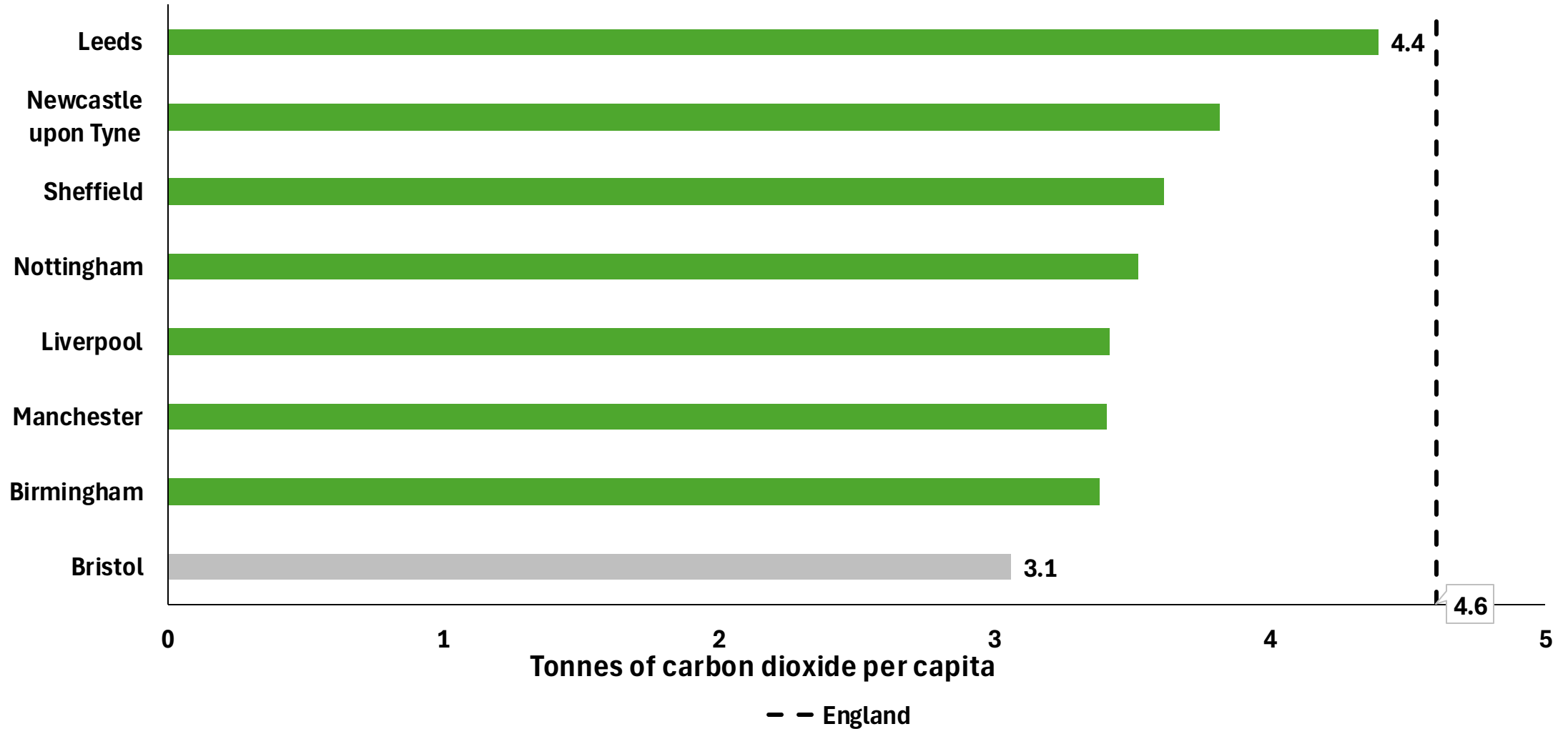
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- There are inequalities in risks of air quality, poorer air quality and proximity to polluting sites are associated with greater deprivation.
  - 60% of people living in areas of high deprivation in Leeds are exposed to the highest levels of nitrogen dioxide, compared to 18% of the general Leeds population.
- Exposure to traffic-related pollution is associated with inequalities: areas with more households in poverty are exposed to poorer air quality, and areas with households least able to access a vehicle suffer more from vehicle emissions.
- There are ethnic inequalities in air quality. Neighbourhoods in England with a greater than 20% ethnic minority population had higher average levels of key pollutants than those with 20% or less.
- Transport emissions are responsible for a third of Leeds' carbon emissions. Housing accounts for 26%.

**Source:** UKHSA (2018) *Air Pollution Exposure Surveillance*. Brunt et al. 2017 *Journal of Public Health*; Barnes et al. 2019 *Transportation Research Part D: Transport and Environment*; Fecht et al. 2015 *Environmental Pollution*; Leeds City Council.

<https://democracy.leeds.gov.uk/documents/s243101/Climate%20Emergency%20Annual%20Report%20Cover%20Report%20060323.pdf>

# Carbon dioxide emissions, tonnes per capita, English CORE cities and England, 2021





**Systems change:  
Fairer, Healthier Leeds  
recommendations &  
indicators**

# LEADERSHIP AND ACCOUNTABILITY

AIM: Increase accountability, ensure action takes place and measure impact

1. Identify named senior leaders who are accountable for health equity in Leeds.
2. Commit to closing the gap in health outcomes as measured by the Fairer, Healthier Leeds Marmot indicators over a five to ten-year period and set out implementation plans to do this.
3. Leaders, organisations and partnerships to adopt a health equity in all policies approach to identify, test and embed processes that deliver health equity across the system.
4. Continue to allocate senior capacity and resource in public health to lead the Leeds health equity approach and maximise the expertise of the wider public health team in planning and delivery.
5. Continue to deliver the inclusive growth agenda with a focus on IMD 1 and 2 neighbourhoods. Leeds City Council to convene partners and anchor organisations to maximise the impact of their work in these areas. Scale up employment and skills training that meets the needs of communities and residents in IMD 1 and 2 neighbourhoods.
6. Leeds health and care partnership to continue to build on Core 20PLUS5 to reduce inequalities in health ensuring action is scaled up to meet the needs of communities in IMD 1 and 2 neighbourhoods.
7. Continue to enable the Third Sector to play a lead strategic role in addressing health equity and, through fairer funding agreements, to deliver sustainable action on the social determinants of health.
8. Ensure the needs of ethnic minority populations in Leeds are addressed in all citywide strategies to reduce inequalities.

# EFFECTIVE PARTNERSHIPS

AIM: Existing and future partnerships prioritise greater health equity in Leeds

1. Adopt more ambitious health equity goals in existing strategic partnerships.
2. For each Marmot principle, ensure that membership of relevant networks and/or partnerships is broad enough to facilitate actions on the social determinants of health.
3. Working with the Third Sector, involve communities in identifying drivers of poor health and in the design, implementation and evaluation of actions to reduce them.
4. Clarify community approaches to addressing the social determinants of health in IMD 1 and 2 neighbourhoods, including joining up programmes, reducing duplication and scaling up what works.

# RESEARCH AND MONITORING

AIM: Drive more effective interventions and evaluations and collect data on the Fairer, Healthier Leeds Marmot indicators

1. Leeds Academic Health Partnership to continue to have 'reducing health inequalities' as its central focus and to increase activities to facilitate closer working and better understanding of the social determinants of health within the Leeds academic community.
2. Develop the Fairer, Healthier Leeds Marmot indicators and collect data and communicate progress against them.
3. Ensure that the Fairer, Healthier Leeds Marmot indicators findings influence strategic approaches (e.g. Joint Strategic Assessment and Best City Ambition) and delivery of programmes (e.g. Early Years, planning).

	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	MSOA Ethnicity	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>

	Leeds Marmot 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	Selected as an upstream indicator of the need for crisis support.
10	Prevalence of severe mental illness, recorded by GPs, all ages, directly age standardised rate per 100,000	Indicative of inequalities in mental health need, providing context for CMHI upstream prevention.
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>