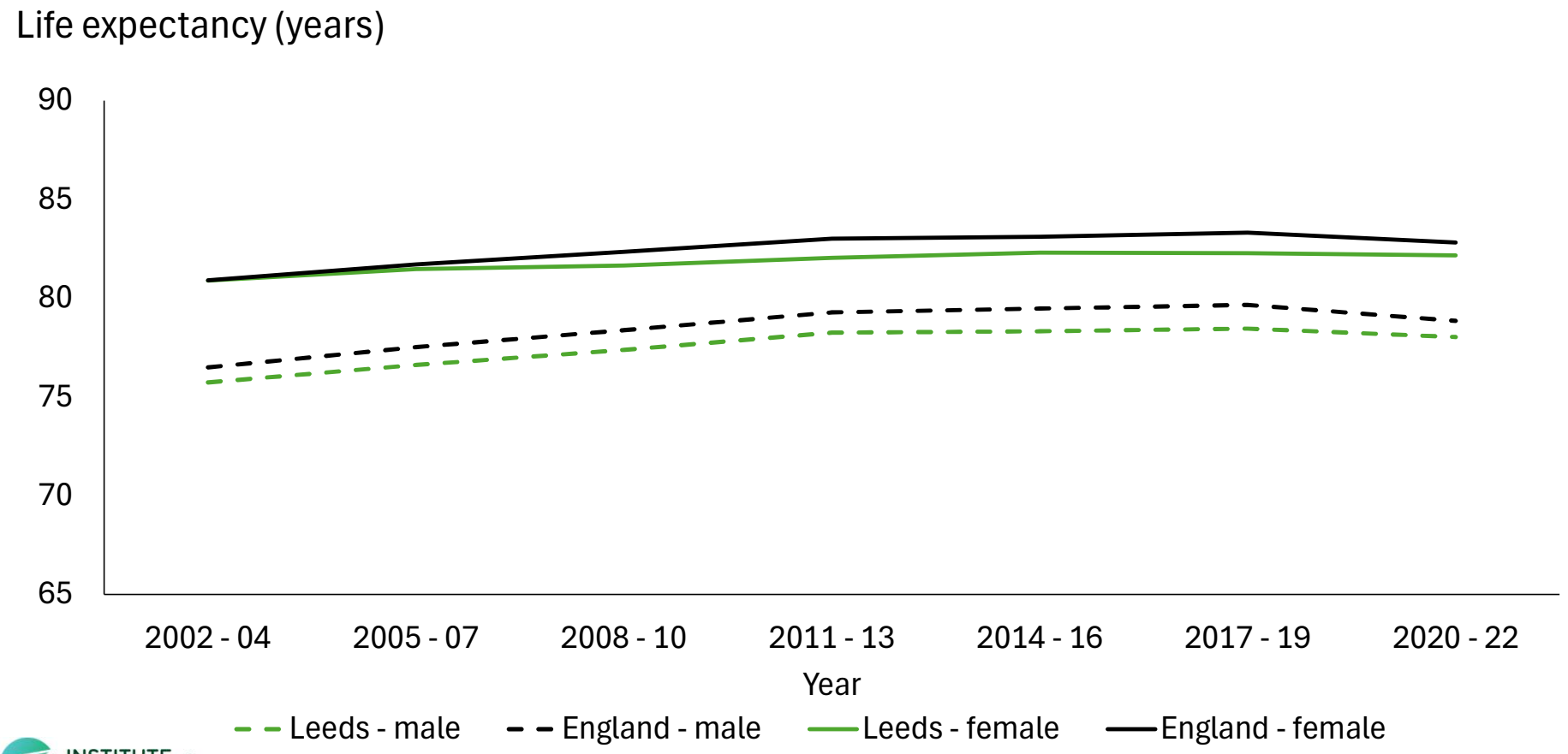
INSTITUTE of HEALTH EQUITY

Raising aspirations, reducing inequalities: Leeds and the social determinants of health

March 2024

Levelling off before COVID: Trends in life expectancy, by sex, Leeds and England, 2002-4 to 2020-22



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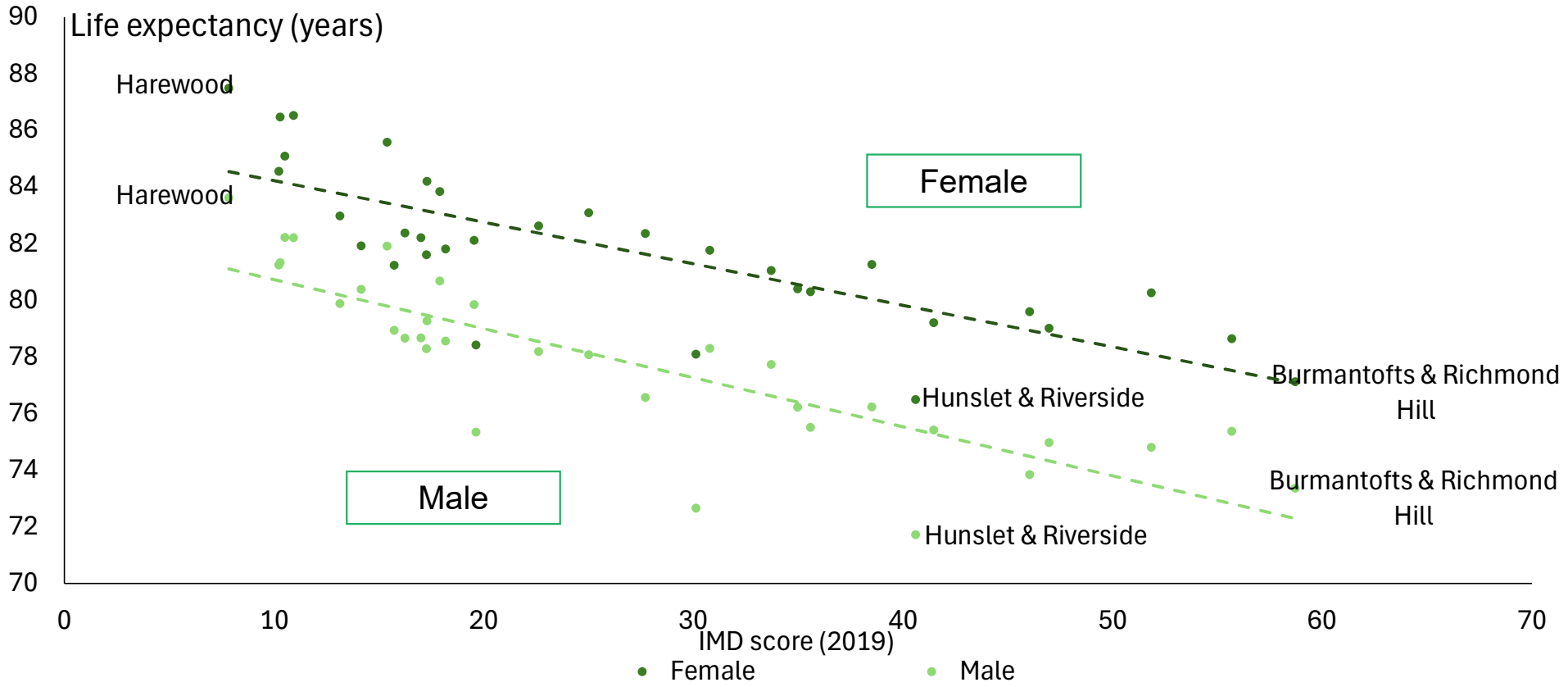
Source: *Office for National Statistics*

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



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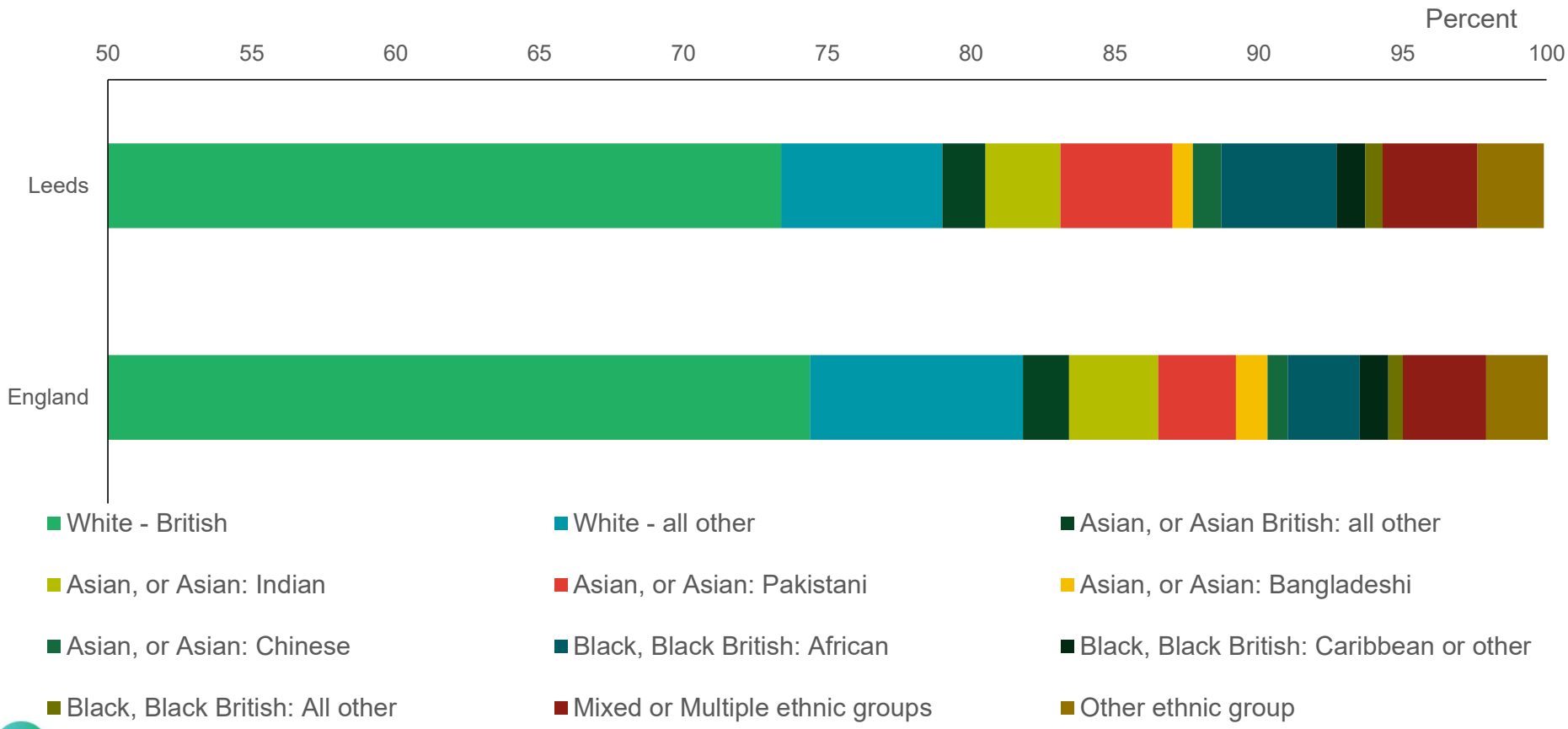
Source: *Office for National Statistics*

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



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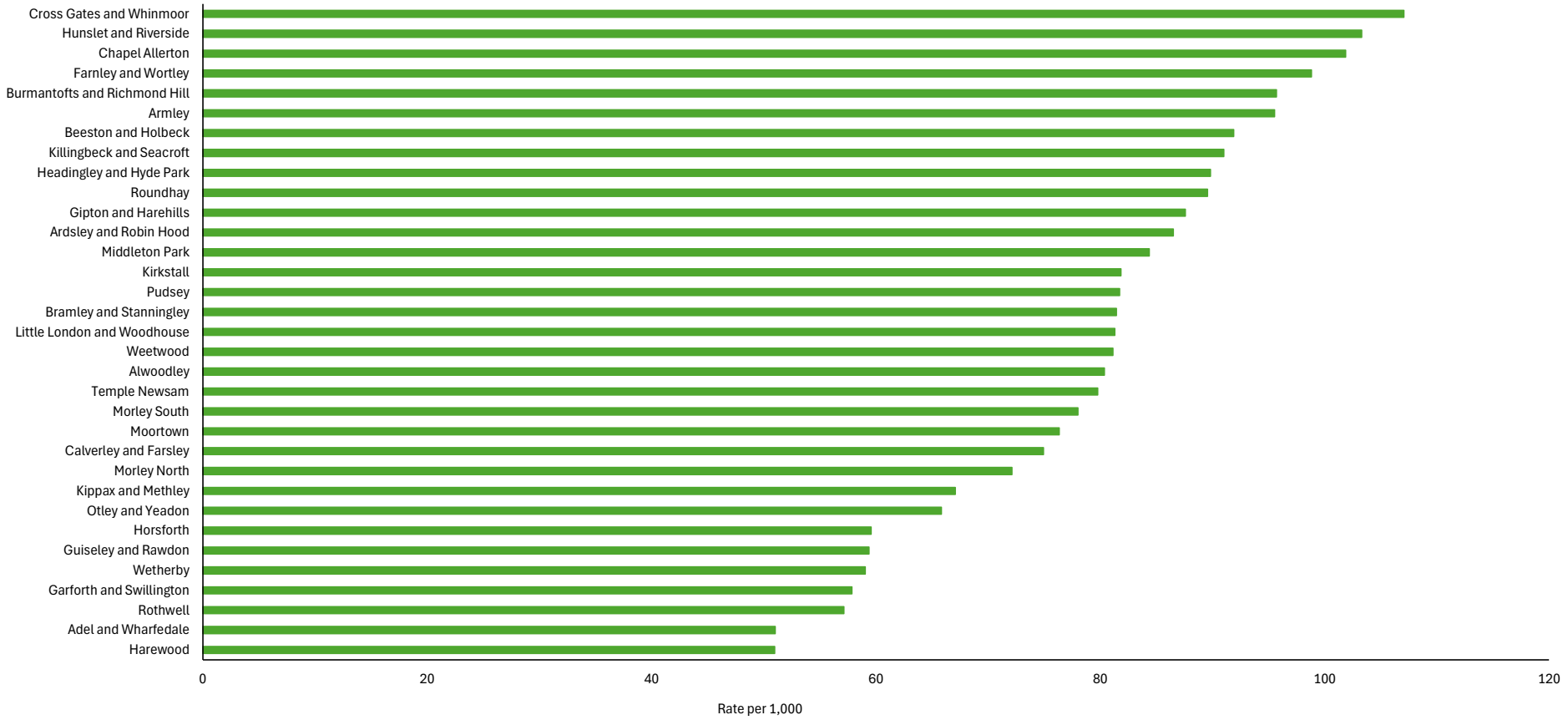
Source: *Office for National Statistics*

Giving every child the best start: Low birthweight babies, rate per 1,000 full-term live births, Leeds wards, 2020-22



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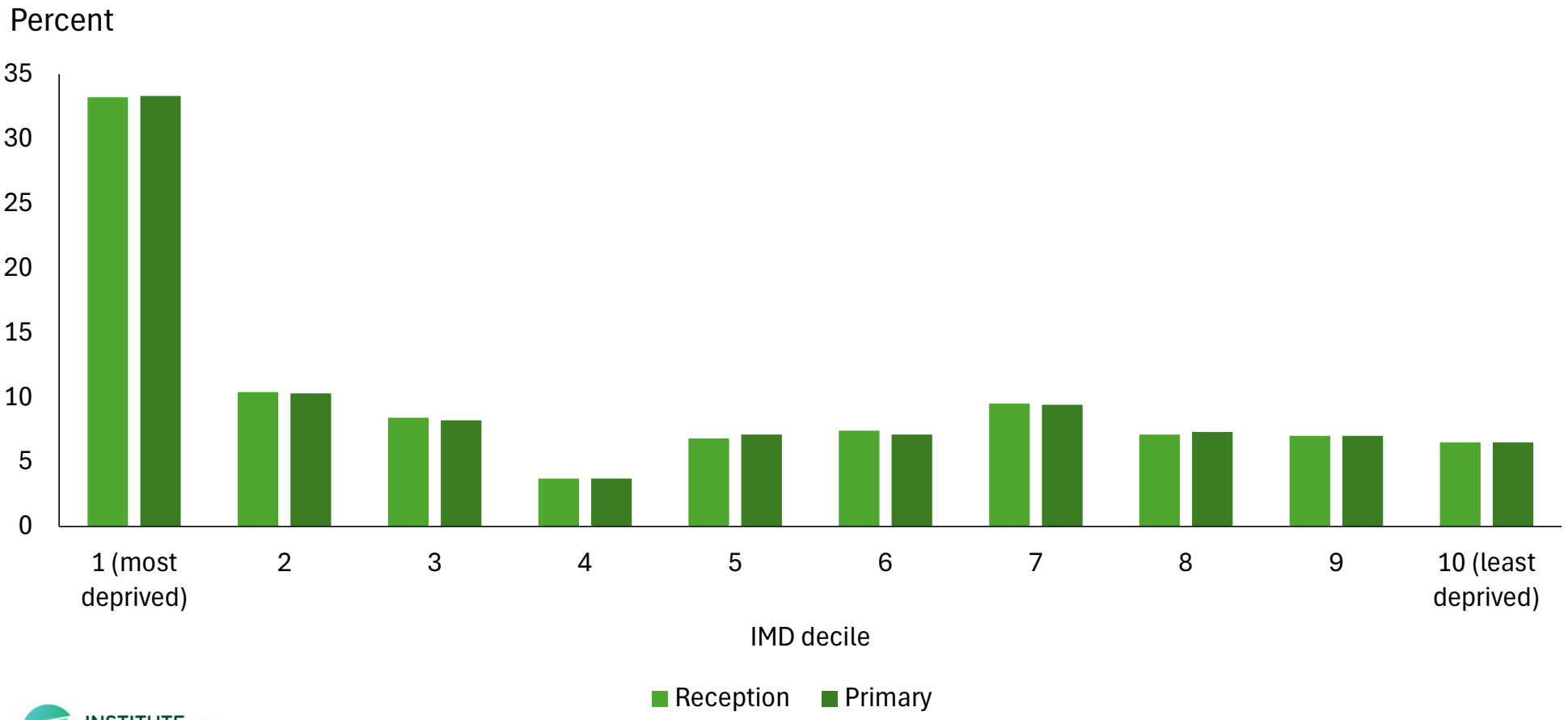
Source: *Leeds data team, NHS Digital*

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



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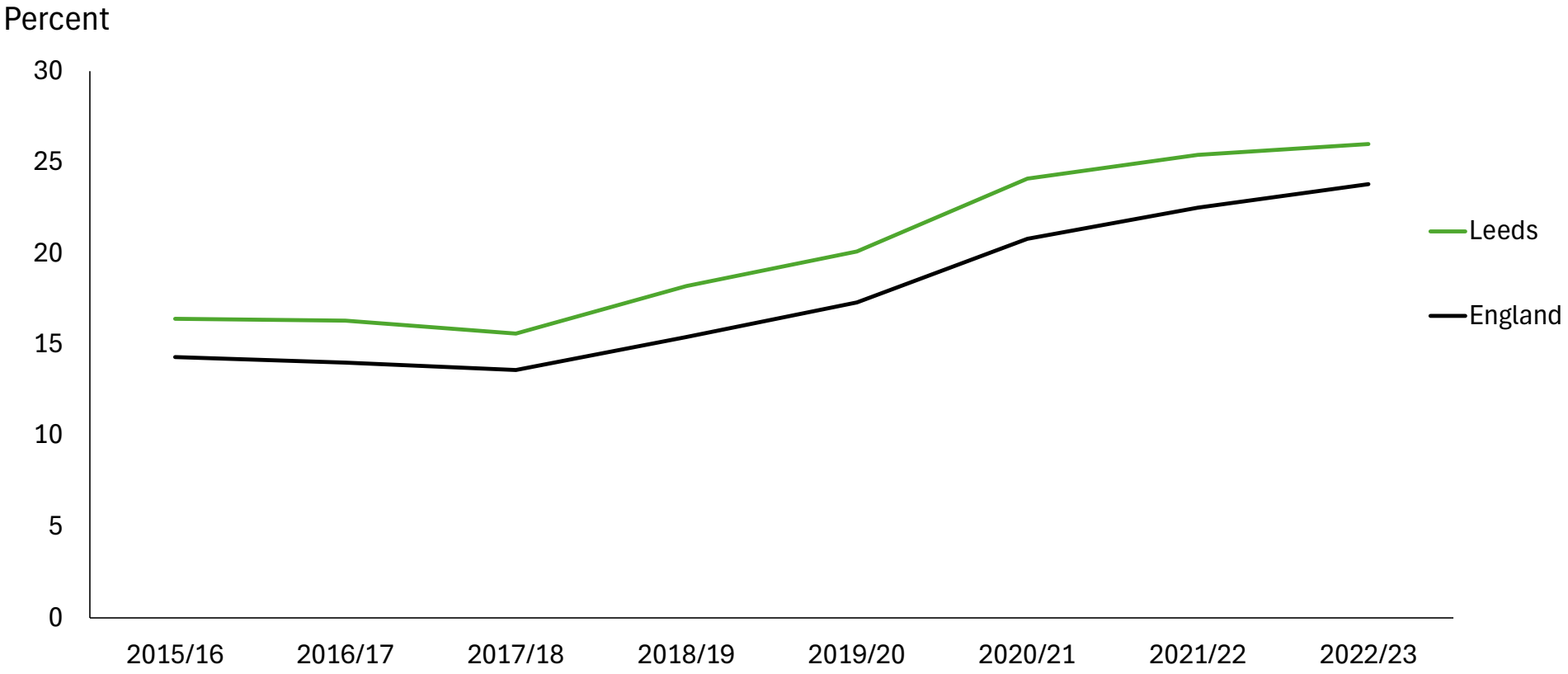
Source: *Leeds City Council*

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



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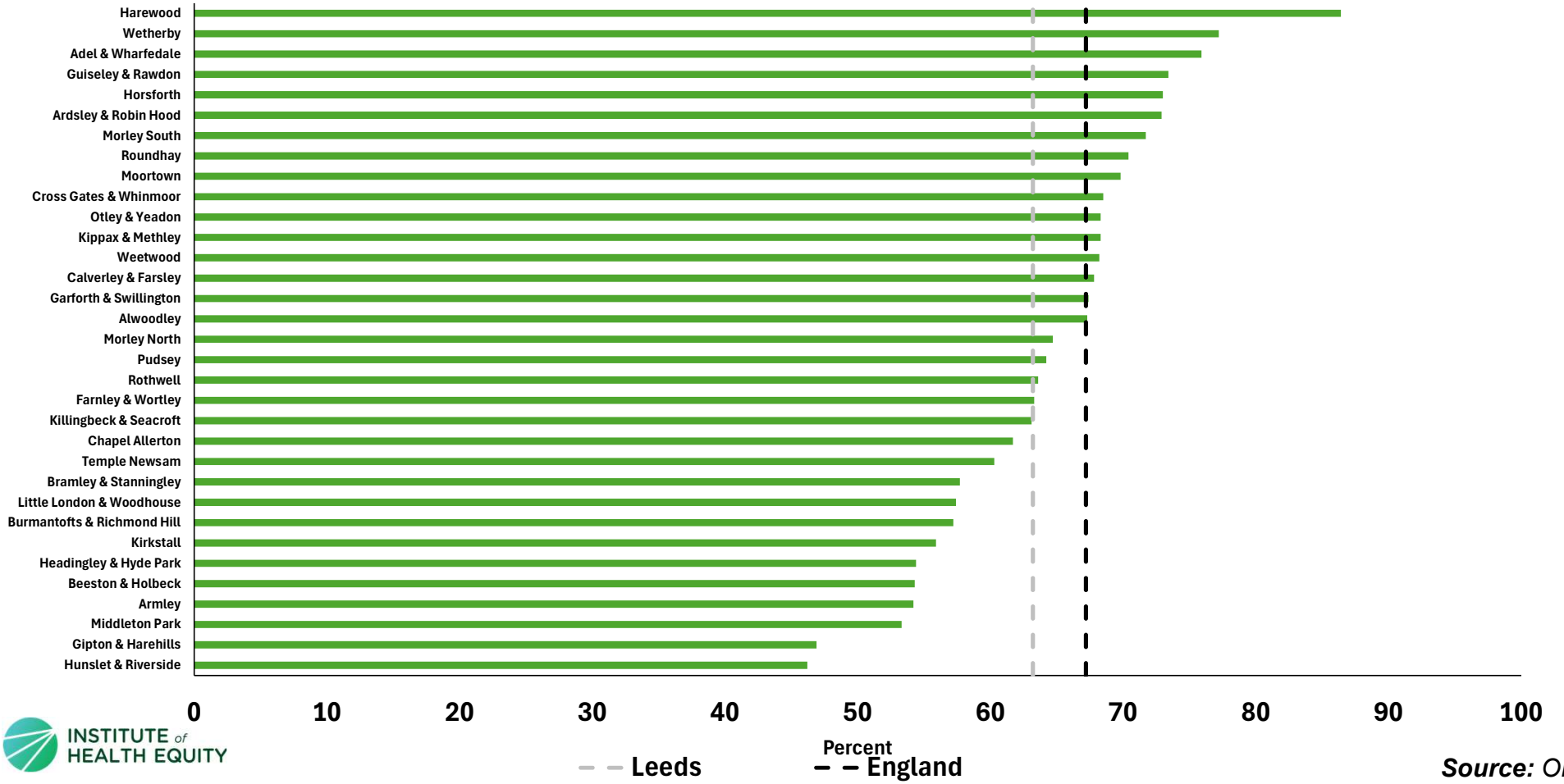
Source: *Department for Education*

Best start? Percent pupils achieving a good level of development at the end of reception, Leeds wards, 2022/23



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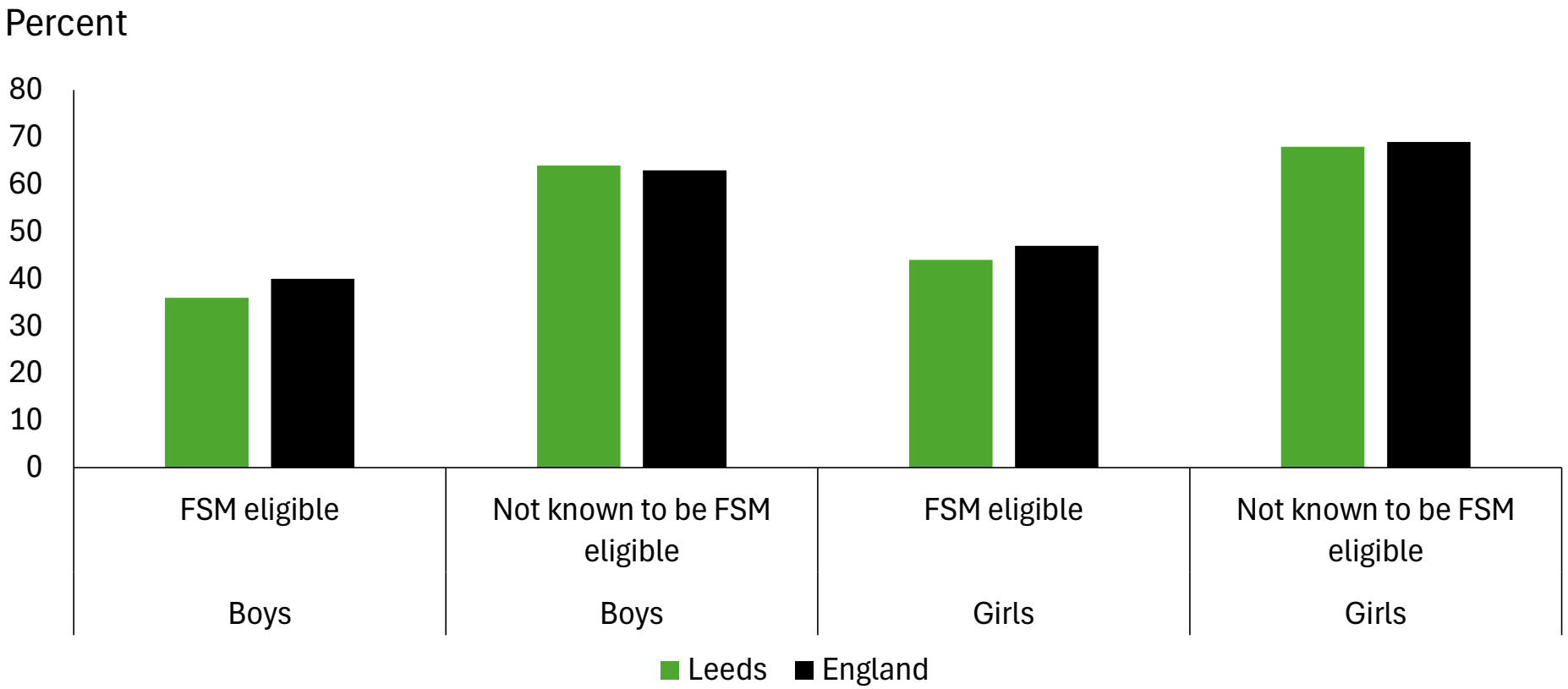
Source: *OHID*

Raising aspirations, reducing inequalities: Percent pupils reaching the expected standard in reading, writing, and maths at Key Stage 2, by FSM eligibility and sex, percent, Leeds & England, 2022/23



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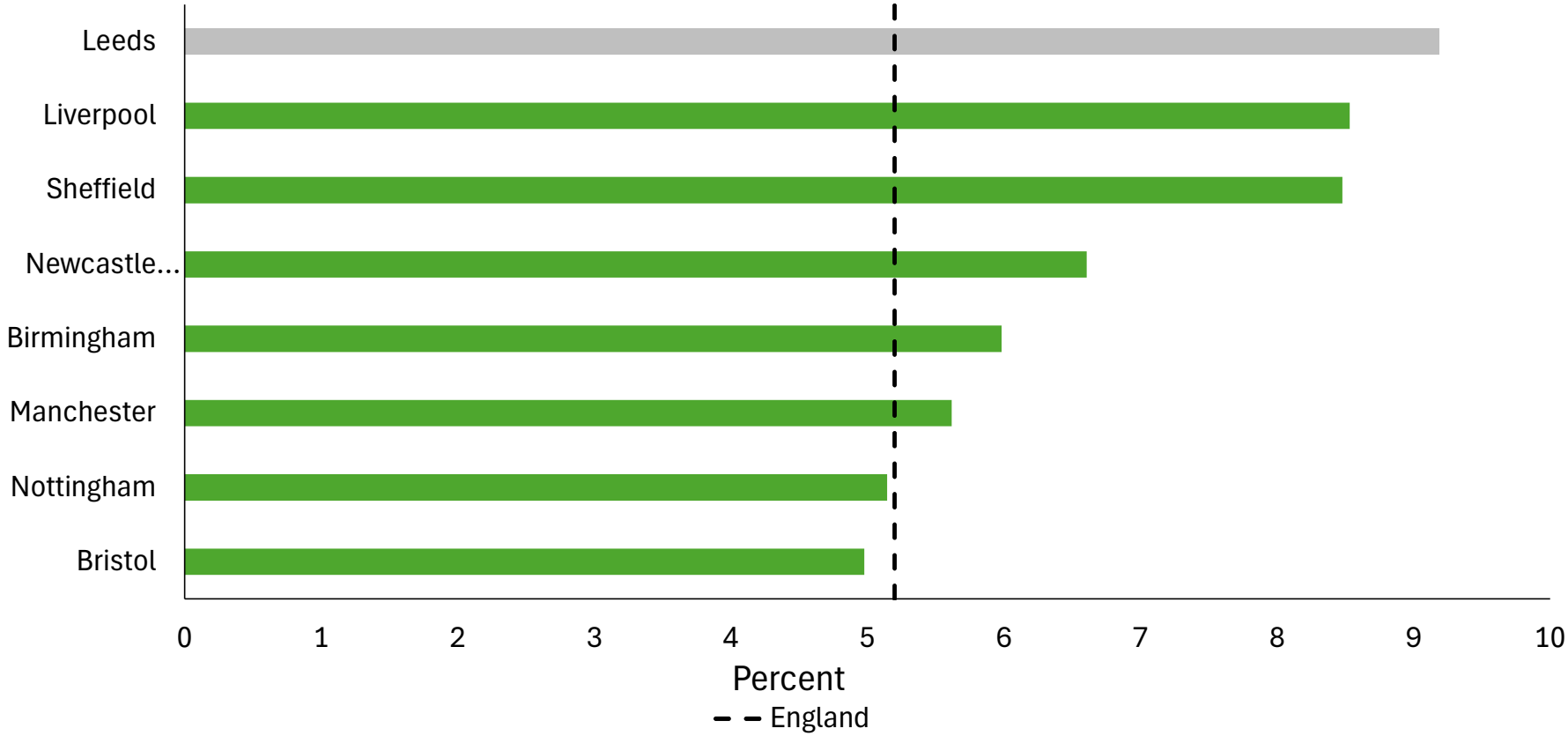
Source: *Department for Education*

Raising aspirations, reducing inequalities: Percent 16-to 17-year-olds not in education, employment, or training, English CORE cities, and England, 2022/23



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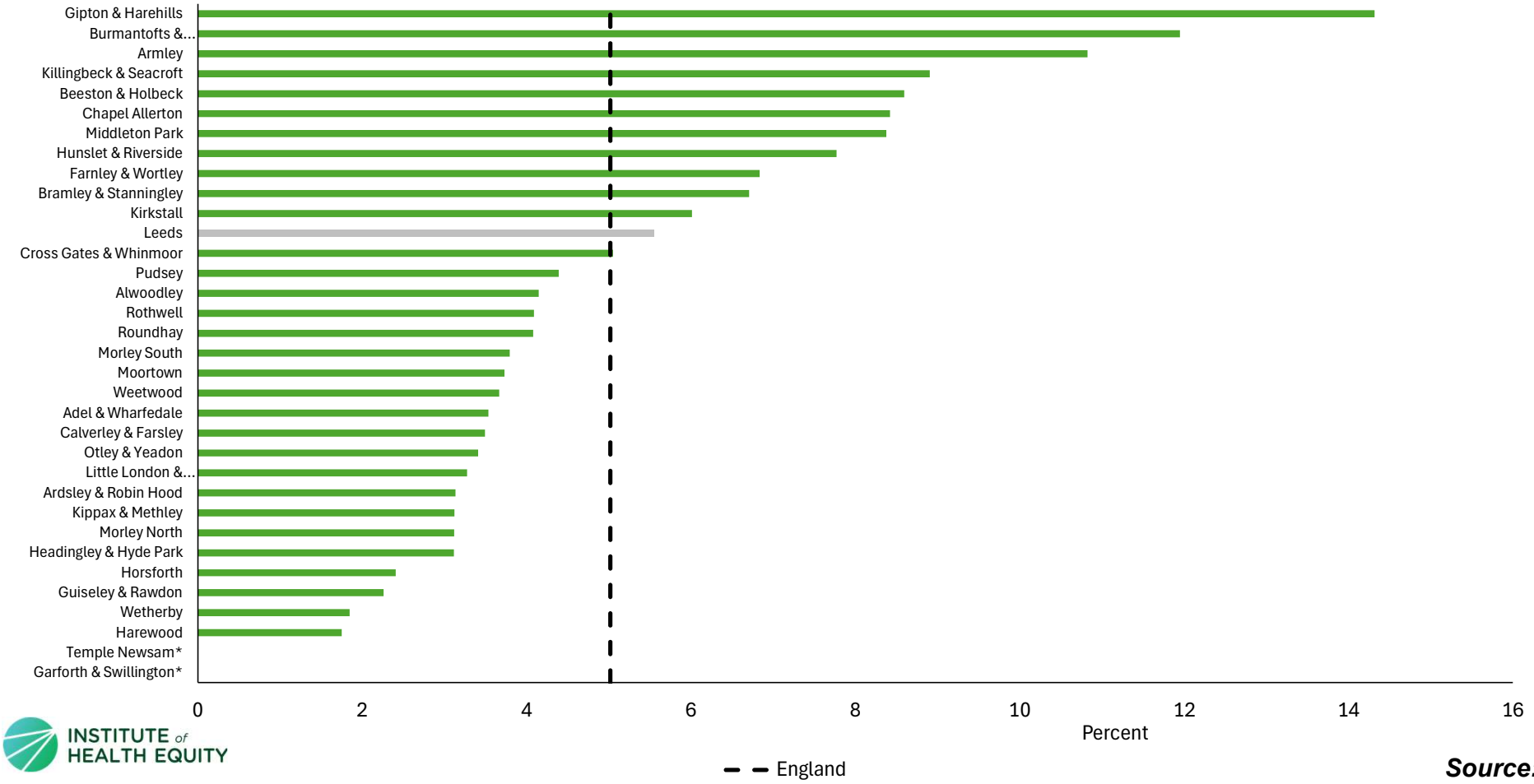
Source: *OHID*

Percent of working age population claiming out of work benefit, Leeds wards, Leeds, and England 2021/22



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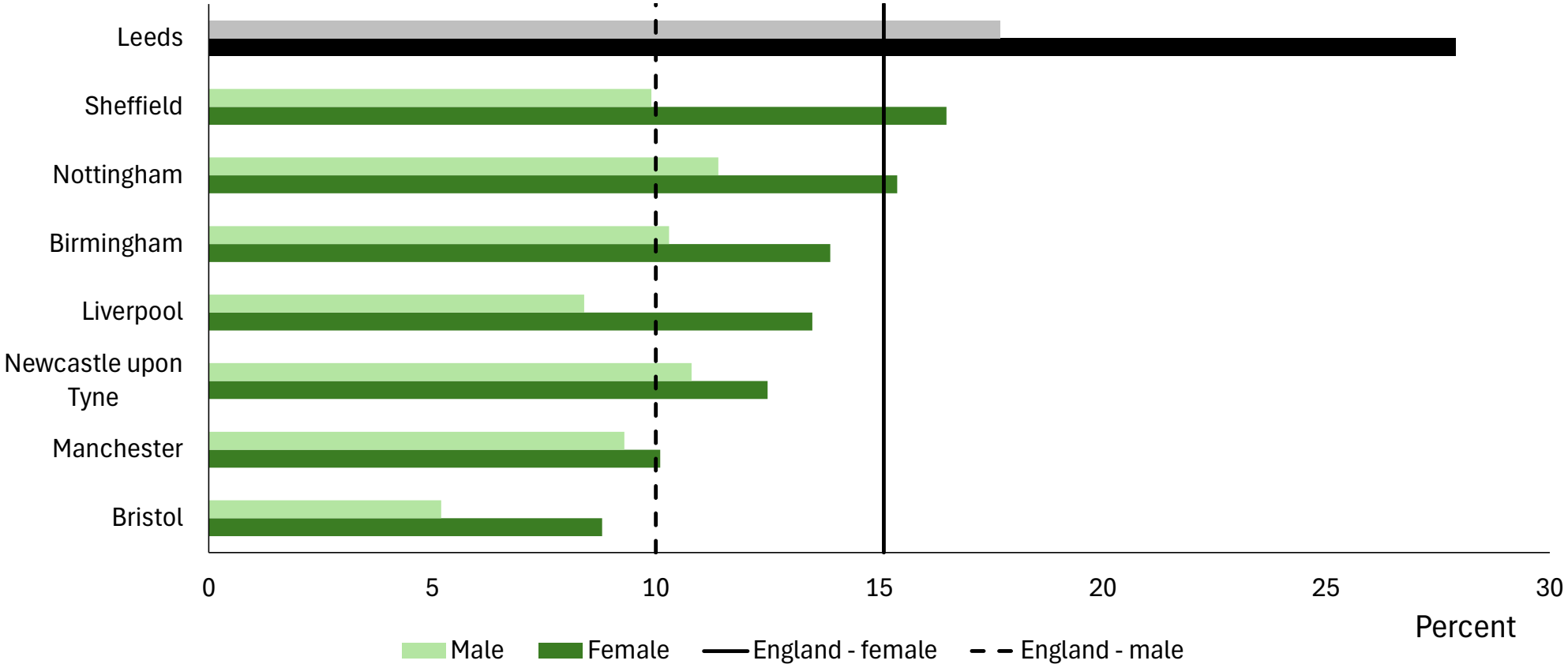
Source: *OHID*

Raising aspirations, reducing inequalities: Percent employees earning below the UK Real Living wage, by sex, English CORE cities and England, 2022



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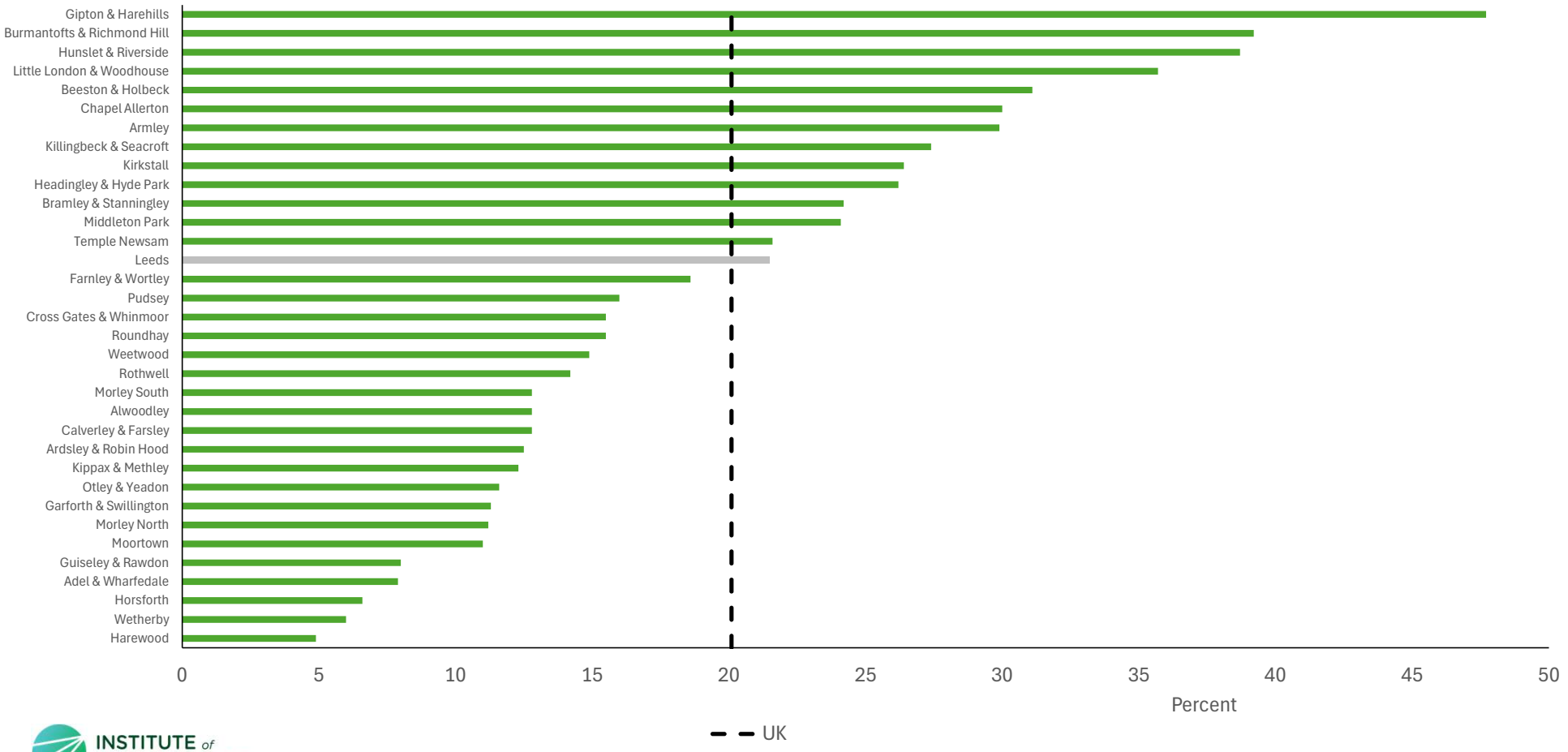
Note: The real living wage in 2022 was £9.90 for England, £11.05 for London

Source: *Office for National Statistics*

Raising aspirations, reducing inequalities: Percent children in relative low-income families, Leeds wards and UK, 2021/22



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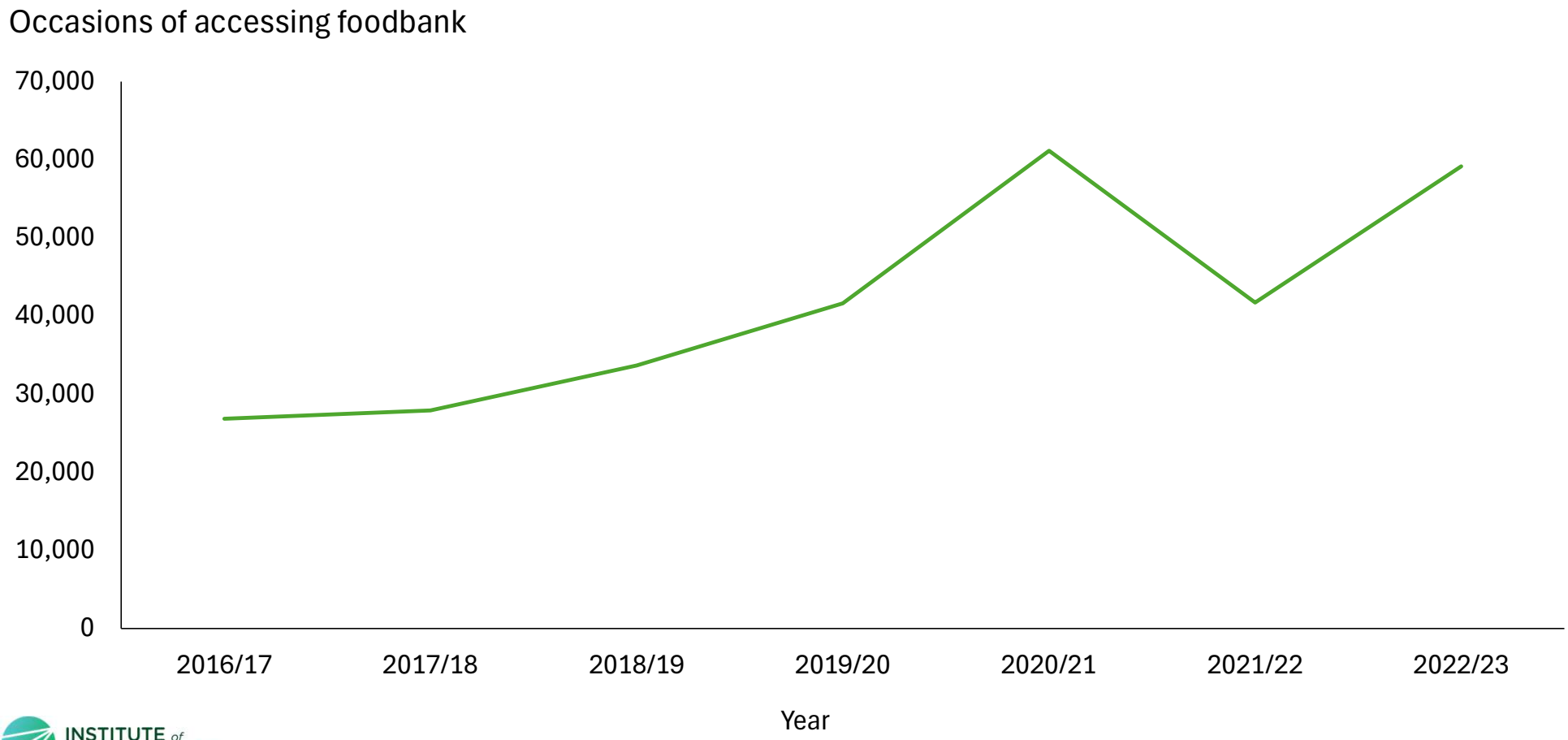
Source: *Department for Work and Pensions*

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



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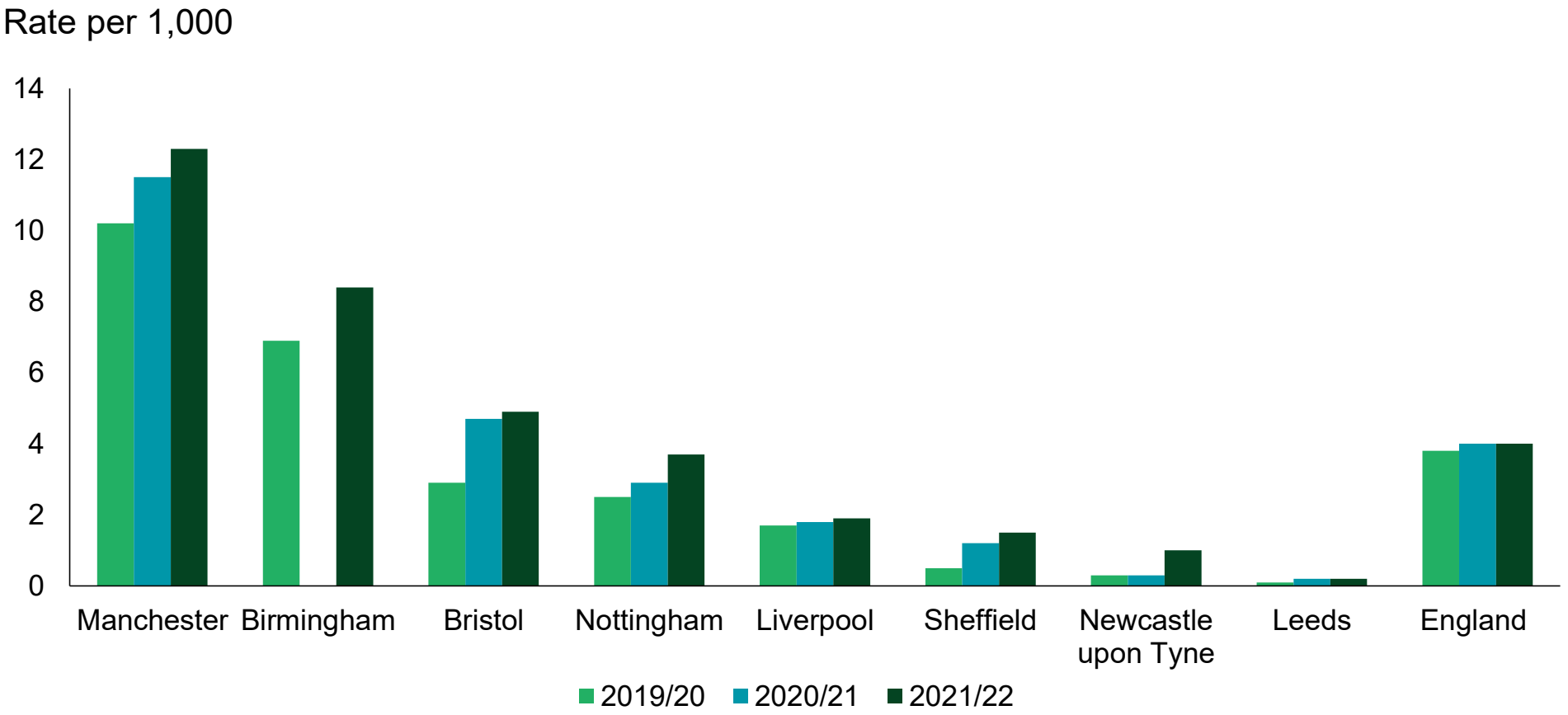
Source: *Leeds observatory*

Rate of households in temporary accommodation per 1,000 households, English CORE cities and England, 2019/20 to 2021/22



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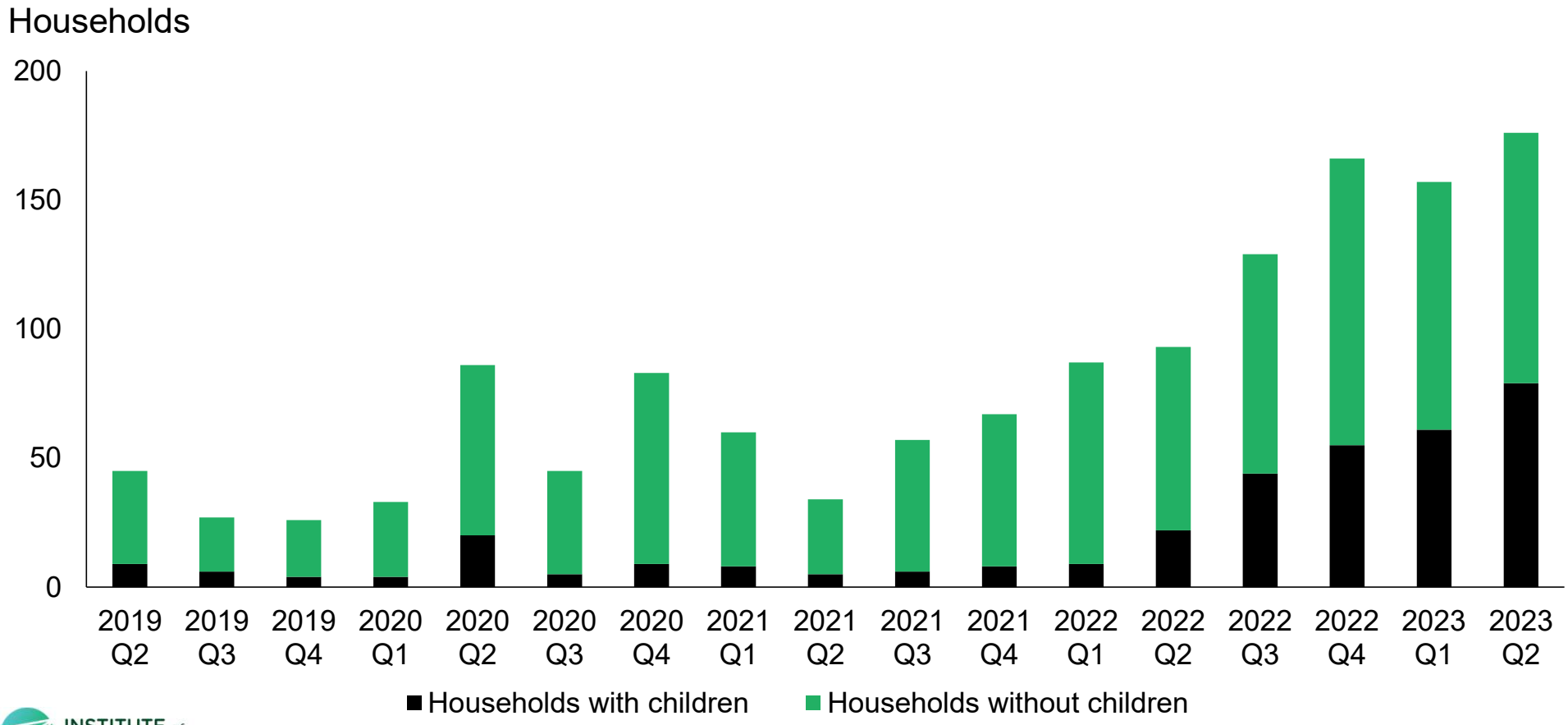
Source: *Ministry of Housing, Communities & Local Government*

Households in temporary accommodation, by households with or without children, Leeds, 2019 Q1 to 2023 Q3



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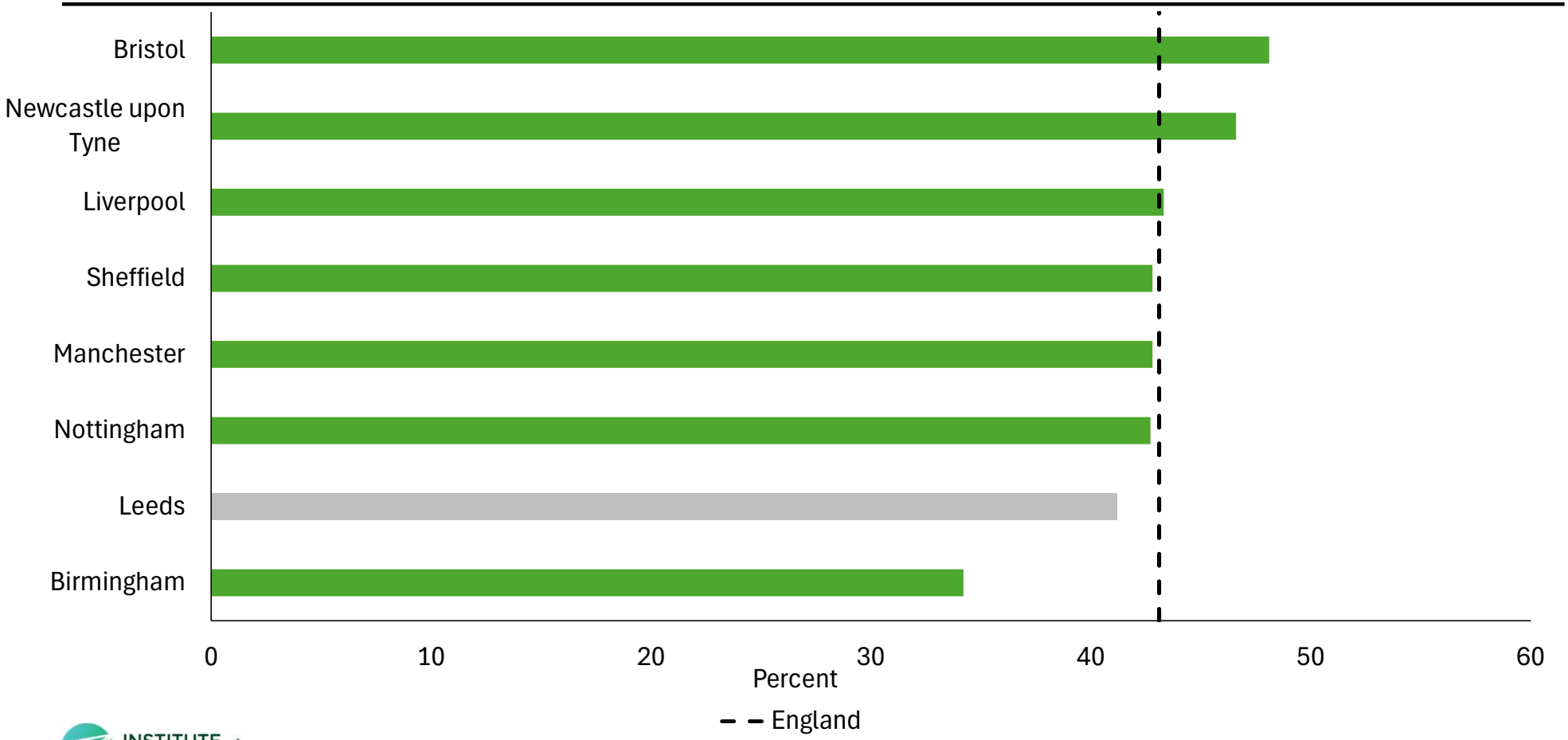
Source: *Ministry of Housing, Communities & Local Government*

Thinking inequalities: Percent adults walking for any purpose at least three times per week, Leeds and England, 2022



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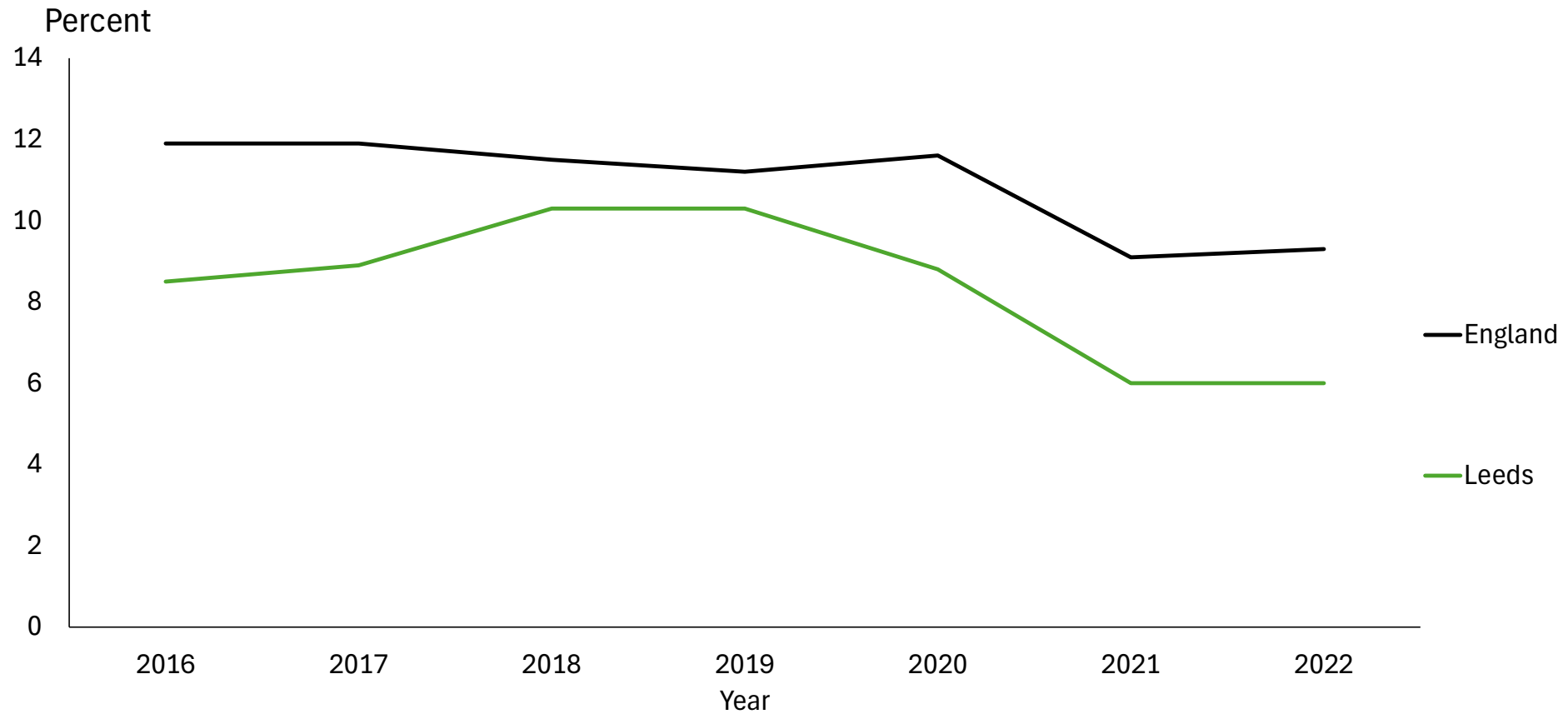
Source: *Department for Transport*

Thinking inequalities: Percent adults cycling at least once a week for any purpose, Leeds and England, 2016-22



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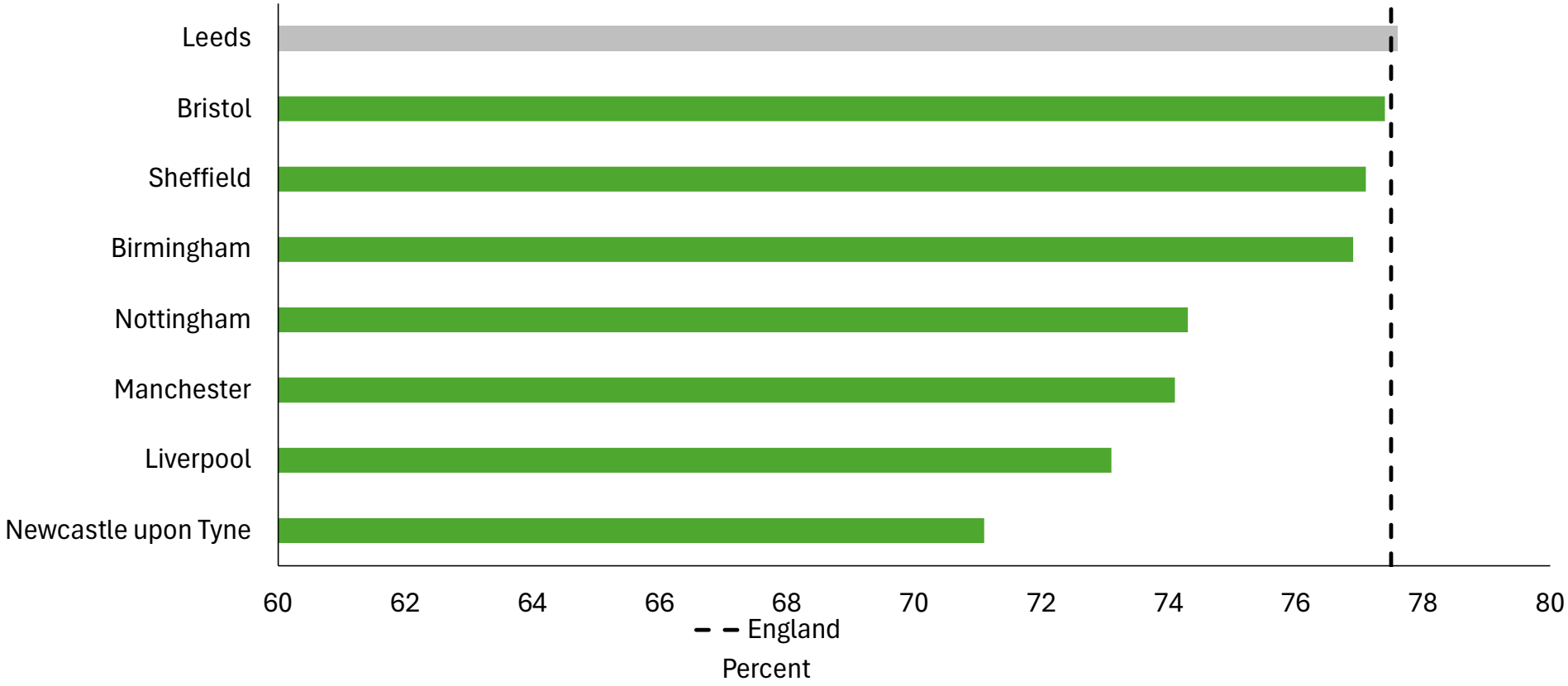
Source: *Department for Transport*

Thinking inequalities: 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.*

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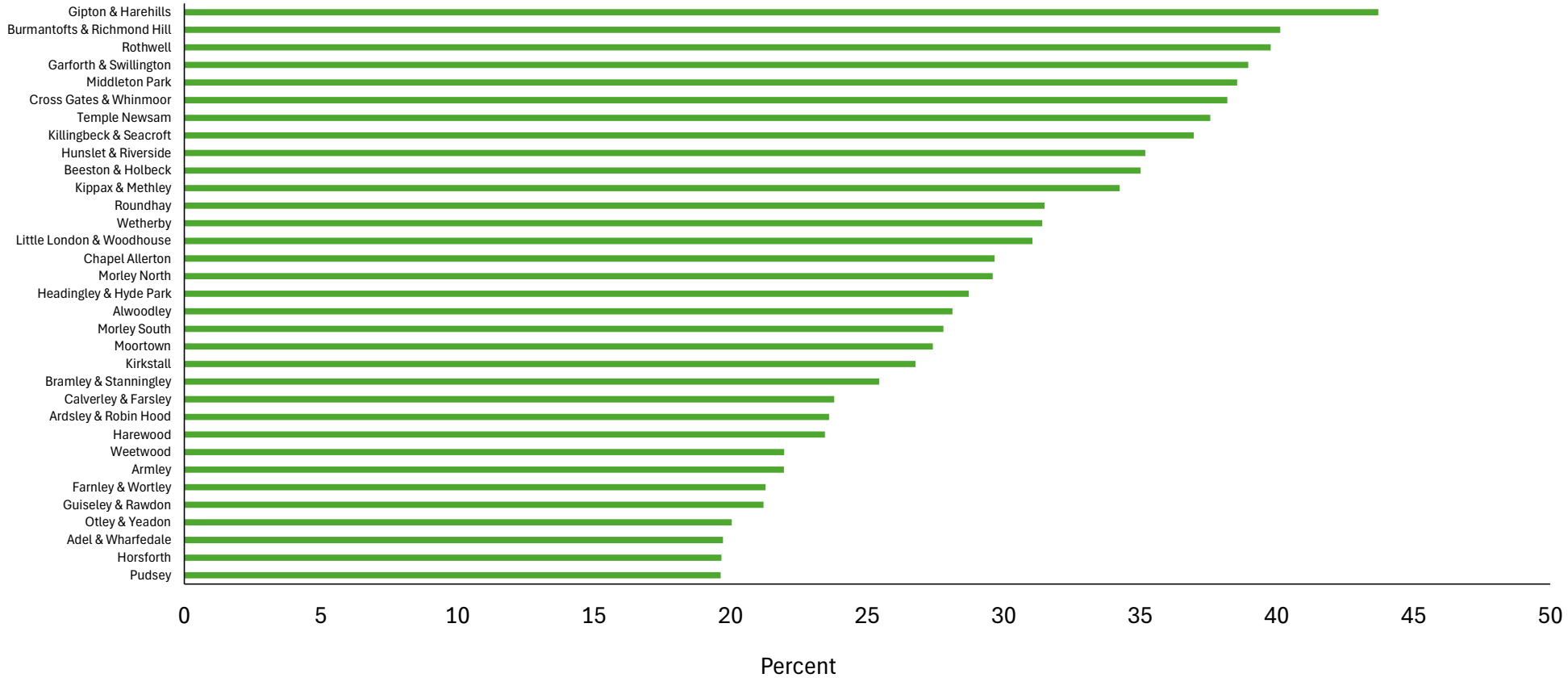
Source: *OHID*

Thinking inequalities: Percent patients age 50+ with physical activity recorded by their GP who were physically inactive, Leeds wards, 2022/23



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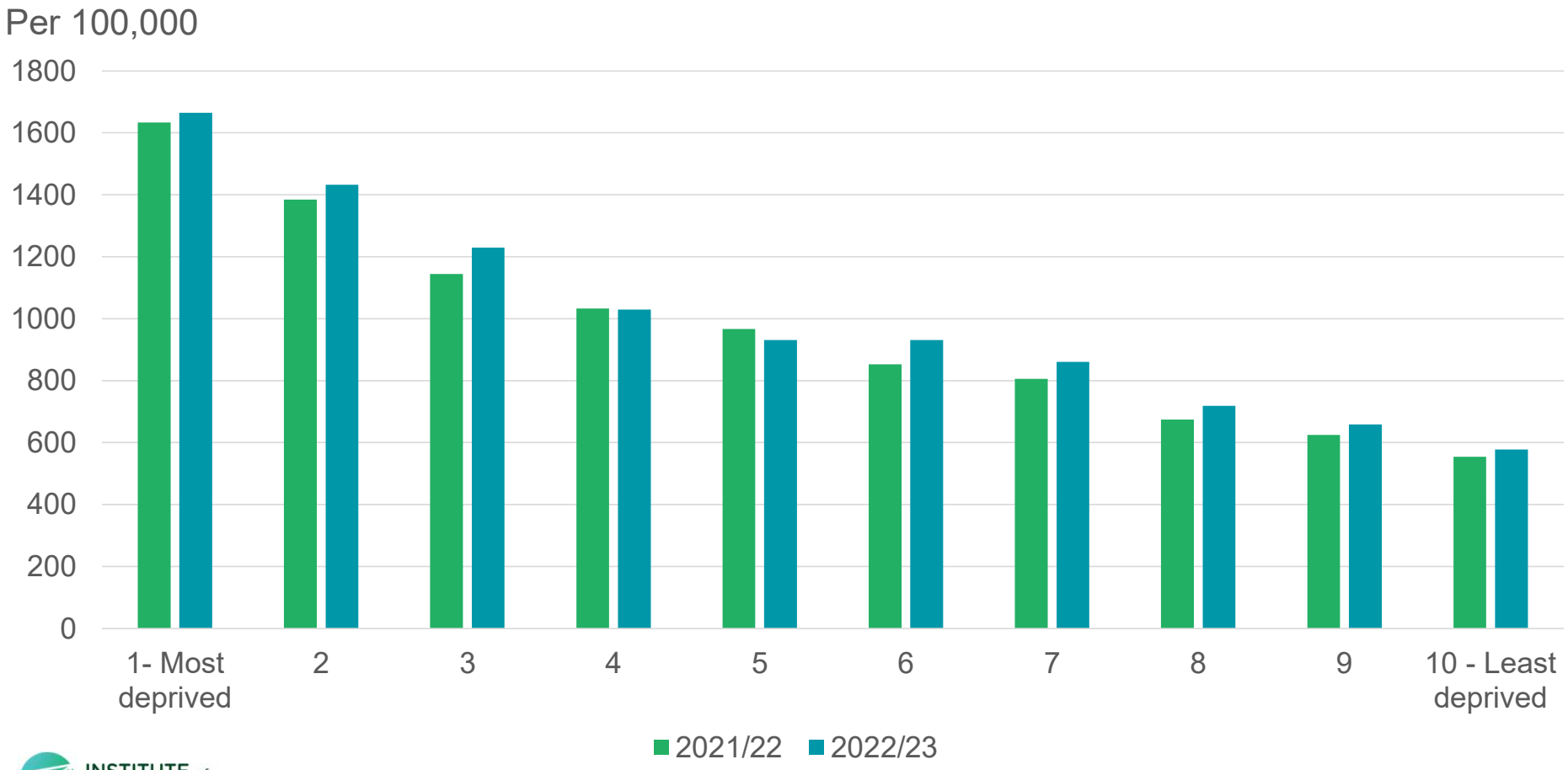
Source: *Leeds Data Team, Locally collected GP data*

Thinking inequalities: Serious mental health and IMD (2019), per 100,000, Leeds, 2021/22 and 2022/23



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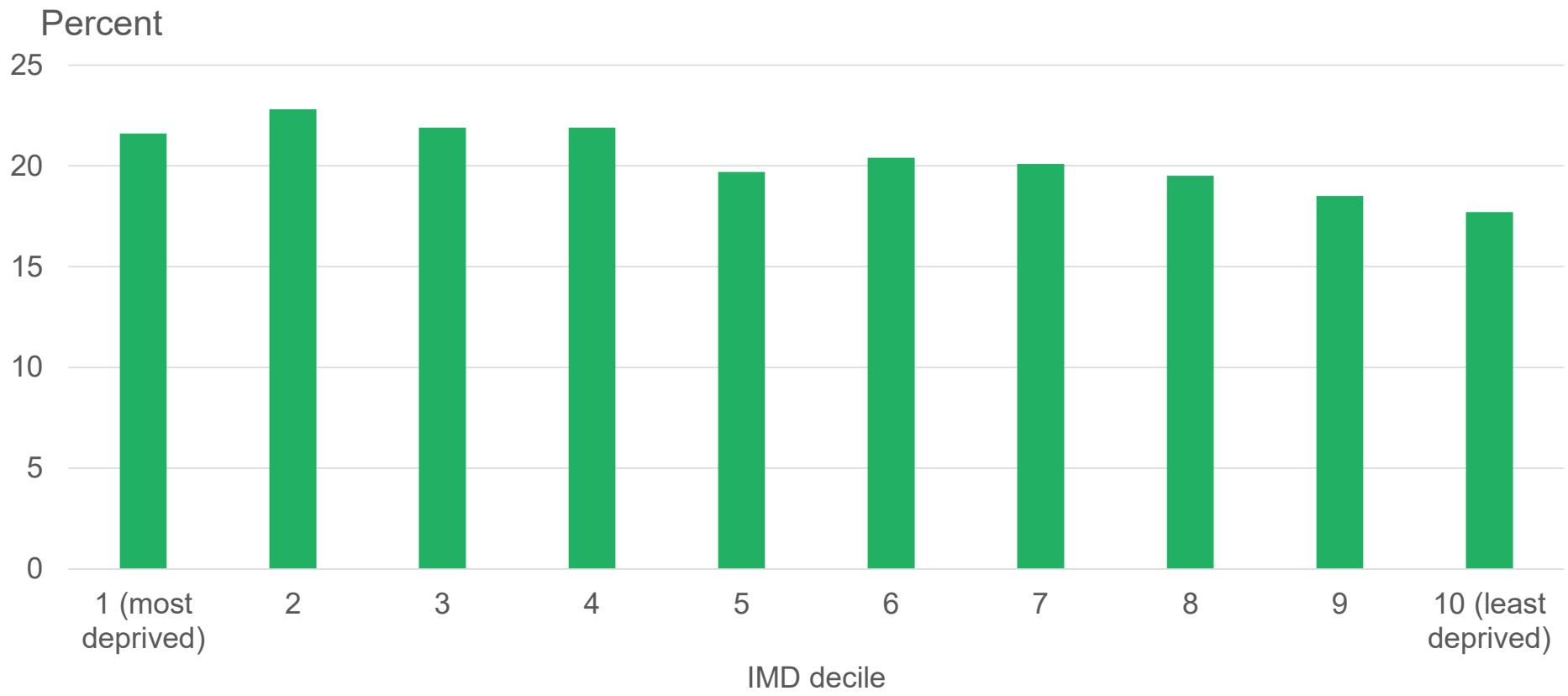
Source: *Leeds Data Team*

Prevalence of common mental disorders per 100,000 population by IMD 2019 deprivation deciles, Leeds, 2022/23



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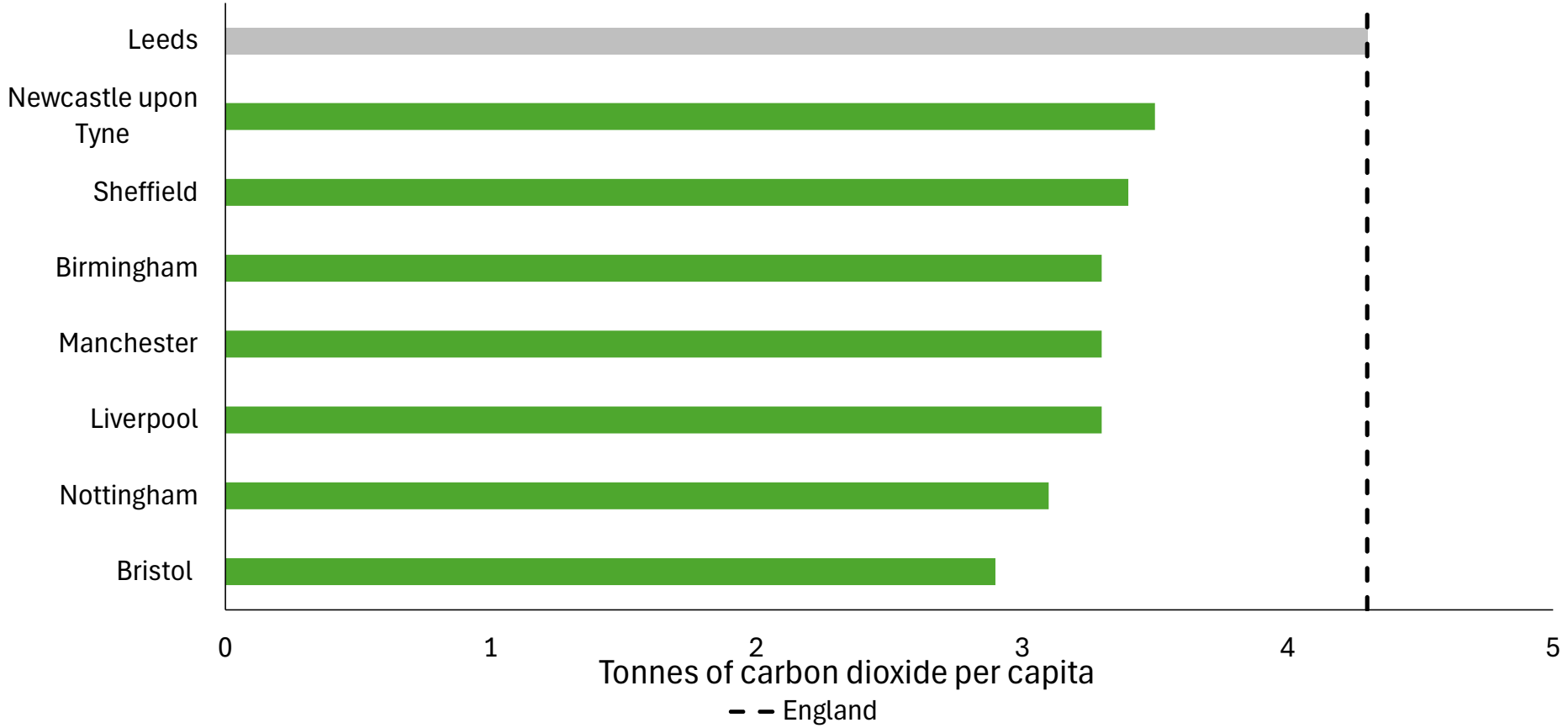
Source: *Leeds Data Team*

Carbon dioxide emissions, tonnes per capita, English CORE cities and England, 2020



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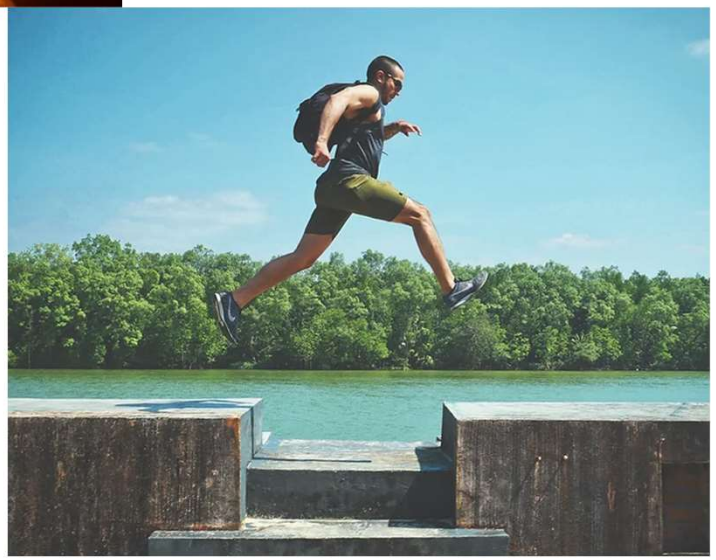
Source: *Department for Business, Energy & Industrial Strategy*

System change:
Marmot Leeds recommendations & indicators

Overview

- Leeds…
- Joining up
  - Partnerships broader
- Scaling up
  - Work that address inequalities - ethnicity
- Being bold
  - Building on existing approaches
  - Going further



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Recommendations

- Leadership and accountability for health equity
- Effective partnerships for health equity
- Research and monitoring for health equity

Leadership and accountability for health equity **AIM:** Increase accountability, ensure actions take place and measure impact
1. Identify named senior leaders accountable for health equity in Leeds.
2. Commit to closing the gap in health outcomes as measured by 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; scale up business, civic and community anchor programmes to deliver employment and skills training proportionate to the needs of communities and residents in IMD 1 and 2.
6. Leeds NHS systems to continue to build on approaches that reduce inequalities in health (e.g. in Core20PLUS5) with a focus on equity of access, experience and outcomes - ensuring they are proportionate to the needs of communities in IMD 1 and 2.
7. Continue to enable the Third Sector to play a lead strategic role in addressing heath equity and, through fairer funding agreements to deliver sustainable action on the social determinants of health.
8. Ensure that the needs of ethnic minority populations in Leeds are addressed in all citywide strategies to reduce inequalities

Effective partnerships for health equity **AIM:** Existing and future partnerships prioritise greater health equity in Leeds.
9. Adopt more ambitious health equity goals in existing strategic partnerships. Ensure membership is representative of organisations that have an influence over the social determinants of health.
10. For each Marmot principle, consider establishing cross-sector networks (or review existing networks) that focus on reducing inequalities through action on the social determinants of health.
11. 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.
12. Clarify community approaches to addressing the social determinants of health in IMD 1 and 2, including joining up programmes, reducing duplication and scaling up what works.
Research and monitoring for health equity **AIM:** Drive more effective interventions and evaluations and implement Leeds Marmot indicators
13. Leeds Academic Health Partnership to review Leeds interventions that have targeted the social determinants of health. Use this evidence to support delivery of effective interventions and programmes in Leeds - scaling up what works and being bold when required.
14. Develop Leeds Marmot indicators and communicate progress against them.
15. Ensure that Leeds Marmot indicator findings influence strategic approaches (e.g. Joint Strategic Assessment and Best City Ambition) and delivery of programmes (e.g. Early Years, planning).

Draft Indicator Set

	Leeds Marmot Indicators - DRAFT	Rationale
1	Life Expectancy at birth in years	Overarching indicator to provide context
2	Babies with low birth weight, rate per 1,000 live births	Representative of health inequalities of baby and mother, amenable to intervention
3	Percent of Children with a Healthy Weight at Reception age (4-5years olds)	Favoured as an opportunity to intervene early 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 standard in reading, writing and maths (combined) end of Key Stage 2	Monitoring of a crucial stage in development.
6	Percent of school children who reported feeling happy every or most days	Reflection of overall wellbeing of children and young people.
7	Percent of 16- to 18-year-olds not in employment, education, or training	Supporting tracking of Marmot principles 2 and 3. indicator matches national definition to enable national comparison.
8	Percent of common mental health issues, recorded by GPs, 16+ years	Close relationship between CMHI and social determinants. Current under-reporting in IMD 1 against estimated prevalence. This indicator will review recording of mental health across IMD deciles with particular focus on increasing recording in IMD1.
9	Percent of patients diagnosed with serious mental illness, recorded by GPs, all ages	Clear social gradient between IMD deciles and SMI prevalence. Indicator will measure change over time, particularly in IMD1 and 2.
10	Percent of physical inactivity, recorded by GPs, adults 50+ years	Supports breadth of indicators over the life course.
11	Percent of health and care workforce by ethnicity, in proportion to total Leeds population	To support the development of this aspirational indicator.
12	Percent of people earning less than UK Real Living Wage	Only available at city level. To support developing more granular information.
13	Number of households in temporary accommodation	A key housing factor affecting physical and mental health.