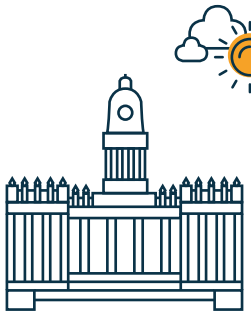
Joint Strategic Assessment 2024



Leeds CITY COUNCIL

Contents

Introduction and Purpose

Introduction - What is the Joint Strategic Assessment (JSA)?

Leeds City Council and the West Yorkshire Integrated Care Board have an equal and joint statutory requirement to work through the Leeds Health and Wellbeing Board to produce a Joint Strategic (Needs) Assessment. The purpose of the JSA is to assess current and future health and social care needs in Leeds to inform the *Health and Wellbeing Strategy*, specifically to shape priorities, inform commissioners and guide the use of resources as part of commissioning strategies and plans for the city.

Alongside the *Health and Wellbeing Strategy*, the JSA can be used to support local decision-making, focusing leaders on the priorities for action and providing the evidence base for decisions about local services. The JSA does not intend to set out direct policy responses or advice, but instead provide a reliable source of both qualitative and quantitative data and analysis about key demographic, socio-economic and health trends in Leeds. The JSA takes a broad view of a wide range of key indicators and information across the city considering social determinants of health and wellbeing. The focus is not in-depth analysis of each topic, but instead to highlight key headlines and signpost to more detailed data and information.

The strong Team Leeds approach that is embedded in the city has been central to the production of the JSA, drawing learning from a wide range of partners. Going forward, we will build upon this approach to continue to share intelligence, consider policy implications, and respond to emerging issues across the city, building upon the strengths and opportunities that we have here in Leeds.

Fairer, Healthier - Leeds as a Marmot City

Leeds is part of a growing network of Marmot places across England and Wales. The city's two-year partnership with Professor Michael Marmot and the Institute of Health Equity has involved a 'whole-system review' of approaches to addressing health inequalities in Leeds. There is good work to build on – including strong partnerships and innovative programmes. The IHE have, however, challenged Leeds to go further – to join up across sectors, scale up programmes to meet increasing need in the city and be even bolder in approaches. The *Fairer, Healthier Leeds: Addressing Health Inequalities* report sets out 15 high-level system recommendations under three broad headings: 'leadership and accountability'; 'effective partnerships' and 'research and monitoring'. These recommendations are supplemented by detailed reports on housing and on children aged 0-5 years. In combination, these provide a framework for going further and faster to embed health equity and address health inequalities.

The Fairer, Healthier Leeds (Marmot City) indicator set has been developed to track progress over the next 5 – 10 years. The indicators have been drawn from those reported via the Social Progress Index, *Health and Wellbeing Strategy* and Public Health performance report, and mapped against the Marmot 8 principles. Crucially, with the exception of two developmental indicators they can be disaggregated by either ward or IMD decile. This enables close analysis of inequalities in the social determinants of health and in health outcomes.

Supporting Strategies

In addition to the work underpinning the Marmot City, the JSA builds upon a number of cross-cutting core strategies from Leeds, alongside more detailed needs assessments, with an overall alignment to the *Best*

City Ambition's[1] vision to tackle poverty and inequality and improve the quality of life for all people across the city.

Since the development of the JSA in 2021, the Leeds *Health and Wellbeing Strategy*[2] and the *Healthy Leeds Plan*[3] have both been developed with partners from across the city. Further city strategies and plans that have been developed can be found on the Leeds City Council webpage.[4]

Producing the JSA in a post-Covid society

The JSA 2021 was produced during the global pandemic. It included some analysis of the clear direct impact that Covid-19 has had on human life, with analysis of excess death levels and the exacerbation of existing inequalities. It acknowledged where there were gaps in the data due to the pandemic, or where analysis was likely to be impacted at a further date.

This JSA 2024 includes some data that will be affected by the pandemic, which is acknowledged where appropriate. However, since the pandemic there have been additional pressures that have faced society- some impacted by Covid-19 and others created as a result of different local, national, and global pressures. The cost-of-living crisis has further exacerbated existing health inequalities in Leeds, alongside the rising financial and demand pressures faced by health and social care systems, other statutory services, and wider partners, in which we must continue to work to make the best use of the collective resources.[5] We have also seen great examples of pandemic recovery and optimistic trends in data that we can learn from.

How to use the JSA

The JSA 2024 Summary Report provides an overview of the key issues and implications identified in the latest data and analysis available, based on a snapshot in time. It presents headline findings, highlighting opportunities and challenges for Leeds, whilst acknowledging where further information is needed to present a more in-depth analysis and signposting to more detailed information.

In producing the JSA we recognise the complexity of a city like Leeds. Where localised geographic analysis is included to help understand the issues encountered in different localities and communities, we adopt the most appropriate boundary for the data cited rather than enforcing a single geography across all topics. For example, this might include locally defined geographies such as school clusters and local care partnerships in addition to Electoral Ward boundaries, Middle Super Output Areas (MSOAs) and Lower Super Output Areas (LSOAs).

Structure

The JSA examines health and wellbeing issues, including social determinants of health, for the Leeds population at all ages. This summary report follows a similar grouping of analysis to that within the JSA 2021, structured primarily around the life course stages under the following headings:

1, LINK - Best City Ambition website

2, LINK - Leeds Health and Wellbeing Strategy webpage

3, LINK - Healthy Leeds Plan (PDF)

4, LINK - Plans and strategies webpage (leeds.gov.uk)

5, LINK - Leeds Health Wellbeing Strategy 2023-2030 (PDF)

- Section 1: Leeds Population
- Section 2: Starting Well – Child Friendly Leeds
- Section 3a: Living Well – Health and Wellbeing
- Section 3b: Living Well – Thriving Communities
- Section 3c: Living Well – Zero Carbon
- Section 4: Working Well – Inclusive Growth
- Section 5: Ageing Well – Age-Friendly Leeds
- Section 6: Dying Well – End of Life
- Conclusions

The JSA 2024 includes the additional section of "Dying Well – End of Life", acknowledging the continued development of work in this area, and the important role in considering a life course approach.

The *Director of Public Health Annual Report 2023* focuses on "Ageing Well: Our Lives in Leeds". This has been produced alongside the JSA 2024 with the same release date of Summer 2024. Therefore, Section 5: Ageing Well – Age-Friendly Leeds draws headlines and policy implications based upon the *Director of Public Health Annual Report*, and signposts to the data and analysis presented within the report.

Data and definitions

Data and analysis throughout the JSA have been collected through a Team Leeds approach, drawing on the intelligence of key colleagues and partners across the city, whilst also drawing upon national data sources. All the sources used have been referenced throughout the report, with links included to the data sets where possible.

Part of Section 2: Starting Well – Child Friendly Leeds and Section 3a: Living Well – Health and Wellbeing draw specifically on the latest indicators tracked by the Public Health Intelligence Team.

While we have sought as far as possible to avoid any language which can be considered dehumanising – in places, where referencing directly national data sources such as the Indices of Multiple Deprivation (IMD), this is unavoidable in order to maintain accuracy. Where such language has been used, we should be clear it is in reference to the data and does not describe the real-world characteristics or lived experience of the people or places being discussed.

Where analysing 'deprivation' according to the IMD, we have tried to describe the subject of the data in technical terms – i.e., using "IMD 1 areas" to mean the most 'deprived' 10% of neighbourhoods nationally according to the Indices. In some charts, we have instead used the language of "most deprived" or "least deprived". Where these descriptors are present, they refer to analysis undertaken by Public Health Intelligence using a Leeds local method which, while drawn from IMD data, disregards areas outside the city and focuses purely on the differences inside Leeds. More information on this methodology can be provided by Leeds Public Health Intelligence team.

To understand the Leeds context, a variety of comparators have been used throughout the JSA. Most commonly, and wherever possible, these include Yorkshire and Humber region and England averages. Where comparisons to Core Cities have been made, these include the current Core Cities located within England, which are Leeds, Birmingham, Bristol, Liverpool, Manchester, Newcastle, Nottingham, and Sheffield. West Yorkshire comparisons include Leeds, Bradford, Calderdale, Kirklees, and Wakefield. In a small number of places Statistical Neighbours have been included, which are defined by the Department for Education as Bolton, Bury, Calderdale, Darlington, Derby, Kirklees, North Tyneside, Sheffield, Stockton-on-Tees, and Wirral (with Leeds excluded from averages). In some instances, we have drawn on

local and national data to compare health outcomes at different levels of geography. Due to variation in how these data sets have been compiled, some figures consist of two charts which may not mirror the exact same outcomes for Leeds. This is not an error, and both data sets are valid in their own context but should not be directly compared.

To showcase examples of lived experience, a range of qualitative quotes drawn from existing consultation feedback reports have been used throughout the JSA. These do not intend to act as full qualitative analysis, but instead are examples of individual voices from Leeds. Further work is taking place to bring together the range of qualitative information we collect across the city, to better ensure that people's voices form a meaningful part of intelligence, feedback and decision making.

Accessibility and updates

The JSA presents information about the city based on a snapshot in time, in a summary report that is currently produced every three years. Increasingly, commissioners, policy makers and providers need access to real-time intelligence about the city to help them respond more quickly to changing needs at a community level.

The JSA is an evolving product that is hosted on the Leeds Observatory. Here, you will find further supporting reports alongside a wealth of detailed data and analysis. The self-serve capability of the Leeds Observatory allows data to be mapped using a range of 'administrative' boundaries. The majority of the analysis is usually comprised of the statistical geographies of either LSOAs or MSOAs depending on the availability of data.

Following the production of this summary report, the ambition is for JSA data to be available in real-time dashboards on the Leeds Observatory, so that the most up to date information can be openly accessed. Work will also be undertaken alongside other city-wide strategies to consider how we continue to capture and share qualitative information, so that community voices can be reflected in decision making, planning, policy and review.

This summary report version of the JSA is best read on screen. If you have any queries or require further support accessing the JSA please contact leedsobservatory@leeds.gov.uk.

Section 1: Leeds Population

Headlines

- Leeds has a rapidly growing population versus national and regional averages, with growth fastest in inner-city areas where we are also seeing increased density.
- However, the birth rate is continuing to fall, and we are yet to see this level off.
- Population continues to age in line with national patterns, but we are also at peak population size for children and young people with the 'bulge' cohort of the 2010s working through secondary school and into post-16 education.
- The city is much more diverse than a decade ago – minority populations are significantly more likely to experience poverty and inequality, concentrated in inner-city communities.
- The student population is growing year-on-year, but there are early signs it is shifting spatially with growth largely concentrated in the city centre rather than the traditional student communities.

Overview

According to Census 2021 there were 811,951 people living in Leeds, up by 8.1% or over 60,000 people in the decade since the previous Census. Population growth has been higher than the national (6.6%) and regional (3.7%) averages[6]. In Yorkshire and Humber, only Wakefield and Selby saw higher population growth, both districts which border Leeds with strong economic and employment links.

The Census gives us our most accurate understanding of the size of the population for some time and is the figure on which information in this report is primarily based. However, the Census may still slightly underestimate the number of people in the Leeds 'system' due to the highly transient nature of parts of the city's population e.g., students. In some cases, therefore, we rely on our health population model (based on GP registrations) which puts the population at 894,000.

Comparative analysis of the city's population shows there are broad similarities with the national picture as the trend towards an ageing population continues. ONS subnational population projections have not yet been re-based to reflect the most recent Census, so we are not able to report an updated forward projection. However, previous expectations, based on 2018 projections, were that over the next 20 years the 50-59 population would reduce slightly, the 60-69 population would remain broadly static, while the 70+ population would grow substantially with the highest growth at 80+ where we would see a 50% increase by 2041[7].

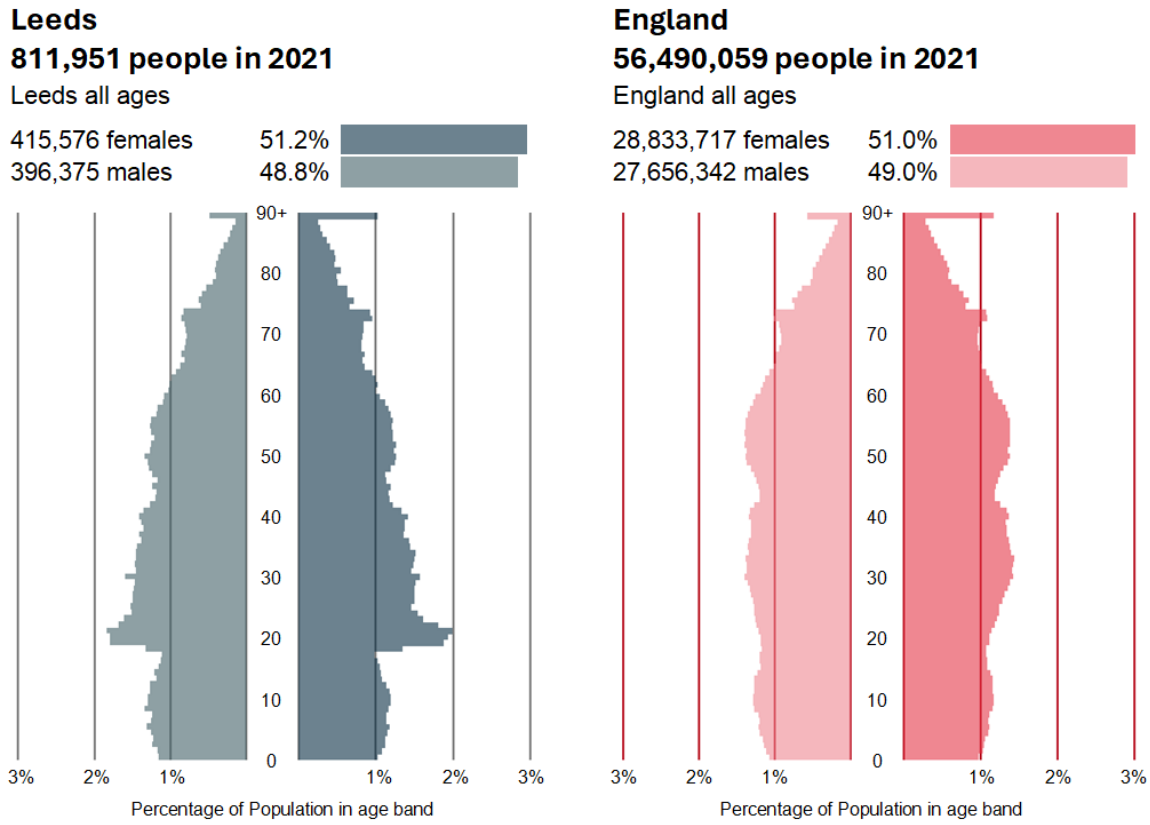
"As the population of the city ages more rapidly, extra support should be a priority."

Leeds City Council Budget Consultation 2024-25

6, LINK - ONS - How the Population changed in Leeds: Census 2021

7, LINK - ONS - Sub-National population Projections for England: 2019-based

FIGURE 1: POPULATION BY AGE AND GENDER IN LEEDS (BLUE) AND ENGLAND (RED) 2021



SOURCE: CENSUS 2021 (2022)

While Leeds mirrors the national trend in terms of ageing, the city diverges somewhat at the other end of the age spectrum. We have seen sustained growth in the population profile of children and young people, which the data suggests continues to become more diverse and is concentrated in our inner-city areas. Additionally, the student population remains one of the highest in the UK with significant year-on-year growth in university student numbers. That said, the university-age spike in Figure 1 above is notably less than in previous years and can also be observed in the most recent mid-year population estimates from ONS, potentially affected by the timing of Census 2021 and the lasting effects of the pandemic on student patterns of mobility. This will be monitored in future data releases.

Population Dashboards

Using ONS mid-year population estimates: Dashboard Link

Using Leeds GP recorded population: Dashboard Link

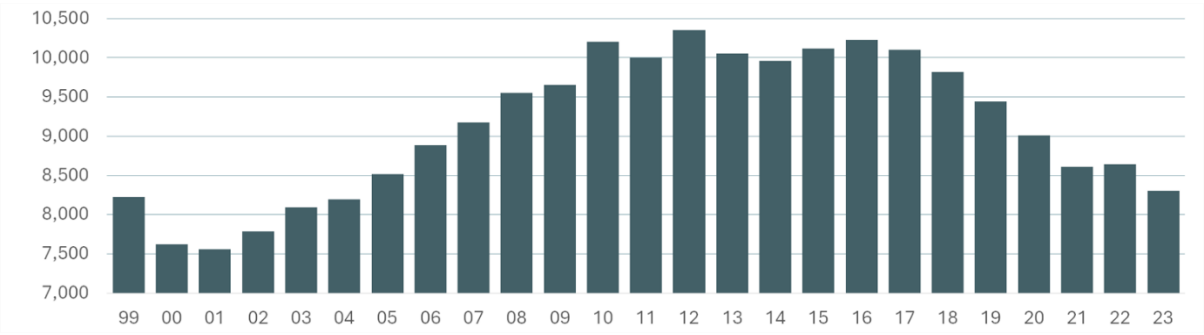
Population projections for Leeds

Work is ongoing between WY ICB and LCC to harmonise how the 'Leeds system' anticipates future population change. Currently we do this in different ways depending on context – e.g., in health using GP registrations, in schools using School Census, and in much of the council using ONS. While each of these returns information which is correct and appropriate in its context, we are seeking to adopt the same method for calculating rate of change in the population and better communicating how this information can be understood and used. Outcomes from this work will be shared on Leeds Observatory.

More children and young people

Over the last two decades, Leeds has seen a pattern of rising births, followed by a plateau of eight years at roughly 10,000 per annum, and then falling births since 2017. The data shows that the number of births were static between 2020/21 (8,613) and 2021/22 (8,639) but have now fallen again to 8,305 for 2022/23 – meaning that births were 18% lower in 2023 than in 2017, and 20% down on the 2012 peak. ONS data shows the Leeds pattern has broadly followed that seen for Yorkshire and Humber, and England and Wales.

FIGURE 2 : BIRTHS WITHIN LEEDS BOUNDARY BETWEEN 1999 AND 2023



SOURCE: NHS ENGLAND - HEALTH DATA LEEDS, BRADFORD, AND WAKEFIELD (2024)

Wider data indicates that the Total Fertility Rate for Leeds has dropped sharply since 2016 and is now significantly below regional and national rates[8]. Department for Health and Social Care data shows that across England as a whole, the abortion rate has increased sharply since 2017 and the rate in Leeds follows a similar pattern, displaying an inverse correlation with the falling birth rate[9] - although it must be stressed the numbers are not equivalent and the birth rate drop well-exceeds the increase in the rate of abortion. There is mounting evidence pointing towards a lack of access to contraceptive services, the increase in the cost of childcare, and the cost-of-living more broadly. All combined, this goes some way to explaining why the 10% most deprived localities in Leeds (according to the IMD) had twice the rate of abortion compared to the least deprived 10% in 2021[10].

We are currently at around peak population size of 0 to 17-year-olds in Leeds, with a 10.9% overall increase in the last decade. However, as smaller birth cohorts feed through the population we should expect to see that total begin to fall. This has clear implications for service provision for children and young people, the early signs of which we are seeing in Reception and the primary-aged cohort with smaller pupil numbers. In contrast, at secondary age, we are seeing the peak of the bulge cohort move through years 7 and 8 whilst the first bulge years begin to arrive at post-16 education.

Data from the city's schools shows significant changes over recent years in the diversity of the pupil population. The proportion of pupils that are from an ethnically diverse background has continued to grow to 39% at primary-age and 36% at secondary-age in 2023. Asian ethnicities remain the largest broad minority ethnic group having steadily increased since 2016. There has been a notably sharper increase in the number of Black pupils over the last two years, and while Black ethnicities overall remain the second largest broad minority group, the increase has been overwhelmingly driven by a rise in the number of Black African pupils. Since 2021 there has also been an acceleration in the rise of 'Other' ethnicities,

8, TOTAL FERTILITY RATE FOR LEEDS, YORKSHIRE & HUMBER, AND ENGLAND & WALES 2011 TO 2021 (ONS)

9, LEEDS BIRTHS VS NUMBER OF ABORTIONS IN LEEDS 2011 TO 2021 (NHS HEALTH, DEPARTMENT OF HEALTH AND SOCIAL CARE)

10, CRUDE ABORTION RATE PER 1,000 FOR LEEDS 2021 (DEPARTMENT OF HEALTH AND SOCIAL CARE)

largely accounted for by a sharp increase in the number of Chinese and Hong Kong Chinese pupils in Leeds.

The previous JSA (2021) reported on the particularly high growth of White Eastern European and Gypsy Roma ethnicities in the decade to 2020. We saw a stalling in this trend between 2020 and 2022 with pupil numbers flattening at secondary stage and falling at primary stage. However, both have begun to rise again in 2023.

Altogether nearly 200 languages are spoken by children and young people studying in Leeds schools and, mirroring the increased diversity, the number of children with English as an additional language (EAL) continues to rise to 23% in primary and 20% in secondary. After English, Urdu remains the most common language spoken by some distance. Beyond that however, we have seen a significant rise in the number of pupils speaking Arabic to the point it is now at broadly similar levels to Polish and Romanian, the latter of which has tripled in in primary and quadrupled in secondary since 2016.

A more diverse population

Looking beyond the demographics of our school-age population, the city's population as a whole has become significantly more diverse since the 2011 Census, with 26.6% of residents coming from an ethnically diverse background according to Census 2021, up from 19% a decade earlier. There has also been a 4% decrease in the proportion of the population born in England which now stands at 82.2%.

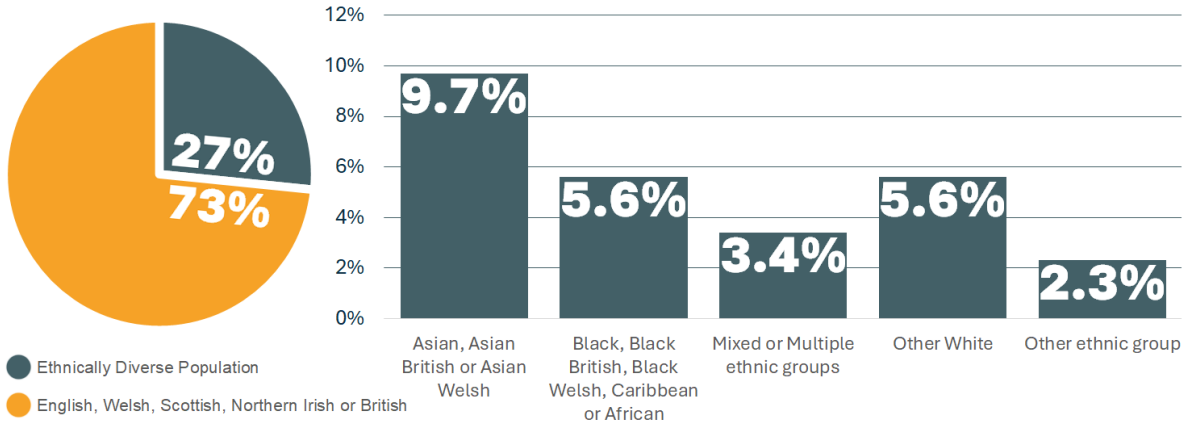
"Create more opportunities to share and celebrate peoples' cultural backgrounds such as celebratory gatherings, food events, and music and dance events."

Leeds Community Cohesion Survey 2023

The biggest growth has been in the Black African population which has more than doubled and now makes up over 70% of the city's Black population, but the largest minority broad ethnic group remains Asian and Asian British. There is uncertainty over the size of the Other White broad ethnic group, which is where we see the largest discrepancy between the size of the population according to ONS (c37k) versus local GP registrations (c80k).

The only ethnic groups which decreased proportionally between 2011 and 2021 were White British (including English, Scottish, Welsh and Northern Irish) which reduced by 7.7% and Irish which reduced by 0.1%.

FIGURE 3: ETHNICITY IN LEEDS 2021



SOURCE: CENSUS 2021 (2022)

Anyone wishing to work in the UK needs a National Insurance Number, and analysis of non-UK National Insurance Number (NINo) registrations can also provide insights into economic migration. We have seen a marked increase in the number of new NINo registrations for adult overseas nationals entering the UK in recent years. Excluding 2020/21 due to the effects of the pandemic, 2018/19 saw the lowest level of registrations since 2011 following a downward trend since the EU referendum – a point noted in the last Leeds JSA. However, rates have risen since, with a sharp uplift in 2019/20 continuing to the three highest annual rates since the turn of the millennium in 2021/22, 2022/23 and 2023/24 when in total more than 40,000 new NINos were registered to adults entering the UK and settling in Leeds over the three-year period[11].

The proportion of registrations from EU citizens has remained relatively low, particularly post-pandemic, with the largest proportion coming from adults entering the UK from India, Nigeria, China, Ghana, and Pakistan. Migration policy is a dynamic national issue at the time of writing, with significant uncertainty about the direction of future government policy and therefore the likely impact on the ground. Together with the lack of forward population projections from ONS at present, this will be an area we must keep under review and refresh between now and the next JSA. The council will also be refreshing its migration strategy shortly, providing another opportunity to look more deeply at these trends and issues.

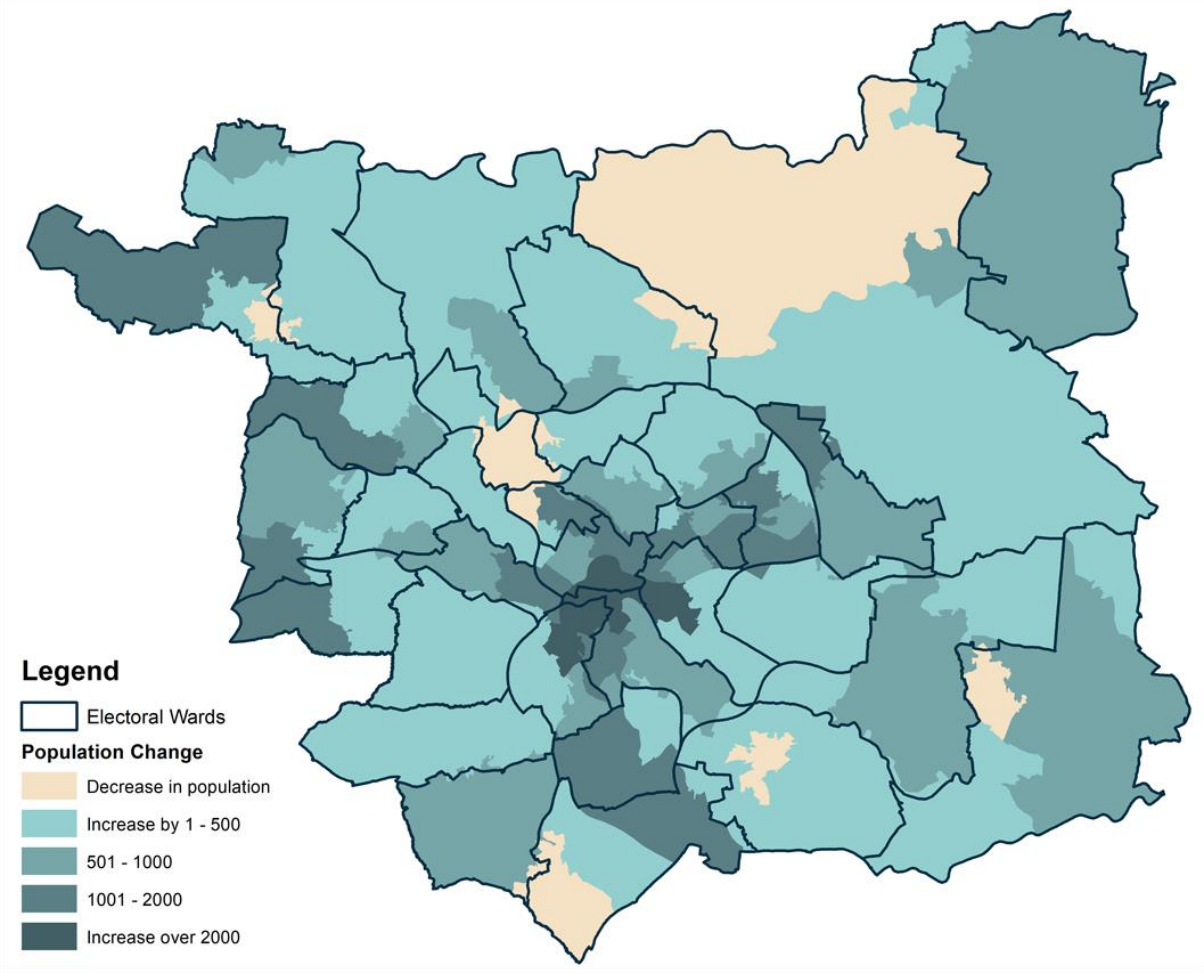
More information on migration in the city and region, including refugee and asylum seeker settlement schemes, is provided by Migration Yorkshire and you can access a range of their dashboards www.migrationyorkshire.org.uk.

Poverty and inequality in Leeds

Data from Census 2021, the annual School Census and from GP registrations all indicate that while the Leeds population is growing almost everywhere, the fastest growth continues to be concentrated in our inner-city areas where people are most likely to experience the struggle against poverty. We have seen demand for statutory and community services in these neighbourhoods increase significantly, and often quite rapidly, driven by longer-term factors such as housing tenure or quality and the transient nature of some populations in these areas, as well as more recent pressures exacerbated by inflation and the cost-of-living.

11, NINO REGISTRATIONS TO ADULT OVERSEAS NATIONALS ENTERING THE UK – DWP (STAT-XPLORE)

FIGURE 4: POPULATION CHANGE IN LEEDS 2011-2021



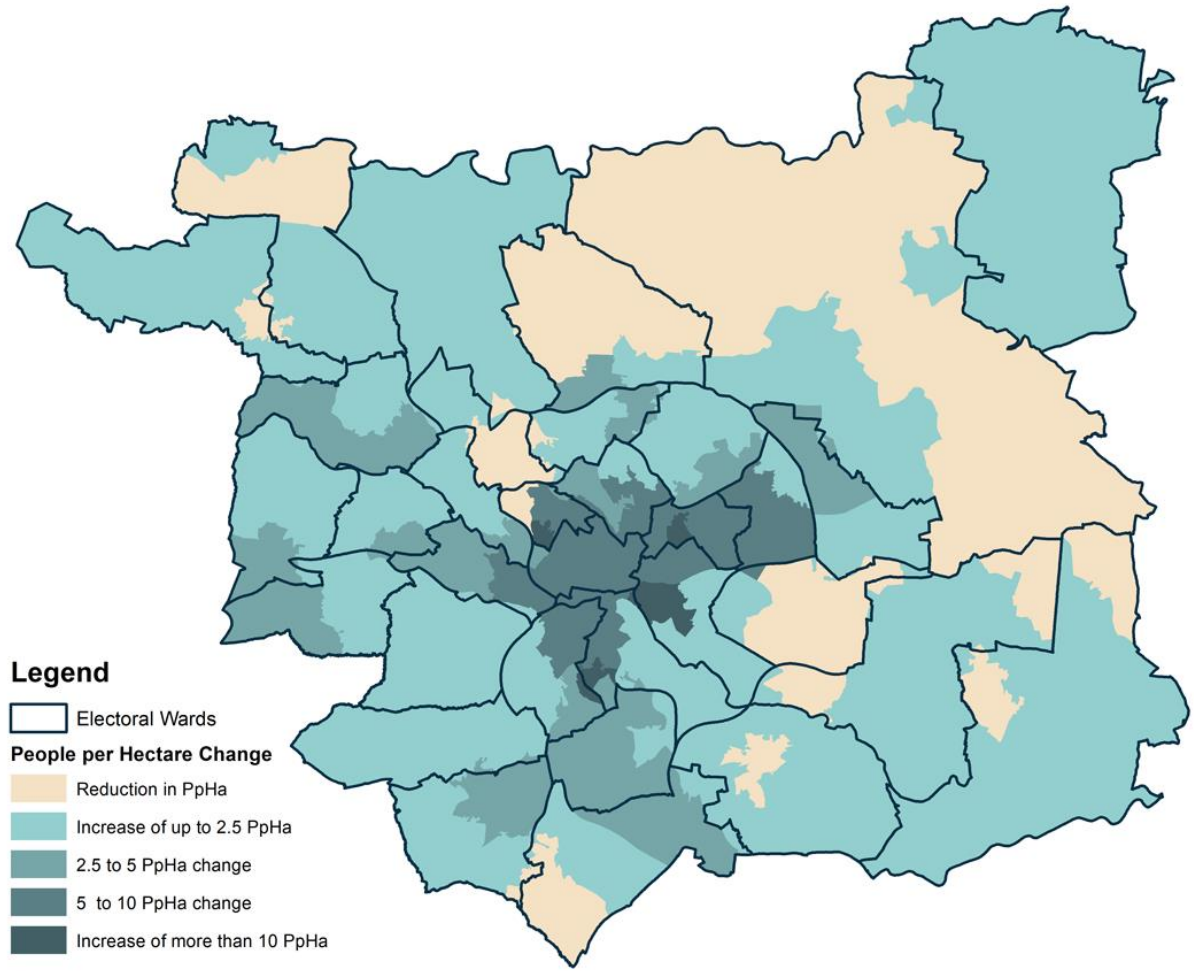
SOURCE: CENSUS 2011 AND CENSUS 2021(2022)

It is in these same areas where we also see continued densification the full causes of which require more detailed analysis but, while in part due to new development, regeneration and in-fill, is also likely to relate to the level of overcrowding in some of the city's oldest and worst quality housing stock – although at a citywide level overcrowding in Leeds has fallen from 9.1% to 6.9% of households since 2011, but remains above the national average.[12]

Taken together, the growing population and increased densification are driving a disproportionate year-on-year growth in the Leeds population living in IMD decile 1.

12, LINK - ONS : OVERCROWDING & UNDER OCCUPANCY BY HOUSEHOLD CHARACTERISTICS (CENSUS 2021)

FIGURE 5: DENSITY CHANGE IN LEEDS 2011-2021



SOURCE: CENSUS 2011 AND CENSUS 2021(2022)

According to Department for Work and Pensions data, 21% of people in Leeds are living in relative poverty after housing costs are deducted from income[13]. The effects of increases in the cost of living over the last two years have significantly worsened the circumstances for many people and families in Leeds, and the council now monitors a range of metrics to understand people's experiences through the Cost-of-Living Dashboard[14]. Latest data highlights that as of April 2023 an estimated 45,000 people in Leeds earned less than a living wage; the number of people claiming Universal Credit increased by 13.2% between January 2022 and January 2023; and in real terms, it is estimated the lowest 10% of earners in the city saw a weekly loss of 6% due to inflation compared to only a 4% loss experienced by the highest 10% of earners. Further research published in 2022, supported by Leeds City Council, evidenced the longstanding impact of deep poverty in the city, most prevalent in these inner-city communities, and highlighted how our welfare system can trap people and families into a cycle of poverty which in turn increases demand on statutory services and crisis support[15].

The English Indices of Multiple Deprivation (IMD) is due to be updated in early 2025 and the latest data available remains the 2019 version. Analysis mapping the current population against IMD should

13, LINK - DWP HOUSEHOLDS BELOW AVERAGE INCOME STATISTICS

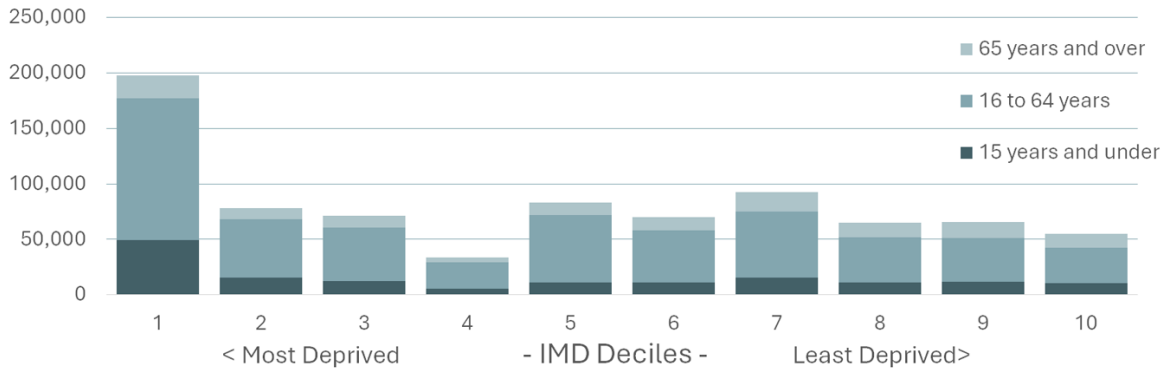
14, LINK - LEEDS OBSERVATORY COST-OF-LIVING DASHBOARD

15, LINK - THE DEEP POVERTY REPORT

therefore be treated with some caution, but it remains a useful tool in helping us to understand in broad terms the spatial aspects of poverty and inequality in Leeds.

Figure 6 below shows the current population profile by age, distributed against the IMD 2019 deciles. This confirms the overall population concentration in our inner-city areas, primarily driven by housing density as noted above. It also highlights that the single largest proportions of both the over 65 and under 16 populations are concentrated in the communities which fall within IMD1 – i.e., the most deprived 10% nationally. About a quarter of all adults and a third of all children in Leeds live in these communities, with the proportion of the population living here growing at both ends of the age spectrum but steepest for older people.

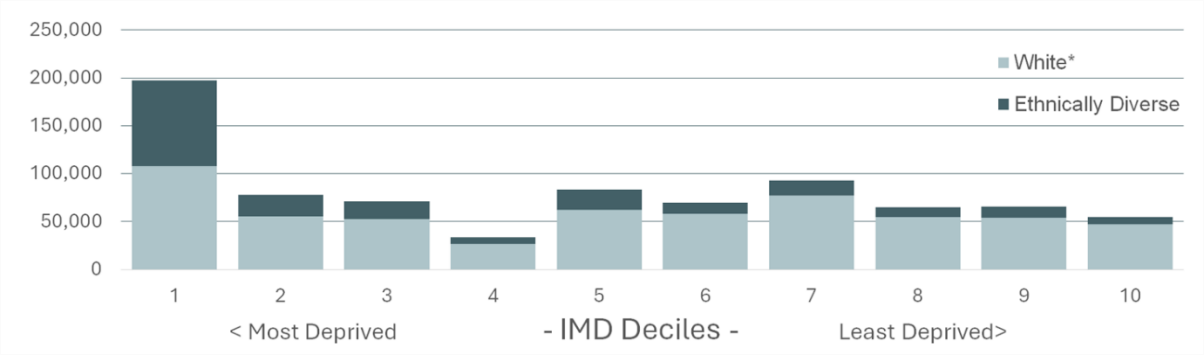
FIGURE 6: AGE PROFILE FOR EACH INDEX OF MULTIPLE DEPRIVATION 2019 DECILE



SOURCE: IMD (2019) AND CENSUS 2021(2022)

Taking a similar approach to analysing ethnicity against the IMD, we see a huge concentration of the ethnically diverse populations in Leeds within the most disadvantaged decile. An already disproportionate 18% of the White population lives in IMD1 communities, but this expands hugely to over 41% of the ethnically diverse population. The smallest share of the ethnically diverse population lives in the least deprived decile 10.

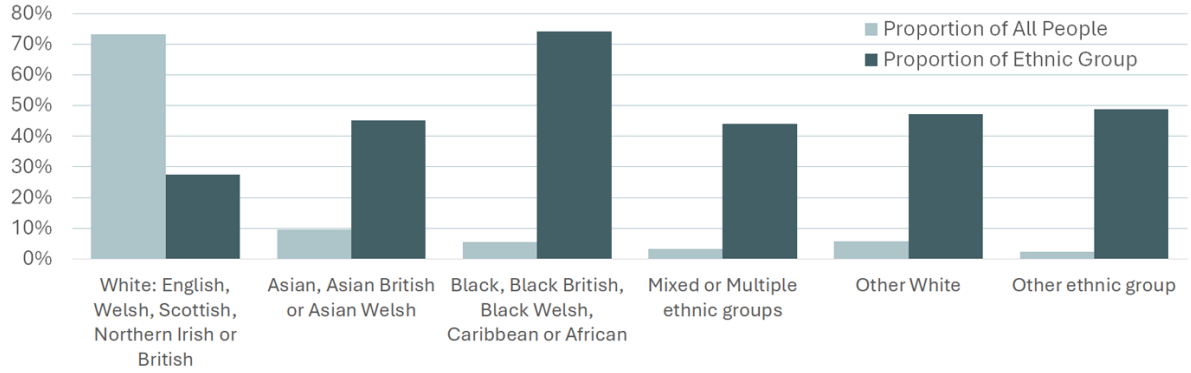
FIGURE 7: ETHNICITY PROFILE FOR EACH INDEX OF MULTIPLE DEPRIVATION 2019 DECILE



SOURCE: IMD (2019) AND CENSUS 2021 (2022)

Looking at this issue another way, Figure 8 below looks at the 20% most deprived communities according to IMD 2019 – deciles 1 and 2. It shows the proportion of all people who belong to each broad ethnic group (in grey) against the proportion of each ethnic group living in deciles 1 or 2 (in dark blue). The chart visualises the disproportionate concentration of every ethnic group except those who describe themselves as White in the most disadvantaged 20% of communities in the city.

FIGURE 8: PROPORTION OF EACH CENSUS 2021 ETHNIC GROUP LIVING IN BOTTOM 20% IMD 2019



SOURCE: IMD (2019) AND CENSUS 2021(2022)

A growing and migrating student population

The number of students coming to study in Leeds continues to grow year-on-year, with the city welcoming one of the highest student populations in the UK. In the 2021/22 academic year student numbers had risen to around 75,000[16]. The potential impacts of mooted national visa policy changes affecting overseas students will need to be monitored in the years ahead.

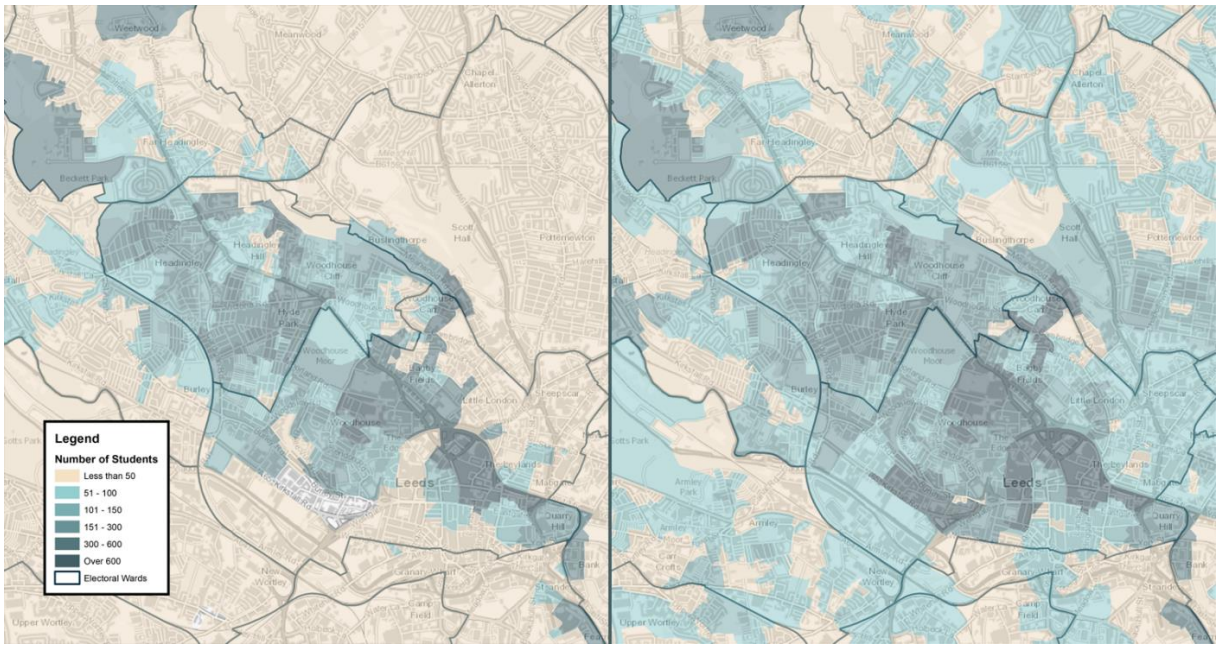
Whilst overall student numbers have continued to rise, the distribution of students in the city has begun to change over recent years with a significant majority of the student population growth focused on the city centre, rather than traditional student communities in the Inner North West of the city. We are at the early stages of this trend so more time and monitoring will be required, but there are potential future policy implications for the city both in terms of the service and support needs of this population, and perhaps most prominently should the trend accelerate the potential impact on housing stock in the Inner North West.

"University students constitute a significant segment of the population and often grapple with various difficulties, from financial constraints to mental health concerns and access to affordable housing."

Leeds City Council Budget Consultation 2024-25

16, LINK - HIGHER EDUCATION STATISTICS AGENCY - HIGHER EDUCATION STUDENT ENROLMENTS BY DOMICILE AND REGION

FIGURE 9: CHANGE IN STUDENT POPULATION IN LEEDS BY CENSUS OUTPUT AREA AND ELECTORAL WARD 2011-2021



SOURCE: CENSUS 2011 AND CENSUS 2021(2022)

Figure 9 above demonstrates that within the core of the traditional student area, the population is almost unchanged between 2011 and 2021, while student population density in the city centre has risen significantly alongside a wider dispersal of students into communities surrounding the city centre too.

Policy Implications

- The population of Leeds has continued to grow, with increasing diversity and concentration in IMD1 becoming a social justice challenge for the city. Future older populations will also be more diverse than they historically have been. With our average demand for services increasing as we live longer, often with multiple or complex conditions, consideration is needed about the shape, expectations, cultural awareness, and cultural competency of future services for older people.
- As the birth rate continues to fall there remains potential for less primary provision being required in the coming years – albeit this will also be affected by wider population change. We see a challenge in post-16 provision emerging as the mid-2010s bulge cohort begins to reach that stage bringing a likely squeeze on places. Latest research also indicates that many of these cohorts – affected by Covid-19 – are likely to see poorer outcomes than in the past. The city should therefore ensure sufficient plans and funding are in place for increased post-16 provision at level 1 and level 2 to support the path to level 3 outcomes needed for many occupations and higher education.
- The boom in the city's student population shows no signs of slowing, but with younger people's mental health an increasing concern and the student population more dispersed across a larger area of the city centre and surrounding communities, ensuring the right health and wellbeing provision is in place, working with the Universities, will be of increasing importance.
- Leeds is significantly more culturally diverse than even just a decade ago. This brings huge potential which we must capitalise on, and should bring renewed importance and continued focus on the brilliant work happening to progress intercultural city ambitions and maintain

strong community cohesion. Engaging with, responding to and enabling the ambitions of diverse communities in an asset-based way will require further progress on the Team Leeds principles that shape the Leeds system, with community power and lived experience used as tools to get future provision and relationships right.

Section 2: Starting Well – Child Friendly Leeds

Headlines

- Leeds continues to see high levels of child poverty in the inner-city, with the severity often masked by overall data due to the city's broad boundary. We continue to see the fastest growing population of children and young people in the communities where people are most likely to experience the struggle against poverty.
- Since 2014, the number of children looked after has reduced by 2% in Leeds whilst England has seen an increase of 18%.
- Those aged 8-16 are at a 1 in 5 risk of a probable mental health condition, which is disproportionately impacting those from areas of greater deprivation according to the IMD.
- The 2020s will see children born in high birth years progress through their teenage years into adulthood, resulting in changing pressures on public services.
- The voices and views of children and young people are at the heart of making Leeds a child-friendly city. Child Friendly Leeds has developed the Child Friendly 12 Wishes in partnership with children and young people, focused on making Leeds a better city for children and young people to play, live and grow up in, where their voices are heard.

The Leeds Director of Public Health Annual Report 2022 "In Our Shoes" focuses on children and young people's health in Leeds. The report can be found online here: Director of Public Health Annual Report 2022.

Child Poverty

The pandemic brought significant additional stresses to people's financial stability, which has been later exacerbated by the ongoing cost-of-living crisis. Children growing up in poverty are widely acknowledged to face poorer physical and mental health outcomes, largely attributed to having to make do without at least one essential including heating, food, appropriate clothing or basic toiletries.[17] More information about poverty can be found in Section 3b: Living Well – Thriving Communities, and the 2022 Director of Public Health annual report which focused on children and young people's mental health is another good source of evidence.

Looking at national and local trends, it appears that the level of relative poverty before housing cost are deducted is falling. However, due to the measure of relative poverty being the number of people who have a household income that falls below 60% of the median average, this is more likely a reflection of declining average income, as opposed to poverty being alleviated in real terms[18] [19]. It is also worth noting that the trends over time should be considered within the context of the pandemic and its impact on

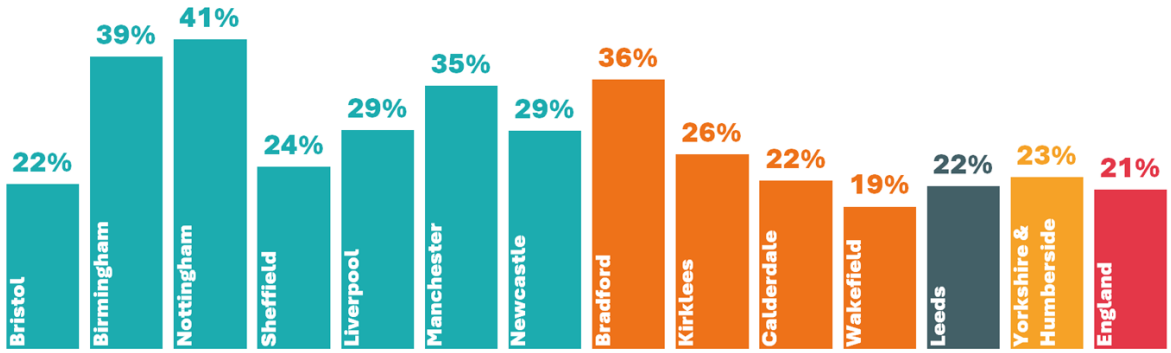
17, LINK - At What Cost? an Impact of the Cost-Of-Living Report (PDF) (barnardos.org.uk)

18, LINK - The Essential Guide to Understanding Poverty in the UK, Joseph Rowntree Foundation (jrf.org.uk)

19, LINK - Living Standards Since the Last Election | Institute for Fiscal Studies (ifs.org.uk)

household financial security, including the costs of food and essentials whilst children stayed at home during school closures[20].

FIGURE 10: CHILDREN IN RELATIVE POVERTY



SOURCE: DWP – HOUSEHOLDS BELOW AVERAGE INCOME (2024)

Exploring the rates of child poverty through a West Yorkshire lens indicates 1 in 4 (25%) of children are living in relative poverty. Challenging this data shows a wide variation across the region, with the highest rates being captured in Bradford at 36%, or 44,287 under 16-year-olds, compared to 19% of children in Wakefield totalling 12,411. In Leeds, the patterns of child poverty are most similar to Calderdale, having both experienced an increase for the FYE 2020 and 2021, which has since declined to 22% in 2023. Despite lower averages, the scale of children living in relative poverty in Leeds is the 7th highest in the country, representing 32,933 children. This is particularly concentrated within the inner-city areas due to the nature of the cities administrative boundaries having notably more affluent outer areas.

Whilst the number of children growing up in relative poverty appears to be decreasing, the proportion of pupils attending a state funded school who are eligible for, and claim, Free School Meals has continued to increase, totalling 26% in 2023, up from 24.9% in 2022[21]. These figures have not recovered to a pre-Covid level of 20%, reflecting the ongoing challenges caused by the lasting effects of the pandemic and the impact of the cost-of-living crisis.

It is worth noting that whilst free school meal eligibility is a strong indicator, but it cannot solely highlight the prevalence of child poverty. As a result of national policy implications, the figures of children eligible to claim free school meals are likely to be skewed. Transitional protections were initially enacted with an end date of March 2022, the date the rollout of Universal Credit was due to end. When the end date moved to March 2023 the Government extended the protections in line with this date. As the rollout is continuing, the end date for transitional protections is being further extended to March 2025. Therefore, the data reflects pupils who were eligible on 1 April 2018, and pupils who have become eligible since, regardless of whether their household continues to meet the benefits/ low-earnings criteria[22].

Figure 11 below draws on the 2024 School Census to highlight how the primary age pupils in Leeds are dispersed across the IMD deciles 1-10. The first column shows a third (33.5%) of our primary students are living in some of England's 10% most deprived areas, and for primary pupils who were not on the previous School Census this figure rises to 45.7%. This mostly covers children moving from elsewhere, and international migrant children, but it does emphasise that new entrants are significantly more likely

20, LINK - THE IMPACT OF COVID-19 ON CHILDREN & YOUNG PEOPLE (PDF) (CHILDRENSSOCIETY.ORG.UK)

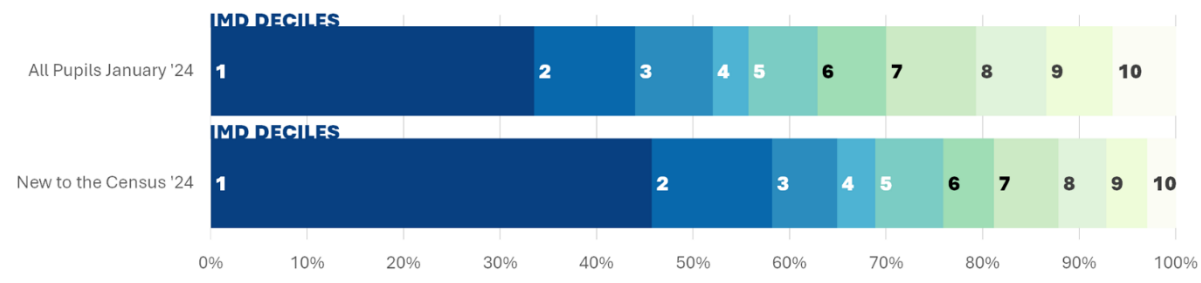
21, LINK - SCHOOL PUPILS AND THEIR CHARACTERISTICS, JUN 2024 (WWW.GOV.UK)

22 , LINK - FREE SCHOOL MEALS (PUBLISHING.SERVICE.GOV.UK)

to live in areas defined as IMD decile 1, suggesting that the density of children living in these areas is increasing.

This can have a significant impact on the provision of education in these areas, particularly as the end of the bulge cohort referenced in section 1 continues to pass through the system. Additionally, as shown throughout this section, those living in these communities are at a greater risk of poorer outcomes across social determinants of health.

FIGURE 11: PERCENTAGE OF PRIMARY PUPILS BY IMD – TOTAL & "NEW TO THE CENSUS"



SOURCE: IMD (2019) / SCHOOL CENSUS (JAN 2024)

Safeguarding

Since 2021, the number of children looked after in Leeds has increased by 12%, rising from 75 to 84 children per 10,000. This increase is significantly higher than comparators including England and Yorkshire and The Humber which saw a growth of 2% and 4%, respectively, across the same period.

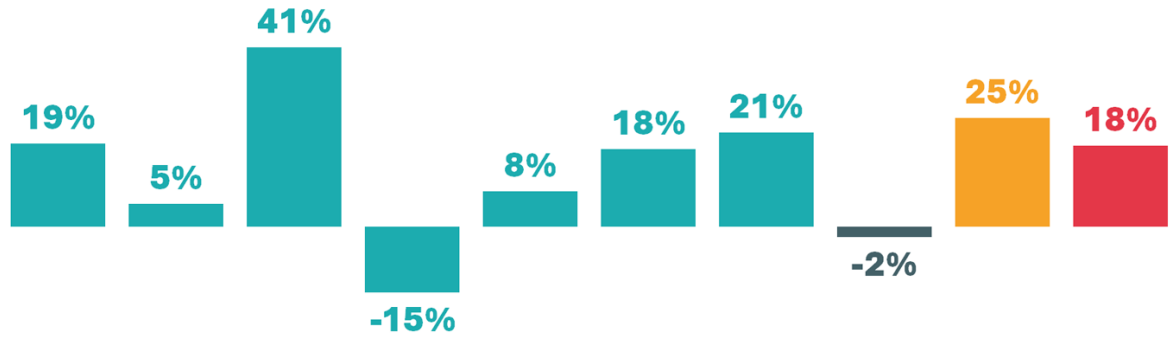
The number of children looked after in Leeds has decreased overall by 2% since 2014, whilst Yorkshire and The Humber, and England have increased by 25% and 18%, respectively. Despite this strong overall performance, the data suggests trends in Leeds are changing. Since 2021, the number of children looked after has increased by 12% compared to 4% in England and 2% in Yorkshire and The Humber. Of the 1,450 children looked after in Leeds on the 31 March 2023, 75 (5%) were unaccompanied asylum-seeking children. [23]The support for unaccompanied asylum-seeking children in the city, and the impact of legislative changes, continues to be monitored through partners. More information can be found in the March 2024 Scrutiny report.

"I hope it will help staff understand how to support care experienced young people and improve young people's time at school."

Leeds Have a Voice Council film 2024

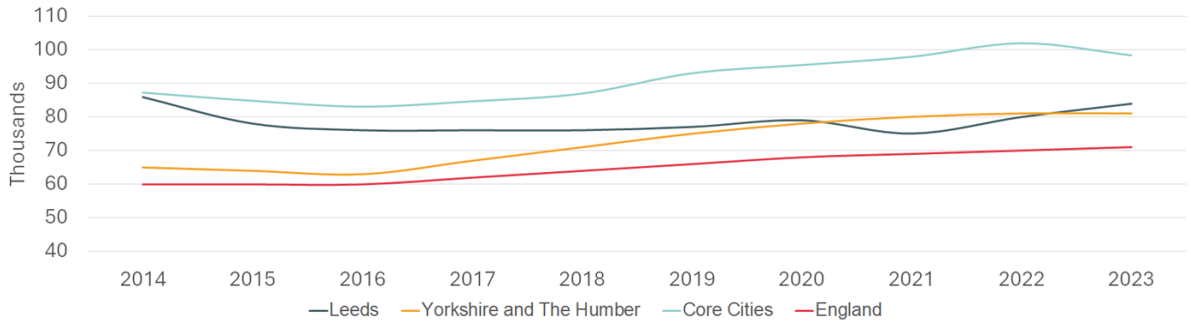
23, LINK - CHILDREN LOOKED AFTER, JUN 2024 (WWW.GOV.UK)

FIGURE 12: LOOKED AFTER CHILDREN - CHANGE 2014-2023



SOURCE: OHID (MAY 2023)

FIGURE 13: CHILDREN LOOKED AFTER RATE, PER 10,000

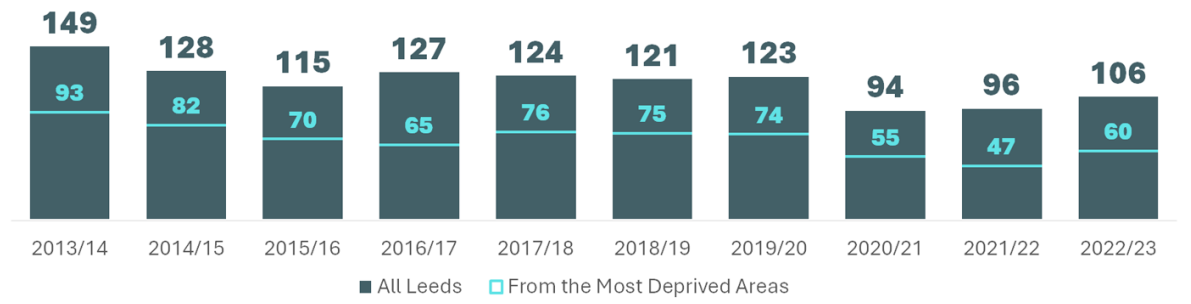


SOURCE: OHID (MAY 2023)

The number of recipients of a child protection plan has increased since 2021, with a count of 601 at the end of March 2023, or 35.2 for every 10,000 children. This is up from 546 in 2021, when the rate of child protection plans was 32.0 for every 10,000. Comparatively, these figures fall below the national average of 43.2 child protection plans for every 10,000 at the end of March 2023.

As Figure 14 below shows, a very small proportion of under twos are taken into care in Leeds. Numbers have fluctuated but overall, they have fallen between 2013 and 2021 for both Leeds as a whole, and those areas defined as the most deprived 10% according to the IMD. Both have risen since 2021/22, although neither are as high as they were in most previous years.

FIGURE 14: NUMBER OF BABIES UNDER 2 YEARS OLD TAKEN INTO CARE



SOURCE: OHID (MAY 2023)

Serious Youth Violence

Whilst crime rates have fallen significantly over the last 20 years, there is a growing pattern of serious youth violence across England. Some of the key contributors to this is the youth justice system being unable to support children with more complex needs and adverse childhood experiences (ACE)[24]. ACEs for example, can include a range of experiences including violence, abuse, bereavement, substance misuse within the family, and parental separation; all of which can impact a young person's likelihood to experience violence perpetration and victimisation.

In Leeds, 2 out of every 1,000 children committed violent crime according to the *West Yorkshire Serious Violence Strategic Needs Assessment 2024*[25]. Children aged as young as 10 are perpetrating violent crimes, however this is most prominent between the ages of 13-17 suggesting a need for greater prevention practice in the transition between primary and secondary school.

An Ofsted inspection in May 2024, evaluated the effectiveness of the multi-agency response to children aged 10 and over who are at risk of or affected by serious youth violence and/or criminal exploitation. The findings highlight the effectiveness in our partnership working, as well as the numerous interventions and projects in place to protect children and young people in Leeds.

To read the full report please see: Ofsted Joint targeted Area Inspection of Leeds

Health

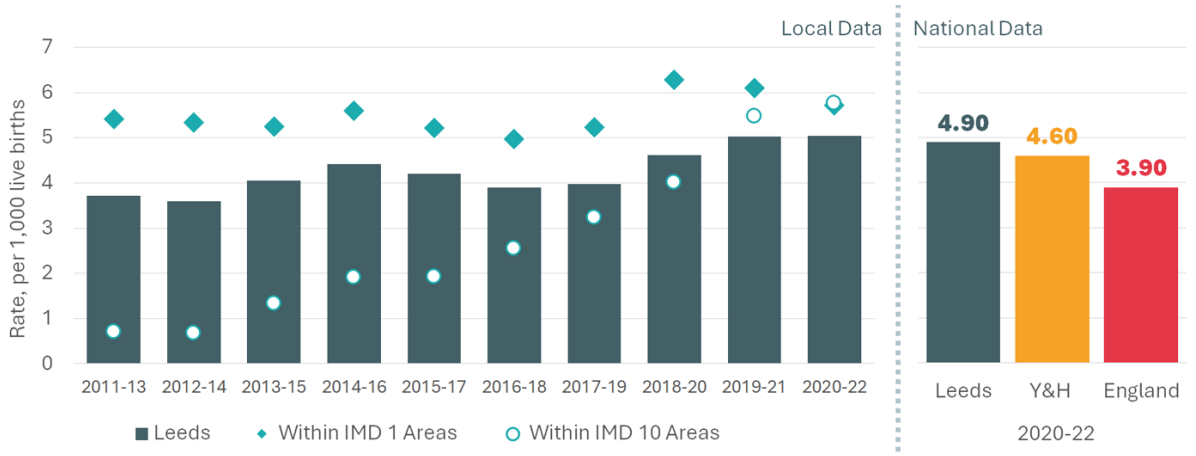
Infant mortality

'Infant mortality' is the death of a live-born baby before their first birthday. The infant mortality rate in Leeds was 5.0 per 1,000, unchanged from the previous period. That said, the rate amongst communities falling into IMD decile 1 has decreased from 6.1 to 5.7 per 1,000 births. The inequality gap in terms of infant mortality has closed dramatically in recent years, mainly as a result of the increase in rates in the least deprived areas, with a rate of 5.8 per 1,000 births. It must be noted that the due to the small number (n=8) of infant deaths and lower birth rates (n=1388) in least deprived areas, these figures are very vulnerable to random fluctuations skewing the trend. Work is ongoing to understand this trend which, as well as being based on very small numbers, may potentially be related to women in areas listed as the least deprived giving birth at older ages.

24, LINK - Serious Youth Violence Report [PDF] (mmu.ac.uk)

25, LINK - West Yorkshire Strategic Needs Assessment (westyorks-ca.gov.uk)

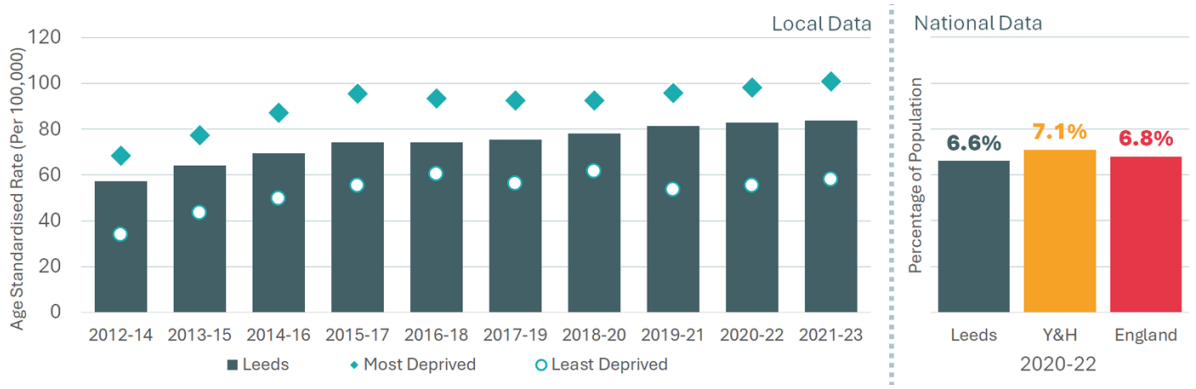
FIGURE 15 : INFANT MORTALITY, YEARLY RATE PER 1,000 LIVE BIRTHS



SOURCE: OHID (MAY 2023)

Babies with low birth weight

FIGURE 16: BABIES WITH LOW BIRTH WEIGHT



SOURCE: OHID (2023)

Low birth weight increases the risk of childhood mortality and of developmental problems for the child and is associated with poorer health in later life. At a population level there are inequalities in low birth weight and a high proportion of low-birth-weight births could indicate both lifestyle issues during pregnancy or challenges with maternity services.

Leeds rates of babies born with low birth weight (under 2500g) have been increasing steadily since 2010-2012. Rates in the most deprived areas of Leeds, according to the IMD model, follow a very similar pattern and have always been significantly above Leeds as a whole. In the least deprived areas in Leeds the rates are also similar in general trend and remain significantly lower than Leeds.

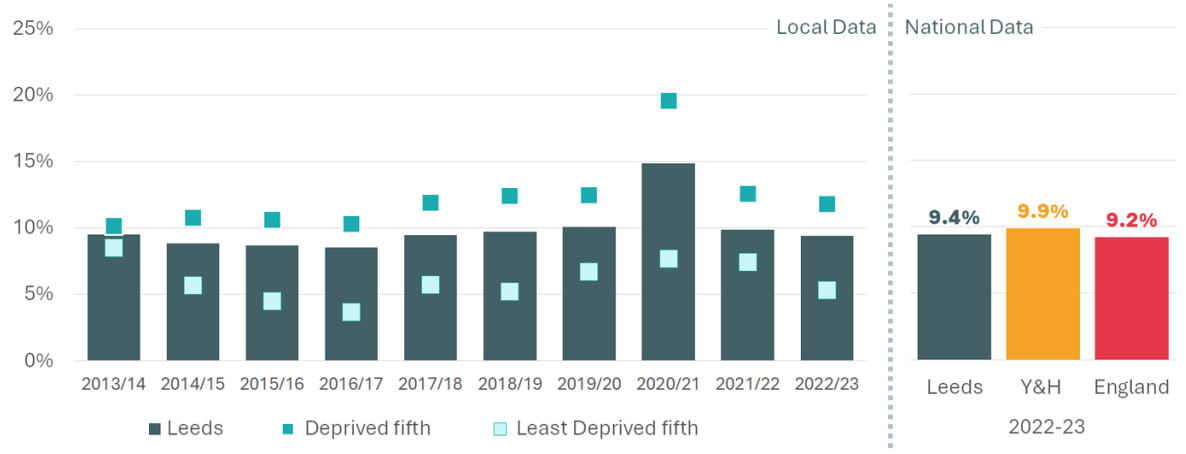
Child obesity

The overall Leeds trend has been flat, with a prevalence rate of 9.4% in 2022/23, compared to 9.5% in 2013/14 amongst reception-aged children (age 4-5). By the time a child in Leeds has reached year 6 (age 10-11), the chances of living with obesity rise to 23.3%, exceeding pre-Covid levels of 20.8%. Across both

cohorts, Leeds has a slightly higher rate of obesity than the national average but is below Yorkshire and The Humber.

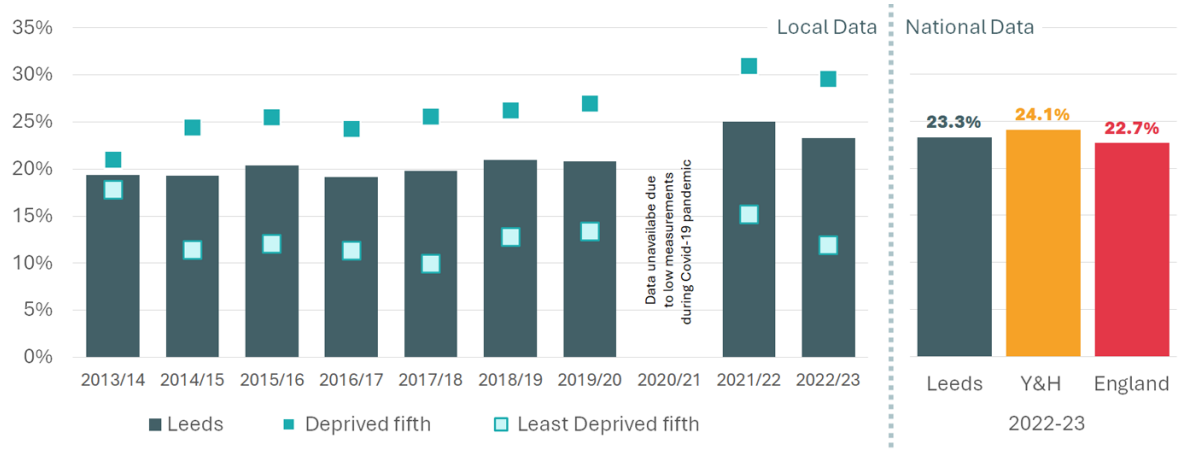
Changing the perspective slightly, Figure 17 and Figure 18 below uses the IMD to illustrate the difference in outcomes for those living in areas recognised as quintile one (20% most deprived areas of Leeds), and quintile five (20% least deprived areas of Leeds). Amongst reception-aged children, those living in quintile one areas are over twice as likely to live with obesity than those in quintile five areas, at 11.8% and 5.3%, respectively. This picture worsens as a child grows up, with roughly a third of year 6 children (29.6%) in quintile one living with obesity, compared to 11.9% in quintile five.

FIGURE 17: PREVALENCE OF OBESITY IN CHILDREN - RECEPTION AGE



SOURCE: OHID (MAY 2023)

FIGURE 18: PREVALENCE OF OBESITY IN CHILDREN - SCHOOL YEAR 6



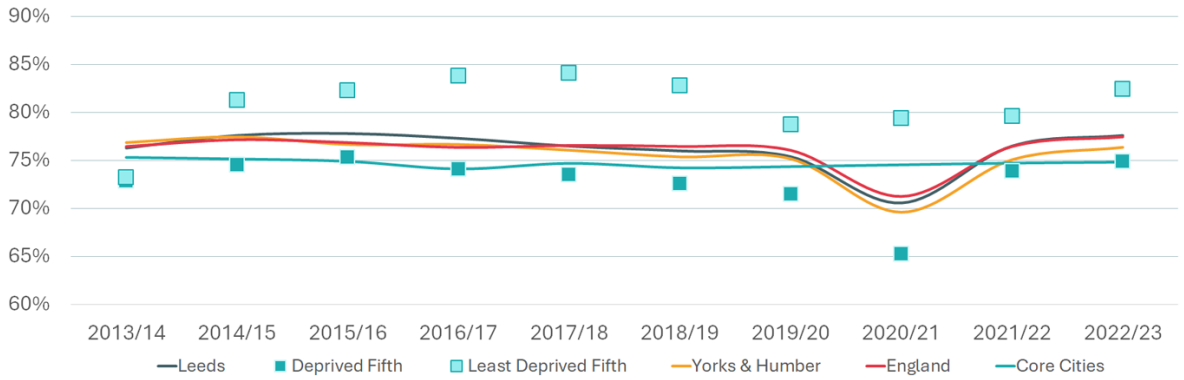
SOURCE: OHID (MAY 2023)

An alternative approach to exploring obesity as a determinant of health is through the prevalence of healthy weight in children, which is one of our Marmot indicators. Analysis of healthy weight in children 4 to 5 years old in Leeds closely reflects national trends at 77.6% and 77.5% respectively. Overall, Yorkshire and The Humber performs slightly below these averages, with 76.4% of children being a healthy weight. By year 6 the rate of healthy weight children has decreased significantly across all regional levels. In Leeds, 61.4% of children aged 10-11 are a healthy weight, a loss of 16.2%. Despite some inaccuracies

in the data due to the pandemic in 2020/21, the data speculates that the rate of healthy weight amongst children is recovering to pre-Covid levels.

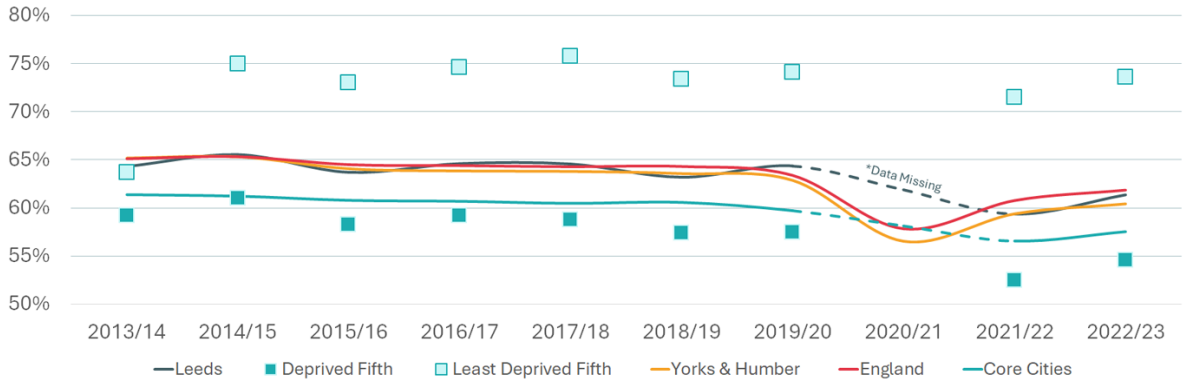
Similarly to the analysis of children living with obesity, children more at risk of facing poverty and inequality are also less likely to have a healthy weight in both reception years, and year 6. Using the IMD to divide Leeds quintiles based on levels of deprivation, those living in quintile one (20% most deprived areas of Leeds) have a healthy weight prevalence of 74.9%, compared to 82.4% in quintile 5 (20% least deprived areas of Leeds). Though prevalence of healthy weight falls significantly for all geographies and groups, the inequality gap worsens by the time a child reaches year 6 (10-11 years old). Children living in quintile one have a healthy weight rate of 54.6% in year 6 (down 20.3% from reception), compared to 73.6% in quintile 5 (down 8.8% from reception).

FIGURE 19: PERCENTAGE OF CHILDREN WITH A HEALTHY WEIGHT - AGED 4-5 YEARS



SOURCE: OHID (MAY 2023)

FIGURE 20: PERCENTAGE OF CHILDREN WITH A HEALTHY WEIGHT - AGED 10-11 YEARS



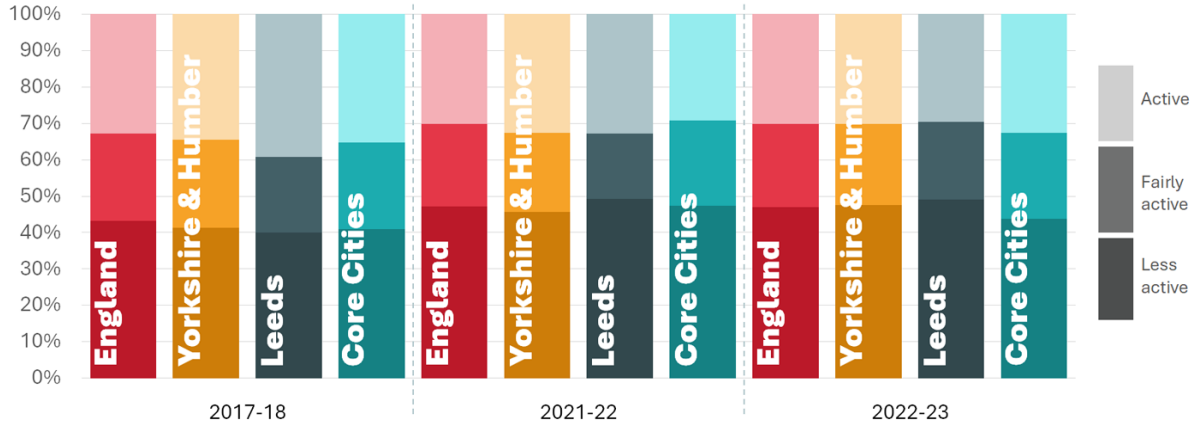
SOURCE: OHID (MAY 2023)

Activity levels

Children in Leeds are generally more active than Yorkshire and Humber, England & Core Cities with 49% being reported as active, defined as having 60+ minutes of activity per day, by the Active Lives Survey. Those defined as less active (less than 30 mins activity per day) are equally represented across Leeds, Yorkshire and The Humber and England at 30%, whilst the Core Cities reported 33%.

National data highlights that, as with health inequalities more generally, people from ethnic minority backgrounds and lower income communities are disproportionately inactive.[26]

FIGURE 21: SPORT & PHYSICAL ACTIVITY LEVELS IN CHILDREN & YOUNG PEOPLE (SCHOOL YEARS 1-11)

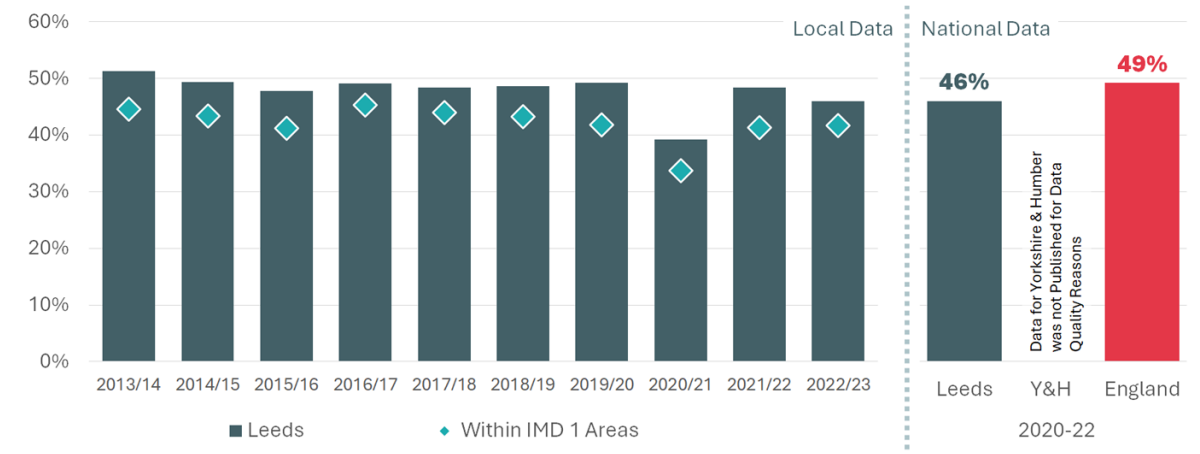


SOURCE: SPORTS ENGLAND (2023)

Breastfeeding

The percentage of women breastfeeding in Leeds has decreased in 2022/23 totalling 46%, down from 48.4% in 2021/22. The breastfeeding maintenance rate is significantly lower in the 10% most deprived areas of Leeds according to IMD, measuring 41.7% in 2022/23, compared to an average of 59.5% in areas within the top 10%.

FIGURE 22: PERCENTAGE OF INFANTS THAT ARE TOTALLY OR PARTIALLY BREASTFED AT AGE 6-8 WEEKS



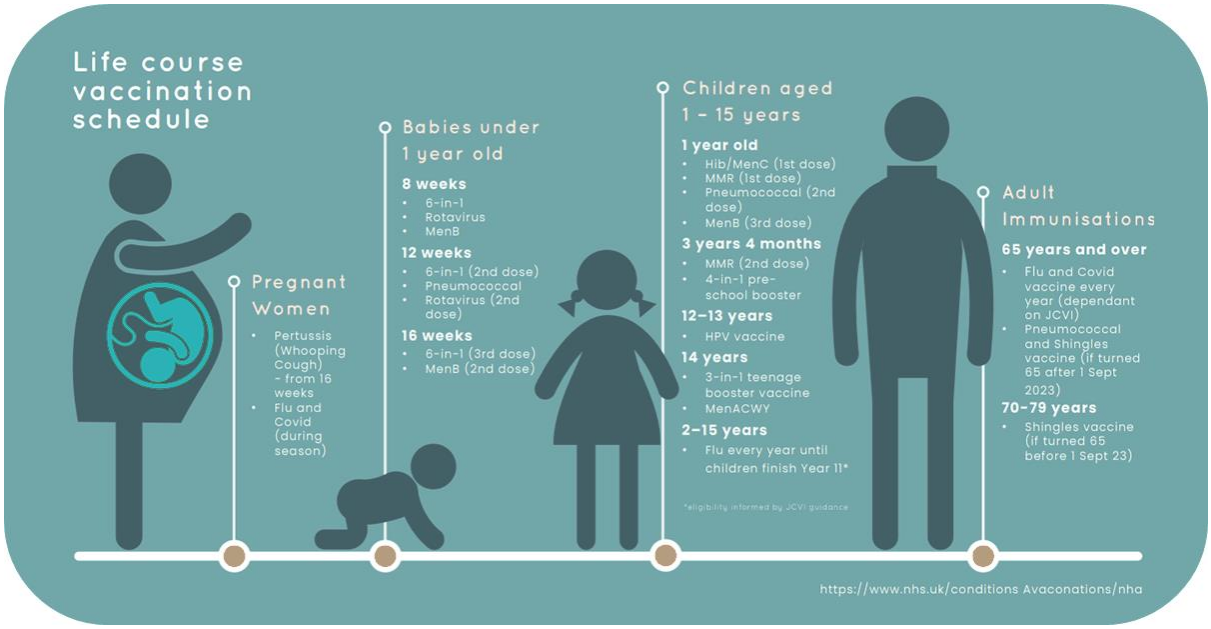
SOURCE: OHID (MAY 2024)

26, LINK - SPORT ENGLAND ACTIVE LIVES SURVEY 2022-23 (WWW.SPORTENGLAND.ORG)

Vaccination

The NHS has responsibility for vaccinations, including the delivery of the routine immunisation schedule[27]. Vaccination coverage is the best indicator of the level of protection a population will have against vaccine-preventable communicable diseases. Coverage is closely correlated with levels of disease, with the World Health Organisation recommending at least 95% of children are immunised against vaccine-preventable disease[28]. Monitoring coverage identifies possible drops in immunity before levels of disease rise.

FIGURE 23 - LIFE COURSE VACCINATION SCHEDULE



SOURCE: NHS (2023)

Uptake of the vaccination programme for children aged 1 year, 2 year and 5 year olds

Across the childhood vaccination programme, there has been a consistent decline over the last decade at a national and local level and coverage is down from previously reached peaks. The UK Health Security Agency provide quarterly data and commentary on coverage achieved by the UK childhood immunisation programme[29].

The following narrative for coverage of vaccination uptake for children aged 1, 2 and 5 years highlights changes in coverage at a Leeds level from Q1 2023/24 and Q4 2023/24 from UKHSA's COVER data for the UK childhood immunisation programme[3].

Coverage data for one-year olds shows a fairly stable position, with uptake for the '6 in 1' vaccination at 88% compared to a slight decrease in this vaccine in England (91.1% down by 0.4%). There has however been a small increase in Rotavirus and Men B vaccination in this age group in Leeds compared to a drop in the England rates. (Rotavirus up by 1.6% to 86.9%, Men B up by 0.2% to 88.9%).

For children aged 2 in Leeds, there has been a slight increase in '6-in-1' vaccine to 92.2% (increase of 0.1%), however there were decreases in all other vaccinations for this cohort. (PCV 86.6% by 0.6%,

27, LINK - NHS VACCINATIONS AND WHEN TO HAVE THEM (WWW.NHS.UK)

28, LINK - THE GUIDE TO TAILORING IMMUNIZATION PROGRAMMES (IRIS.WHO.INT)

29, LINK - VACCINATION COVERAGE STATS FOR CHILDREN AGED UP TO 5 YEARS (WWW.GOV.UK)

Hib/Men C 87% by 0.9%, MMR1 86.7% by 1% and Men B 85.4% by 1.5%). The declines in uptake follow the national trend.

For children aged 5 in Leeds, coverage data shows a decrease across all vaccination programmes ('6-in-1' 92.2% by 0.9%, MMR1 91.8% by 1.1%, MMR2 82.4% by 0.6%, DTapIPV 81.3% by 1% and Hib/MenC 85.1% by 3%). There were decreases at a national level for '6-in1', MMR1 and Hib/MenC but slight increases in MMR1 and DTapIPV.

Focus on MMR vaccination uptake

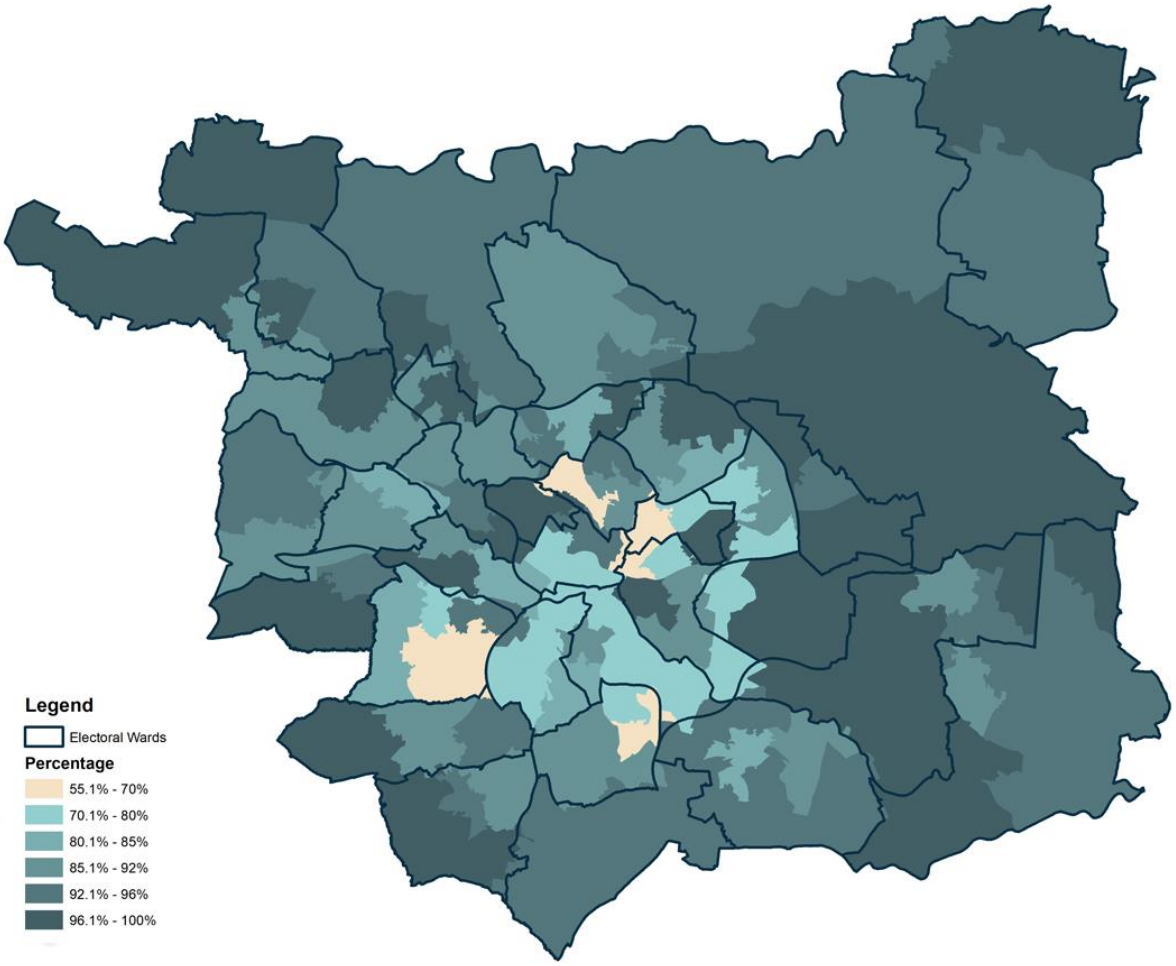
MMR is the combined vaccine that protects against measles, mumps, and rubella. Measles, mumps, and rubella are highly infectious, common conditions that can have serious complications, including meningitis, swelling of the brain (encephalitis) and deafness. They can also lead to complications in pregnancy that affect the unborn baby and can lead to miscarriage.

Due to recent increases in measles cases across the UK and against a backdrop of reducing coverage of the MMR vaccination, particular focus is being given at a Leeds level to improve uptake.

Despite the positive impact vaccination can have on the prevention of disease, the MMR vaccination coverage both nationally and locally has steadily decreased since 2020/21. Using UKHSA's COVER data, for the latest period 2023/24, coverage for children aged 2 receiving their first dose of the MMR vaccine in Leeds (86.7%) is lower than England (87.7%) and regional average (90%).

Figure 24 below illustrates the vaccination coverage across the city, showing that our inner-city wards have significantly lower coverage than outer city. This draws similarities to the map of deprivation according to the IMD rankings (found in Section 3b, the geography of inequality) suggesting there is a relationship between levels of deprivation and vaccination coverage.

FIGURE 24:PERCENTAGE OF CHILDREN RECEIVING ONE DOSE OF MMR VACCINATION BY AGE 2

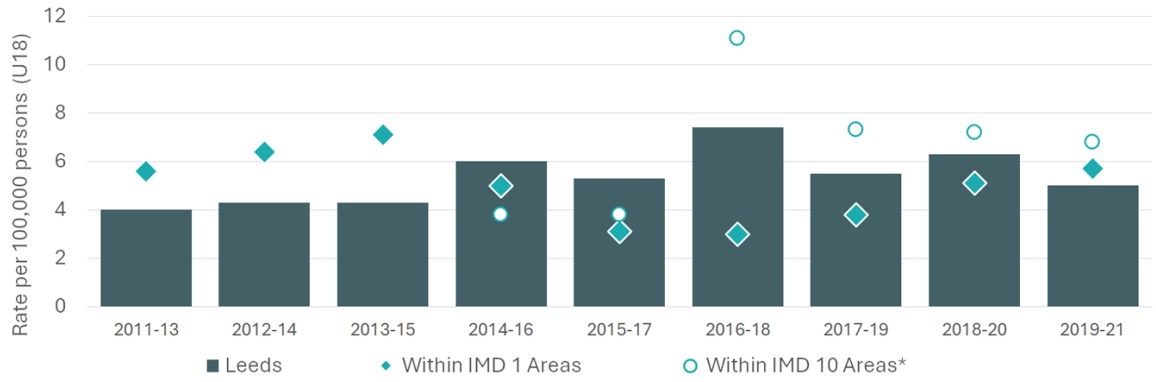


SOURCE: OHID (MAY 2024)

Young people and alcohol

Nationally and regionally, the rate of hospital admissions for under 18-year-olds where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific condition is decreasing. The rate in Leeds over the period 2019-2021 was 5.0 per 100,000, down from 6.3 in 2018-2020. People under 18 years old living in the IMD's least deprived areas are more likely to be admitted for alcohol-specific conditions compared to those in the most deprived, at 6.8 and 5.7 per 100,000, respectively. This trend is reversed for the adult population, as shown at Figure 40 and Figure 41 on Page 44 within Section 3a: Living Well – Health and Wellbeing, where alcohol related admissions and mortality rates are considerably higher in the areas of the city with more low income communities.

FIGURE 25: ADMISSION EPISODES FOR ALCOHOL-SPECIFIC CONDITIONS (UNDER 18S) PER 100,000



SOURCE: OHID (MAY 2024)

Mental health

The rate of mental health conditions amongst young people is continuing to increase. In 2023, national statistics showed 1 in 5 (20.3%) children aged 8 to 16 had a probable mental health disorder, this increased to almost 1 in 4 (23.3%) amongst those aged 17 to 19. For Leeds, this equated to around 17,453 young people aged 8 to 16.

Socio-economic, and health inequalities can significantly contribute to the risk of children and young people developing a mental health condition[30]. The *Leeds Children and Families Health Needs Assessment (2022)* outlines that people with a greater predisposition to developing a mental health disorder include those who are excluded from school, living in poverty, have experienced trauma, are in the justice system, are looked after children in the care system, are new to the country and asylum seekers or have special educational needs[31].

Through a review of patient data from the Mental Health Services Data Set (MHSDS) in 2022, the impact of demography as a determinant of mental health outcomes was explored. The findings emphasise the impact of poverty and inequality on mental health outcomes, with services based in areas within the bottom 10% according to the IMD having twice as many crises than those in the top 10%. Additionally, mental health services must continue to adapt to the changing cohorts of people accessing support, particularly where gender and age is included. The transition from childhood and adolescent mental health services (CAMHS) to adult mental health services (AMHS) is difficult, and the retention rate of people transitioning to a new service is declining[32].

As part of the School Census, almost 20,000 children responded to a question asking about their levels of happiness. 61% (12,004) pupils stated they feel happy 'Every day / Most days', with a further 33% (6,522) agreeing they feel happy 'Some days'. On the other hand, 5% (1,048) respondents said they 'Rarely / Never' feel happy[33].

30, LINK - FUTURE IN MIND: LEEDS STRATEGY 2021-26 (PDF) (MINDMATE.ORG.UK)

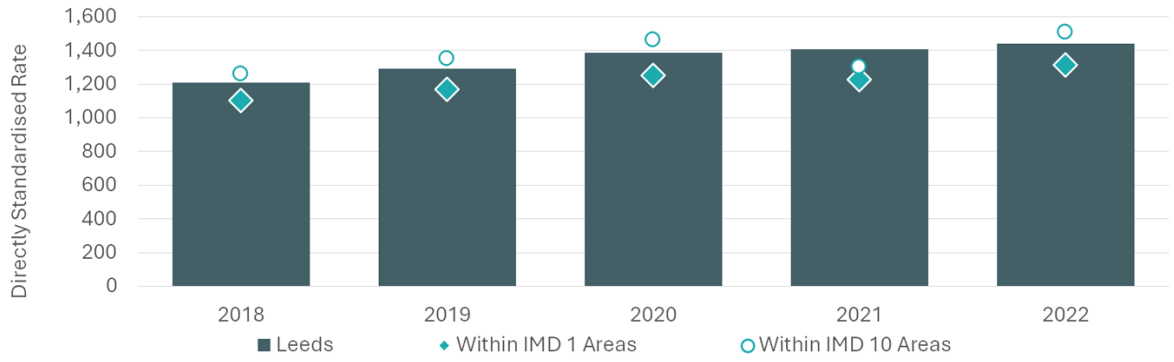
31, LINK - LEEDS CHILDREN AND FAMILIES HEALTH NEEDS ASSESSMENT 2022 (PDF) (OBSERVATORY.LEEDS.GOV.UK)

32, LINK - NHS LEEDS CCG & CITY COUNCIL SATELLITE ANALYSIS (WYPARTNERSHIP.CO.UK)

33, LEEDS SCHOOL CENSUS (JANUARY 2024)

Since 2018 onwards, common mental health illness rates in Leeds have seen a steady increase, with broadly similar patterns observed across all communities regardless of socio-economic trends.

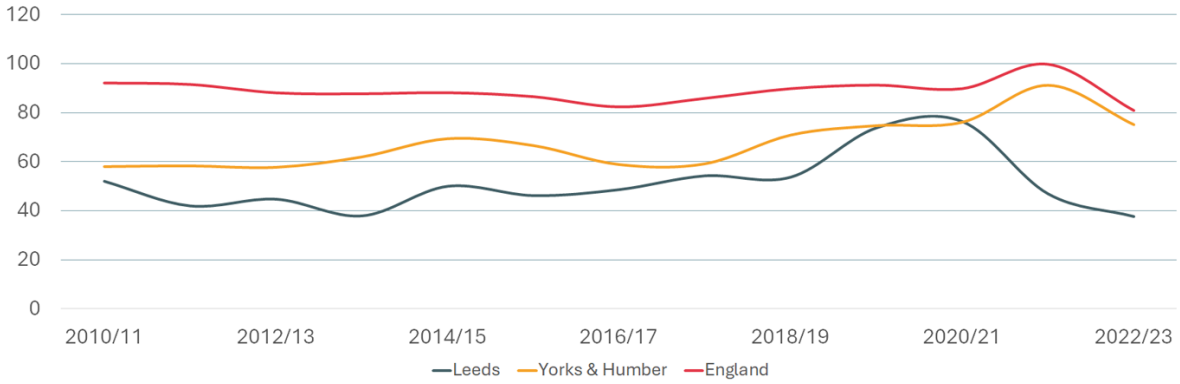
FIGURE 26: PREVALENCE OF COMMON MENTAL HEALTH ISSUES - UNDER 18S



SOURCE: OHID (MAY 2024)

The rate of hospital admissions due to mental ill-health have now recovered to pre-Covid levels. In Leeds, the number of child hospital admissions has fallen to 37.6 per 100,000 which is significantly lower than the national average of 80.8 and Yorkshire and Humber average of 75.2. Whilst this data shows a substantial improvement in the rate of admissions for severe cases of mental ill-health, it does not capture the wider spectrum of mental health conditions facing young people in Leeds.

FIGURE 27: HOSPITAL ADMISSION FOR MENTAL HEALTH CONDITIONS PER 100,000 (UNDER 18 YEARS)



SOURCE: OHID (MAY 2024)

Sexual and reproductive health

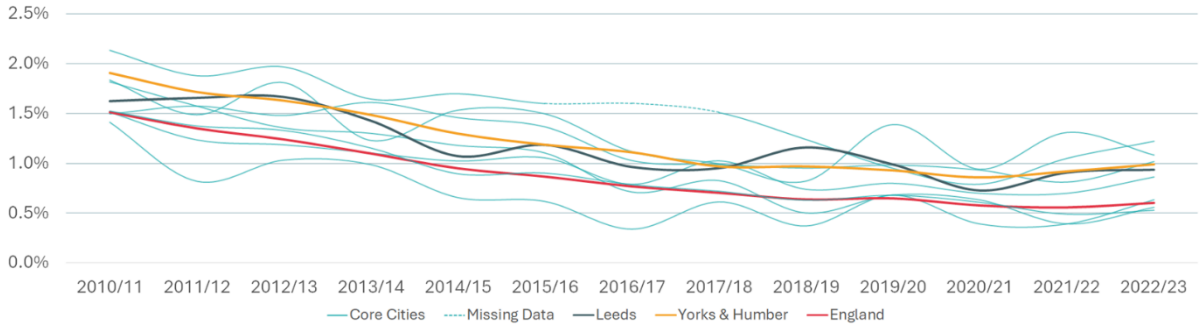
In Leeds, the birth rate plateaued between 2008 to 2017 at roughly 10,000 per year, however this has steadily declined since with 8,305 births being registered within the city boundary in the academic year ending August 31st, 2023. Of this, 0.9% or 75 births were from a mother who is aged under 18. At all levels of geography, the teenage birth rate has fallen by roughly 50% since 2010, which may be attributed to changes to education and employment pushed through the *Teenage Pregnancy Strategy*[34] and the *Teenage Pregnancy Prevention Framework*[35]. Whilst performance in Leeds is steady and comparable to

34, LINK - ENGLAND'S TEENAGE PREGNANCY STRATEGY: A HARD-WON SUCCESS (THELANCET.COM)

35, LINK - TEENAGE PREGNANCY PREVENTION FRAMEWORK (WWW.GOV.UK)

the Core Cities and the wider region of Yorkshire and The Humber, there is a clear distinction with the rest of England. Some research suggests that this disparity is likely the result of greater levels of youth and area-level unemployment, as well as poorer educational attainment in Northern regions[36]

FIGURE 28: PERCENTAGE OF BIRTHS WHERE THE MOTHER IS AGED UNDER 18 YEARS



SOURCE: OHID (MAY 2024)

Education and learning

In Leeds we recognise that not everybody has an equal opportunity to take advantage of the education system, however this is a key priority in the *Leeds Children and Young People's Plan 2023 to 2028*[37]. Some will be growing up and attending schools in areas that fall into the bottom 10% decile of the IMD which poses unique and complex challenges. Typically, these schools will have a higher student to teacher ratio, placing greater pressure on staff, contributing to both higher turnover rates and lower provision of support for students.

As highlighted earlier in this section, there are challenges in measuring free school meal eligibility, however we know that there are a significant number of pupils claiming FSM, reflecting some of the complex socio-economic barriers facing over one in four of our students. This could be indicative of a child's increased likeliness to live in housing of a poorer quality, or to experience mental health disorders, lower levels of parental involvement and less opportunity to be involved in extra-curriculum activities[38]. These often-intersecting challenges, underpinned by socio-economic conditions are deeply rooted in inequality, all of which play a key role in a student's ability to engage in work and achieve a good level of development from early years through to post-18.

Early years

As a result of changes to the Early Years Foundation Stage measure in 2022, there is no longer an appropriate comparison to explore change over time. That said, the available data shows promising improvements to early years outcomes across all levels of geography. Leeds is mirroring the averaged progress of the Core Cities, with 63% of children achieving a good level of development from birth to 5 years old in 2023 compared to 61% in 2023. Despite the improvements, Leeds falls below the Yorkshire and The Humber, and National averages which have improved at the same rate, achieving 66% and 67%, respectively.

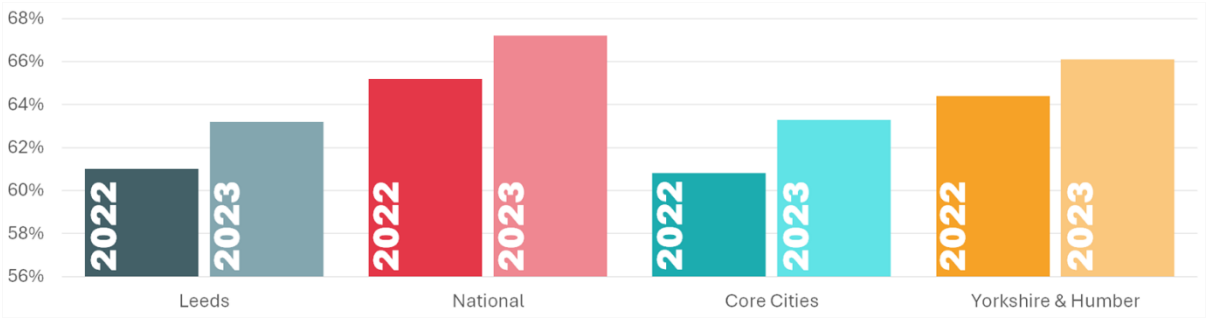
36, LINK - UNDERSTANDING DECLINING TEENAGE PREGNANCY RATES IN ENGLAND (PDF) (CPC.AC.UK)

37, LINK - LEEDS CHILDREN AND YOUNG PEOPLE'S PLAN 2023 TO 2028 (PDF) (LEEDS.GOV.UK)

38, LINK - EDUCATION INEQUALITIES REPORT (PDF) (IFS.ORG.UK)

The impact of poverty and inequality is quite visible from the moment a baby is born and can continue to impact their development into adulthood. The Department for Education measures on EYFS show that 46.2% of children who are eligible for free school meals achieve a good level of development by the age of 5, compared to 68% for those who are not eligible. This is slightly lower than the England average of 51.6% and 71.5%, respectively[39].

FIGURE 29: PERCENTAGE OF CHILDREN ACHIEVING A GOOD LEVEL OF DEVELOPMENT (MARMOT INDICATOR)



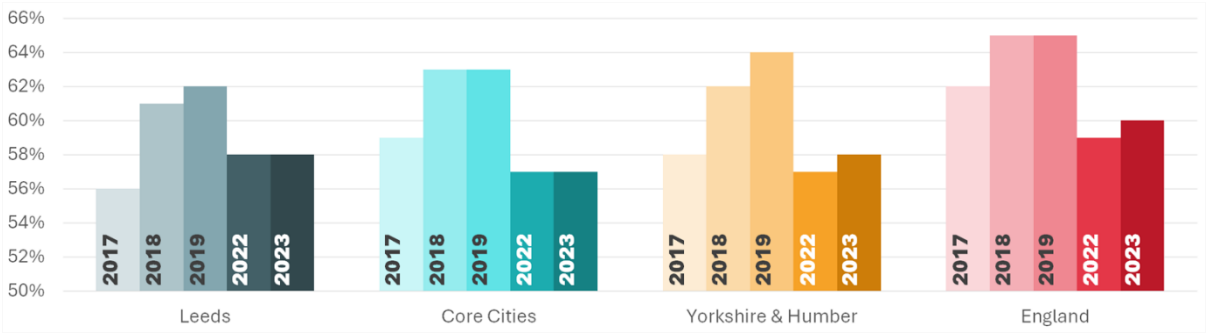
SOURCE: DEPARTMENT FOR EDUCATION (FEB 2024)

Key Stage 2

Key Stage 2 attainment broadly reflects the student's performance during teacher assessments and end-of-year key stage tests. In Leeds, 58% of children achieved the expected standard for RWM in 2023, which was down by 4% since 2019. This decline reflected national trends that have dropped from 65% to 60% over the same period.

For those who are claiming Free School Meals (FSM) in Leeds, the likelihood of meeting the expected standard in RWM is significantly lower than those who are not claiming. This pattern is also influenced by sex. 36% of boys claiming FSM meet expected standards in RWM, compared to 64% for boys not known to be claiming FSM. For girls claiming FSM 44% meet expected standards, compared to 68% for those who do not.

FIGURE 30: KEY STAGE 2 - EXPECTED STANDARD IN READING, WRITING, AND MATHS (MARMOT INDICATOR)



SOURCE: DEPARTMENT FOR EDUCATION (FEB 2024)

Key Stage 4

Headline measures at Key Stage 4 are based on the results of eight GCSEs or equivalent, including English and Maths. This is known as Attainment 8. As a result of the pandemic, there are some inconsistencies within the data for the years 2020 to 2022. During 2020 and 2021, a combination of

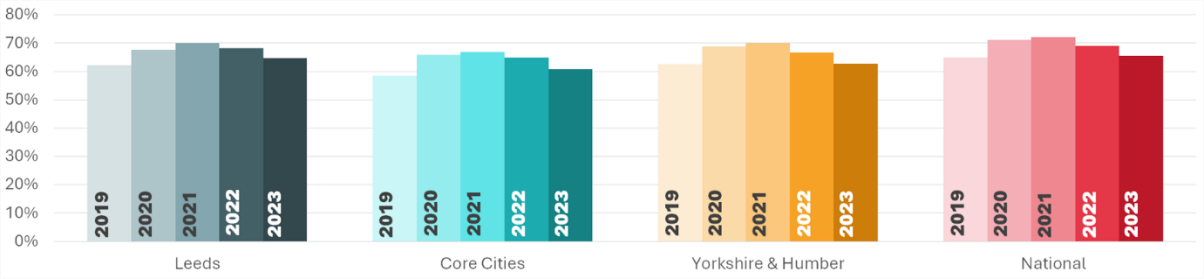
39, LINK - EARLY YEARS FOUNDATION STAGE OUTCOMES (WWW.GOV.UK)

centre-assessed and teacher assessed grades replaced external examinations. To ensure that young people who had experienced disruption to their education were not disadvantaged, additional protections were implemented in 2022. The combined changes meant that outcomes between 2020 and 2022 are not comparable with other years. Examinations returned to pre-pandemic standards in 2023 and performance is comparable to 2019.

In Leeds, the number of students achieving a standard pass of a grade 4 or above in English and Maths GCSEs is increasing. The pupils who were beginning year 9 when the pandemic began have now undertaken their GCSE examinations in 2023 with an average of 64.6%, up from 62.1% in 2019. These trends in attainment are consistent across the nation and Core Cities who have also seen a decline in GCSE outcomes[40]

Research by Nuffield Trust into the impact of Covid-19 on the education system has found that for those aged 5 during the time of school closures are up to 4.8 percentage points less likely to achieve a grade 5 in English and Maths by the time they sit their GCSE exams [41]. At this stage, it is also forecasted that the 'bulge cohort' (2010-2017) will be passing through the education system, achieving their GCSEs and exploring post-16 opportunities which could place a further strain on the education system.

FIGURE 31: PERCENTAGE OF PUPILS ACHIEVING A STANDARD PASS IN ENGLISH AND MATHEMATICS



SOURCE: DEPARTMENT FOR EDUCATION (FEB 2024)

In addition to achieving a standard pass in English and Maths, Attainment 8 provides a comprehensive insight into the average attainment of pupils in up to 8 qualifications including English (double weighted if the combined English qualification, or both language and literature are taken), Maths (double weighted), three further qualifications that count in the English Baccalaureate (EBacc) and three further qualifications that can be GCSE qualifications (including EBacc subjects) or any other non-GCSE qualifications on the DfE approved list.

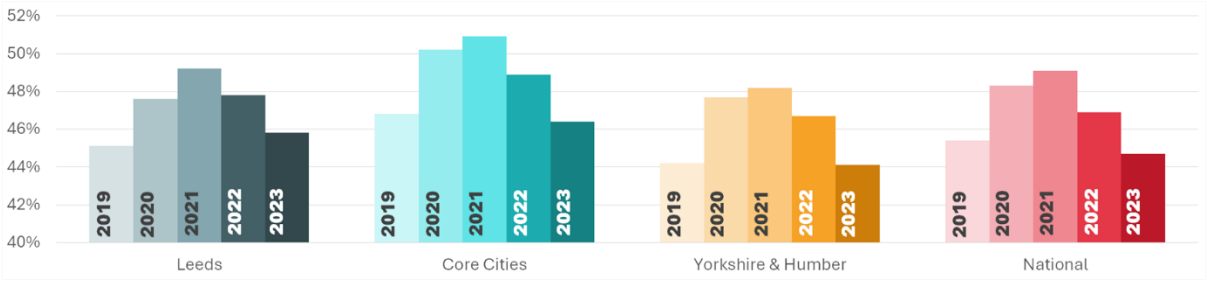
In Leeds, the average attainment 8 score per pupil in 2023 was 45.8, which is a slight improvement on the pre-Covid score of 45.1. This performance is similar to the national average of 46.4, and above the regional average of 44.7. However, the patterns of inequality in terms of educational outcomes seen in EYFS and KS2 is also prevalent in KS4 achievement. The average attainment 8 score for pupils eligible for FSM in Leeds is 34, compared to 50 for those not eligible[42].

40, LINK - KEY STAGE 4 PERFORMANCE STATISTICS (WWW.GOV.UK)

41, LINK - A GENERATION AT RISK, REBALANCING EDUCATION IN THE POST-PANDEMIC ERA (PDF) (NUFFIELDFOUNDATION.ORG)

42, LINK - LOCAL AUTHORITY KS4 CHARACTERISTICS DATA (WWW.GOV.UK)

FIGURE 32: KS2 - AVERAGE ATTAINMENT 8 SCORE PER PUPIL



SOURCE: DEPARTMENT FOR EDUCATION (FEB 2024)

Post-16 learning and outcomes are explored in Section 4: Working Well – Inclusive Growth, including Level 2 and Level 3 outcomes and Not in Education, Employment or Training (NEET).

Support for children with special educational needs

A child or young person has special educational needs and disabilities (SEND) if they have a learning difficulty and/or a disability that means they need special education and health support. SEND can affect a child or young person's ability to learn, affecting their:

- behaviour or ability to socialise, for example they struggle to make friends
- reading and writing, for example because they have dyslexia
- ability to understand things
- concentration levels, for example because they have attention deficit hyperactivity disorder (ADHD)
- physical ability

Where SEND is identified support is provided by:

- SEN support - support given in school, like speech therapy
- In Leeds additional support is available through our funding for inclusion model (under review).
- an education, health and care (EHC) plan for children and young people aged up to 25 who have more complex needs

The number of pupils with special educational needs has grown faster than the pupil population. 25,199 pupils had a special educational need in 2023/24, 33% higher than 18,944 pupils in 2018/19. Over the same period the pupil population grew by 6% from 129,591 to 136,799. 18.4% of the pupil population now has SEN, broadly in-line with Statistical Neighbours and England and lower than the Core Cities average of 19.4%.

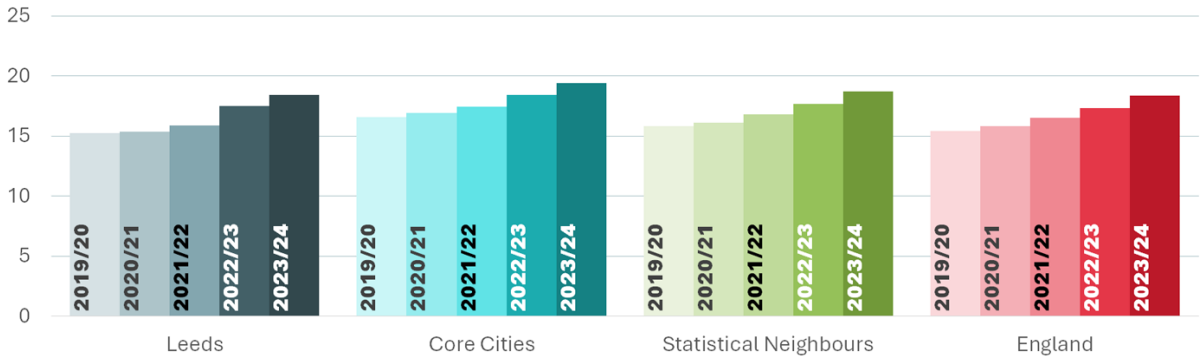
In 2023/24, of all children and young people in Leeds schools with SEN, 3,864 pupils in Leeds schools have an education, health and care plan, 2.8% of all pupils in Leeds, lower than England (4.8%), Core Cities (4.3%) and DFE Statistical Neighbours (5%).

The Leeds Funding for Inclusion (FFI) model has historically provided schools in Leeds with additional funding without the requirement for a pupil to have an EHC Plan. This model is changing, potentially leading to more EHC Plans in the future.

21,335 pupils in Leeds schools have SEN support, 15.6% of all pupils in Leeds, a similar proportion to the Core Cities average of 15.6% and higher than England and Statistical Neighbours (13.6% and 13.7%, respectively).

SEND characteristics are grouped into categories called primary need. The most prevalent primary needs are speech, language, and communication (SLCN), social emotional and mental health (SEMH) and moderate learning difficulty (MLD). Notably, the primary need of autistic spectrum disorder (ASD) has more than tripled since 2018, from 902 children in 2018 to 3299 in 2024. There are differences in the prevalence of need by phase of education, with SLCN the most prevalent in primary schools, SEMH in secondary schools and ASD in special schools.

FIGURE 33: ALL SPECIAL EDUCATION NEEDS PROVISION BY SCHOOL POPULATION[43]



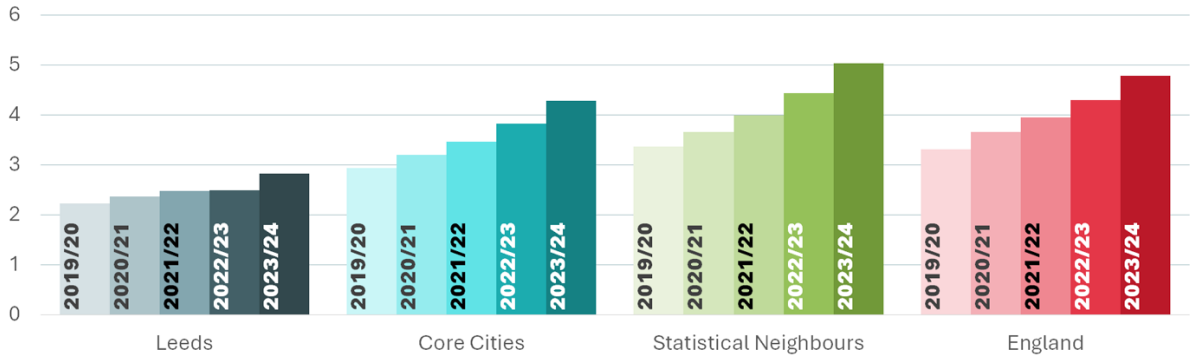
SOURCE: DEPARTMENT FOR EDUCATION (JUN 2024)

Education Health and Care Plans are issued and coordinated by the local authority. Leeds has an EHC Plan rate of 193 per ten thousand of the population, lower than England (332 RPTT), Statistical Neighbours (352 RPTT) and Core Cities (255 RPTT). Contributors to this difference include the Leeds Funding for Inclusion (FFI) model (under review) and our student population which increases the Leeds 18-25 population.

"My child is now happy to attend school. Before having an EHCP she was stuck in a school who didn't know how to meet her needs. She was often left upset and deregulated."

Leeds SEND review 2023/24

FIGURE 34: PERCENTAGE OF SCHOOL POPULATION WITH EHC PLANS[43]



SOURCE: DEPARTMENT FOR EDUCATION (JUN 2024)

At the end of June 2024 there are 5,785 children with an Education and Health and Care Plan. There has been a 45% increase in EHCP numbers from January 2020 to January 2024.[44]

The majority of children and young people with an EHC Plan are of compulsory school age and they are predominantly male. There are a higher percentage of children attending special schools and further education compared to mainstream schools, which differs from comparator local authorities.

Policy Implications

- The mental health of our children and young people continues to be of concern and was impacted significantly by Covid-19. Whilst hospital admissions for mental health conditions have returned to a comparatively low level in the city (after the sharp rise reported in the last JSA), there continues to be a consistent rise in the prevalence of common mental health illness. Evidence from the School Census indicates that only three fifths of children report feeling happy at least most days. Prioritising engagement with children and young people themselves, as part of the city's response to this issue, should remain a key priority.
- The educational attainment gap for children and young people who are most likely to be experiencing poverty continues to be significant – with especially notable underperformance for boys in receipt of free school meals when compared to their peers. Inequalities for all children receiving FSM are fiercely stubborn, with the attainment gap remaining static between 2018/19 and 2022/23. Leeds should build upon the mission-driven Child Friendly Leeds approach and CFL Wishes to ensure every child's voice is heard as part of efforts to improve outcomes across social determinants of health in the city. Interventions should remain focused on improving engagement with education for young people and their families and strengthening pathways to continued education, skills development, and employment opportunities.
- Post-Covid, the cost-of-living crisis has exacerbated the challenges many families were already facing. Over a third of children are living in communities amongst the 10% most deprived nationally according to the IMD, and Leeds has the 7th highest number of children struggling against poverty in the country. With child poverty being the root of many poor outcomes for children and young people including the inequality gaps we see on issues including vaccination

43, DFE STATISTICAL NEIGHBOURS – DERBY, SHEFFIELD, KIRKLEES, CALDERDALE, BOLTON, BURY, WIRRAL, NORTH TYNESIDE, STOCKTON-ON-TEES, AND DARLINGTON

44, LINK - SPECIAL EDUCATIONAL NEEDS IN ENGLAND STATISTICS (WWW.GOV.UK)

uptake and child obesity, further strengthening the links between interventions and strategies aimed at young people and our wider approach to inclusive growth in the city is increasingly vital.

- Effectively supporting children and young people with SEND, being responsive to their individual needs at the right point in time, and, where needed, supporting successful transitions into adult mental health services, is key. Pressures across various parts of the system continue to increase barriers to achieving this. Further consideration about how to respond to the changing needs of individuals, alongside demand and market pressures, is needed to ensure that the system can respond effectively through to adulthood.

Section 3a: Living Well – Health and Wellbeing

Headlines

- As a Marmot City we are committed to tackling poverty and inequality across Leeds. Despite continued efforts over many years, inequalities remain in the social determinants of health. This results in a health inequality gap between the richest and poorest areas of the city. There have been some successes in closing this gap and the city should learn from this and build on what works.
- The proportion of people living with multiple long-term conditions is increasing, with this likely to start earlier in life for people living in the poorest neighbourhoods, creating a need for more adaptable and coordinated services focused on preventing and meeting complex needs.
- The gap in life expectancy in Leeds, could mean that a female living in Harewood can expect to live 11.5 years longer than a female in Hunslet and Riverside, with similar gaps for men.
- The number of people living with obesity (BMI of above 30) is increasing and has exceeded that of pre-Covid levels.
- Suicide rates are highest among middle-aged men, whilst girls and young women have the highest rates of hospital admissions due to self-harm. Both have higher rates in the city's low income communities.

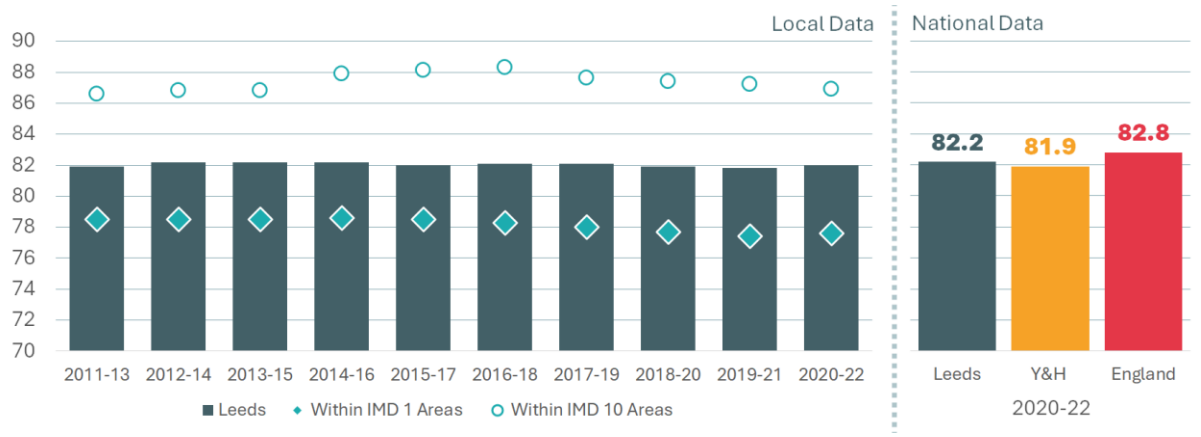
The *Leeds Health and Wellbeing Strategy (2023-2030)* sets out our vision to be a "healthy and caring city for everyone: where those who are most likely to experience poverty improve their mental and physical health the fastest, with health and care inequalities reducing, and people being supported to thrive from early years to later life." As we emerged from the pandemic, and entered a cost-of-living crisis, the impacts of the health inequality gap have continued, causing a worsening of health outcomes for those in the low income communities where people are most likely to be struggling against poverty, and mounting pressure on public services. Acknowledging this fact, it is more important than ever to work harder to improve the wide range of factors that contribute to poor health. This includes the social determinants which can account for between 30-55% of health outcomes, particularly employment and skills; living conditions - such as housing, air quality, access to green space; and healthy living - including physical activity levels, food choices, alcohol intake and smoking[45].

Life Expectancy

The average life expectancy of a baby girl born in Leeds between the period 2020 to 2022, is estimated to be 82.0 years. This has increased slightly from the previous period (81.8 years) but is not a statistically significant change. The overall Leeds trend has been flat, with life expectancy not significantly different than 2011-2013 (81.9 years).

45, LINK - Social Determinants of Health (who.int)

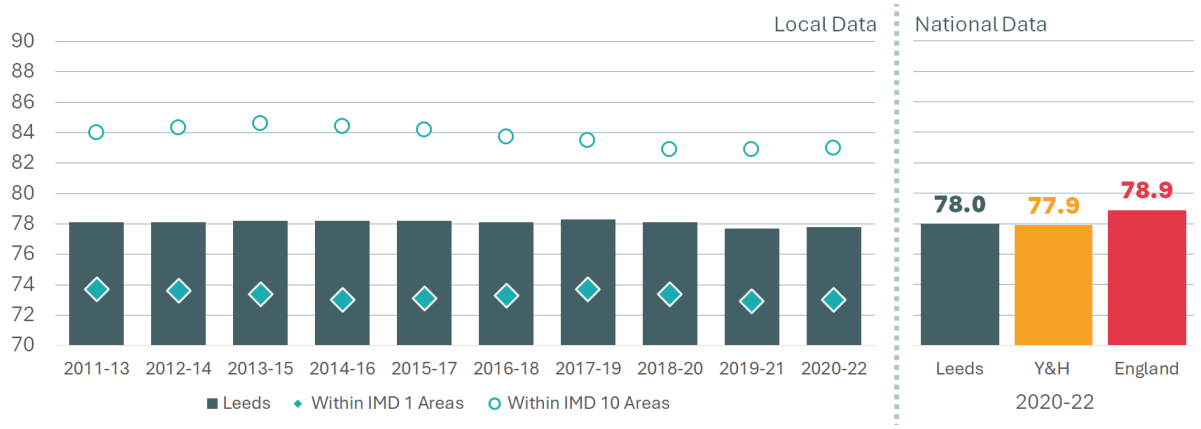
FIGURE 35: LIFE EXPECTANCY AT BIRTH – FEMALE



SOURCE: OHID (MAY 2024)

The average life expectancy of a baby boy born in Leeds between the period 2020 to 2022, is estimated to be 77.8 years. This has increased slightly from the previous period (77.7 years) but is not a statistically significant change. The overall Leeds trend has been flat, with life expectancy not significantly different than 2011-2013 (78.1 years).

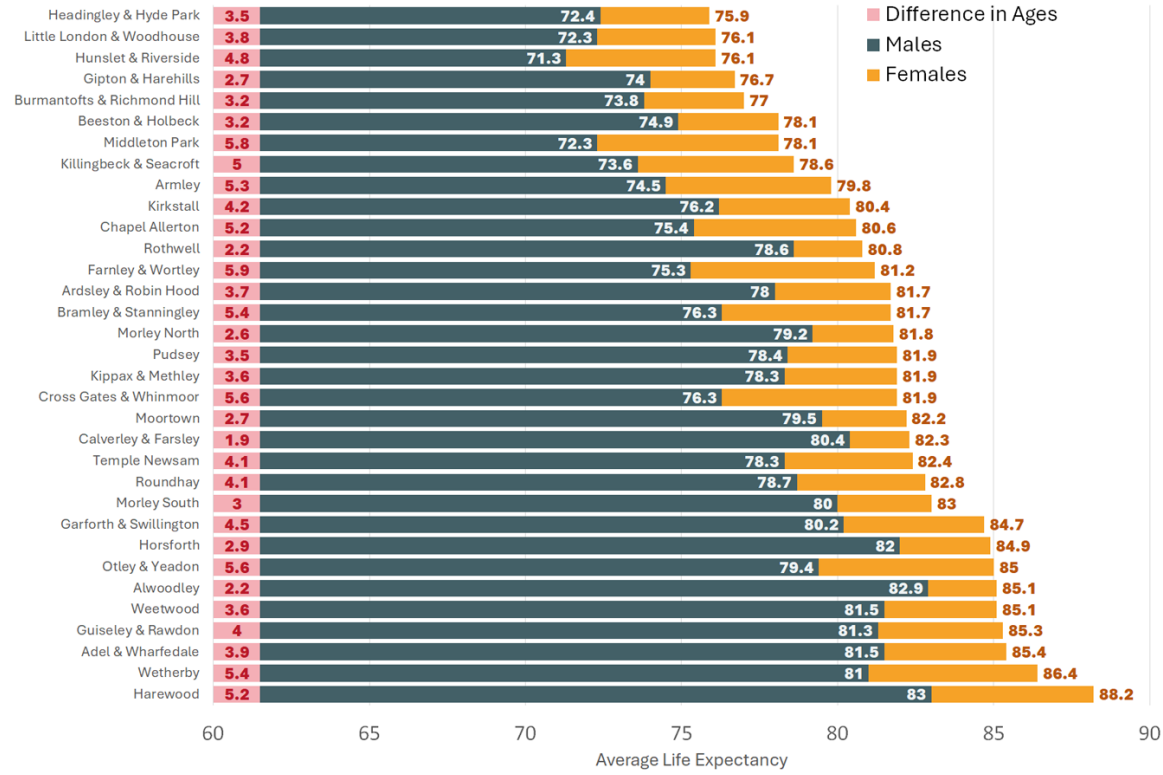
FIGURE 36: LIFE EXPECTANCY AT BIRTH – MALE



SOURCE: OHID (MAY 2024)

Figure 37 below shows the inconsistencies in life expectancy between wards across the city. The landscape of life expectancy has shifted slightly since the previous period (2017-2019). Harewood now has the highest expectancy for both men (83) and women (88.2), compared to the lowest life expectancy in Hunslet and Riverside for men (71.3) and women (76.1). Whilst the geography of life expectancy has changed, the gap between male and female has remained roughly the same, however, it is worth noting that there will be variation within ward boundaries.

FIGURE 37: LIFE EXPECTANCY BY ELECTORAL WARD (2020-22)

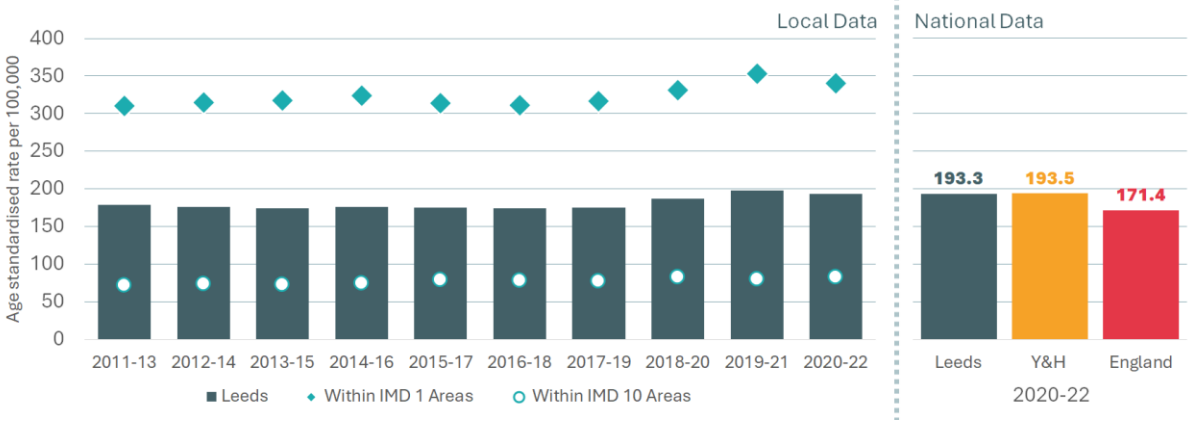


SOURCE: OHID (MAY 2024)

Preventable Mortality

Preventable deaths are a measure of the success of Public Health interventions where deaths could have been prevented. The mortality rate for Leeds between 2020 and 2022 was 193.3 per 100,000. The overall trend shows a significant increase compared to 2015-2017 (175 per 100,000). The rate was 340 per 100,000 for IMD 1 areas and 82.4 for the most affluent IMD 10 areas.

FIGURE 38: PREVENTABLE MORTALITY

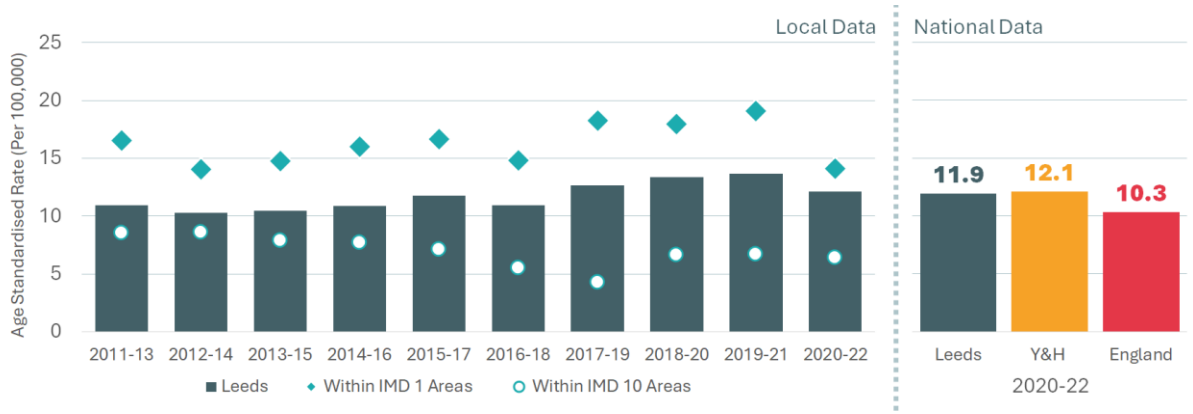


SOURCE: OHID (MAY 2024)

Suicide Rates

The suicide mortality rate for Leeds between 2020 and 2022 was 9.5 per 100,000. This was a slight decrease on the previous period (10.6 per 100,000 in 2019-2021). Suicide is rarely caused by one thing, and people are often at greater risk due to several contributing cultural, psychological, and economic factors[46]. Nationally, the suicide rate amongst those living in the 10% most deprived areas according to IMD is roughly twice that of the 10% least deprived[47]. This is mostly consistent with Leeds, with 10.5 per 100,000 in IMD 1 areas and 5.7 in IMD 10 areas.

FIGURE 39: SUICIDE RATE (PER 100,000 PERSONS)

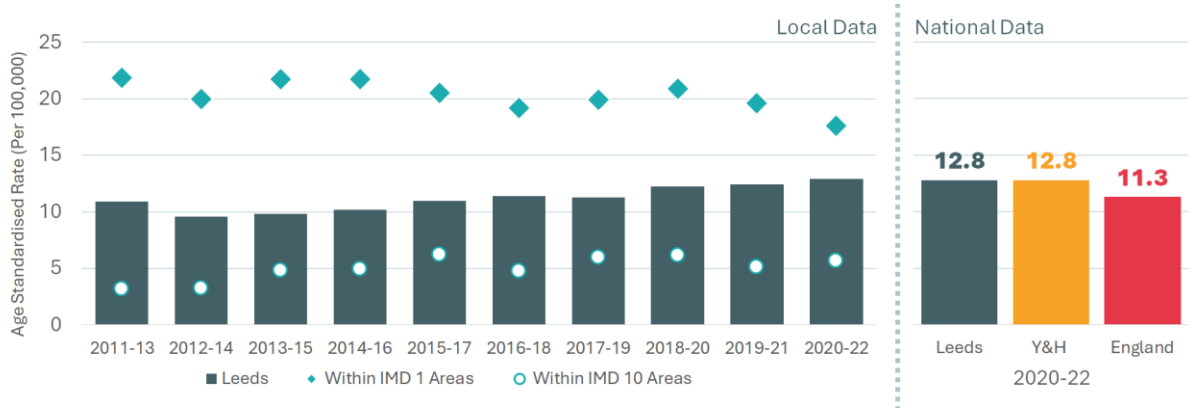


SOURCE: OHID (MAY 2024)

Alcohol Related Mortality

The mortality rate for alcoholic liver disease between 2020 and 2022 was 12.9 per 100,000, which is a slight decrease on the previous period (12.4 per 100,000 in 2019-2021. The inequality gap is significant, with 58.4 per 100,000 for the most deprived and 5.9 for the least deprived areas.

FIGURE 40: ALCOHOL RELATED LIVER DISEASE MORTALITY (UNDER 75S, PER 100,000)



SOURCE: OHID (MAY 2024)

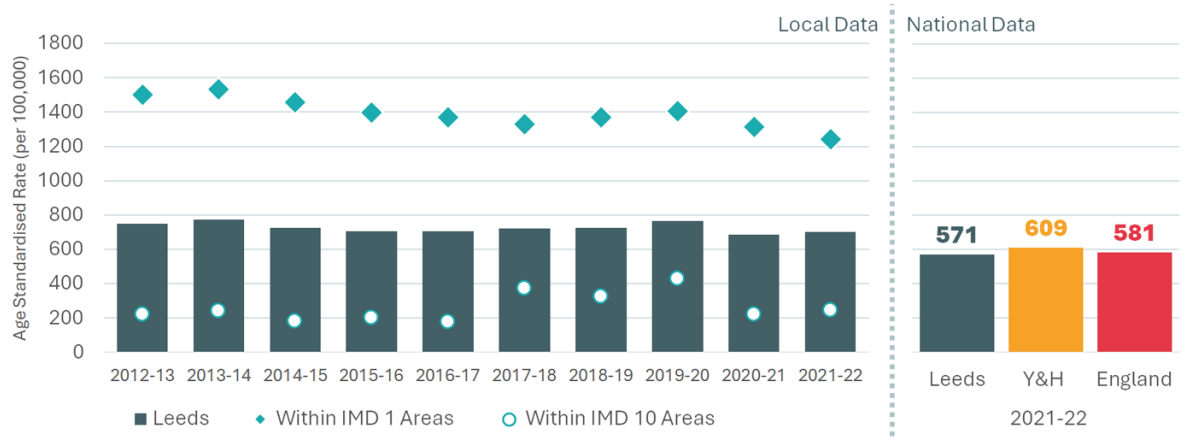
46, LINK - SUICIDE PREVENTION OVERVIEW (WWW.HEALTHSCOTLAND.SCOT)

47, LINK - SUICIDE STATISTICS (WWW.PARLIAMENT.UK)

Alcohol Related Admissions

Hospital admissions for all ages where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific condition was 702.7 per 100,000 for the period 2021-2022. Over a ten-year period, there has been a gradual reduction in instances from 750.4 per 100,000 reported in 2012-2013. Similarly, to alcohol related mortality, the gap between the most and least deprived areas is closing, with 1,241 and 243 cases per 100,000 in 2021-22, respectively. As shown in Figure 25 on page 32 within Section 2: Starting Well – Child Friendly Leeds, this trend is reverse for people under 18 years old, where those living in the least deprived areas of the city according to IMD are more likely to be admitted for alcohol-specific conditions compared to those living in the most deprived areas.

FIGURE 41: RATE OF ALCOHOL SPECIFIC ADMISSIONS TO HOSPITAL (PER 100,000 PERSONS)

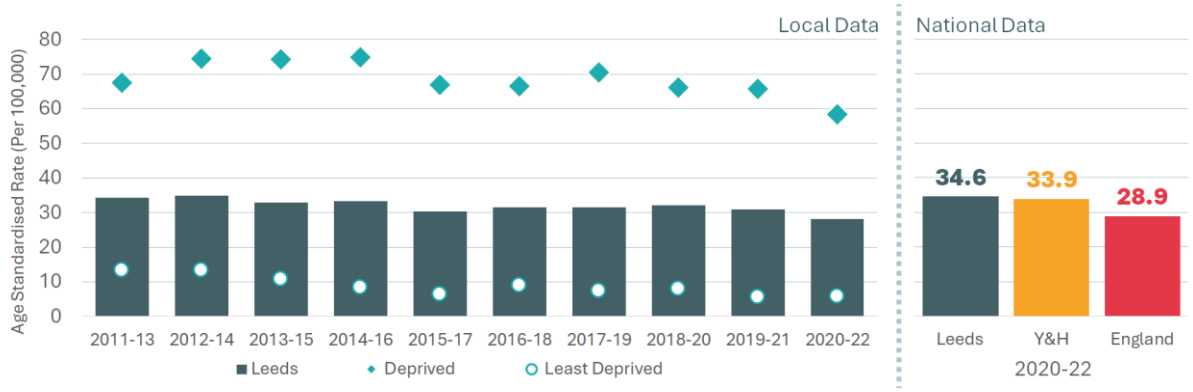


SOURCE: OHID (MAY 2024)

Respiratory Mortality

Respiratory mortality has declined slightly, reducing to 28.2 per 100,000 between 2020-2022, compared to 30.9 per 100,000 in 2019-2021. The rate is pronounced in the most deprived areas with 58.4 per 100,000 compared to 5.9 for the least deprived areas. This inequality gap is affected by higher incidence of smoking rates, exposure to higher levels of air pollution, poor housing conditions and greater risk of occupational hazards seen in deprived areas[48].

FIGURE 42: RESPIRATORY MORTALITY, UNDER 75 (PER 100,000 PEOPLE)



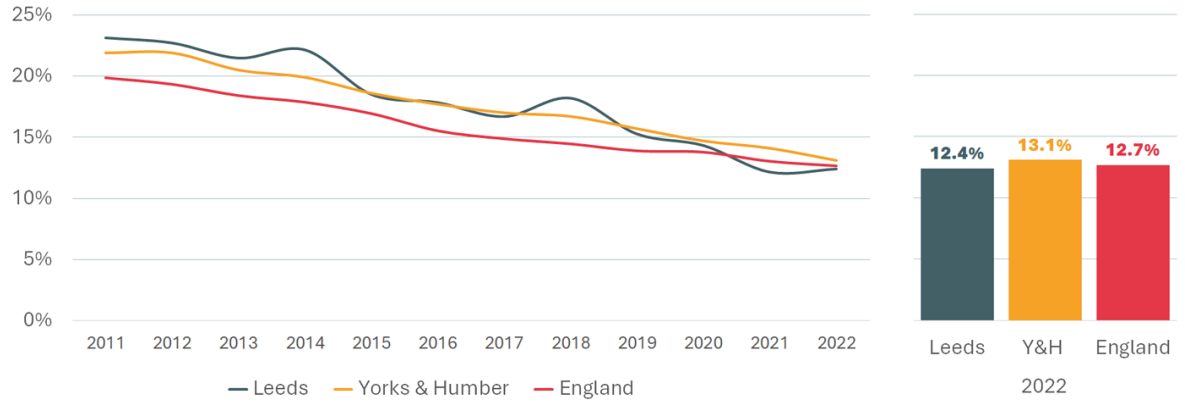
SOURCE: OHID (MAY 2024)

48, LINK - NHS RESPIRATORY DISEASE PLAN (WWW.ENGLAND.NHS.UK)

Smoking Prevalence

According to the Annual Population Survey (APS), the prevalence of smoking in Leeds is falling, with a current rate of 12.4%. This is lower than our comparators Yorkshire and The Humber (13.1%) and England (12.7%) but not significantly.

FIGURE 43: SMOKING PREVALENCE IN ADULTS (RATE 18+ POPULATION)

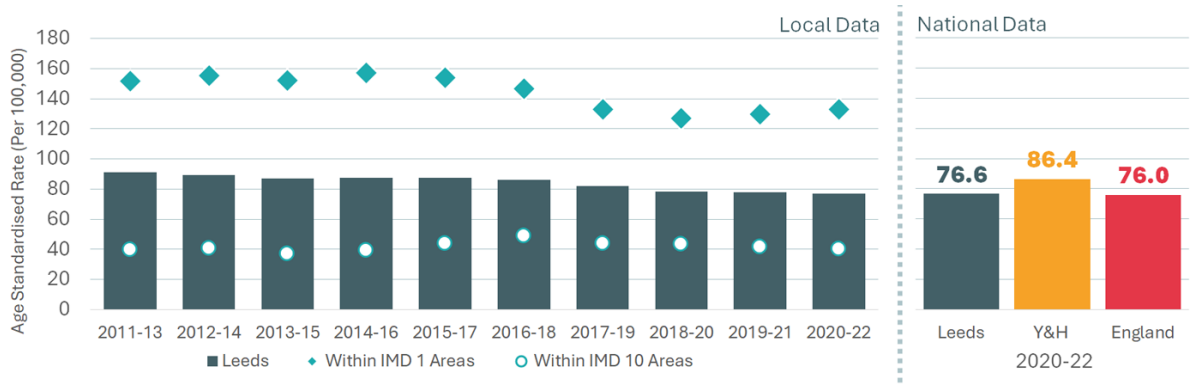


SOURCE: ONS - ANNUAL POPULATION SURVEY (DEC 2023)

Circulatory Disease Mortality

The rate of circulatory disease mortality has remained reasonably steady since 2018-2020 measuring 77.2 per 100,000 in 2020-2022. This is a significant improvement compared to 2015-2017 when the rate was 87.7 per 100,000. Contrasting with this, the mortality rate in low-income communities, often concentrated in the inner-city, is increasing with 132.8 per 100,000, compared to 126.9 in 2018-2020. In more affluent areas the mortality rate due to circulatory disease is 40.2 per 100,000.

FIGURE 44: CIRCULATORY DISEASE MORTALITY (PER 100,000 PEOPLE)



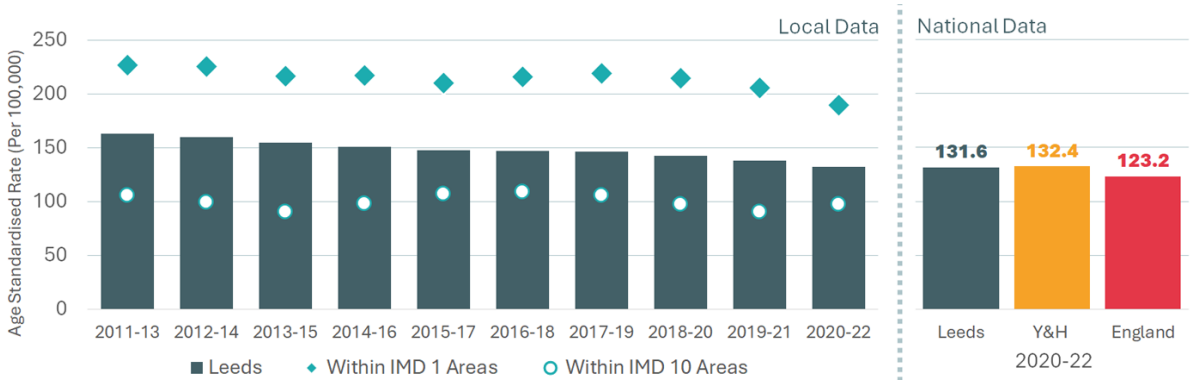
SOURCE: OHID (MAY 2024)

Cancer

The number of people living with cancer is higher in less deprived areas, however, this could reflect disparities in detection rates and survivorship between the most and least deprived areas. Work is ongoing to understand and compare cancer incidence (the detection of new cases) to better understand any differences in detection rates and how early cancers are detected between different communities in Leeds.

In Leeds we have seen a significant decrease in cancer mortalities since 2015-2017 (147.6 per 100,000) to 132.6 per 100,000 between 2020-2022. The equality gap is closing, with a rate of 190.2 per 100,000 for the most deprived areas and 97.4 for the least deprived areas according to the IMD.

FIGURE 45: CANCER MORTALITY, UNDER 75S (PER 100,000 PEOPLE)

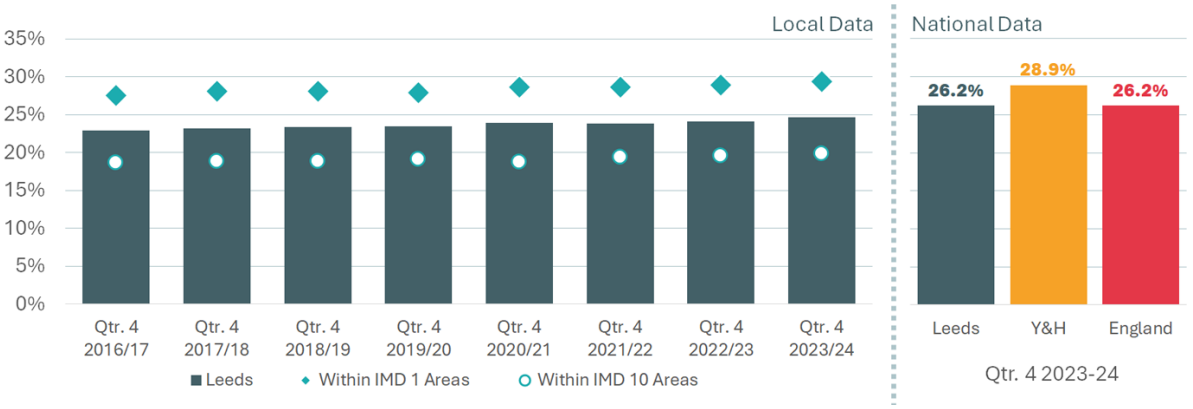


SOURCE: OHID (MAY 2024)

Obesity

Levels of obesity defined by those adults with a BMI of above 30 measured 24.6% at the end of 2023/24. Compared to pre-Covid, this has been a significant increase from 23.6% in 2019/2020. This pattern has been consistent across communities in Leeds regardless of socio-economic factors while maintaining the existing inequality gap, measuring 28.3% and 18.9% in IMD 1 and IMD 10 respectively.

FIGURE 46: ADULTS LIVING WITH OBESITY (BMI OF OVER 30)

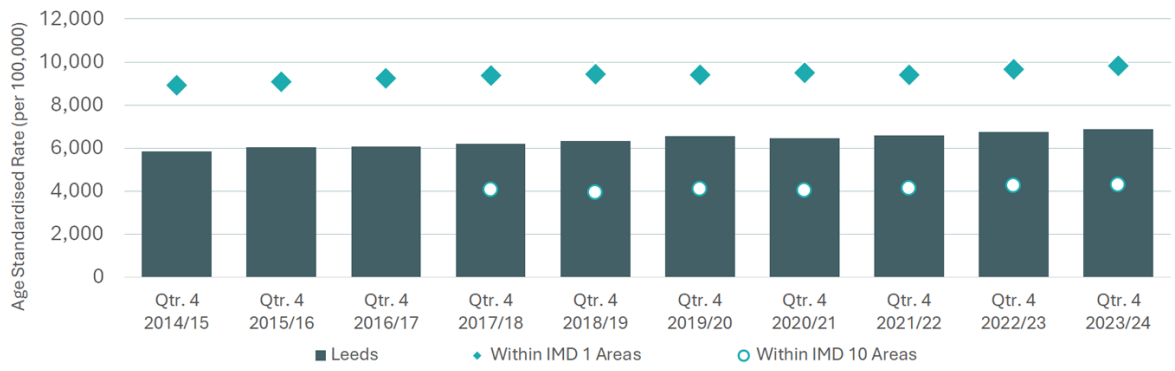


SOURCE: OHID (MAY 2024)

Diabetes

The overall trend in incidences of type 1 and type 2 diabetes is showing a slight increase, totalling 178.8 per 100,000 between 2020-2022. For people living in the most deprived areas the rate was 9,817 and 4,280 for in the least deprived.

FIGURE 47: RECORDED DIABETES TYPES 1 AND 2, PER 100,000



SOURCE: OHID (MAY 2024)

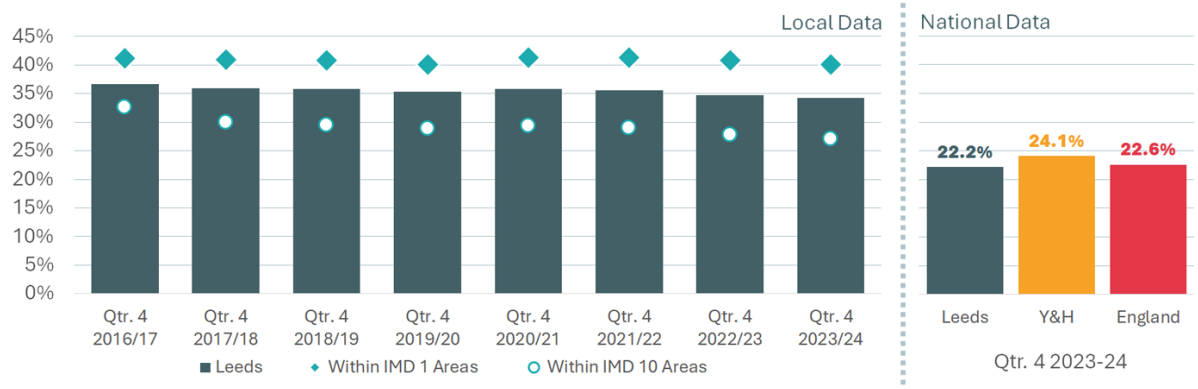
Physical Inactivity

The percentage of physically inactive adults (people aged 19+ completing less than 30 minutes of moderate intensity exercise per week) has remained relatively consistent at 34.2% in at the end of2023/24, however, this has not recovered to the pre-Covid rate of 35.4%. This is disproportionately impacting people more likely to be struggling against poverty compared to those living in more affluent areas.

"Look at fitness facilities and how we enable access to those who are less confident in their abilities, or unable to afford fitness access."

Big Leeds Chat 2021

FIGURE 48: PERCENTAGE OF PHYSICALLY INACTIVE ADULTS



SOURCE: OHID (MAY 2024)

Mental Health

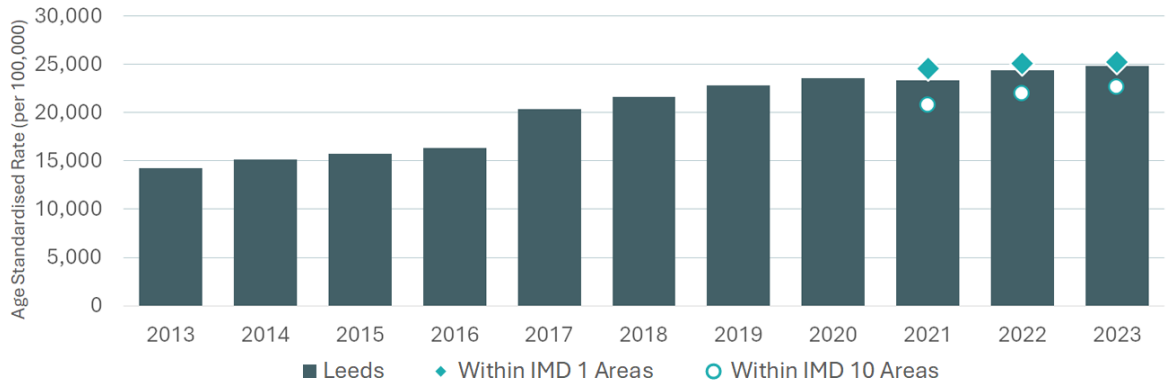
Common Mental Health Disorders

In Leeds, rates of common mental health issues (including anxiety and depression) show a year-on-year increase. The most recent rate for the city overall shows a significant increase over a 12-month period, with those living in the most deprived areas according the IMD at a slightly higher risk of developing a mental health disorder compared to the city average. Rates for the least deprived parts of Leeds are

below the city average but are following a similar rate of increase as Leeds overall. Nationally, recording of common mental health issues in the poorest areas is often lower than those in more affluent areas, and consequently skews the understanding of mental health prevalence and need in some communities. However, we know that the risk of developing poor mental health and the ability to access support services is not distributed equally across the city, with those experiencing adverse experiences including trauma and abuse, financial strain, social isolation, unemployment, or people with long-term health conditions or caring responsibilities at a greater risk.

The Leeds *Mental Health Strategy (2020-2025)* sets out the current state of mental health and the key challenges, and highlights our approach to delivering a mentally healthy city.

FIGURE 49: PREVALENCE OF COMMON MENTAL HEALTH ILLNESS (PER 100,000 PEOPLE)[49]



SOURCE: LEEDS PUBLIC HEALTH INTELLIGENCE - GP DATA (MAY 2024)

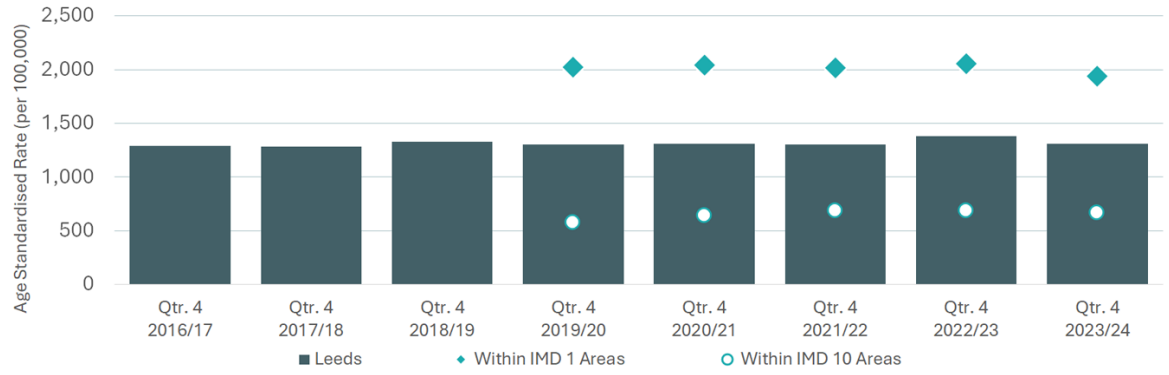
Severe Mental Illness

There has been no significant change in the prevalence of severe mental illness in people aged 18+ over the last five years. However, there is a significant gap between those living in the most deprived and least deprived areas, with 1,942 and 666 cases per 100,000, respectively. Severe mental illness is particularly pronounced in the areas of the city that are considered most deprived according to IMD, compared to common mental health conditions, due to an increased need for mental healthcare coupled with a lower chance of accessing support and achieving a recovery[50] .

49, MARMOT INDICATOR: PREVALENCE OF COMMON MENTAL HEALTH ISSUES, RECORDED BY GPS, ALL AGES, DIRECTLY AGE STANDARDISED RATE PER 100,000

50, LINK - MENTAL HEALTH ENVIRONMENTAL FACTORS (WWW.GOV.UK)

FIGURE 50: PREVALENCE OF SEVERE MENTAL ILLNESS (PER 100,000 PEOPLE)[51]

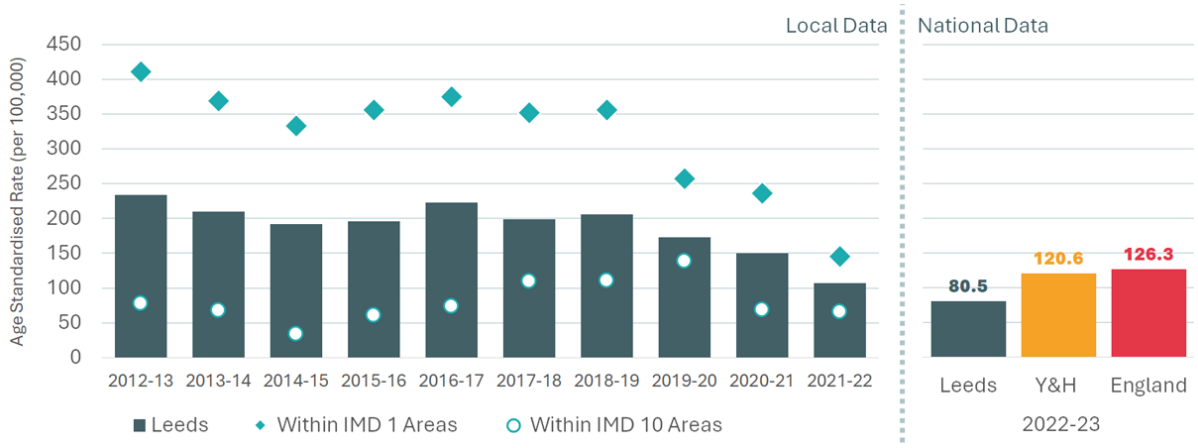


SOURCE: OHID (MAY 2024)

Self-harm

Hospital admissions for intentional self-harm have decreased significantly to 107.1 per 100,000 for 2021/22, from 150 per 100,000 in 2020-21. This decline is most pronounced in deprived areas where rates are down from 236.5 in 2020-21 to 145.4 per 100,000 in 2021-22. Comparatively, the rates in the least deprived areas have been unchanged over the same period, measuring 65.7 per 100,000 in 2021-22.

FIGURE 51: EMERGENCY ADMISSIONS FROM INTENTIONAL SELF-HARM (PER 100,000 PEOPLE)



SOURCE: OHID (MAY 2024)

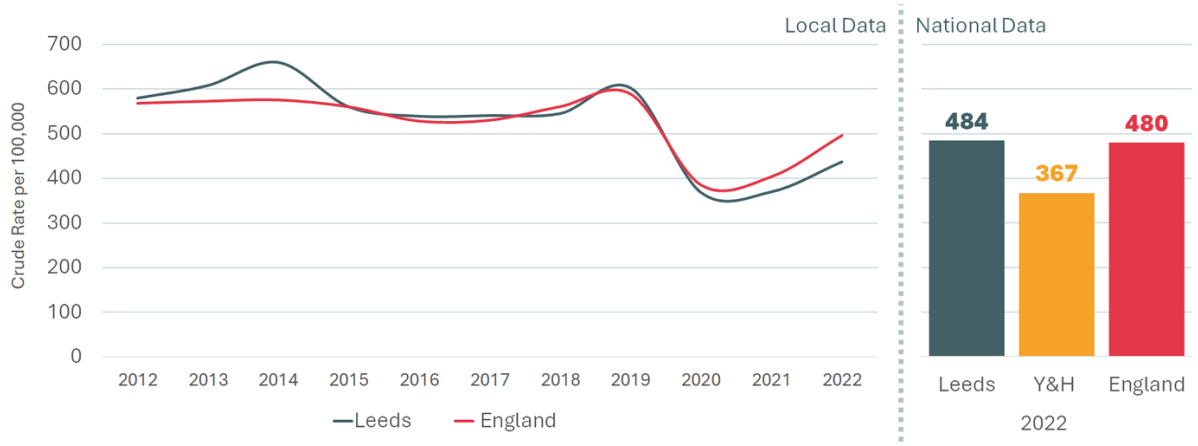
51, MARMOT INDICATOR: PREVALENCE OF SEVERE MENTAL ILLNESS, RECORDED BY GPS, ALL AGES, DIRECTLY AGE STANDARDISED RATE PER 100,000

Sexual and Reproductive Health

Sexually Transmitted Infections (STI)

The diagnosis rate of STIs is increasing in Leeds, totalling 437.3 per 100,000 in 2022, compared to 370.2 in 2021. This signals a gradual return to pre-pandemic levels, which should be considered to explain the steep decline between 2019 and 2020.

FIGURE 52: NEW STI DIAGNOSES [EXCLUDING CHLAMYDIA] AGED UNDER 25, (PER 100,000 PEOPLE)

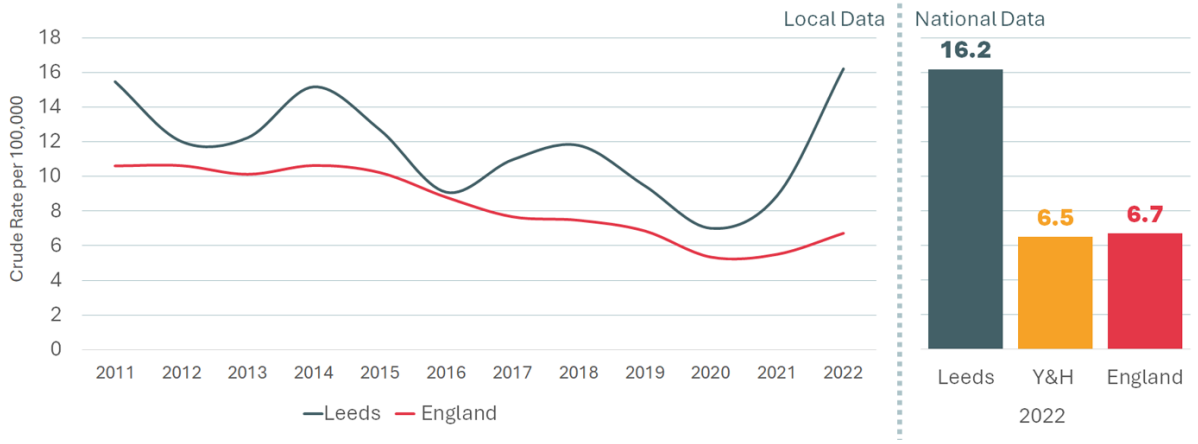


SOURCE: OHID (MAY 2023)

HIV

Leeds has become the first 'fast-track' city in the Yorkshire and The Humber region, committing to end the HIV/AIDS epidemic by 2030[52]. The intention is to hit the 95-95-95 target meaning 95% of people living with HIV know their positive status, 95% of those people are on effective treatment and 95% of people on effective treatment have an undetectable viral load (Undetectable = Untransmittable). Despite this commitment, the rate of HIV diagnosis in Leeds has significantly increased from 2021 to 2022, growing from 8.9 to 16.2 per 100,000, over twice the national average of 6.7 per 100,000. It is worth noting that data for Leeds is undergoing assessment due to a known reporting issue and may be subject to change in future publications.

FIGURE 53: HIV DIAGNOSIS (PER 100,00 PEOPLE)



SOURCE: OHID (MAY 2023)

52, LINK - GETTING TO ZERO, LEEDS FAST-TRACK CITY INITIATIVE (NEWS.LEEDS.GOV.UK)

Long-term Conditions

A long-term condition is recognised as those that are, at present, unable to be cured, but people living with these conditions can be supported to maintain a good quality of life. It is growing more common that people are living with multiple long-term conditions (multimorbidity), which can often cluster together causing people to experience poorer health outcomes[53]. In Leeds, 22.2% of the GP registered population have at least two or more long-term conditions, which is most prominent in the areas of Leeds that fall into the 10% most deprived nationally. As well as being more likely to experience multimorbidity, people living in the most deprived areas may also be at a greater risk of acquiring long-term conditions 10-15 years earlier than those in the least deprived.

People with multiple long-term conditions have considerable diversity in the profile and circumstances of their conditions, however these can often manifest in shared problems, such as poor mobility, chronic pain, lower quality of life, an increased risk of developing mental health conditions, or a reduced social network. There is a growing demand for healthcare services to adapt in order to meet the complex needs of people living with long-term conditions.

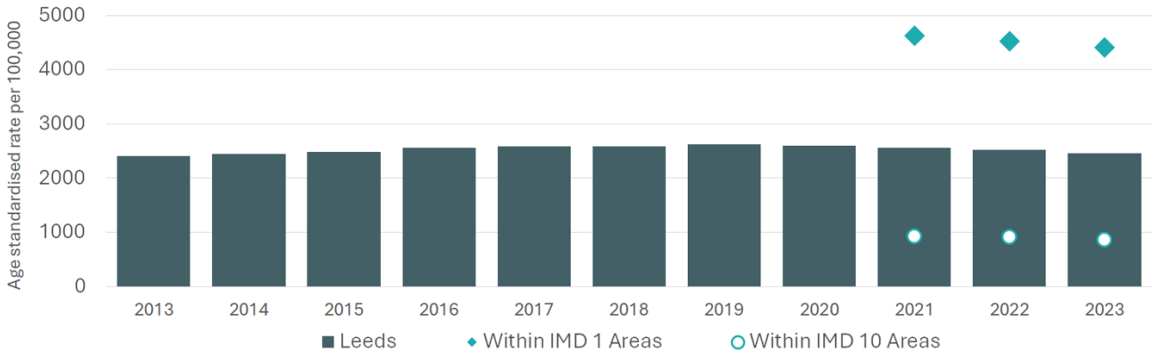
"In winter my condition flares to the point of it been unbearable to deal with... I worry that I will lose my small amount of mobility and be isolated from everything."

Healthwatch West Yorkshire Insight Briefing - Winter, January 2024

Chronic Obstructive Pulmonary Disease (COPD)

Rates of COPD in Leeds have remained stable, with a slight downwards trajectory in recent years. As of 2023, those living in the most deprived areas were over five times as likely to experience COPD compared to the least deprived according to the IMD, with rates of 4,411.9 and 858.7 per 100,000, respectively.

FIGURE 54: COPD PER 100,000 PEOPLE [GP RECORDED]



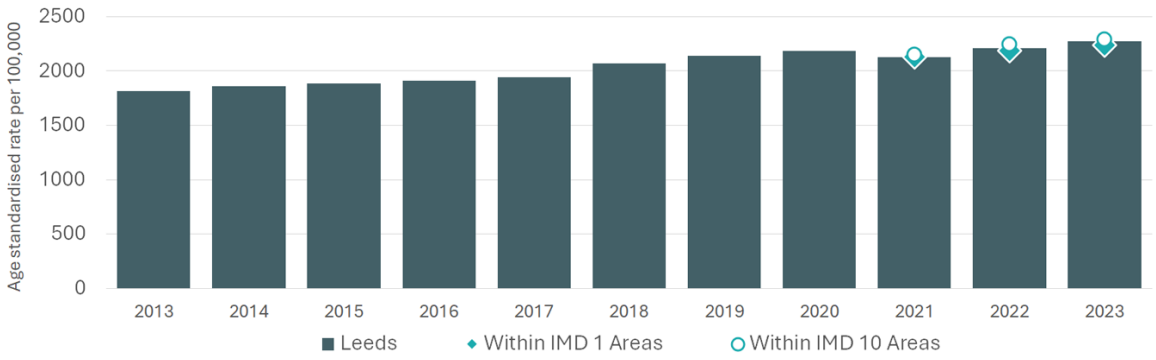
SOURCE: LEEDS PUBLIC HEALTH INTELLIGENCE – GP DATA (MAY 2024)

53, LINK - MULTIMORBIDITY: MAKING SENSE OF THE EVIDENCE (EVIDENCE.NIHR.AC.UK)

Atrial Fibrillation

The trend is generally increasing in Leeds, however there is little difference between instances amongst the most and least deprived areas in Leeds according to the IMD. Since 2013, the rate increased from 1,817.1 to 2,271.7 per 100,000 in 2023.

FIGURE 55: ATRIAL FIBRILLATION PER 100,000 PEOPLE [GP RECORDED]

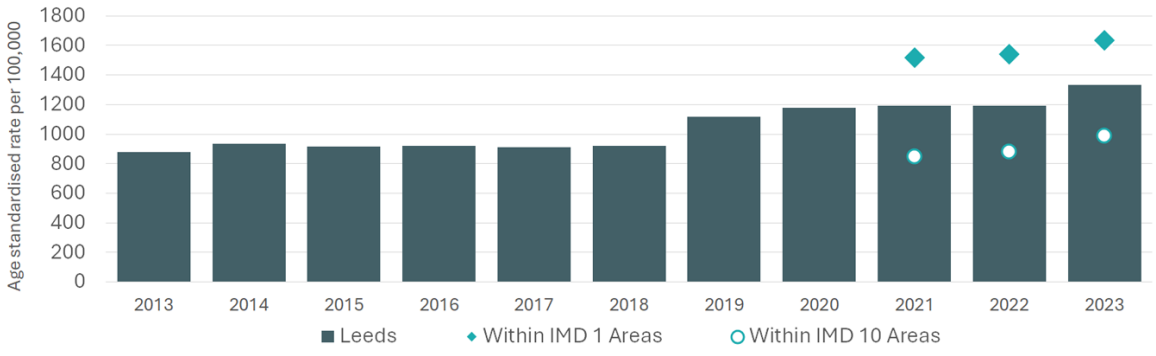


SOURCE: LEEDS PUBLIC HEALTH INTELLIGENCE – GP DATA (MAY 2024)

Heart Failure

In Leeds, there has been a slight increase in the number of people experiencing heart failure over recent years, to 1,331.5 per 100,000. Whilst this pattern is consistent across the most and least deprived areas of the city, the count remains significantly higher in deprived areas. It is recognised that in the UK, the average age of people living with heart failure is 75, however for those from a socio-economically deprived background, this falls to the early 60's, which could be a contributor to the overrepresentation of the most deprived. Of those living with heart failure, 98% are living with at least one other chronic (long-term) condition[54].

FIGURE 56: HEART FAILURE PER 100,000 PEOPLE [GP RECORDED]



SOURCE: LEEDS PUBLIC HEALTH INTELLIGENCE – GP DATA (MAY 2024)

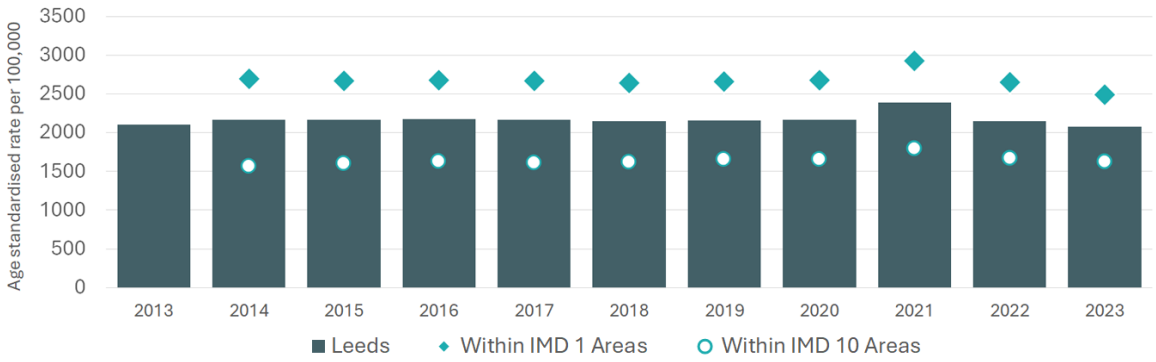
Stroke and TIA

Rates of stroke and Transient Ischaemic Attack (TIA) have generally remained stable, excluding a spike in 2021, which has since returned to pre-Covid levels. Despite this trend being consistent across the most

54, LINK - HEART FAILURE A BLUEPRINT FOR CHANGE [PDF] (WWW.BHF.ORG.UK)

deprived and least deprived areas of Leeds, there continues to be significantly higher rate in the most deprived areas according to the IMD.

FIGURE 57: STROKE AND TIA PER 100,000 PEOPLE [GP RECORDED]

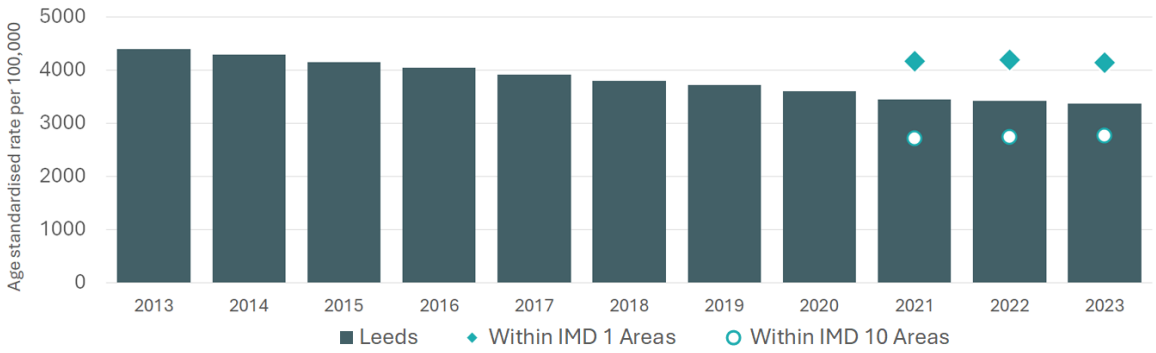


SOURCE: LEEDS PUBLIC HEALTH INTELLIGENCE – GP DATA (MAY 2024)

Coronary Heart Disease (CHD)

Coronary Heart Disease (CHD) is the second biggest cause of mortality in the UK, affecting one in eight men and one in 14 women[55]. The picture in Leeds has shown a steady decline since 2013, which has levelled off since 2021, at roughly 3,450 instances per 100,000. That said, there remains an observable gap between those living in the most and least deprived areas, with 4,141.2 and 2,769.1 per 100,000, respectively.

FIGURE 58: CORONARY HEART DISEASE PER 100,000 PEOPLE [GP RECORDED]



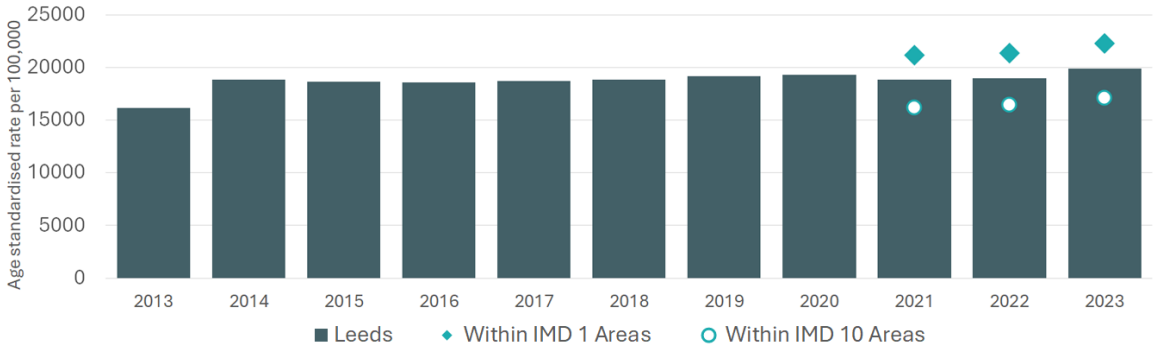
SOURCE: LEEDS PUBLIC HEALTH INTELLIGENCE – GP DATA (MAY 2024)

Hypertension

Nationally, high blood pressure (hypertension) is the leading risk factor for heart and circulatory disease and is associated with 50% of heart attacks and strokes. Over recent years, the relatively stable trend has seen a slight increase which is seen in both the most and least deprived areas, although it is most pronounced in the most deprived areas.

55, LINK - BRITISH HEATH FOUNDATION UK FACTSHEET (WWW.BHF.ORG.UK)

FIGURE 59: HYPERTENSION PER 100,00 PEOPLE [GP RECORDED]



SOURCE: LEEDS PUBLIC HEALTH INTELLIGENCE – GP DATA (MAY 2024)

Policy Implications

- The complex but driving role social determinants such as housing, education, employment, and the environment play in shaping health inequalities continues to be well understood in Leeds and has gained further prominence through the Marmot approach across the city. We have seen pockets of progress but embedding a deep and defining commitment to tackling inequalities across the full range of policy and delivery interventions should be a priority for Leeds in its next phase. The system recommendations from the work with the Institute for Health Equity should help to guide these efforts alongside other initiatives including seeking to grow the role of those with lived experience in shaping policy and decision making.
- There are limitations to using the IMD which is an area based or geographic measure of deprivation and does not capture the ways in which individual factors may increase or decrease the risk of poor health. There is also a lack of data and evidence to fully understand the health outcomes and barriers for smaller population cohorts, which often form 'communities of interest'. Health Needs Assessments and other tools can be used to support better understanding of these population-specific aspects of health, wellbeing and inequality and the city should re-examine areas where specific HNAs could enhance or address gaps in existing analysis.
- There must be increased early identification and intervention of population groups living with or at risk of multiple long-term conditions or serious mental illnesses, delivered through a whole system response. This includes those who are at greater risk of a wider range of further health conditions, reduced social connections, and poorer wider outcomes. 'Long-Term Conditions' is one of the population boards working across the city, focused on improving outcomes for people living with long-term conditions, as highlighted in the *Healthy Leeds Plan 2023-2028*.
- Ensuring that the city responds effectively to the rise in demand pressures and increased complexity of conditions and support requirements, alongside the backdrop of changing population trends, remains challenging. This, alongside resource pressures, strengthens the need to rapidly deliver a more integrated community model of health and wellbeing, which is person centred, sustainable and has support available closer to communities. This integrated model should go beyond health and social care by addressing social determinants of health (including housing and employment support), building upon the assets that exist in the city and responding to the specific needs of communities.

Section 3b: Living Well – Thriving Communities

Headlines

- We continue to see entrenched poverty and inequality in Leeds – especially concentrated in our inner-city areas – with around 1 in 4 adults and 1 in 3 children living in the 10% most deprived communities in England according the IMD.
- The number of people living in those communities where people experience the struggle against poverty most strongly continues to rise year-on-year, and it is estimated that around 73,000 adults in Leeds are affected by in-work poverty.
- The third sector in Leeds remains a huge asset to the city but is experiencing unprecedented demand and cost pressures in a challenging funding landscape. Ever more organisations have reported concerns about their ability to continue their work in the medium or longer term.
- Crime rates increased by 8% in Leeds between 2021 and 2022, being particularly pronounced in acquisition offences including theft (19%) and robbery (13%), likely driven in part by the cost-of-living crisis.
- People being able to connect socially is returning to pre-pandemic levels, with 96% of people reporting that they have somebody who will listen when they need to talk.

Socio-economic inequality

Leeds's diversity is reflected across all communities and neighbourhoods, with a rich tapestry of cultures and identities being a strength of the city and a key part of its story over recent decades. There is diversity in the physical identity of Leeds neighbourhoods too, with the city's wider geography, industrial heritage and economic development influencing the sharp distinctions in housing mix and connectivity seen in different parts of the city.

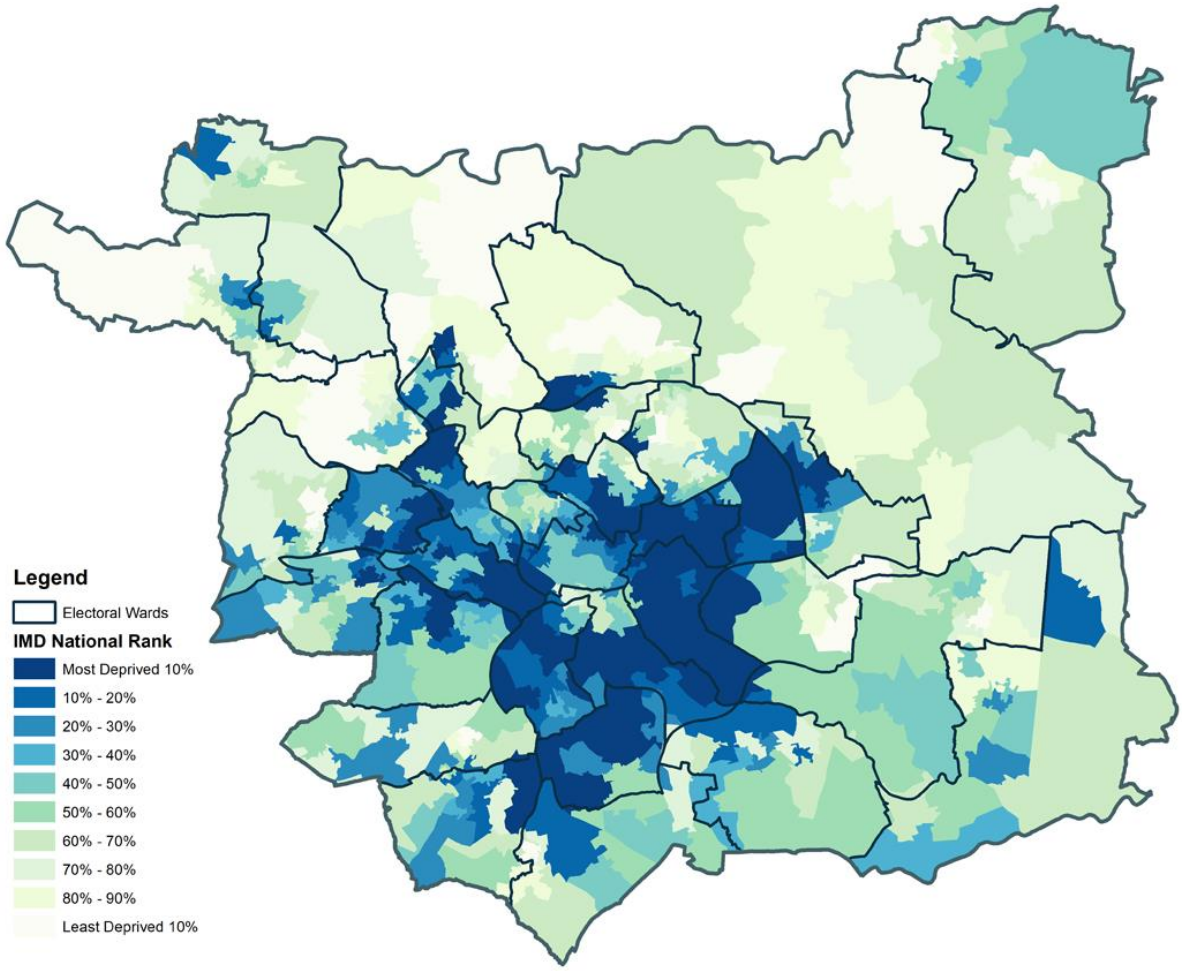
This combination of factors – physical, societal, cultural, and economic – also drives many of the stubborn underlying inequalities experienced in Leeds. Often these can be seen on both a geographical and individual or community-centred basis, both of which result in poorer health outcomes for some parts of the population. The pandemic has highlighted this picture more clearly than ever, and worsened conditions for some parts of the population. Nevertheless, the city continues to be on the front foot in its efforts to tackle poverty and inequality – as outlined in our key approaches including the Best City Ambition and Healthy Leeds Plan. The Marmot City approach has provided renewed energy for a strong focus on reducing health inequalities across all determinants and, as evidenced in this section, the city has the partnership in place to take this work forward.

Geography of inequality

The divergence of economic characteristics – driven in part by Leeds's geography – is arguably the most prominent factor in understanding inequality in the city and is perhaps more pronounced than in other Core Cities. The Index of Multiple Deprivation (IMD) uses indicators spanning income, employment, health, education, crime and living environment to provide insights into the socio-economic wellbeing of specific areas. While the IMD has not been updated since 2019 with its renewal not expected until early 2025, it remains useful as the most complete analysis of deprivation across these characteristics. The map shown in Figure 60 below illustrates the divergent economic wellbeing of the city, where the inner-

city wards are more typically associated with greater levels of deprivation whilst there is significant coverage of relatively affluent areas in the outer city.

FIGURE 60: INDEX OF MULTIPLE DEPRIVATION NATIONAL RANKING 2019



SOURCE: INDICES OF MULTIPLE DEPRIVATION (2019)

As is covered earlier in this report, we see the greatest population growth in many of the areas which are most deprived according the IMD, with the oldest, youngest, and most culturally diverse communities in Leeds also being disproportionately located in these areas.

Communities of interest

Whilst we often apply a geographic lens to our understanding of inequality and disadvantage at a city level, it is important we also recognise the individual factors which significantly shaped the health and wellbeing outcomes for different groups within our society.

To support better understanding of the health needs of the whole Leeds population, specific assessments are undertaken for communities of interest – groups of people who share a particular identity or experience – more at risk of experiencing poorer health outcomes. These assessments can often take a more detailed and qualitative approach, gaining in depth understanding in a way which can

overcome the lack of reliable data which we often see when assessing outcomes for much smaller population groups.

A range of health needs assessment can be found on the Leeds Observatory, but some of the most recent relevant in this context include:

- Roma mental health needs assessment 2023
- Children and families health needs assessment 2022
- Leeds maternity health needs assessment 2020
- Leeds BAME children and young people health needs assessment 2019
- Gypsies, Travellers and Roma Groups health needs assessment 2019

There may be a need to carry out a wider range of health needs assessments for other population groups in the future.

Poverty

We see consistently from a wide range of analysis and literature internationally, nationally, and locally that entrenched poverty is a root cause of many of the poorer outcomes people and families experience in Leeds. This pattern has persisted for many people irrespective of wider economic trends, and is exacerbated, capturing greater numbers of households, during economic shocks like the Covid-19 pandemic or the most recent cost-of-living crisis. The map of inequality we see in Leeds (Figure 60, p57) has remained largely unchanged over many years, reflecting the stubborn nature of deep-seated poverty in the city. Whilst we often analyse poverty based on individual aspects or factors, it is important to remember that this is rarely how people experience it in their real lives. Most often, people will be experiencing multiple layers of poverty which each exacerbate the others, trapping people into their struggle against poverty and leading to its entrenched nature in many of our communities, particularly those in the inner-city.

Poverty affects individuals, families and neighbourhoods in multiple ways and impacts people at different times in their life. Child poverty is the underlying cause of poor outcomes for many children – and is explored more in the Starting Well section, with Leeds broadly mirroring national trends at a local authority level although this simplistic view understates the levels of child poverty in inner-city communities masked by our broad city geography.

More broadly, taking the Government's national estimates for 'relative poverty after housing costs' and applying them to Leeds, the national average of 21% would equate to over 176,000 people living in relative poverty in Leeds[56]. A large proportion of these people are likely to be experiencing poverty despite being in work. This reflects the nature of the UK labour market and welfare state which affects Leeds like elsewhere – being in work does not necessarily represent a consistent route out of poverty today. Drawing on DWP data we estimate that almost 73,000 working age adults in Leeds live in households and are in poverty.

Looking beyond the headline statistics, people's experiences of poverty can be situational too. Fuel poverty analysis has a two-year time lag meaning the latest data available is for 2022, when 16% of Leeds households were in fuel poverty, up slightly from 15.8% the year before, and higher than the national

56, LINK - CALCULATED FROM DWP DATA, HOUSEHOLDS BELOW AVERAGE INCOME MAR 2024 (WWW.GOV.UK)

average of 13.1%[57]. Of course, the current level of fuel poverty is likely to be significantly higher due to by the unprecedented upward pressure on energy bills seen throughout the second half of 2023 and into 2024. Data from Leeds Food Aid Network suggests that almost 60,000 referrals were made in 2022/23 to support people to access a foodbank or food parcel, an increase of over 40% on the previous year[58]. Reflecting these worsening trends, we have also seen a sharp rise in the number of people accessing debt advice via the Government's Money and Pensions Service (MaPS) in Leeds – up from c3,600 people in 2021/21 to 4,800 in 2022/23[59]. Further detail about this provision is available on Leeds Observatory.

Leeds's vibrant third sector

The third sector in Leeds makes an enormous contribution to the success of the city, the sustainability of local services, and the day-to-day lives of thousands of people. Anecdotal evidence and engagement with other parts of the country reaffirm that Leeds continues to have one of the most organised and impactful voluntary, community and social enterprise sectors in the UK – a strength and asset which we know must not be underestimated. In total, it is estimated the third sector in Leeds received funding of over £325m in 2021/22 – with around £250m for the health and care third sector – from a range of sources including Leeds City Council, NHS Leeds ICB, Leeds Community Foundation, National Lottery, other grants, fundraising and commercial activities.

However, like many of its statutory partners, the third sector in Leeds is experiencing unprecedented challenges with a difficult operating landscape at the same time as there has been an increase in demand on Third Sector services and an increase in complex needs from service users.

According to the latest available analysis, the third sector in Leeds is made up of 3,175 organisations – 1,373 registered charities and 1,800 informal, emerging, and un-constituted groups – which reveals a 10% fall in numbers between 2020 and 2022. Only 10 new organisations were registered in 2022 compared to 82 in 2020, although the pandemic may have some impact on that picture[60].

"We need to get people volunteering again. We run a small group in the local area but don't have the number we used to."

Leeds Parking Charges Consultation 2023

Alongside the reduction in the number of organisations, employment in the third sector is down by 34%, representing 6,326 people whist the number of volunteers has decreased by 25% to a total of 31,134. Despite the scale of change in the third sector, the landscape of their work has stayed consistent with findings from the previous 2020 analysis. Of the 1,373 registered organisations, 1,120 contribute to the social determinants of health and 168 are directly funded for physical and mental healthcare services.

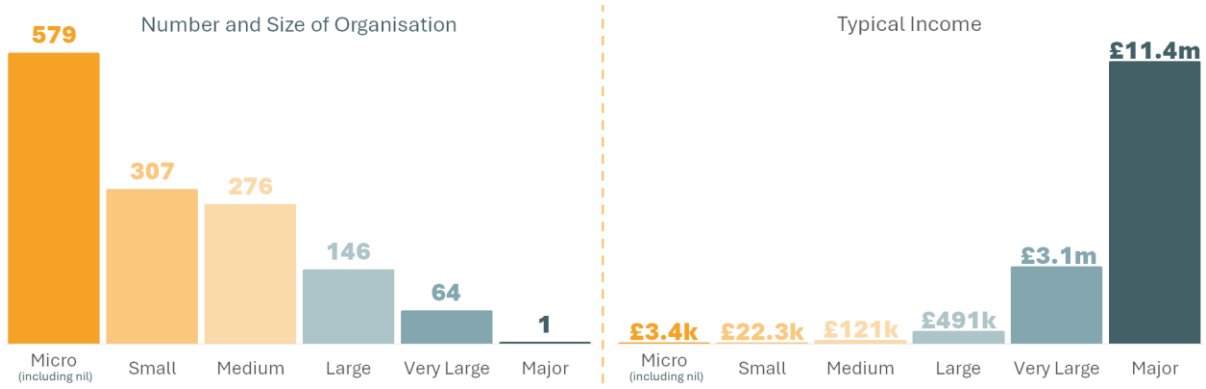
57, LINK - Sub Regional Fuel Poverty Data 2022 (www.gov.uk)

58, Leeds Food Aid Network, June 2023

59, Leeds MaPS funded Debt Advice Services, August 2023

60, LINK - State of the 3rd Sector in Leeds (forumcentral.org.uk)

FIGURE 61 : LEEDS THIRD SECTOR ORGANISATIONS BY SIZE AND TYPICAL INCOME



SOURCE: FORUM CENTRAL & VOLUNTARY ACTION LEEDS - STATE OF THE THIRD SECTOR REPORT (2023)

Many of the micro and small organisations operating in the city will have no paid employees, and few volunteers. They are often very local, community-based and run entirely by the volunteers or trustees. Those involved in running organisations will very often have direct lived experience of the issues on which they are focused, representing a vast network of specialist expertise based in communities and perhaps often being underutilised. These organisations are often those with the strongest connections into communities, families and people facing the greatest challenges in their lives – but due to their limited size and capacity can struggle to engage successfully with larger and statutory organisations or public bodies. Initiatives like the development of Leeds Community Anchor Network have the potential to close that gap and, alongside others, provide greater support and inclusion for smaller and micro organisations based in their local community.

In the last year, the new *Leeds Third Sector Strategy* and *Leeds Volunteering Strategy* have been published, both of which outline the priorities which are key to making progress of the issues the sector is facing.

The diversity of the third sector in Leeds is a strength which can support development of more culturally appropriate services and forms of engagement, but it is also complex and when considering how best to engage, commission or support the sector we should be mindful of this. The spread of the sector, and its offer, is not consistent across the city – and the availability of community resources is not equal either. Responding to this should continue to be a cornerstone of further developing the city's asset-based approach to community development.

Community resilience

In Leeds we take an asset-based approach to community development, working from the bottom-up with the local community to recognise and understand what people living in a community care about, and want to develop or sustain. We want to enable people and communities through the right tools and opportunities to overcome challenges independently, resolve local conflict and support one another, reducing demand for top-down public service interventions.

Communities are an asset in responding to some of the key challenges facing public health, the economy, and the climate as was seen throughout the pandemic. We continued to see communities working together as we entered the cost-of-living crisis, however these support networks are now facing greater strain, particularly within lower-income communities [61].

Building people's independence, and thereby collectively their local community resilience, is critical within the current socio-economic climate. Here we focus on two key aspects of this wider work – support within families, and wider social connections in the community.

"Leeds could do far more to build the communities back – without a real community spirit, people won't look to improve or protect it. I feel that the communities we live in need to feel like communities, and not just rows of houses on a bus route to the city."

Leeds City Council Budget Consultation 2024-25

Family support

Family support is not the same for everyone. Some people do not have meaningful access or connection to their family network, including those people who live alone, and this will continue to be an important factor driven not least by our ageing population. 1 in 4 people aged 60-64 live in poverty and in a Centre for Ageing Better survey of 50 to 69-year-olds, found that 62% of people in serious financial difficulties had reported cutting down electricity usage or heating in order to afford food. The same was reported by 33% of those who were 'struggling' financially, as well as by 1% of people who reported they felt 'secure'. In the same survey, 62% of those in serious financial difficulties, and 38% of those struggling reported being unable to see family or friends as much as they would like, compared to 4% of those who are financially secure.

When considering the family support which people have available it is crucial to recognise the enormous contribution that unpaid carers make, and the large number of people underpinning the city's health and care system through the care they provide. More detail about the work carers do to support family members in later life is contained in later sections of this report, but overall data from Carers Leeds indicated that over 1.5 million hours of unpaid care is provided per week in Leeds across the age spectrum – that is equivalent to £1.4 billion a year of paid care. Additionally, 75% of carers are of working age and many will be undertaking care alongside employment or other activities. Local evidence tells us the top three concerns of unpaid carers in Leeds are: addressing their own health and wellbeing needs; being able to respond to the changing needs of the person they care for; and money and the cost of living.[62]

The cost-of-living crisis has had a ripple effect across the population, particularly impacting those who live alone, and those who are single parents. In Leeds, 32.1% of households are occupied by one person, 11.8% of which belong to people aged 66 and over. Whist for lone parents, this figure is 11.3%. Single

61, LINK - Vital local support networks are an increasingly fragile lifeline in the cost-of-living crisis (blogs.lse.ac.uk)

62, Carers Leeds Annual Survey 2022

parents are significantly more likely to be facing financial difficulties and, as a result, are at increased risk of being unable to afford food (29%), live in poorer housing with condensation, damp, or mould (45%), or be behind on household bills (52%)[63]. These insecurities can contribute to a decline in family support, creating a need for greater community engagement.

We are seeing a steady rise in the number of single-person households across the age spectrum in Leeds, mirroring national trends. This is a factor which requires more focus and research to understand its potential longer-term impacts, when considered alongside ageing population and increasing health and care needs in later life, more people living independently at home for longer, and emerging mental health crisis amongst younger people.

"I'm struggling now trying to keep my head above water. If it gets worse, I don't know what to do. I have to limit the time with my grandchildren as it's too expensive to feed them now and I can no longer give them what they want."

State of Ageing Summary report 2023

Social connections

The impact of social connection as a determinant of health and wellbeing is increasingly well-understood. Back in 2008, New Economics Foundation's Five Ways to Wellbeing report drew the connection between social connections, mental health and wellbeing, and benefits for the economy, society, and the individual[64]. Today, a body of evidence supports the association between weaker social connections and poorer mental and physical health outcomes[65]. Social connectedness is also a key finding of the 2023 Director of Public Health Annual Report on Ageing Well, linked to in Section 5: Ageing Well – Age Friendly Leeds. The Leeds system has long been working to tackle loneliness and social isolation, and we have an ambition for every person to feel they are a part of a strong, engaged, and well-connected community. We acknowledge that there is not a one-size-fits-all approach to social connections and have established a range of targeted interventions to support people across the city including work on social prescribing, continuing to commission neighbourhood networks, which now have over 25,000 members[66], and embedding the importance of social connections into a range of strategies and plans to shape broader work including the Digital Strategy[67] and Connecting Leeds Transport Strategy[68].

Our ability to measure social connections is very limited and seeking mechanisms to gain greater reliable insight on this issue continues to be an intelligence priority. Some national insights are available through the Community Life Survey, which estimates that the number of people meeting a friend / family member in person at least once a week is increasing, from 66% in 2020/21 to 71% in 2021/22. Comparatively, the number of people speaking on the phone or video calls has decreased from 85% to 82% across the same

63, LINK - A Cost of Children Crisis [Presentation] (actionforchildren.org.uk)

64, LINK - Five Ways to Wellbeing [PDF] (neweconomics.org)

65, LINK - Social Connection as a Public Health Issue - Annual Reviews (www.annualreviews.org)

66, LINK - Neighbourhood Networks (leeds.gov.uk)

67, LINK - Leeds Digital Strategy 2022-25 [PDF] (www.leeds.gov.uk)

68, LINK - Leeds Transport Strategy [PDF] (www.leeds.gov.uk)

period. These patterns could suggest a gradual return to the types of social engagements seen prior to the pandemic, where 74% of people met family / friends in person, and 81% of people used phone / video calls. Despite these figures, the DCMS survey found 96% of respondents felt they had at least one person they can rely on to listen when they need to talk, an improvement on the 94% in 2020/21[69]. However, assuming the same applied in Leeds, this would leave 32,480 adult residents without a secure social connection.

Whilst developing an approach to understanding and quantifying an individual's social connections and civic participation is ongoing, work has been achieved to understand and measure the barriers preventing meaningful engagement. The Leeds Social Progress Index has developed an 'Inclusiveness' component to support our city in making sure "that no-one is excluded from the opportunity to be a contributing member of society". This in an overall score ranking each of the 33 wards across three key indicators of 'disrespect for the individual', 'adults with learning disabilities in employment' and 'gender gap in unemployment'.

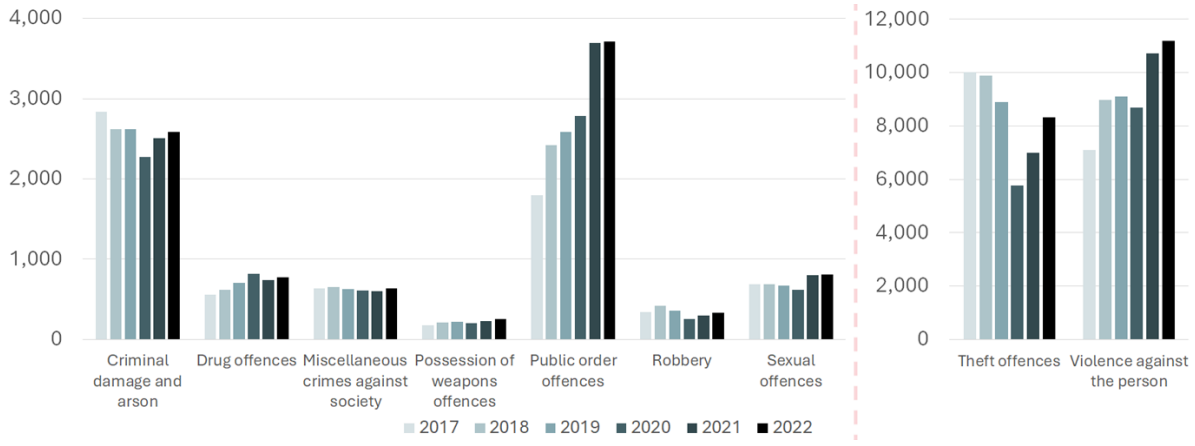
For more information on the Social Progress Index, and how it can be used to understand the city at a ward level, please see section 4: Work Well – Inclusive Growth.

Safe communities

Building a safer Leeds for everyone continues to be a strategic priority for the city. We aim to keep people safe from harm, prevent and reduce offending, as well as creating safer and stronger communities.

The overall number of crimes in Leeds increased by 8% in the period 2021 to 2022. The types of crime where growth has been most profound includes theft offences (19%) – although this remains below pre-pandemic levels despite its rise, robbery (13%), and possession of weapons offences (11%). Despite violence against the person continuing to be the most prominent crime, the number of instances has remained somewhat stable having increased by 4% across the same period with an average total of 11,967 offences per quarter. The ongoing cost-of-living crisis may provide some explanation as to the rise in crime rates, and particularly acquisition crimes including theft and robbery. Research by the London School of Economics found that a 10% rise in the cost of living is associated with an increase in crime of approximately 8%[70].

FIGURE 62: AVERAGE QUARTERLY RECORDED CRIME NUMBERS IN LEEDS BY YEAR, 2017-2022



69, LINK - COMMUNITY LIFE SURVEY 2021/22: IDENTITY AND SOCIAL NETWORKS (WWW.GOV.UK)

70, LINK - COST-OF-LIVING RESEARCH & CRIME IN LONDON [PRESENTATION] (LONDON.GOV.UK)

SOURCE: HOME OFFICE – CRIME OUTCOMES IN ENGLAND AND WALES (2022)

Digital inclusion

Digital technologies are growing at an exponential rate, and recent data from Lloyds Bank indicates that 96% of the UK is now 'online' – defined by ONS as having accessed the internet in the last three months. However, this headline figure is down slightly (from 99% in 2022) due a drop in usage by people aged over 60[71], and we know that having used the internet in this way is not equivalent to having consistent personal access as part of day-to-day life. Despite the breadth of connectivity, gaps remain. An NHS England Digital Inclusion Framework found 7% of households are without home internet, and about one million people over the last 12 months have had to cancel their broadband due to rising costs[72]. Beyond the impact of the cost-of-living crisis, inequalities persist, with older people, socially excluded groups including asylum seeks and homeless people, and people living with a disability being at a greater risk of digital exclusion. We know from local engagement that this is an issue which resonates strongly as a priority for people in Leeds[73].

In Leeds, we recognise the impact of digital inclusion, and have a committed 100% Digital Leeds Programme, which aims to build a coordinated and connected digital inclusion ecosystem, increase sustainability of digital practice, and deliver interventions in response to community needs[74].

To give a sense of the scale of work being done in the city by the 100% Digital Leeds team, a sample survey has been undertaken in each of the last two years. Covering just 15% of the organisations worked with as part of the programme, the activity and impact gathered from the 2024 survey is summarised below, with 2023 figures included in brackets for comparison[75]:

- 5,087 people were supported on 1-2-1 digital skills sessions (2,611 people in previous survey).
- 3,634 people were supported on group digital skills sessions (2,162 people in previous survey).
- 11,792 people experiencing data poverty received SIM cards with free calls, texts and data from Good Things Foundation's National Databank (2,140 people in previous survey).
- 1,042 people borrowed or were gifted a digital device from one of the schemes run by the organisations who responded to the survey (462 people in previous survey).

71, LINK - 2023 CONSUMER DIGITAL INDEX [PDF] (LLOYDSBANK.COM)

72, LINK - INCLUSIVE DIGITAL HEALTHCARE: A FRAMEWORK FOR NHS ACTION ON DIGITAL INCLUSION (WWW.ENGLAND.NHS.UK)

73, LINK - THE BIG LEEDS CHAT (HEALTHWATCHLEEDS.CO.UK)

74, LINK - OUR APPROACH – 100% DIGITAL LEEDS (DIGITALINCLUSIONLEEDS.COM)

75, LINK - 100% DIGITAL LEEDS UPDATE [PDF] (DEMOCRACY.LEEDS.GOV.UK)

There remains a longstanding need to better understand at scale the prominence of digital exclusion in a city like Leeds as more services, businesses, schools, and others embrace technological change. It is a complex picture and at present we do not have mature enough evidence to inform the most productive response possible. In the absence of this however, strong partnership responses like 100% Digital Leeds continue to make a meaningful and measurable difference to people's lives – demonstrating national best practice in this space.

"Something 'Digital' is missing. I believe in todays world, to be truly happy, healthy and empowered, you must be in some way digitally connected."

Leeds City Council Budget Consultation 2024-25

Housing

Housing can have a huge impact on a person's quality of life. Not only is it often an expense that can impact financial security, but the quality and suitability of homes is also a major factor that can impact on both physical and mental health and wellbeing. Poor housing conditions (e.g., damp and mould, repairs and adaptations, impact of the cladding scandal etc.) will have a direct bearing on an individual's health and wellbeing as well as affecting demand on other services, for example whether a property is suitably adapted for an individual to be discharged from hospital.

The city's housing sector continues to face a number of challenges. The demand for affordable housing continues to remain high. The continued squeeze on household finances and high interest rates are hitting families hard, particularly those households on lower incomes and changes across the housing sectors are impacting on the availability of affordable housing options. 21% of the Leeds population is living in relative poverty (after housing costs) equal to 176,376 people in Leeds.[76]

The demand for housing adaptations to meet individual needs has also reached unprecedented levels in the public sector. According to the 2021 Census, around one in five people in Leeds are living with a disability or long-term physical health condition[77] , therefore ensuring they have a home suitable for their needs is essential. If people's homes are designed and adapted to support their needs, it means they can remain independent, which in turn helps reduce pressure on public services and carers.

The Leeds Strategic Housing Market Assessment (SHMA) provides the council with up-to-date evidence on housing need across all sections of the community over the period 2022 to 2040. The evidence will inform updates of the Local Plan, and other strategies, policies and decisions of the council and its partners. According to the 2023/4 Leeds SHMA, there are currently over 365,000 dwellings in the city. [78]

The 2022 Valuation Office Agency data provides details on overall dwelling stock by type, number of bedrooms and council tax band:

- 69.7% of dwellings in Leeds are houses (28.1% terraced, 30.9% semi-detached and 10.7% detached), 24.5% are flats and 5.8% are bungalows; and
- 13.4% of dwellings have one bedroom, 30.9% two bedrooms, 42.3% three bedrooms and 13.5% four or more bedrooms.

76, LINK - Households below average income stats (www.gov.uk)

77, LINK - Leeds Observatory Census Dashboard (observatory.leeds.gov.uk)

78, Leeds Strategic Housing Market Assessment 2023/24 (awaiting publication)

- 60.6% of dwellings in the city of Leeds are council tax band A or B properties and 39.4% are band C or above.[79]

For data on tenure, the 2021 Census shows that 57.0% of occupied dwellings are owner-occupied, 22.0% are private rented (including tied accommodation and student housing) and 21.0% are affordable (including social rented from a council or housing association and shared ownership). There are considerable variations in tenure profile by sub-area. There has been significant growth in the private rented sector, having increased to 22% in 2021 from 12.5% in 2001[78]. Increasing house prices and a struggling sales market when the downturn came are factors underpinning this growth, as well as tenure reform and less accessible social rented housing.

Local Authorities have an important enabling and regulatory role in ensuring this sector helps to meet housing need. The Selective Licensing scheme has been operating in Beeston and Harehills since 2020, addressing housing quality as well as wider issues affecting the lives of those living in the designated areas. By proactively crossing the threshold into people's homes, this has allowed officers working with partners to address issues in relation to health and wellbeing and the financial challenges faced by people. This has led to 1,419 referrals to other agencies for support and assistance by March 2024.[80]

Homelessness and housing support

Leeds continues to perform well in preventing homelessness, remaining ambitious about prevention and support across the city through the Leeds Homelessness and Rough Sleeping Strategy. In the most recently published data, the average positive prevention rate nationally is 53%. The percentage in Leeds for October – December 2023 (the most recent reported figure) is 78% which is significantly above the national average and above other comparable cities.

Leeds opens the third highest number of homelessness assessments in England and there is continued pressure on the Leeds Homes Register. The overall number of applicants on the register has remained steady for the last 3-4 years. This has contributed towards average wait times for someone with band A status increasing to 146 weeks, creating significant pressures to the system, with increasing numbers of households in temporary accommodation or in supported accommodation, despite no longer requiring support, who are urgently awaiting move on.[81]

Over 15% of Leeds Housing Options customers have approached the service due to their private rented tenancies being ended. In 2022/2023 we saw a spike in section 21s being served and believe it was linked to increased mortgage interest rates for landlords, an increase of market rent (9% increase over 12 months reported in Leeds) and, at the time, the Government's progression of the Renters Reform Bill. [82]

Zero Carbon Homes

Nationally, to make all homes healthy, affordable, and net zero will cost over £5.5bn (Arup/BEIS, 2021) with around £860m needed for council homes and over £4.7bn for all other homes. The city is doing everything it can to make all homes net zero as soon as possible, with significant progress by 2030.

79, LINK - Council Tax: Stock of Properties, 2022 - GOV.UK (www.gov.uk)

80, LINK - Improving the private rented sector briefing (democracy.leeds.gov.uk)

81, MARMOT INDICATOR: Number of households in temporary accommodation

82, LINK - Housing Strategy Update - Mar 2024 [PDF] (democracy.leeds.gov.uk)

However, this remains a huge challenge. Leeds has led the way delivering major investments to homes of all tenures, particularly in areas of the city that are more deprived according the IMD, including low carbon heating for over 3,000 council flats, external wall insulation for over 1,500 Victorian terraced homes and solar panels on over 1,500 homes.[83]

Housing and Health

Following the launch of Leeds as a Marmot City in June 2023, Housing Leeds has been working closely with Public Health colleagues to support the Institute of Health Equity to complete its research into housing and health inequalities as one of its two main areas of focus for the first year of the partnership. The current *Leeds Housing Strategy 2022 to 2027* sets out a key theme of health and housing, with a focus on reducing health inequalities, supporting health and social care adaptations and pathways to maximise independence, digital innovations and minimising safeguarding risks.[83]

Housing Delivery

Providing the new homes to meet demand, that are sustainable, and support thriving communities, in a large and growing city like Leeds, is an ongoing challenge. Leeds continues to perform well overall, building a net 3,104 new homes by the end of Quarter 3 2023/24, expecting to meet and exceed our annual target of 3,247 once Q4 figures are included.

The 2023/4 SHMA identifies a need for 3,022 dwellings each year, using the DLUHC standard method for calculating minimum housing need. However, if an urban areas uplift is included, this increases the minimum need to 4,080 dwellings each year. The SHMA also shows 26,444 units due to be delivered in the short term, across 235 sites, the overwhelming majority of which are currently under construction or with detailed planning permission. [84]

The mix of those new properties is important in creating sustainable communities, ensuring families are able to secure the size of property they require. In Leeds this means 80% of homes built should be either 2 (50%) or 3 (30%) bedroom, according to adopted core strategy targets. Figure 63 below shows the proportion of housing approvals by number of bedrooms across the Leeds District area.

Across the Leeds District area, the 22/23 period has seen the lowest delivery for one-bedroom property approvals since 2012, with increases also having been seen for three and four bedroomed properties. After an increase in the proportion of two bedroomed properties last year which aligned closely with Policy H4 targets,

"More social housing, better quality social housing with more action on mould, better homelessness support - these are the issues with the biggest impact on people's sense of belonging and trust in services, that also affect isolation and ability to feel like part of the local community

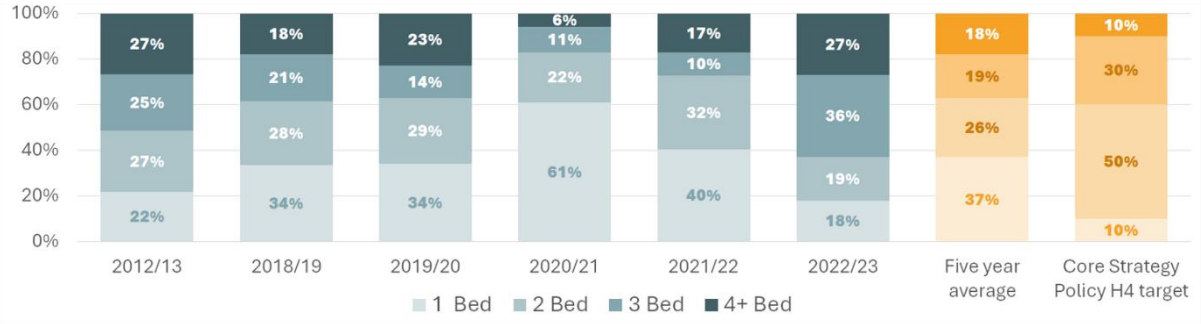
Leeds Community Cohesion Survey 2023

83, LINK - Current housing strategy 2022-27 (leeds.gov.uk)

84, Leeds Strategic Housing Market Assessment 2023/24 (awaiting publication)

this decreased significantly in 2022/23. Looking at the five-year average, this trend continues and shows somewhat poor progress against this indicator.[85]

FIGURE 63: PROPORTION OF HOUSING APPROVALS BY NUMBER OF BEDROOMS IN LEEDS DISTRICT



SOURCE: LEEDS AUTHORITY MONITORING REPORT (2022-23)

Accessible Housing Standards require new build residential developments to include the following proportions of accessible dwellings: 30% of dwellings should be 'accessible and adaptable dwellings' and 2% of dwellings meet the requirement for 'wheelchair user dwellings'. Leeds is meeting or exceeding these targets for new build dwellings. However, considering an assessment of additional needs and longer-term demographics, it has been recommended that 4% of new dwellings are built to M4(3) wheelchair accessible and adaptable standard and all remaining new dwellings are built to M4(2) accessible and adaptable standards.[86]

The 2023/4 SHMA also identifies a particular need to increase and diversify the supply of specialist housing for older people. There is a need for 9,125 more units of accommodation for older people by 2040. This includes sheltered/retirement, Extra Care, co-housing and residential care.[86]

Affordable Housing Development

The Leeds Affordable Housing Growth Partnership Action Plan (LAHGPAP) was published in January 2021, setting out the affordable housing ambitions of all partners, creating a projected pipeline of around 750 new affordable homes per annum between 2022 and 25.[87] The 2023/4 SHMA states there is an annual net shortfall of affordable housing of 2,136, which reflects an increase in need from the 2017 SHMA. Affordable housing delivery needs to take account not just of the numbers made available, but whether these meet the needs of our communities, including requirements for Extra Care housing, supported housing for working age adults, homelessness provision, and the accommodation requirements of children and families.[86]

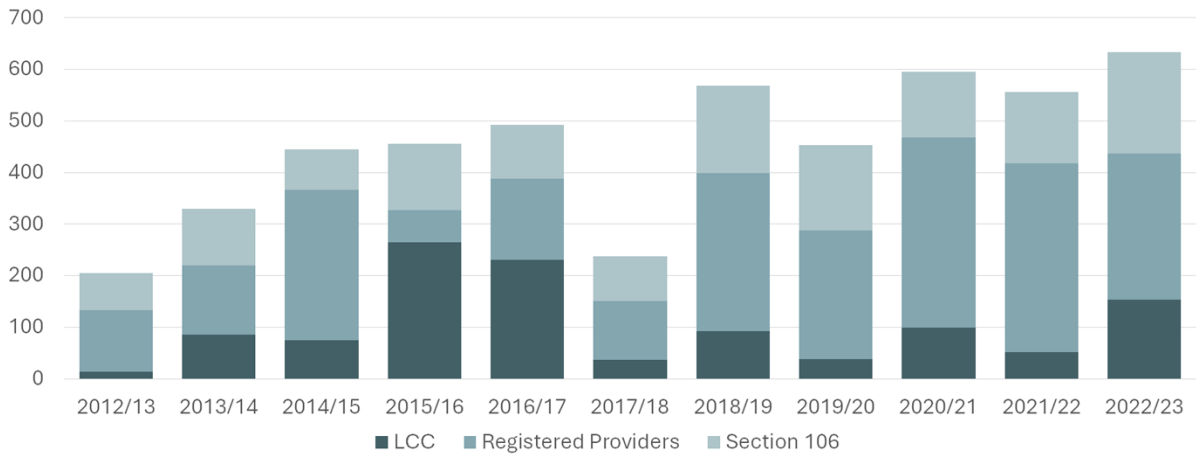
Figure 64 below shows that since 2012, 4,970 affordable homes have been completed in Leeds. 633 new affordable homes were delivered in 2022/23 which was significantly higher than previous delivery, being the highest number across all years since 2012/13. Promisingly, internal Leeds City Council data shows a further increase on this figure for 2023/24.

85, 2022-23 LEEDS AUTHORITY MONITORING REPORT (AWAITING PUBLICATION)

86, LEEDS STRATEGIC HOUSING MARKET ASSESSMENT 2023/24 (AWAITING PUBLICATION)

87, LINK - AFFORDABLE HOUSING STRATEGY 2022 [PDF] (LEEDS.GOV.UK)

FIGURE 64: NUMBER OF AFFORDABLE HOUSING UNITS COMPLETED



SOURCE: LEEDS AFFORDABLE HOUSING TEAM (APRIL 2024)[88]

Recent performance and the pipeline for further delivery should be viewed with reference to the current economic climate, which has very challenging inflationary pressure causing high build costs and interest rate increases, both impacting on development viability. The national policy environment is also in a state of flux and changes proposed through the planning system could have far reaching implications for how affordable housing is delivered locally, in particular the proposal to move away from the current system of s106 obligations for specific planning policy requirements towards a single infrastructure levy from which all obligations will be funded. It remains unclear what impact that may have on the quantum of affordable housing that could be achieved through the planning system and the consequent impact on the success of the LAHGPAP.

The current Homes England Affordable Homes Programme is due to end in 2026. Although other future programmes may be developed, Homes England is unable to offer any funding certainty at this time until policy and funding decisions are made by government. In past years this has resulted in a dip in delivery with uncertainty about future programmes preventing delivery partners to actively plan for future developments.

Set against this delivery of new affordable homes is the ongoing impact of Right to Buy. The council loses on average 600 homes from its stock each year as tenants exercise this right. In past years this has meant a net annual loss of affordable housing in the city as new in-year development has been lower than homes sold under the Right to Buy.

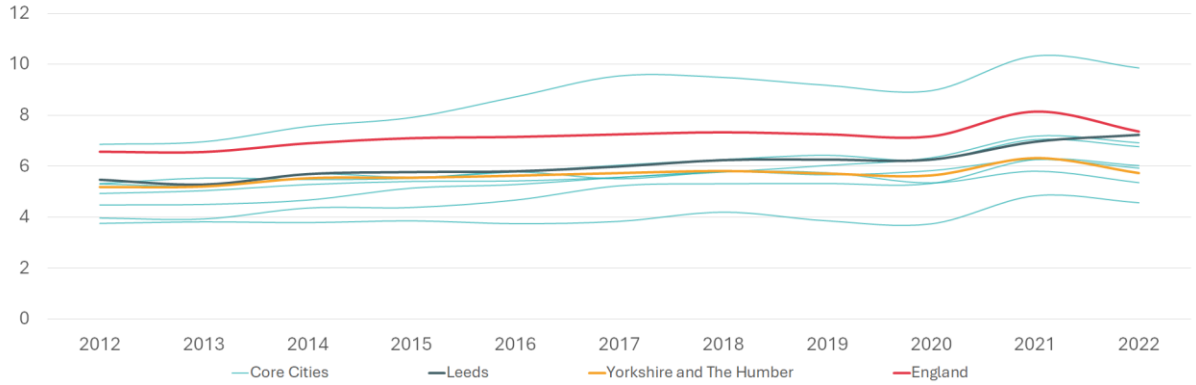
88, NOTE - *"LCC"- DIRECT DELIVERY BY THE COUNCIL HOUSING GROWTH PROGRAMME, "RP"-DELIVERY BY REGISTERED PROVIDERS/DELIVERY PARTNERS IN THE CITY, "S106" – RESULT OF PLANNING PERMISSION ON SITES, THE S106 LEGAL AGREEMENT WILL OUTLINE THE AFFORDABLE HOUSING CONTRIBUTION WHICH IS SPECIFIC TO THE INDIVIDUAL SITE. THE DEVELOPER WILL 'DISPOSE' OF S106 UNITS TO REGISTERED PROVIDERS. THIS SECTION CAPTURES THOSE 'DISPOSALS'.*

Housing Costs

In most households housing costs are the single largest monthly expenditure and their affordability therefore has a significant impact on household financial security.

Figure 65 shows the trend in the ratio of lower quartile house price to lower quartile gross annual earnings. There was a national high of 8.15 in 2021 (with Leeds at 6.96) which dropped to 7.37 in 2022, however, Leeds has continued to climb to 7.23, narrowing the gap between the city and England average. The regional and Core Cities averages have dropped over this period in line with the national trend.

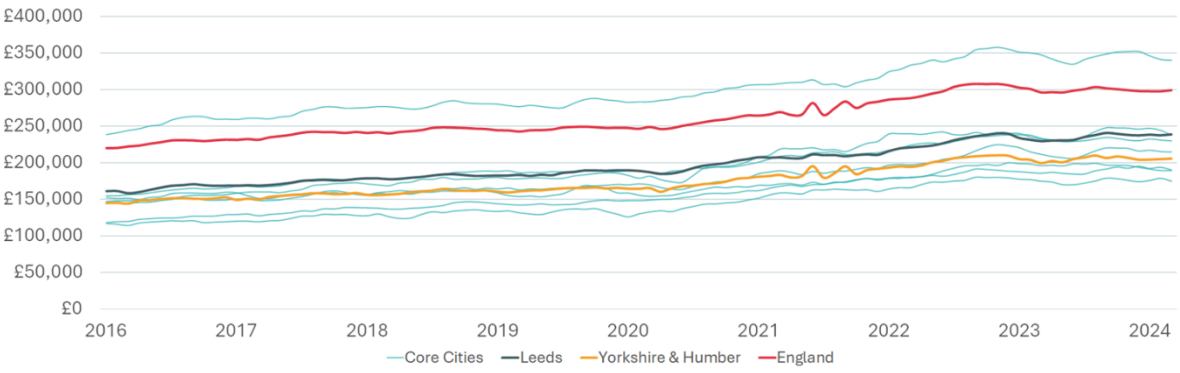
FIGURE 65: RATIO OF LOWER QUARTILE HOUSE PRICE TO LOWER QUARTILE GROSS ANNUAL EARNINGS



SOURCE: ONS - HOUSING ANALYSIS TEAM (MAR 2024)

Average house prices for Leeds have followed national trends, increasing at a faster rate since the pandemic in 2020. House prices in Leeds remain above the neighbouring areas in West Yorkshire, more recently closing the gap on the 2024 Core Cities average of £226,986 at a Leeds average house price of £238,551.

FIGURE 66: AVERAGE HOUSE PRICES (JAN 2016 - MAR 2024)

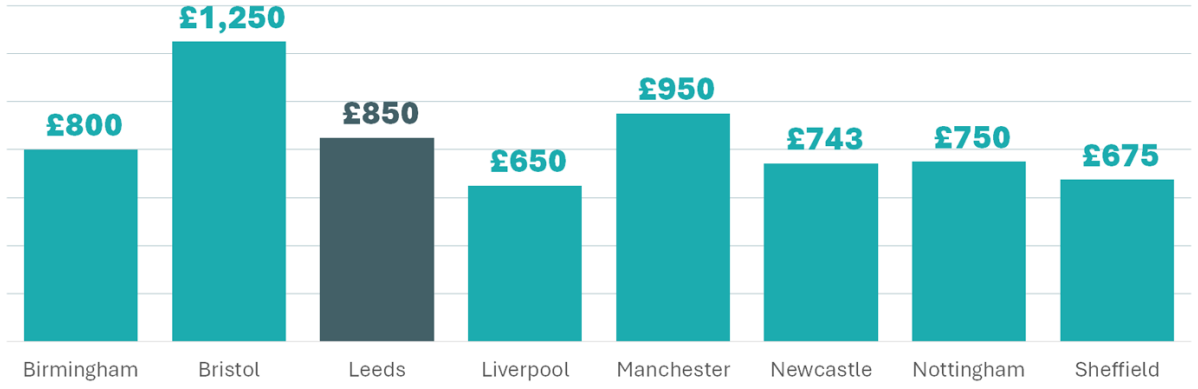


SOURCE: UK HOUSE PRICE INDEX (MAY 2024)

The median monthly rent for a 2-bedroom property in Leeds is higher than the Core Cities average and, when looking at the Core Cities separately, is third to Bristol and Manchester and over 30% higher than Liverpool (lowest of the Core Cities). Rental costs in Leeds have continued to increase significantly higher

than our neighbouring local authorities' median figures- 42% higher than Wakefield and 55% higher than other West Yorkshire local authorities.

FIGURE 67: MEDIAN MONTHLY RENT COST FOR A TWO BEDROOM PROPERTY (OCT 22 - SEP 23)



SOURCE: ONS - PRIVATE RENTAL MARKET STATISTICS (DEC 2023)

The affordability of housing remains a significant challenge for people across Leeds, with rental households spending a significant proportion of their income on rental costs. Data set out in the 2023/24 SHMA shows that overall, households had to spend 57.9% of a lower quartile income on lower quartile rent and 43.1% of median income for median rents. The wards across the city where the income required is below 25% for either lower quartile or median income were Inner North East, Outer North East, Outer North West and Outer South and Outer West. The most notable affordability pressures are identified in the City Centre, Inner East, Inner North West, Inner South, Inner West and Outer East sub areas, where the proportion of lower quartile income needed for lower quartile rents was generally above 50%.[89]

The reasons underpinning this difference in affordability between Leeds and the other West Yorkshire authorities across all housing markets are complex and multi-faceted, but one likely contributor is the under provision of mid-sized properties across the city discussed in the previous JSA in 2021. Over many years, we have seen that the structure of the Leeds housing market can act as a barrier to upward progression for many families, with neighbouring districts such as Wakefield increasingly offering more affordable housing options within easy commuting distance of workplaces in Leeds. Longer-term impacts of insufficient affordable housing supply – both for purchase and rent –require further consideration, especially their impact on younger individuals and families seeking to get onto and then progress up the housing ladder in Leeds.

Policy Implications

- Despite outstanding performance on delivery of new housing – if the rest of the country performed like Leeds national targets would be exceeded rather than missed, as is currently the case – housing costs and rents continue to increase well beyond our neighbouring authorities. Affordability is an increasing challenge and on current trends Leeds house prices will become more unaffordable than the England average for lower earners in the coming year. There continues to be a shortage of the small mid-sized homes families need, and in parts of the city

89, STRATEGIC HOUSING MARKET ASSESSMENT 2023/24 (AWAITING PUBLICATION)

poor housing quality remains a chronic challenge. There are a variety of levers being used in Leeds to mitigate risks – such as utilising legislation through selective licensing schemes, maximising opportunities through health and care systems to support pathways into independent and supported accommodation, and using Marmot principles to work alongside partners to strengthen focus on social determinants of health.

- Accelerating the move to digital presents a range of opportunities to improve connectedness, deliver preventative support and maximise resources. However, the move to digital needs deeper understanding of who is being left behind – the city needs to ensure the digital shift does not inadvertently hinder our wider efforts towards person-centred approaches nor worsen exclusion or inequality. 100% Digital Leeds continues to deliver nationally recognised best practice, but greater understanding, data capture and data maturity about the scale and nature of digital exclusion in the city is required to inform more targeted and individualised responses.
- There has been an increase in the number of single-person households across the age spectrum which could present a range of future policy challenges. Greater focus should be given to the intersectionality, with living alone being a risk factor for higher rates of social isolation and loneliness which can exacerbate other known challenges – e.g. downward mental health trends among young people and higher young male suicide rates; and the ageing population with care and support needs and a desire to see more people living independently at home for longer.
- Volunteering rates have not recovered since the pandemic, despite volunteering being a key way in which people can build social connections and feel a greater sense of belonging in their local community. The new third sector volunteering strategy provides direction, but the system should consider ways to boost engagement with volunteering – achieving both personal and societal benefits for Leeds.

Section 3c: Living Well – Zero Carbon

Headlines:

- Climate change continues to be the world's biggest threat to health, with the impacts of climate change being felt locally in Leeds, nationally and globally.
- In 2019 the council declared a climate emergency with a target of achieving net zero emissions for the city by 2030.
- According to Met Office figures, 2023 was the warmest year on record for the UK, with the hottest day ever in Leeds recorded in July[90]. 2022 and 2023 were among the driest on record requiring many water companies, including Yorkshire Water, to declare a drought, with a hosepipe ban effecting Leeds residents.
- Leeds has made good progress in reducing carbon emissions, improving air quality and increasing energy efficiency. However, although policies have made positive impacts on carbon reduction in Leeds, they may not yet go far enough to achieving Leeds's net zero ambition by 2030.
- There continue to be challenges in transitioning towards a greener, more sustainable economy and society, including consumer behaviours, financial pressures and the impact of local, national and international policy.

The effects of climate change are being felt across Leeds, with 94.8% of people reporting that they are worried about the effects of climate change on future generations.[91] Leeds is committed to being a city that is tacking poverty and inequality, and ensures the negative impact of climate change do not disproportionately impact the health and wellbeing of those who are already disadvantaged. The consequences of our changing climate significantly affect multiple aspects of life across Leeds, whether it be public space planning, floods defences, habitats and biodiversity, transport, economy, food security, insurance premiums, risk management.

The impact of high temperatures has already had significant adverse effects across the country, with the impact being felt harder by some members of our society. Initial analysis by the UK Health Security Agency (UKHSA) shows that across the 5-heat periods in the summer of 2022, the estimated total excess mortality (excluding coronavirus (Covid-19) in England was 2,803 for those aged 65 and over. This is the highest excess mortality figure during heat-periods observed since the introduction of the

"There needs to be a sense of perspective about the road to zero carbon. What can Leeds realistically achieve that will have a meaningful impact."

Leeds City Council Budget Consultation 2024-25

90, LINK - 2023: The warmest year on record globally (www.metoffice.gov.uk)

91, LINK - Big Leeds Climate Conversation: Final Report 2019 [PDF] (democracy.leeds.gov.uk)

Heatwave plan for England in 2004.[92] Additionally, the impacts of the heatwaves in 2023/24 this year have already caused widespread disruption to travel, workplaces, and many public services. Climate change poses a threat to lives, livelihoods and local environment. In Leeds, the council is continuing to work with partners to plan for the increased climate-related hazards themed under extreme heat, flooding, drought and cascading impacts.

The changes required to transition the city towards a net zero economy will not be possible without widespread public support and behavioural changes from people who live and/or work in Leeds. Although climate change conversations may be challenging, public awareness remains crucial to individual decision making but also to the acceptability of some required policy changes.[93]

Not only does the transition towards net zero in the city require widespread support, it also requires significant funding and investment. The council continues to achieve a high level of success in its grant applications, totalling over £100m since 2019. Around £35 million is being won every year to support areas such as electric charging infrastructure, housing retrofit, public building decarbonisation and the expansion of the district heating PIPES network. However, significantly more cross-sector funding is required for the city to achieve net zero, of which the council is working closely with the private sector to identify sustainable models that can maximise funding opportunities. [93]

Carbon Emissions

Until all greenhouse gas emissions are reduced or removed from the atmosphere, the climate will continue to change. It is imperative that the average global temperature increase is limited to no more than 1.5 degrees Celsius. According to the EU's Copernicus Climate Change Service, the planet is already 1.2 degrees Celsius warmer than in pre-industrial times as a result of human-caused climate change, , with the impacts already being felt.

Leeds has made positive progress- in 2022 Leeds City Council was recognised as one of 122 city authorities across the world leading the way on climate action, receiving an "A" grade from the Carbon Disclosure Project (CDP). According to CDP, "A" grade cities take four times as many climate mitigation and adaptation measures as non-"A" grade cities. Schemes including the decarbonisation building programme have led to green upgrades across a number of council buildings, reducing our carbon footprint by 4,000 tonnes each year.[93, 94] Although Leeds has received recognition for its climate action, there is still work to do as, the pace of reductions is not currently sufficient to ensure net zero will be reached by 2030.

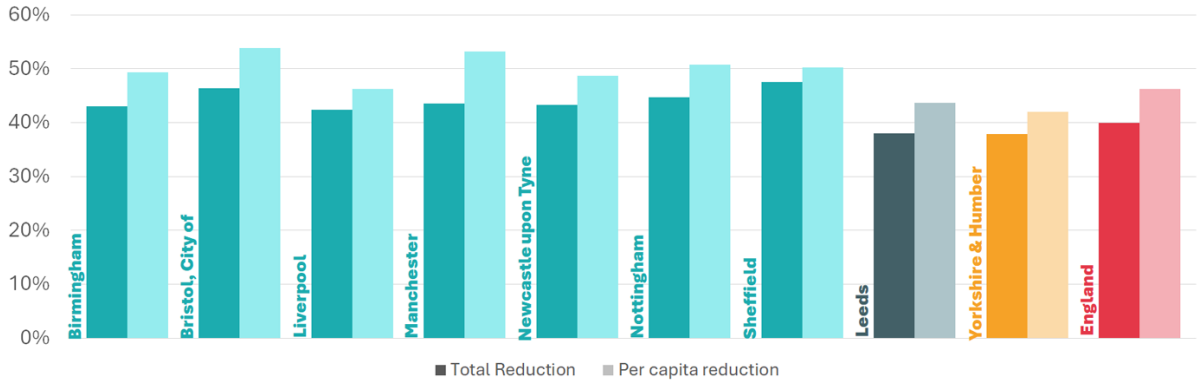
In the 2021 JSA, it was reported that all of the UK Core Cities had reduced their overall carbon emissions by around 40% between 2005 and 2018. This reduction has continued across the other English Core Cities with an average total reduction of around 44%. However, Leeds has performed least well of the English Core Cities at a total reduction rate of 38% since 2005 (from around 6.3 to 3.9 million tonnes of carbon). Comparing the forecasted 2022/23 figures to those for 2018/2019 (just ahead of Leeds declaring a climate emergency) a reduction of over 23,000 tonnes (37%) in CO2 emissions have been achieved.

92, LINK - Excess Mortality in England and English Regions (www.gov.uk)

93, LINK - Climate Emergency Annual Report Mar 2023 (democracy.leeds.gov.uk)

94, LINK - Council's Building Decarbonisation Programme Hits Major Milestone (news.leeds.gov.uk)

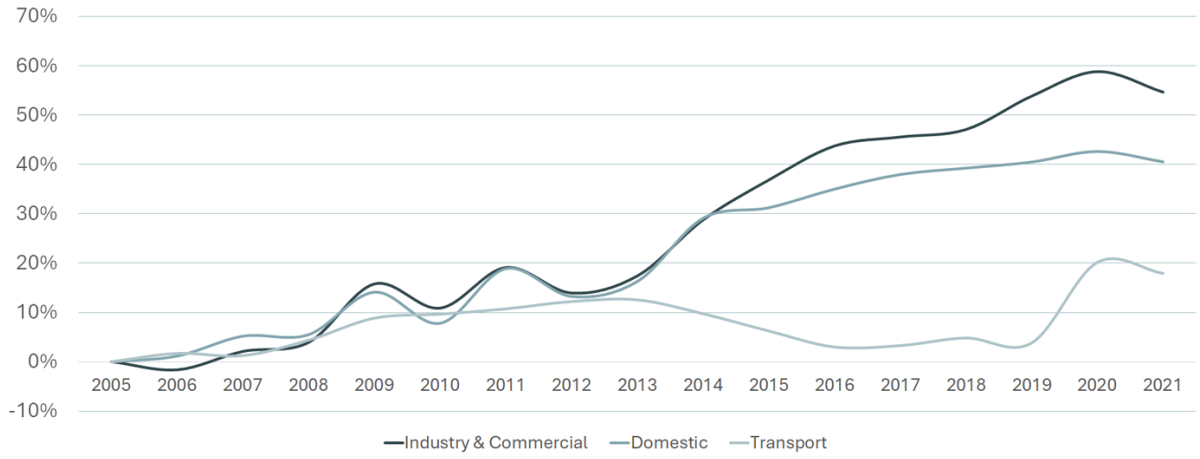
FIGURE 68: REDUCTION IN CARBON EMISSIONS FROM 2005 - 2021



SOURCE: DEPT. FOR BUSINESS, ENERGY AND INDUSTRIAL STRATEGY (JUNE 2024)

Figure 69 below demonstrates that the greatest CO2 savings since 2005 for transport were made in 2020 at a reduction of 20%, in which an assumption can be drawn about the reduced levels of transport being used across the whole city during the Covid-19 pandemic being one causal factor. Similar conclusions can also be drawn across CO2 savings for Industry & Commercial and Domestic, peaking at savings levels in 2020 of 59% and 43% retrospectively.

FIGURE 69 : CO^2 SAVING IN LEEDS, BY TYPE

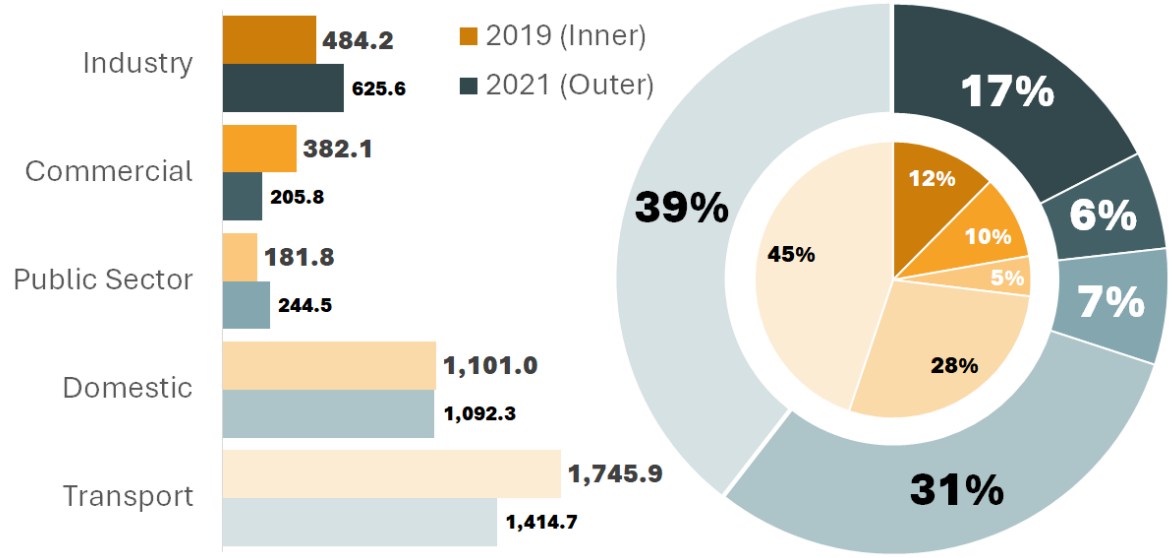


SOURCE: DEPT. FOR BUSINESS, ENERGY AND INDUSTRIAL STRATEGY (JUNE 2024)

The scale of the council workforce and responsibilities leads it to being a significant contributor to emissions in Leeds, with two key sources of emissions being energy used to power and heat facilities, and the fuel used to operate our vehicle fleet. The council continues to work towards reducing its own operational emissions through investment in localised major renewables and use of electric vehicles.

As shown in Figure 70 below, transport continues to be the biggest contributing sector to CO2 emissions in Leeds in 2021. The council plays a key role in reducing this figure, with an electric vehicle fleet of 384, it is thought to be the largest EV fleet of any local authority in the UK, including its first electric Refuse Collection Vehicles. More information on electric vehicle usage can be found in the Transport section.

FIGURE 70: SECTORAL CONTRIBUTION TO CO^2 EMISSIONS IN LEEDS 2019 - 2021



SOURCE: DEPT. FOR BUSINESS, ENERGY AND INDUSTRIAL STRATEGY (JUNE 2024)

Air Quality

Air pollution is one of the greatest environmental risks to health. Not only is air pollution recognised as a contributing factor in the onset of heart disease and cancer, but it also particularly affects the people who are considered more likely to be 'vulnerable' in society: children, the elderly, and those with existing heart and lung conditions.[95] The mortality burden of air pollution within the UK is equivalent to 29,000 to 43,000 deaths at typical ages, with a total estimated healthcare cost to the NHS and social care of £157 million in 2017. 54 of every 1000 deaths that occur in Leeds can be linked to air pollution exposure.[96]

Leeds is committed to reducing emissions to protect the health of everyone in the city, working collaboratively to reduce people's exposure to pollution and continue the long-term trend of falling pollution levels in the city. The Leeds Air Quality Strategy 2021 to 2030 pledged to meet the World Health Organisation (WHO) air quality targets at their time of drafting, which the council remains committed to achieving and aims to improve upon.[97] However, the WHO targets have since been updated to significantly more challenging levels. Given the evidence from the WHO about the harmful impacts of air pollution on public health, the council welcomes the updated WHO air quality guidelines and the opportunity for the city to work in partnership towards these.

Although air quality in Leeds has improved significantly in recent years, it is widely recognised that there are no safe levels of air pollution, and no threshold below which air pollution will have no detrimental effects on health and mortality. Exposure to poor indoor air quality is also an increasingly significant public health concern. A significant proportion of a typical adult day is now spent indoors (over 80%), making indoor air quality an area where greater monitoring, understanding and action is required.

There are two primary air pollutants of concern for Leeds:

95, LINK - AMBIENT (OUTDOOR) AIR POLLUTION (WHO.INT)

96, LINK - FRACTION OF MORTALITY ATTRIBUTABLE TO PARTICULATE AIR POLLUTION (FINGERTIPS.PHE.ORG.UK)

97, LINK - WHAT WE ARE DOING ABOUT AIR POLLUTION (LEEDS.GOV.UK)

- nitrogen dioxide (NO_2), of which the main source is vehicle emissions and the burning of other fossil fuels.
- particulate matter (PM_{10} and $PM_{2.5}$), of which a third is from sources outside of the UK, a half comes from domestic wood burning or transport emissions, and a small proportion comes from naturally occurring sources such as pollen, sea salt, and airborne dust.

In Leeds, other pollutants, including carbon monoxide and sulphur dioxide, are found at levels well within the national and World Health Organisation guidelines.[98]

More information about air quality in Leeds can be found in the Air Quality Annual Status Report, and in the Air Quality Health Needs Assessment.

Leeds Air Quality Management Areas

Leeds City Council previously had six designated Air Quality Management Areas (AQMAs). These were put in place in areas with historically high levels of nitrogen dioxide (NO_2) (mainly arising from vehicle emissions) which exceeded NO_2 objectives in the UK Air Quality Regulations. Most of the AQMAs were located in communities with higher levels of deprivation according to the IMD.

Due to reductions in NO_2levels at these locations, in 2023, the council began the process of formally revoking the following AQMAs:

- Ebor Gardens, Burmantofts
- Caspar Apartments, North Street
- The Normans, Kirkstall
- The Tilburys, Holbeck
- Chapel Hill, Morley

The Pool-in-Wharfedale AQMA will continue to be kept under review until the area complies with the air quality objectives.

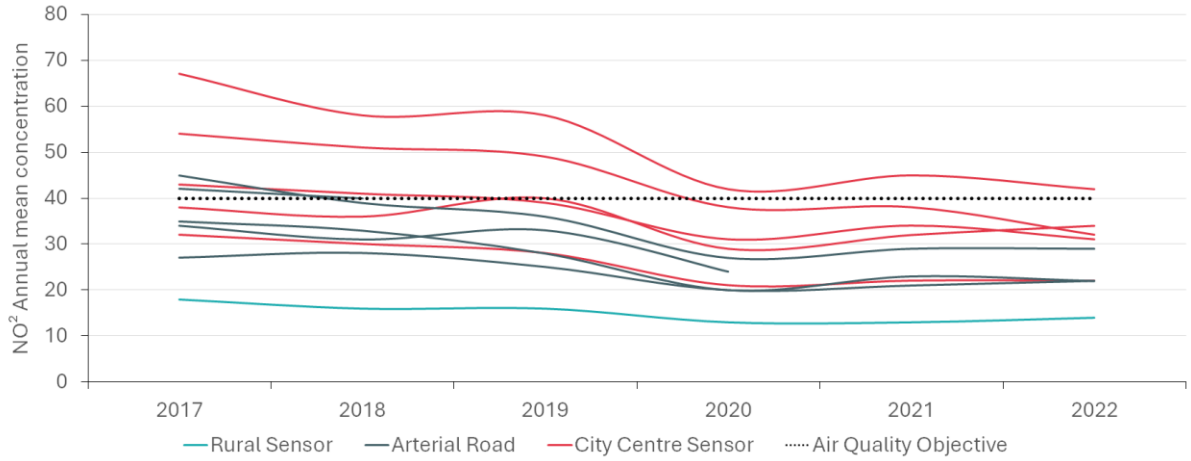
Trends in NO2 Annual Mean Concentrations at Leeds Air Quality Stations

The UK Air Quality Objective sets a limit of 40µg/m^3 on the level of nitrogen dioxide that should be measured at each location and averaged over a one-year period. Outdoor pollution levels met this objective across most of Leeds, with just twelve locations (mostly near the city centre) where pollution remained above the annual mean air quality objective for nitrogen dioxide.

Pollution levels at Wellington Street, Joseph's Well, and the Yorkshire Post show an increase on their 2021 annual mean results, however, these sites are likely to have been affected by nearby highways improvement works. Air quality at these sites is expected to improve upon completion of this work.

98, LINK - Air Quality Annual Status Report Executive Summary (leeds.gov.uk)

FIGURE 71: ANNUAL MEAN CONCENTRATION OF NO^2 AT LEEDS AIR QUALITY MONITORING STATIONS



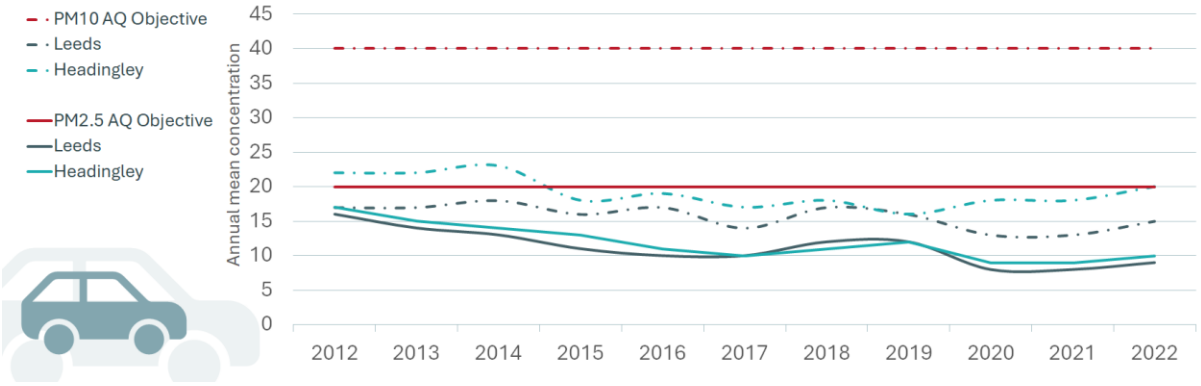
SOURCE: CLEAN AIR LEEDS - AIR QUALITY ANNUAL STATUS REPORT (2023)

Particulate Matter (PM_{10} and $PM_{2.5}$)

Aside from NO_2, the other main pollutants of concern are particulate matter (PM). Sources of PM which most contribute to public exposure come from road transport; diesel engines; tyres, brakes and road surface wear; and the burning of solid fuel such as coal-based 'smokeless fuels' and wood. PM is also emitted from industrial combustion plants and public power generation, and some non-combustion processes such as quarrying. Natural sources can include airborne dust and sea salt from vast distances away.

Monitored levels of particulate matter, both PM_{10} and $PM_{2.5}$ continue to remain well within UK air quality objectives and are close to the more stringent World Health Organisation guideline levels.

FIGURE 72: ANNUAL MEAN CONCENTRATIONS OF PM_{10} & $PM_{2.5}$ AT KERBSIDE AFFILIATED AUTOMATIC URBAN AND RURAL NETWORK (AURN) SITES



SOURCE: CLEAN AIR LEEDS, AIR QUALITY ANNUAL STATUS REPORT (2023)

Meaningful conclusions about the trends of particulate pollution for the whole of Leeds cannot be drawn from the data in the current collection format. However, UK Government population-weighted estimates used to predict how much pollution the "typical" person has been exposed to, suggest that Leeds residents are being exposed to lower levels of particulate pollution than in previous years, with a long-term downward trend. We recognise, however, that this overlooks the likelihood that those in some specific geographical areas may be at greater risk. Identifying means of improving data quality and monitoring over time remains a priority to help prioritise future actions.

Energy efficiency and fuel poverty

A new definition of fuel poverty was introduced in 2021. This is the 'Low Income Low Energy Efficiency' (LILEE) definition of fuel poverty stating that a household is fuel poor if:

- They are living in a property with an energy efficiency rating of band D, E, F or;
- Their disposable income (income after housing costs and energy needs) is below the poverty line.

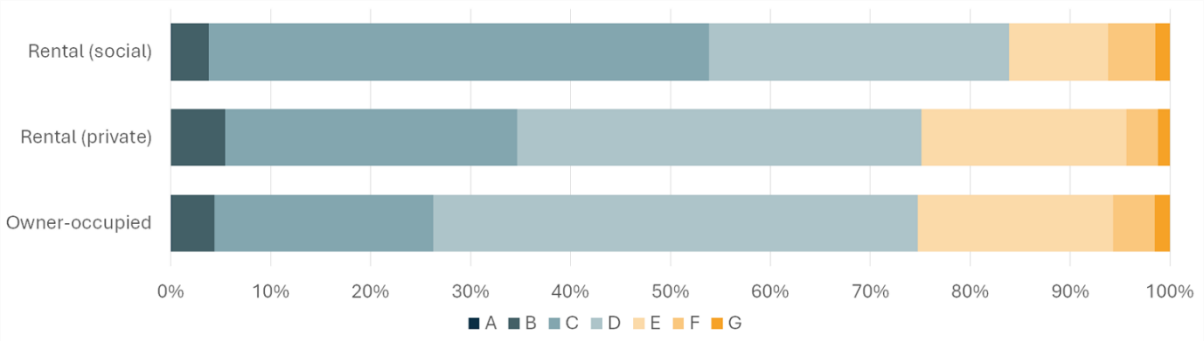
Fuel poverty is affected by a household's income, their fuel costs, and their energy consumption which can be affected, in turn, by the energy efficiency of the household's dwelling. Dwellings with poor energy efficiency will require more fuel for heating purposes, and, as a consequence, more CO2 emissions will be produced. In 2022, there were an estimated 13.1% (3.16 million) of households in fuel poverty in England under the Low Income Low Energy Efficiency (LILEE) metric. For Leeds, the estimated number of households in fuel poverty at that time was 16% by the same measure. This was higher than the number of households across England in fuel poverty, which was estimated at around 3.16 million (13.1%). [99]

"My energy bill is doubled. I dare not switch on the heating. I feel cold and can't sleep. I have cancer and lots of other long-term conditions. Living in a cold house has made the conditions worse."

Healthwatch Leeds Annual Report 2022-2023

According to the Department for Energy Security and Net Zero, fuel costs for the least efficient properties (band F/G) are 2.3 times higher than costs for the most efficient properties (band A-C).[100] In Leeds, 54% of social rented housing are rated band A-C for efficiency, compared to 34% A-C private rented and 26% A-C owner-occupied. When comparing with the least efficient properties rated F/G, these levels are similar across the 3 tenure types (6% social rented, 5% private rented, 6% owner).

FIGURE 73: SAP RATING BY TENURE FOR LEEDS HOUSEHOLDS 2024



SOURCE: DLUHC - ENERGY (JUN 2024)

99, LINK - SUB REGIONAL FUEL POVERTY DATA 2022 (WWW.GOV.UK)

100, LINK - ANNUAL FUEL POVERTY STATISTICS IN ENGLAND, 2024 (2023 DATA) [PDF] (ASSETS.PUBLISHING.SERVICE.GOV.UK)

The fuel poverty gap is the reduction in fuel costs needed for a household to no longer be in fuel poverty. More recent data shows that the average fuel poverty gap for England has deepened, rising 66% since 2020 to £417 in 2023. This is attributable to rising energy prices. [101]

The Leeds PIPES network provides homes, businesses, and public buildings with heat and hot water that is affordable, reliable, and low carbon. The network currently uses heat created as a by-product from burning Leeds's non-recyclable waste to keep connected homes, businesses, and public buildings warm at an affordable price. A system of underground pipes transfers heat from where it is generated to where it is needed. The Leeds PIPES network has won multiple awards, successfully decreasing carbon used whilst reducing energy costs (saving 5,945 tonnes of carbon in 2023). [102]

Food Insecurity

Not only is our food system at risk from the effects of climate change, but it is also partly responsible, currently accounting for around one-fifth of all the emissions in our national carbon footprint. It is vital that we create a more resilient food system that can adapt and respond to supply chain disruptions, reducing the impact on those most affected by food insecurity.

We can enable the transition to a more sustainable food system by minimising food waste, making healthier food choices, and producing food in better and more environmentally friendly ways. Leeds is working hard to achieve this through the aims and objectives of the Leeds Food Strategy 2022-2030. Leeds currently holds the Bronze award for Sustainable Food Places, and intends to progress to the Silver award. [103]

In 2021, the average household in Leeds threw away 190kg of food, with a significant environmental and financial impact. The types of food that we consume also play a role: if half of UK meat and dairy consumption were replaced with fruits, vegetables and cereals, diet-related GHG emissions could be reduced by 19% and roughly 37,000 premature deaths from cardiovascular disease and cancer averted each year.[104]

"...Both of us work full time and have had to use food banks and have to be careful with our heating..."

Leeds City Council Budget Consultation 2024-25

Food poverty is affecting increasing numbers of people. In 2022, it was reported by the Food Foundation that 7.3 million adults and 2.6 million children in the UK had gone without food or could not physically get food in the past month. This is around 10% of the population, which if applied to Leeds would mean around 80,000 people.

The growing scale of food poverty is being seen through increased use of food banks and food parcels across the city. In the financial year 2022/23, 59,117 people accessed a foodbank via referral, an increase of 42% on the previous year. Increases were also seen across informal food aid providers, including a 20% increase on meals given out through street outreach or drop-ins.[105]

101, LINK - Fuel Poverty Factsheet: England 2023 (assets.publishing.service.gov.uk)

102, LINK - Leeds PIPES District Heat Network (leeds-pipes.co.uk)

103, LINK - Climate Emergency Annual Report Mar 2023 (democracy.leeds.gov.uk)

104, LINK - Leeds Food Strategy (leeds.gov.uk)

105, LINK - Cost-of-Living Dashboard (observatory.leeds.gov.uk)

Transport

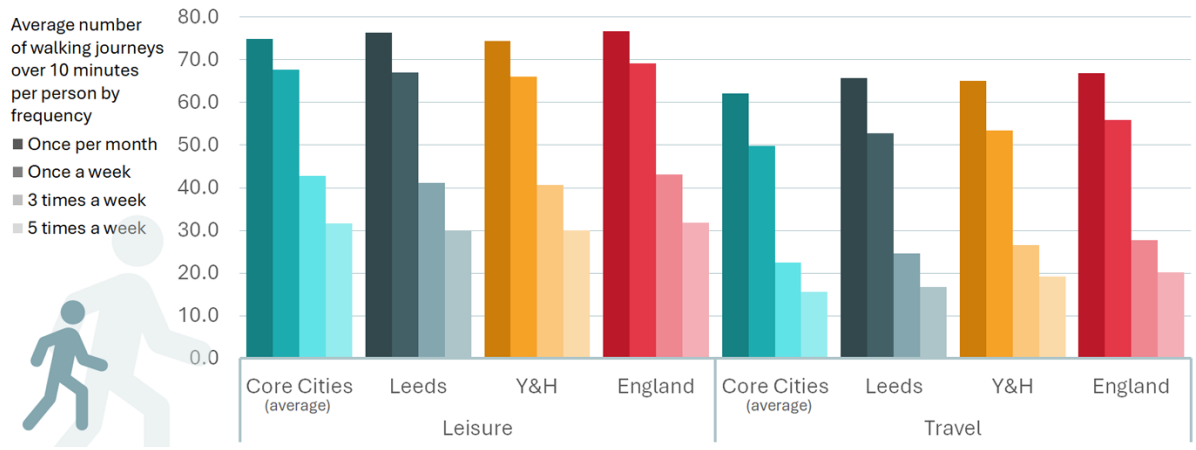
As shown in Figure 70 (p76), transport contributes around a third of Leeds carbon emissions. The Connecting Leeds Transport Strategy, approved by the council in 2022, has decarbonisation as one of its central pillars. The strategy outlines the key steps to deliver the changes needed in Transport to meet the city's target of making Leeds Carbon neutral by 2030.[106] The *West Yorkshire Transport Strategy* reinforces the need for a transport system that not only considers people and the economy, but also has a positive impact on the environment in which we live.[107]

Transport needs significant investment to make the changes required. Since the Connecting Leeds Transport Strategy was approved in 2022, a record amount of infrastructure and policy work has been completed to improve the city's connectivity and transport networks. However, to be able to achieve carbon neutrality by 2030, significant levels of further funding are still required.[108]

Walking and cycling

Walking levels by adults in Leeds are comparable with averages across other areas. Leeds performs less favourably for cycling levels, with lower than all other comparator averages for cycling monthly or weekly. For more frequent cycling levels (3 times or 5 times per week), there was a low unweighted sample size, so the data was suppressed (again, showing that Leeds has some of the lowest average figures to comparators below).

FIGURE 74: WALKING FREQUENCY (NOV 21 - NOV 22)



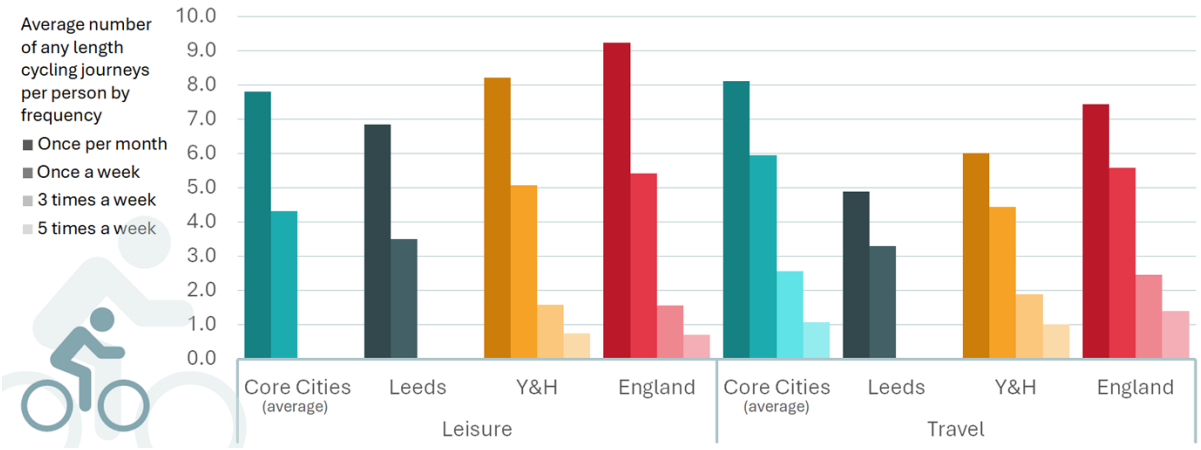
SOURCE: SPORT ENGLAND - ACTIVE LIVES SURVEY 2022-23 (2024)

106, LINK - CONNECTING LEEDS TRANSPORT STRATEGY [PDF] (DEMOCRACY.LEEDS.GOV.UK)

107, LINK - TRANSPORT STRATEGY - WEST YORKSHIRE COMBINED AUTHORITY (WESTYORKS-CA.GOV.UK)

108, LINK - CLIMATE EMERGENCY ANNUAL REPORT MAR 2023 (DEMOCRACY.LEEDS.GOV.UK)

FIGURE 75: CYCLING FREQUENCY (NOV 21 - NOV 22)



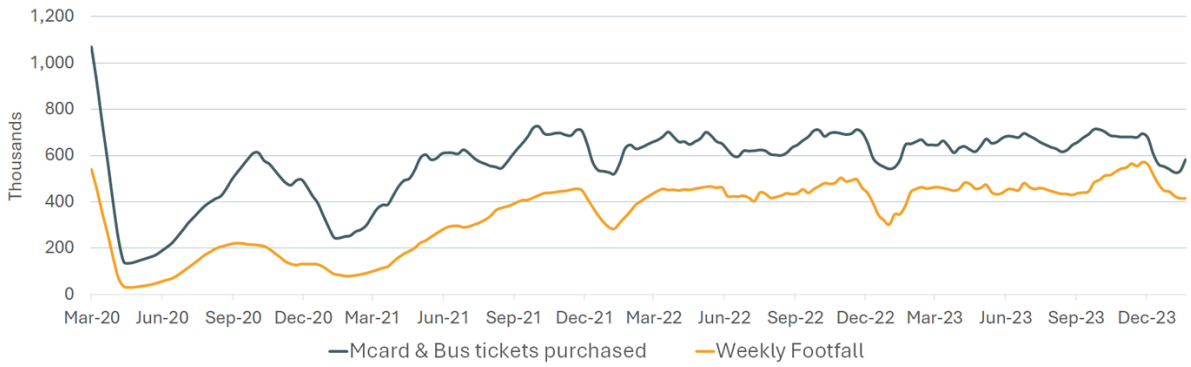
SOURCE: SPORT ENGLAND - ACTIVE LIVES SURVEY 2022-23 (2024)

Public transport

Having a reliable, accessible and well-connected public transport system not only provides vital travel modes for people to access services, leisure and work, but it also plays a significant role in reducing emissions.

Figure 76 below, shows bus and train usage in the city centre since March 2020. Unsurprisingly, the graph shows a severe drop in usage from the start of March 2020 due to the Covid-19 national lockdown. Since then, although usage has increased, it is yet to recover to pre-pandemic levels. Although there is no hard evidence as to why this is the case, assumptions can be made about change in working patterns to increased working from home impacting commuting into the city centre, and potential impacts of service disruptions.

FIGURE 76: AVERAGE FOOTFALL AT LEEDS STATION & PURCHASES OF MCARD AND CONCESSIONARY BUS TICKETS (SIX WEEK ROLLING AVERAGE)



SOURCE: WEST YORKSHIRE COMBINED AUTHORITY (DEC 2023)

Electric Vehicles

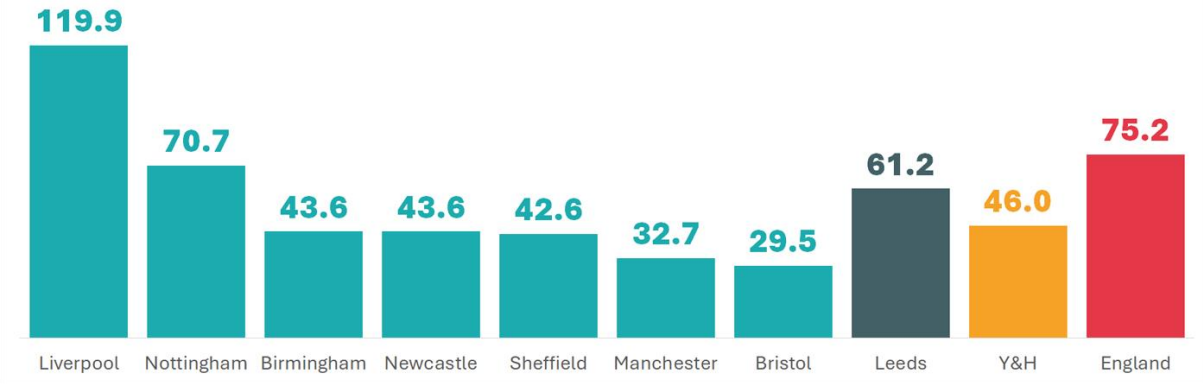
Electric Vehicle usage has grown, with the council increasing its electric vehicle fleet, wider use of electric public transport vehicles and greater numbers of private electric cars on the road. There are 50,884 plug-in vehicles with a registered keepership address in Leeds (a combination of battery electric, plug-in hybrids, and range extended electric). This has risen sharply since the end of 2019, from 7,606 vehicles in December 2019 to 50,884 vehicles by June 2023.

When looking at the figures for plug-in vehicle registered keepership per 100,000 population, Leeds has a rate of 685, compared with the Yorkshire and Humber rate of 672 and a UK rate of 850. However, these vehicles do not capture vehicles in the keepership of a company which may be in use in the local authority area under lease or rental. Similarly, a vehicle keepership registered in Leeds, does not necessarily mean the vehicle is driven in Leeds. [109]

Figure 77 shows the number of electric vehicle charging units per 100,000 population across English Core Cities. The data is captured based on the number of working EV chargers measured at a specific point in time (midnight on the start of the reporting period) so is subject to changes.

Across England, the number of public electric vehicle charging units reported as working increased from 12,549 in October 2019 to 42,489 in October 2023, a percentage increase of 239%. For the same period in Leeds, the number of chargers increased from 141 in October 2019 to 495 in October 2023, a percentage increase of 251%. It should be noted that it is likely that levels of EV chargers have continued to increase since the figures reported below, and private chargers, in people's homes and workspaces, will make the numbers considerably higher.

FIGURE 77: NUMBER OF ELECTRIC VEHICLE CHARGING UNITS PER 100,000 POPULATION (OCT 2023)



SOURCES: ONS - MID YEAR POPULATION ESTIMATES 2011 / DEPT. FOR TRANSPORT (OCT 2023)

Access to Green Spaces

Green spaces play a significant role in mitigating the impact and risks of climate change, positively impacting physical and mental health and wellbeing and protecting nature and biodiversity. It is vital that all communities across the city have access to quality local green spaces that are safe and inclusive. Creating green spaces that are sustainable and have adaptation measures in place to protect people,

109, LINK - ZERO EMISSION AND ELECTRIC VEHICLES (WWW.GOV.UK)

biodiversity and habitats during extreme weather is key to tackling climate change and improving the accessibility of parks for everyone in Leeds. [110]

"Green spaces...do infinite good when it comes to people's mental health and their physical health. Leeds has some very good green spaces but I feel they could be improved."

Leeds City Council Budget Consultation 2024-25

Leeds has over 4,000 hectares of green space, including 7 major parks and 63 local parks with around 45 million adult visitors each year. These parks across Leeds contribute £598million annually in physical and mental health benefits to the wider system. [111] However, we know that not everyone is able to access green space within their local area. Nationally, the Green Space Index developed by Fields in Trust estimates that 6.1 million people across Great Britain do not live within a 10-minute walking distance of a green space.[112] In Leeds, people that are living in some of the city's areas of higher deprivation according to the IMD have less local green space compared with other areas of the city.

The Leeds Parks and Green Spaces Strategy 2022 – 2030 has a series of goals and underlying actions to help improve parks and green spaces, working towards ensuring that they are accessible for all, support health and wellbeing, and increase wildlife and biodiversity. More information can be found here: Parks and Green Spaces Strategy 2022 to 2032 (leeds.gov.uk)

Policy Implications

- There has continued to be positive progress in the city towards tackling and adapting to climate change, however, achieving net zero targets remains challenging. Many factors involved in climate targets are outside of the council and local systems control, requiring wider national policy and funding support, alongside widespread public support and behavioural changes from residents and organisations alike. Targeted approaches have been used to focus on enabling the successful delivery of projects, explaining climate policy and engaging individuals and organisations on the changes they can make, and these should continue.
- Significant work has been taking place across the city to identify and respond to climate hazards, with local adaptations and interventions playing a key role in improving resilience and reducing the risks posed by climate change. Air quality levels have improved in most areas of the city, and going forward attention will move to air quality inside homes, businesses, and workplaces.
- Acknowledgement of the impacts of climate change on health and wellbeing continue to be strengthened across policy and delivery, particularly drawing attention to the links to social determinants of health. The challenges posed by fuel poverty continue to disproportionately impact low-income families, in which we need to continue to develop a sustainable green economy that all members of the city can benefit from. Future policy should sensibly focus on reducing energy demand at a local level as the priority, rather than seeking supply side controls on price. Leeds has been innovative in delivery of energy efficiency schemes and will need to

110, LINK - Leeds Health Wellbeing Strategy 2023-2030 [PDF] (leeds.gov.uk)

111, LINK - Leeds Parks and Green Spaces Strategy [PDF] (leeds.gov.uk)

112, LINK - Green Space Index (fieldsintrust.org)

continue to be creative locally, while influencing nationally to achieve a step-change on this issue which drives widespread poor health and wellbeing outcomes.

- Major climate challenges including housing and transport require national government support to overcome. Public transport usage significantly reduced during the pandemic, and although recovering, has not returned to pre-Covid levels. Future policy decisions about local and regional mass transit systems should take into account demand, sustainability and accessibility.

Section 4: Working Well – Inclusive Growth

Headlines

- With a population of 812,000, Leeds is the economic heart of Yorkshire. Leeds has 74.7% of its working age population in employment (December 2023) – the second highest rate of the Core Cities behind Bristol, below the UK employment rate but above the regional rate.[113]
- 73% are employed in the private sector, lower than the regional (75.4%) and England averages (77.2%).
- Leeds unemployment remains low at 2.8% (December 2023), below England and core city averages. The claimant count has been steadily increasing since November 2023 and by May 2024 was at 24,690.[113]
- Leeds is a self-starting city that does not rely on subsidies, being one of only two Core Cities that is a net contributor to the UK economy.
- Leeds economy is worth (GVA) £26.3 billion per year. [114] Recent data for Leeds shows that, along with national economic trends which continue to be challenged by the international geopolitical and economic climate (including the aftereffects of higher inflation, the war in Ukraine, higher interest rates, the new relationship with the EU and the continuing impact of the pandemic).
- A recent assessment by WYCA finds that Leeds lags behind the national average in terms of growth, however Ernst and Young (EY) forecasts economic growth in Leeds to outpace the rest of Yorkshire and The Humber between 2024 and 2027 and keep pace with the national rate of growth over the same period. [115]
- According to analysis from Data City in 2023, there are over 20,000 net zero jobs across 470 companies in Leeds. Further analysis of Leeds's progress towards net zero is available in Section 3C: Living Well – Zero Carbon of this report.

People's life chances are increasingly dictated by their backgrounds, wealth, gender, ethnicity and age. 22% of people in Leeds live in poverty, intensifying in recent years with multiple factors creating cycles of unemployment or low-paid and insecure work.

113, LINK - Leeds Inclusive Growth Dashboard (inclusivegrowthleeds.com)

114, LINK - Inclusive Growth Strategy [PDF] (inclusivegrowthleeds.com)

115, LINK - Economic Strategy Evidence Pack [PDF] (westyorks-ca.gov.uk)

Inclusive growth is about creating an economy that works for everyone, where all people across Leeds can benefit from the opportunities created and developed here. To achieve this, the city needs to remain focused on tackling inequality, supporting all sections of our society into better jobs, raising skill levels and making Leeds an attractive place to start, scale-up, innovate and invest in a business. An important part of this is supporting people's health and wellbeing, creating an accessible transport system that reduces the reliance on cars to travel to work and ensuring nobody is left behind in the transition to a net zero economy.[116]

This section of the JSA mostly explores the work-based economy in the city, however, we understand that inclusive growth requires much deeper understanding of people's lives. Some of these areas are covered elsewhere in the JSA, but further information about Inclusive Growth across the city can be found on the Leeds Inclusive Growth website here: www.inclusivegrowthleeds.com.

"Health and economy are key, if people are healthier and fitter they are less likely to access other services and if we have a good economy, with good paid jobs in the area, so our community can have a good standard of living."

Leeds City Council Budget Consultation 2024-25

Social Progress Index

The Social Progress Index (SPI) is a tool being pioneered in Leeds which is used to measure how well the city is doing in terms of inclusive growth. It was designed by the Social Progress Imperative, an international NGO which produces global, country and city level SPIs. The Leeds SPI is built on three themes: Basic Human Needs; Foundations of Wellbeing; and Opportunity.

Initial findings from the Leeds SPI 2024 show a reduction of the overall score (across all the indicators) between 2019 – 2022. This is not unexpected and shows us that the pandemic has had tangible social and economic consequences at a local level within Leeds. The figure, set out of 100, tells us that we were making progress before Covid-19 but are still feeling the effects up to 2023. There are some green shoots as one of the three dimensions, Foundation of Wellbeing did see a rise in 2022 compared to 2021.[117]

The Leeds SPI can be used as a tool alongside the Leeds Economic Dashboard to give a good overview of how the city is delivering Inclusive Growth, supporting decision makers and interventions across the city.

Footfall

City centre footfall is growing year on year, footfall for the whole of 2023 was up 2.3% compared to 2022. In line with other major cities, fewer people are coming into the centre during the week due to a shift in working patterns, but weekends are still busy suggesting stronger demand for a mix of retail, leisure, culture and the night-time economy**. More information about travel in the city centre can be found in Section 3C: Living Well – Zero Carbon.**

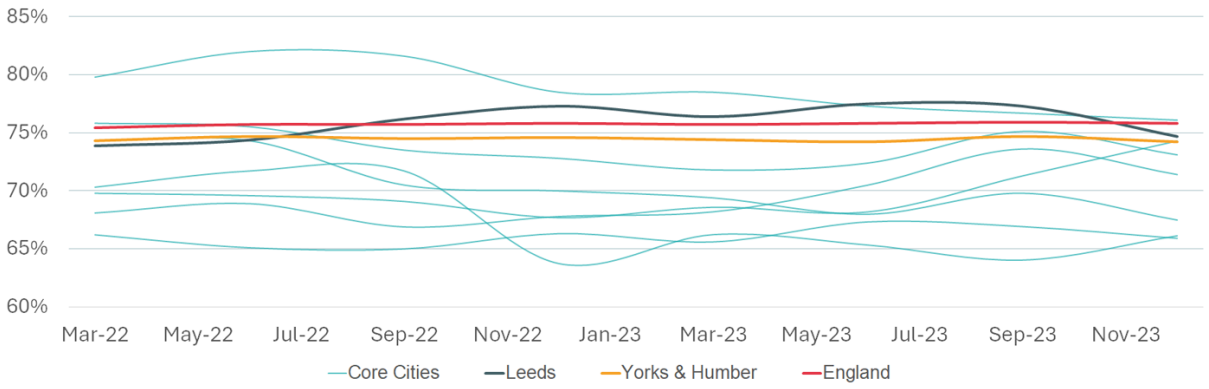
116, LINK - WWW.INCLUSIVEGROWTHLEEDS.COM

117, LINK - THE LEEDS SOCIAL PROGRESS INDEX (WWW.INCLUSIVEGROWTHLEEDS.COM)

Employment

Employment

FIGURE 78: AVERAGE EMPLOYMENT RATE (16-64 YEARS)

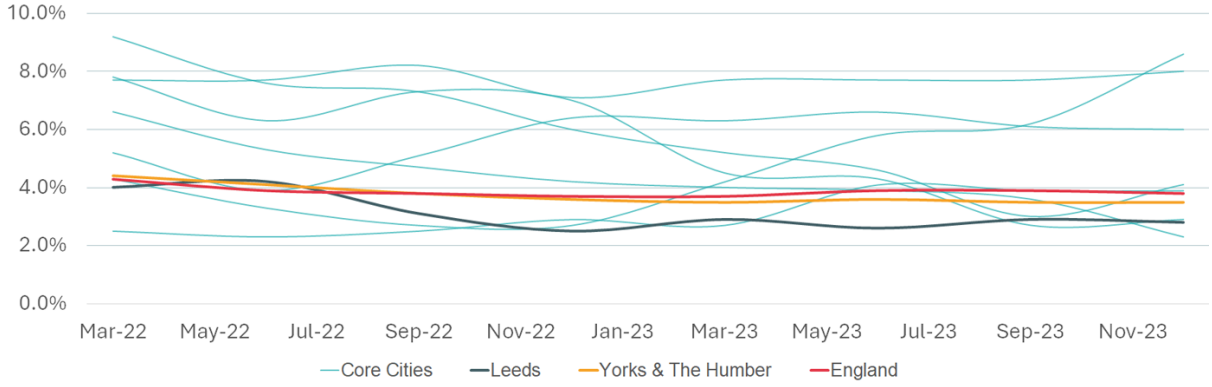


SOURCE: ONS/NOMIS - LABOUR MARKET PROFILE (2024)

Overall, there were 383,500 people aged 16 and over in Leeds who were employed in the year ending December 2023 representing 74.7% of the working age population. This has recently dropped below the England average but remains higher than the Core Cities and West Yorkshire averages.[118] Around three quarters are employed in the private sector, slightly lower than the regional and England averages.

Unemployment

FIGURE 79: AVERAGE UNEMPLOYMENT RATE (16-64 YEARS)



SOURCE: ONS/NOMIS - LABOUR MARKET PROFILE (2024)

Leeds has continued to maintain a low unemployment rate which stood at 2.8% in December 2023 (11,100 working age people) lower than the rates of all Core Cities and below the regional and national averages.

118, ANNUAL POPULATION SURVEY (APS) RESPONSES ARE WEIGHTED TO OFFICIAL POPULATION PROJECTIONS. AS THE CURRENT PROJECTIONS ARE 2018-BASED THEY ARE BASED ON DEMOGRAPHIC TRENDS THAT PRE-DATE THE COVID-19 PANDEMIC.

Since the pandemic, we have experienced a tight labour market where large numbers of people left work as well as a growth in poor health which has created high numbers of job vacancies. Although the labour market is cooling with the number of vacancies reducing, economic inactivity (people who are neither working nor actively seeking employment) remains high. For the year ending December 2023, around 23.1% of the population aged 16 to 64 years in Leeds were "economically inactive", rising from 21.4% in the year ending September 2022. [119]

Although the overall unemployment rate for Leeds has remained comparatively lower than other areas, youth unemployment rate (people aged 16-24) has been on the rise in Leeds, increasing from 8.8% in 2018 to 17.1% in 2022. This rate is higher than the West Yorkshire and England averages, but comparable with Core Cities average. A number of factors have contributed to this increase, including long-term ill health. National analysis has shown that a high proportion of young people who are workless due to ill health have lower levels of qualifications.[120]

A result of the labour market cooling and unemployment ticking up is that the claimant count has been steadily increasing since November 2023 and in May 2024 stood at 24,690.[121] The Universal Credit claimant count is not a measure of unemployment, with Universal Credit available to people on a low income as well as those who are out of work. In Leeds, as of March 2024, 87,258 people were receiving Universal Credit – 16.2% of the 16-65 population, compared with 16% for England and 17.9% for Yorkshire and The Humber.[122] This has increased by 16.9% since March 2023. Of those claiming Universal Credit in Leeds, 32,691 (37.5%) are in employment. [123]

Economic inactivity

Alongside employment and unemployment figures, the rate of economic inactivity has been gaining increasing attention nationally, particularly when considered alongside the tight labour market the UK has experienced post-pandemic and post-Brexit. People are considered to be 'economically inactive' if they are of working age and not in employment but do not meet the criteria for being 'unemployed'. There are a wide range of reasons people can fall into this definition – from being students, being off work to care for family, or being retired. However, the reason this issue has gained greater prominence is due to the steady and consistent rise in the number of people being economically inactive due to long-term sickness. In 2014, 21.9% of the UK's working age population was inactive due to this reason, but that has risen almost every year since to reach 27.5% in 2023[120]. Aside from its economic impact, for many who are inactive due to reasons beyond their control it can have a damaging effect on their quality of life, social connections, and opportunities.

The drivers of these trends in economic inactivity are still relatively poorly understood and require further research. As with wider health research, the presence of multimorbidity is likely to play a significant part in the likelihood of a person becoming economically inactive due to their health. Mental-physical multimorbidity in particular shares many of the same risk factors as economic inactivity including poverty and lower educational attainment, and in the UK shares a similar geographical distribution. As this issue continues to rise in prominence, and tackling it is seen as a possible solution to the UK's tight labour

119, LINK - Leeds Inclusive Growth Dashboard (www.inclusivegrowth.com)

120, ONS Annual Population Survey/Labour Force Survey and accessed via www.nomisweb.co.uk

121, ONS claimant count and Leeds Inclusive Growth Dashboard (www.inclusivegrowth.com)

122, Department for Work & Pensions (stat-xplore.dwp.gov.uk)

123, LINK - Cost-of-Living Dashboard (observatory.leeds.gov.uk)

market, greater collaboration across the system, including with those who have lived experience, is required to understand and respond to this challenge[124].

Currently, the local picture in Leeds differs from the national trend. Leeds has seen a rise in economic inactivity from 2022 to 2023 of around 2.5% and it now sits just above 23%. In the medium term this rate has been broadly flat and remains lower than the early 2010s when it plateaued at around 24-25% between 2011 and 2014. The most prominent cause of the recent rise in Leeds is different from the national trend, however, and relates to an increase in those who are retired. Long-term sickness has actually reduced slightly in 2023 to 18%, having been 20% in each of the previous three years[125].

Post-16 learning and outcomes

Outcomes at age 19

Good learning outcomes at age 19 support better outcomes in adulthood and reflect a young person's progress in learning through their childhood and teenage years. Published (England) data, while based on age 19, often reflects the attainment of young people at age 18 at the end of year 13. Level 2 and Level 3 are common standards, a broad range of qualifications can contribute to these, with Level 2 equating to 5 GCSEs (A*-C now 9-4) and Level 3 equating to 2 A/A2 levels (A-E). [126]

The most recently published national data is for 2022/23, covering 8,045 Leeds young people (in the state sector).

- 52.5% of Leeds young people attained Level 3 compared to 58.8% across England, 55.5% for Department for Education Statistical Neighbours and 54.3% for Core Cities. The Leeds result was, however, in line with the regional result.
- 80% of Leeds 19-year-olds were qualified to Level 2 compared to 84.3% in England. With English and maths included, 72.2% of young people reached this level, the England result was 75.6%, with Leeds ranking 111th for unitary and upper tier local authorities in England. The Leeds result is similar to comparator groups, region (72.7%), DFE statistical neighbour authorities (74.0%) and Core Cities (70.0%).

"Initiatives fostering youth engagement, skill development opportunities, and pathways to employment can aid in preparing students for the workforce and integrating them into the broader community. Enhancing public transport accessibility to cater to their commuting needs is also pivotal."

Leeds City Council Budget Consultation 2024-25

124, LINK - Economic inactivity and mental–physical multimorbidity - Oxford Academic (academic.oup.com)

125, ONS Annual Population Survey

126, Level 2 requires qualifications equating to 5 GCSE grades of previously A*-C and now 9-4. Level 3 requires qualifications equating to 2 A/A2 levels (A-E). Level 2 and Level 3 also apply as levels for individual subjects.

These young people's learning was disrupted by the pandemic, this included changes to how their learning was assessed. This necessitates caution in making year on year comparisons of attainment but does not change the underlying themes.

For this cohort of young people 63.6% had achieved Level 2 with English and maths by the end of Year 11, their GCSE year. This grew to 68.3% in Year 12, 70.6% in Year 13 and 72.2% by age 19. Meaning 25.7% of the young people who had not attained Level 2 with English and maths at 16 attained these qualifications by 19.

Some groups of young people are less likely to reach Level 2 or Level 3 by 19. Of the young people aged 19 who attained Level 2 with English and maths, this included:

- 48.2% of young people who had been eligible for free school meals, England 53.4%.
- 33.7% of young people with an Education Health and Care plan or who had received Special Education Needs Support, England 39.3%.[127]

Young people who do not reach level 2 at the end of their Year 11 GCSE year are at greater risk of not participating in post-16 learning. A Level 2 qualification enables access to further education and a Level 3 qualification to higher education. Level 2 English and maths qualifications are important in underpinning future opportunities.

Not in Employment, Education or Training (NEET)

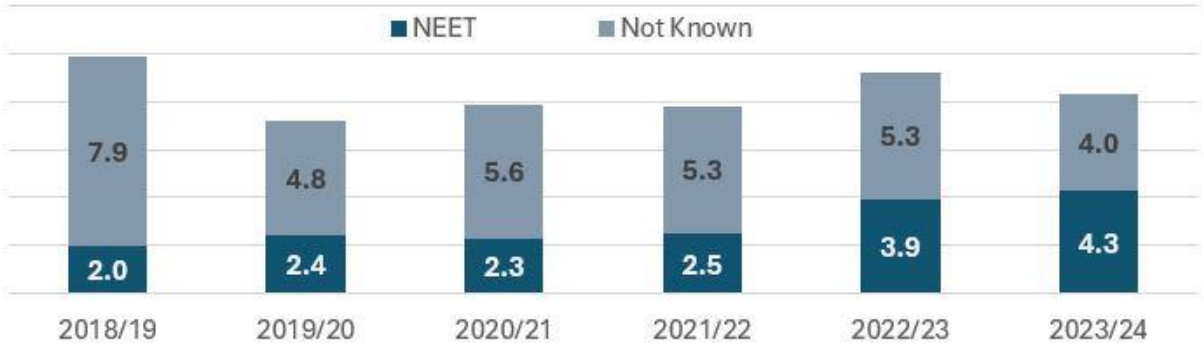
Young people aged 16 and 17 who have not attained level 3 qualifications are under a duty to continue in education or training until their 18th birthday. While young people could stay at school, participation can include colleges, apprenticeships and employment with training. This is a general participation duty, there are additional support requirements and monitoring for groups like care leavers, young people with an education health care plan and young offenders.

Local Authorities have a responsibility to track the participation of young people and to support their participation, working effectively with learning providers and with those services and partners who work directly with young people. This includes: an offer of effective information, advice and guidance; targeted support to young people vulnerable to not being in learning; and ensuring as a city the right opportunities are available. Opportunities that young people are eligible to access, that address their preferences, which can lead to employment and further learning, and that meet national post-16 funding arrangements.

Monthly participation figures are submitted nationally for young people aged 16 at the start of academic year 12 and aged 17 at the start of academic year 13. The monthly average for December, January and February is used for national comparison. For 2023/24 this tracked the participation of 18,671 Leeds young people. For the 3-month monitoring period, 4.3% of the cohort (800 young people) were not in education, employment or training (NEET) and 4.0% (742 young people) had a status of not known for a combined figure or 8.3%. National results will be published later in 2024. The graph shows a reduction from 9.2% in 2022/23 while acknowledging the increase in young people identified as NEET (not in education employment or training) The related reduction in not known statuses is due to improved and more timely sharing of data.

127, LINK - DFE, LEVEL 2 & 3 ATTAINMENT AGE 16-25 2022-23 (EXPLORE-EDUCATION-STATISTICS.SERVICE.GOV.UK)

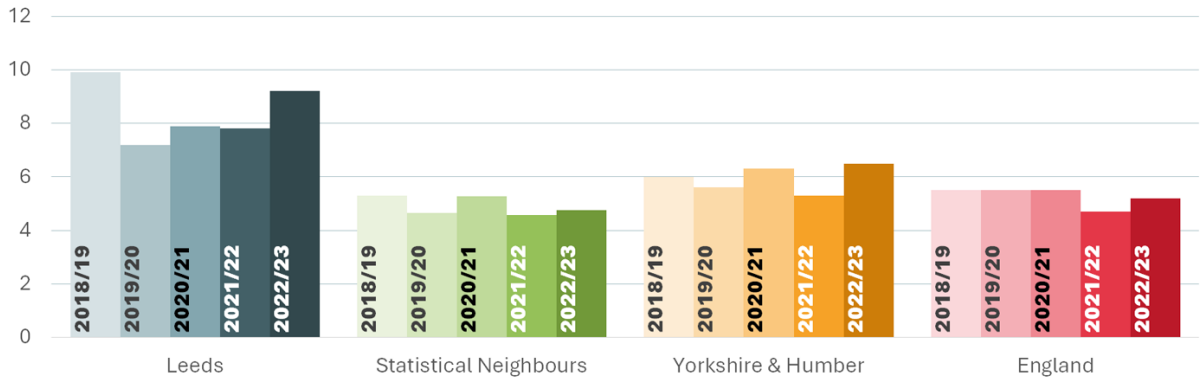
FIGURE 80: YOUNG PEOPLE IN SCHOOL YEARS12 & 13 WHOSE LEARNING STATUS IS NEET OR NOT KNOWN[128]



SOURCE: DFE – LOCAL AUTHORITY INTERACTIVE TOOL (2024)

Figure 81 below shows comparative performance, highlighting the challenge for Leeds to reduce young people not in education employment or training and to continue improving our partnership tracking.

FIGURE 81: PERCENTAGE OF NEET OR NOT KNOWN RESIDENT YOUNG PEOPLE



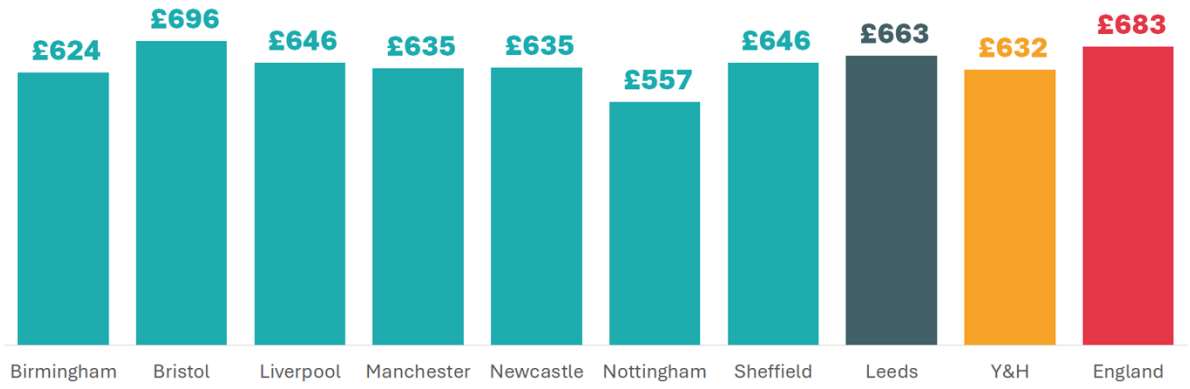
SOURCE: DFE – LOCAL AUTHORITY INTERACTIVE TOOL (2024)

Earnings

Overall, the average weekly earnings for those residing in Leeds (£663) are above the regional average and the majority of the Core Cities, with Bristol being the exception (£696). The national average stands at £683. For the workplace population of Leeds, the median weekly pay stands at £581, above regional and national averages and a third of the Core Cities.

128, MARMOT INDICATOR: PERCENTAGE OF 16 – 18 YEAR OLDS NOT IN EMPLOYMENT, EDUCATION OR TRAINING

FIGURE 82: MEDIAN WEEKLY PAY [RESIDENTS] (JAN 2024)



SOURCE: ONS - ANNUAL SURVEY OF HOURS AND EARNINGS (2024)

Wage growth has remained stagnant since the financial crisis in 2008, and inflation has caused a fall in workers' real wages. 9.8% of full time working residents in Leeds, and 35.7% of part time working residents, were estimated to be earning below the Real Living Wage in 2023. Over 13,500 workers in Leeds are also estimated to be on zero-hour contracts.[129] [130]

Being employed is not a guaranteed route out of poverty. Nationally it is estimated that 3.8 million adults living in poverty are from households where at least 1 person is in work (before housing costs). This affected 9% of all working age adults in the UK in 2022/23. If 9% is applied to the 2022/23 working age population of Leeds, 49,857 Leeds adults could be affected by in-work poverty. After housing costs, this figure rises to 13% of all working age adults in Leeds, at a total estimate of around 73,000.[131]

Household income impacts children. In 2022/23, in Leeds there were 40,837 children living in families defined as having a relative low income- 24.7%. This rate was lower than the West Yorkshire

"I think Leeds needs to reconsider what it considers the word 'poverty' to look like. It's no longer those individuals and families who are simply unemployed or struggling to find long term housing solutions. Poverty now stretches to those hard working families who are trying to offer stable upbringings to their children."

Leeds City Council Budget Consultation 2024-25

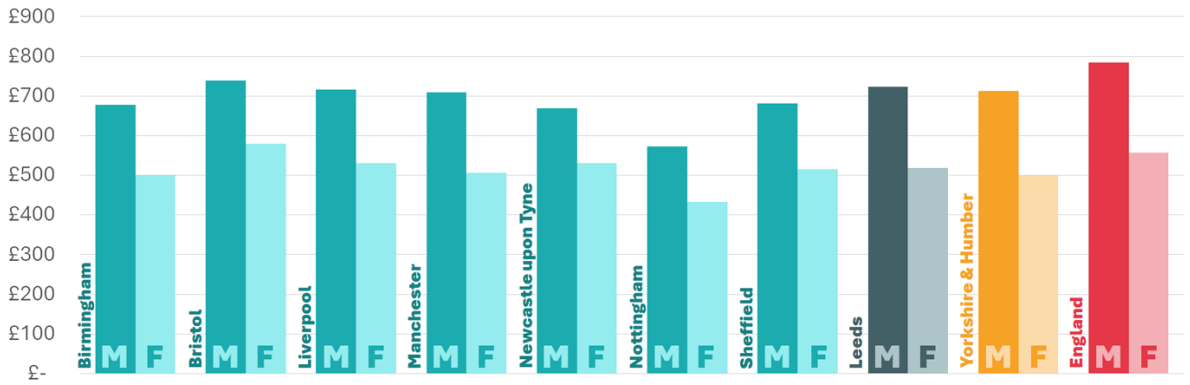
129, LINK - LEEDS POVERTY FACT BOOK (OBSERVATORY.LEEDS.GOV.UK)

130, MARMOT INDICATOR: PERCENTAGE OF PEOPLE EARNING LESS THAN THE UK REAL LIVING WAGE.

131, LINK - DWP, HOUSEHOLDS BELOW AVERAGE INCOME (WWW.GOV.UK): ONS, MID-YEAR POPULATION ESTIMATES, JUNE 2023

and Core Cities averages, but still represents a significant number of children in the city.[132]

FIGURE 83: AVERAGE WEEKLY EARNINGS BY GENDER (2023)



SOURCE: ONS - ANNUAL SURVEY OF HOURS AND EARNINGS (2024)

The gender pay gap in Leeds, based on the average weekly earnings (£) by gender, is below the national average, and slightly below the regional figures, but is still a significant gap and is higher that of all other Core Cities.

In Leeds, women earn on average £10,000 less per year than men. 37% of employed women in Leeds work part-time, compared to 9% of men, and when comparing the earning of full-time workers only a gap remains of over £7,000. This is driven by more women being employed in lower paid roles, particularly in the public sector. Over 50% of women in Leeds are working in teaching, healthcare, and public administration roles, being twice as likely to be working in these sectors than men. Public sector pay freezes and other austerity measures, therefore, have disproportionately affected women in Leeds.[133]

Skills and Occupational Change

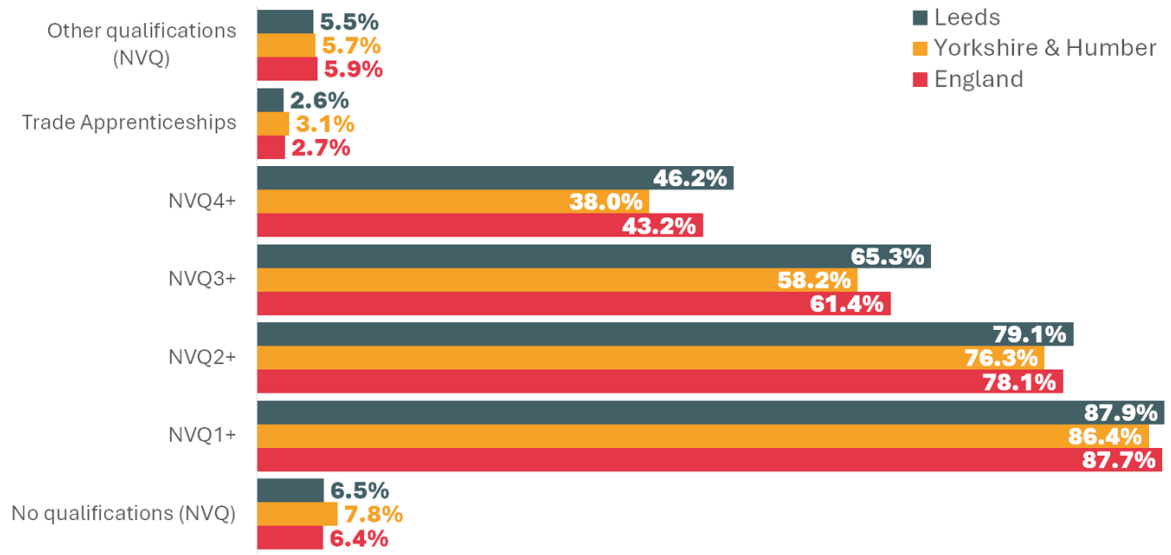
Despite the challenges faced in recent years, such as the pandemic and the cost-of-living crisis, Leeds's economy is growing, and the city continues to benefit from investment. With over 33,000 businesses in Leeds, there is ability to develop talent in the city and build the employment and skills opportunities available to all communities.

The qualification profile of the city's workforce is higher than regional averages, but slightly below the national figures, with 34.8% achieving NVQ level 4 or equivalent and 53.7% qualified at level 3 or above. In contrast to our strong knowledge base, 10.3% have no qualifications which again is lower than the regional averages (11.6%) but slightly higher than the national figure of 9.2%. (See Figure 84 below)

132, RELATIVE LOW INCOME IS DEFINED AS A FAMILY IN LOW INCOME BEFORE HOUSING COSTS. A FAMILY MUST HAVE CLAIMED ONE OR MORE OF UNIVERSAL CREDIT, TAX CREDITS OR HOUSING BENEFIT AT ANY POINT IN THE YEAR TO BE CLASSES AS LOW INCOME USING THIS MEASURE.

133, LINK - WOMEN'S WORK HOW GENDER EQUALITY CAN DELIVER STRONGER LOCAL ECONOMIES (CLES.ORG.UK)

FIGURE 84: QUALIFICATIONS, AGES 16-64 (JAN 2021 - DEC 2021)

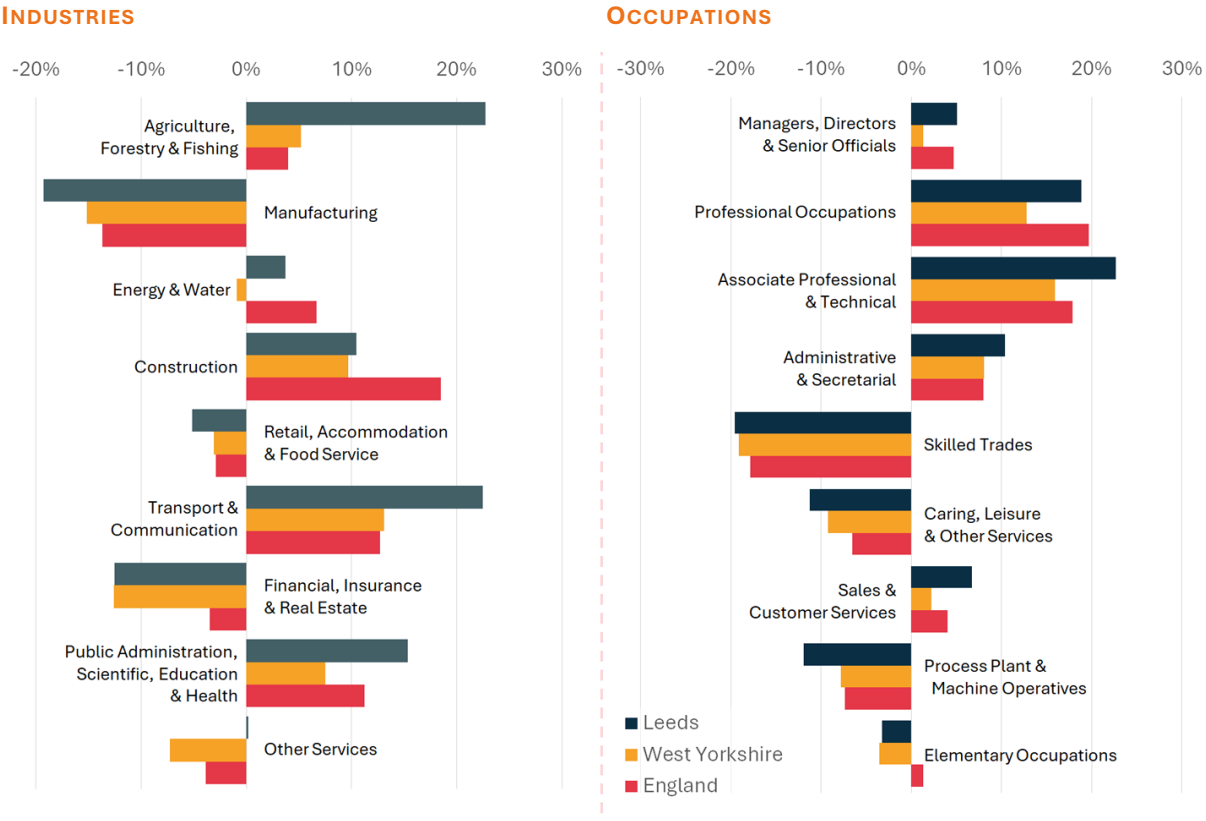


SOURCE: ONS - ANNUAL POPULATION SURVEY (DEC 2023)

The latest economic analysis from WYCA suggests the labour market is continuing to 'hollow out' with an increasing need for higher skills and relative low skills and skills shortages constraining the economy. Shortages are more acute for professional occupations.

Structural change in the labour market is expected to continue, with the emerging impacts of AI, further automation and the transition to net zero causing the growing and shrinking of sectors.

FIGURE 85: INDUSTRY & OCCUPATION SECTORS CHANGE 2011 CENSUS TO 2021 CENSUS.



SOURCES: CENSUS OF POPULATION 2011 AND 2021(2022)

Business performance – growth, diversity and productivity

Leeds is well-established as the main driver of economic growth for the city-region and has key strengths in financial and business services (including green finance), advanced manufacturing, health, and creative and digital industries, with a strong knowledge-rich employment base.

Leeds has been chosen as the destination of choice for major institutions such as the new UK Infrastructure Bank and the Bank of England's northern hub, as well as global companies including Channel 4, Burberry and Cognizant, a testament to the talent pool in Leeds.

A recent economic assessment conducted by WYCA found that low levels of investment in the region, including Research and Development and Foreign Direct Investment, and a relatively low level of qualifications are driving the productivity gap between the region and national average. Investment could be hindered by factors such as attraction of talent, connectivity (digital, transport or other), housing affordability and space for new businesses.

The assessment found that despite Leeds continuing to contribute the most to the West Yorkshire economy and performing better than the region when it comes to productivity per hour, the city lags behind the national average in terms of growth. Leeds underperforms even in its specialisms in knowledge-based services, and closing the productivity gap requires making these sectors more productive.

Leeds continues to work closely with our regional neighbours to improve upon the assessment presented by WYCA, and going forward, more promising forecasts are projected. Although Yorkshire and the Humber as a region is expected to continue facing marked challenges, Leeds's economy is expected to grow by 1.9 per cent per year on average over the course of 2024 to 2027, when measured by Gross Value Added (GVA). Yorkshire and The Humber is forecasted to record annual average growth of 1.7 per cent per year over the same period, compared with the 1.9 per cent growth expected across the UK overall.

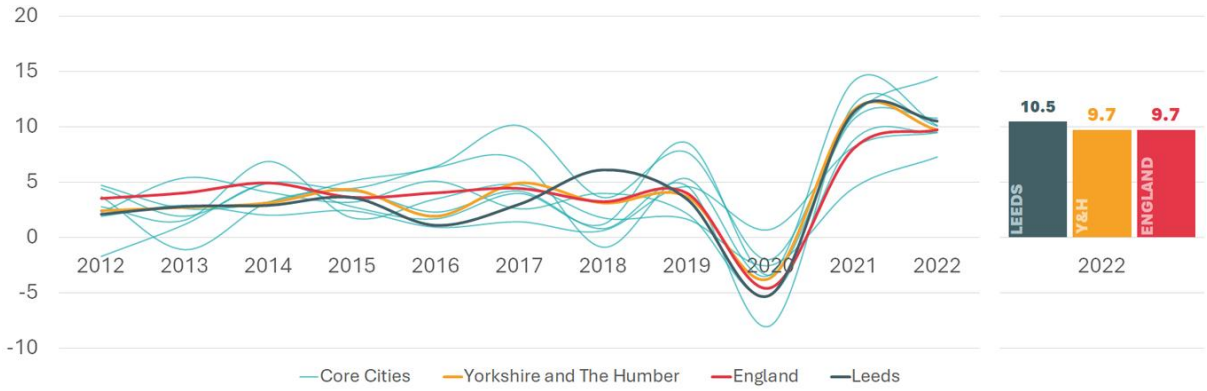
Employment growth of 1.2 per cent per year is also predicted in Leeds between 2024 and 2027, outpacing both the UK (1.1 per cent) and regional (1 per cent) averages. By 2027, GVA in Leeds's local economy is expected to be more than £1.8bn larger than in 2023.[134]

Despite the challenging economic climate presenting ongoing issues for businesses around sales, hiring and investment, the business outlook has started to show marked improvement. Gross Value Added (balanced) annual growth rates can be seen at Figure 86 below. The 2022 figure for Leeds is higher than England and regional averages, but slightly below the overall Core Cities average[135].

134, E&Y LATEST REGIONAL ECONOMIC FORECAST

135, FIGURES EXCLUDE NEWCASTLE

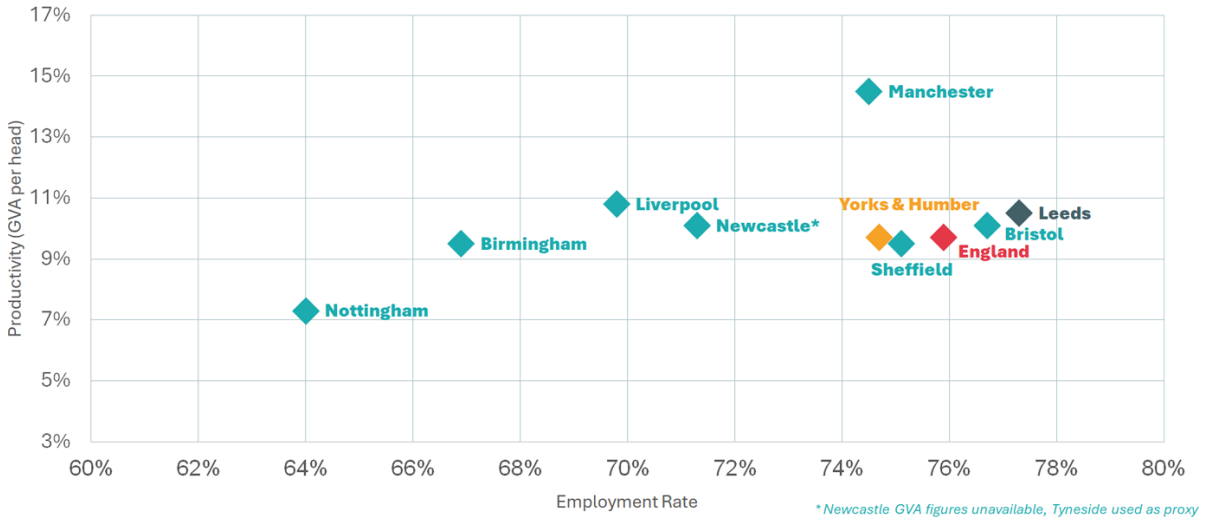
FIGURE 86: ANNUAL GROWTH RATE IN NOMINAL GROSS VALUE ADDED (GVA)



SOURCE: ONS, GVA PER HEAD REPORT (2022)

Figure 87 below illustrates the relationship between employment and productivity in England's Core Cities, through employment rates and GVA per head. Leeds benefits from a strong employment rate and a slightly higher productivity rate than regional and national averages.

FIGURE 87: PRODUCTIVITY VS EMPLOYMENT



SOURCES: ONS, GVA PER HEAD REPORT (2022) / NOMIS LABOUR MARKET PROFILE (OCT 2022 - SEP 2024)

Leeds City Council has been working with Anchor Institutions across the city to maximise the power of some of the city's biggest employers to help create more jobs and spending in local areas, with £722m spent in the Leeds economy in 2021/22 and £961m within West Yorkshire.

The Leeds Business Anchor Network was launched in September 2023 and, a Business Anchor Progression Framework has been published on the Leeds Inclusive Growth website. This is a tool to help businesses understand what inclusive growth means in practice and to self-assess how they are contributing and where they can go further, maximising their positive contribution to Leeds and its people.

Policy Implications

- Leeds continues to generate jobs for local people and enjoys a strong employment rate, although this has dipped below the national average for the first time in a few years according to most recent data. Unemployment continues to be considerably lower than all comparators. While positive, this is an indicator of the tight labour market and risks for businesses accessing the people and skills they need. As the population becomes more diverse, with higher inward migration, opportunities to enable new arrivals in the city to make best use of their skills, experience and background qualifications should be a key part of our talent and skills strategy.
- While earnings in Leeds compare favourably to neighbouring authorities and Core Cities overall, for too many in the city being in work does not represent a route out of poverty with an estimated 73,000 adults experiencing in-work poverty. We also see Leeds performing less well than other Core Cities on earnings for women, although the gap here is still less than the national average. The new Inclusive Growth strategy includes priorities for supporting people to access further skills and progression as an important part of our policy response to these challenges, and targeted research around gender inequality in Leeds has recently been undertaken to inform future work.
- Leeds should explore opportunities to strengthen and expand the role of the Anchors network, and the new Leeds Business Anchors, to co-design interventions and solutions to the cross-cutting challenges highlighted in this report, many of which will be affecting their staff, service users or customers.
- Alongside geopolitical instability, we see significant long-term trends and changes that represent a challenge and an opportunity for Leeds as we seek to deliver growth and improve productivity for the benefit of local communities and the wider economy. For example, for businesses to survive, be more productive and remain competitive, they need to embrace innovation, new markets and new and emerging technologies including Generative Artificial Intelligence and other technologies. The city should work with regional and national government to ensure the right level and type of business support and advice is available, especially to small and medium sized businesses which are the backbone of the city's economy.

Section 5: Ageing Well – Age Friendly Leeds

The 2023 Director of Public Health Annual Report focus is on "Ageing Well: Our Lives in Leeds". The report provides a range of information and insights, exploring how healthy people, places, and communities all contribute to living and ageing well in Leeds. This section of the JSA reflects the headlines and policy implications based on the report, however, the accompanying information and detail on Ageing Well in Leeds can be accessed in the Director of Public Health Annual Report.

The report can be accessed online here: Director of Public Health Annual Report 2023

Headlines

- Our ageing population is changing and becoming more diverse. As well as an expected increase in the 70+ age group, population trends show that the older population (50+) is growing in the areas of the city that are most deprived according to IMD and becoming more diverse.
- The number of years that people spend in good health in later life is unequal between different communities. People living in lower income communities on average spend more years in poorer health and this starts in their early 50s. Poor health is not an inevitable part of ageing.
- Inequalities exist in later life. The experiences and outcomes of ageing well (for example, employment and travel) are not equal for people living in deprived areas of Leeds, and for particular communities.
- People aged 50+ see later life as an opportunity to keep active and stay healthy. There are opportunities to reduce inequality in healthy living between communities.
- Identifying health problems and risk factors earlier would help to delay the amount of time that people spend in poor health. This would also help support people in poorer health to continue to lead connected, fulfilling, and independent lives.
- Having strong, positive social connections is an important factor in ageing well. Being socially active (for example, through work, volunteering, family and community networks) is a strong protective factor for the physical and mental health and wellbeing of people of all ages, including older adults. People recognise this as an important part of ageing well. Social isolation and loneliness have a serious negative impact on physical and mental health, comparable to other well established risk factors, such as smoking, obesity and physical activity.
- People in later life experience negative stereotypes, ageism and discrimination which impact their health and wellbeing outcomes and access to services or support.

Policy Implications

- There is much more we can do to reduce the time people spend in poorer health in later life. Supporting people to stay healthier for longer, identifying risks early and increasing the uptake of preventative support and services is key to this.
- We need to support people to age well in an inclusive and equitable way that considers the needs of different communities. Tackling issues that people experience around negative

stereotypes, ageism and discrimination will be key to ensuring that people in later life are valued and receive the support they need.

- The key to addressing inequalities in later life will be creating healthy places, communities and opportunities that enable people to live a healthy and long life. Reducing isolation and increasing social connectedness are both central to improving healthy ageing across the city.

Section 6: Dying Well – End of Life

Headlines

- By 2040, the number of deaths is projected to increase nationally by 25%. In Leeds, this is projected to be an additional 1,700 deaths, which will increase the demand for palliative care.
- There is a strong establishment of the Leeds Palliative Care Network and Dying Matters Partnership. Supporting people at the end of life is a key part of the Health and Wellbeing Strategy and a key population group in the Healthy Leeds Plan.
- Inequality is experienced right through to end of life, with some communities being at greater risk of poverty, reduced choice and increased additional risks in the time leading up to their death.
- Covid-19 has had a lasting impact on society's relationship with and choices around dying. More people continue to choose to remain at home at the end of their life than pre-Covid.

This section of the JSA mainly focuses on Dying Well through the lens of adult palliative and end of life care. However, death can impact people at all stages of their lives and the need for the right support at all ages is key.

There are approximately 6,850 deaths per year in Leeds, with the common causes of death for adults being cancer (27.1%), circulatory disease (26.7%) and respiratory disease (12.4%). By 2040, the number of annual deaths in Leeds is projected to rise by 25%- an additional 1,700 people per year. The greatest rise in deaths will be in those who are over 85 years old. Nationally, deaths are also expected to increase for those at an older age and with more complex needs. [136]

With the increase in deaths comes an increase in the demand for palliative and end of life care, with a potential 40% rise in this type of care being required. The main challenges will be caring for those with cancer, dementia, multiple long-term conditions, and frailty. We have made progress in supporting an increased amount of people dying in their preferred settings, such as hospices or care homes, instead of in hospitals. However, more needs to be done to ensure people can die in their preferred place of death. [137]

The Covid-19 pandemic highlighted inequalities at the end of life, whilst also impacting expectations and choices around death. This has had a lasting effect across the system, not only because of pressures but also around experiences of dying. The All Party Parliamentary Group on Hospice and End of Life Care review on the Impact of Covid-19 on Death, Dying and Bereavement describes the significant pressure placed on health systems, particularly end of life and palliative care with the significant increase in Covid-19 related deaths, highlighting key learning for future planning for projected increased numbers of deaths across the country. Increased collaboration, innovation and technology used across the health and social care system during Covid-19 demonstrated positive outcomes, and knowledge can be taken from this. However, there were increased workforce and capacity pressures, exacerbated inequalities and significant trauma experienced, which the report argues will continue without further intervention and collaborative working.[138]

136, LINK - Leeds Health Wellbeing Strategy 2023-2030 [PDF] (leeds.gov.uk)

137, LINK - Leeds Adult Palliativecare & End of Life Care Strategy (www.leedspalliativecare.org.uk)

138, LINK - The Lasting Impact of COVID-19 on Death, Dying and Bereavement (hospiceuk.org)

Population

As referenced in Section 1: Leeds Population, Leeds mirrors national trends around ageing, with 2018 projections expecting substantial growth in the 70+ population, with the highest growth in the 80+ population.[139] The population is also becoming more diverse, with greater inequality being faced by some communities.

More information on population can be found in Section 1: Leeds Population.

Children and Young People

The prevalence of children with a life-limiting or life-threatening condition in England has risen over the last 17 years and is predicted to increase further. The National Child Mortality Database (NCMD) was launched on 1 April 2019 and collates data collected by Child Death Overview Panels (CDOPs) in England from reviews of all children who die at any time after birth and before their 18th birthday. There were 3,743 child deaths in England in the year ending 31 March 2023, an estimated rate of 31.8 deaths per 100,000 children. The number of deaths increased by 8% on the previous year and was the highest number of deaths in a year since NCMD started data collection in 2019.

The death rate in the year ending 31 March 2023 was highest for children of Black or Black British ethnicity (56.6 per 100,000 population) and Asian or Asian British ethnicity (50.8 per 100,000 population) The rates for both of these ethnic groups continued to increase in comparison to previous years, whilst the death rate for children of white ethnicity decreased from the previous year and remained lower than all other ethnic groups.

The death rate for children within Leeds's lowest income neighbourhoods is more than twice that of the highest income neighbourhoods, with a rate of 48.1 per 100,000 population compared with 18.7 per 100,000 population. Whilst the death rate in the highest income neighbourhoods decreased slightly from the previous year, the death rate for lower income areas continued to rise, demonstrating widening inequalities. We know that for West Yorkshire region, nearly 60% of CYP deaths occurred in areas that are consider within the 20% most deprived neighbourhoods according to the IMD. [140]

More information on mortality rates for children and young people can be found in Section 2: Starting Well – Child Friendly Leeds.

Palliative Care and End of Life Care

There are 3,095 people over 18 on the palliative care register in Leeds, and given the projected increase in death rate in Leeds this figure is likely to increase.[141] In recent years there have been improvements to End of Life Care across Leeds through greater collaborative working, including an increase in the number of people with advance care planning conversations being recorded and an increase in the number of people dying in their preferred place of care. Following recommendations for greater collaborative

139, LINK - Subnational population projections for England: 2018-based (ons.gov.uk)

140, West Yorkshire Palliative End of Life Care Health Needs Assessment 2023 (awaiting publication)

141, LINK - The Healthy Leeds Plan 2023-28 [PDF] (healthandcareleeds.org)

working, there has been an establishment of the Leeds Palliative Care Network and Leeds Dying Matters Partnership, all playing a role in improving outcomes.

Leeds Palliative Care Network is a group of health and social care providers in Leeds, who are working together to improve services for adults approaching the end of their life. The Leeds Adult Palliative and End of Life Care Strategy 2021-2026 sets out 7 outcomes for the city to support people to *"die well in their place of choice; carers and the bereaved will be well supported"*.[142]

More information about the Leeds Palliative Care Network can be found here: Home | Leeds Palliative Care Network

One of the measurements of success outlined by the Leeds Adult Palliative and End of Life Care Strategy 2021-2026 is the percentage of patients who achieved their preferred place of death (PPD). Over the last 10 years, the percentage of people dying in hospital has decreased from 56% to 45.4%, with the percentage of people dying at home, in a hospice or a care home increasing. However, there are still people dying in hospital when this was not their preferred place of death. So far in 2023/24, there has been an increase of the number of patients dying in their preferred place of death in Leeds, increasing to an average of 81% compared with the previous year average of 79%. [143]

When a person has an advance care planning conversation recorded and shared in the Electronic Palliative Care Coordination System (EPaCCS), they are more likely to die in their place of choice than those who do not. Having advance care plans, detailing care preferences and recommendations, are key to the delivery of well-co-ordinated personalised palliative and end of life care.

"Mum had wanted to stay at home to die. She was fully supported in this decision and support to allow her to do so was provided."

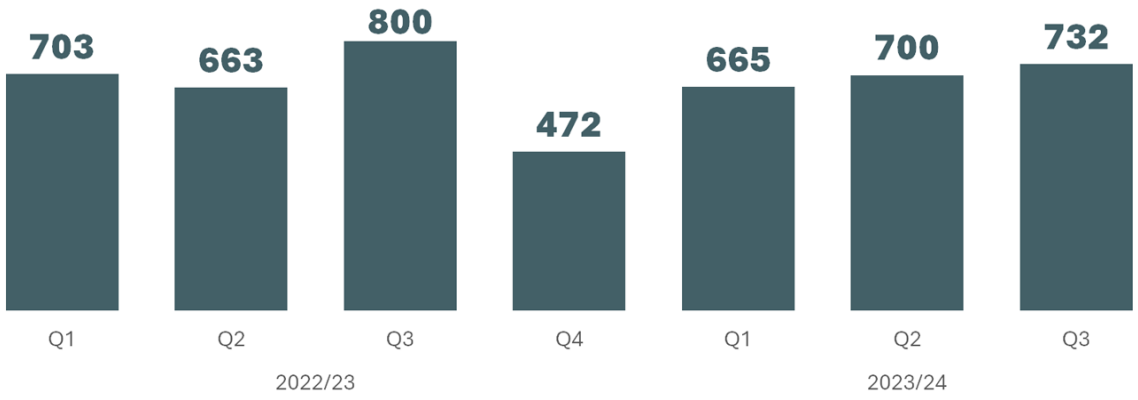
Bereaved Carers Survey 2022-23

Figure 88 shows the number of patients who died with an EPaCCS record in Leeds. This percentage is increasing, averaging at 46% in 2022/23 and averaging at 48% so far up to Quarter 3 for 2023-2024. Measures have now also been incorporated into Planning Ahead Templates across the community providers in the city, in which information is collected around EPaCCS and ReSPECT forms (a form of care plan in an emergency covering treatment escalation, diagnosis, what is important to individuals, and resuscitation preferences). The number of patients with one of these plans in place is steadily increasing, averaging at 56% in 22/23.

142 LINK - Leeds Adult Palliativecare & End of Life Care Strategy (www.leedspalliativecare.org.uk)

143 LINK - Leeds Planning Ahead Report (End of Life) 2022-23 Report (Q1-Q4) and 2023-24 Report (Q3) (leedspalliativecare.org.uk)

FIGURE 88: PATIENTS WHO DIED WITH AN ELECTRONIC PALLIATIVE CARE COORDINATION SYSTEM (EPACCS) RECORD IN LEEDS

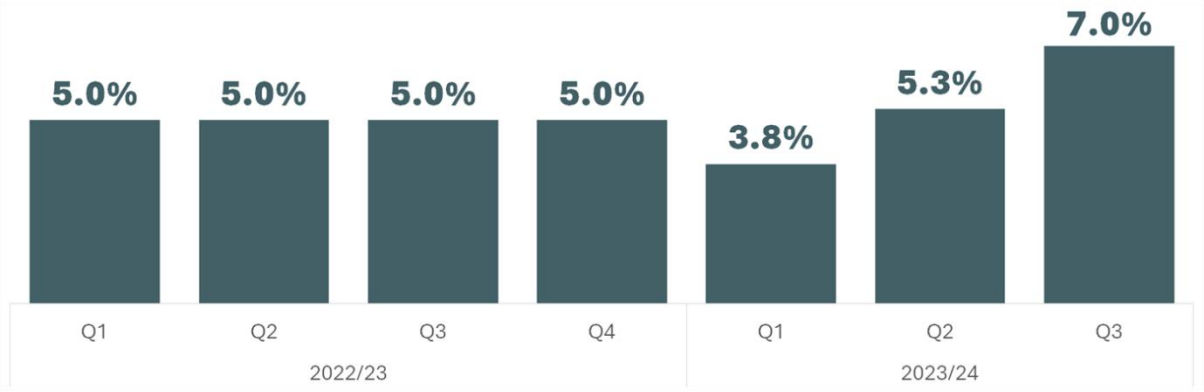


SOURCE: LEEDS PALLIATIVE CARE NETWORK (2023-24)

There is, however, evidence of inequity of access to EPaCCS with people from some groups, with lower proportions of recorded advanced care planning and lower achieved preferred places of death for people from some ethnically diverse groups, people under 65 years of age, males, and people who live in lower income areas. Further demographic information about end of life and palliative care can be found on the Leeds Palliative Care Network website.

Another measure of the strategy is the number of unplanned hospital admissions in the last 90 days of life. If people are admitted into hospital during this time, it may be considered that there has been poorer co-ordination of care and symptom management. The proportion of people with three of more unplanned admissions is impacted by ethnicity, diagnosis, sex, age and deprivation. Throughout 2022/23, the number of deceased EPaCCS patients with 3 or more unplanned admissions within the last 90 days of their life remained at an average of 5%. However, there has been a steady increase in 2023/24, starting lower at 3.8%, but then rising to 5.3% in Quarter 2 and 7.0% in Quarter 3. Previous Quarter 4 figures have historically remained around 5% or lower, however, full year information is needed to draw conclusions about the overall percentage figure for 2023/24 and to understand whether this trend will continue to rise.

FIGURE 89: PERCENTAGE OF DECEASED PATIENTS WITH 3 OR MORE UNPLANNED HOSPITAL ADMISSIONS IN THE LAST 90 DAYS OF THEIR LIFE



SOURCE: LEEDS PALLIATIVE CARE NETWORK (2023-24)

Dying in Poverty

As indicated in the introduction to this section, inequality can impact people at all stages of their lives – socio-economic status is one key area in which people are impacted at the end of their life. The effects of poverty can be deepened towards the end of life, with 1 in 6 people in the UK who die every year being below the poverty line. The likelihood of experiencing poverty during End of Life care can increase depending on a range of characteristics. Age, gender, and ethnicity are just some of a number of factors that can have an impact on the chances of experiencing poverty at this stage, and the risk may increase with the cost of living pressures. [144]

Not only do risks of experiencing poverty increase at the end of life, but those who are experiencing poverty also face greater inequalities in their experiences of End of Life care and support. For instance, the Marie Curie Better End of Life Care Report (2022) draws attention to the variation and gaps in access to out of hours services. They highlight increasing admissions into hospital towards the end of life for those from lower socio-economic areas.[145]

As indicated throughout this section, socio-economic status is not the only factor that deepens inequalities at the end of life – other characteristics and factors can impact the likelihood of experiencing inequalities at the end of life.

Carers and the bereaved

The 2021 Census estimates there to be 61,500 unpaid carers in Leeds, although local estimates suggest that the actual figure is higher. 3 in 5 of us will provide a range of unpaid care and support to another person at some point in our lives. Increased system pressures, including the cost of living, is further exacerbating some of the pressures that carers are facing, and further heightening some of the inequalities faced. Unpaid carers often provide vital support to their loved ones throughout palliative care and at the end of life – for example, carers may act as the main communicator between professionals and the person receiving care if language is a barrier, they may be involved in supporting the administration of pain relief medicines, or they may be the main source of income to the household (which in turn, may be impacted by their caring responsibilities). [146]

Healthwatch Leeds collaborates with Leeds Palliative Care Network to conduct an annual Bereaved Carers Survey about End of Life care in Leeds. According to the survey, 76% were either satisfied or very satisfied with the way services worked together during the last weeks and months of their friend or relative's life, and 75% of people felt that they had the opportunity to discuss their friend or relative's wishes for care with staff.

Of the people who responded to the questions around specific aspects of care provided to their friend of relative in their End of Life care, 88% were either satisfied or very satisfied with pain relief provided and 87% were either satisfied or very satisfied with management of other symptoms. A large proportion of positive responses were received across all settings apart from care homes, where 40% of people reported being satisfied or very satisfied with pain relief and 60% being satisfied or very satisfied with

144, LINK - Dying in Poverty report [PDF] (mariecurie.org.uk)

145, LINK - Better End of Life Care 2022 [PDF] (www.mariecurie.org.uk)

146, LINK - Carers Leeds – Supporting unpaid carers (www.carersleeds.org.uk)

management of other symptoms. However, the responses to this survey cannot be considered representative of all views, given the small number of respondents. [147]

In 2024, West Yorkshire ICB commissioned Healthwatch in West Yorkshire to gather the views and experiences of people who receive End of Life care (or have a loved one who does).

A number of respondents were carers, with key learning including:

- Carers not feeling knowledgeable about how to look after a dying person.
- Carers not fully informed of what the dying process includes.
- If the individual chose to die at home, this meant more extensive care and support had to be provided by the carer.
- Carers often do not know where to turn for support for themselves.
- Only when individuals died in a hospice did carers say they were offered bereavement support.
- If people died in other settings, then bereavement support was not consistent. [148]

More information about Carers can be found in the Director of Public Health Annual Report 2023: Ageing Well: Director of Public Health Annual Report 2023 or in the State of Unpaid Caring in Leeds report by Carers Leeds: The State of Unpaid Caring in Leeds. – Carers Leeds

Policy Implications

- There is national acknowledgement of the likely increase in demand for palliative and End of Life care through the increase in projected deaths, and therefore there is a need to ensure that systems can collaborate effectively to deliver support. Although progress has been made in outcomes surrounding palliative and End of Life care outcomes in Leeds, more work will be needed to ensure this continues and that needs can be met across all communities. Further analysis is needed to understand how Leeds is performing compared to other areas, and to consider shared learning and best practise.
- Inequalities are experienced right through to end of life, and work is needed at a local and national level to ensure the right support is in place for all people. More in-depth analysis is needed from across a range of communities to understand their needs and experiences of End of Life care and support.
- Carers play a significant and important role in End of Life care and support, and also in sharing feedback to inform future outcomes. We need to continue to seek the views of carers to understand their experiences of End of Life care, and we also need to ensure we consider the needs and support requirements of the carers themselves, both during the palliative care of their loved one and after their bereavement.

147, LINK - Bereaved Carers Survey about End-of-Life Care in Leeds (leedspalliativecare.org.uk)

148, LINK - People's Experiences of End of Life Care in West Yorkshire (healthwatchbradford.co.uk)

Conclusions

We have taken a life-course approach to the JSA analysis to more deeply understand the way the issues considered affect the health and wellbeing of people and communities at different stages of life. However, clearly the human experience cannot be segmented in such a neat way in the real world, and most often it is a combination of cross-cutting issues which come together to shape the lived experience of people in Leeds, with people increasingly experiencing the effect of multiple social determinants of health at any given time.

We know that inequalities exist across Leeds and are working collaboratively to tackle poverty and inequality for all people through our Best City Ambition and supporting strategies and workstreams.

Some of the main cross-cutting themes of the JSA are summarised here as part of the concluding chapter, to give shape to a broader headline understanding of the analysis this document contains and to help inform further work in the future. Given the range of factors that can have an impact on health and wellbeing, and similarly the range of factors that are impacted by individuals' health and wellbeing, this is not an exhaustive list, but instead raises some of the key themes that can be considered alongside the policy implications of each chapter.

One – Population trends

Understanding the changing population of the city is the first building block of a meaningful analysis to inform future action. Leeds continues to boom as one of the fastest growing cities in the UK, with population growth increasingly concentrated in specific areas – often those where we see a higher likelihood that people will be affected by the struggle against poverty. We continue to have a young population, but with the fastest growth at the higher end of the age spectrum. We are increasingly ethnically and culturally diverse and benefit from the richness this brings to the city's communities.

With all of this, we see changes in the nature of traditional communities – with students spreading outside of their historic concentration in the inner north west, culturally diverse populations more likely to remain in the inner city as they age, and older populations less likely to be home owners even after longer and more varied career pathways. All of these factors will be important to consider in designing future service provision. The changing population also demands continued focus on improving engagement and embracing ideas of community power, ensuring diverse populations can influence and shape the systems and services which need to be equipped to respond to future demand.

Two – Health and housing

National research has evidenced the critical role of housing as a social determinant of health, with the housing sector in Leeds being increasingly seen as a critical partner to the delivery of the city's Health and Wellbeing Strategy. The quality, affordability, location, and availability of homes can influence health and social determinants of health, with the interplay between housing and factors such as employment, educational attainment, health, wellbeing, opportunity, safety and fuel poverty all playing a significant part in shaping people's lived experience and influencing their health outcomes.

The current cost of living crisis is exacerbating many of these longstanding factors which most significantly impact on households with the lowest incomes – with rents, mortgages and energy costs all rising. Many aspects of poverty link back in some way to housing, and Leeds continues to experience unique challenges due to the nature of its stock, especially in some of the communities around the edge

of the city centre. There is already strong partnership work emerging in this space, but continuing to strengthen the connection between health and housing policy and operational activity should remain a key priority for Leeds.

Three – Economic opportunities

Access to economic opportunities has impact across the entirety of the life-course, where consistent barriers are felt across different ages and characteristics, from inequality in educational outcomes to distance from the labour market or limited progression and re-training opportunities in later life.

Post-covid, there has been an increase in the depth of poverty faced by families which coupled with a generation of young people whose education has been disrupted by the pandemic and increases in poor mental health outcomes risks worsening the inequality gaps we already see. While it does not always have to prove the case, often poorer outcomes at a young age are likely to influence opportunity and success as people move into the workforce. Where technological developments have brought a wealth of opportunity to the city, the pace of digital shift has left a cohort of adults with a gap in skills now required to maintain or progress in good employment. For those who are over 50 years old, there are barriers to maintaining good employment, with increased likelihood of caring responsibilities and long-term health conditions being some of the factors impacting work opportunities.

The cumulative impact of these layered inequalities is what we often see defining people's poorer health outcomes. Strategies in Leeds are increasingly ahead of the game in recognising these connections – ensuring there is follow through and strong partnerships to act should define the coming years, and embedding the Marmot work over the longer term presents a prime opportunity to achieve this.

Four – Communities which shape us

Leeds has an unusual geography in a UK context, with a large urban centre surrounded by towns, villages and more rural areas which all have their own unique character. This geographical make up of Leeds is arguably one of the most prominent factors in understanding inequality in the city. Where you live, the social connections you are able to make, the services and amenities that are accessible to you, all have a strong influence on health and wellbeing.

We often look at the factors which affect health and wellbeing by considering specific population groups – as we have in this JSA. Our spatial understanding of the city, however, must be central to the solutions we design to improve outcomes – something that is repeatedly highlighted throughout this report be it on air quality, social isolation and loneliness, housing standards, transport connections, connectivity or the range of other key issues raised. This leads us towards building on our strengths-based work in communities, striving for fully integrated community-based models to support health and wellbeing which are embedded in neighbourhoods and communities. There is already lots of good practice in the city, but as new opportunities emerge the city should be on the front foot to grasp them and be at the forefront of this work nationally.