Marmot indicators for Leeds

Why did we choose these indicators?

This set of Marmot indicators was developed in partnership with the Institute of Health Equity. Further information about how the indicators were identified and the rationale for their inclusion can be found via this link.

Health inequalities are complex and entrenched. Action to address them needs to be delivered across sectors and over significant periods of time. These indicators are intended to be reviewed regularly, over the next 5 – 10 years, as part of our commitment in Leeds to improving health equity.

They operate as 'sentinel' indicators. There are several different measures that could have been identified for inclusion: those that have been chosen enable a city-wide overview of inequalities across the social determinants of health (in line with Marmot principles) and key health outcomes.

Find out more about the Marmot indicators here:
Marmot city – Fairer, Healthier Leeds | Leeds Ambitions

MARMOT indicator summary page

ID	Date	Leeds Marmot indicator	Unit
1	2022-24	Life expectancy at birth in years (female)	years
1	2022-24	Life expectancy at birth in years (male)	years
2	2022-24	Babies with low birth weight, rate per 1,000 live births	per 1,000
3	2024/25	Children with a healthy weight, Reception (4-5 years old)	%
4	2024/25	Pupils achieving a good level of development at end of Reception	%
5	2024/25	Pupils meeting expected standards in reading, writing and maths (combined) end of Key Stage 2	%
6	2024/25	Average Attainment 8 score	%
7	2024/25	School children feeling happy every or most days	%
8	December 2024 to February 2025	16-17 year-olds not in employment, education, or training (NEET)	Average %
9	January 2026	Common mental health issues, recorded by GPs, all ages*	per 100,000
10	January 2026	Severe mental illness, recorded by GPs, all ages*	per 100,000
11	January 2026	Physical inactivity, recorded by GPs, adults 50+ years	%
12	2018 to 2025	People earning less than UK Real Living wage Full time / Part time	%
13	2019 to 2025	Households in temporary accommodation	count
14	2020 to 2024	Households in fuel poverty - annual	%
15	In development	Workforce by ethnicity (TBC)	

*Common mental health and severe mental illness are Directly Age Standardised Rates per 100,000 population
Deprivation deciles in this report are based on **IMD2025** unless otherwise specified

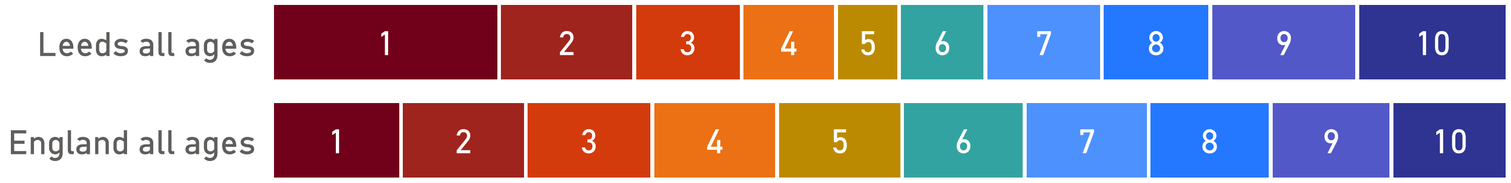
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Deprivation in Leeds is not distributed as it is in England

Deprivation for everyone

A far greater proportion of our population live in areas within the most deprived decile of England, **18%** compared to **10%** in England overall

This chart compares the entire population of Leeds against England by deprivation decile, where 1 is most deprived and 10 is least deprived



Children and deprivation

For children in Leeds, the picture is even more extreme. **24%** of children in Leeds live in the English most deprived decile, compared to **13%** in England overall

This chart compares the 0-16 populations of Leeds and England, where 1 is the most deprived and 10 is least deprived



Deprivation deciles

These divide the England population into 10 equal sized categories (based on small neighbourhood-level data), from the most deprived 10% to the least deprived 10% etc...

If Leeds were the same as England, we would see 10% of our population in each deprivation decile.

Deprivation fifths

Two indicators in this report are displayed by deprivation fifths

These are areas of Leeds that result when it is divided into 5 equal groups, from the most to least deprived. They are used if an indicator cannot be produced by Deprivation Decile.

Sources

Comparisons on this page are made using ONS Mid year estimates 2024, alongside **IMD2025** deprivation scores

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Ethnicity in Leeds

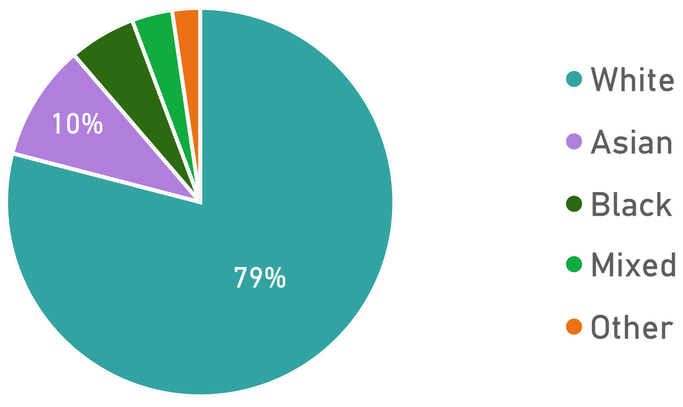
Ethnicity

It is useful to remember that some ethnic groups are much larger than others - rates for some ethnic groups will contain far more people than others

This page shows the Leeds population by ethnic category and group as reported by the **2021 Census.** We are showing this here to give a general overview of the Leeds population

Sometimes where groups are very small ethnicity needs to be generalised or aggregated over time to keep groups a good size for reporting

Ethnicity categories in Leeds



Census ethnic category	Census ethnic group	Group total	Category total
White	English, Welsh, Scottish, Northern Irish or British	595,737	
	Other White	36,684	
	Irish	6,892	**641,801**
	Roma	1,610	
	Gypsy or Irish Traveller	878	
Asian, Asian British or Asian Welsh	Pakistani	31,405	
	Indian	21,087	
	Other Asian	12,018	**78,503**
	Chinese	8,117	
	Bangladeshi	5,876	
Black, Black British, Black Welsh, Caribbean or African	African	32,211	
	Caribbean	7,889	**45,376**
	Other Black	5,276	
Mixed or Multiple ethnic groups	White and Black Caribbean	10,028	
	White and Asian	7,410	**27,388**
	Other Mixed or Multiple ethnic groups	5,656	
	White and Black African	4,294	
Other ethnic group	Any other ethnic group	12,905	**18,885**
	Arab	5,980	
			811,953

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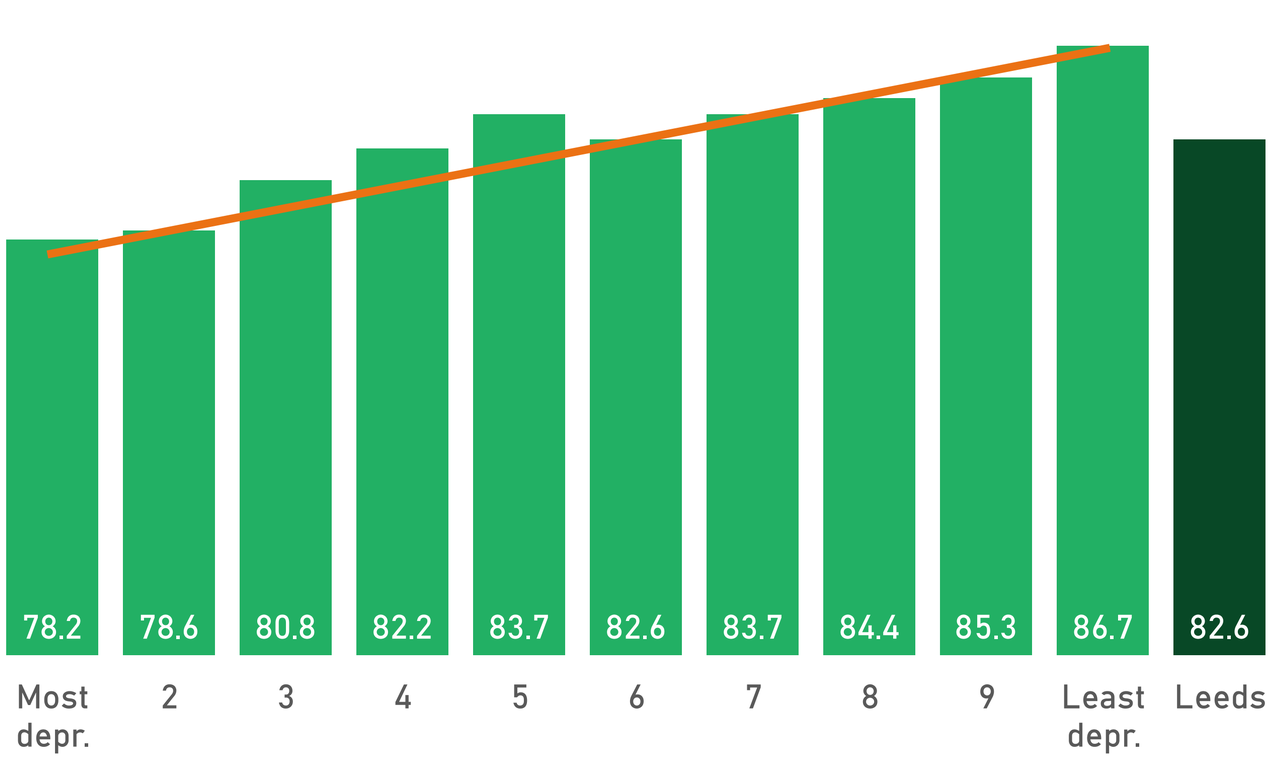
Female life expectancy

The orange line shows female life expectancy at birth is **lower** with **higher levels of deprivation**

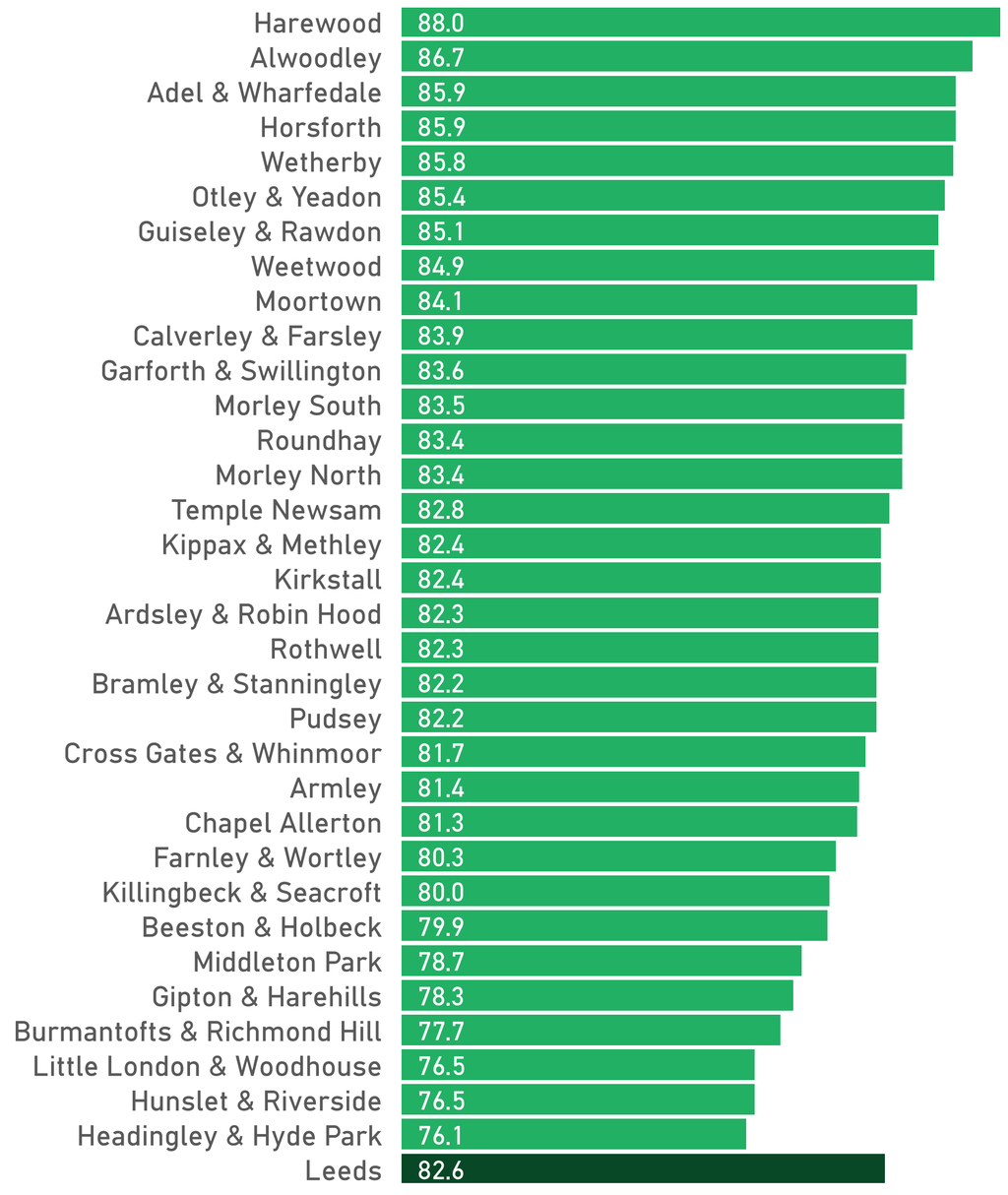
There are very large inequalities between the deprivation deciles of Leeds, overall they make an average Leeds female life expectancy of almost 83 years

At ward level life expectancy for females varies by almost 12 years

Female life expectancy at birth, 2022/24 by IMD decile, in years
(note the y-axis starts at 60)



Female life expectancy at birth, 2022/24 by ward (x-axis starts at 60)



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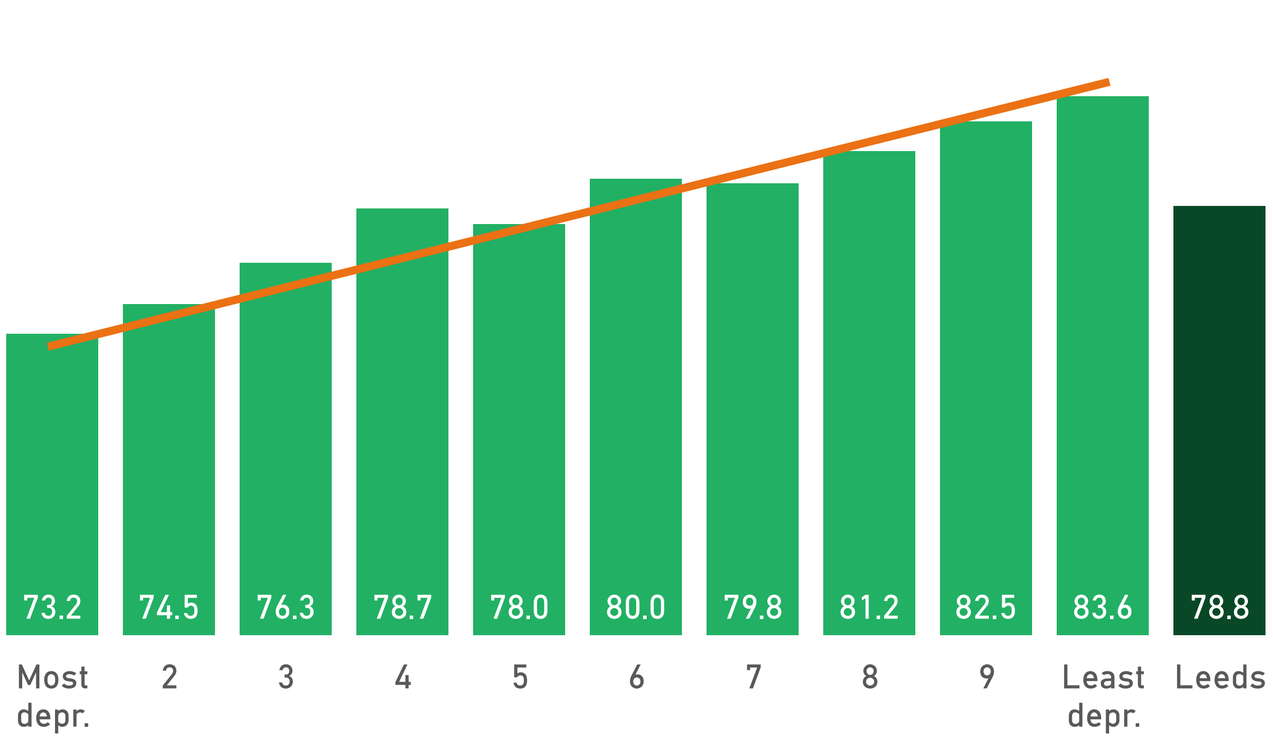
Male life expectancy

The orange line shows male life expectancy at birth is **lower** with **higher levels of deprivation**

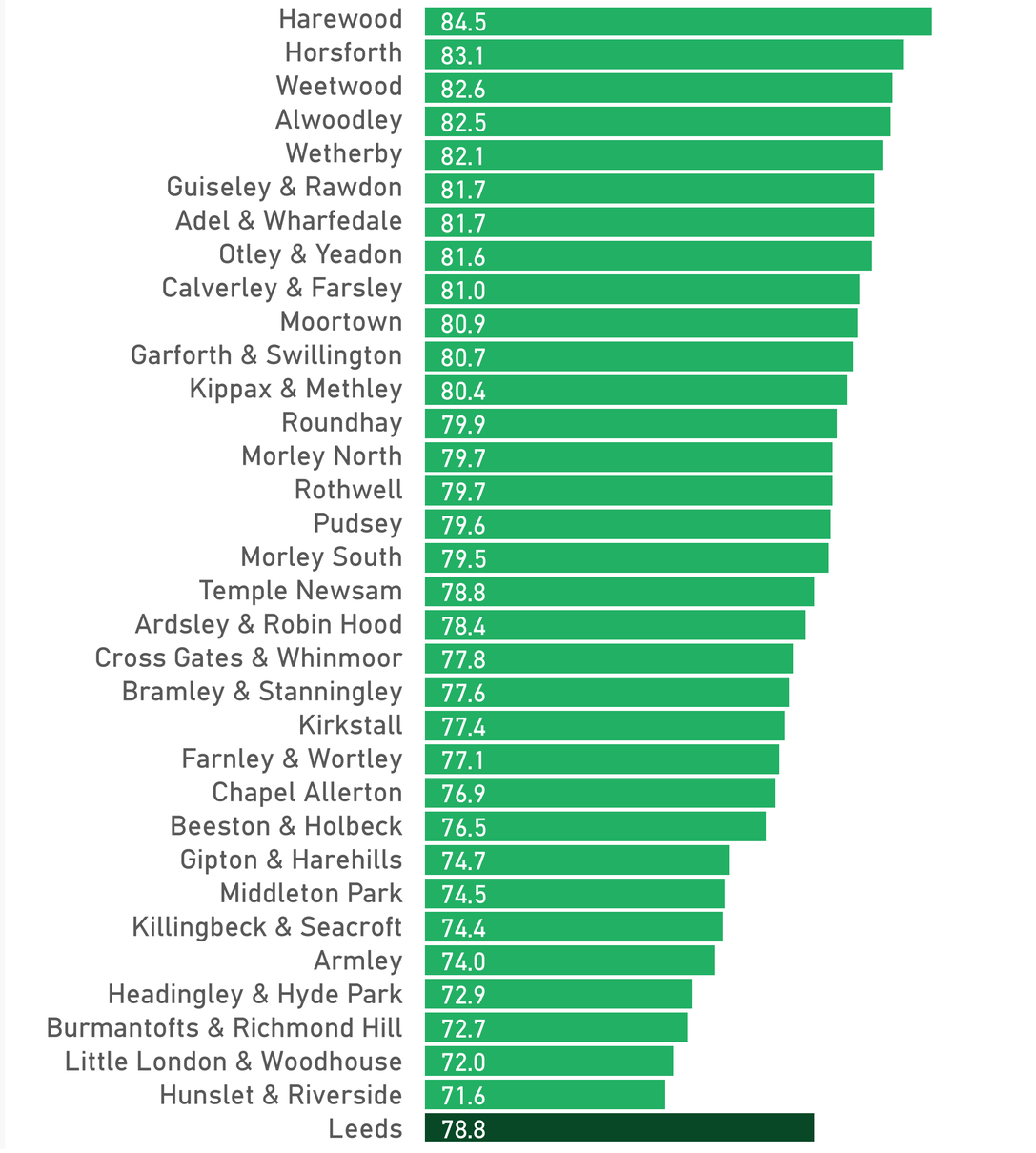
There are very large inequalities between the deprivation deciles of Leeds, overall they make an average Leeds male life expectancy of around 79 years

At ward level life expectancy for men varies by almost 13 years

Male life expectancy at birth, 2022/24 by IMD decile, in years
(note the y-axis starts at 60)



Male life expectancy at birth, 2022/24 by ward (note x-axis starts at 60)



Babies with low birth weight. Percentage of live full term births

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The orang **deprivatio**

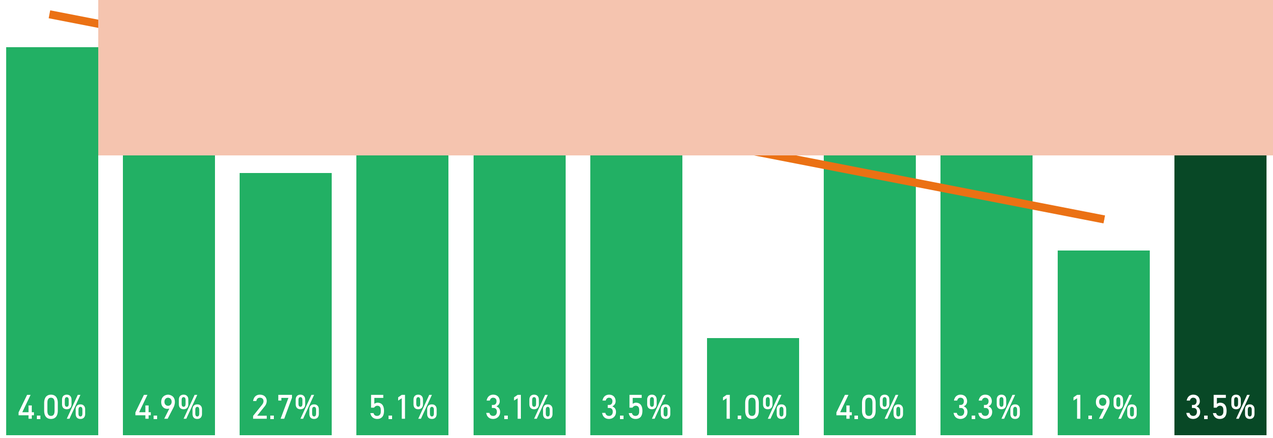
The more
Leeds ave

Wards var

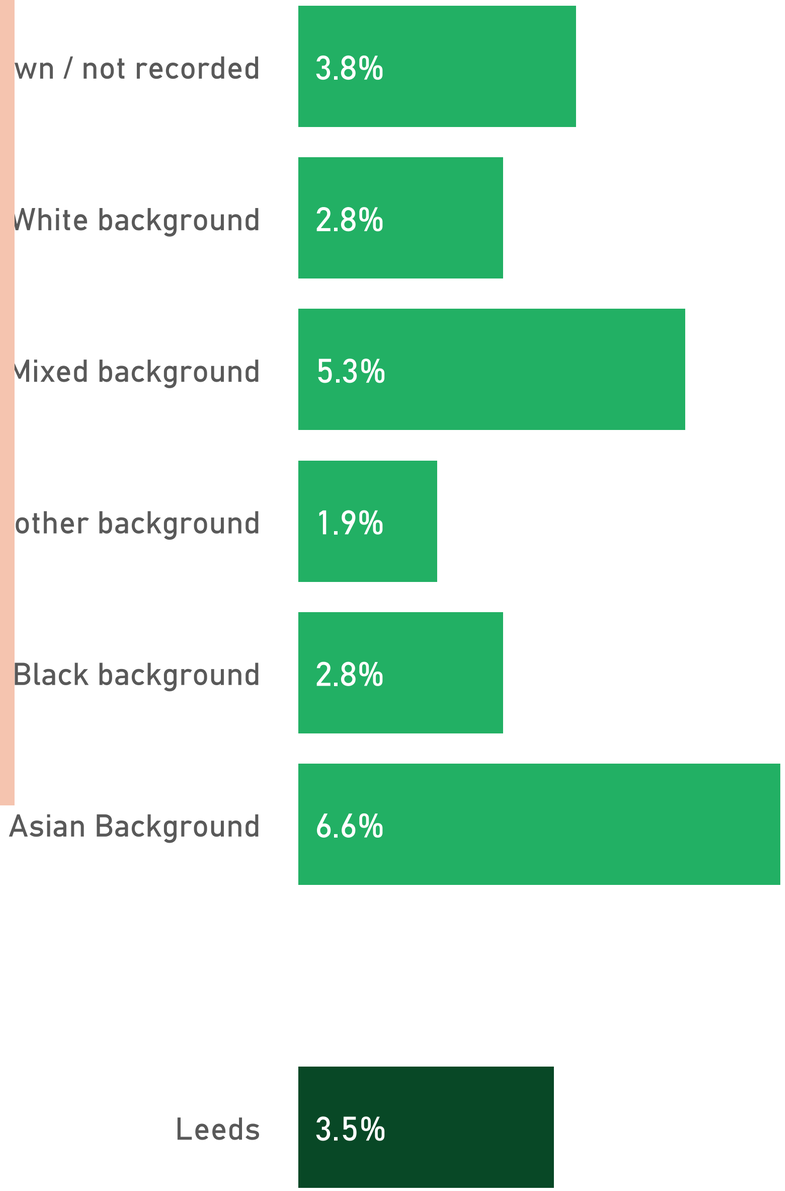
Low birth
problems

all this will change when we get data to match FT
have asked JW to make calendar yesr rates for that purpose

Low birth



Low birth weight percent, ethnic categories, 2025



Child healthy weight rates, Reception classes (ages 4-5)

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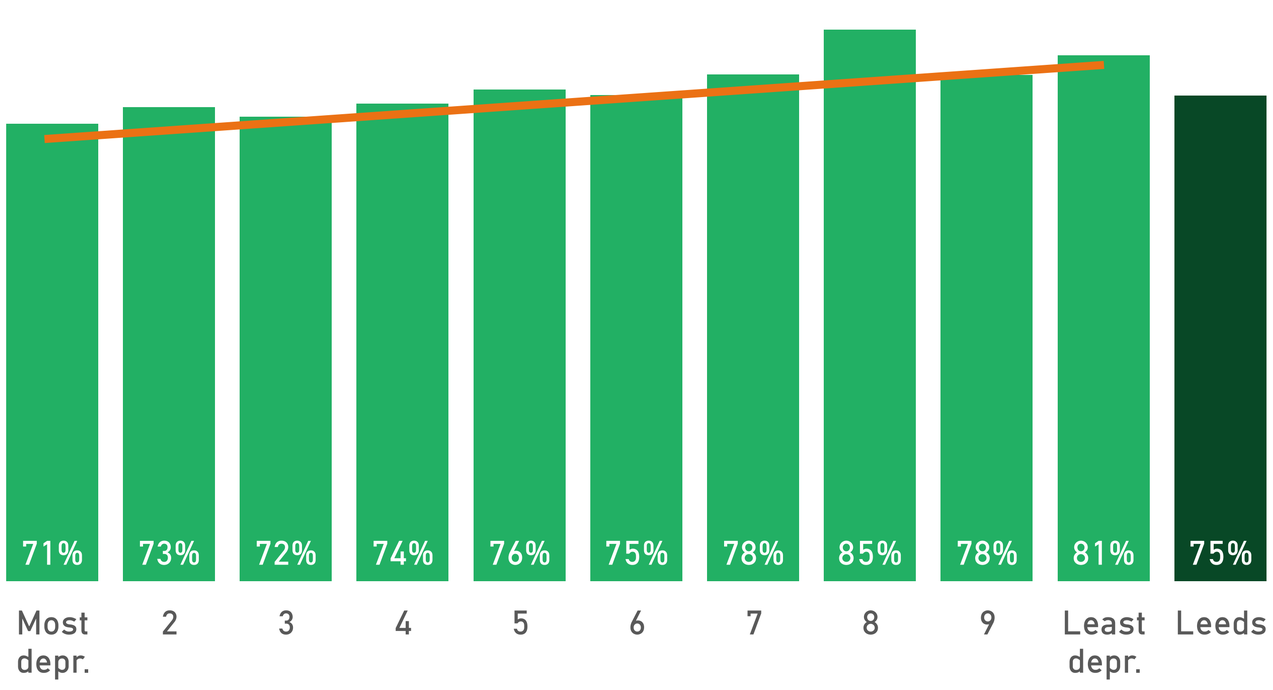
The orange line shows that child healthy weight rates tend to be **lower** with **higher levels of deprivation**

Already, by 4-5 years of age children in more deprived areas are less likely to be an healthy weight, overall 75% of Reception-age children in Leeds are a healthy weight

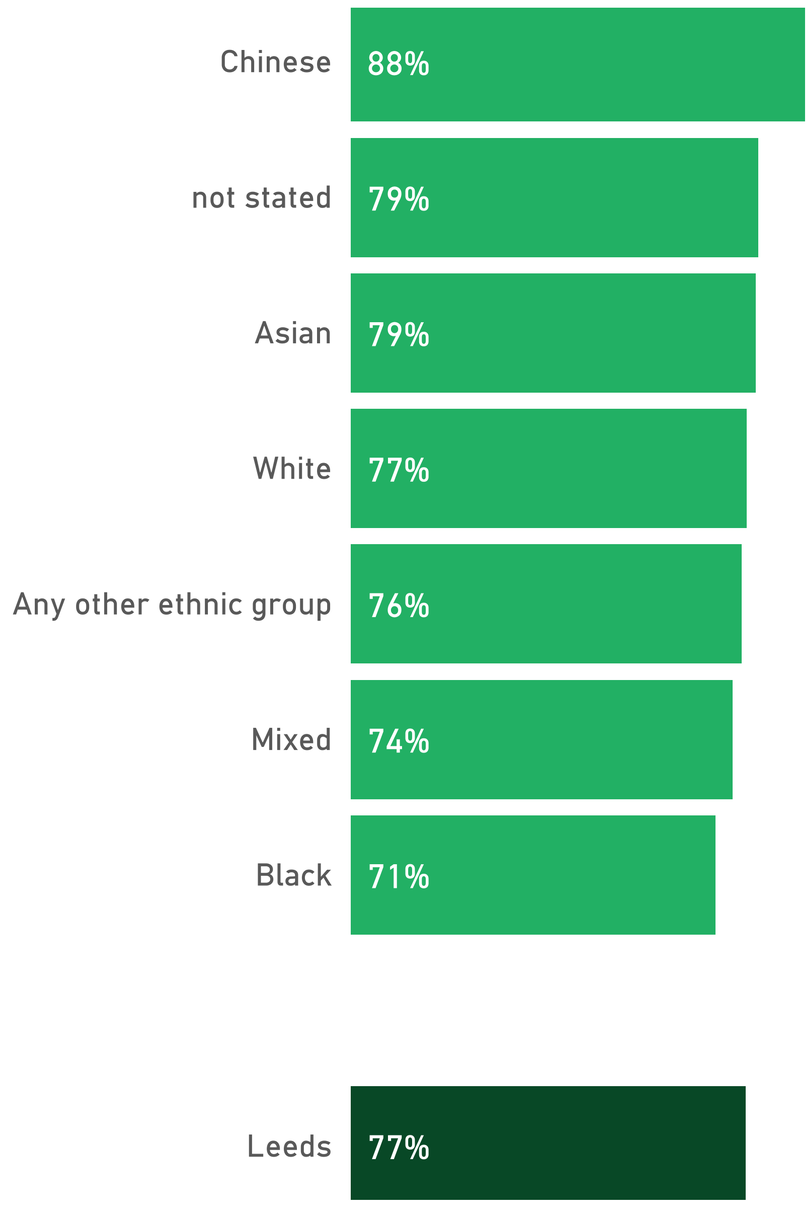
The 'Black / African / Caribbean / Black British' group has the lowest rate. Note that grouping by ethnicity requires a five year range to account for some small groups

Research shows children who stay a healthy weight tend to be fitter, healthier, better able to learn, and more self-confident

Child healthy weight rates, Reception 2024/25 by IMD decile



Child healthy weight by ethnic description, Reception 19/20 - 20/24



Pupils achieving a good level of development at end of Reception (ages 4-5)

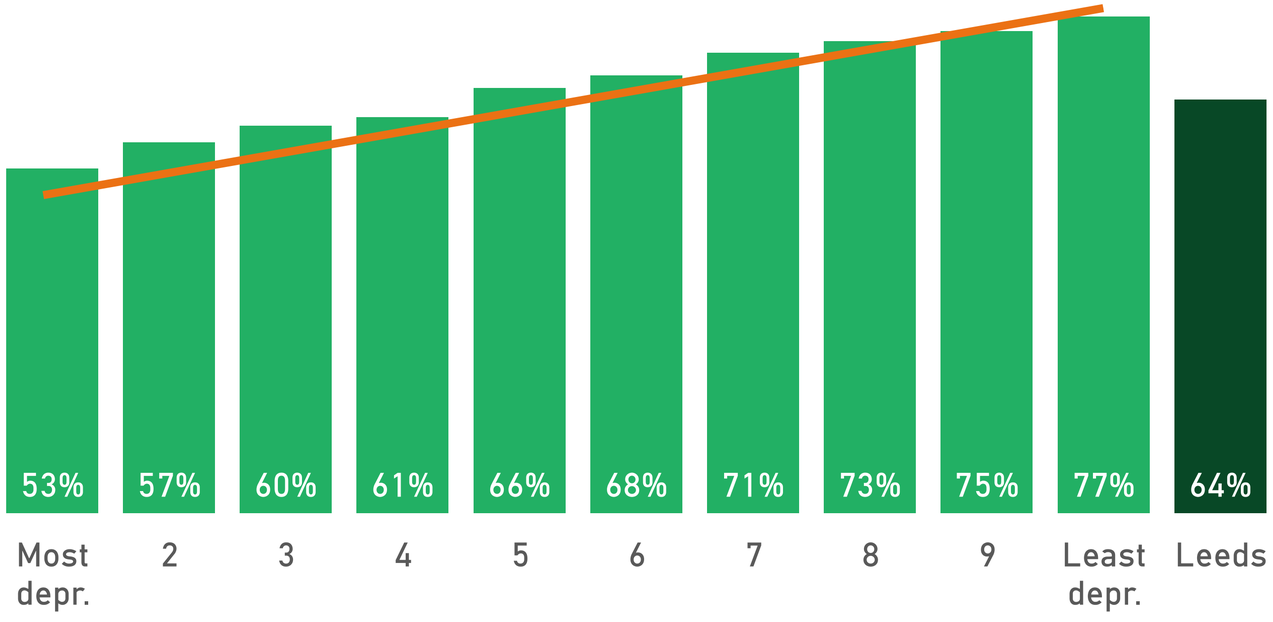
The orange line shows that development rates **worsen** with **higher levels of deprivation**

By 4-5 years of age children in more deprived areas are much less likely to have achieved a good level of development, overall 64% of Reception-age children in Leeds meet this level

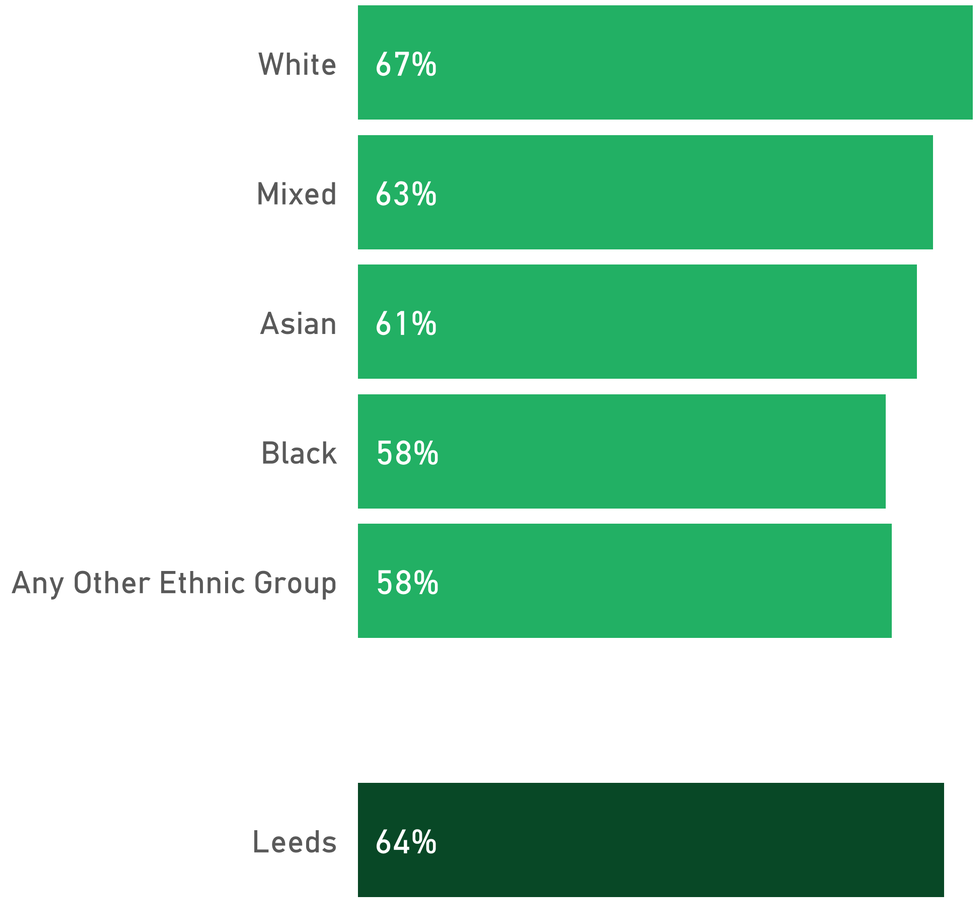
The 'Any other ethnic' and 'Black' categories have the lowest rates

Good level of development includes: communication and language; personal, social and emotional development; and physical development, and the specific areas of mathematics and literacy

Rates of good development at end of Reception year, 2024/25 by IMD decile



Rates of good development at end of Reception year by ethnic category, 2024/25



Pupils meeting expected standards in reading, writing and maths (combined) end of Key Stage 2

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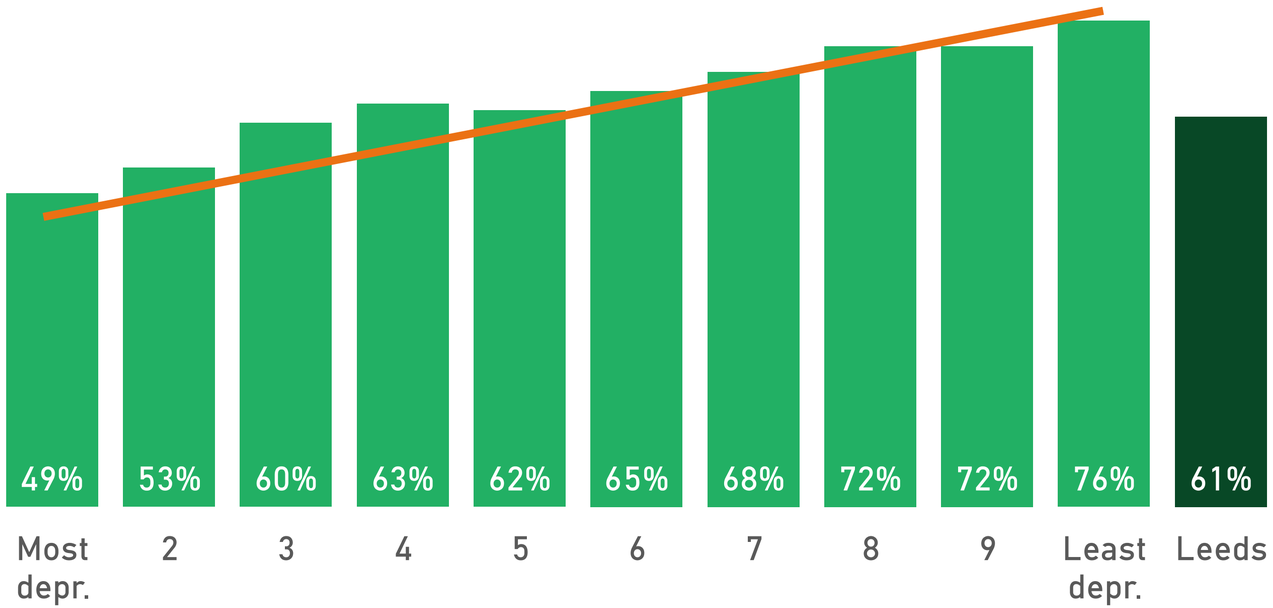
The orange line shows **fewer pupils meet** expected KS2 standards **as deprivation increases**

Pupils in deprived parts of Leeds are much less likely to meet expected standards by the end of KS2. The Leeds overall rate of 61% hides these large disparities

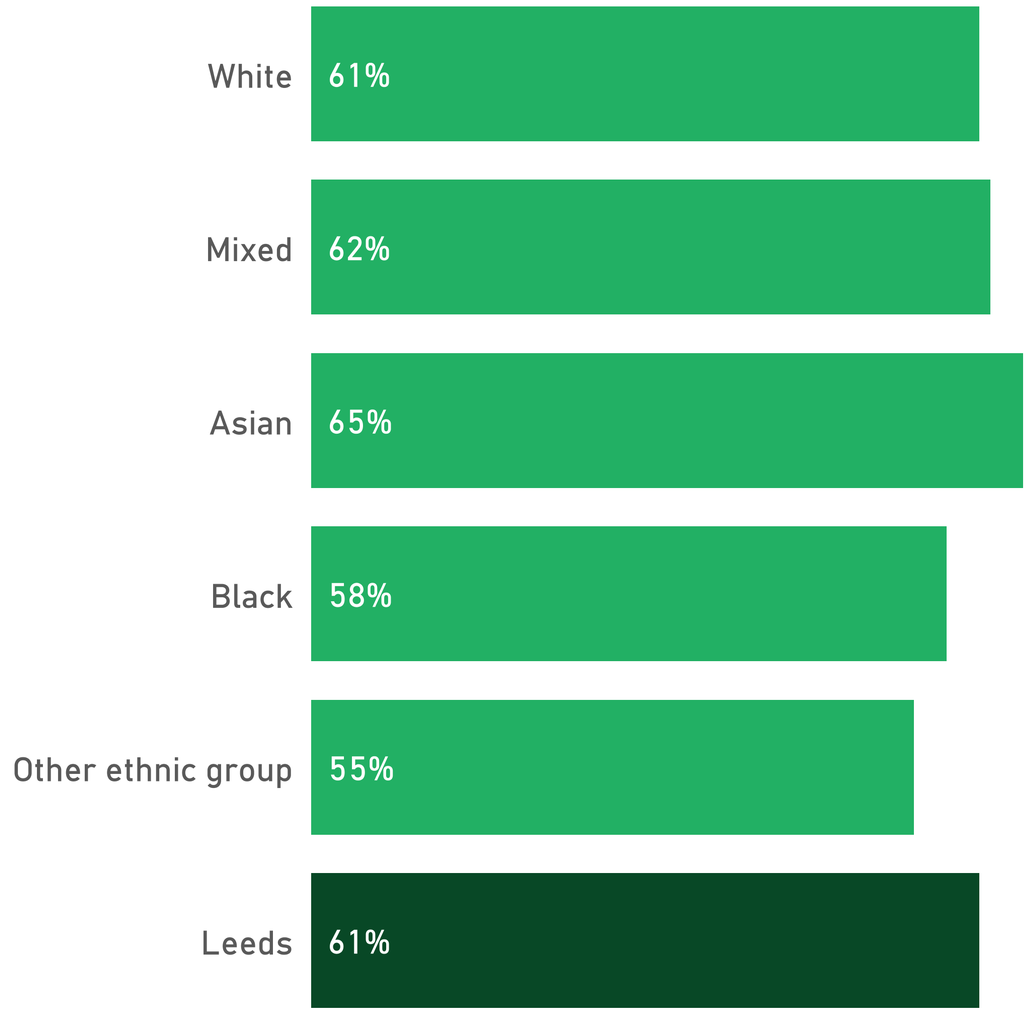
The 'Other ethnic' group has the lowest rate (and a very low number of pupils compared to other groups)

Expected standards are where a pupil demonstrates competency in core subjects like English (reading and writing), maths, and science

Pupils reaching the expected standard in reading, writing and maths, by IMD decile, 2024/25



Pupils reaching the expected standard in reading, writing, and maths, by ethnic category, 2024/25



Average Attainment-8 scores, by ethnic categories and by deprivation deciles 2024-2025

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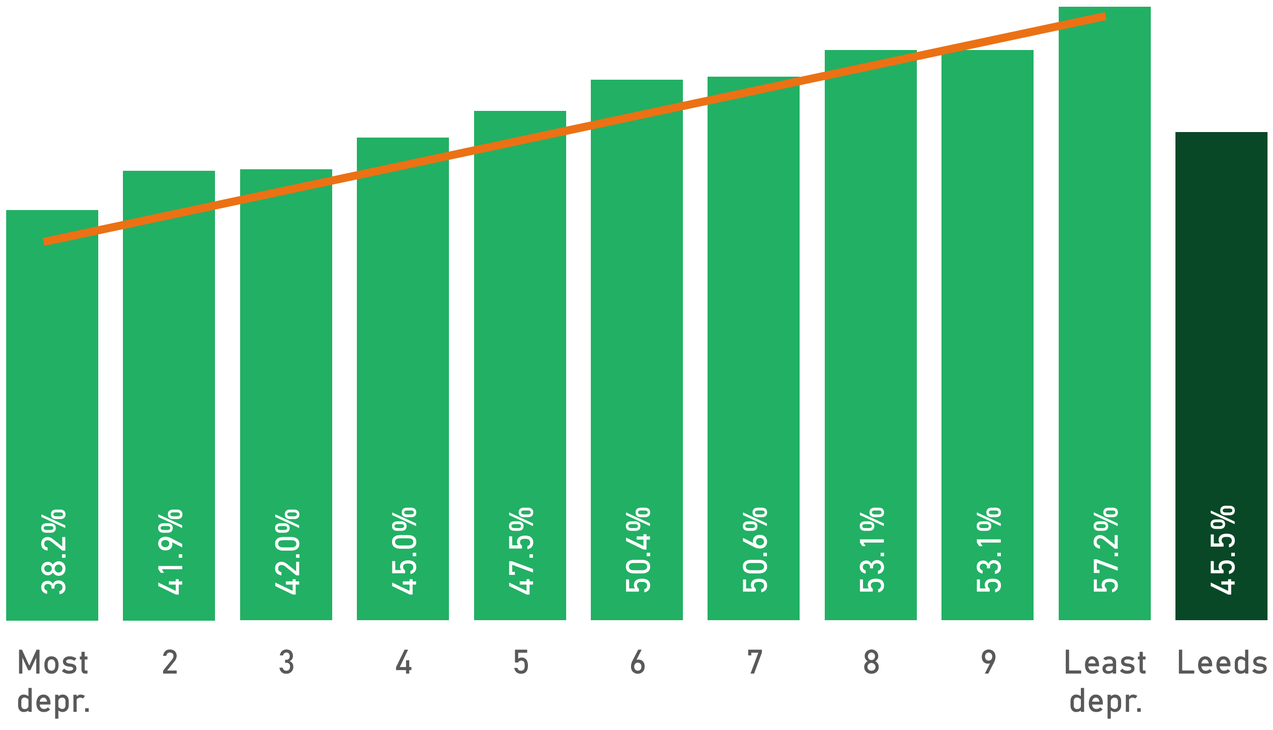
The orange line shows average Attainment-8 rates are **lower** with **higher levels of deprivation**

Attainment scores are much lower in more deprived areas, the Leeds rate of 45.5% hides very wide variation

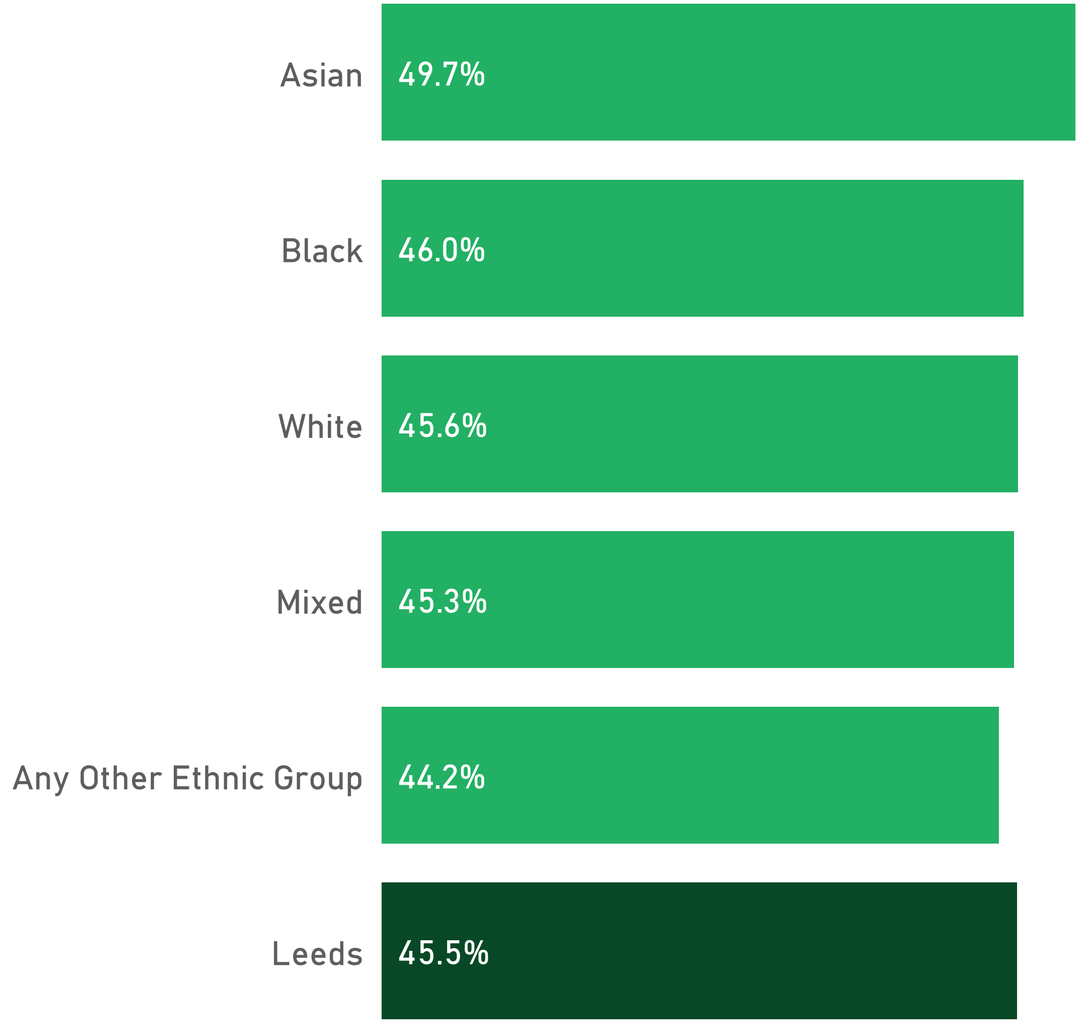
Ethnic categories do not vary as strongly as the deprivation deciles

Attainment 8 is a measure of a student's average achievement in eight GCSE-level subjects

Average Attainment-8 score, 2024/25 by IMD decile



Average Attainment-8 score, by ethnic category, 2024/25



School children who reported feeling happy every or most days (4 to 7 days a week)

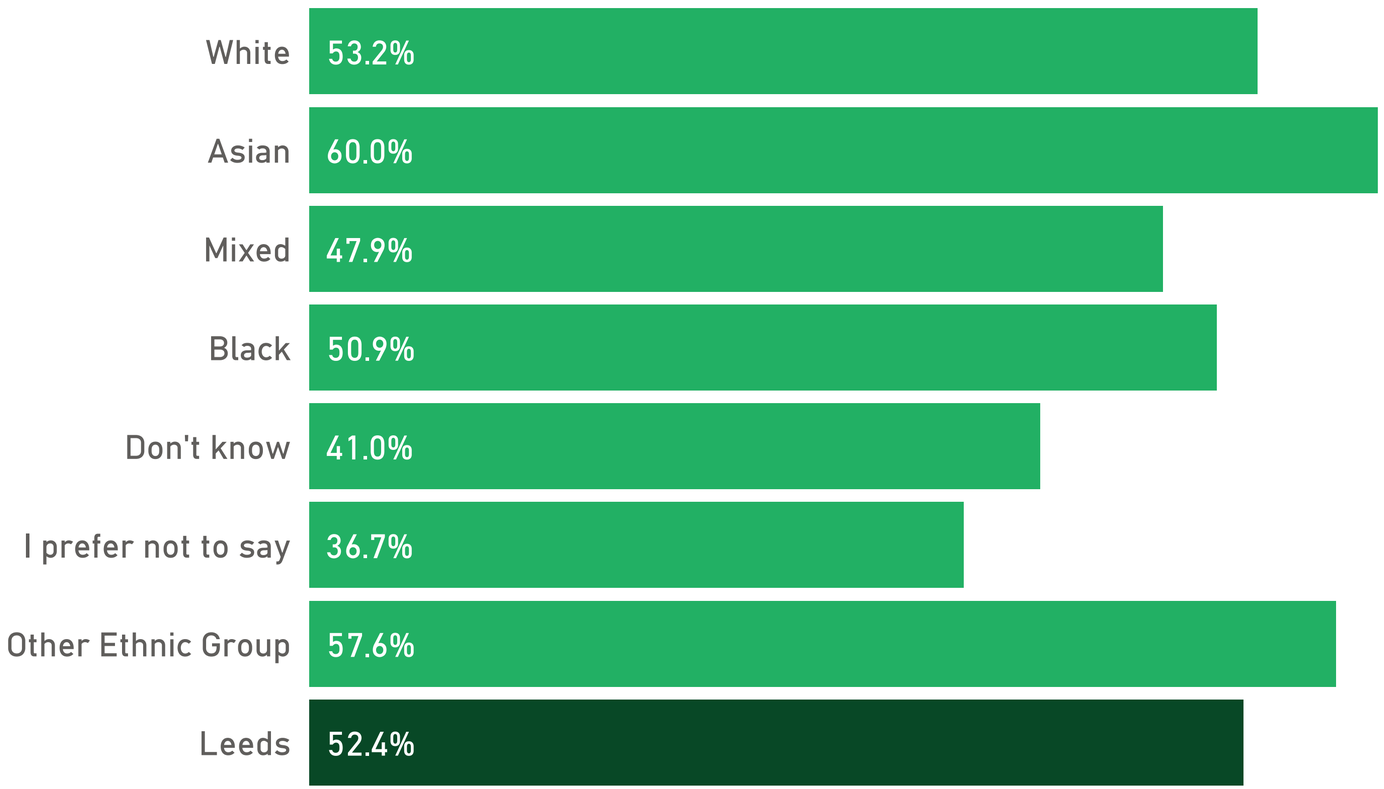
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Happiness scores vary by ethnicity and by school year

This 'snapshot' survey carried out in Leeds schools every year shows that, for those children surveyed, there are some differences in reported happiness between different ethnic groups. There is also variation in reported happiness across school years

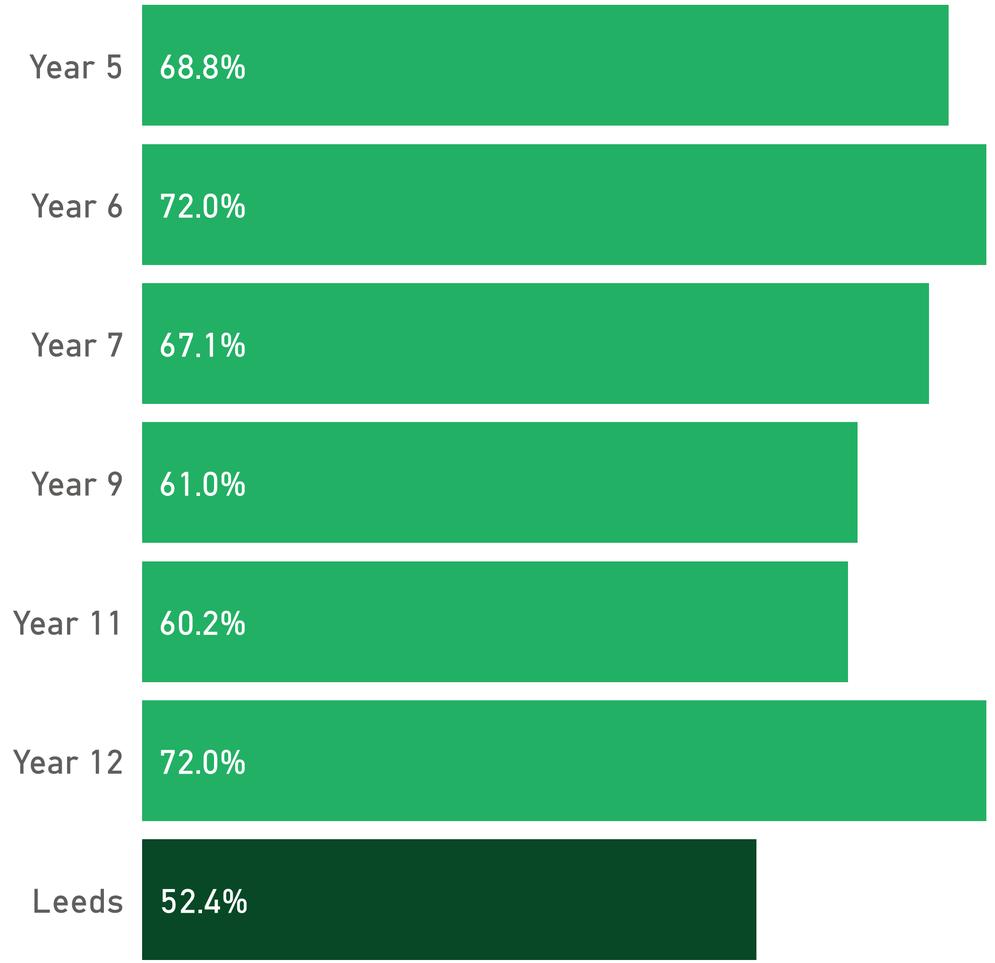
School pupils who feel happy most days or everyday, by ethnicity, Leeds, 2024/25

(Sorted: groups with largest number of pupils are at the top of the chart)



School pupils who feel happy most days or everyday, by school year, Leeds, 2024/25

(Years 3, 4, 8 and 10 did not complete this question)

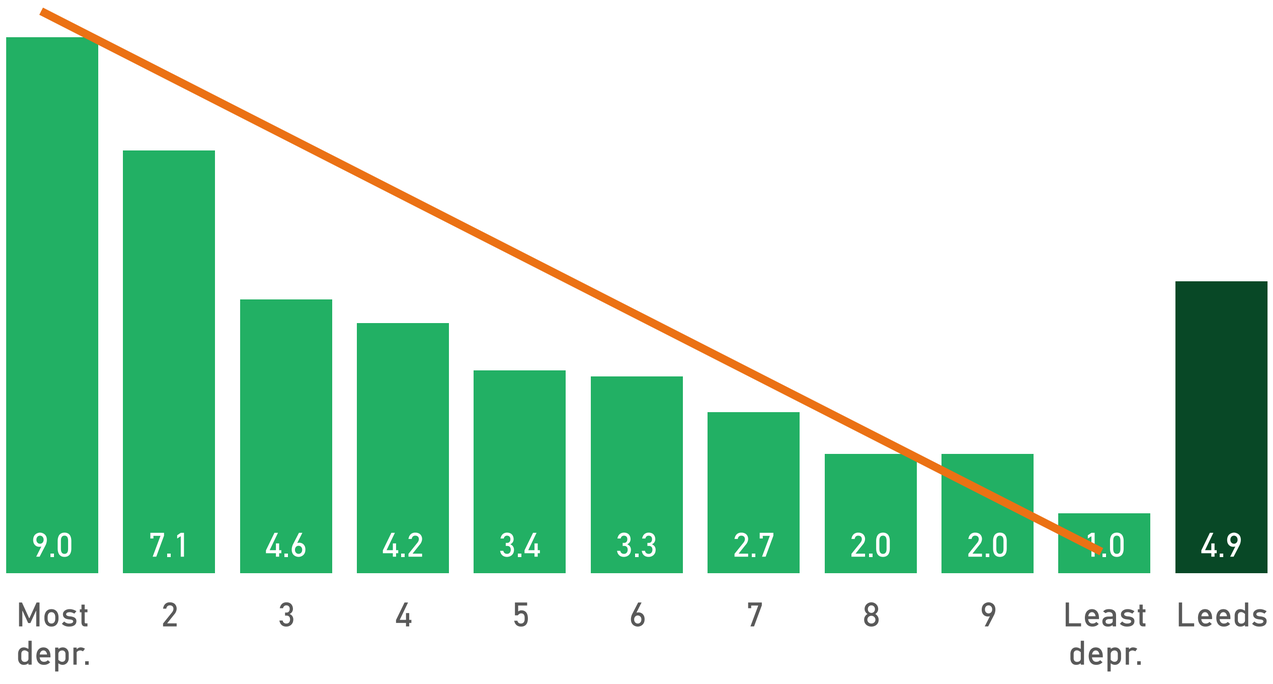


Proportion of 16 and 17 year olds known to be NEET

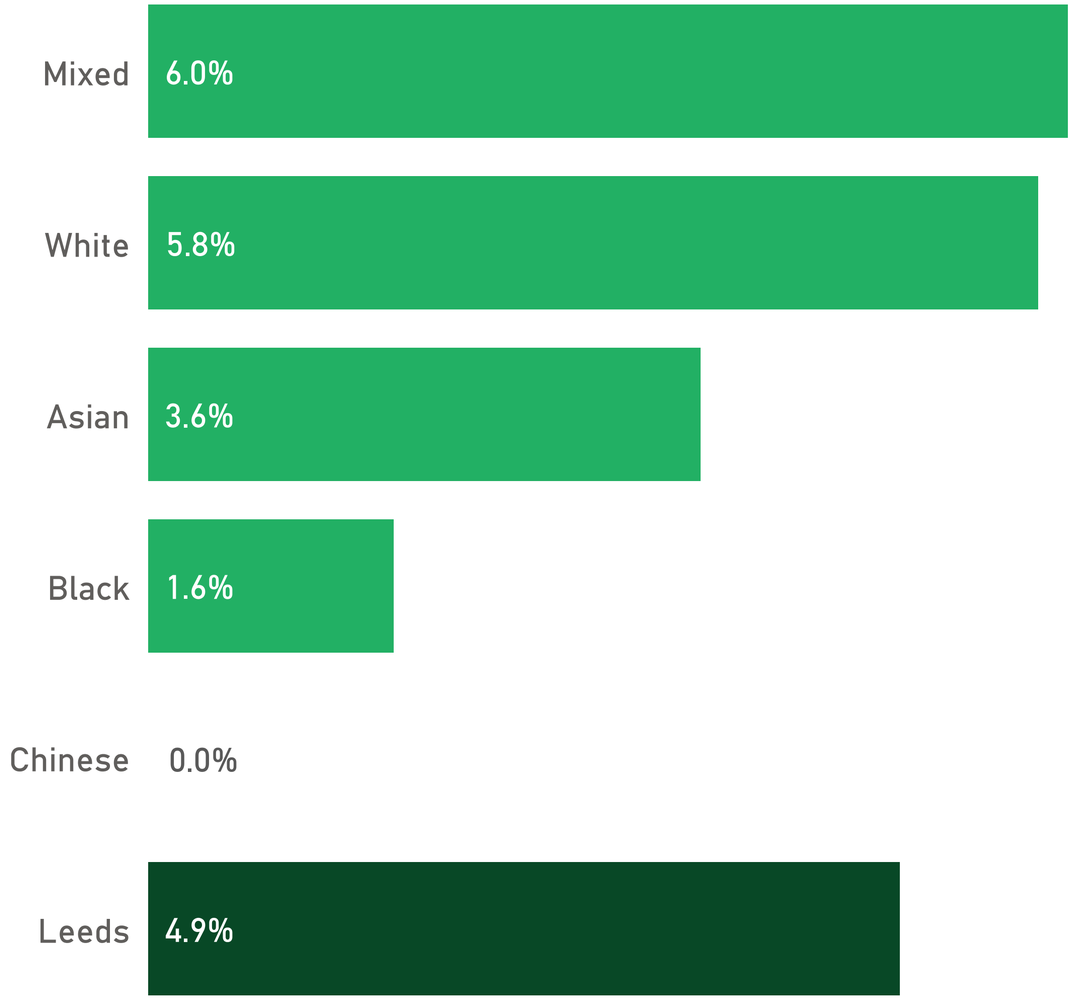
The orange line shows that rates are significantly **higher** in the **most deprived** parts of the city

The proportion of young people known to be NEET shows a strong social gradient, increasing with deprivation. In the most deprived communities, 9.0% of young people were known to be NEET compared with 1.0% in the least deprived communities. The Leeds average was 4.9%. This indicates marked inequalities, with young people living in the most deprived areas substantially more likely to be outside education, employment or training

Proportion of 16 to 17 year olds known to be NEET by IMD Decile
(Dec 2024 to Feb 2025 average)



Proportion of 16 to 17 year olds known to be NEET by ethnic category
(Dec 2024 to Feb 2025 average)



GP recorded Common mental health issues, all ages, January 2026

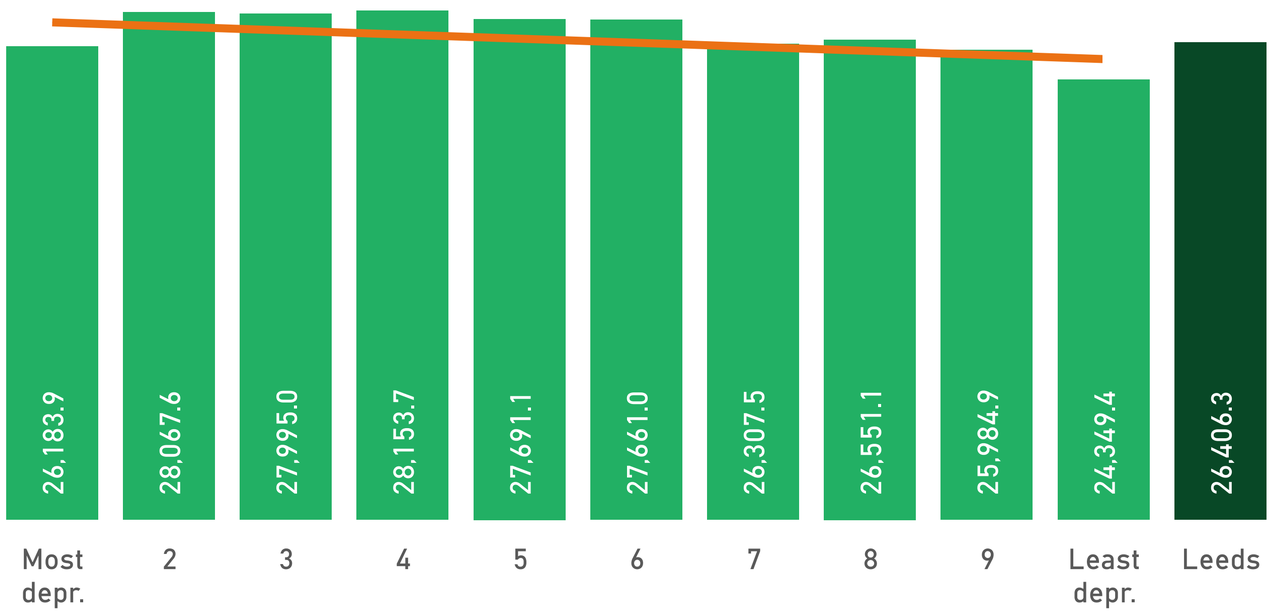
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The orange line shows that rates of common mental health issues are **higher** in **more deprived areas**

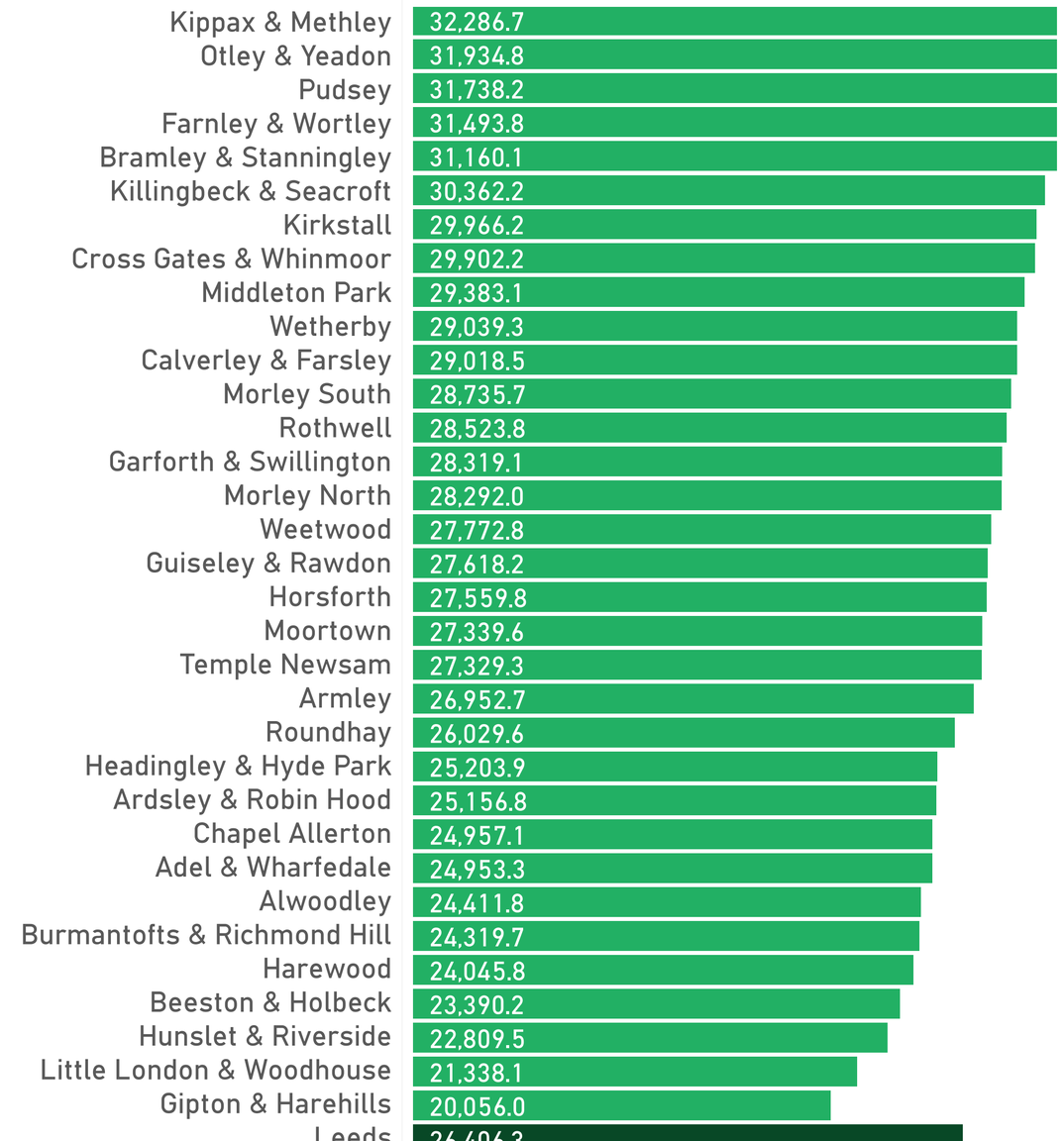
The extent of the inequality in Leeds is likely to be underestimated in the data below. Research suggests that people living in the poorest areas have at least double the risk of developing a common mental health issue but are least likely to receive a diagnosis (and treatment). These figures are therefore unlikely to reflect the total number of people experiencing the condition in the most deprived areas

In the short term, a positive change in this indicator may be an increase in recording in decile 1 (i.e. for the orange line to be steeper). In the longer term, a positive change would be a decrease in rates across all deciles and a flattening of the orange line

Common mental health issues, all ages, age standardised rate per 100,000 people by IMD decile



Common mental health issues, all ages, wards, age standardised rates per 100,000 people



GP recorded serious mental health issues, all ages, January 2026

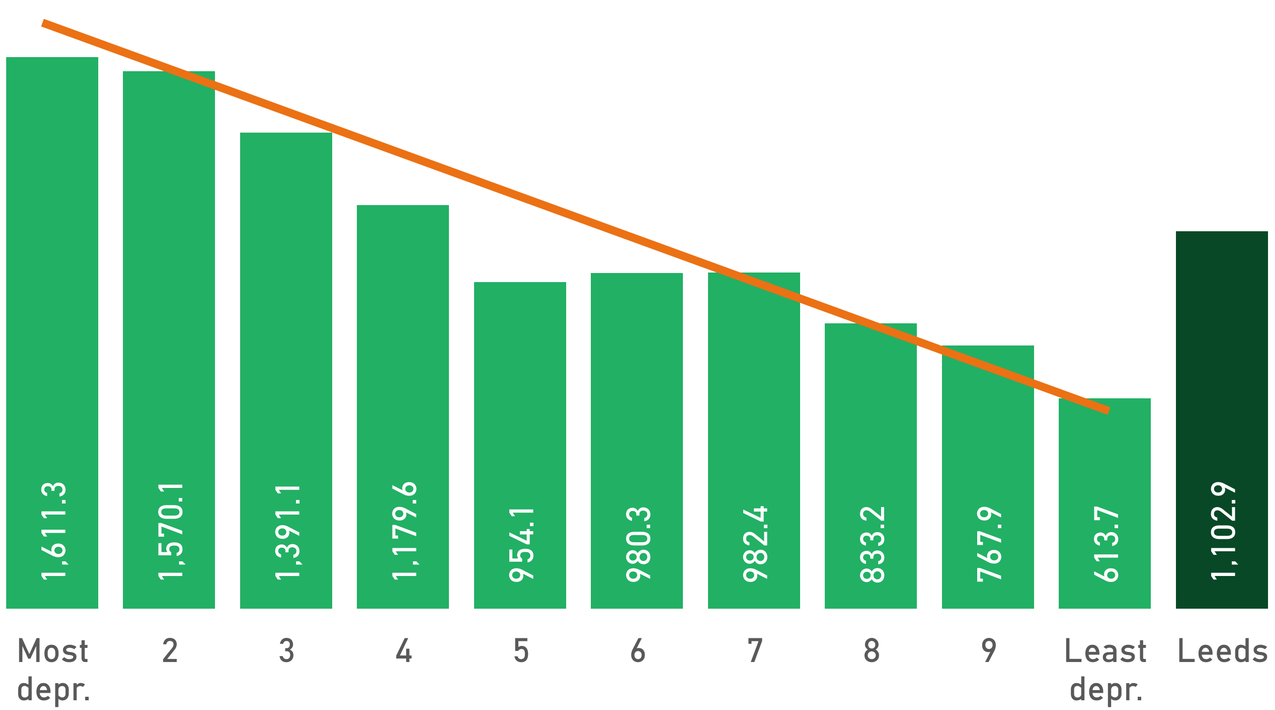
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The orange line shows recorded serious mental illness rates are higher in more deprived areas

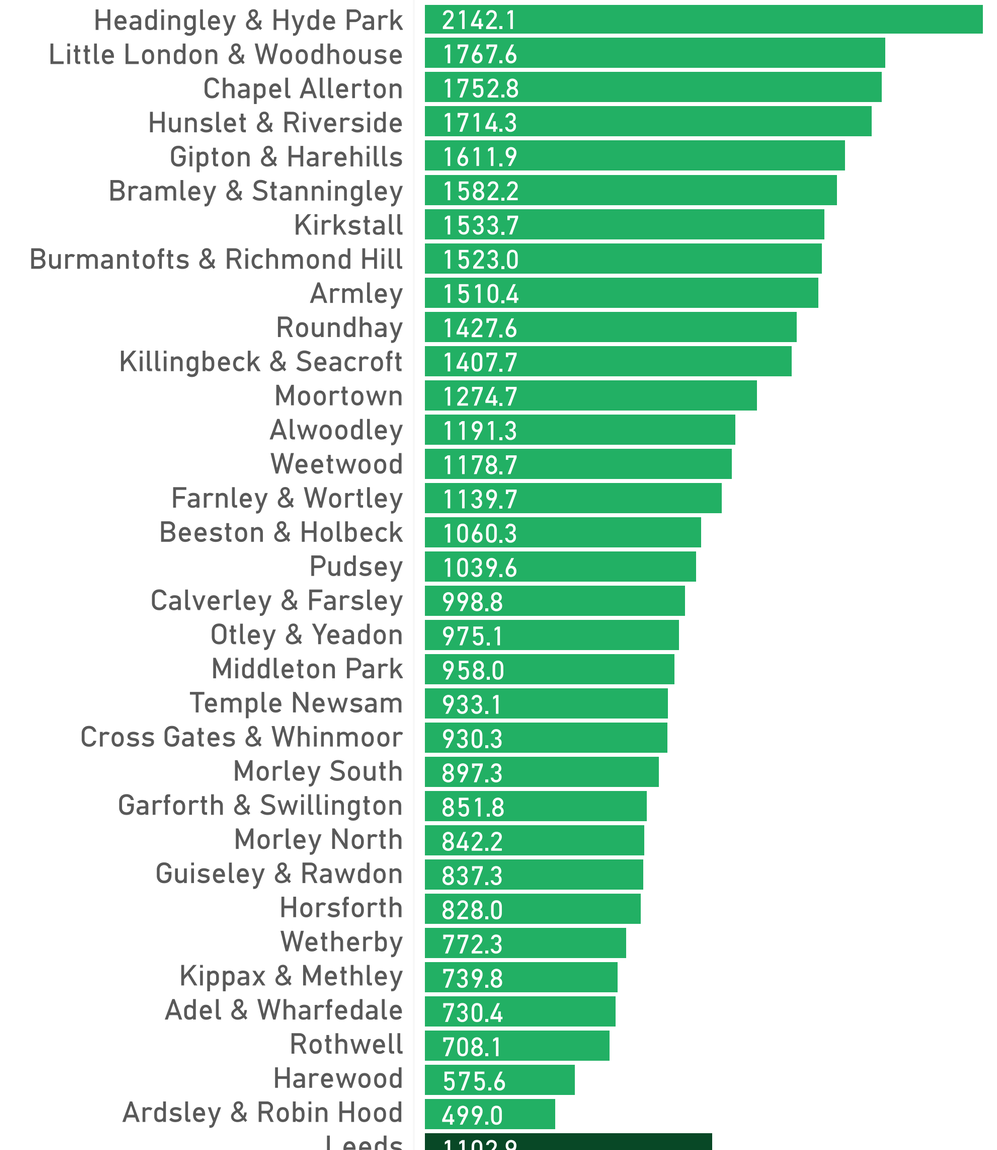
Risk factors for serious mental illness are higher in poorer areas (e.g. trauma and financial strain) and in some cases a loss of earnings is linked to the development of a serious mental illness. A need for supported housing can result in people moving to more deprived areas

A positive change in this indicator would be a reduction in prevalence, particularly in the most deprived decile

Serious mental illness, all ages, age standardised rate per 100,000 people by IMD decile



Serious mental illness, all ages, age standardised rates per 100,000 people



GP recorded physical inactivity. Adults over 50 rcorded as being inactive, January 2026

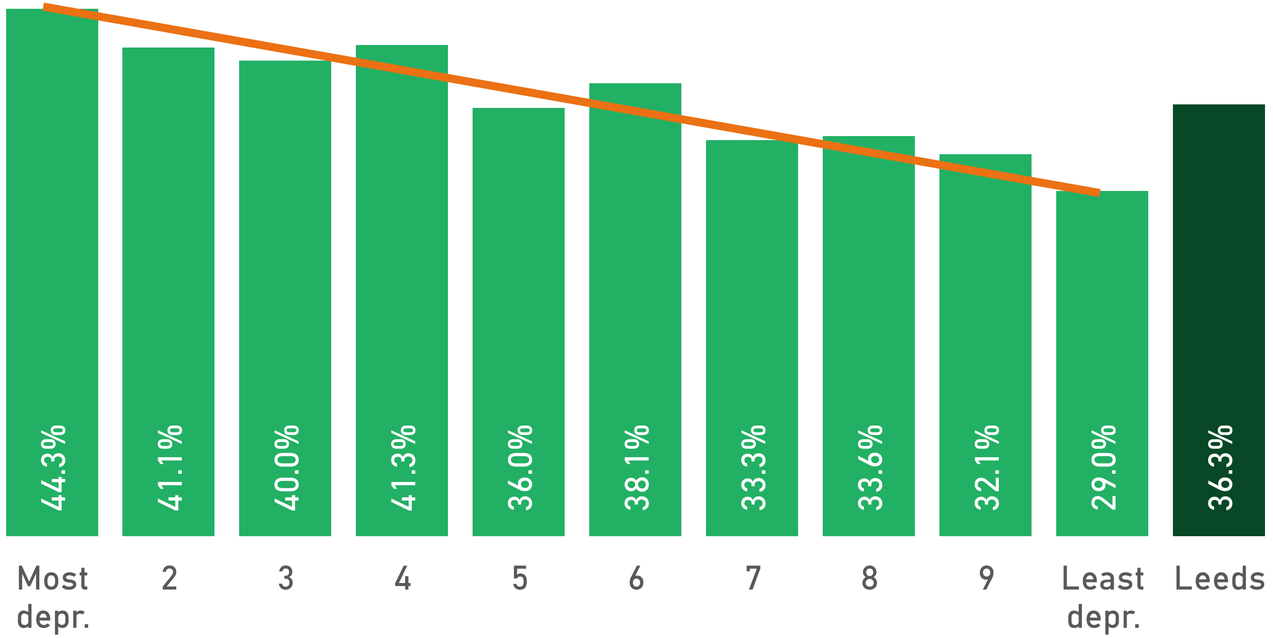
Issued September 2026, Leeds ODA

The orange line shows physical inactivity is **more likely** in **more deprived areas**

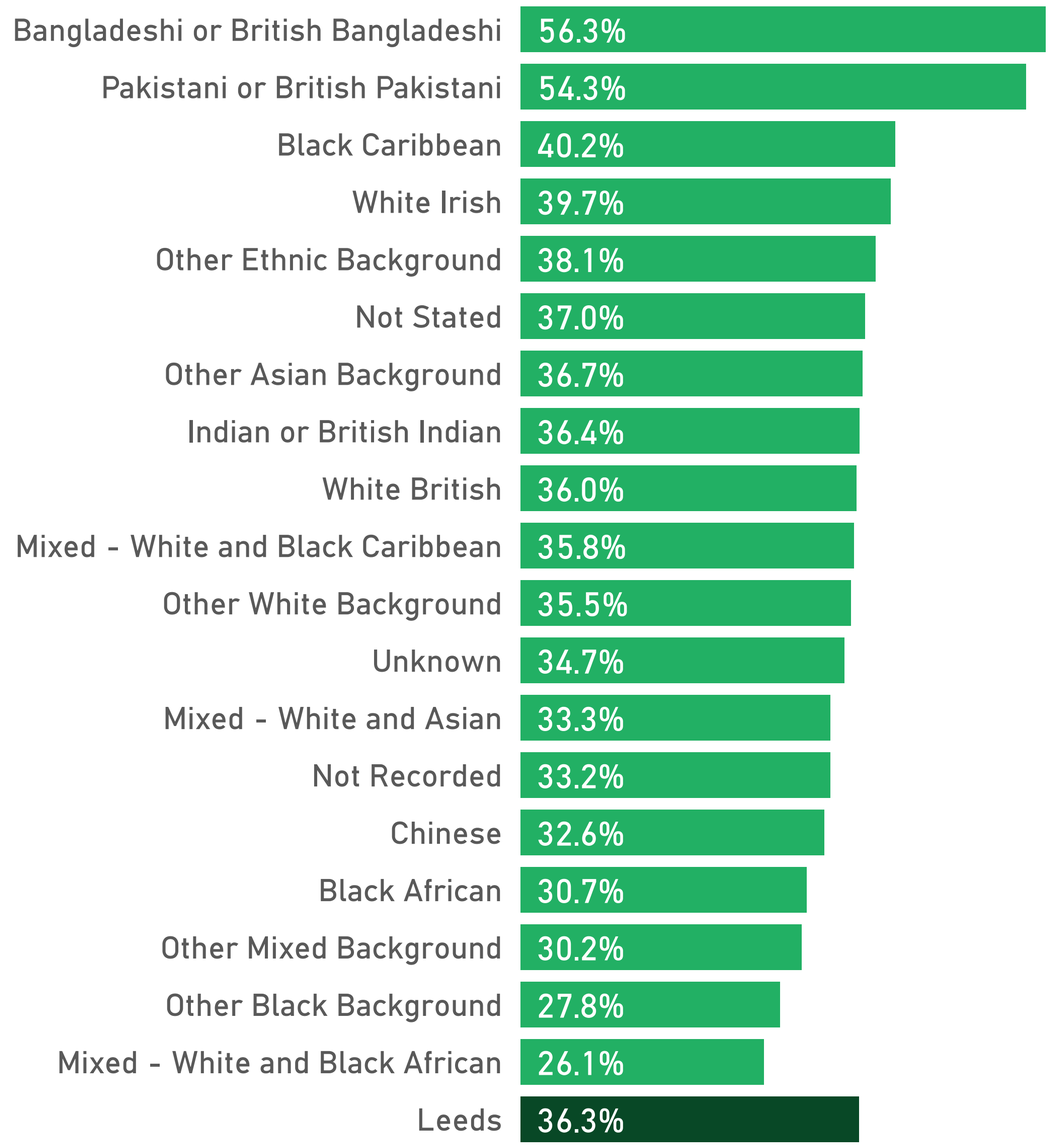
A clear social gradient is evident in exercise inactivity across Leeds. The proportion of residents recorded as inactive is highest in the most deprived areas (44.3%) and decreases progressively with lower levels of deprivation, reaching 29.0% in the least deprived areas

Overall, 36.3% of Leeds residents are inactive. Residents living in the most deprived neighbourhoods are approximately 1.5 times more likely to be inactive than those living in the least deprived neighbourhoods, highlighting significant inequalities in physical activity and the need for targeted interventions in more deprived communities

Percentage of physical inactivity, recorded by GPs, adults aged 50+ by IMD decile



Percentage of physical inactivity, recorded by GPs, adults aged 50+



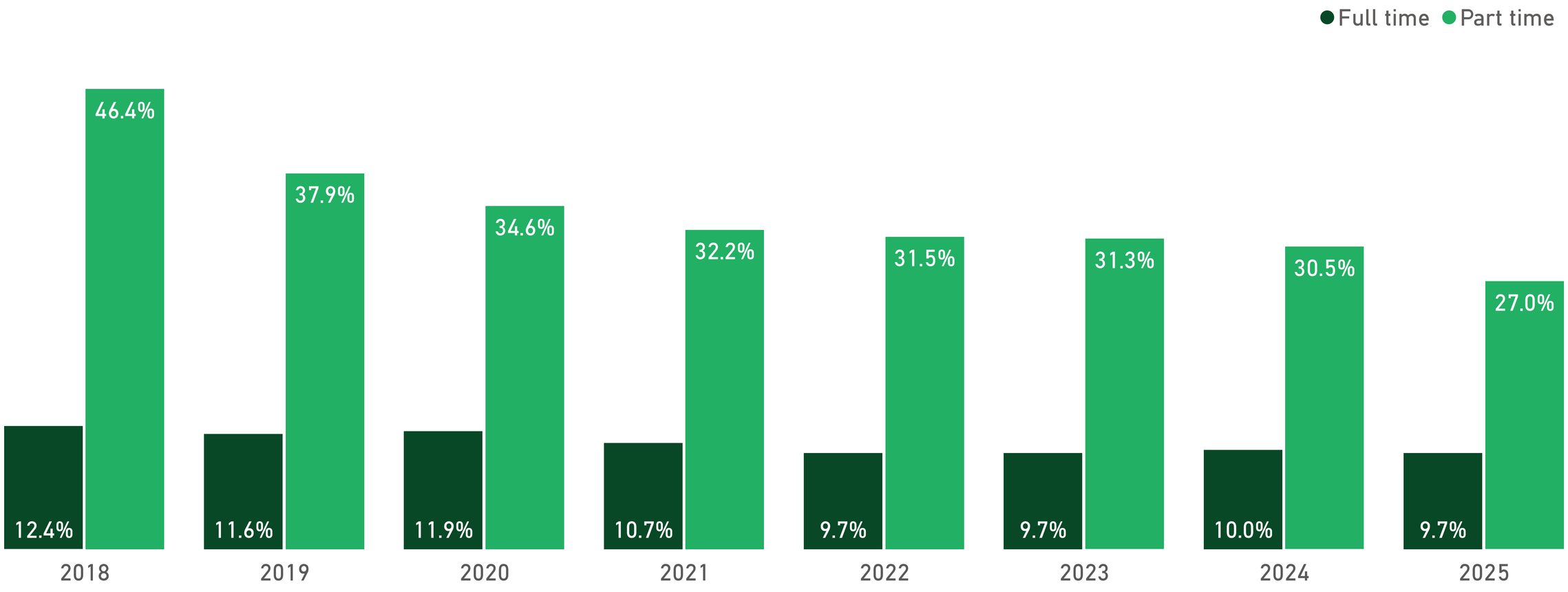
People earning less than UK Real Living wage

This data is created by the Office of National Statistics from a 1% sample of HM Revenue & Customs PAYE data, it does not cover the self-employed

This should be considered an estimate with varying levels of confidence, it is useful to look at trends instead of specific values

The Covid job retention scheme means data for 2020 and 2021 has more uncertainty but the results fit well within the general trend

Workers earning below the UK Real Living Wage, by time worked, percent, Leeds



Households in temporary accommodation, counts with or without children

Issued September 2026, Leeds ODA

Numbers of households in temporary accommodation, with and without children, have grown quickly since mid 2022, a greater proportion are 'with children' since 2022

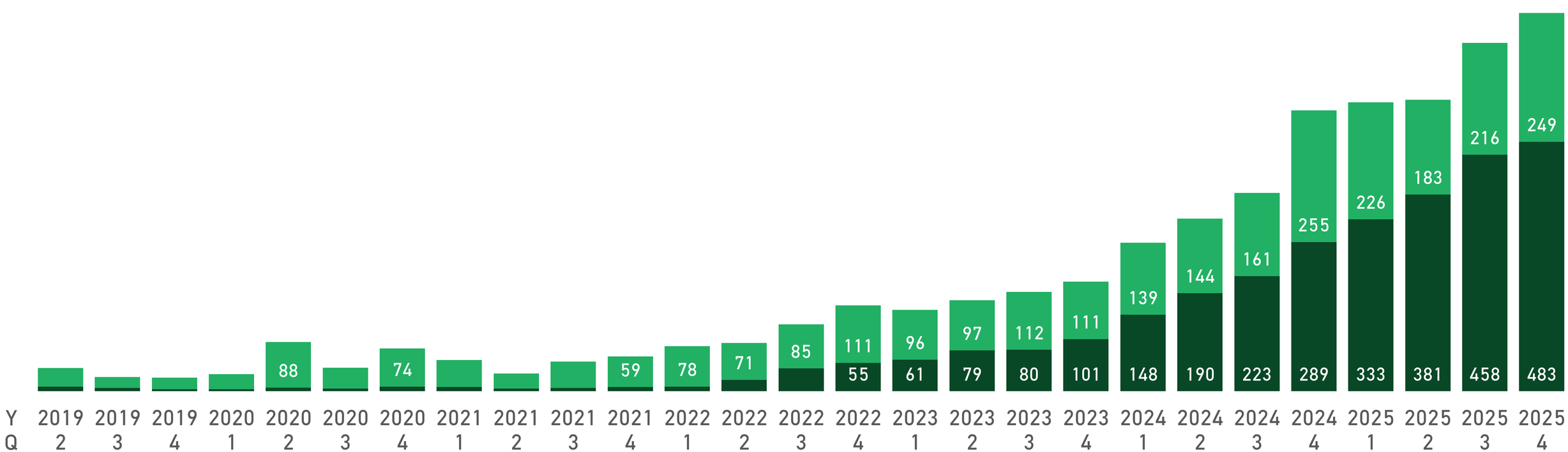
These are snapshots at end of quarter, they are not the total number of households that were in temporary accommodation during the quarter

The growth in temporary accommodation has been driven primarily by a sharp increase in **families with children**. While both household groups experienced growth, households with children increased by more than **50 times** between 2019 Q2 and 2025 Q4, transforming the profile of households requiring temporary accommodation

Households in temporary accommodation, with or without children, total number, Leeds

Source: https://www.gov.uk/government/collections/homelessness-statistics

● With children ● Without children



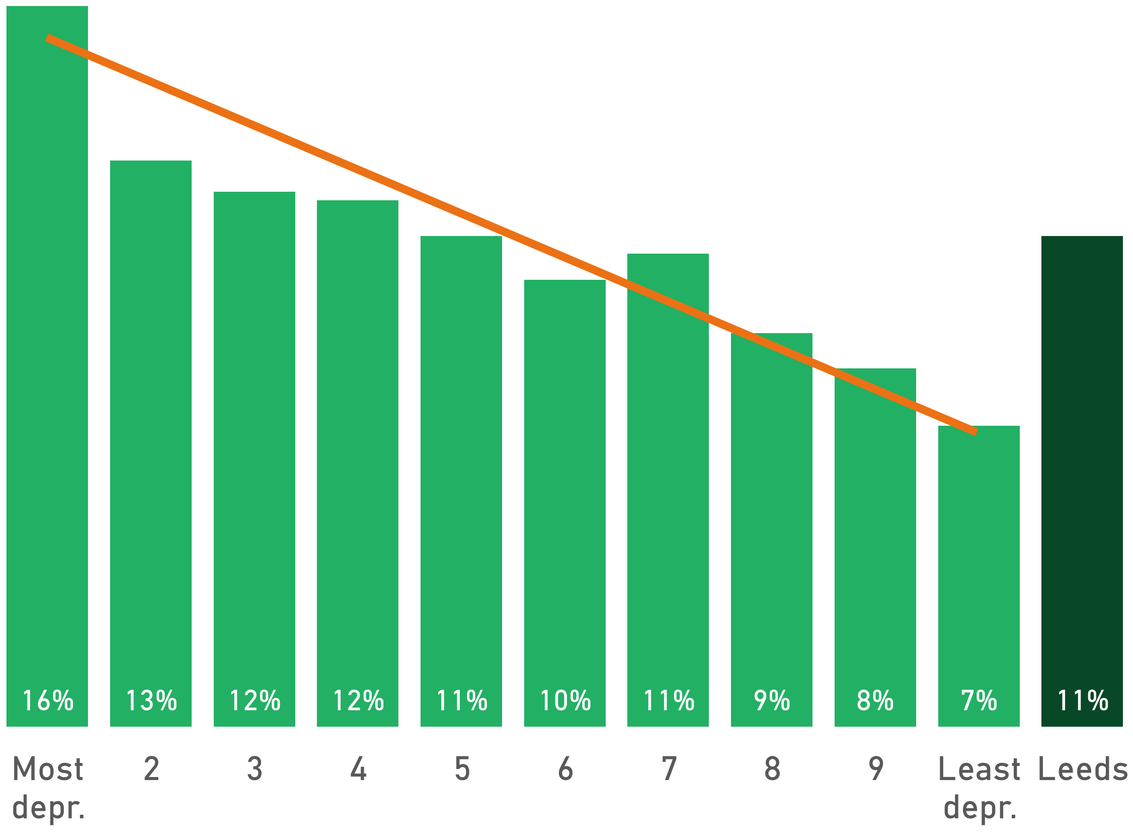
Households in fuel poverty

Issued September 2026, Leeds ODA

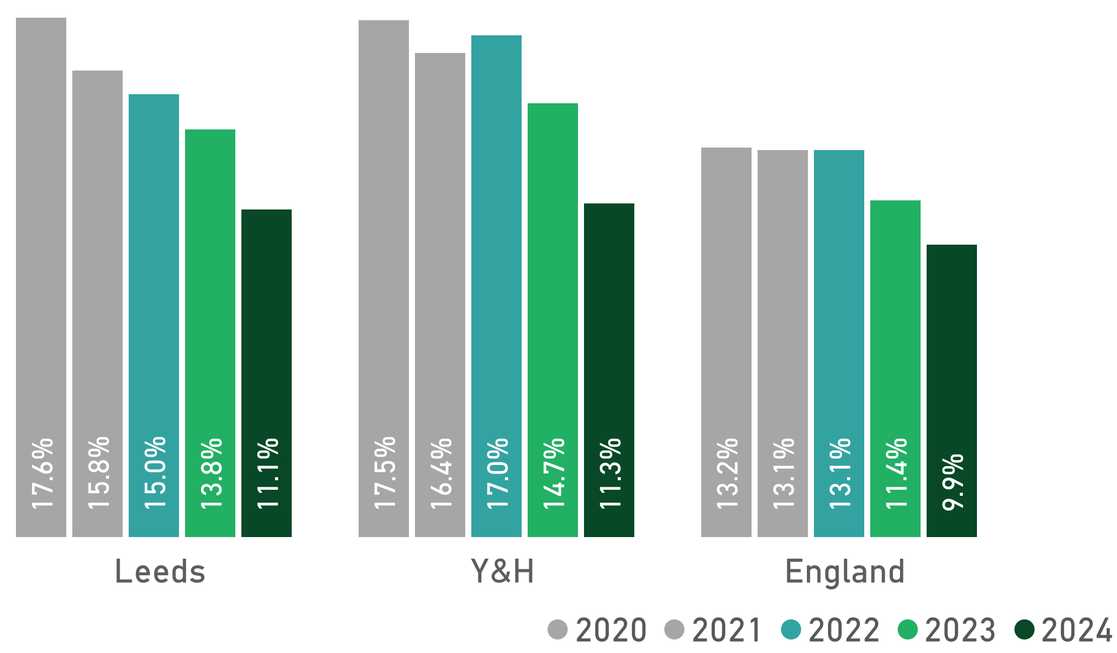
The orange line shows fuel poverty is higher with **higher levels of deprivation**

Fuel poverty is strongly associated with deprivation in Leeds. The burden is concentrated in the most deprived communities, where rates are substantially higher than both the Leeds average and the least deprived areas, highlighting significant inequalities in household energy affordability

Proportion of households in fuel poverty in Leeds 2024 by IMD decile



Trends of household fuel poverty in Leeds, Yorkshire & Humber, and England



How is fuel poverty measured? Fuel poverty in England is measured using the Low Income Low Energy Efficiency (LILEE) indicator. A household is considered to be fuel poor if:

They live in a property with a fuel poverty energy efficiency rating of band D or below, and when they spend the required amount to heat their home, they are left with a residual income below the official poverty line

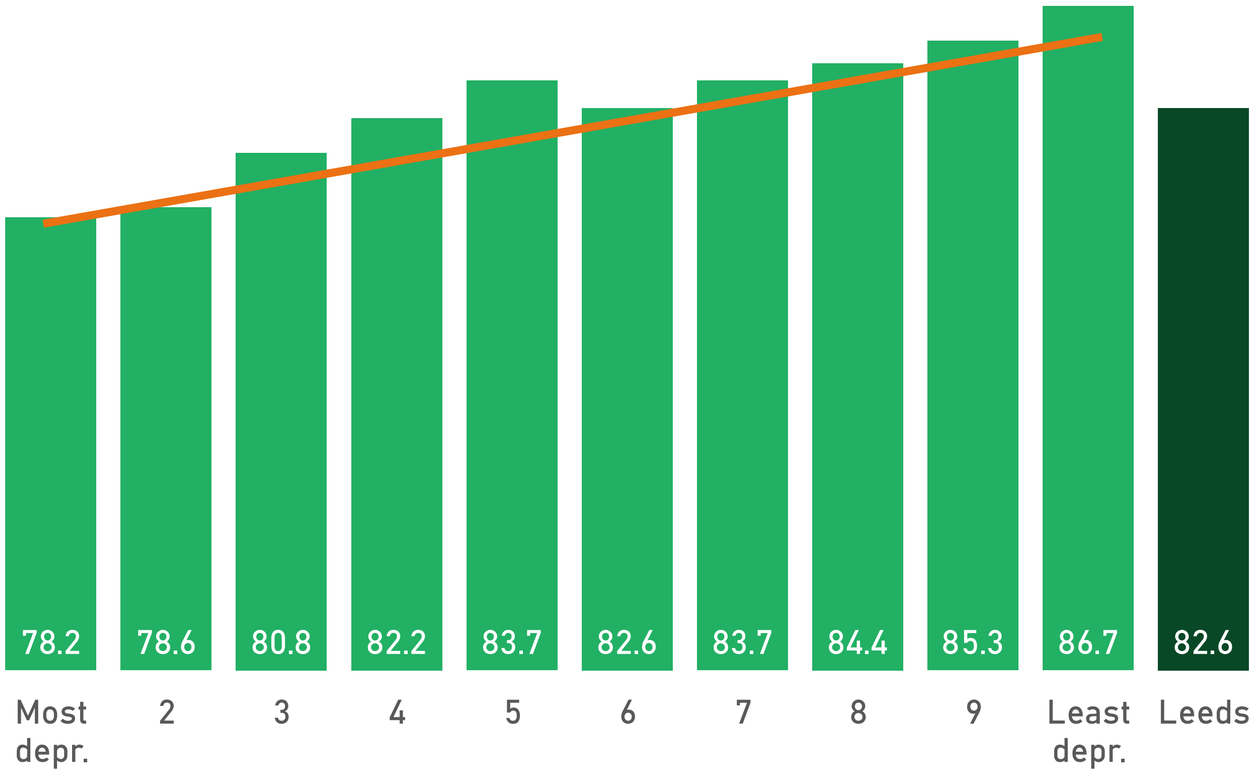
This means there are 3 important elements in determining whether a household is fuel poor: household income, household energy requirements, and fuel prices

About these slides - What are the charts showing?

How to read the decile chart

The **decile chart** explores variation within Leeds through the lens of **deprivation**. Most health and wellbeing data varies strongly with deprivation, with the worst outcomes found in the most deprived areas

The sloping orange line is the 'line of best fit' through the deprivation deciles. Its angle is the *average* change for every step in deprivation



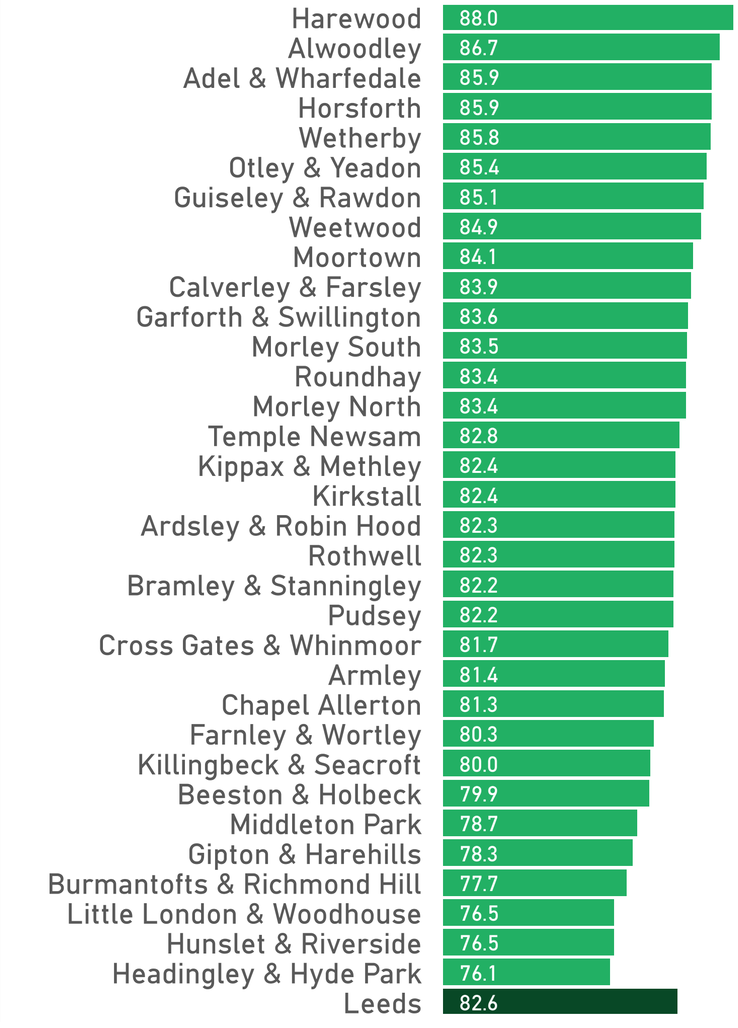
Reading the right hand chart

The right hand chart looks through an alternative lens, where possible this is of **ethnicity**, if this is not available then the data is shown by **ward**

This chart shows how the indicator varies across Leeds.

Many indicators vary a lot within the city, and some areas and groups are much more seriously affected than others.

Bear in mind that ethnic groups can have considerable differences in population size.



Indicator sources

ID	Indicator	Source
1	Life expectancy at birth in years (female)	Local calculations with NHS England mortality data, ONS MYE populations
1	Life expectancy at birth in years (male)	Local calculations with NHS England mortality data, ONS MYE populations
2	Babies with low birth weight, rate per 1,000 live births	Local calculations with NHS England Births data
3	Children with a healthy weight, Reception (4-5 years old)	Local calulations with National Child Measurement Programme data
4	Pupils achieving a good level of development at end of Reception	LCC Children's services, DfE 2024-25
5	Pupils meeting expected standards in reading, writing and maths (combined) end of Key Stage 2	LCC Children's services, DfE 2024-25
6	Average Attainment 8 score	LCC Children's services, DfE 2024-25
7	School children feeling happy every or most days	My Health My School survey
8	16-17 year-olds not in employment, education, or training (NEET)	LCC Children's services
9	Common mental health issues, recorded by GPs, all ages*	Leeds GP data, Leeds Public Health Intelligence
10	Severe mental illness, recorded by GPs, all ages*	Leeds GP data, Leeds Public Health Intelligence
11	Physical inactivity, recorded by GPs, adults 50+ years	Leeds GP data, Leeds Public Health Intelligence
12	People earning less than UK Real Living wage Full time / Part time	Office of National Statistics from a 1% sample of HM Revenue & Customs PAYE data
13	Households in temporary accommodation	Gov.uk "Tables on homelessness"
14	Households in fuel poverty - annual	Gov.uk Fuel poverty statistics
15	Workforce by ethnicity (TBC)	

*Common mental health and severe mental illness are Directly Age Standardised Rates per 100,000 ppulation