Introduction and Background

1. The need to undertake a regular lifestyle survey was established in 2008 and the commitment was made in the Local Operating Plan 2009/10. The aim of the survey is to give us a better understanding about our residents’ lifestyles. This will help us to plan for the future, target resources appropriately and improve service provision.

2. In 2009, NHS Leicester City commissioned GfK NOP Social Research to conduct a health and lifestyle survey amongst the adult population in Leicester.

3. Leicester City has a population of almost 300,000 and has a very complex composition, with around two-fifths (39%) coming from an ethnic minority background and relatively high levels of deprivation.

4. The healthcare needs amongst the general population in Leicester are high, with the number of people with certain health conditions considerably in excess of the national average and mortality rates relatively high for both adults and infants.

Objectives

5. The overall objectives of the research were to provide accurate information about health-related behaviours and other health issues, including current health experience, amongst a representative sample of the adult population of Leicester.

6. Additional objectives included:
   - To improve insight.
   - To help inform service design and to target health improvement services and initiatives.
   - To demonstrate an understanding of the needs of the community that NHS Leicester City serves.

Method

7. In order to meet the objectives, a 20 minute face to face in home survey was conducted with adults aged 16 and over living in Leicester. A sample of 264 Census Output Areas was drawn from a stratified listing of all such locations in the city and local area quotas were set to ensure the profile mirrored that of the
adult population. A total of 2,377 interviews were conducted between 6 January and 11 April 2010, with a minimum of 100 interviews in each of the city's 22 wards to enable the provision of data at ward level. Interpretation support was supplied by Ujarla where researchers identified a need.

8. Minor corrective weights were then applied to the final data to ensure the sample profile was representative of the population, as reflected in the latest ONS profiles. The question responses were analysed by a range of variables including age, sex, ethnicity, geography, deprivation scores and health behaviours.

Main findings

Health in general

9. All respondents were asked how they thought their health was in general. Overall, a third (32%) of adults in Leicester said that they thought their health was “very good” and two fifths (41%) said they thought it was “good”. Another 20% rated themselves as being in fair health while just 6% said they thought their health was “bad” and 2% reported it as “very bad”.

10. As might be expected given the social profile of the city, the figure of 72% giving a positive self-rating of health (i.e. either very good or good) was slightly lower than the latest figure for England (76% according to the Health Survey for England in 2008).

Attitudes towards leading a healthy lifestyle

11. All respondents were asked how they would describe a healthy lifestyle. By far the most commonly mentioned descriptions of leading a healthy lifestyle, without prompting, were having a healthy diet (86%) and taking regular exercise (79%). Much smaller proportions mentioned that a healthy lifestyle meant not smoking (24%) or not drinking too much alcohol (23%). On average, respondents mentioned nearly three things when asked to describe a healthy lifestyle.

12. Respondents were also asked which of a number of lifestyle changes they would like to make in the next 6 months. Seven in ten (71%) said that they would like to make at least one of the changes listed, with the most commonly mentioned shifts that people would like to make being:

- Losing weight (32%).
- Increasing the amount of physical activity taken (31%).
- Eating more healthily (26%).

Smoking prevalence

13. All respondents were asked whether they smoked either cigarettes or a number of other tobacco products nowadays. Those currently smoking cigarettes, cigars, a pipe, sheesha/hookah or bidi have been classified as smokers.
14. Just over one in four (26%) of the adults interviewed in Leicester said that they smoked at the time of the interview, 25% stated that they smoked cigarettes. This figure is slightly higher than the national average of 22%, as recorded on the 2008 Health Survey for England. Leicester's deprivation profile suggests that its prevalence figure should be considerably higher than the national average but this is counterbalanced by the high South Asian population in the city.

15. Smoking in Leicester is highest among those living in the most deprived areas (37% amongst those living in the most disadvantaged quarter, compared with 26% in the next most deprived quarter and 20% elsewhere). There were also marked differences in smoking prevalence by ethnicity, with white respondents (34%) much more likely to smoke than those from ethnic minorities (only 14%). Prevalence was higher for men (30%) than for women (22%). Age differences were less marked but the lowest prevalence was recorded for the over-55s (21%).

16. Two thirds (65%) of smokers would like to give up and health was the most common reason for wanting to quit (mentioned by 83% of smokers).

**Alcohol consumption**

17. Half (52%) of those interviewed said that they drink alcohol nowadays. Respondents were also asked how many of a number of different drinks they have had in this last week and how many they have on a typical day when they drink alcohol. This enabled us to calculate what proportion of residents living in Leicester drink above the recommended maximum daily and weekly limits and what proportion drink within the limits.

18. Looking at typical alcohol consumption on a day when someone has had a drink, just over a quarter (26%) of all adults were above the recommended maximum units (i.e. 4 units for men and 3 units for women). This was highest amongst males, white respondents, smokers, those who have taken drugs in the last 12 months, those with poorer mental wellbeing and those living in the west of Leicester.

19. A significantly greater proportion of respondents tended to drink above the recommended number of units on a typical day when they drink alcohol (26%) than over a week (7%). This suggests that many respondents tend to do some ‘binge’ drinking.

**Drug taking in the last 12 months**

20. All respondents were shown a list of drugs and were asked whether they had taken any of these in the last 12 months. One in twenty (5%) said that they had taken one or more of these drugs in the last 12 months. The most common drug taken was cannabis and use was three times as high amongst the under
25s. Drug taking was higher amongst males, white respondents, smokers and those with poorer mental wellbeing.

21. The proportion who had taken any drug (5%) was slightly lower than that reported in the Department of Health's Healthy Foundations survey carried out by GfK NOP (8%). The difference will be at least partly explained by the ethnic profile of Leicester.

Diet: fruit and vegetable intake

22. All respondents were asked how many portions of fruit and vegetables they eat on an average day, as well as being asked how many portions they think people should eat on a daily basis.

23. Almost three-quarters (74%) recognised that the recommended daily intake of fruit/vegetables was supposed to be at least five portions.

24. Despite the high awareness of the 5-a-day message, only one in four (23%) said that they actually ate at least this number of portions of fruit/vegetables a day. One in twenty (5%) did not eat any portions of fruit/vegetables on a daily basis. Women, the over 35s, white respondents and those living in the less disadvantaged areas reported the highest consumption.

Physical Activity

25. The survey included a number of questions which aimed to identify what proportion of the population of Leicester achieved the recommended 5 sessions of 30 minutes or more exercise a week. From a prompted list that included a wide variety of forms of exercise, all respondents were asked what they did nowadays and on how many days a week they do at least 30 minutes on any of these activities (including shorter sessions that together would add to half-an-hour).

26. Just under half (46%) of respondents undertook 5 or more sessions of 30 minutes exercise a week. Nearly a quarter (24%) did not take any sessions of 30 minutes exercise a week.

27. The proportion of respondents taking the recommended amount of exercise is similar to that reported on a recent NHS population survey that was conducted by GfK NOP in Manchester (45%).

28. Nearly half (46%) of respondents said that they exercise 5 times a week for at least 30 minutes; however, two-thirds (63%) said that they believed that you should exercise 5 or more days a week.

Body Mass Index (BMI)

29. All respondents who took part in the self completion part of the survey (where the more sensitive questions were included) were asked to provide details of
their height and weight. This allowed a BMI score to be calculated for everyone who provided their weight and height details.

30. Overall, 45% of respondents reporting a valid height and weight had an ideal BMI (i.e. a BMI score of 18.5-25). 4% were classified as being underweight, while 32% were overweight, 17% obese and 2% morbidly obese.

31. It should be stressed that the BMI scores are from self-reported data and therefore cannot really be compared with the data from the Health Survey for England, which collected this data via actual measurements. However, other surveys also use self-reporting data to calculate these scores. The proportion of Leicester respondents classified as having an ideal BMI was similar to that reported in a recent GfK NOP survey for the Department of Health but lower than the figure on our 2009 health survey in Manchester.

Sexual Health

32. All respondents aged 18 to 54 were asked a number of questions relating to sexual health.

33. To begin with, these people were asked how/where they would like to access sexual health services in Leicester - via their own doctor/GP was by far the most popular method, with three in four (77%) of those aged 18 to 54 saying this. Far fewer people (7%) said that they would like to access sexual health services via Contraceptive Services, 5% said they would like to go to a separate service that provides both contraceptive and testing for STIs and 4% said they would prefer to access these services through GUM clinics.

Mental Wellbeing

34. All respondents taking part in the self-completion section of the survey were given a number of statements about how they might have been feeling recently and were asked how often they have been feeling like this over the last 2 weeks. This is a shortened version of the Warwick-Edinburgh Mental Well Being Scale and is used to determine positive mental health. All respondents were given a score based on their answers and were classified into having good mental wellbeing, average mental wellbeing or poor mental wellbeing.

35. One in eight of the sample (13%) was classified as having good mental wellbeing, three quarters (76%) were in the average group and one in ten (9%) had poor mental wellbeing.

Summary

36. Self-reported health is slightly poorer in Leicester compared to the national picture. Smoking rates are higher than the national average and drug use is lower than reported in similar surveys in other areas of the country. In Leicester a lower than average proportion of people reported drinking alcohol, although a high proportion of those that do drink are drinking over recommended limits on a
typical day’s drinking. Knowledge of the units message is relatively poor with less than a third of people being aware of the maximum recommended daily limits. There are much lower levels of smoking, drug taking and drinking amongst the ethnic minority populations, notably the South Asian population.

37. There is good news in that two thirds of smokers want to quit and over 70% of people stated that they wanted to make changes to their lifestyles in the next 6 months, mainly losing weight, doing more physical activity and eating more healthily. The five a day message seems to be well understood, with three quarters of people knowing that they should be eating five portions of fruit and vegetables per day, however less than one quarter actually reported doing so. Levels of physical activity are encouraging as nearly half of people reported undertaking 30 minutes 5 times per week. However, worrying there is still a high proportion of people doing no or very little activity.

38. Ward level data is available but is inevitably subject to a lower level of statistical confidence than the city-wide results. A number of wards do consistently appear as having some of the more challenging health behaviours e.g. Eyres Monsell, Westcotes, Freeman and New Parks. There are frequent associations between health related behaviours and deprivation. For example, self reported smoking prevalence is highest in Eyres Monsell ward (41%) which is significantly higher than more affluent areas such as Knighton ward (11%) and is significantly higher than areas with largely South Asian populations such as Latimer ward (9%).

Next Steps

39. The results of the lifestyle survey have already been presented at an open forum on 16 June 2010, where some discussion took place in order to inform the final report. The final report will be available from 9 July on the PCT website. A Board development session will take place to allow more detailed discussion of the findings and implications. In addition, the public health team will be co-ordinating a number of workshops over the next few months to explore the findings and discuss how they will inform future practice, particularly in relation to planning health improvement initiatives.

Recommendation

The Board is requested to:

NOTE the contents of the report.