Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: MONDAY, 28 SEPTEMBER 2015 at 5:30 pm

P R E S E N T:

Councillor Chaplin (Chair)
Councillor Fonseca (Vice Chair)

Councillor Alfonso
Councillor Dr Chowdhury
Councillor Sangster
Councillor Singh Johal

Also in attendance:

Councillor Osman	Assistant City Mayor – Public Health
Surinder Sharma	Healthwatch Leicester
Richard Morris	Chief Corporate Affairs Officer, Leicester City Clinical Commissioning Group

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19. DECLARATIONS OF INTEREST

Members were asked to declare any interests they might have in the business on the agenda. No such declarations were received.

20. MINUTES OF PREVIOUS MEETING

RESOLVED:

that the minutes of the meeting held on 6 August 2015 be approved as a correct record.

21. PETITIONS

The Monitoring Officer reported that no petitions had been submitted in accordance with the Council's procedures.

22. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer reported that no questions, representations and statements of case had been submitted in accordance with the Council's procedures.

23. FOSSE ARTS PRESENTATION

Paul Reilly, Ceramics Co-ordinator and Pete Clayton, General Art gave a short presentation on the activities provided by Fosse Arts and the benefit they have on the health and wellbeing of participants. A sample of comments from participants was circulated at the meeting for Members' information.

It was noted that:-

a) Participants in the activities attended sessions on a drop in-basis so that people did not feel pressurised into having to make a commitment to a course.

b) The arts and crafts courses also provided a social network for participants. This had particular benefits for vulnerable people and those who had health issues. Some participants had been attending courses for over 20 years. Feedback indicated that participants felt valued and enjoyed expressing their artistic talents.

c) Staff at the Centre had built long term relationships with some participants with health issues and feedback showed that they were providing valued support and friendship to those suffering from loneliness, anxiety and depression etc.

d) A number of case histories showing how the Arts Centre had helped people were shown to Members.

Following questions from Members it was noted that:-

a) The Centre operated an 'open door' access policy and had mainly relied on 'word of mouth' recommendations. It's benefits to the health and wellbeing of people attending classes was a relatively recent realisation. Leaflets had previously been left in local doctor's surgeries to publicise the Centre's activities.

b) The Centre could provide a breakdown of the 8,000 attendees in 2014/15 giving the numbers attending with a disability.

Kerry Gray, Head of Adult Skills and Learning Service, stated that the Centre was originally funded by Arts and Museums and then by Community Services but had transferred to Adult Skills and Learning as part of the transforming neighbourhoods initiative. The Centre is now funded by a combination of a core budget and about 30% from the Adult Skills and Learning budget. Some

of the mental health work undertaken by the Centre received small grants and referrals were received from a wide network of mental health professionals. Initiatives to encourage enrolment and referral to engage in Adult Learning would be welcomed and the service is always open to suggestions about new courses to meet the needs of specific groups.

Some Members had visited the Centre before and highlighted the therapeutic value of the Centre's activities to health and wellbeing. It was felt that the Centre could provide benefits to address issues of isolation, particularly in relation to Adult Social Care. There were also benefits to the promotion of Public Health initiatives and the possibility of exploring the use of the Centre and other similar organisations as part of this work should be explored. Activities such as these should also be borne in mind when discussing health messaging.

The Healthwatch representative suggested that the Centre should make contact with Healthwatch as they could help to promote the Centre's activities in relation to improving a person's health and wellbeing.

The Chair thanked Paul Reilly and Pete Clayton for their presentation.

ACTION

The Arts Centre contact Healthwatch Leicester to discuss promoting their activities to improve people's health and wellbeing.

The Arts Centre provide a breakdown of users of their activities and this be circulated to Members.

Contact details of the Arts Centre be included in the minutes of the meeting and organisations working within the health sector, including the City Council, be encouraged to engage with the Centre to discuss their contribution to improving the health and wellbeing of local citizens.

That the activities of groups such as the Arts Centre be borne in mind when considering health messaging.

24. BETTER CARE TOGETHER CONSULTATION

Mary Barber, Programme Director, Better Care Together, and Sarah Smith, Consultation Lead, presented a report providing an update on the progress of the Better Care Together Programme, focussing on the preparation for Public Consultation.

The briefing was intended as a pre-consultation update to Health and Wellbeing Boards and Scrutiny Committees/Commissions in Leicester, Leicestershire and Rutland on the formal consultation which was due to start on 30 November 2015 and would last for 14 weeks.

Members were reminded that the Better Care Together Programme was being delivered jointly by health and social care services throughout Leicester, Leicestershire and Rutland. The process started in January 2014 in response to the government's directive to transform the way health and social care are delivered. The programme aims to deliver high quality integrated citizen centred patient care with the aim of providing greater patient care in the primary health sector to reduce the time spent in hospitals and thereby relieve the pressure on the more costly acute health sector.

Some operation changes were already taking place as part of the programme, but where the model of care needed to be changed significantly there was a statutory requirement to undertake public consultation. The programme also aimed to reduce inequalities in care and treat patients as close to home, or in their own home, if it was safe and suitable to do so.

It was noted that the consultation would include the following changes:-

a) Providing sub-acute care in Community hospitals including more clinics for individuals with long term conditions, undertaking 40% more planned procedures and out-patient treatment in community hospitals and as day surgery.

b) In response to evidence that some patients treated in acute settings become dependent upon the level of care provided when they do not necessarily require it, part of the programme aimed to reduce this pressure by increasing the number of intensive community support beds in the community from 126 to 250.

c) Currently 2 Community Hospitals do not meet the NICE or CQC guidance for patient care and it is proposed to reduce the number of community hospitals form 8 to 6.

d) UHL currently has 3 hospital sites providing acute services and it was proposed to reduce this to 2 sites; with the General Hospital refocusing its service provision. There would, however, be a need to demonstrate that the patients currently receiving acute care at the General Hospital can be safely accommodated at the other two proposed acute units.

e) Transferring the maternity services currently provided at the General Hospital to the Leicester Royal Infirmary.

It was proposed to obtain a 2% response rate to the Consultation which would be twice the amount generally regarded as a viable response. There was an agreement with the CCG to have feedback that was representative of the City demographics. The consultation team were working with playgroups and local community groups to reach more people in order to receive a representative sample of responses. Impact Assessments were being prepared as proposals were finalised and it was hoped to include these in the consultation process.

Whilst the consultation process was not a referendum, the responses to the consultation would have to be taken into account as part of the decision making process for the provision of services. However, there was a requirement from Trust Development Authority and the CCG to deliver a reconfiguration of services as the current model was not deemed to be sustainable in the long term.

The Chair commented that it was hoped to undertake joint scrutiny with the County Council on elements of the programme including workforce planning, Equality Impact Assessment, Community Hospitals and admissions and discharges.

Following comments from Members it was noted:-

a) Existing quality of care standards would remain in place to safeguard patient care.

b) Some of the intensive community care beds may be hospital beds in patients' homes with appropriate clinical support.

c) The Chair commented that in some instances it may not be appropriate for patients to be treated at home, particularly in circumstances where social crowding in a residence occurred. In response, it was stated that it had been assessed within the rehabilitation business plan that approximately half of the treatment could adequately be provided in a patients' home.

d) Lessons had been learned from the previous engagement process on the Programme and steps were being taken to improve engagement with hard to reach groups or those communities and groups that do not normally take part in formal engagement. Consultation material would be available in the main community languages, and in different formats such as animated and easy to read versions.

e) The consultation period was due to end on 29 February 2016 and the Director indicated that periodic updates to the Commission could be provided.

f) The Better Care Together Programme was required to provide sustainable quality services and also make on-year savings of £39m to reduce the £295m budget deficit facing the local health economy by 2019.

Following Members questions on the operational detail of proposals in the consultation process, the Director, Better Care Together, stated that until the final consultation had been completed it was not appropriate to discuss these in a public arena prior to the start of the consultation. However, the Director offered to discuss these details with Members in a briefing session.

In answer to a Member's question on the costs of the public consultation, the

Director stated that the CCG held the budget and she would arrange for the costs to be supplied to Members.

RESOLVED:

1) That the Director and the Consultation Lead be thanked for their briefing.

2) That the offer of a Members briefing prior to the consultation process starting be accepted.

3) That further periodic updates be submitted to the Commission, as appropriate, and that a further report be submitted on the responses to the Consultation process from City residents and the proposed responses to them.

4) The Equality Impact Assessment be provided to Members when it has been published.

5) That the Director provide further details of the measures being taken to reach hard to reach communities that do not have formal representative groups, together with details of the budget for the public consultation.

ACTION:

The Scrutiny Policy Officer liaise with the Better Care Together Director to arrange a briefing for Members.

The Better Care Together Director to provide the information and reports requested above.

25. HEALTH AND WELLBEING SURVEY

Members noted that the outcomes of the Health and Wellbeing Survey, conducted between 26 January and 7 June 2105 by Ipsos MORI, were presented to the Council on 24 September 2015. The Director of Public Health gave a presentation on the headline outcomes of the survey to the meeting and a copy of the presentation is attached to these minutes.

The Director stated that the survey helped to provide an overview for the City which would help to plan services to encourage a shift in health behaviour in areas such as diet, exercise and smoking etc which in turn would contribute to reducing the gap in life expectancy for people in Leicester compared to the national average. Some responses to questions could be affected by factors such as a person's state of mind etc. For example a person suffering from anxiety may have good physical health but say their health is not good and

equally people with medical illnesses may still feel their health is good. The use of e-cigarettes had risen dramatically in recent years and 9% had now used an e-cigarette.

The survey was conducted on a face to face basis in people's own homes. Some of the questions in the survey related to sensitive issues and there was a provision for anonymous responses. MORI had conducted the survey within four zones in the City but these did not necessarily correspond to ward boundaries.

Overall, 71% stated that their health was good, which compared favourably to 72% in 2010. White people were more likely to report ill-health than other groups and employment status was an important factor to good health. 98% stated that they were registered with a GP and this was encouraging for a City with a high student population. 64% said they visited a dentist at least once a year which was considered to be a good level of engagement.

The survey result were being shared with the Police, Fire, Voluntary Sector and health partners and it was intended to make the information more publically available in the near future. Detailed work would now be ongoing to analyse the information provided in the survey to inform future decision making and priorities. Work was also underway to use the survey results to provide health profiles for individual wards.

Following questions from Members, the Director commented:-

a) That further work would be required to make a valid correlation between the information obtained from Air Quality Monitoring and the results of the health and wellbeing survey. It would require specific work to identify how air quality related to particular diseases or conditions.

b) The LGBT Centre had data which could be used to produce a profile for the mental and sexual health of the LGBT community.

c) It would be possible to make a valid comparison of smoking rates between wards but it would not be possible to make a valid comparison of smoking rates between men and women in each ward due to the smaller numbers involved in the sample base when producing ward profiles.

The Chair suggested that health and wellbeing criteria could be used when considering applications for ward funding. The Assistant City Mayor – Public Health indicated that if ward councillors provided feedback to this effect it could be considered further.

The Assistant City Mayor – Public Health commented that it could be useful to produce local data for a cluster of wards that covered a specific locality, e.g. the Highfields area of the City.

The Chair commented that it was useful to see the comparison of the latest

survey with the results of 2010 and to see what effect policies and priorities had made upon the health and wellbeing of people in Leicester. It was interesting to note that 3% fewer people ate 5 portions of fresh, frozen, dried fruit and vegetables on average per day compared to 2010 and felt that this may require further work to understand the reason, especially with the increase in the number of food banks available and the prominence of the fresh fruit section on the Leicester Outdoor Market.

The Director stated that it would be useful to have an indication from the Commission of any specific areas of interest they wished to focus upon in the first instance. In response it was noted that the Commission's areas of interest arising from the survey would be:-

- levels of smoking,
- alcohol consumption
- wellbeing
- healthy eating (5 portions per day of fruit and vegetables and food banks)
- health issues and service provision within the LGBT communities.

RESOLVED:-

That the Director be thanked for the presentation and that the Commission's comments be taken into account on further work involving the survey.

ACTION:

The Director of Health to continue to work on the analysis of the survey results and produce ward/area profiles in due course and also to submit reports on the five areas of interest listed above to future meetings of the Commission.

The Scrutiny Policy Officer to add the areas of interest into the work programme.

26. UPDATE ON SUBSTANCE MISUSE REVIEW

Members' received a briefing note providing an update on the plans to re-procure substance misuse services. The Commission had received a report on the proposal at its last meeting. The briefing note outlined the progress on the service design and the next steps in the procurement process.

Following discussion of the plans to re-locate of The Wet Day Centre (Anchor Centre) at the last meeting, Members had also requested an update on the proposals to be submitted to this meeting. The following information was submitted for Members' information and noted:-

- At its meeting of 6th August the Health and Well-Being Scrutiny

commission received a paper updating members on the plans to re-locate the Wet Day Centre to premises on Nelson Street, as the existing premises on Dover Street are not fit for purpose.

- The Deputy City Mayor advised the meeting that the planned move to Nelson Street would not be going ahead.

- Further to that meeting officers have continued to progress the identification of other suitable alternative options. This includes site visits and discussions with landlords about the possibility of using their properties to provide this type of service.

- The key requirement is the need for premises in a good condition, with an outside space, which are located in the city centre.

- The existing provider is aware of the search for alternative suitable premises.

- Officers will continue to look at potential options.

- The commitment to engage with ward members once suitable premises have been identified remains in place.

- As the premises issue has not been resolved the service will not be included within the wider contract for substance misuse which will be launched to the market 5th October.

Dr Anna Hiley, GP and Chief Executive, Inclusion Healthcare CIC and Wayne Henderson, Specialist Substance Misuse Nurse, gave a presentation on the operation of the Anchor Centre. During the presentation the following comments were noted:-

a) The Centre provides support through a Wet Day Centre for vulnerable street drinkers.

b) The Centre has been part funded by the Council for nearly 20 years and has been commissioned by the Council since November 2014.

c) Inclusion Healthcare was launched in 2010 to improve the health and wellbeing of homeless people and marginalised groups.

d) Clients include the homeless, asylum seekers and people with substance misuse issue within the Criminal Justice Service.

e) Inclusion Healthcare received an 'Outstanding' rating from the CQC in November 2014 across all 5 inspection criteria.

f) Following the closure of the Upper Tichbourne Hostel there had been an increase in levels of street drinking. As there were now other 'wet'

hostels users had to leave a ‘dry’ hostel to have a drink.

g) The Anchor Centre provided:-

- support to reduce the levels of drinking,
- a structured recovery programme
- access to primary health care services
- assistance with housing etc.

NOTE: Councillor Sangster left the meeting at this point.

h) The current premises were unsuitable as the kitchen could not be used to provide food for the Centre users, the roof was damaged, the showers were not controlled, the heating system was ineffective, there was no hot water in the toilets and the building layout did not allow a stretcher to be taken into or out of the building.

i) Daily risk assessments were carried out to determine if the Centre was safe to operate and accept clients. The Centre was closed on 5 occasions last winter as the heating system could not get the ambient temperature above 14°. The situation was likely to get worse in the future.

j) Any new premises would not realistically be available until Easter 2016 and extra action was needed urgently if the Centre was to continue to operate throughout the forthcoming winter. The current situation had led service users to further feel that they were undervalued within society.

The Chair thanked Dr Hiley and Mr Henderson for their informative and thought provoking presentation. It disappointing that the situation had reached its current state and this needed to be addressed. Urgent action was now required to ensure the service could continue to operate until satisfactory premises were provided.

Members expressed support for the work of the Centre and felt that the situation should not have been allowed to reach its current state and, whilst they acknowledged the work currently being undertaken to find an alternative location for the Centre, they were dismayed that the current unsatisfactory situation had not been resolved.

The Assistant City Mayor – Public Health stated that he would take away the Commission’s comments and would keep the Commission updated on progress.

Kate Galoppi, Head of Commissioning (Adult Social Care) updated Members on the plans to re-procure substance misuse services and it was noted that:-

a) There had been a good response to the soft market testing.

b) 202 responses had been received in response to the consultation, a

large proportion of which were from within the City. There were some concerns expressed about safeguarding of adult and children if there was a combined service.

c) It was proposed to provide a single service hub with 6 day access including support to the LGBT community. A single service provision approach would bring service efficiencies.

d) The process for inviting tenders would be launched 0n 5 October 2015.

The Assistant City Mayor – Public Health stated that Unite had submitted a response on behalf of users and carers outside of the consultation process, and a meeting had been held with them and their views would be taken into account.

Following questions from the Chair it was stated:-

a) That although the provision of the wet centre had not been included within the current tender process, because of the work to find alternative accommodation for the centre; there was a provision for a contract variation at a later date and this could be used to include the wet centre when suitable premises had been identified.

b) In any event, it would be necessary to start the procurement for the wet centre in January, whether within the Substance Misuse Contract or separately.

RESOLVED:

1) That the progress report be noted and that a further update report be presented to the January meeting of the Commission on the progress with the Substance Misuse contract and the future location of the wet centre.

2) That an update on the Anchor Centre be presented to the next meeting of the Commission.

ACTION

The Scrutiny Policy Officer add the update report on the Substance Misuse Contract to the work programme for the January meeting and the update for the Anchor Centre for the October meeting.

27. HEALTH MESSAGING - SCOPING DOCUMENT

Members received the draft scoping report for a proposed scrutiny review on the 'Development of Local Health Messages' and were requested to make

comments on the draft and approve the terms for the review.

The Chair commented that the review would also need to take into account the issues arising from the health and wellbeing survey and the Air Quality Action Plan that was recently considered by the Economic Development, Transport and Tourism Scrutiny Commission, as well as the issues arising from the presentation from the Fosse Arts centre earlier in the meeting.

RESOLVED:

that the terms of references in the scoping report be endorsed and that they be submitted to the Overview Select Committee for approval.

ACTION

The Scrutiny Policy Officer to submit the Scoping document to the Overview Select Committee for approval.

28. LPT QUALITY MONITORING FOLLOWING CQC REPORT - SCOPING DOCUMENT

Members received the draft scoping report for a proposed scrutiny review on the 'Leicestershire Partnership NHS Trust – Quality monitoring following the Care Quality Commission Inspection' and were requested to make comments on the draft and approve the terms for the review.

The Chair stated that Councillor Sangster would Chair the review and had indicated she was content with the Scoping Document. The review was likely to require intense support over a short period of time, and officers had confirmed that this could be provided. Another Member was still required to join Councillors Sangster and Fonseca in the Review.

RESOLVED:

that the terms of references in the scoping report be endorsed and that they be submitted to the Overview Select Committee for approval.

ACTION

The Scrutiny Policy Officer to submit the Scoping document to the Overview Select Committee for approval.

Members to notify the Chair/Scrutiny Policy Officer if they wish to take part in the Review.

29. WORK PROGRAMME

The Scrutiny Support Officer submitted a document that outlined the Health and Wellbeing Scrutiny Commission's Work Programme for 2014/15.

RESOLVED:

That the Work Programme be noted and the following items be added to it:-

- An update at each meeting on the work of the Health and Wellbeing Board by the Deputy City Mayor.
- An update at each meeting for the Anchor Centre.
- Air Quality Action Plan.
- Health Messaging – evidence gathering.
- Scoping Document for the review on Primary Care Workforce.

ACTION:

The Scrutiny Policy Officer to update the work programme and to seek the views of the CCG on the Scoping Document for the review on the Primary Care Workforce.

30. UPDATE ON PROGRESS WITH MATTERS CONSIDERED AT A PREVIOUS MEETING

There were no updates on items that had been considered at a previous meeting.

31. CLOSE OF MEETING

The Chair declared the meeting closed at 8.05 pm.

Minute Item 25

Version FINAL | Client use only

Leicester Health & Wellbeing Survey 2015

Health Scrutiny Commission

28th September 2015

24/09/2015

Ipsos MORI
Social Research Institute

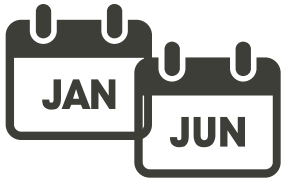
Ipsos

Overview

- Purpose of the survey
- How the survey was carried out
- Key messages from the survey

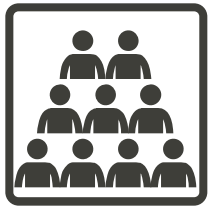
Background and methodology

Ipsos MORI undertook a face-to-face survey of 2,321 residents in Leicester aged 16+. Interviews were conducted in the home using Computer Assisted Personal Interviewing (CAPI)



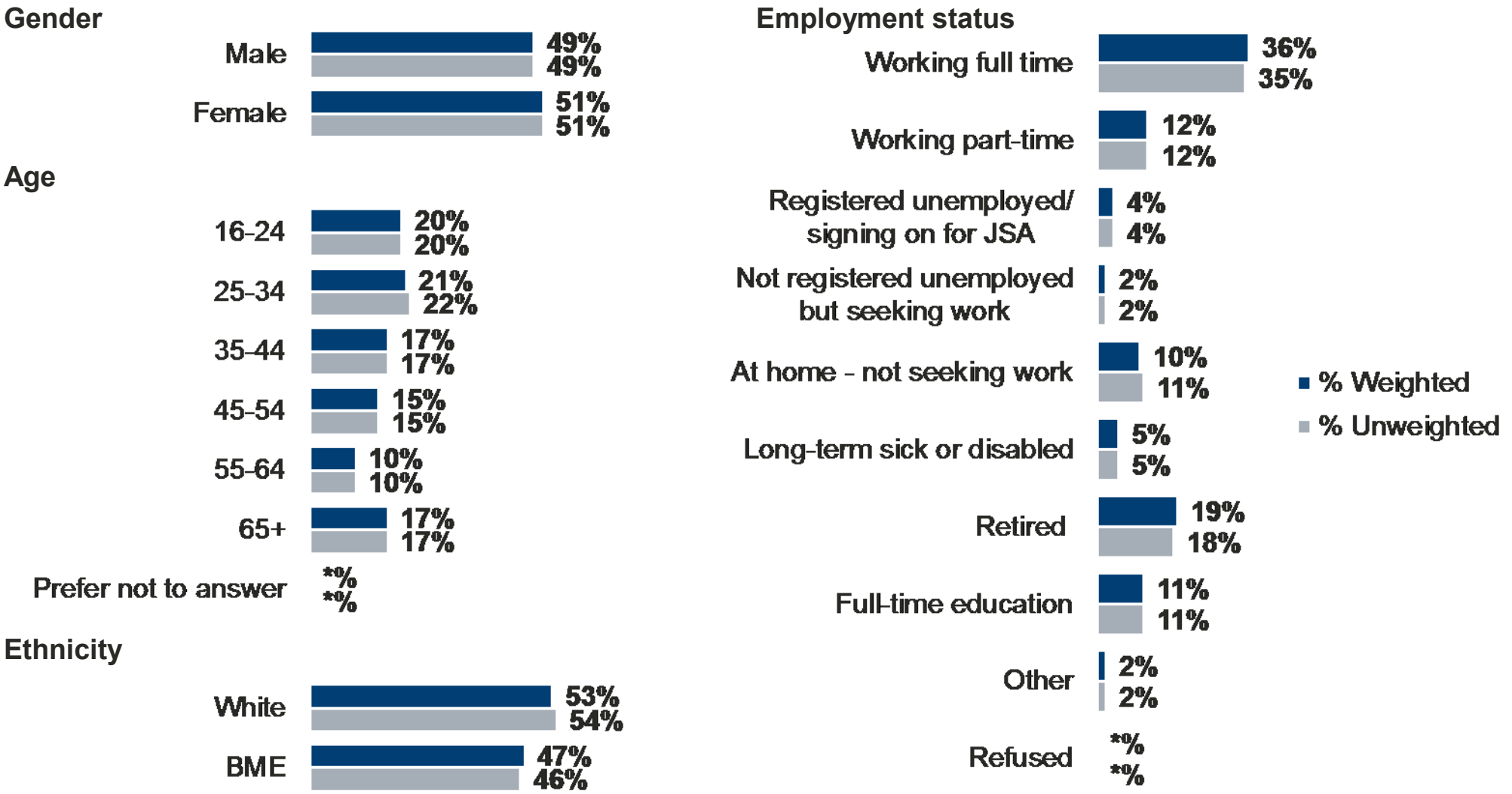
Fieldwork took place between 26 January and 7 June 2015

Respondents were selected for interview randomly in pre-assigned sample points across Leicester



Quotas set by age, gender, ethnicity and work status to ensure demographic representativeness, with data weighted to the known profile of the Leicester adult population to mitigate non-response bias

Leicester profile: younger and more ethnically diverse

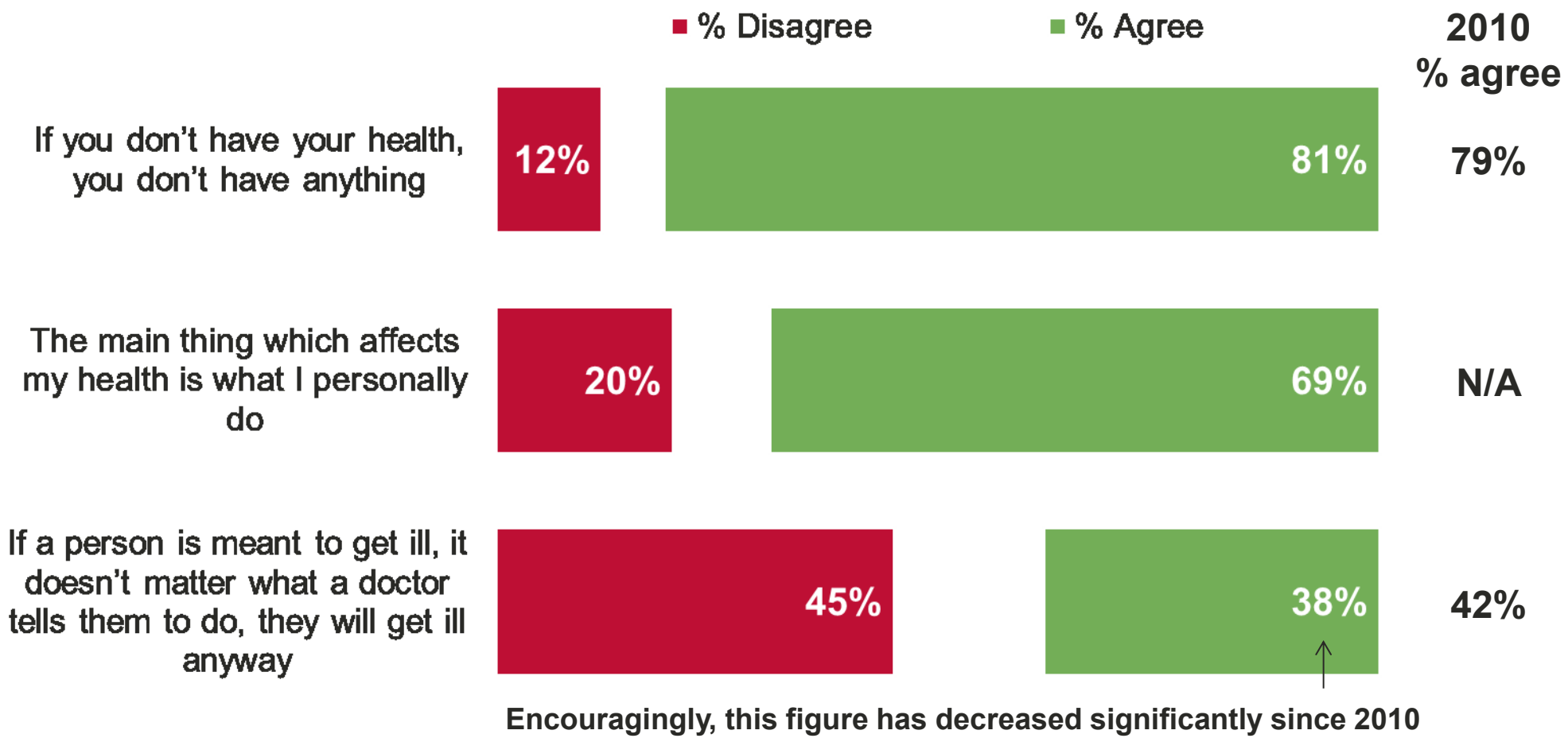


Base: All valid responses (2321) : Fieldwork dates : 26th January – 7th June 2015

Source: Ipsos MORI

Most Leicester residents feel strongly about their personal health (and their responsibility), but not all

Q11. I am going to read out some things that people have said about health in general. Please could you tell me how much you agree or disagree with each one?

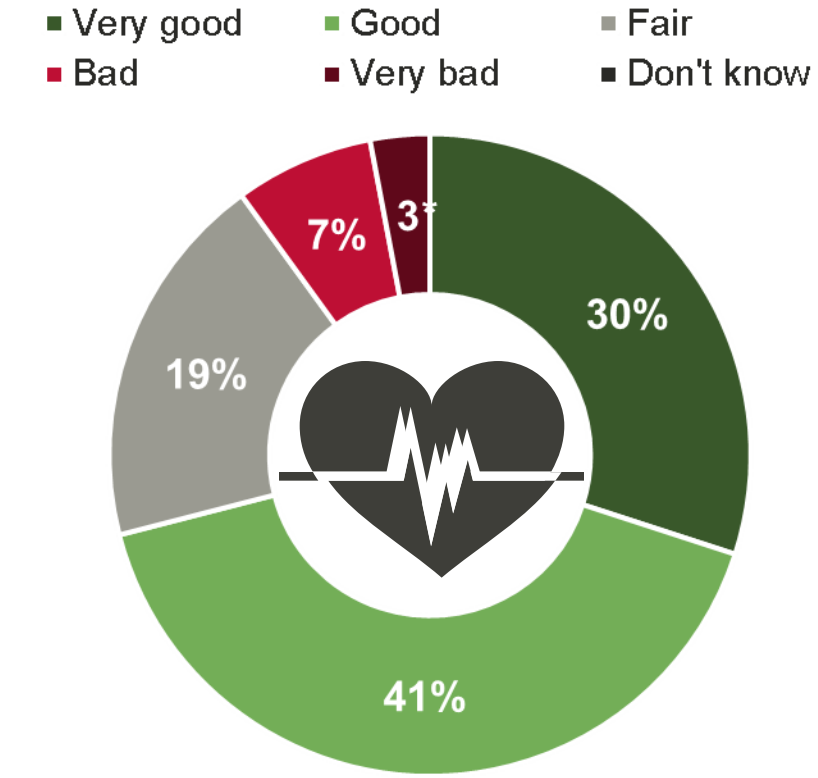


Base: All valid responses (2321) : Fieldwork dates : 26th January – 7th June 2015

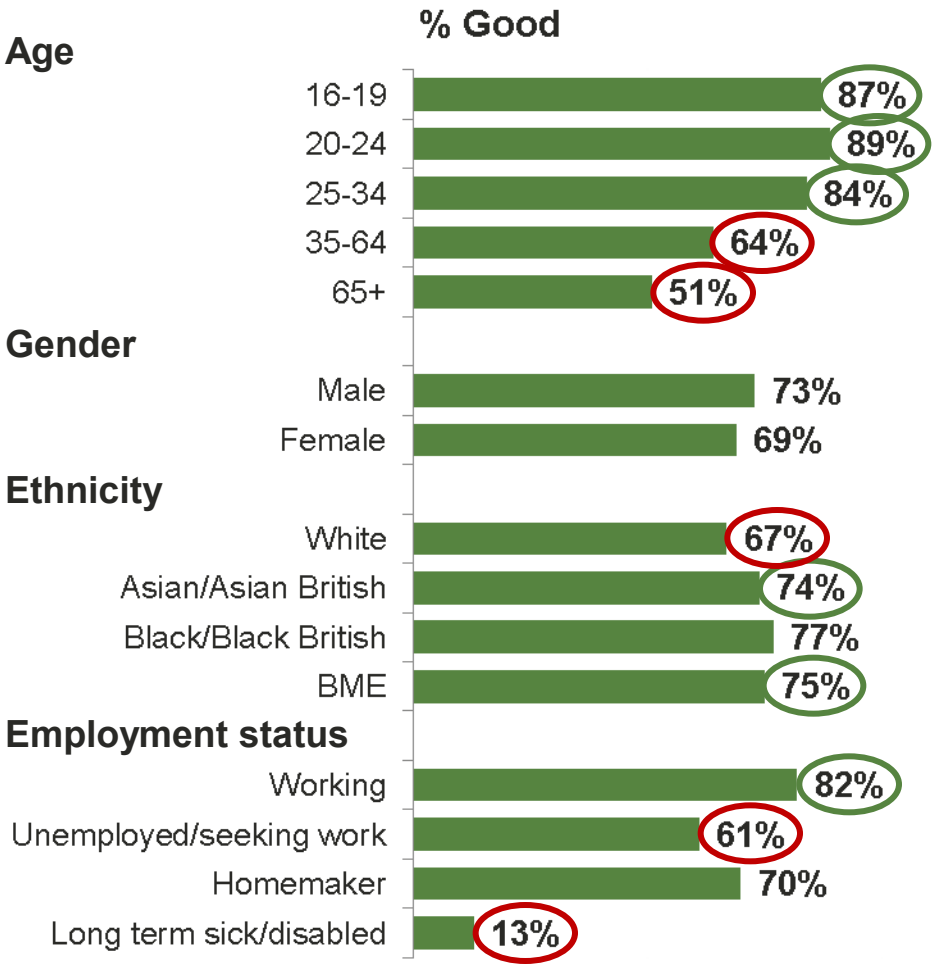
Source: Ipsos MORI

Health in general – seven in ten say theirs is good, in line with five years ago. Age a crucial factor

Q1. How is your health in general? Would you say it is…?



	2015	2010
Good	71%	72%
Bad	10%	7%

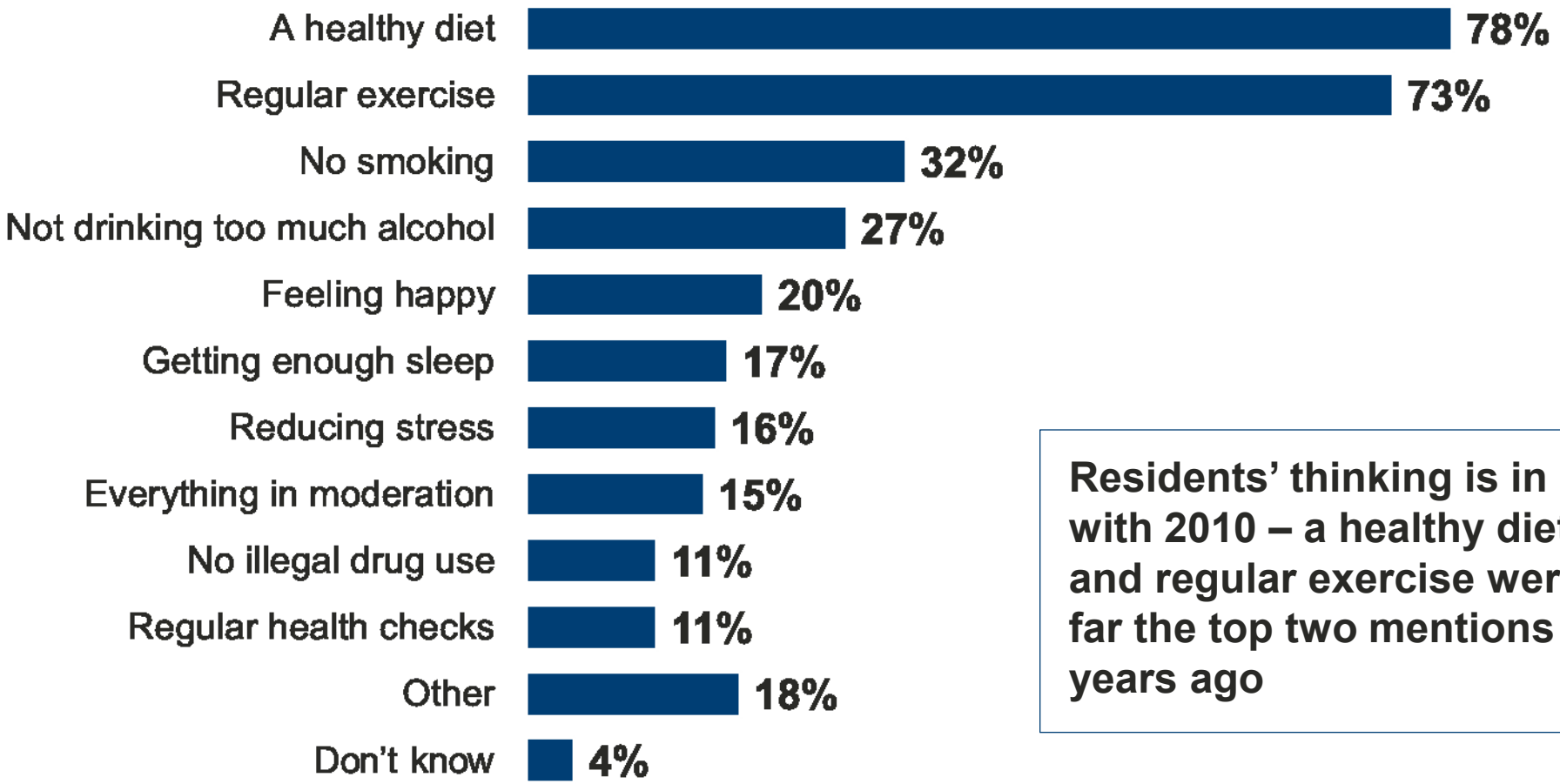


Base: All valid responses (2321) : Fieldwork dates : 26th January – 7th June 2015

Source: Ipsos MORI

But what does living healthily mean to residents?

Q12. Thinking generally, how would you personally describe a 'healthy lifestyle'?



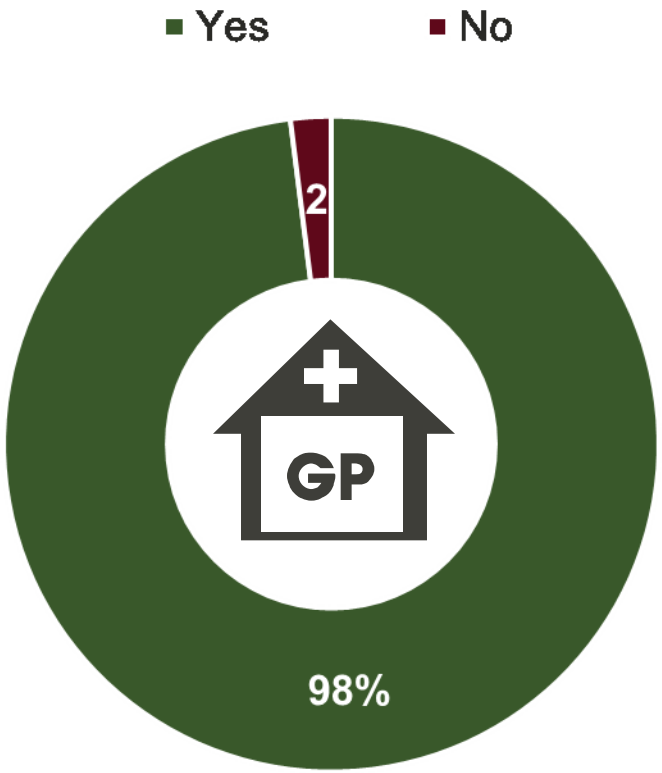
Residents' thinking is in line with 2010 – a healthy diet and regular exercise were by far the top two mentions five years ago

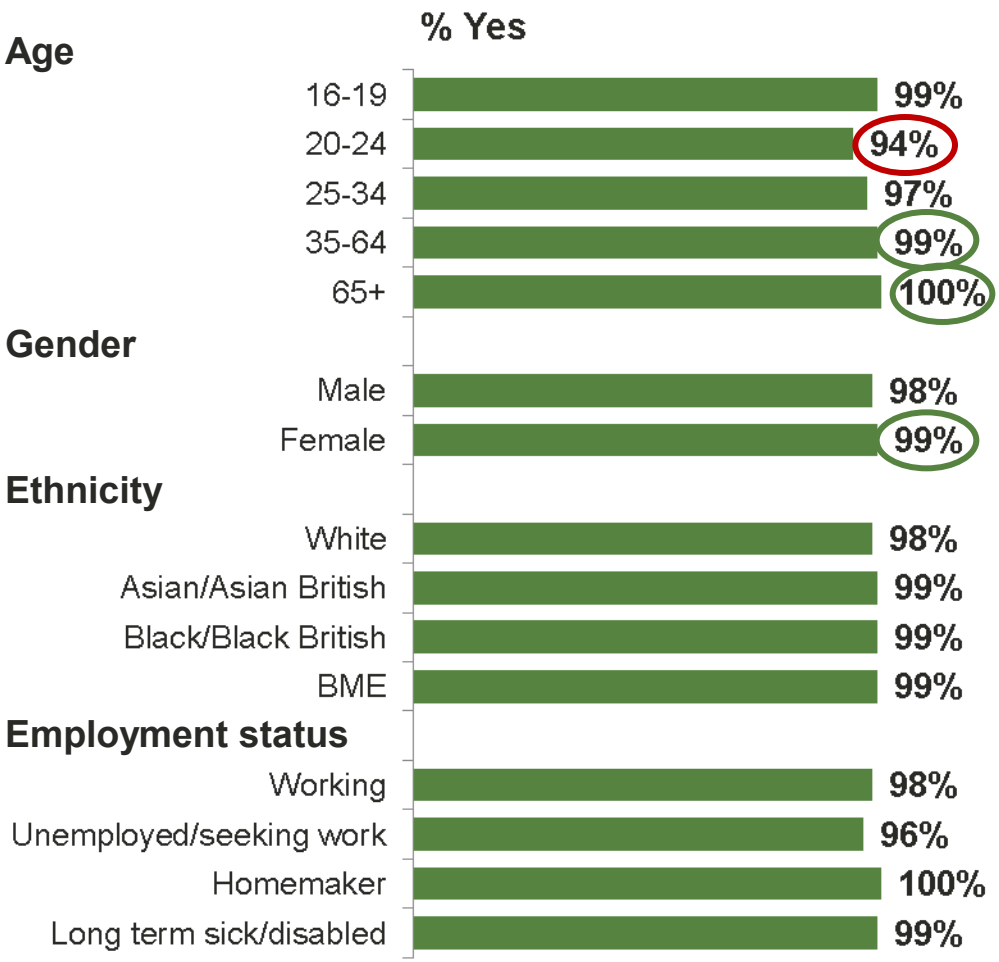
Base: All valid responses (2321) : Fieldwork dates : 26th January – 7th June 2015

Source: Ipsos MORI

98% are registered with a GP, family doctor or health centre. Non-registration higher amongst those aged 20-24

Q2. Are you personally registered with a GP, family doctor or health centre?



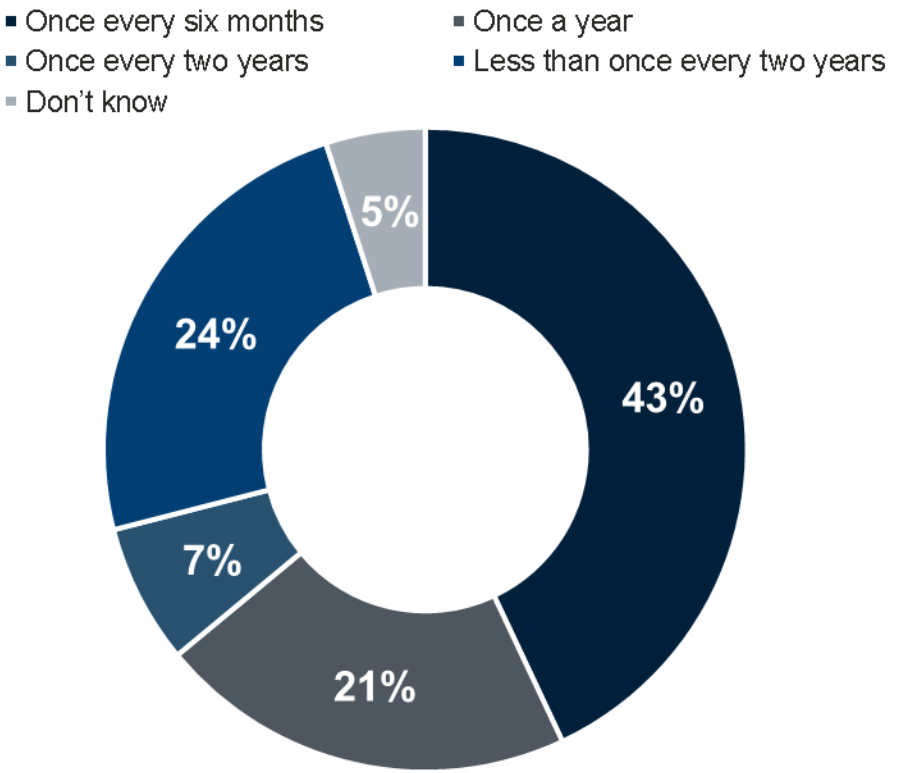


Base: All valid responses (2321) : Fieldwork dates : 26th January – 7th June 2015

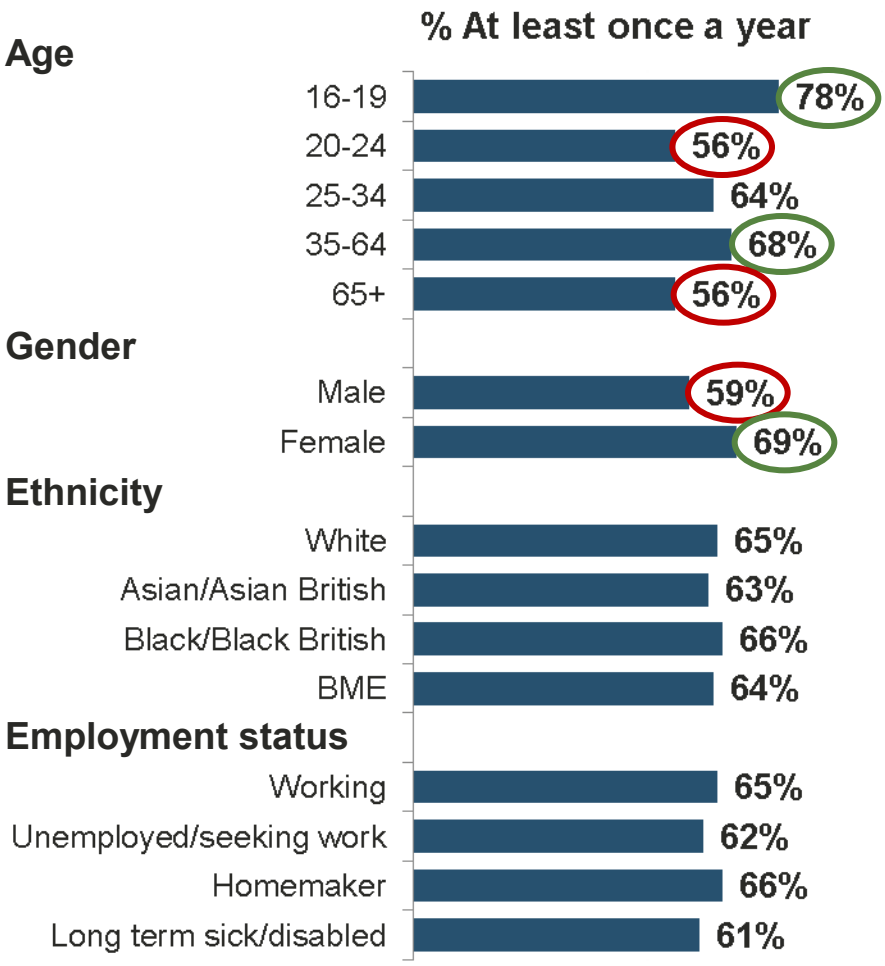
Source: Ipsos MORI

64% visit the dentist at least once a year. Groups less likely to visit this often are men, those aged 20-24 and those aged 65+

Q3. On average, how often do you go to the dentist?



At least once a year	64%
Less than once a year	31%

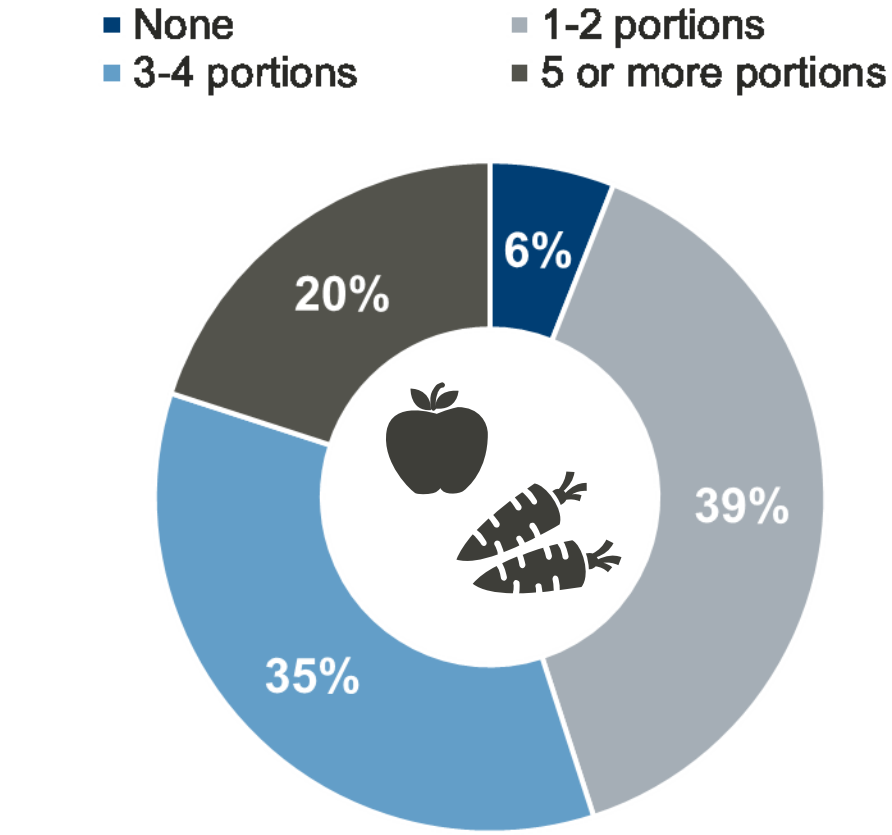


Base: All valid responses (2321) : Fieldwork dates : 26th January – 7th June 2015

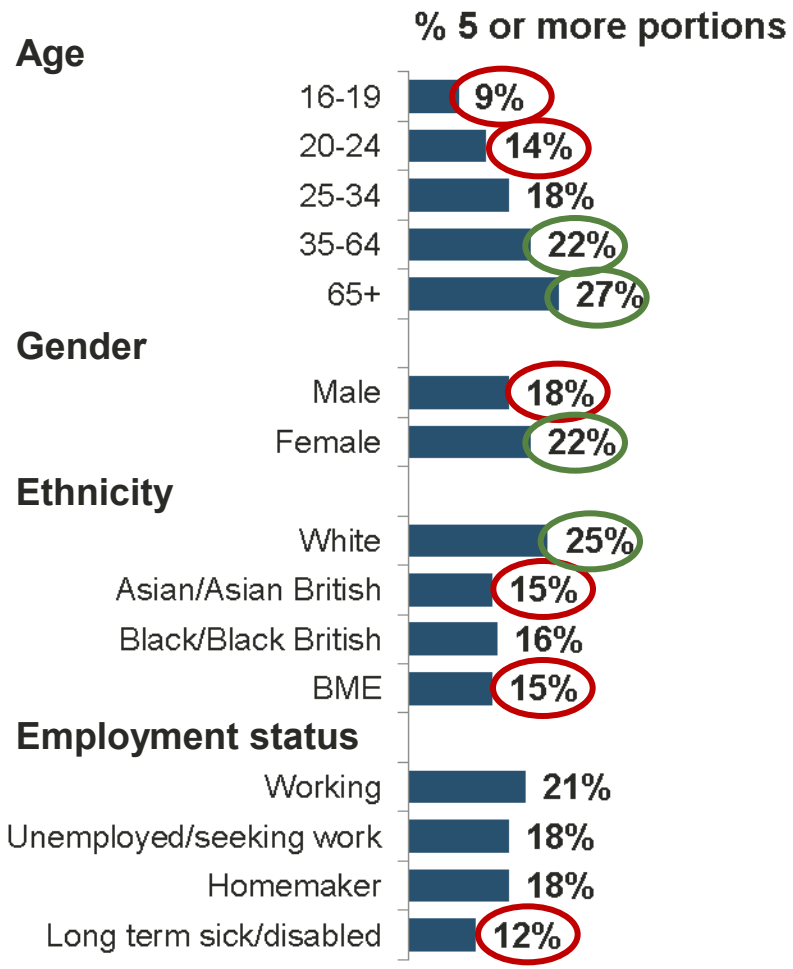
Source: Ipsos MORI

Just one in five eat five portions of fruit/veg per day – fewer than in 2010…

Q17. How many portions of fresh, tinned, frozen or dried fruit and vegetables do you eat on average in a day?



	2015	2010
5 or more portions	20%	23%

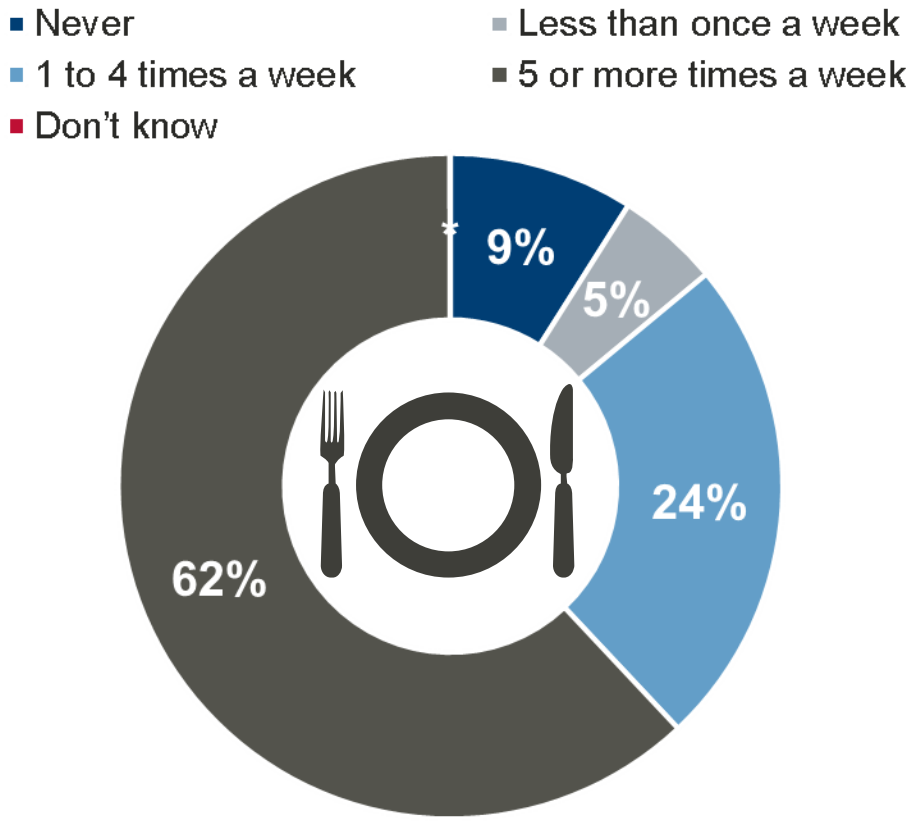


Base: All valid responses (2321) : Fieldwork dates : 26th January – 7th June 2015

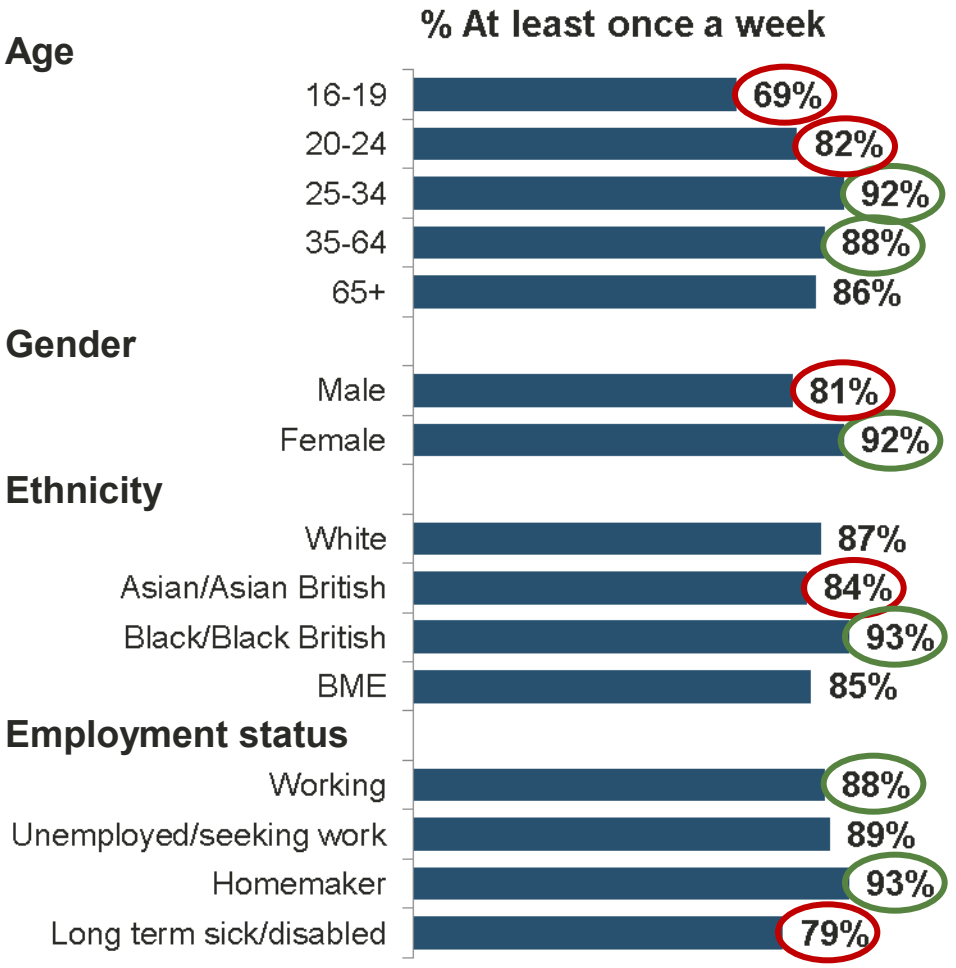
Source: Ipsos MORI

…despite the majority preparing meals for themselves / their family regularly

Q18. How often do you cook or prepare a meal from basic ingredients for yourself or your family / household?



At least once a week	86%

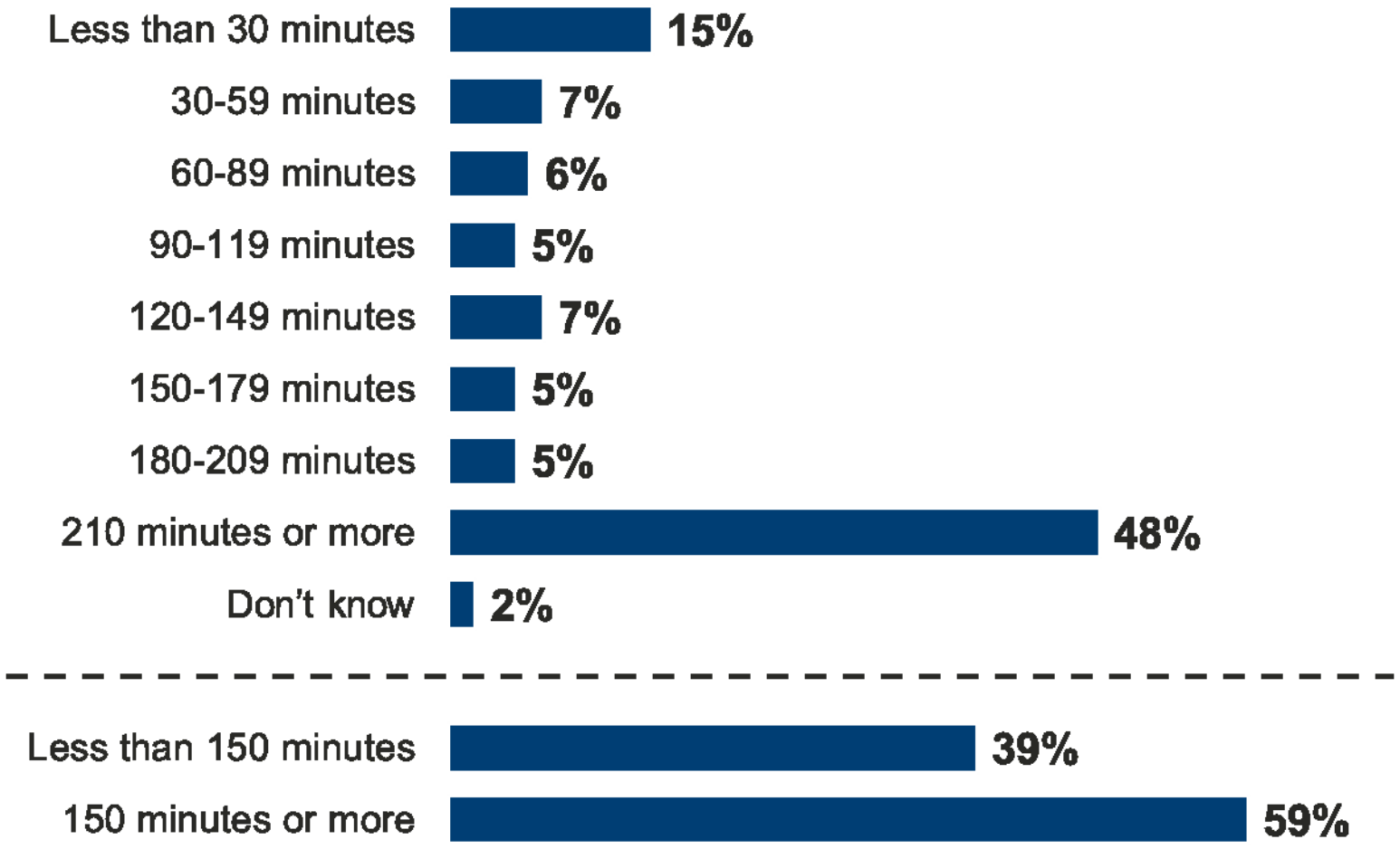


Base: All valid responses (2321) : Fieldwork dates : 26th January – 7th June 2015

Source: Ipsos MORI

Three in five residents get the recommended 150 minutes or more of moderate physical activity per week

Q21. How many minutes or hours would you say you do a week?

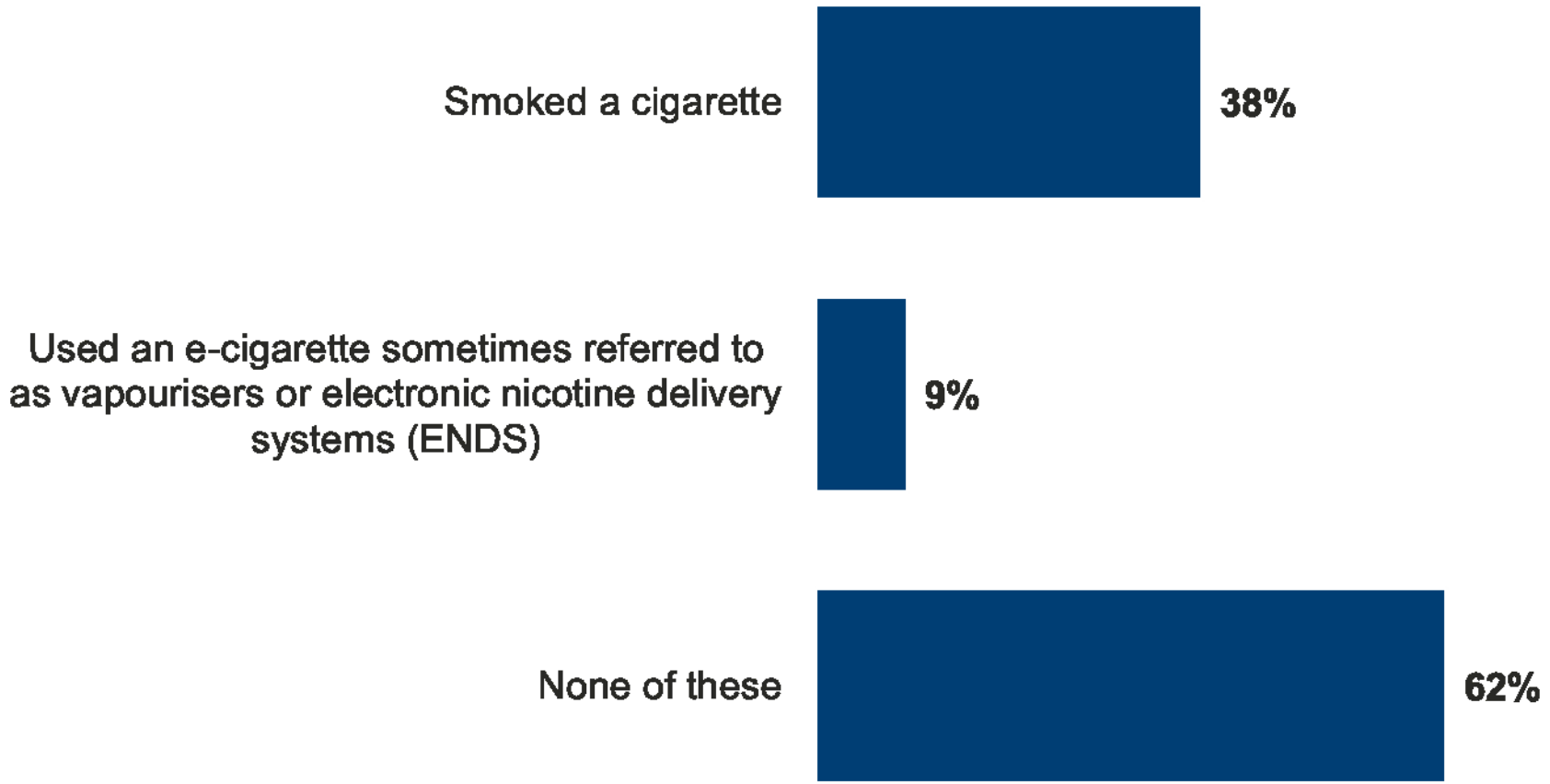


Base: All valid responses (2321) : Fieldwork dates : 26th January – 7th June 2015

Source: Ipsos MORI

38% have ever smoked a cigarette, while 9% have smoked an e-cigarette. Three in five have smoked neither of these

Q29. Have you ever done any of the following?

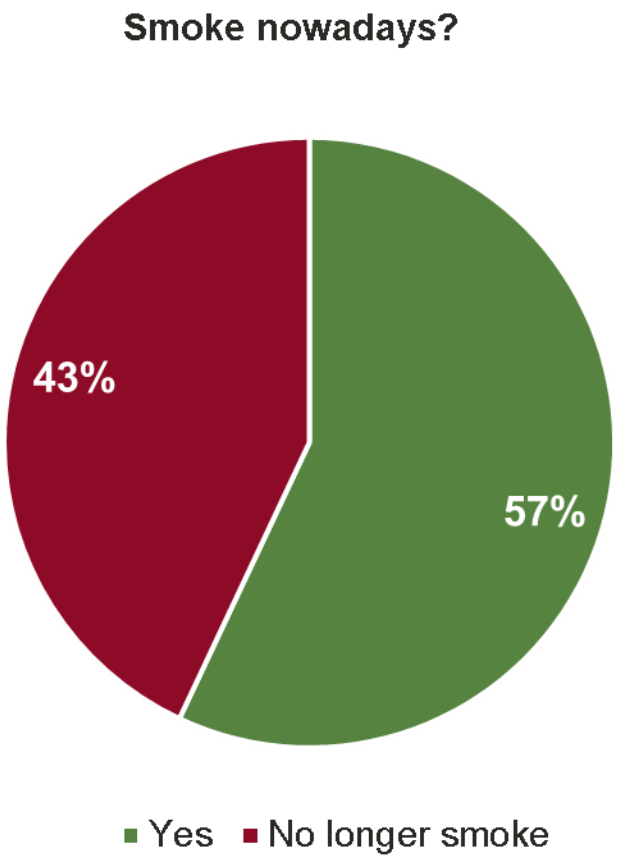


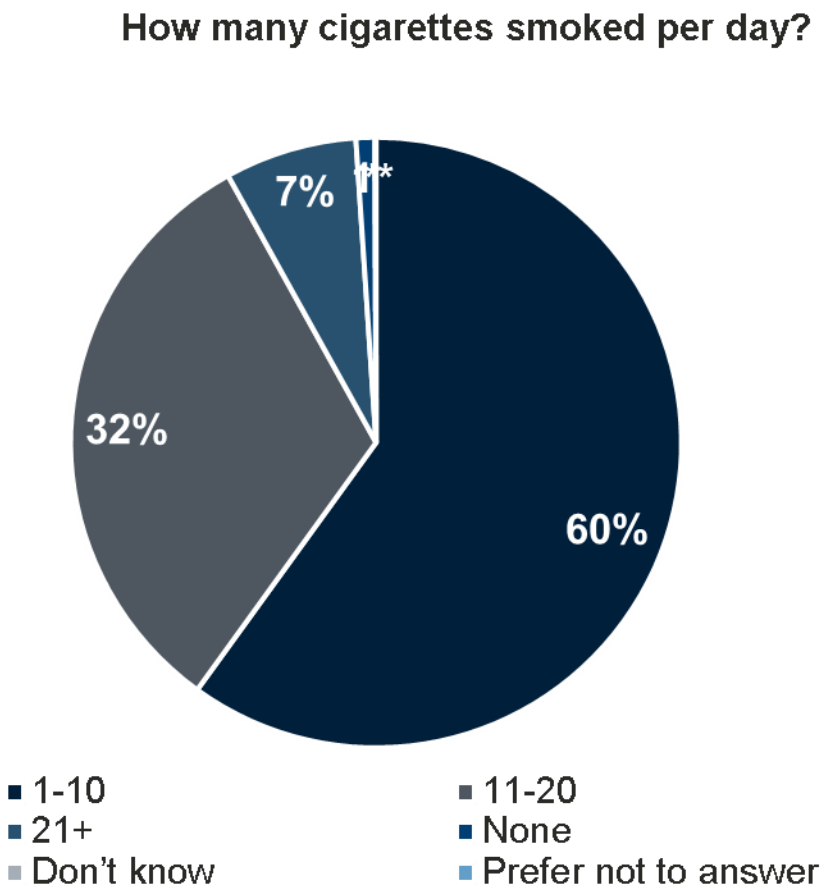
Base: Q29. All valid responses (2321) : Fieldwork dates : 26th January – 7th June 2015

Source: Ipsos MORI

57% of those who have ever had a cigarette still smoke them, which is 21% of Leicester residents overall

Q30. Do you smoke cigarettes at all nowadays?
Q31. On average, how many cigarettes or hand rolled cigarettes do you usually smoke a day?



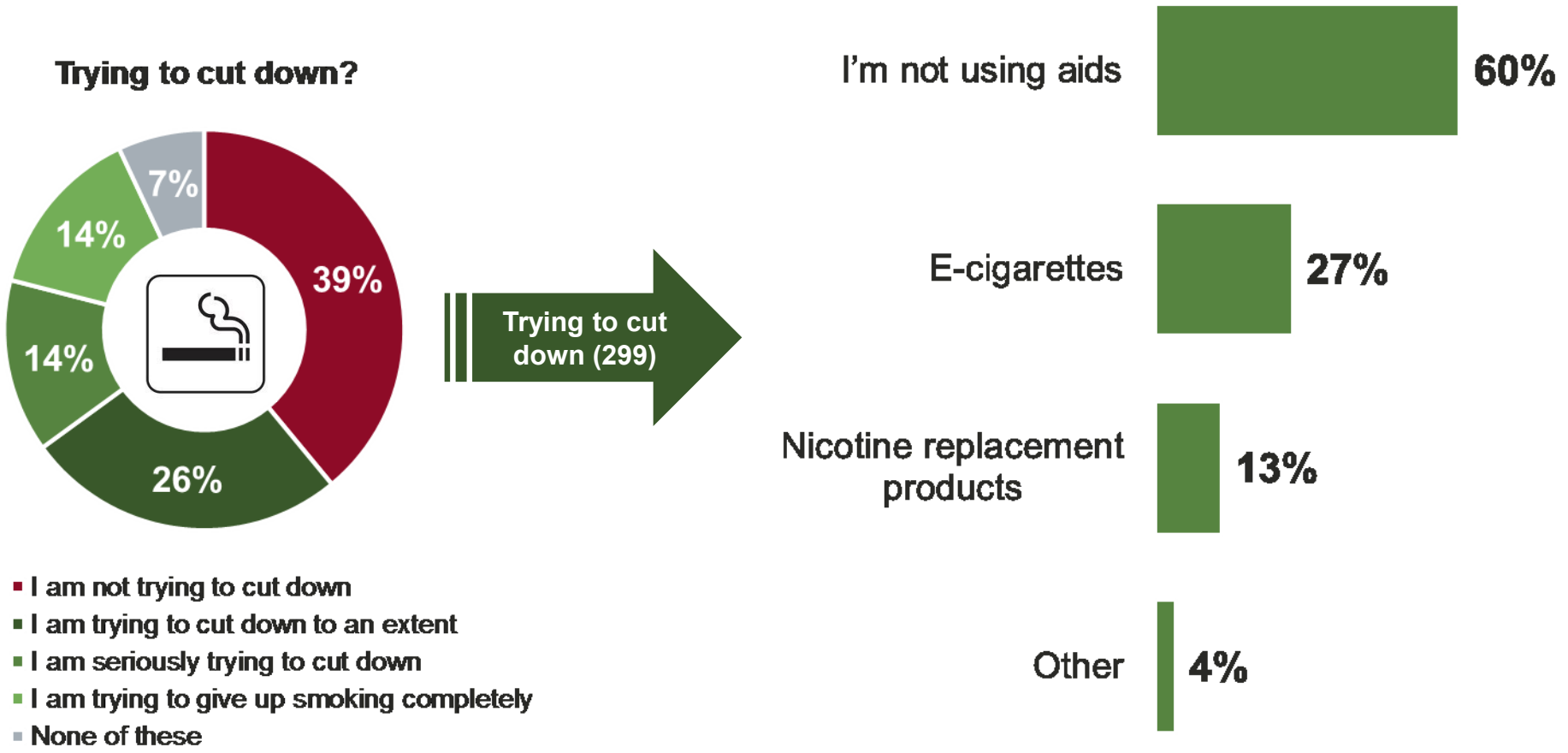


Base: Q30. All valid responses who have ever smoked a cigarette (881); Q31. All valid responses who smoke cigarettes nowadays (500)
Fieldwork dates : 26th January – 7th June 2015

Source: Ipsos MORI

Most current smokers are either trying to cut down or quit completely. More than a quarter say they're using e-cigarettes

Q39. Which of the following best applies to you?
Q40. If you are trying to cut-down, which, if any, of the following aids are you using to help you cut down?

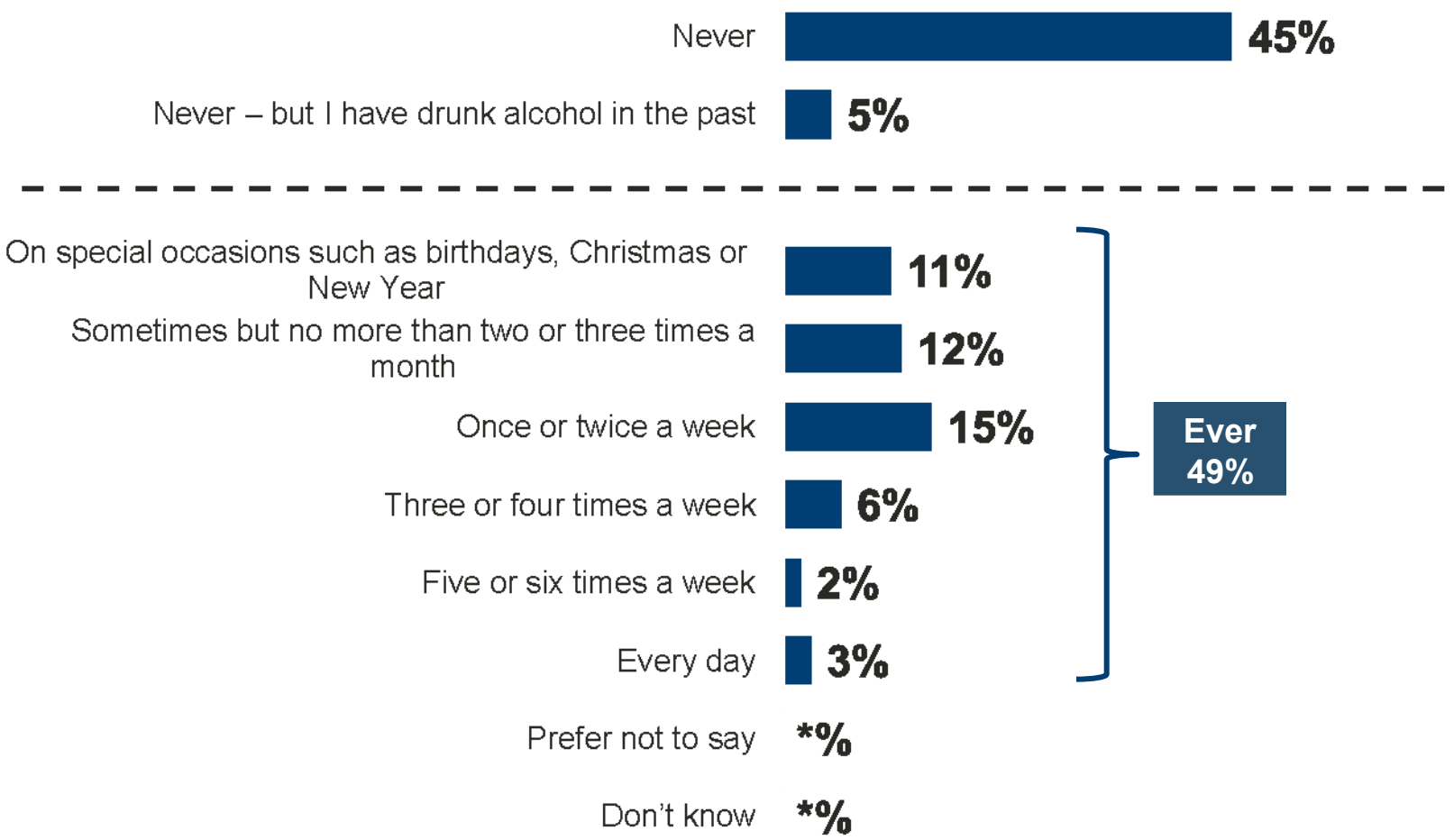


Base: Q39. All valid responses who currently smoke (553); Q40. All valid responses who currently smoke and are trying to cut down (299)
Fieldwork dates : 26th January – 7th June 2015

Source: Ipsos MORI

45% of residents say they have never drunk alcohol – a further 5% never drink alcohol nowadays but have done so in the past

Q48. How often, if at all, do you drink alcohol?

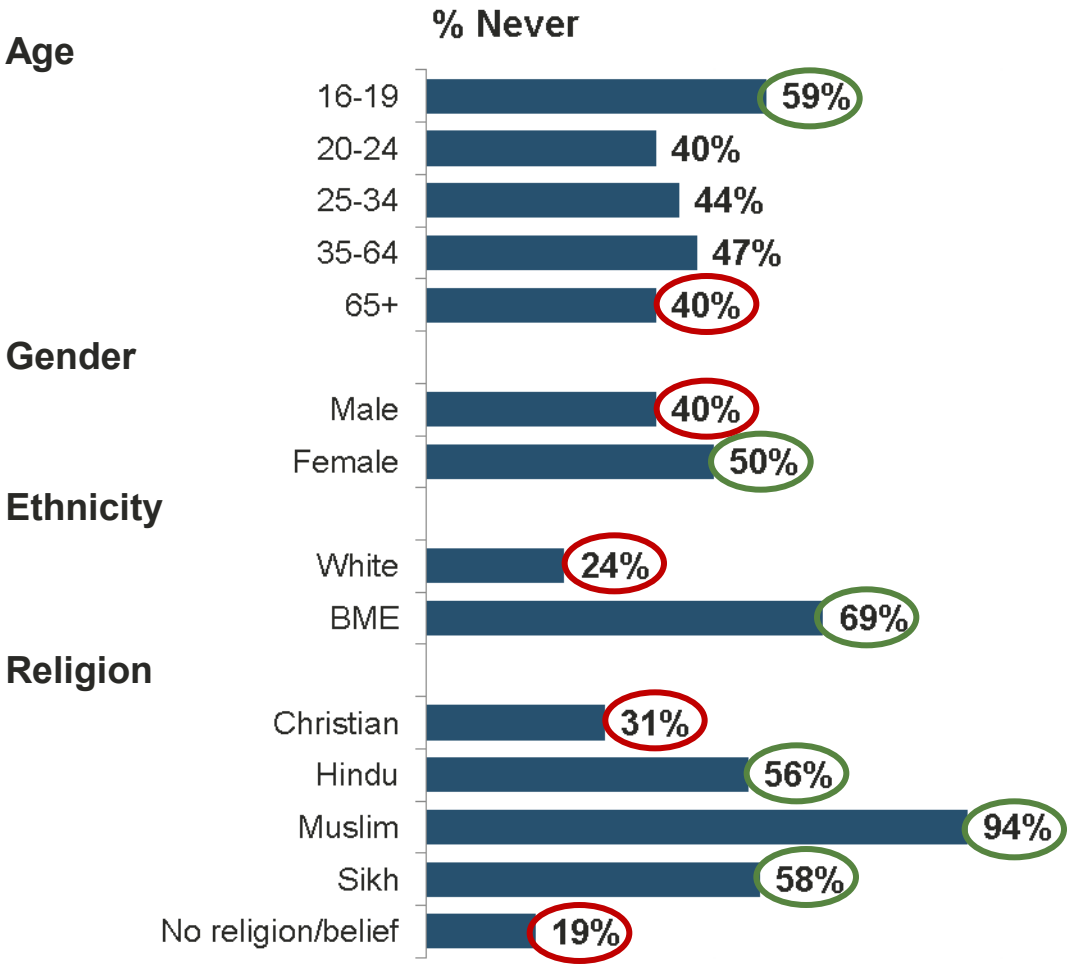


Base: All valid responses (2321) : Fieldwork dates : 26th January – 7th June 2015

Source: Ipsos MORI

Muslims, Hindus and Sikhs are more likely say they never drink alcohol compared with Christians and non-religious residents

Q48. How often, if at all, do you drink alcohol?



Work conducted by Ipsos MORI on behalf of Drinkaware suggests **residents in Leicester are far less likely to drink at all than in Great Britain generally**.

While 45% of Leicester residents say they have never drunk alcohol, the equivalent figure from this national telephone survey is 11%.

Base: All valid responses (2321) : Fieldwork dates : 26th January – 7th June 2015 / Drinkaware: Adults 18-75 (2294 – By Telephone) : Fieldwork dates : 17th November – 10th December 2014.

Source: Ipsos MORI

Certain groups of people are more likely to drink over the recommended limit

Q50. Number of units drunk in a typical week

Among those most likely to drink <u>over</u> the recommended limit are…

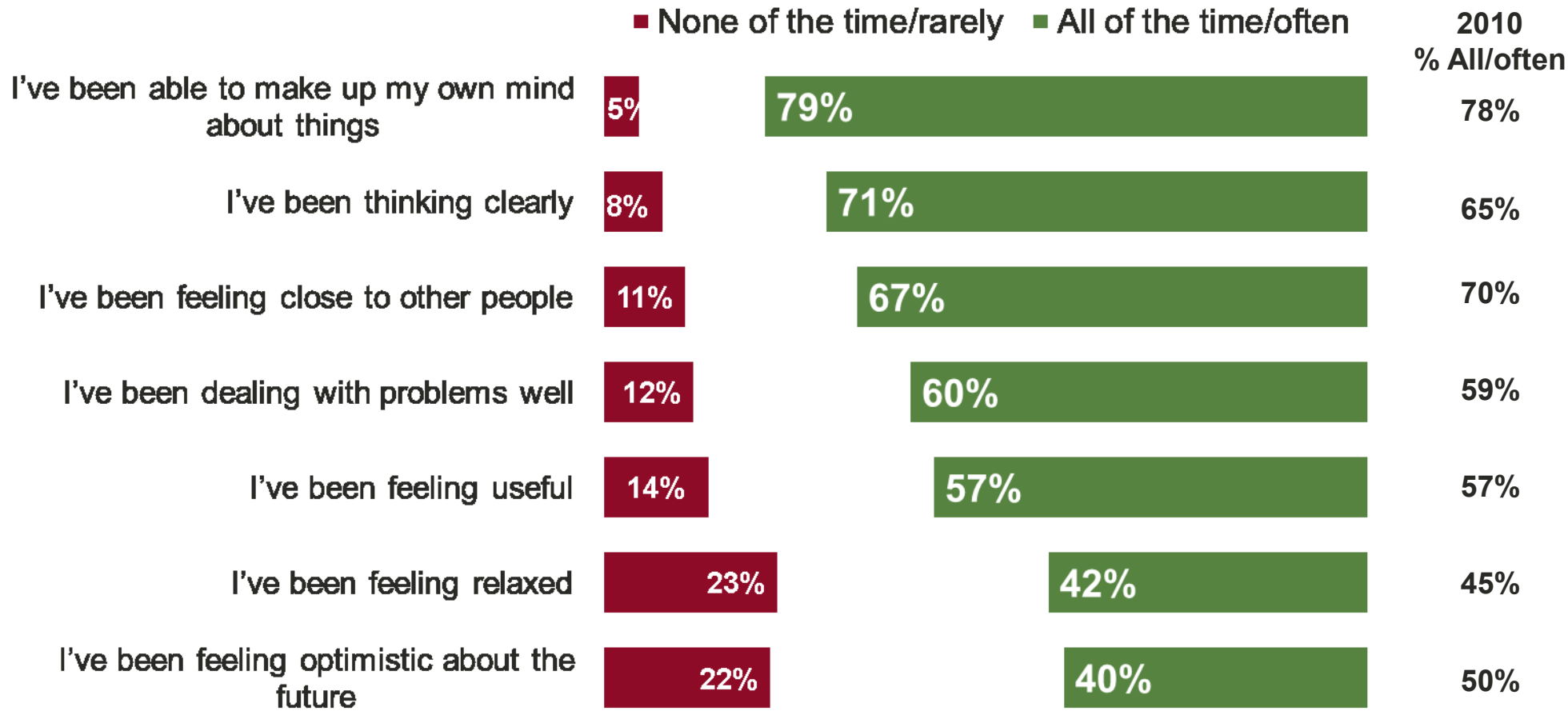
- **Smokers** (15%)
- Those who report having a **disability** or limiting condition (15%)
- **Men** (13%)
- Those **out of work** (13%)
- Those with **no religion/belief** (13%)
- **White residents** (12%)
- Those **without children in the household** (12%)

Base: All valid responses who ever drink alcohol and name a drink at Q49 (1077) : Fieldwork dates : 26th January – 7th June 2015

Source: Ipsos MORI

Residents are less likely than in 2010 to say they feel optimistic about the future often or all of the time

Q44. Here are some statements about feelings and thoughts. Which best describes your experience of each over the last 2 weeks?

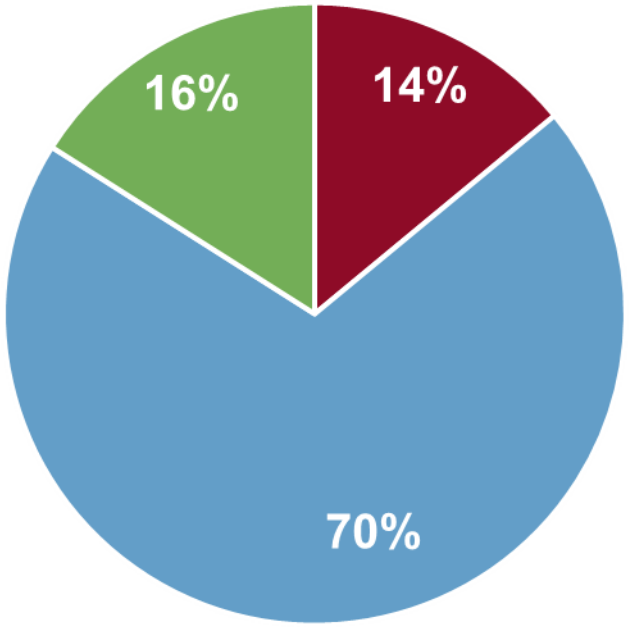


Base: All valid responses (2321) : Fieldwork dates : 26th January – 7th June 2015

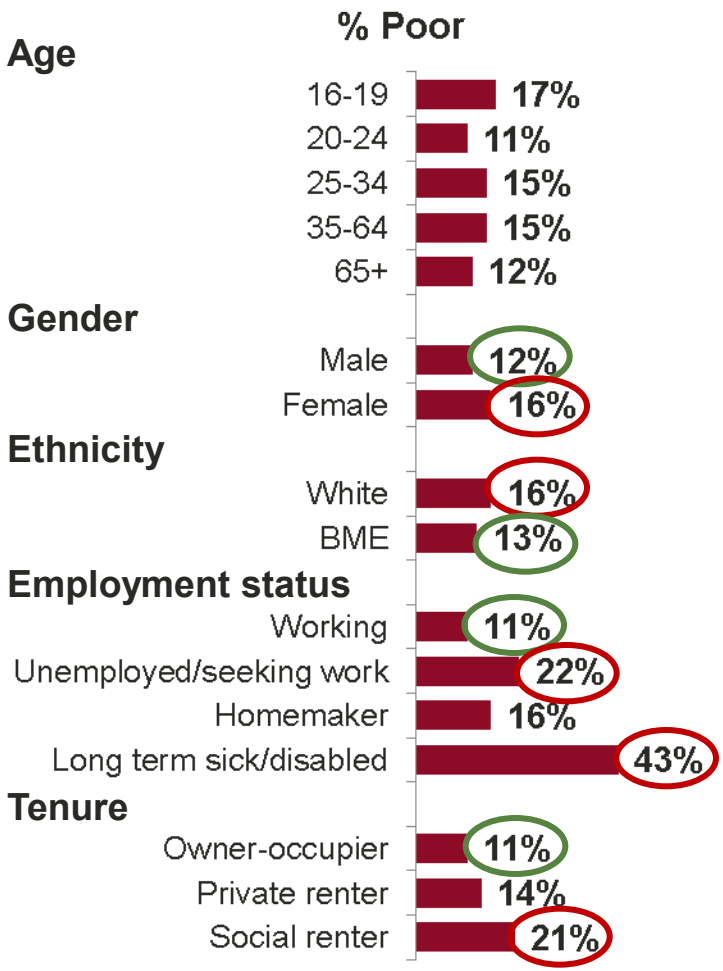
Source: Ipsos MORI

Groups more likely to have a poor mental wellbeing score include those with a disability, unemployed residents and social renters

Mental health and wellbeing – mean calculations



- Poor (7-20)
- Average (21-30)
- Good (31-35)

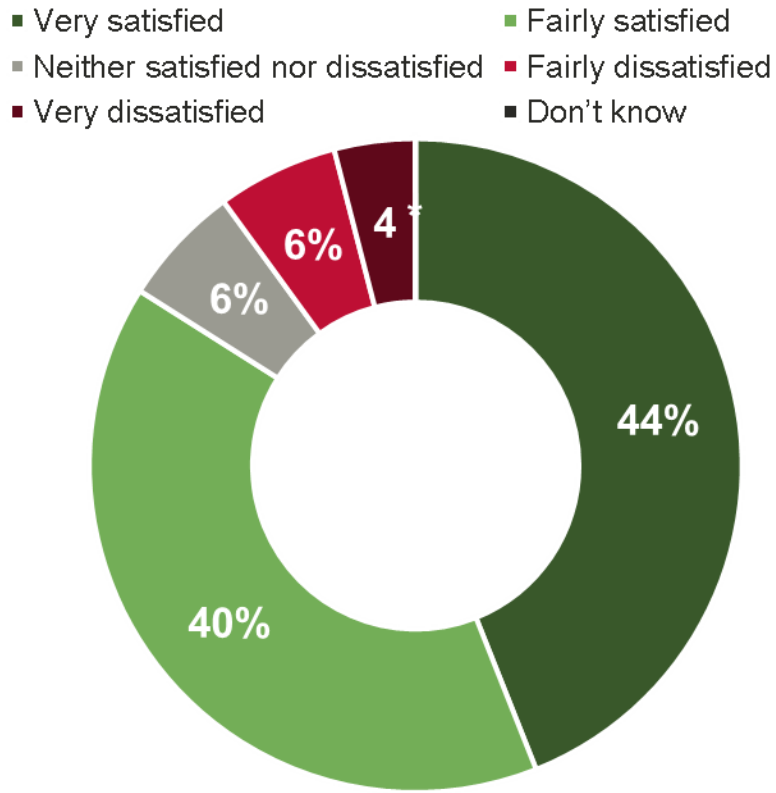


Base: All valid responses (2321) : Fieldwork dates : 26th January – 7th June 2015

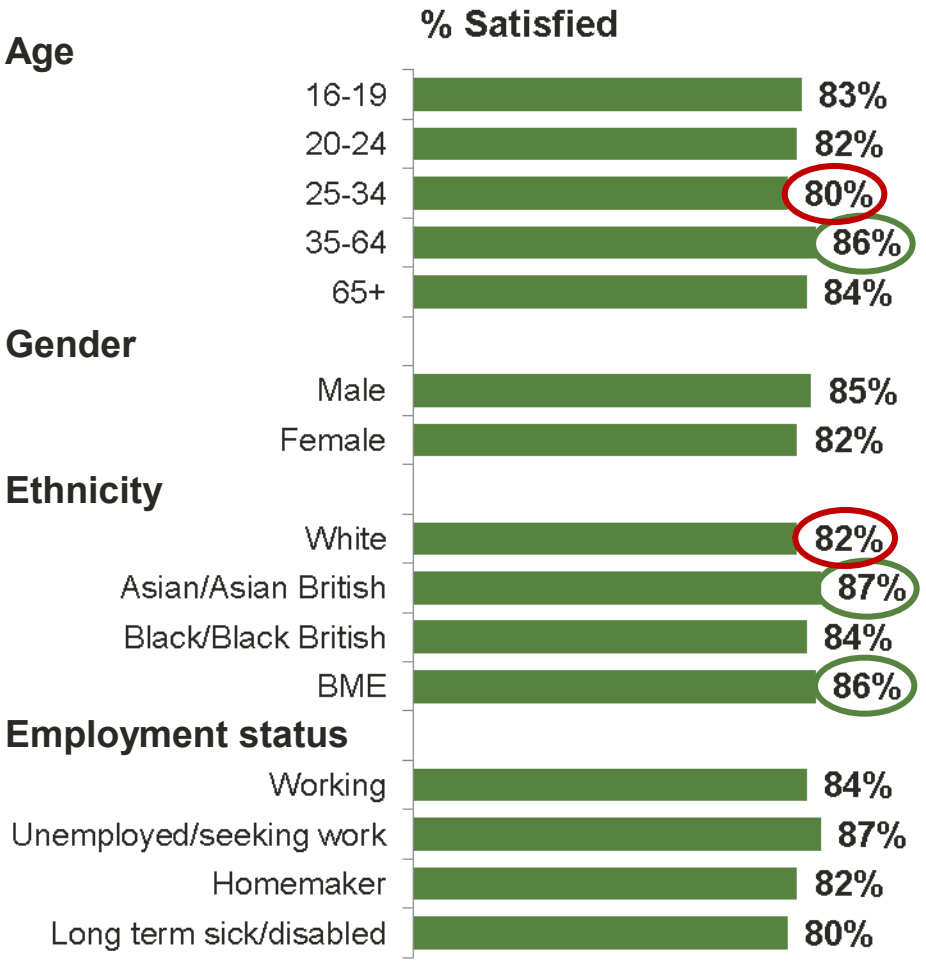
Source: Ipsos MORI

Satisfaction with the local area as a place to live is high

Q24. Overall, how satisfied or dissatisfied are you with your local area as a place to live?



Satisfied	**84%**
Dissatisfied	**10%**



Base: All valid responses (2321) : Fieldwork dates : 26th January – 7th June 2015

Source: Ipsos MORI

Thank you

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nicola.moss@ipsos.com | 0161 826 9426

lewis.hill@ipsos.com | 020 7347 3471

chris.rigby@ipsos.com | 0161 826 9422

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Ipsos MORI
Social Research Institute