

Leicester City JSNA

Joint Strategic Needs Analysis

Background Information: A Collection of Statistics & Analysis to Support the Development of the JSNA Process

Contributors:

*Sukhi Birine
Rachel Clarke
Hugh Evans
Alison Kirk
Joseph Michael
Madhu Mistry
Rod Moore
Pratima Patel
Mark Prosser
Helen Reeve
Russel Taylor
Julie Turner*

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Introduction

Joint Strategic Needs Assessment (JSNA) for Leicester.

The JSNA process is a concerted effort to combine and coordinate the wealth of qualitative and quantitative knowledge that exists in the community to produce regular needs assessment information about Leicester. In Leicester, the JSNA work takes place through the Health and Wellbeing Partnership sub-group of the Leicester Partnership, the local strategic partnership (LSP). The work is being conducted jointly by officers from Leicester City Council and Leicester City Primary Care Trust. Whilst the key focus of the JSNA is at present upon health and social care needs and inequalities, we envisage that the information that is produced will be useful to all people thinking strategically about issues in Leicester. This JSNA work will directly complement other joint needs assessment work (e.g. for Community Safety), and will in the future broaden to encompass relevant involvement and input from other sectors.

The team working on the JSNA are very keen to create information that is interesting, edifying, and evocative. We want to 'tell the story' of the way things are in Leicester, and to create in people senses of place and situation that will aid them in the development of their strategic thinking. We are aware of the limitations of dry, raw data, and are looking for ways to add analytical insight and qualitative value to the knowledge that we have in order that we can bring it to life. This workshop offers an invaluable opportunity to do this.

Demographics

Leicester is a modern 21st century global city. It is home to many people of British origin and those from many other parts of the world.

Understanding the diversity of Leicester is crucial to all public authorities in the city and the information below gives just a glimpse of the many significant facts and figures that all decision-makers and service providers should know.

The following section provides information taken from the publication 'Diversity of Leicester: Demographic Profile' May 2008. It also contains some information about the economics of the area as well as highlighting equality issues.

Authors questions & notes for consideration:

Some of the information is out of date and needs updating – particularly the charts.

Is there any valuable demographic data that is missing from this section?

Included as an appendix is a list of economic datasets from Nomis and the Annual Population Survey that could also be included – which datasets should be included?

The ethnic minority employment rate data has very high level confidence intervals however should this information still be included? Does it still tell us anything that is meaningful and does it match opinion of what is currently happening in Leicester?

Are the maps clear enough – some of the charts still need updating with contemporary data. Are these charts fit for purpose? Would any other format of chart be more appropriate or are there any charts missing?

The equalities section only includes brief information around equalities data – whereas is probably should contain more information about how equalities needs are being met by services. How do we establish what information is useful in this area and how do we present it within this document.

Key Findings

Key Findings from 'The Diversity of Leicester: A Demographic Profile' May 2008

Ethnicity

- approximately 40% of Leicester's population has an ethnic minority background and the city is projected to have a non-white majority population sometime after 2011
- most, 26%, of Leicester's minority ethnic population are Gujarati Indians, originally either from East Africa, especially Uganda and Kenya, or from Gujarat, India
- other smaller communities in the city include the African Caribbean and Somali communities, both at around 3% each, as well as Pakistanis, Bangladeshis, other African and a Chinese community
- 54% of Leicester's school pupils have an ethnic minority background.

Age Profiles

- Leicester has a young population as 45% of residents are under 29 years old
- the number of people over 60 in Leicester is declining as older residents move to the neighbouring areas in the county
- nearly a quarter of older people in Leicester are from Black and ethnic minority communities.

New Arrivals

- the city is home to nearly 1000 asylum seekers and refugees, many of whom are single young men
- it is estimated there may be up to 5000 failed asylum seekers, or 'hidden migrants', living in the city
- it is estimated that since 2005 significant numbers of economic migrants from the new European Union states now live in the city. Numbers may be between 3,000 – 5,000; most are from Poland.

Population Projections

- Leicester has a population of 289,000 (2006 mid year estimate) it is believed this figure represents a significant 'population undercount'.

Faiths

- in Leicester there are approximately 240 faith groups across 14 different faiths
- there are 123 places of Christian worship, 29 mosques, 22 Hindu temples, 7 Sikh Gurdwaras, 2 Jewish synagogues and one Jain temple
- 75% of Leicester's Indian community are Hindu and 25% are Muslim
- over recent years the Muslim population has significantly increased.

Languages

- 16% of people in Leicester prefer to speak Gujarati, 3% Punjabi, and 2% Urdu. Other smaller language groups include Hindi, Somali, Bengali, Arabic and Polish
- for 45% of primary school children, their first language is known, or believed to be, other than English
- English is commonly spoken by 81% of residents.

Educational Attainment

- although the rate of increase is above average, educational attainment rates in the city are low
- the percentage of children achieving 5 or more GCSE grades A*-C has increased over the last five years. The GCSE results for Indian young people are higher than the national average for all children
- there is educational under-achievement amongst Black male students. The average levels of under-achievement within this group in Leicester are higher than the national average.

Skills and Literacy Levels

- Leicester has high levels of ²poor low literacy – reading and writing in English – 68% compared to the national average of 56%. This means that approximately two-thirds of residents cannot read or write English easily. ³Needs to be checked – it is below GCSE grade C standard...
- 19% of Leicester's workforce has no recognised qualifications which is almost twice as high as the national figure
- 33% of local businesses report that skills shortages are having an impact on business performance.

Economic Development and Employment (updated)

- the employment rate for Leicester is low at 67.5% compared to 74.3% nationally
- people with an ethnic minority background are more likely to be unemployed than white people
- within the ethnic minority population – Indian people are more likely to be employed; Black, Pakistani and Bangladeshi people are more likely to be unemployed
- 16% of employees in Leicester are in manufacturing and 80% are in the service sector
- the largest employers and the greatest number of employees are now concentrated in public administration, education and health sectors. These account for 32% of all employment in the city
- Leicester has a large number of small businesses.

Poverty and Deprivation

- Leicester is ranked as the 20th most deprived local authority in the country (2007 IMD)
- areas of the city fall within the most deprived 5% of all areas in England. They are mostly in the centre and west of the city
- the map of poverty and deprivation across the city differs from the map of ethnicity.

Demographics: The Diversity of Leicester May 2008

In the 2001 Census, the official population for Leicester was 279,921. The 2006 mid-year estimate, based on Census projections, was 289,700. The official statistics show that Leicester's population has remained steady in the ten years since 1991.

Local intelligence, however, suggests that Leicester's population is considerably larger than these figures indicate. There is anecdotal evidence that a number of people, particularly those living in the inner city, were not accurately counted in the 2001 Census.

Further, since 2001 there have been two new waves of migration. Between 2002-2004 many people of Somali origin settled in the city and, since 2005, many have come from Poland and other countries of Eastern Europe. In addition, Leicester is also home to many who have fled from trouble spots around the world. (For further information see the section on New Arrivals.

23% of people living in Leicester were born outside the UK. This is far higher than the national average of 9%. In Oadby and Wigston, Leicestershire County areas bordering on the city boundary, 11% of people were born outside the UK (2001 Census).

Ethnicity

Leicester has a large and diverse ethnic minority population. Leicester City Council estimates (based on Census information and local intelligence) suggest that 60% of Leicester's population is ethnically white and 40% have an ethnic minority background. The 2001 Census showed the difference as 64% to 36%. See Tables 1 and 2.

Amongst the ethnic minority people of Leicester, 30% or more have an Asian background. The Asian population is predominantly Indian from either East Africa, particularly Uganda or Kenya, or from Gujarat in India. Other much smaller Asian populations include Bangladeshis and Pakistanis. The black population in Leicester comprise two groups – those of Caribbean origin and those of African origin.

Leicester is unique amongst other English cities in that its predominant ethnic minority community is of Indian origin. In terms of faith, approximately 75% of this community are Hindu, and 25% Muslim. In other English cities (outside London), minority ethnic communities are predominantly Pakistani or Bangladeshi in origin and Muslim in faith.

Table 1: Ethnic composition of Leicester from 2001 Census

Ethnicity Breakdown (%)	Leicester	England & Wales
White	63.9	91.3
Mixed	2.3	1.3
Asian	29.9	4.4
Asian or Asian British: Indian	25.7	2.0
Asian or Asian British: Pakistani	1.5	1.4
Asian or Asian British: Bangladeshi	0.7	0.5
Black	3.1	2.2
Black or Black British: Caribbean	1.7	1.1
Black or Black British: African	1.2	0.9
Chinese	0.5	0.4
Other	0.3	0.4

Source: 2001 Census (www.neighbourhood.statistics.gov.uk)

Table 2: An estimate of the ethnic composition of Leicester 2007

Ethnicity Breakdown (%)	Leicester
White	60%
British	57%
Irish	1%
European	1%
Other	1%
Asian	31%
Asian or Asian British: Indian	28%
Asian or Asian British: Pakistani	2%
Asian or Asian British: Bangladeshi	1%

Black	8%
Black or Black British: Caribbean	4%
Black or Black British: Somali	3%
Black or Black British: Other African	1%
Chinese	0.5%
Other	0.5%

Source: Leicester City Council

Note: This table is an attempt to reflect the actual ethnicity of the population of Leicester as at 2007 using 2001 Census data along with soft local intelligence. Please use this with caution.

In 2007, the ethnicity data on school pupils in Leicester indicated that 54% had an ethnic minority background and 44% were ethnically white.

See Table 3.

Table 3: Ethnic composition of Leicester school pupils 2007

	Primary%	Secondary %	Other %	% Total
Asian	39	40	24	39
Black	9	7	2	8
Mixed	6	5	4	6
Others	2	3	2	2
White	44	45	65	44

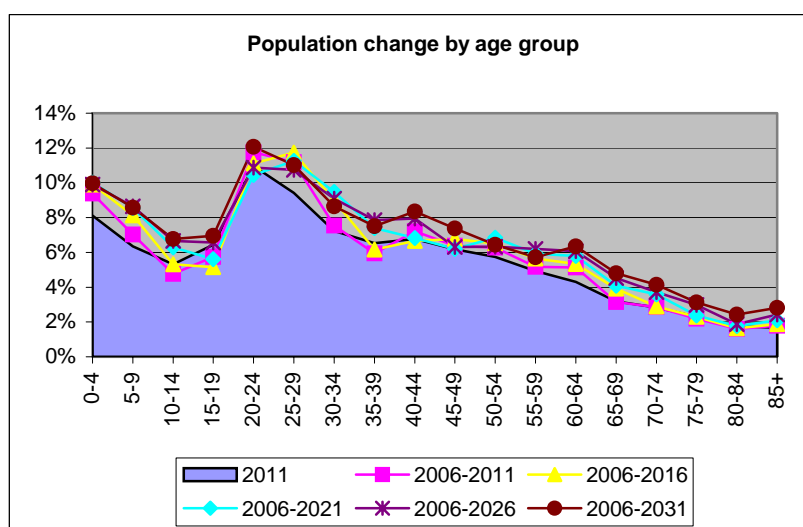
Source: PLASC data 2007

Ethnicity and Population Projections

There was a 7% increase in ethnic minority residents between the 1991 Census and the 2001 Census. If this trend continues then Leicester is likely to become amongst the first cities in England, outside of London, to have a majority of people with an ethnic minority background. This is due to a range of factors including higher birth rates amongst ethnic minority groups, increases in existing populations through family consolidations and increases in the number of new arrivals. If this trend continues, Leicester may reach this milestone sometime after 2011.

(The above projection takes account of migration out of the city. It should also be noted that the 1991 and 2001 Census data are not directly comparable as the 2001 data includes students and other 'estimates'.)

2006-based Subnational population projections: Leicester



Quinary age groups, Persons	% of population in each age group					% change 2006-2031
	2011	2016	2021	2026	2031	
AGE GROUP						
0-4	8.1%	8.2%	8.0%	7.6%	7.4%	25.7%
5-9	6.3%	6.7%	7.1%	7.0%	6.7%	37.6%
10-14	5.3%	5.3%	6.2%	6.3%	6.2%	23.6%
15-19	6.4%	6.1%	5.8%	6.4%	6.5%	6.9%
20-24	11.0%	10.6%	8.9%	9.0%	9.6%	10.3%
25-29	9.4%	9.6%	8.7%	8.0%	7.9%	19.5%
30-34	7.2%	7.7%	8.3%	7.7%	7.1%	19.4%
35-39	6.5%	6.2%	7.3%	7.4%	6.8%	13.0%
40-44	6.8%	6.5%	5.9%	6.6%	6.7%	23.8%
45-49	6.2%	6.2%	5.5%	5.4%	6.1%	19.2%
50-54	5.7%	5.8%	5.8%	5.1%	5.0%	12.5%
55-59	4.9%	5.0%	5.2%	5.2%	4.7%	16.1%
60-64	4.3%	4.3%	4.5%	4.6%	4.7%	55.1%
65-69	3.2%	3.4%	3.7%	4.0%	4.1%	48.0%
70-74	2.8%	2.7%	3.2%	3.2%	3.5%	44.7%
75-79	2.3%	2.3%	2.3%	2.7%	2.7%	32.9%
80-84	1.7%	1.7%	1.7%	1.8%	2.2%	35.1%
85+	1.7%	1.6%	1.8%	2.0%	2.3%	68.8%
ALL AGES	100.0%	100.0%	100.0%	100.0%	100.0%	23.1%

Age

Leicester has a younger than average population. The average age is 35.5 compared to 38.7 for England and Wales. The average age of the ethnic minority population in Leicester is approximately 8 years younger than that of the white population. See Table 3. The average age of new arrivals tends to be younger than that of established ethnic minority populations.

The population pyramid, Chart 1, shows the difference from the UK average. The spike amongst 20-24 year olds can be explained by the fact that Leicester has a large student population.

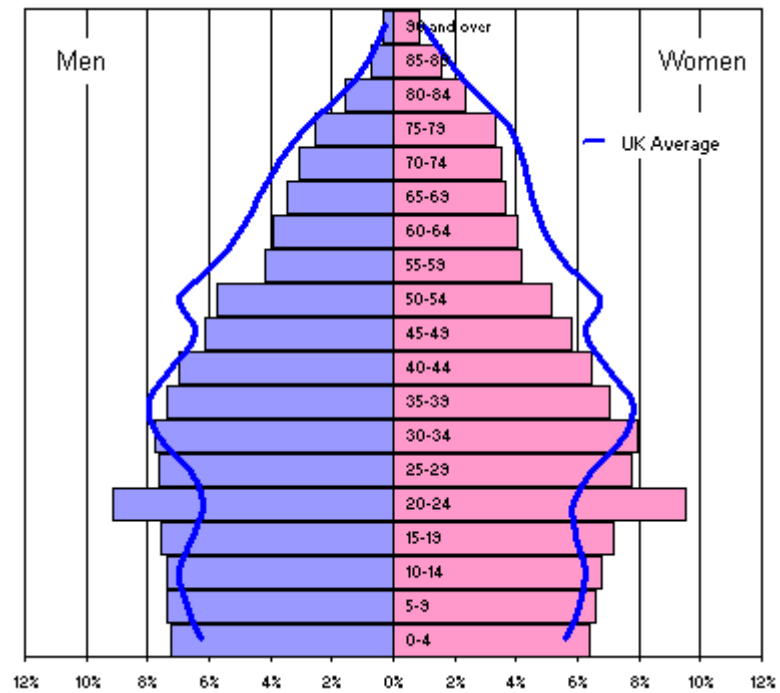
Compared to national patterns, Leicester's older population is declining as older people move out of the city into neighbouring areas in the county. Anecdotal evidence suggests that nearly a quarter of older people in Leicester have an ethnic minority background.

Table 4: Average age of ethnic groups in Leicester

Ethnicity	Average Age
All white	38.39
All non white	30.36
Black	28.1
Indian	31.82
Pakistani	25.99
Bangladeshi	24.12

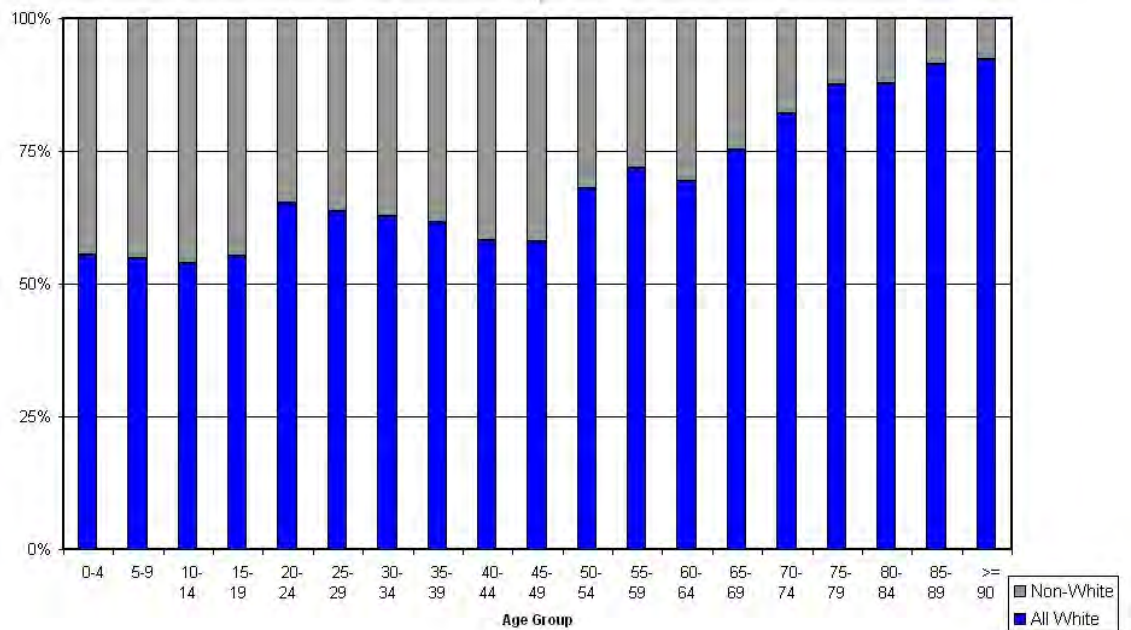
Source: 2001 Census (www.neighbourhood.statistics.gov.uk)

Chart 1: Population pyramid of Leicester compared to UK average



Source: National Statistics (www.statistics.gov.uk)

Chart 2: Leicester's population by age and ethnicity

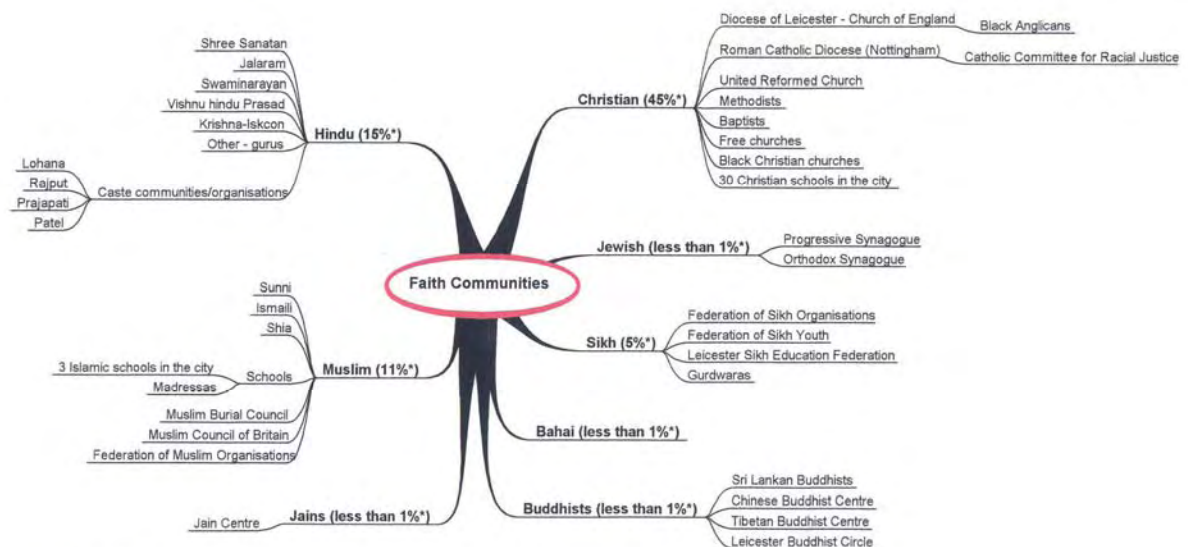


Source: 2001 Census, Information Services, Leicester City Council

Faiths in Leicester

The 2001 Census showed the largest faith communities in Leicester are the Christian communities at 44.7% of the population, followed by Hindu at 14.7%, Muslim at 11%, and Sikh at 4.2%. 17.4% stated they had no religion while 7% did not indicate their religion. See Diagram 1.

Diagram 1: Faith communities in Leicester



Faith communities ver 2.emm - 12/07/2006

Source: Leicester City Council

According to the Leicester Council of Faiths, Leicester has one of the highest rates of attendance at faith-based activities in England. There are approximately 240 faith groups across 14 different faiths. (*Places of Worship in the City of Leicester*, Leicester Council of Faiths, 2004, updated.)

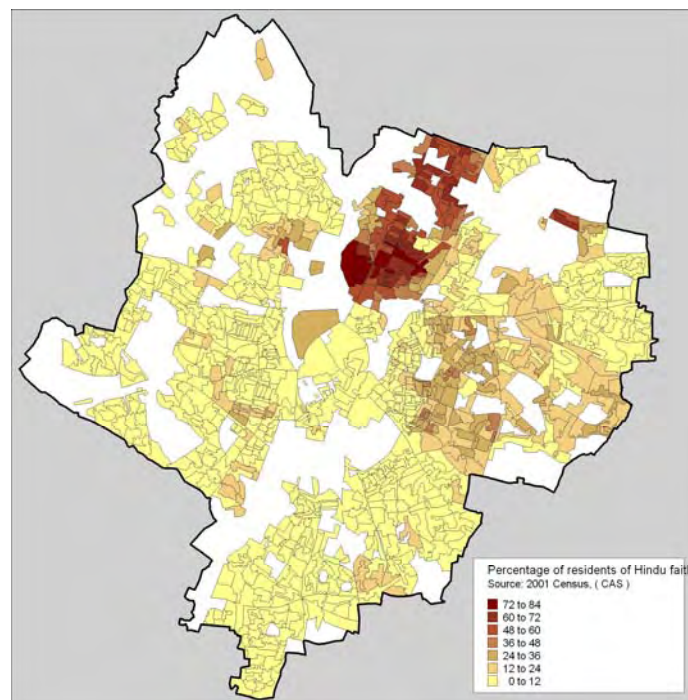
In terms of places of Christian worship in the city there are 37 Church of England, 15 Roman Catholic, and 69 non-conformist churches made up of 19 Evangelical, 15 Pentecostal, 13 Baptist, 11 Methodist and 11 United Reform churches. In addition there are also a growing number of black led churches. There are 2 Jewish synagogues in the city. Within the city there are 26 Sunni mosques, 2 Shia mosques, 22 Hindu temples, 7 Sikh Gurdwaras and 1 Jain temple.

As noted, 75% of Leicester's Indian community are Hindu and 25% are Muslim. As a city Leicester has the highest concentration of Hindus outside London.

Two thirds of the Muslim population within the city are of Indian origin. Over recent years, particularly since the arrival of Somali people, the Muslim population in the city has significantly increased. This is expected to continue as 26% of the school population is Muslim and 15% Hindu. (PLASC, 2006).
⁵Is there PLASC 2007 available? (table 3 above is 2007 figures)

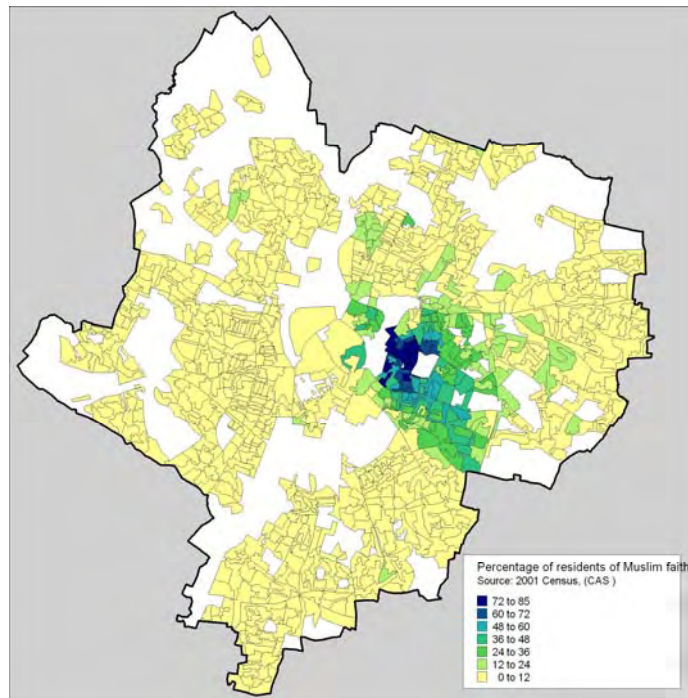
The following two maps show that the Hindu and Muslim communities are very spatially concentrated in Leicester: Hindus in the north of the city, and Muslims to the east of the city centre. There are no similar concentrations observed for other religions.

Map 1: Distribution of Hindu communities living in Leicester



Source: 2001 Census, Information Services Leicester City Council

Map 2: Distribution of Muslim communities living in Leicester



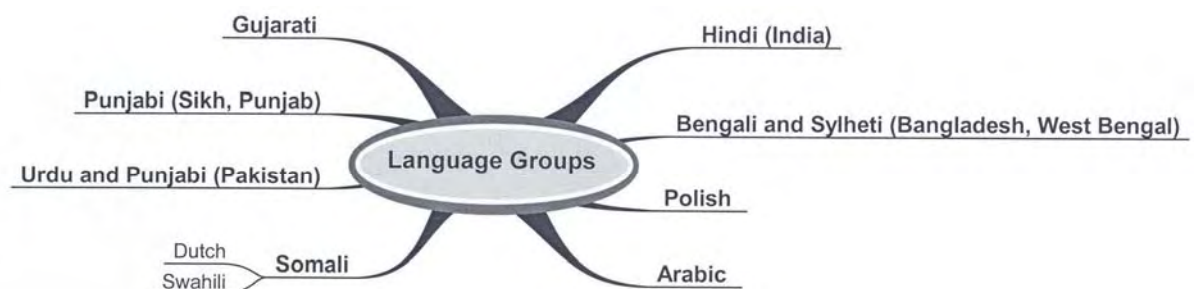
Source: 2001 Census, Information Services Leicester City Council

Languages in Leicester

Alongside English there are around 70 languages and/or dialects spoken in the city. In addition to English, eight languages are commonly spoken: Gujarati is the preferred language of 16% of the city’s residents, Punjabi 3%, Somali 3% and Urdu 2%. Other smaller language groups include Hindi, Arabic, Bengali and Polish. (Residents’ Survey, 2005 and local evidence). See Diagram 2.

With continuing migration into the city, new languages and/or dialects from Africa, the Middle East and Eastern Europe are also being spoken in the city.

Diagram 2: Additional languages spoken in Leicester



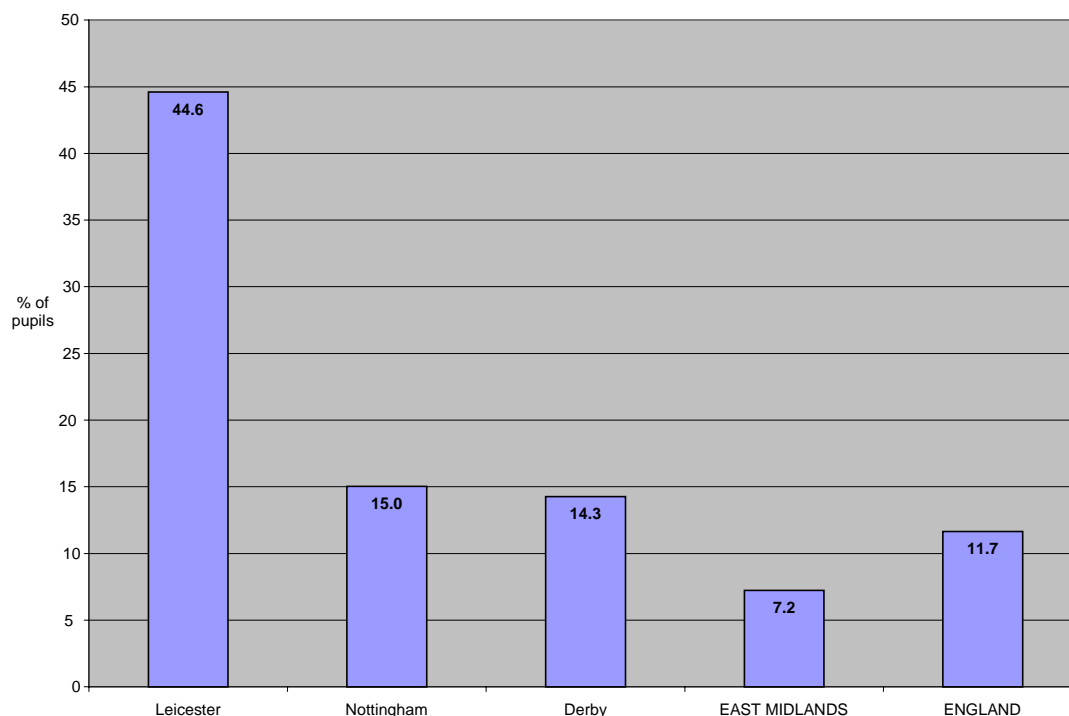
Language groups ver 3.emm - 26/04/2007

Source: Leicester City Council

In primary schools in Leicester, English is not the ‘preferred’ language of 45% of pupils and the proportion of children whose first language is known, or

believed to be, other than English, is significantly higher than other cities within the region, or within the UK. See Chart 3.

Chart 3: Percentage of primary school pupils where first language is known or believed to be other than English (2005)



Source: *Department for Education and Skills (DfES)*
<http://www.dfes.gov.uk/rsgateway>

New Arrivals

Leicester has a reputation as welcoming new arrivals and in recent years it has increasingly become a home to refugees and asylum seekers and others forced, or willing, to emigrate from their homeland.

The majority of Leicester's Somali community arrived in the years following the 2001 Census and consequently few appear in the Census statistics. Current Leicester City Council assessments suggest the Somali population is between 6,000 - 10,000 people. Many of the Somali population are in family units and many are European Union nationals having received refugee status in the Netherlands, Denmark or Sweden.

In recent years new groups of people have come to the city, mainly from Iraq, Afghanistan, Zimbabwe, Kosovo, Iran and other African and Middle Eastern countries. Many of these newer groups are made up of single young men. 2006 estimates suggest that there were just under 1000 asylum seekers living in the city (Refugee Action Leicester, 2006.) An estimated 2000 refugees also live in the city – i.e. those whose application for asylum has been successful.

In addition to the above there may be a substantial number of 'hidden migrants' living in the city including failed asylum seekers and illegal immigrants. Local estimates suggest that the number of failed asylum seekers

may be as high as 5,000 – 6,000 people (Multi-Agency Forum for Asylum Seekers and Refugees, 2006).

Leicester has been home to a small but long standing Polish community since the end of the second World War. Since Poland's accession to the European Union in 2004 there has been a noticeable increase in Polish people and others from Eastern Europe, living in the city. It is estimated that there are now between 3,000 – 5,000 Polish people and other economic migrants, including Slovaks and Portuguese, living in the city. (Leicester City Council, 2007)

For some economic migrants their time in Leicester and/or the UK is transient, depending on the availability of jobs. However a number have settled and Leicester's school census data indicates that the percentage of students registering as 'white European' has risen from 1.1% in 2005 to 1.9% in 2007.

Data from National Insurance number registration provides the strongest statistical evidence of the presence of economic migrants in Leicester. Registering with National Insurance allows Eastern European migrants to work in the UK legally. Leicester's figures have doubled since 2002/03 and are more than double the rate per thousand for England. However, registering in Leicester does not necessarily mean they stay on in Leicester. See Table 4.

Table 5: Overseas nationals entering the UK and allocated a National Insurance number by year of registration and place of residence 2002/03 – 2005/06

	2002/03	2003/04	2004/05	2005/06	Rate per 1,000 people
Leicester	3,820	4,880	4,920	7,620	26.7
East Midlands	13,400	16,480	23,510	38,480	9.0
UK	349,240	370,750	439,730	662,390	11.4

Rate per 1,000 calculated using 2005/06 data divided by mid year population estimates.

Source: Dept for Work and Pensions

Note: 1. This table includes those who have registered with the Workers' Registration Scheme and then have been allocated a National Insurance number.

2. The table indicates the numbers who applied in Leicester. Other regional locations where new arrivals can apply for a National Insurance number are Nottingham, Boston and Derby.

Socio-Economic Information

The picture of Leicester in terms of socio-economic information is complicated. The usual pattern is for communities to be geographically segregated on the basis of age, employment status and social class, but in Leicester ethnicity and religion are also significant elements in the picture. Based on Census information, the spatial pattern across the city shows neighbourhood clusters of statistically similar neighbourhoods. See Map 3.

Although Leicester has some areas of wealth, there are also many areas of extreme and multiple deprivation. The majority of the poorest areas of the city are the largely white working class areas on the periphery of the city, along with a few areas in the inner city. The more affluent areas of the city are in the south stretching from Victoria Park to the City boundary alongside the A6 road.

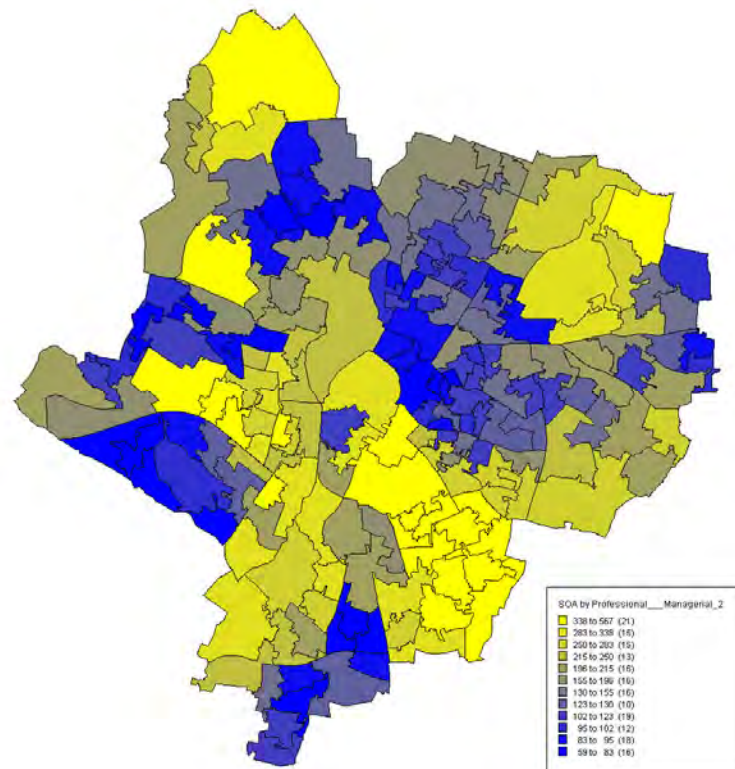
In terms of ethnicity, the picture above is even more complex as patterns of poverty and deprivation do not correspond with patterns of ethnicity. In general, Leicester's Asian residents are not concentrated in the most deprived parts of the city. However, local intelligence suggests that although this is the case for the Indian population of the city, it is not for the Pakistani and Bangladeshi populations. These populations suffer considerable levels of deprivation, however because their numbers are small compared to the Indian population, this is not revealed in the official statistics.

In terms of age and ethnicity, the outer peripheral housing areas are older due to higher proportions of white residents who are themselves older and have fewer children. The opposite is true of the inner city – younger populations, more ethnically diverse and more children.

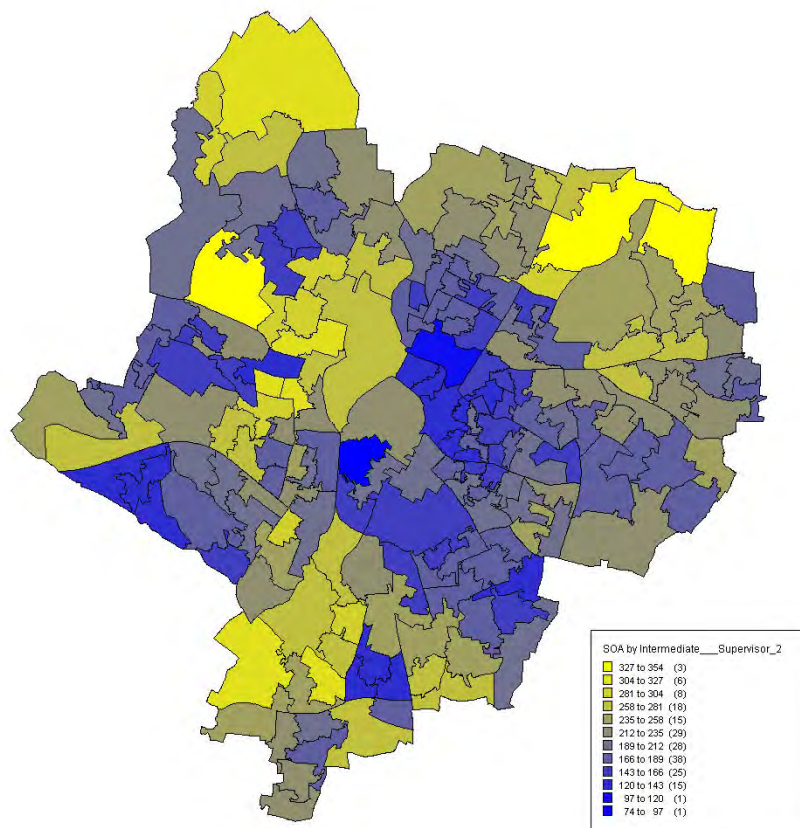
The inner city area is quite mixed with the data revealing relative differences within the Asian community by religion and deprivation. Other communities in the inner city include students and young professionals who tend to be concentrated in the south and eastern part of the inner city.

**Map 3: Leicester neighbourhoods by socio-economic classification
(Census 2001)**

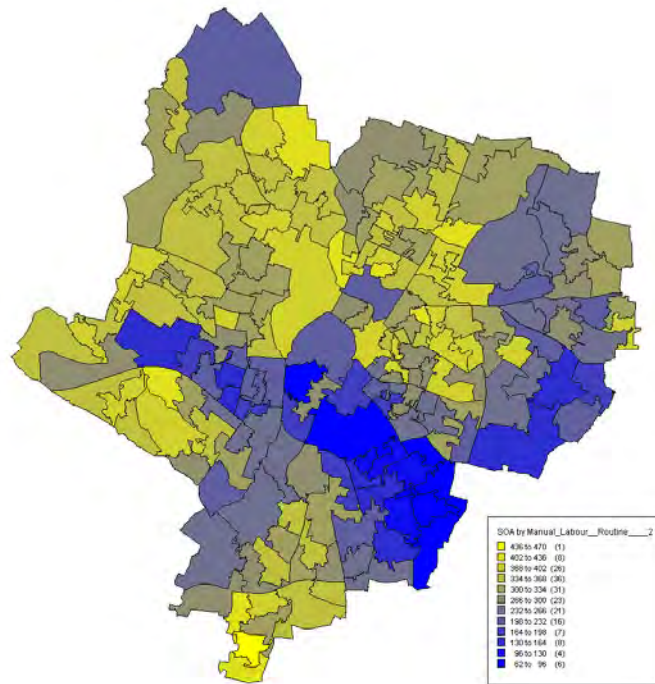
Managerial & Professional Occupations:



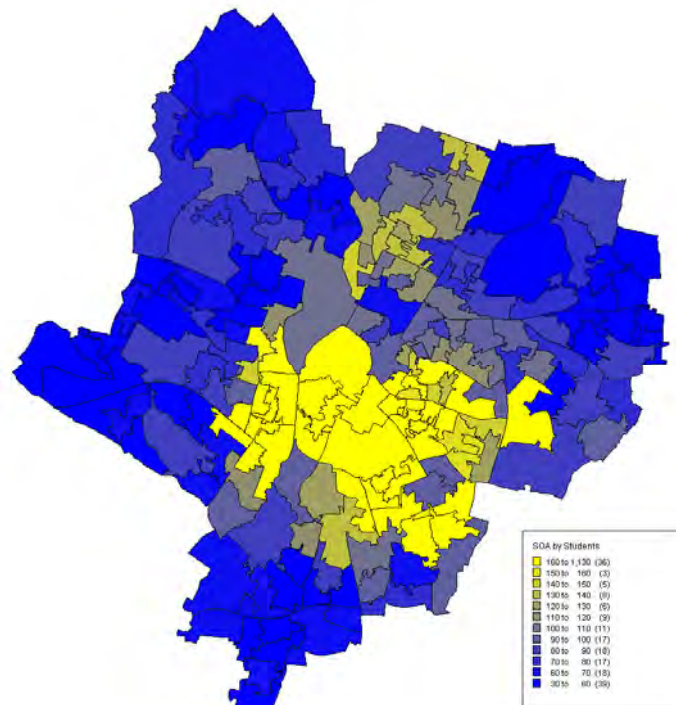
Small Employers, Supervisory & Technical Occupations:



Routine & Semi-Routine Occupations:



Students :



Source: 2001 Census

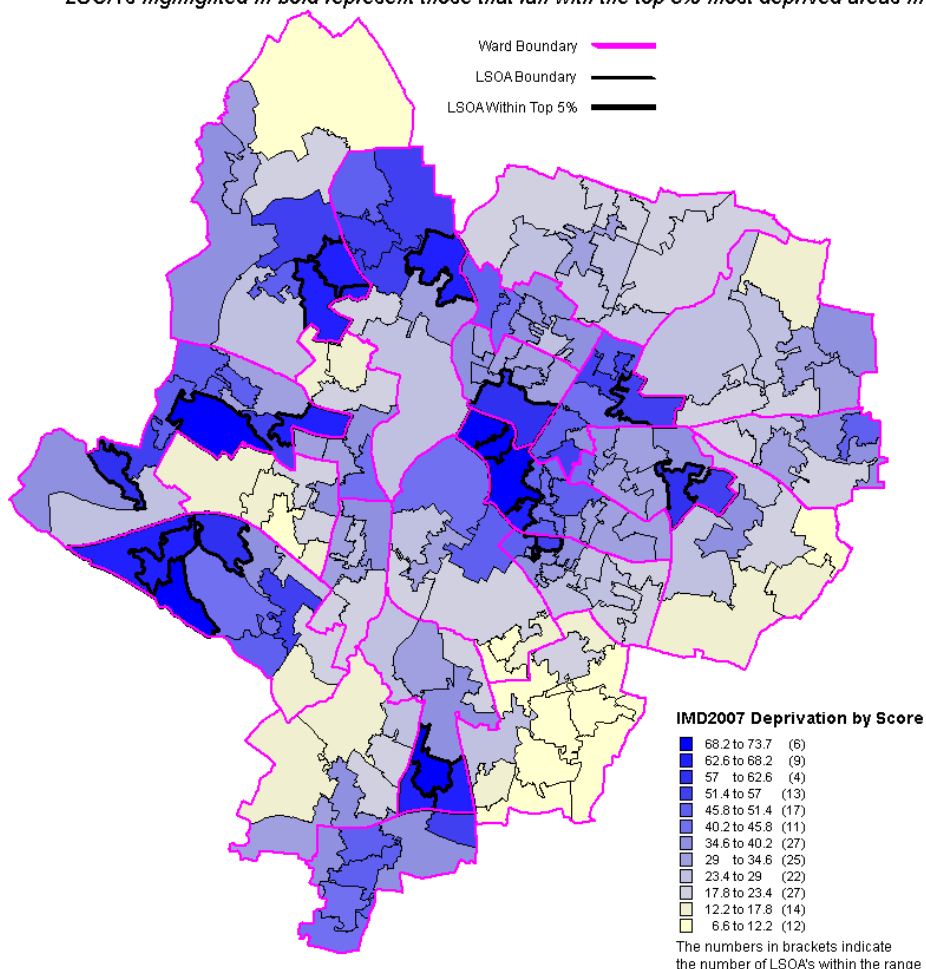
Poverty & Deprivation

The pattern of deprivation across Leicester shows higher levels of deprivation in the west of the city than the east. Deprivation is a measure of poverty based on a number of criteria such as economic circumstances, health, crime, housing, educational achievement. Skills and the environment.

Leicester City is ranked as the 20th most deprived local authority region (out of 354) according to the Indices of Multiple Deprivation 2007 (IMD2007), a national study of deprivation across England developed by the Department for Communities and Local Government. Nearly half (49%) of Leicester’s population live in areas classified as the fifth (20%) most deprived in the country. Some areas within the city, known as ‘Lower Super Output Areas’ (LSOA’s), feature within the 5% most deprived of all areas in the country and are home to 12% of Leicester’s population. These areas include parts of the New Parks, Braunstone, Beaumont Leys and Spinney Hills wards as well as the St Matthews, St Marks and Saffron Lane Estates. St Matthews contains 2 LSOAs ranking nationally as the first and second most deprived in terms of income deprivation and Braunstone contains 2 LSOAs ranking the most deprived in terms of education.

Map 4: Top 5% most deprived national LSOA areas in Leicester

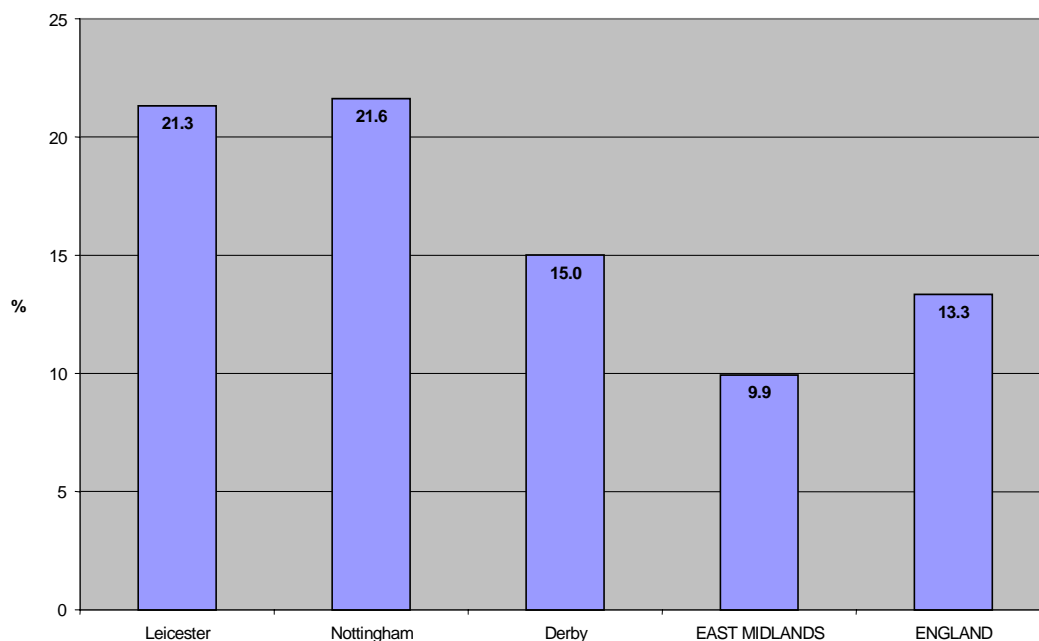
Leicester City Indices of Multiple Deprivation 2007 (IMD2007) by Lower Super Output Area (LSOA)
LSOA's highlighted in bold represent those that fall with the top 5% most deprived areas in England



Source: IMD2007, Department for Communities and Local Government

The proportion of primary school pupils taking free school meals in Leicester is more than double the regional average, and significantly above the figure for England. Free school meal entitlement is based on income and parents are required to apply for their children to take up free school meals. Due to the stigma attached, it is very likely that the percentage of children entitled to free school meals is higher than the percentage of children claiming them. See Chart 4.

Chart 4: Free school meals take up, England, 2005



Source: Department for Education and Skills (DfES), 2005
<http://www.dfes.gov.uk/rsgateway>

Another indicator of deprivation in the city is the number of benefit claimants. Leicester has far higher levels than other cities in the region or nationally. See Table 5.

Table 6: Benefit claimants in Leicester, 2005

	Job Seeker: %	Incapacity: %	Lone Parent %	Other: %	Total
Leicester	4.9	8.5	3.5	3.2	20.1
East Midlands	2.2	6.8	1.8	2.7	13.5
Great Britain	2.4	7.5	2.2	2.7	14.8

Source: Department of Work and Pensions

Leicester's distinctive pattern of limited correlation between deprivation and ethnicity is unlike other cities in England with large ethnic minority

populations. This can be seen in Table 6 which compares Asian presence in deprived areas across a number of English cities.

Table 7: Asian presence in deprived areas, 2001

City	Asian Presence in most deprived areas (%) 'A'	Asian Presence in all other areas (%) 'B'	Concentration Index: Ratio of Asian presence (A/B)
Derby	24.8	4.6	5.4
Peterborough	27.9	5.2	5.4
Bradford	42.1	8.3	5.1
Preston	19.4	3.8	5.1
Burnley	25.4	7.1	3.6
Rochdale	20	6.1	3.3
Sheffield	8.4	2.7	3.1
Huddersfield	25.8	9.3	2.8
Bolton	18.2	6.5	2.8
Birmingham	25.8	9.6	2.7
Manchester	10.3	3.9	2.6
Ipswich	4.1	1.6	2.6
Leeds	8.3	3.5	2.4
Coventry	19.3	9.6	2
Nottingham	6.1	3.1	2
Luton	34.6	17.9	1.9
Blackburn	27.3	18.8	1.5
London	15.6	10.4	1.5
Gloucester	3.7	2.7	1.4
Milton Keynes	3.1	3.7	0.8
Northampton	2.7	3.3	0.8
Leicester	17.2	23.1	0.7
Oxford	2.9	4.8	0.6

Source: State of the English Cities Report, ODPM

Note: Leicester ranks 22nd of English cities in relation to Asian presence in deprived areas. This contrasts significantly to both Derby and Nottingham.

Segregation

Given the size of Leicester's ethnic minority population, Leicester scores moderately well against other English cities on tables of segregation. This indicates that Leicester's population is relatively mixed with few areas where one minority ethnic group is dominant. The highest degree of segregation in the city is between white and non-white residents. See Table 7.

Table 8: Patterns of segregation in English cities, 2001

Rank	White/Non-White		White/Asian		White/Black	
	City	ID Score	City	ID Score	City	ID Score
1	Blackburn	0.72	Blackburn	0.73	Barnsley	0.73
2	Bradford	0.71	Bradford	0.73	Sunderland	0.65
3	Burnley	0.68	Rochdale	0.71	Burnley	0.63
4	Rochdale	0.67	Burnley	0.7	Middlesbrough	0.62
5	Huddersfield	0.62	Derby	0.68	Leeds	0.6
6	Bolton	0.62	Huddersfield	0.66	Liverpool	0.59
7	Sheffield	0.59	Preston	0.66	Blackpool	0.59
8	Preston	0.59	Bolton	0.65	Manchester	0.59
9	Derby	0.59	Sheffield	0.64	Wakefield	0.58
10	Leicester	0.59	Manchester	0.63	Huddersfield	0.57
11	Birmingham	0.58	Birmingham	0.63	Grimsby	0.56
12	Middlesbrough	0.57	Middlesbrough	0.62	Sheffield	0.56
13	Manchester	0.57	Leicester	0.62	Bristol	0.54
14	Stoke	0.54	Wakefield	0.62	Birkenhead	0.53
15	Leeds	0.54	Stoke	0.61	Newcastle	0.53
16	Wakefield	0.52	Gloucester	0.59	Blackburn	0.52
17	Doncaster	0.49	Leeds	0.57	Birmingham	0.52
18	Liverpool	0.49	Doncaster	0.56	London	0.51
19	Newcastle	0.48	Peterborough	0.55	Warrington	0.51
20	Nottingham	0.48	Nottingham	0.55	Doncaster	0.5
21	Peterborough	0.47	Newcastle	0.53	Bradford	0.49
22	Hull	0.45	Liverpool	0.52	Nottingham	0.49
23	Sunderland	0.44	Hull	0.51	Preston	0.48
24	London	0.44	Luton	0.51	Plymouth	0.47
25	Gloucester	0.43	London	0.5	Leicester	0.47
26	Southampton	0.42	Portsmouth	0.49	Stoke	0.47
27	Bristol	0.42	Southampton	0.49	Reading	0.47
28	Luton	0.41	Sunderland	0.48	York	0.47

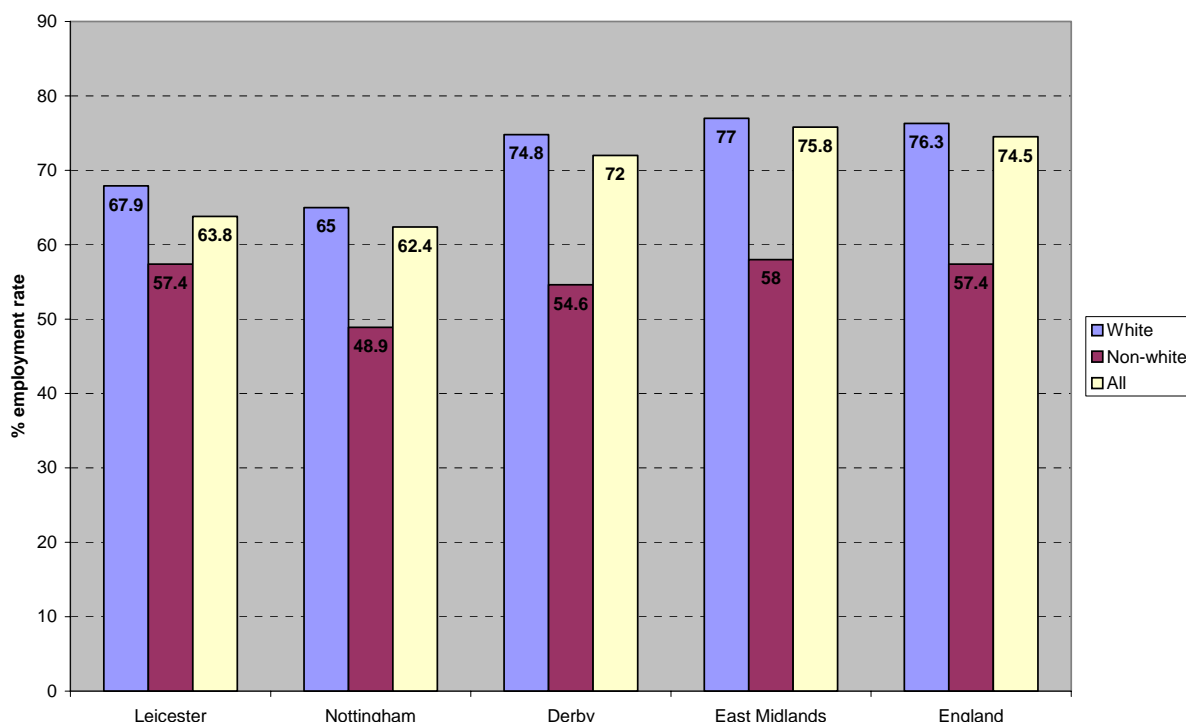
Source: *State of the English Cities Report, ODPM*

Note: The rank of 1 indicates that Blackburn is the most segregated city in England. Leicester ranks 10th in terms of White/non-White segregation, 13th for White/Asian segregation and 25th for White/Black segregation. There were 56 cities and towns surveyed.

Employment

The overall employment rate in Leicester in 2007 was 67.5%. This was lower than the East Midlands regional average of 76.2% and 6.8% lower than for England at 74.3%. The employment rate for non-white groups in Leicester is 60% and is lower than that for the white population which is 72.8%.

Chart 5: Employment rate by ethnic group, England, 2002-03



Source: Annual Labour Force Survey, 2002/03

The ethnic minority employment rate hides wide variations amongst different ethnic groups. This is highlighted in Table 8 showing England’s employment rates by ethnicity. Table 9 shows Leicester’s unemployment rates by ethnicity.

Table 9: Employment rates by ethnicity, England 2006-07

Ethnicity	Employment Rate %
White	72.8
Non-White	60
Indian	62.2
Pakistani & Bangladeshi	63.2
Black	59.3
Other	59.1

Source: Annual Population Survey, 2006/07

Table 10: Leicester unemployment rates by ethnicity, November 2006

Ethnic Group	Unemployment Rate %
White	2.3
Non white	3.4
Mixed	2.9
Black or Black British	6.3
Asian or Asian British	2.9
Chinese or other ethnic group	8.0

Source: Office for National Statistics

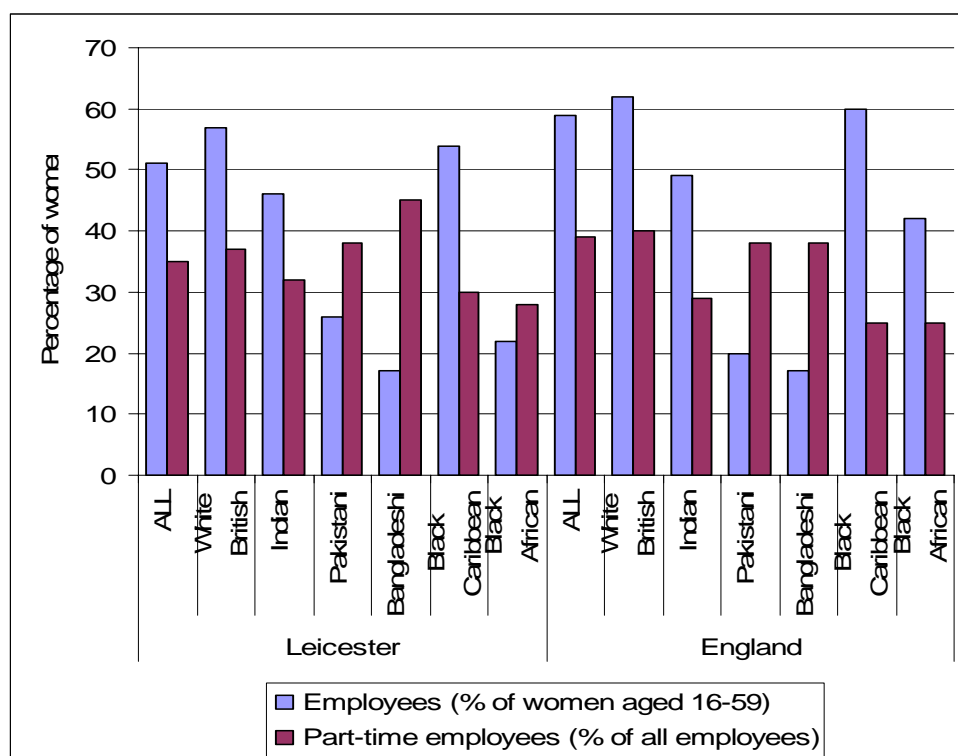
Local evidence from the Somali community in the city suggests that the unemployment rates are significant and figures quoted have been in excess of 75% unemployment for both men and women.

Women and Employment

A study of women in employment in Leicester showed that the employment rates for women in Leicester is low, at 54% compared to 64% in England as a whole. (*Gender Profile of Leicester's Labour Market*, GELLM ,2006)

The study also indicated that in relation to part-time employment, the rate varies according to ethnicity. There are higher levels of part-time employment amongst Bangladeshi women and lower levels amongst African Caribbean and Indian than amongst white British women. See Chart 6.

Chart 6: Employment rates and part-time employment rates for women in Leicester, 2001



Source: 2001 Census Standard Tables, Crown Copyright 2003. 2001 Census Commissioned Tables, Crown Copyright 2004. From **Working Below Potential: Women and Part-Time Work in Leicester**, GELLM, 2006

On a national level the number of working aged people who are not actively seeking, or are unavailable for work, is also significantly higher for ethnic minority groups (33%) than for white people (21%). The majority of people from ethnic minority communities who are neither working nor collecting benefits are Bangladeshi and Pakistani women, students, and young Black African and Caribbean men. (Neighbourhood Renewal Unit, *Jobs/Worklessness*, Background Paper 1, 2006) Local evidence suggests this is also the case with the Somali community.

Mosaic Profile of Leicester residents

Mosaic Profile of Leicester City PCT

The demographic and lifestyle characteristics of different customer groups can be gained through analysis of market data such as Experian's Mosaic Public Sector. This includes data from a number of sources including Electoral Roll, Experian Lifestyle Survey information and Consumer Credit Activity, alongside Post Office Address File, Shareholders Register, House Price and Council Tax information, and can help provide a background on which groups can be targeted or services planned.

Lifestyle Groups

Mosaic classifies all consumers in the UK by one of 61 types, making up 11 groups, characterised by their socio-economic and socio-cultural

behaviour. The groups are summarised below for the population of Leicester.

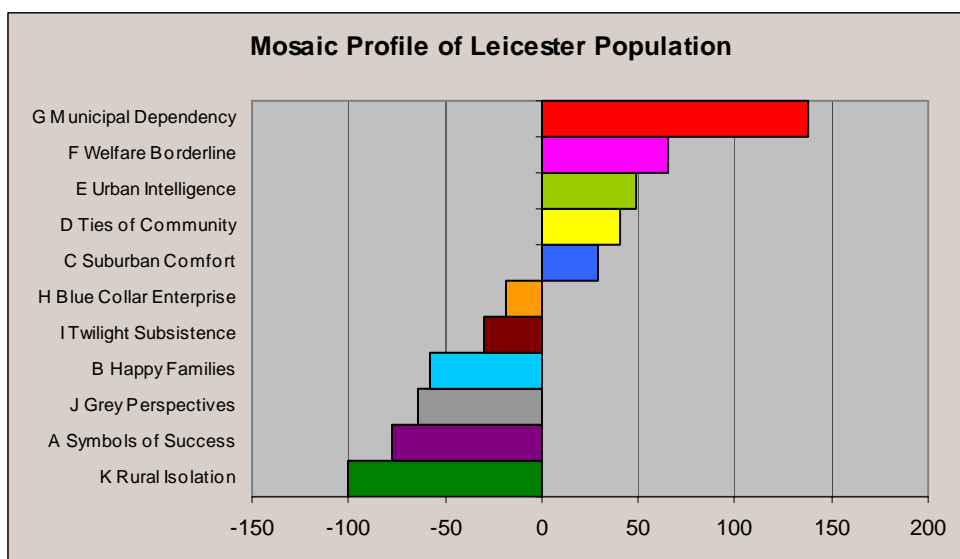
Table 9: Mosaic Lifestyle Groups

Mosaic Group	Characteristics	Leic Pop	%
A Symbols of Success:	<i>People with rewarding careers who live in sought after locations, affording luxuries and premium quality products.</i>	7093	2.5%
B Happy Families:	<i>Families with focus on career and home, mostly younger age groups now raising children.</i>	13897	4.9%
C Suburban Comfort:	<i>Families who are successfully established in comfortable, mature homes. Children are growing up and finances are easier.</i>	63335	22.3%
D Ties of Community:	<i>People living in close-knit inner city and manufacturing town communities, responsible workers with unsophisticated tastes.</i>	68263	24.0%
E Urban Intelligence:	<i>Young, single and mostly well-educated, these people are cosmopolitan in tastes and liberal in attitudes</i>	31116	10.9%
F Welfare Borderline:	<i>People who are struggling to achieve rewards and are mostly reliant on the council for accommodation and benefits.</i>	21870	7.7%
G Municipal Dependency:	<i>Families on lower incomes who often live in large council estates where there is little owner-occupation.</i>	42226	14.9%
H Blue Collar Enterprise:	<i>People who though not well-educated are practical and enterprising and may well have exercised their right to buy.</i>	24322	8.6%
I Twilight Subsistence:	<i>Elderly people subsisting on meagre incomes in council accommodation.</i>	4918	1.7%
J Grey Perspectives:	<i>Independent pensioners living in their own homes who are relatively active in their lifestyles.</i>	6800	2.4%
K Rural Isolation:	<i>People living in rural areas where country life has not been influenced by urban consumption patterns.</i>	0	0.0%

Nearly a quarter (24%) of Leicester's population fall into the group '*Ties of Community*'; families living in close-knit communities on lower incomes. Nearly another quarter (22%) is families established in mature homes with some financial comfort ('*Suburban Comfort*'). Families on low incomes and living on council estates make up a further 15% of the population.

Compared with England, Leicester has much higher proportion of '*Municipal Dependency*', and '*Welfare borderline*' groups, typically people who are reliant on the Council for financial aid. In terms of under-represented groups, Leicester has lower numbers in the '*Grey Perspectives*' (active, independent pensioners) and '*Symbols of Success*' (successful middle aged people with rewarding careers) and there is no rural group within the City.

Mosaic Profile of Leicester by Consumer Groups



Lifestyle Types

The most prevalent lifestyle types within Leicester are shown below. The successful ‘*South Asian Enterprise*’ communities, comprising 18% of the City’s population is the largest lifestyle type, followed by ‘*South Asian Industry*’ describing lower paid factory workers.

Table: Mosaic Lifestyle Types

Mosaic Type	Characteristics	Leic Pop	%
C20 Asian Enterprise	Suburbs south after by the more successful members of the Asian Community	50543	17.8
D26 South Asian Industry	Communities of lowly paid factory workers, many of them of South Asian descent	27714	9.7
G42 Low Horizons	Families with school age children, living in very large social housing estates on the outskirts of provincial cities	17976	6.3
D24 Coronation Street	Low income families living in cramped Victorian terraced housing in inner city locations	17060	6.0
E33 Town Gown Transition	Older neighbourhoods increasingly taken over by short term student renters	12130	5.6
D23 Industrial Grit	Self-sufficient families traditionally reliant on industrial employment, living in older terraces.	9893	4.5
E31 Caring Professionals	Well qualified singles and couples in caring professions renting lower quality inner terraces	9572	4.4
G43 Ex-industrial Legacy	Older people, many in poor health from work in heavy industry, in low rise social housing	8518	3.9
G41 Families on Benefits	Families, many single parent, in deprived social housing on the edge of regional	8299	3.8
H44 Rustbelt Resilience	Manual workers, many close to retirement, in low rise houses in ex manufacturing towns	8157	3.7
F37 Upper Floor Families	Young families living in upper floors of social housing	7493	3.4
D22 Affluent Blue Collar	Older manual workers with a good standard of living in comfortable semis where traditional working class values are held	7229	3.3
H47 New Town Materialism	Young families with local light industry or factory jobs have confidently exercised their right to buy	6378	2.9
F35 Bedsit Beneficiaries	Childless couples and singles renting in city centres from private or public landlords	4313	2.0

The key characteristics of the top 4 lifestyle types are summarised below:

Asian Enterprise:

- *Education:* adults are reasonably well educated and many go on to university. Many of the more affluent send their children to private schools. English is not always the language spoken at home and many qualify for free school meals.
- *Health:* Diet is a mix of good and bad foods, they are unlikely to be heavy smokers, have a low consumption of alcohol but relatively inactive lifestyle. Overall health is generally good but there are signs of above average rates of heart disease.
- *Crime:* Fearful of crime, especially racial attacks. There is some anti-social behaviour and higher than average levels of crime
- *Environmental:* Mixed attitudes to the environment and its protection, high usage of household energy, usually only one car.

South Asian Industry:

- *Education:* educational attainment is generally low with around 50% having no formal qualifications. High proportion of children live in homes where English is not spoken and many qualify for free school meals.
- *Health:* Generally a poor diet, and tend to be heavy smokers but drink is not usually an issue. (mainly due to religion). Health is quite poor, with respiratory illness and heart disease problems. Teenage pregnancy rates usually quite high
- *Crime:* Do not find neighbourhoods pleasant with high levels of anti-social behaviour, racism and fear of crime.
- *Finances:* Almost two-thirds are very poor people, paying no income tax. There are high levels of income support and jobseekers allowance.
- *Environmental:* Environmental issues are not a high priority and few care for the environment or recycling.

Low Horizons:

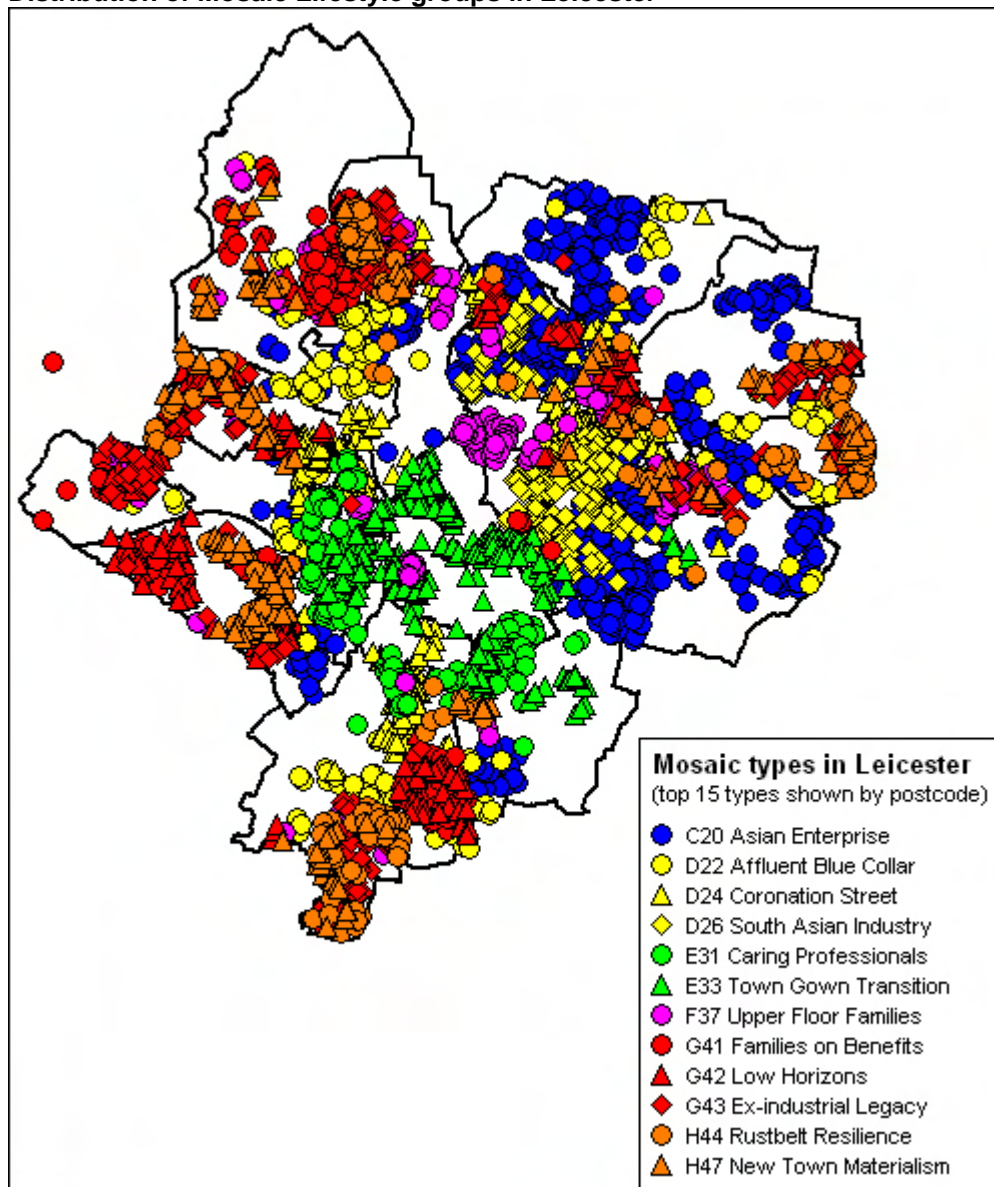
- *Education:* Over a half of adults have not formal qualifications and very few go on to university. In these areas of poverty many qualify for free school meals.
- *Health:* A poor diet, and heavy smoking and drinking are major contributors to the general poor health, compounded by an inactive lifestyle, with leisure time often spent in the betting shop and the bingo hall. Despite many of this population being relatively young, hospital admissions are well above the national average, and alcohol and drug abuse are serious concerns. Teenage pregnancy is also an issue in these areas.
- *Crime :* These are not pleasant places in which to live. Anti-social behaviour is common, crime rates are high with crime often committed by local individuals so people on these estates are more likely to be victims.
- *Finances:* Heavy reliance on whatever financial support is available, from both central and local government. This is the only source of income for many; for others it supplements low take-home pay. There is little spare to put into savings and investments; it is spent on the basics of living, and on drinking, smoking and leisure.

- *Environmental:* Most are relatively poor people and spending what little spare money they have on themselves with a short term view, with little regard for the wider world or future problems caused by environmental damage. Car ownership is generally low, and those households that do have access to a car tend to do low annual mileage.

Coronation Street:

- *Education:* Adults are likely to have left school with few, if any, formal qualifications. Only about one third have adequate basic qualifications, and the number with a degree is half the national average. The children display almost identical characteristics. Below average performances begin at Key Stage 1 and typically leave school with few if any GCSEs. An above average proportion of the pupils come from families with refugee status, and reflecting the low income levels many qualify for free school meals.
- *Health:* These people have incredibly unhealthy lifestyles, with a diet of fries rather than fruit. Many are heavy smokers and heavy drinkers, and primary leisure activities are music, cinema and going to the pub; regular exercise is not a common feature. The general health is poor, particularly relating to diseases of the heart, liver and respiratory tracts. Hospital admissions due to alcohol and drug abuse run at over twice the national average, and teenage pregnancies are also a serious issue.
- *Crime:* Most residents do not consider the neighbourhood as being pleasant to live in, although aspects of anti-social behaviour are very common, often occurring at twice the national rate. There is an above average fear of crime and offences tend to occur at or near home, or at nearby places of entertainment such as the local pub.
- *Finances:* These people earn low incomes, almost half of this population do not pay income tax and tend to spend what they have on the basics and on entertainment. Little therefore goes into savings. Dependence on the state for financial assistance is relatively high. Significant numbers are claiming Jobseeker's Allowance and Income Support, and although the age profile means that not so many are on the state pension, those that are will be probably also be claiming Pension Credits.
- *Environment:* Concerns for personal living and enjoyment are higher than those for the environment and few will contribute financially to environmental concerns. Financial constraints mean that car ownership is usually restricted to one small car per household.

Distribution of Mosaic Lifestyle groups in Leicester



Asian Enterprise types live mainly in the east of the City in Rushey Mead, through Humberstone, Evington and Stoneygate.

The *Municipal Dependency*, *Welfare Borderline* and *Blue Collar Enterprise* groups (red and pink and orange) are found in the most highly deprived areas of the City (Index of Deprivation 2004), predominantly New Parks, Braunstone, Beaumont Leys, Saffron and St Matthew / St Marks.

Urban Intelligence (green) are found to the south of the City Centre from Western park to Stoneygate.

Ties of Community (yellow) types live predominantly in Spinney Hills, Fosse and Aylestone wards.

Profile of Carers in Leicester

Carers aged 18 and over

According to the 2001 Census, the number of Leicester carers aged 18+ responsible for giving at least one hour of care per week was 25473, of whom 4069 were aged 65 or above. Adding in up to 1128 young carers (see below), this means that about 9.5% of the City's population identify themselves as carers. This is slightly below the national average.

The highest numbers of carers aged 18-64 are to be found in Spinney Hills ward (1658 carers). The highest numbers of carers aged 65+ are to be found in Knighton ward (351 carers).

In both age groups, the lowest number of carers is in Westcotes ward.

The highest proportions of carers (as a percentage of ward population) are to be found in Evington and Latimer wards (carers aged 18-64) and Eyres Monsell and Knighton wards (carers 65+).

The Census allowed for a measure of the quantity of caring. 10211 carers reported that their caring role accounted for at least 20 hours a week. The greatest number of 'higher hours carers' was in Spinney Hills and Braunstone Park wards.

To some extent, 'higher hours caring' correlates with age, that is, the older the carer, the more likely it is that he or she will be caring for 20 hours or more.

However, in many wards the 65-74 age group is pushed into second place for higher hours by the 35-44 age group. This is because there are more people in the 35-44 age group: in proportionate terms, 'higher hours caring' is more a feature of the older age group. Nevertheless, the large number of carers in the 35-44 age group is significant, and is likely to have consequences for parenting roles and employment prospects.

The Database and Information Service for disabled children has information on 588 parent carers, 10% of whom have disabilities themselves. The wards with the highest numbers of recorded parent carers are Beaumont Leys and New Parks. 40% of the carers on the Database have a recorded ethnicity other than White.

Carers aged under 18

Since the recent Princess Royal Trust survey, it has been argued that the Census data is not an adequate measure of the number of young carers. There are also difficulties in using the Census data for young carers because of the way that small numbers in Census 'cells' are represented. The Census indicates a total number of young carers in the City between 846 and 1128, almost half of these carers being aged 16-17. Barnardo's Carefree project has

a City caseload of just under 200, with an average age of 12-13, and featuring a different geographical distribution to the Census figures. This suggests that data on young carers should be treated cautiously.

The ethnicity of carers in Leicester

The White and Asian ethnic groups account for 96.1% of Leicester carers (White 61.8%, Asian 34.3%).

A higher proportion of Asian citizens identified themselves as carers compared to the White and Black populations: 11% compared to 9.3% (White) and 7.3% (Black). Only 4.6% (66 people) in the Chinese community identified themselves as carers.

There is also a modest difference when 'higher hours caring' (20+ hours a week) is considered: 40% of Asian carers came into this category, with the White and Black ethnic groups having an identical figure of 36.6%.

Equalities

Population Information:

Leicester is a vibrant and multi cultural city with a population of almost 280,000. Based on census projections, the 2005 mid year estimate was 288,000. Local intelligence, however, suggests that Leicester's population is considerably larger than these figures indicate. There have been two new waves of migration, after 2001 many people of Somali origin moved into the city and, since 2005, many people have arrived from Poland and other Eastern European Countries.

According to the 2001 Census 23% of people living in Leicester were born outside the UK, this is far higher than the national average of 9%.

Ethnicity:

Leicester City Council estimates, which are based on census and local information, suggest that 60% of the population is white and 40% are from ethnic minorities. The 2001 Census showed the difference at 64% to 36%.

Among the ethnic community population, the Indian population make up 28%. Other smaller communities in the city include an African Caribbean population of 3% and Somali population of 2%, as well as Pakistani, Bangladeshi and other African communities. The city has a small Chinese population of 0.5% and a small Jewish Community.

However, unlike other cities in England with large ethnic minority populations, Leicester's Asian residents are not concentrated in the deprived areas of the city. However, local intelligence, indicates that although this is the case for the Indian population of the city, it is not the case for the Pakistani and Bangladeshi populations who are mostly located in the inner city. The majority of the poorest areas of the city are the largely white working class areas on the periphery of the city, along with a few areas in the inner city.

Ethnicity and Population Projections:

There has been a 7% increase in the ethnic minority population between the 1991 and 2001 census. If this trend continues Leicester is likely to become amongst the first cities in England, outside of London, to have a majority of people with an ethnic minority background, sometime after 2011.

Religion/Belief/Faith:

There are approximately 240 faith groups across 14 different faiths across the city. The largest faith community are Christians at 45%, followed by the Hindu community at 15%. The Muslim community stands at 11%, and is drawn mainly from Pakistan, Bangladesh and Gujarat, along with more recent arrivals from East Africa, Kosovo and Bosnia. Many of the Somali community are also Muslim. The Sikh community is 4%, whilst the figure for all other religions stands at 1%. 17% of Leicester's community have no religion and 7% have not stated their religion.

75% of Leicester's Indian community are Hindu and 25% are Muslim. Leicester has the highest concentration of Hindus outside London.

Gender:

In terms of gender, the city has a higher proportion of females compared to males, which runs across all age groups. The 18-64 age group is 50.32% female and 49.68% male, which is a slight difference, however within the 65+ age group, there is a larger difference, 57.59% female and 42.41% male, and there is also an increase in women 65 and over.

In the 2001 census nearly 7% of men and over 4% of women in Leicester described themselves as unemployed, these rates are higher than those for the East Midlands and England. Unemployment rates are particularly high amongst young men, with 8% under 25 describing themselves as unemployed.

Age:

In terms of age, the city has a young population with 45% being under 29 years of age, some of this can be attributed to the fact that the City has a large student population (20-24 years of age). Nearly a quarter of older people in the city are from ethnic communities.

The average age of the ethnic minority population in Leicester is generally ten years younger than that of the white population. The average age of new arrivals tends to be younger than that of established ethnic minority populations.

Patterns of health are clearly related to age as well as other socio economic factors. The 2001 Census showed that those reporting 'poor' health were from communities with a relatively ageing population, these were the White groups and the Caribbean community.

It then follows, that this has a direct impact on the planning of health services and meeting the needs of different groups as there is often a direct relationship between age and disability.

Languages:

There is diversity in the range of languages spoken in the city, alongside English, there are around 70 languages and/or dialects. In addition to English, eight languages are commonly spoken: Gujarati is the preferred language of 16% of the city's residents, Punjabi 3%, Somali 3% and Urdu 2%. Other smaller language groups include Hindi, Arabic, Bengali and Polish (Residents' Survey, 2005 and local evidence).

British Sign Language crosses the boundaries between being seen as a disability issue and a language issue. The provision of BSL Interpreters is defined within legislation as a reasonable adjustment and facility must be made available where appropriate.

Disability: ???

Leicester at 8.4% has a higher proportion of disabled people claiming invalidity benefits compared to the national average of 6.8%.

Although the proportion of people with a limiting long term illness (LLTI) in Leicester is similar to that of the East Midlands and England as a whole. A significantly higher proportion of people aged 35 and over suffer from a LLTI compared with people in the same age group in England.

(This was a self assessment question in 2001 Census of whether a person has a limiting long term illness, health problem or disability which limits their daily activities or the work they can do, including problems that are due to old age.)

Sexual Orientation:

With regards to the numbers of LGB People there are no accurate figures that exist for the numbers of people who identify as lesbian, gay or bisexual in Leicester or in the UK as a whole. The Department of Trade and Industry states that 'whilst no specific data is available, a wide range of research suggests that lesbian, gay and bisexual people constitute 5-7% of the total adult UK population.

Assuming that at least 5% of the adult population is lesbian, gay or bisexual, there must be around 11,000 lesbian, gay or bisexual people living in the city of Leicester.

A 2006 report to the Leicester Public Health Partnership from Leicester City West Primary Care Trust identified that the local LGB population:

Had greater exposure to the wider determinants of ill health.

Exhibited greater health and social care needs in relation to older people, mental health, smoking, alcohol abuse, support in motherhood and child care. Had poorer experiences of hospital and residential care – with poorer respect of individual rights.

Experienced poorer access to health and social care provision: gay men and women.

May be less likely to access primary care services than their heterosexual counterparts.

Are particularly subjected to stigmatisation, discrimination and insensitivity.

Poverty and Deprivation:

Leicester ranks 35th out of all local authorities in England in terms of indices of multiple deprivation and some areas of the city fall within the most deprived 5% of all areas in England. Leicester has 13 of the 28 poorest wards amongst all local authorities in England.

Free school meal take-up is often used as a proxy measure for deprivation. The proportion of primary school pupils taking free school meals in Leicester is more than double the regional average, and significantly above the figure for England.

Another indicator of deprivation in the city is the number of benefit claimants. Leicester has far higher levels than other cities in the region or nationally, in relation to Job Seekers, Incapacity, Lone Parent and other benefits. (Source: DWP).

Social & Environmental Context

HOUSING FACTS FOR LEICESTER – JULY 2008

Housing / where people live is important to their sense of community, quality of life, health and well-being.

1. HOUSING IN LEICESTER

1.1 Existing stock – All tenures

There are currently 122,497¹ dwellings in Leicester. More than a quarter (c.34,000 dwellings) of the existing housing stock was developed pre 1918 (compared with a fifth nationally) and is mainly terraced housing. Between 1918 and 1945 c.32,000 dwellings were built, many of these being semi-detached housing.

Figure X: Dwelling Type²

Dwelling Type	Number of dwellings	%
Detached	11,767	10
Semi-detached	42,942	37
Terraced	40,999	35
Flat / maisonettes / apartments	19,955	17

Figure X: Number Dwelling Type by Ethnicity (Persons)

Accommodation Type	White	Mixed	Asian or Asian British	Black or Black British	Chinese & Other
House or bungalow	154,875	5,673	76,895	6,070	1,438
Flat, maisonette or apartment	18,577	708	5,896	2,085	461
Caravan or other mobile or temporary structure	166	10	38	13	0
Household in shared accommodation	223	9	163	64	34
Communal Establishment	4,899	112	757	365	397

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¹ Housing Strategy Statistical Appendix 2007

² 2001 Census

Figure X: % Dwelling Type by Ethnicity (Persons)

Accommodation Type	White	Mixed	Asian or Asian British	Black or Black British	Chinese & Other
House or bungalow	86.65%	87.12%	91.82%	70.61%	61.72%
Flat, maisonette or apartment	10.39%	10.87%	7.04%	24.25%	19.79%
Caravan or other mobile or temporary structure	0.09%	0.15%	0.05%	0.15%	0.00%
Household in shared accommodation	0.12%	0.14%	0.19%	0.74%	1.46%
Communal Establishment	2.74%	1.72%	0.90%	4.25%	17.04%
	100%	100%	100%	100%	100%

Terraced housing and flats / maisonettes / apartments are principally found in and around the city centre whilst detached and semi-detached housing is most highly concentrated in the outer areas of the city.

59% are owner-occupied and 39% are rented, broken down as follows: 12% rent from a private landlord, 19% rent from the Council and 8% rent from a Housing Association (RSL).

Figure X: Tenure³

Tenure	Number of dwellings	%
Council rent	22,664	19
RSL / HA	10,201	8
Private rent	14,456	12
Owner occupier	71,743	59
Other	3,433	3
Total	122,497	

Figure X: Number Tenure by Ethnicity (Persons)

Tenure	Asian or Asian British	Black or Black British	Chinese & Other	White	Mixed	Total
Owner Occupier	62,525	2,979	807	99,478	2,563	168,352
Rented from council	5,629	2,280	197	42,389	1,863	52,358
Other social rented	5,166	1,231	139	9,906	997	17,439
Private rented	8,431	1,523	726	20,190	860	31,730
Other	2,000	582	460	6,776	223	10,041

Figure X: % Tenure by Ethnicity (Persons)

%	Asian or Asian British	Black or Black British	Chinese & Other	White	Mixed
Owner Occupier	74.66%	34.66%	34.64%	55.66%	39.39%
Rented from council	6.72%	26.53%	8.46%	23.72%	28.64%
Other social rented	6.17%	14.32%	5.97%	5.54%	15.32%
Private rented	10.07%	17.72%	31.17%	11.30%	13.22%
Other	2.39%	6.77%	19.75%	3.79%	3.43%
	100%	100%	100%	100%	100%

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³ HSSA 2007 figures used but applied 2001 census split to private sector dwellings

Figure X: Number Tenure by Age Group (Households)

Tenure	24 and Under	25 - 34	35 - 44	45 -54	55 - Pensionable Age	Pensionable Age - 74
Owned	1,860	10,688	14,253	13,358	7,546	10,322
Rented from council	1,899	3,993	4,399	3,258	2,120	4,003
Other social rented	857	1,890	1,634	1,027	609	868
Private rented or living rent free	3,605	5,239	2,557	1,573	794	988

Figure X: % Tenure by Age Group (Households)

Tenure	24 and Under	25 - 34	35 - 44	45 -54	55 - Pensionable Age	Pensionable Age - 74
Owned	22.62%	49.01%	62.40%	69.51%	68.17%	63.79%
Rented from council	23.10%	18.31%	19.26%	16.95%	19.15%	24.74%
Other social rented	10.42%	8.67%	7.15%	5.34%	5.50%	5.36%
Private rented or living rent free	43.85%	24.02%	11.19%	8.19%	7.17%	6.11%
	100%	100%	100%	100%	100%	100%

1.2 Condition of stock

“Investment for Health, the East Midlands Public Health Strategy, set out the close relationship between poor housing, poverty and poor health. Research supports the fact that improvements to housing and its surrounding environment can help to reduce health inequalities, particularly for vulnerable groups and will impact upon the delivery of a number of Investment for Health objectives e.g. cardio-vascular disease, accidents and mental health.”⁴

Social Housing Properties

The government’s target is to bring all social housing up to the decent homes target by 2010.

- As of 1st April 2008 9.4% (2,103) of council properties are considered non-decent.
- As of 1st April 2007 7.7% (812) of Registered Social Landlord properties in Leicester were considered non-decent⁵.

The average SAP rating of Local Authority owned dwellings is 81.4 (2007/08).

Private Sector Properties

As of 2007 44% (88,060) of private sector properties were considered non decent⁶, of these 10% are occupied by vulnerable households.

What are vulnerable households (defined by the Government for the purposes of stock condition)?
This has been defined as those in receipt of at least one of the principal means tested or disability related benefits (e.g. income support, housing benefit, disability living allowance)

The Building Research Establishment (2007) collate information about the condition of private sector properties (out a total of 88,060 properties) in Leicester:

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⁴ p08. East Midlands Regional Affordable Warmth Action Plan

⁵ Housing Corporation 2007

⁶ Building Research Establishment 2007

	Number	%
Inadequate thermal comfort	21,097	24
Have a category 1 hazard	21,066	24
Disrepair	7,214	8
Lack modern facilities	2,944	3
SAP of less than 35	14,080	16
Fuel poverty	5,873	7

What is SAP?

The SAP (Standard Assessment Procedure) is the Government's recommended system for energy rating of dwellings. A SAP rating is on a scale from 1 to 120 based on the annual energy costs for space and water heating. A property with a SAP rating of less than 35 can be taken as a proxy for a Category 1 cold hazard.

What is a category 1 hazard?

The Housing Health and Safety Rating System (HHSRS) is a risk assessment tool used to assess potential risks to the health and safety of occupants in residential properties in England and Wales. The assessment will show the presence of any serious (category 1) hazards and other less serious (category 2) hazards.

1.3 Housing Need

Housing need arises due to a range of reasons including: immigration, new household formation, homelessness and because current housing is unsuitable. The effect of housing need on the household can manifest itself in mental and physical illness, poor educational attainment, enhanced inequalities and social exclusion.

As of 1st April 2008 there were 8,559 households on the Council's Housing Register and during the year less than one in five got a tenancy (1,778 lettings – this includes lettings to Council properties, RSL nominations and HomeCome referrals). About 69% of households (with less than 150 points) on the Housing Register have little prospect of getting an offer, although if they need a one bedroom home the likelihood is still one in six. These households could be suffering overcrowding, health issues related to the home, sharing facilities with other households or living at a distance from much needed family or friends support. Although the Housing Register will not identify all those in housing need in Leicester it is seen as a robust measure of those in housing need who wish for that need to be addressed.

Unsuitable housing

The main reasons for unsuitability of housing are mobility and / or health problems and overcrowding. The single biggest reason for people coming on the Housing Register is overcrowding. 11% of all Leicester's households are overcrowded, compared with 7% nationally.⁷

Figure X: Applicants of the Housing Register 01/04/08 Awarded Overcrowding Points

Category	Number on Housing Register	% Of total households on the Housing Register
Households overcrowded	1,596	18.65%
Of above whom are severely overcrowded	299	3.49%

Figure X: Existing tenure of overcrowded households on the Housing Register

Tenure	Number on Housing Register	% Of total households living in each tenure
Social tenant	915	2.78%
Private rented	653	4.52%
Owner occupier	28	0.04%

The housing register has a number of categories where applicants or members of the household require re-housing to solve or alleviate a medical condition. Where applicants require an adapted home this may mean that they have to wait longer to be re-housed.

Figure X: Applicants on the Housing Register / Re-housed 2007/08 Awarded Access, Health, Care and Support Points

Category	Number on Housing Register	Number re-housed
Access & Mobility		
Applicant or member of households has an acute deterioration of mobility or progressive mobility problems.	68	22
Applicant or member of household has a housing need linked to a disability or medical condition, which renders the present housing hazardous or extremely difficult to cope with.	68	18
Applicant or member of household has access or mobility problem linked to a disability or medical condition, which renders the present housing difficult to cope with.	136	80
Mental Health		
Applicant or member of household has a serious mental health condition.	3	1
Applicant or member of household has a mental health condition (where the current home is having a significant detrimental impact).	40	21
Applicant or member of household has a mental health condition, depression or anxiety.	129	126
Care & Support		
Applicant or member of household needs to move in order to give or receive daily physical care and support.	3	5
General Health		
Applicant or member of household has severely lifestyle restricting or terminal illness (e.g. AIDS, Cancer, MS).	5	6

Applicant or member of household has a chronic respiratory condition such as severe asthma or emphysema.	6	7
Applicant or member of household has medical condition aggravated by their current accommodation.	39	27
Additional Bedrooms		
Applicant or member of household who have a severe disease or disability, and require extra space for major items of life-sustaining equipment or equipment to promote independence in the home. Extra bedroom for full-time carer: a need for care that is so great that residential or hospital care would be necessary without a full-time carer. Applicants member of household who have severe behavioural problems.	6	3
TOTALS	503	316

The number of lets, allocations to Council homes and nominations to RSL homes and referral to HomeCome, from the housing register has continued to drop every year. This reflects reducing turnover in social housing in the City and declining stock of Council Housing (from right to buy etc).

Homelessness

Statutory homelessness applications and acceptances have fallen over the last 5 years. This is seen as a result of preventative service provided in Leicester. 91% of acceptances in 2007/08 were from households with children.

What is a statutory homelessness? (Crisis definition)

Households that have been found to be eligible for assistance, unintentionally homeless and falling within a priority need group (households that have dependent children or classified as vulnerable) and thus owed a main homelessness duty by a local authority.

In Leicester, over the last five years the three main causes of statutory homelessness are (the figures shown in brackets are the percentage of homeless acceptances in 2007/08):

Parents / relatives and friends no longer able to / willing to accommodate (26%)

Loss of assured short-hold tenancies (24%)

Domestic violence (19%)

Single homelessness is more difficult to quantify because of the hidden and transient nature of the problem. From 2004/05 to 2006/07 around 1,750 single people have used the Council's direct access hostels. Single males are the predominant group (in 2006/07 71% of service users were male, 29% female). 17% of male service users present with alcohol problems and there is a significant upward trend of drug related issues. There is also a significant upward trend in female service users with learning disabilities.

The level of rough sleeping has reduced from 31 in 1996 to 5 in 2007. The Primary Care Health Service Report in 2007 identified that rough sleepers in Leicester:

39% had a psychiatric illness;

39% had a skin disease;

36% had a drug related problem

Alcohol is implicated as a cause of death for 44% of these patients and drug abuse for 25%. Deliberate suicide is implicated for 6% of deaths

Life expectancy of the street homeless population has risen from 37 to 45 in 2006/07.

Need Groups

There is a range of different needs groups (for example, teenage parents, domestic violence victims, ex-offenders, learning disabilities clients, people being discharged from hospital that cannot return home or are homeless) whose housing needs may be different. Some of these needs will be able to be met through general needs accommodation however others may require floating support, health support, Social Care support, adapted housing and some may require purpose built accommodation.

Disabled

As at 1st April 2008 there were 105 households needing wheelchair accessible and 122 households needing other adaptations on the Council's Housing Register.

Gypsies & Travellers

In April 2007 Leicestershire, Leicester & Rutland authorities commissioned a gypsies and travellers' accommodation needs assessment⁸. A survey identified some of the important characteristics of local Gypsies and Travellers:

- Household size is larger than in the settled population at 4.0 persons across the whole sample.
- A high proportion (48%) of families include 'children' or young adults aged over 16 not currently forming their own household. Among housed Gypsies and Travellers the proportion is higher at 56%.
- Most survey respondents had close family links with people in the study area.
- The local population includes diverse ethnic groups: 57% Romany / Gypsy, 20% Irish Traveller, 20% Traveller or English Traveller and 3% New Traveller.
- Gypsies and Travellers now travel less than then they did, sometimes for health and education reasons, sometimes because it is increasingly hard to find places to stop safely.
- Someone was in work in 78% of respondents' families.
- A fifth of respondents said that someone in their family had a long-term health problem or disability. Incidence of ill health was higher among families in housing (38%) than on sites or the roadside. About 1 in 10 was not registered with a GP. Issues were reported in getting health care with 'no fixed address', and GPs in the study area were said to vary in their willingness to register Gypsies and Travellers.
- Over 4 in 10 respondents with school-age children said that one or more of their children did not attend school regularly.
- Around a third of respondents said they had experienced discrimination or harassment in the area.

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⁸ Prepared by Centre for Urban and Regional Studies University of Birmingham

Figure X: Site Provision in Leicester 2007

	Residential pitches	Transit caravan capacity	Showpeople families
Current provision	21 double pitches (LCC site)	-	1 site
Estimated pitch requirements 2006-11	24	Up to 20	3
Estimated pitch requirements 2011-16	15	-	2

1.5 Affordability

There is increasing demand for affordable housing in Leicester because of the decline in the number of Council / Housing Association properties available for re-letting. Affordable housing are homes for people whose needs are not met by the market.

What is considered affordable?

Social rented housing – homes for rent that have rents determined through the national rent regime or equivalent arrangements (this includes Council houses and homes owned and/or managed by Registered Social Landlords for rent);

Intermediate affordable housing – homes at prices and rents above those of social rent but below market prices or rents (this includes shared equity products like Homebuy, other low cost homes for sale and intermediate rent, like HomeCome properties)

Local Housing Allowance is a flat rate allowance based on the size of household and the area lived in (see below maximum rates for Leicester). The amount received depends on household income and savings and any non-dependents living in the same property. Local Housing Allowance can be higher, or lower than the amount of rent. The average rent in Leicester is higher than Local Housing Allowance i.e. there is a shortfall, which would have to be paid by the tenant.

Figure X: Private Rented Sector Average Rents⁹ & Maximum Rates of Local Housing Allowance¹⁰

	1 bed	2 bed	3 bed
Average weekly rent	£106	£124	£125
Local Housing Allowance (July 08)	£92.31	£114.23	£129.23
Shortfall	£13.69	£9.77	£4.23

House prices have to grown above the rate of increases in income levels. By 2005 house prices in Leicester were 4.31 times average earnings.¹¹ The number of households who are able to afford market housing decreases and the demand for social housing increases.

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⁹ Housing Information System from Hometrack as quoted in the SHMA 07/08

¹⁰ LHA set by the Rent Service

¹¹ In 2002 the ratio was 3.12. Joseph Rowntree Foundation, 2006.

Housing Benefit and Council Tax Benefit help people on a low income to pay their rent and Council Tax. As of 7th May 2008 there were 36,596 Housing Benefits / Council Tax Benefit cases.

Figure X: Number of Housing Benefit / Council Tax Benefit Cases by tenure

Tenure	No of Cases	%
Council rented	15,055	41.14
RSL / HA	6,721	18.37
Private rented	5,517	15.08
Owner occupier*	9,303	25.42
Total	36,596	

*Eligible for Council Tax Benefit only

These figures indicate that the people on the lowest incomes are most likely to rent a house from the Council. However, the Revenues & Benefits service are aware that older people especially owner-occupiers are less likely to apply for Council Tax Benefit. The service has run a take-up campaign to encourage take up of Council Tax Benefit.

1.6 Supply

Over the last five years new housing supply has primarily been flats, mostly with one or two bedrooms. Owner occupied and private rented dwellings have higher than national average vacancy¹². There are also nearly 1,000 vacant properties for over 18 months that are privately owned. From 2004/05 to 2007/08 the Empty Homes Team have brought back 585 properties back into occupation.

The Draft East Midlands Regional Plan requires 29,500 new homes to be built in Leicester by 2026, an annual target of 1,180. About 5,000 new homes have already been built since 2001 with 24,500 remaining to be provided by 2026. The Housing Needs Survey update for Leicester (2006) estimated that an additional 1,181 units of affordable housing is required per year until 2011. The need is for two and four bedroom + accommodation. Leicester City Council has a policy of seeking 30% affordable housing as part of new developments but is currently achieving less than 15%. Success has varied according to the location of new residential developments.

Figure X: Requirement for new general needs affordable housing including wheelchair adapted¹³

Dwelling Size	Need	Actual Supply (Mar 2008)	Predicted Shortfall
1 bed	317	89	228
2 bed	134	96	38
3 bed	29	22	7
4+ bed	701	39	662
TOTAL	1,181	246	935

More and more people are moving into private rented accommodation and claiming Housing Benefit. The Home Finder scheme provides people on a

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¹² 5.7% compared with 3.3% in England. General Demand Indicators April 2006

¹³ Predicted completions as at 21.02.08. Leicester City Council Strategy for Affordable Housing 2008/11

low income with the opportunity to move into a private sector home of their choice and to avoid homelessness and a stay in temporary accommodation.

2. HOW HOUSING NEED IS MET

Housing need is met by a number of routes:

- Provision of / enabling provision of general needs accommodation
- Provision of supported accommodation
- Floating support
- Improving existing housing stock
- Adapting homes

2.1 Provision of / Enabling Provision of General Needs Accommodation

The Council is the largest landlord in Leicester managing a stock of 22,664 properties. There are 14 Neighbourhood Housing Offices providing estate-based services and a Tenant Advice Centre (providing telephone advice and assistance) for tenants.

The mechanisms Leicester City Council uses with its partners to secure the provision of affordable housing are:

- Seeking Housing Corporation grants for RSLs
- Using Leicester City Council planning powers
- Selling Leicester City Council Housing and land at discounted rates
- Selling Leicester City Council Housing land to cross-subsidise mixed tenure schemes
- Allocating Leicester City Council Affordable Rent Grant to RSL's and HomeCome
- Investment of commuted sums – funding realised from developers through planning agreements in lieu of building affordable housing on site
- Working with Braunstone New Deal to achieve affordable housing in Braunstone
- Recycled RSL grant
- Under-occupation pilot for Leicester City Council stock – offering tenants incentives to move
- Identifying Leicester City Council Housing that could be extended to 4 bedded homes when vacant
- Implementing the Empty Homes Strategy

The Housing Options service is able to nominate to some Housing Association properties and HomeCome properties. HomeCome is a private company set up to provide good quality homes to rent to people of the Council's housing register. In 2007/08 there were 390 RSL nominations and 37 HomeCome referrals.

2.2 Supported Accommodation

Direct Access Hostels

Five direct access hostels provide temporary accommodation for up to 191 homeless people who are in 'crisis' housing need. The hostels offer a wide range of services to assist homeless people resettle, enhance and develop

skills to sustain a home and take a constructive part in community life. The Dawn Centre is a multi-disciplinary centre that has 42 single bedrooms with day centre services including skills and IT training. There is a fully equipped doctor's surgery and kennel facility. A partnership approach at our Dawn Centre addresses the holistic needs of the street homeless, including access to accommodation, health education and employment. All hostel residents have a support plan that addresses the holistic needs of homeless people, access to a GP, treatment, mental health, welfare benefits advice, support to find permanent accommodation, training education, budgeting etc. Life expectancy of the street homeless population has risen from 37 to 45 in 2006/07.

Supported Housing

Leicester City Council manages six Supported Housing projects for up to 42 vulnerable homeless people who have support needs. The schemes have been established for homeless people who do not require 24-hour support but still require support at an intensive level.

Sheltered Housing

Currently 432 units of sheltered housing in 15 schemes in Leicester. The service offers a sheltered housing officer, alarm service and housing related support service e.g. assistance with benefits.

Supported People to provide details of other providers.

Leicester City Council administrates the Supporting People grant on behalf of the SP partnership. This supports vulnerable people to get and keep a home in the community.

Hanover Housing Association has built an extra care scheme in Humberstone, Leicester. This provides 57 self-contained flats and provides social care support for older people living in this accommodation.

2.3 Floating Support

Supported People to provide details of other providers.

Leicester City Council administrates the Supporting People grant on behalf of the SP partnership. This supports vulnerable people to get and keep a home in the community. Funding supports 'floating support' schemes that provide housing related support to people in their homes (not tied to tenure).

The City Council also directly provides a tenancy support service (Supporting Tenants And Residents – STAR) for over 500 individuals. The STAR service works with people across the City, to provide housing related support advice and practical help to single people, families, older people, individuals who have experienced homelessness or are in danger of becoming homeless and people who experiencing housing related difficulties as a result of chaotic and problematic substance use (drugs and/or alcohol).

Outreach workers actively work with street drinkers, beggars and rough sleepers, to reduce anti-social behaviour and engage these hard to reach groups with specialist agencies and housing providers.

2.4 Improving Existing Housing Stock

Private Sector Housing

Leicester City Council's private housing renewal strategy and home energy strategy work towards improving existing housing stock in Leicester. Home Improvements can improve resident's health, reduce accidents, prevent falls, reduce fires reduce fuel consumption and fuel poverty.

An area based work is undertaken in declared renewal areas / home improvement areas (through providing Home Improvement Grants, encouraging private landlords to make any necessary improvements to their properties and Energy Efficiency Grants). These programmes bring properties up to the decent homes standard, improve energy efficiency, impact on the local environment and help reduce the fear of crime in an area.

Figure X: Active declared areas

Declared Area	Date Declared	Number of Properties	Predicted Vulnerable Households Living in Non-Decent Homes
Evington Valley Renewal Area Phase 2	Nov 99	437	
New Humberstone non-statutory Renewal Area	Jan 01	571	
St Saviours non-statutory Renewal Area	Mar 02	779	
Swainson Road Home Improvement Area	Feb 06	198	
Abbey Lane North Home Improvement Area	Nov 06	339	
Windsor Avenue Home Improvement Area	Nov 06	304	
Halifax Drive	Feb 08	266	91
Belgrave Village	Feb 08	142	40

Other activity is provided through the rest of the city:

Project	Purpose	Area	Eligible Groups
Citywide Home Maintenance	Making homes wind and watertight, warm, safe and secure	Citywide	Private sector homeowners and tenants (in each ward in turn over a two year rolling programme)
Home Handypersons Service	Carries out minor maintenance jobs	Citywide	Low-cost rate for people with disabilities, over 60 year olds, single parents, victims or crime and people on means-tested benefits. Competitive rate for other homeowners and tenants
Crime Reduction & Safer Homes Project (CRASH)	Undertake burglary reduction measures	Crown Hills, Northfields, Rowlatts Hill	Those who meet the City Wide Home Maintenance criteria and anyone who is vulnerable to being burgled
Burglary Reduction Public Service Agreement		West End	

Feel Safe Burglary Reduction		Highfields, New Parks, Saffron	
Safer Homes		Braunstone	
Accident Prevention & Safety Scheme	Provide safety and energy measure that will help reduce the risk of accidents in the home and reduce the number of people needing to be treated by their doctor or hospital	City wide	Single parents with a child or children under 5, people over 65, disabled people over 16 and low income families
Health Through Warmth Project	Provides affordable warmth measures to people suffering from cold and damp related illnesses	Citywide	Referral only
Sure Start 'Safe & Healthy Homes	Provide child safety and energy efficiency improvements in homes to enable children to develop in a home that is warm, safe and well ventilated	Beaumont Leys, Stocking Farm, Highfields	Referral only (families and children from before birth to four)
Hot Lofts Scheme	Improve insulation levels in all homes (to a minimum of 250mm (10 inches) of loft insulation and all cavity wall are filled where appropriate)	Citywide (rolling programme of priority areas)	All private homes (regardless of household income) living in the priority area/s
Warm Front grants	Grants provided for a range of energy efficiency / heating improvements	Citywide	Private sector households on low income
Care & Repair	A voluntary sector Home Improvement Agency that provides a home maintenance service and advice and assistance about applying for home maintenance grants	Citywide	People over the age of 60.

Leicester City Council's Empty Homes Team works with private sector homeowner to:

- Improve property to let or occupy themselves
- Sell the property on the open market to a RSL, a new owner-occupier or a landlord
- Consider leasing the property to HomeCome or via the Leicester Let scheme
- Where owners do not improve or bring their property back in to occupation, as a last resort the team will make a Compulsory Purchase Order (CPO).

Council Housing

Improvements in council dwellings in 2007/08 included 1,057 new boilers, 1,598 windows and door fitted, 43 properties with central heating and 923 properties rewired.

2.5 Adapting Homes

The Adults & Housing Department provides equipment, adaptations and advice to people of all ages and disabilities who are experiencing difficulties in living safely at home. The most common types of major adaptations are the replacement of a bath with a level access shower, rearrangement of bathroom / toilet layout, installation of stair lifts, widening of doorways, provision of ramps, widening of paths, and the re-siting of light switches /power points.

Figure X: Number of referrals from Occupational Therapy for Major Disabled Adaptations (Promoting Independence Unit figures)

	2003	2004	2005	2006
Owner Occupied	251	281	308	400
Privately Rented	12	20	21	20
Housing Association	49	75	66	74
Council Property	216	223	260	429
<i>Overall Total</i>	<i>528</i>	<i>599</i>	<i>655</i>	<i>923</i>

There is currently a waiting list for major disabled adaptations and demand is higher than the number that can be provided each year.

Adapted Housing Matching Service is a joint service with Registered Social Landlord's in the City. This helps ensure that all social rented wheelchair accessible and adapted housing in Leicester is let and re-let to people in need.

Climate Change

The human body is the result of its environment. Evolution has given subtle changes to the human body that we now take for granted. However these changes occurred over millennia with a slowly evolving environment, and started with a template of a quadruped with an ability to walk that spent most of its time feeding or looking for food.

Fast forward several million years and we are bipeds that spend very little time looking for food and a lot of time eating food, so the old techniques for energy storage now bring us different problems in terms of obesity and the surrounding health related conditions.

The human condition is due to enter a further period of change as the planet reacts to climate change and can be largely divided into three areas; heat and flooding and there is a further area of behavioural change due to climate change that will have an impact upon health.

HEAT

The human body has evolved to adapt to heat; gone are the fur coats that acted as insulation against harmful rays and excessive temperature. So the first area of health change in the northern hemisphere will be skin related melanoma, second degree burns and dehydration. This is currently being experienced at a lower level, but heat was responsible for an additional 20,000 deaths in Europe during the 2003 heat wave. The difficulty is that the thirst recognition system that the body employs is still the old hairy body type which still had the insulation. Now we have no insulation the direct effect of sunlight will cause mortality in the elderly, the young and the infirm.

With heightened moisture loss a further series of conditions is triggered; kidney stones caused by the crystallisation of uric salts; deterioration of eyesight due to the effect of direct sunlight and the drying of tear glands, impacted bowels due to moisture loss, joint inflammation and damage to reduced synovial fluid, loss of serum within the blood circulatory system due to moisture loss, and reduced endocrine system. There will be a mechanical effect with the increased prevalence of gum disease and the increased loss of dentition where saliva and natural antiseptics are reduced due to moisture loss.

Heat will be a particular problem for the obese where it is difficult for heat shedding; adipose fat is a form of insulation; excess adipose fat is a very good form of insulation.

Heat brings other external health issues such as vector bourn diseases malaria, once thought to be eradicated in Europe, but now showing a return in Southern Italy with a northward journey of *anopheles*, sleeping sickness with the northward journey the *glossina* fly, and other tropical vector bourn diseases. The increased heat will also allow for the longer incubation of bacterial and viral infectious diseases where they are transmitted by tourism, leading to a potential for mutation to more tolerant entities.

FLOODING

Increased water levels are expected due to more frequent and stronger periods of rainfall. The ancient template for humans is very poorly equipped to deal with prolonged exposure to flooding. The first obvious effect of increased flooding is drowning, with hypothermia a close second.

Prolonged exposure to moist conditions can give rise to skin complaints with chaffing, and blistering of the skin particularly in the lower leg areas, giving an increase to conditions such as *trenchfoot*.

There will be an increase in water bourn diseases such as cholera, dysentery and amoebic related infections. There will also be an increased exposure to vermin related disease such as Weils disease due to the displacement of rats during flood conditions. Flooding will produce related ailments where food is spoiled and then poorly cooked, or that sewerage treatment plants are flooded and effluent is added to the flood.

Increased levels of moisture in buildings will give rise to increased spoor conditions leading to rise in asthma, COPD and other respiratory diseases with the vulnerable groups being exposed. With an increase in temperature there will be increase in microbial ailments such as *Tinea Pedis* (athlete's foot), thrush and 'cold sores'.

BEHAVIOURAL CHANGE

An increase in both heating and flooding will produce behavioural changes that will give rise to further ailments. In bouts of strong sunlight and heat those in the open will be exposed to some of the above medical conditions. Those remaining indoors will become pre-occupied with remaining cool. This may give a rise in more sedentary behaviour, and a consequent rise in obesity. During periods of high precipitation the same is true; this will be particularly true of young people.

There will be an increase in alimentary conditions with a reduced access to food and standards of cooking being reduced coupled with the effects of heat. There is a strong possibility of brownouts/blackouts leading to impaired storage conditions of food and there will be an increased tendency towards *alfresco* meals with concomitant food related ailments.

There will be an increase in public disorder either through increased alcohol consumption encouraged by higher temperatures or by more serious events triggered by heat, and health providers need to be aware of higher levels of injuries relating to public disorder.

CONCLUSION

The Primary Care Trust horizon is one where more tropical diseases become more prevalent in temperate conditions. The behaviour and lifestyle of the current society will need to adapt to the changed circumstances. During the period of adjustment there will be an increased demand on health services. Part of the adjustment will need to encompass building design to produce natural cooling, the PCT may have to consider design to encompass community cooling areas where heat stressed residents can come and relax – in essence building surgeries that are also community centres, or community centres with public health focus.

Lifestyle / Risk Factors

This section reviews the lifestyle and behaviour within Leicester and the impact this has on health outcomes. Ill-health and diseases attributable to lifestyle behaviours such as bad diet, smoking, alcohol abuse or low levels of inactivity are ones that can be influenced by health promotion activities and targeting of services to help people achieve better health outcomes for themselves.

Key findings

Smoking

- Across Leicester approximately 23% (50,000) of adults smokeⁱ
- Approximately 15% of women are smoking throughout their pregnancy
- Smoking prevalence is much higher in the west of the city and generally lower in Asian communities in the east of the city (except Bangladeshi)¹

Obesity

- Around 58,000 (27%) adults in Leicester are obese¹
- In 2007, 11% of children in reception were identified as obese and 20% of children in year 6ⁱⁱ.

Alcohol

- It is estimated that around 17% of the population of Leicester abuse alcohol¹
- In 2005, 137 deaths in Leicester were attributable to alcohol (82 males, 55 females)
- The number of hospital admissions has more than doubled in the last 5 years from around 3,000 alcohol-related admissions in 2002-3 to over 6,000 in 2006-7ⁱⁱⁱ.

Sexual Health

- In 2006 there were 346 teenage conceptions in Leicester
- Teenage conception rates (rates per 1,000 females aged 15-17 years) have fluctuated between 64 and 54 over the past 8 years and the current rate of 61 (2006) is similar to the rate in 1998 (64)^{iv}.
- 579 people in Leicester have been diagnosed and are in treatment for HIV in 2006

Lifestyle and Risk Factors:

3.1 Smoking

3.1.1 National context

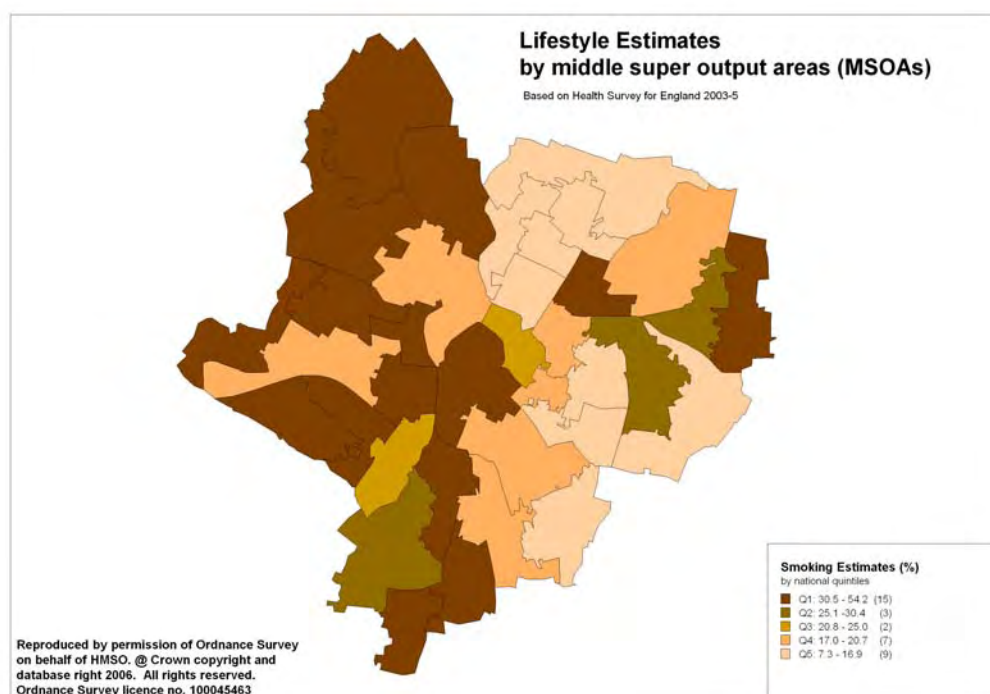
Smoking is known to be the principal cause of avoidable premature deaths in the UK. It harms almost every organ of the body, resulting in many diseases (cancers, respiratory, circulatory and digestive diseases) and reducing quality of life and life expectancy. That is why the government White Paper Choosing health: making healthier choices easier promises new action to tackle tobacco and reduce the 86,500 deaths in England caused by smoking every year. Since 1998, adult smoking rates in England have fallen from 28% to 23% in 2006^v. That is over 2 million fewer smokers.

**Add in key findings from Health Survey

3.1.2 Smoking in Leicester

Across Leicester, 23% of adults equates to approximately 50,000 smokers, of whom around half will die prematurely as a direct result of smoking; an estimated 424 people died from smoking in 2006^{vi}. Smoking related mortality is strongly linked to health inequality, and is highest in areas of greater deprivation. Figure 3.1 shows the estimated prevalence of smoking across Leicester's middle super output areas^{vii}. The highest levels of smoking (over 30%) are found predominantly on the west of the city, and these correspond to the most deprived areas of Leicester^{viii}. Smoking levels on the east of the city are much lower, which is representative of the Asian communities generally having lower prevalence of cigarette smoking.

Figure 3.1 Estimates of smoking prevalence in Leicester (by middle super output area)



The proportions of smokers tend to be higher in:

- the most deprived populations
- amongst people with mental health problems
- some ethnic groups (Bangladeshi and Pakistani men)

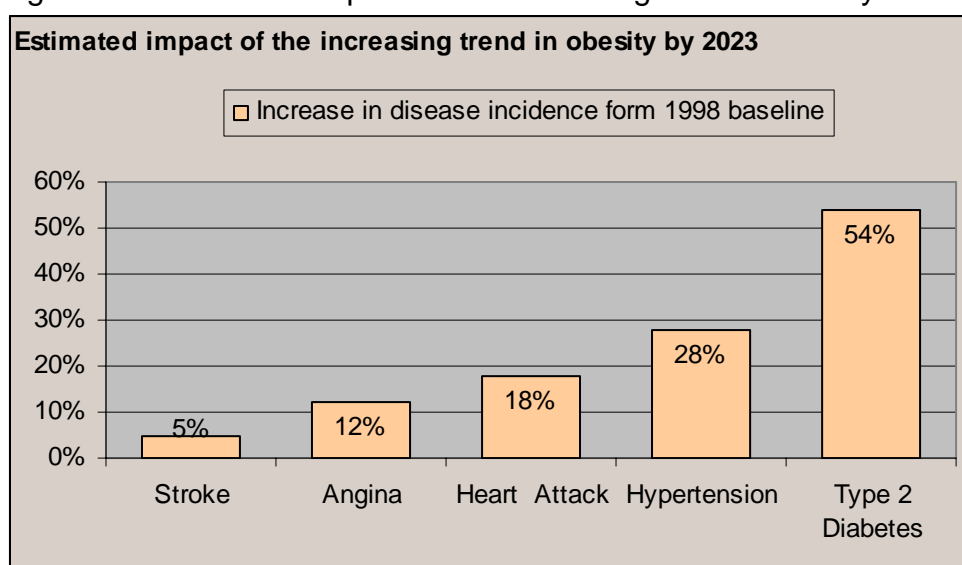
Reducing smoking prevalence improves health and wellbeing, and reduces the need for healthcare interventions. It is anticipated that the July 2007 smoking ban in public places will help reduce smoking prevalence, with national reduction being estimated at between 1.5 % and 2.0%.

3.2 Obesity

3.2.1 National context

Levels of obesity are rising, adult obesity levels rose from 13.2% in 1993 to 24.9% in 2006 for men and 16.4% to 25.2% for women¹. Figure 3.2 illustrates the potential impact of the rising levels of obesity on the health of the population.

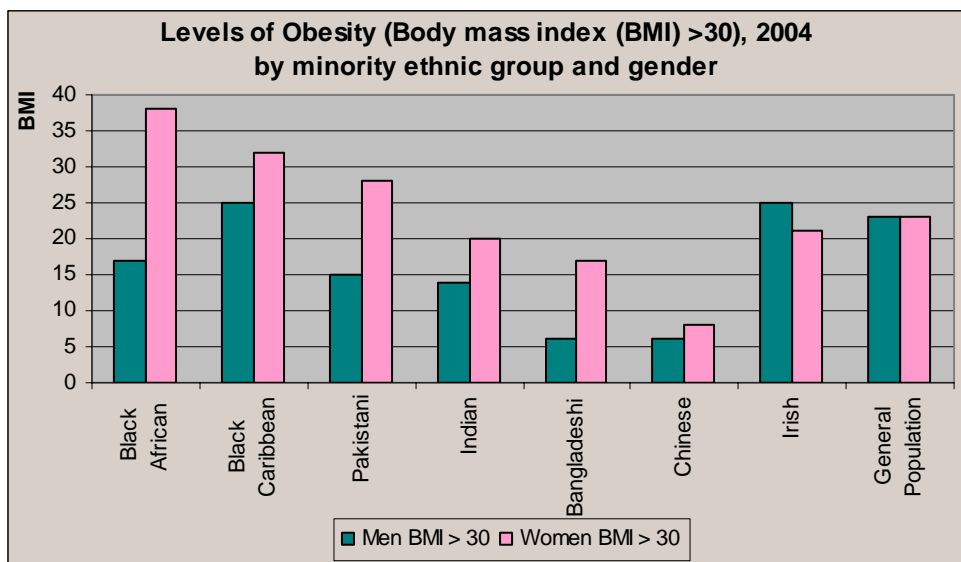
Figure 3.2: Estimated impact of the increasing trend in obesity



The Health Survey for England 2005 showed that:

- levels of obesity increase with age in both males and females, (levels of obesity increase between 35 and 64 years).
- People in unskilled, manual occupations are more likely to be obese (23% males, 29% females) than those in managerial and professional occupations (21% males, 19% females).
- Obesity is higher amongst married/co-habiting couples than the single, divorced or separated population.
- There are differences in levels of obesity across different ethnic groups (see figure 3.3)
 - Black African and South Asian men have relatively low levels of obesity measured by BMI compared to the general population
 - BME males generally show lower levels of obesity than BME females
 - Black African women show the highest level of obesity (38%), almost double that seen in Indian (20%) and Pakistani (17%) women
 - The lowest levels of obesity are found in the Chinese population (males 6%, females 8%)

Figure 3.3 Levels of Obesity by minority ethnic group and gender

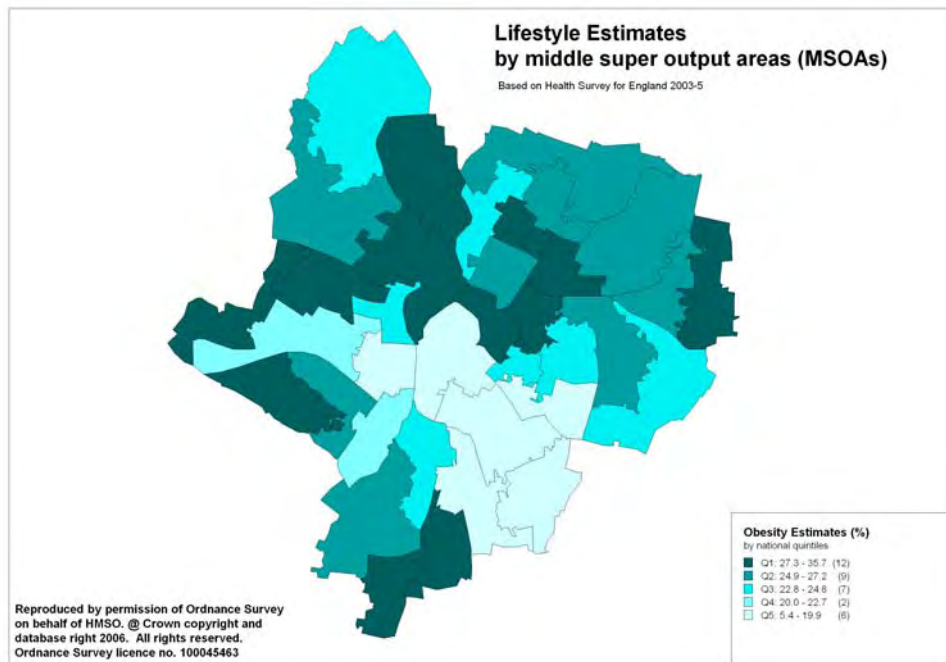


- Higher levels of obesity are consistent with low levels of exercise and the proportion of people engaging in physical activity declines with age, particularly after age 35.
- Low educational attainment is associated with higher levels of inactivity

3.2.2 Obesity in Leicester adults

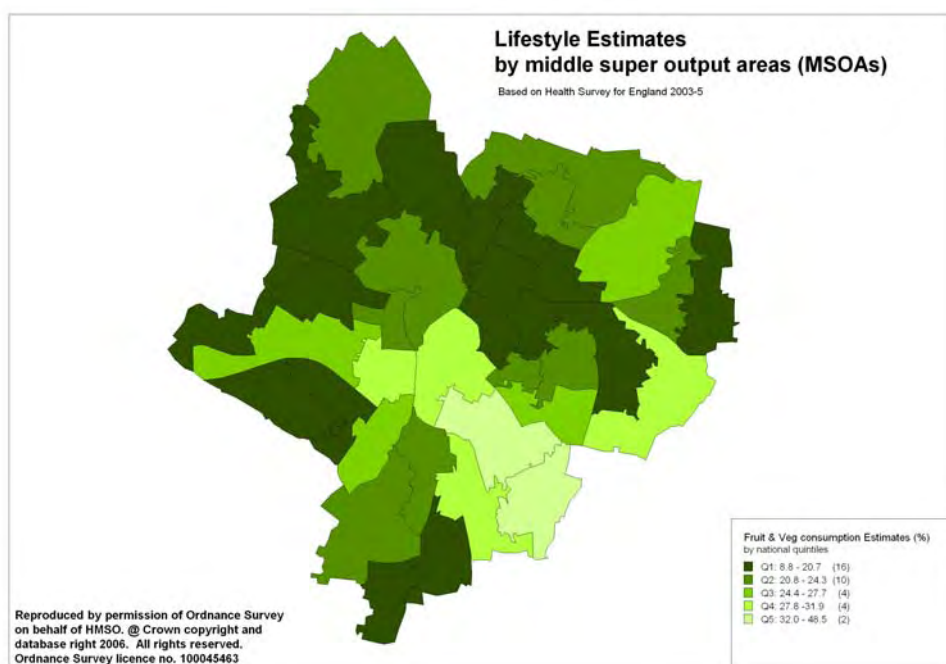
It is estimated that 25% of adults are obese¹, this equates to around 58,000 adults in Leicester. Figure 3.4 shows the distribution of obesity and the population consuming the recommended portions of fruit and vegetables, across Leicester. Areas where diets have a low fruit and vegetable content, correspond to areas of high levels of obesity. These are also consistent with high levels of deprivation.

Figure 3.4 Estimates of obesity (BMI of 30 and over) in Leicester (by middle super output area)



The percentages of adults aged 16 and over who eat 5 or more portions of fruit or vegetables per day are shown in figure 3.5

Figure 3.5 Estimates of fruit and vegetable consumption (over 5 portions) in Leicester (by middle super output area)



3.2.3 Obesity in children

Childhood obesity is an area of particular concern and its prevalence has increased in recent years. The prevalence in boys, while still below that of girls, has shown a recent sharp increase. The East Midlands Public Health Observatory^x estimates that around 23% of boys and 30% of girls aged 2-15 are obese or overweight. Obesity pre-disposes children to a wide variety of health, psychological and social problems including stigma and bullying, social exclusion, low self esteem and depression and type II diabetes.

The PCT is in its second year of implementing the national child measurement programme (NCMP). This is a Department of Health project which was established to enable PCTs better understand levels and patterns of childhood obesity in their population. In 2007, the heights and weights of primary school children were measured:

- Of 81% of reception year measured, 10.6% of children in reception year (4 to 5 years) were recorded as obese and 11% as overweight.
- In year 6 (10 to 11 years), 74% were measured and levels increased to 13.6% overweight and 19.6% obese.

3.3 Physical Activity

3.3.1 National context:

Physical activity is a critical public health issue. Lack of physical activity is associated with increased risks to health, including heart disease, diabetes, cancer, musculoskeletal conditions such as osteoporosis and obesity. Physical activity is instrumental in reducing the risks of developing these diseases, and also has a role to play in promoting positive mental health and developing social capital.

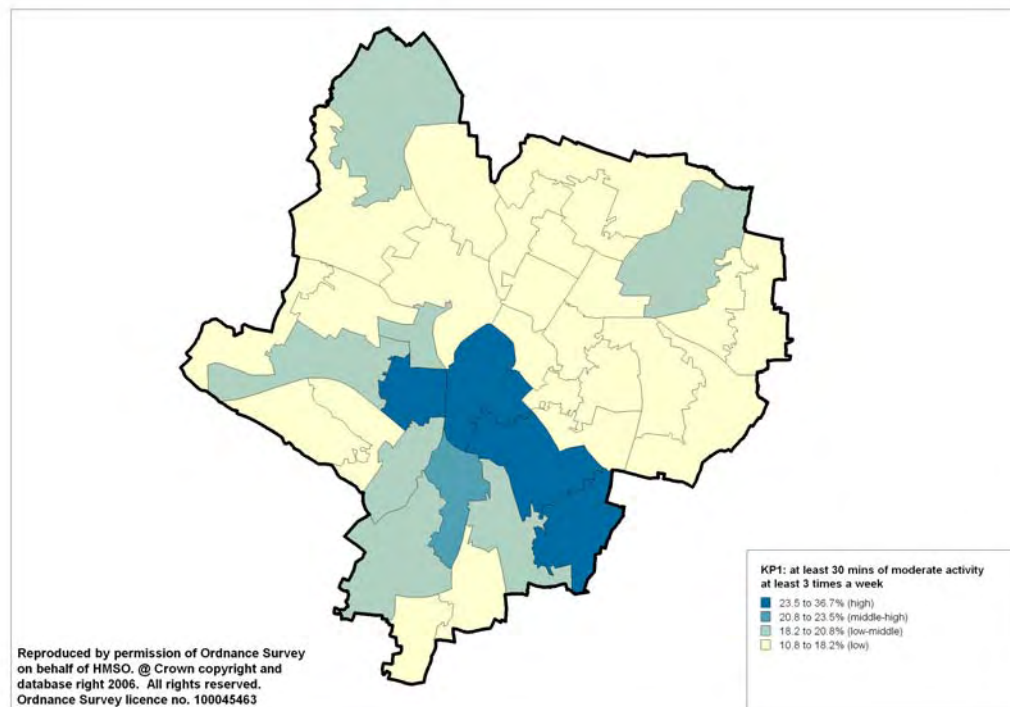
Headline results from the Active People Survey 2006:

- The APS is a telephone survey of 363,724 adults in England (aged 16 plus) providing statistics on participation in sport and active recreation for all 354 Local Authorities in England (a minimum of 1,000 interviews were completed in every Local Authority in England). There are plans to repeat the APS in 2008/9.
- 21% of the adult population (8.5 million people) take part regularly in sport and active recreation. Regular participation in sport and recreation is defined as taking part on at least 3 days a week in moderate intensity sport and active recreation for at least 30 minutes continuously in any one session.
- 50.6% of adults (20.6 million) have not taken part in any moderate intensity sport and active recreation of 30 minutes duration in the last 4 week.
- Walking is the most popular recreational activity for people in England. Over 8 million adults aged 16 and over (20%) did a recreational walk for at least 30 minutes in the last 4 weeks. 5.6 million people (13.8%) swim at least once a month while 4.2 million people (10.5%) go to the gym
- Regular participation in sport and active recreation varies across different socio-demographic groups. Men participate more than women (23.7% compared with 18.3%). Participation declines with age, with 32.7% of 16-24 year olds participating compared with 24.7% of 35-44 year olds, 16% of 55-64 and 6% of people in the 75-84 years age band.
- There are lower rates among people with a limiting longstanding illness or disability (8.8%) compared to those without (23.3%).
- Black and other ethnic minorities (18.6%) have a lower participation rate than people of white origin (21.2%). 17.5% of Black Caribbean's regularly participate and 17% of Asians.
- Those in the lower socio-economic groups have a rate of 16.3% compared with 25.1% in the highest socio-economic group.
- Overall, 69.5% of adults are fairly or very satisfied with sports provision in their local area.

3.3.2 Physical Activity in Leicester

Results of the Active People Survey 2006 showed that Leicester is within the bottom 25% for participation in sport with only 18% of adults achieving 30 minutes of moderate activity at least 3 days a week. Levels of physical activity vary across the city and estimates of regular activity levels are shown in figure 3.6. Activity is low in the northern half of the city and moderately high in a band reaching from the city centre down to Knighton. This area of higher physical activity also shows lower levels of obesity and higher levels of fruit and vegetable consumption (figures 3.4 / 3.5)

Figure 3.6 KP1: At least 30 minutes of moderate exercise at least 3 times a week



3.4 Alcohol

3.4.1 National context:

Alcohol misuse represents a major burden to both health and social care communities and increases the risk of mortality from a number of conditions including cardiovascular disease (CVD), cancer, suicide and injury. Reducing harm and encouraging sensible drinking of alcohol was cited as one of the six key priorities of the White Paper Choosing Health. The importance of addressing binge drinking, alcohol misuse and alcohol related harm are all explicit and implicit in a wide range of policies on health, education and skills, transport, employment, and there is a government target to reduce harm from alcohol by reducing the number of alcohol-related hospital admissions.

Alcohol use and misuse key findings^x

- Drinking among adults**
- In England in 2005, 73% of men and 58% of women reported drinking an alcoholic drink on at least one day in the week prior to interview. 13% of men and 8% of women reported drinking on every day in the previous week.
 - 34% of men and 20% of women had drunk more than the recommended number of units on at least one day in the week prior to interview. Eighteen per cent of men and 8% of women had drunk more than twice the

recommended daily intake.

- Older people were more likely to drink regularly – 28% of men and 18% of women aged 45-64 drank on five or more days in the week prior to interview compared to 10% of men and 5% of women aged 16-24. Younger people were more likely to drink heavily, with 42% of men and 36% of women aged 16-24 drinking above the daily recommendations, compared to 16% of men and 4% of women aged 65 and over.
- Among men, 24% reported drinking on average more than 21 units in a week. For women, 13% reported drinking more than 14 units in an average week.
- In Great Britain in 2006, 69% of adults reported that they had heard of the Government guidelines on alcohol consumption. Of these adults, more than a third said that they did not know what the recommendations were.
- 32% of adults in Great Britain had seen units of alcohol displayed on labels of alcoholic drinks, compared to 23% in 2000.
- Across England, in 2005, drinking on five or more days in the week prior to interview was found to be more prevalent in the south, excluding the London region - which had the lowest prevalence for all drinking behaviours. Drinkers in the northern regions were more likely to exceed the daily recommendations and to binge drink.
- In England in 2005, 45% of pregnant women did not drink during pregnancy, while 39% reported drinking on average less than 1 unit a week and only 8% drank 1 to 2 units.

Drinking among school children

- In 2006, 21% of pupils in England aged 11-15 reported drinking alcohol in the week prior to interview; continuing the recent decreasing trend since 2001.
- Since 2001, the proportion of pupils who have never drunk alcohol has risen; in 2006, 46% of pupils said they had never had a proper alcoholic drink, compared to 39% in 2001.
- Among pupils who had drunk alcohol in the week prior to interview, the average weekly consumption has almost doubled from 5.3 units in 1990 to 10.4 units in 2000. Weekly consumption has since fluctuated around this level and in 2006 was estimated at 11.4 units. However, consumption among children aged 11-13 has continued to increase, from 5.6 units in 2001 to 10.1 units in 2006. The proportion of pupils in this age group who reported having a drink in the last seven days has decreased in the same time period from 14% in 2001 to 9% in 2006.†

Drinking-related ill health and mortality

- In 2005/06, there were 52,270 NHS hospital admissions of adults in England aged 16 and over with a primary diagnosis specifically related to alcohol. This number has risen by just over 50% from 34,660 in 1995/96. Over two thirds (70%) of admissions with primary diagnosis relating to alcohol were male.
- In 2005/06, in children aged under 16 there were 4,060 NHS hospital admissions with a primary diagnosis specifically related to alcohol. This shows an overall increase of 29% from 3,150 in 1995/96. Among those aged under 16, 59% admissions with primary diagnosis relating to alcohol were girls.
- In 2005/06, there were 187,640 NHS hospital admissions among adults aged 16 and over with either a primary or secondary diagnosis specifically related to alcohol. This has more than doubled from 89,280 in 1995/96.
- Among children under 16 there were 5,280 NHS hospital admissions in 2005/06 with either a primary or secondary diagnosis specifically related to alcohol. This represents an overall increase of just over a third from 3,870 in

1995/96.

- In 2005, 6,570 people in England and Wales died from causes directly linked to alcohol consumption, of these just under two thirds (4,160) died from alcoholic liver disease. Two thirds (67%) of those dying from alcoholic liver disease were men.

3.4.2 Alcohol use in Leicester

The level of alcohol use/ misuse is higher in Leicester than in England overall (figure 3.7) and these indicators show Leicester to be

Significantly worse in Leicester

- More deaths in males from alcohol-specific diseases such as chronic liver disease, fibrosis or cirrhosis of the liver, hepatitis (2005)
- More male and female hospital admissions for alcohol-specific conditions, (2005-6)
- More male and female hospital admissions for conditions attributable to alcohol, (2005-6)
- More recorded crimes relating to alcohol, violent and sexual alcohol-related offences (2006-7)

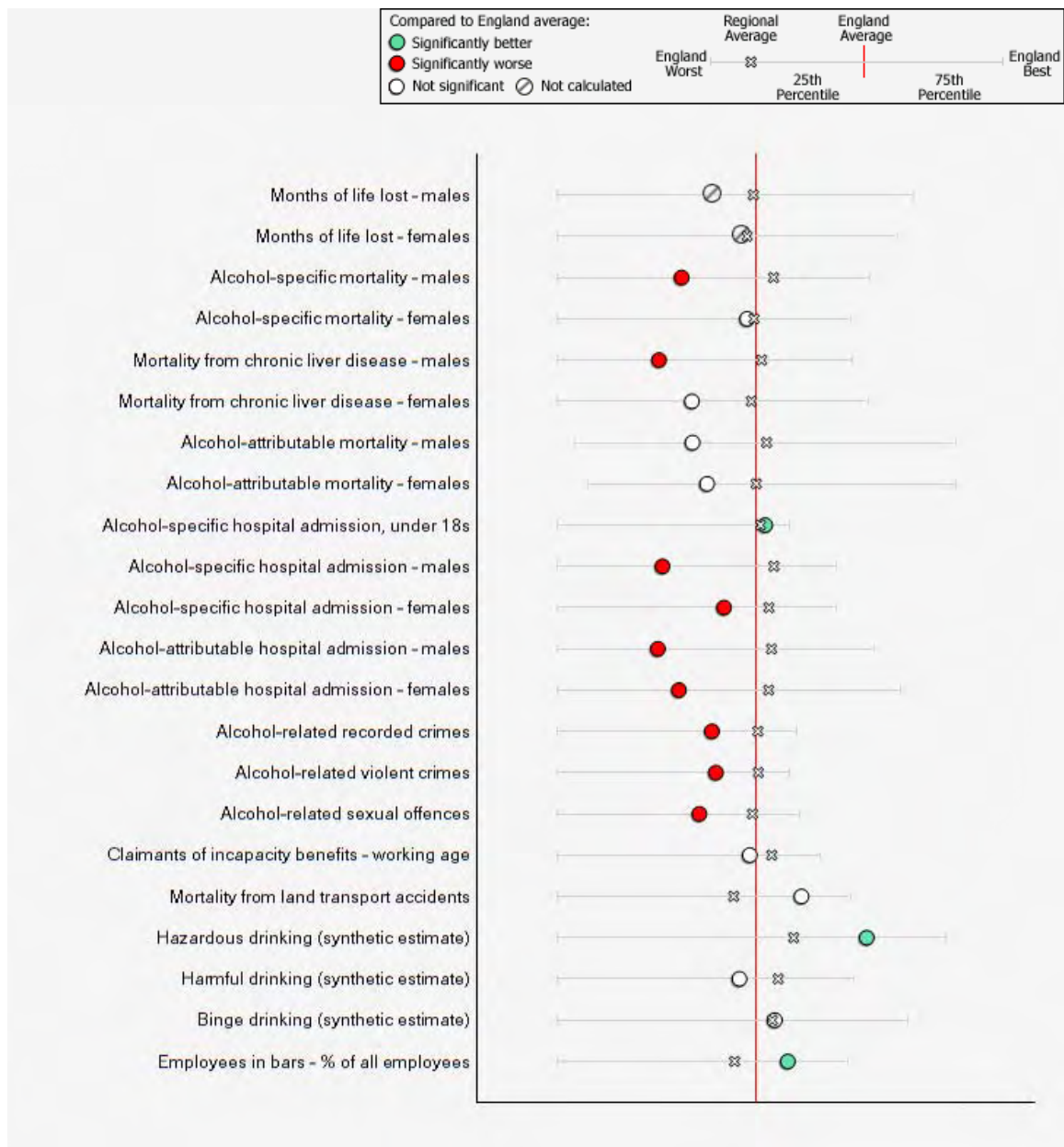
Average

- Months of life lost in males and females^{xi} (2003-5)
- Claimants of incapacity or severe disablement benefits whose main reason is alcoholism (Aug 2006)
- Deaths from land transport accidents (estimated to be attributable to alcohol, 2003-5)
- Estimates of binge^{xii} and harmful^{xiii} levels of drinking (2005 estimates)

Significantly better in Leicester

- Lower estimates of hazardous^{xiv} drinking levels (2005 estimates)
- Lower hospital admissions for alcohol-specific conditions in under 18s

Figure 3.7 Profile of alcohol-related harm in Leicester compared with the East Midlands and England overall^{xv}.



Poor health due to alcohol abuse in Leicester is increasing. Compared to the national mortality rate, chronic liver disease mortality in Leicester is significantly higher than the national rate. (figures 3.8 and 3.9). In 2006, there were over 30 deaths from liver disease, 26 in men and 5 in women from Leicester. It is a particular problem in males, where 96% of liver disease deaths occur before 75 years of age (90% in England).

Figure 3.8 Mortality Rates from Chronic Liver Disease ^{xvi}

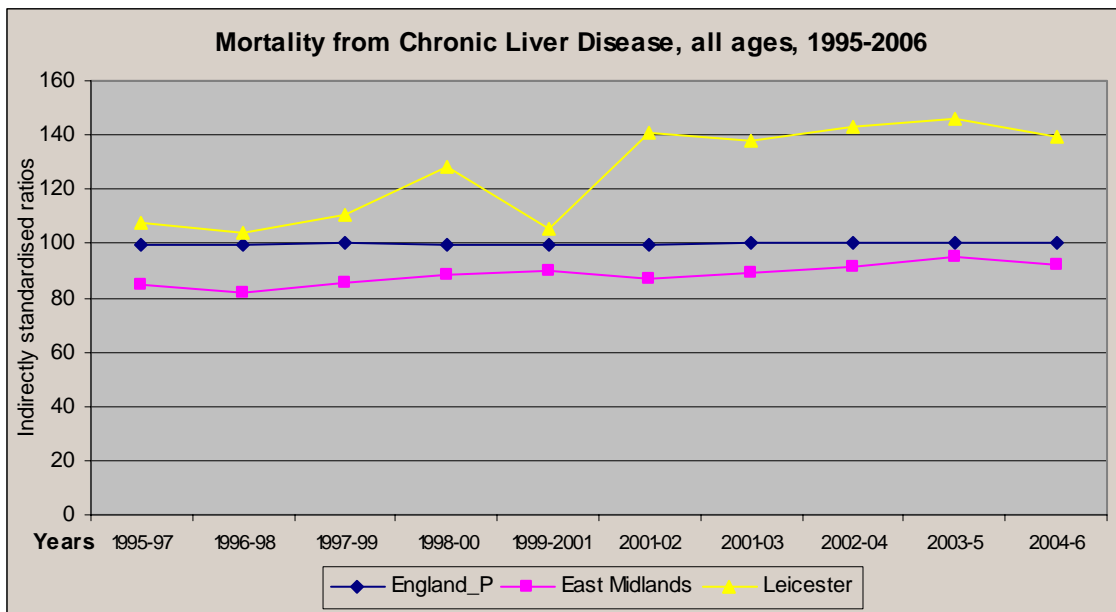
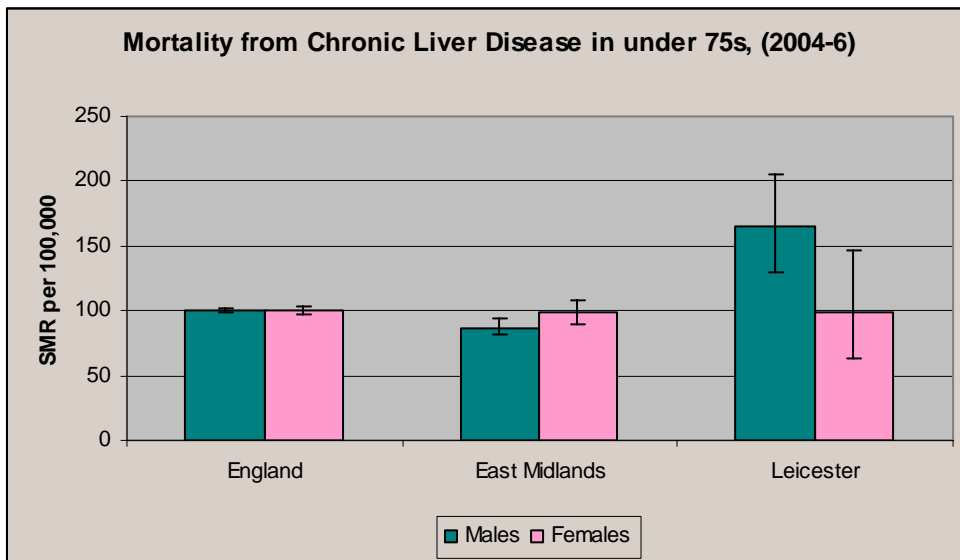
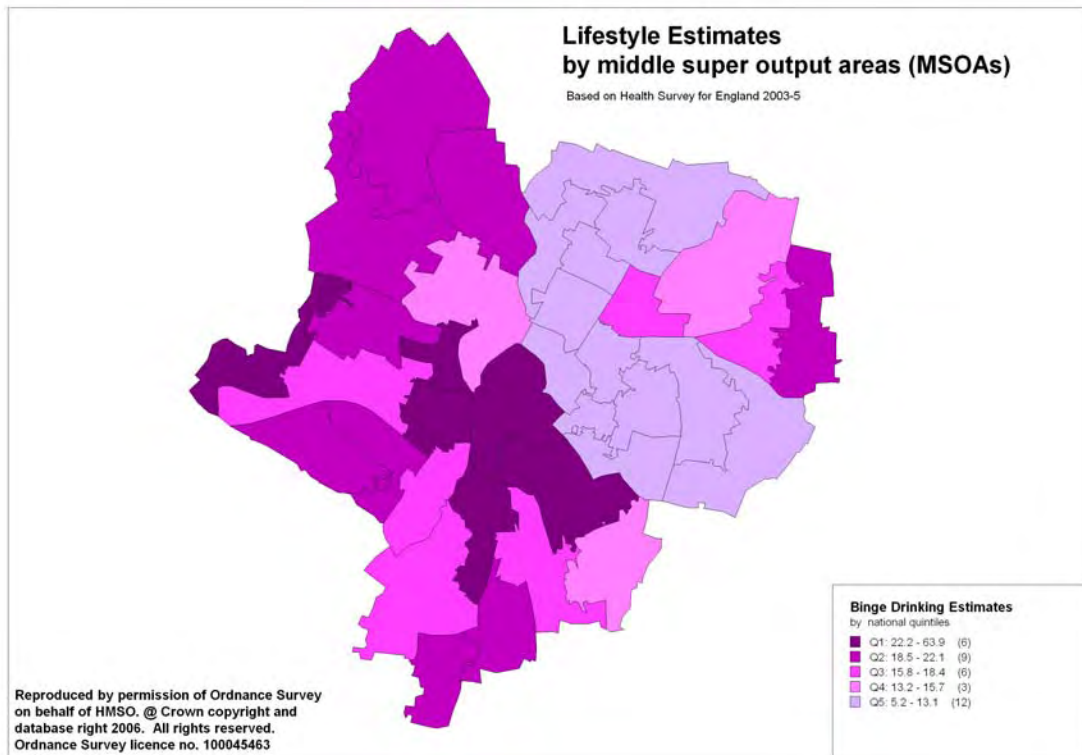


Figure 3.9 Mortality rates from Chronic Liver Disease in males and females under 75 years



It is estimated that around 17% of the adult population misuse alcohol in Leicester (consuming more than twice the recommended levels)^{xvii}. This is equivalent to around 36,750 people. Across Leicester, there are noticeable differences in estimates of excessive drinking; Low levels are seen in the east of the city, which may be cultural, moderate levels in the west of the city and the highest levels in the New Parks and the city centre heading down towards the University housing areas.

Figure 3.10 Estimates of excessive drinking in Leicester (by middle super output area)

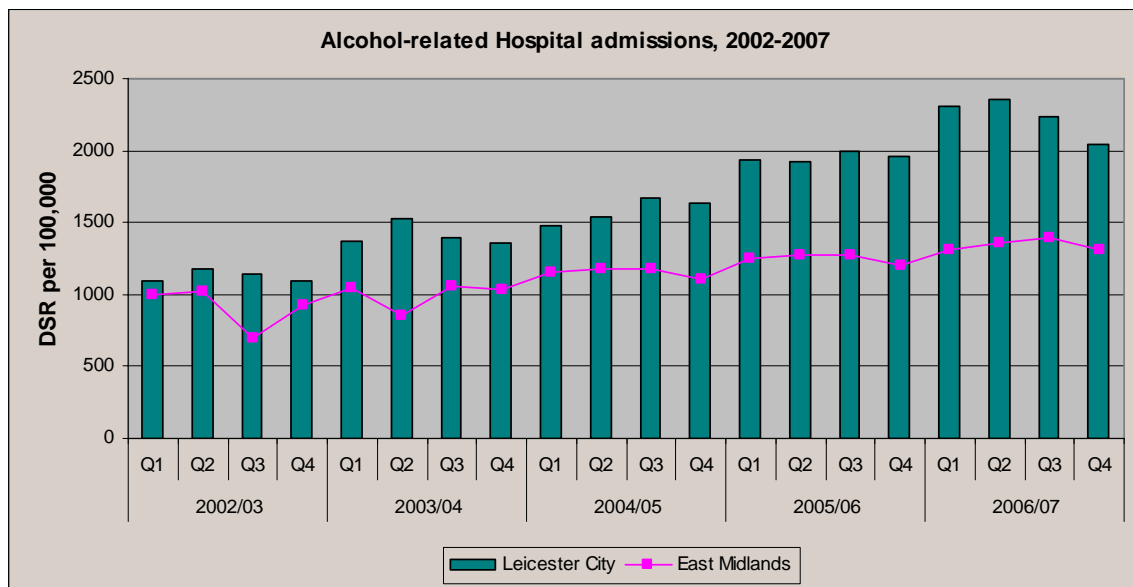


There are massive differences in the health consequences of alcohol use between richer and poorer communities across all regions of England. Areas of greater deprivation have poorer outcomes due to alcohol misuse in terms of rates of; mortality, admission to hospital, incapacity due to alcoholism, hazardous and harmful drinking, compared to the more affluent regions.

Across Leicester, hospital admission rates relating to alcohol have increased by around 2.5 times for men and 3 times for women over the last 5 years. The majority of these admissions are for circulatory diseases (40% in males and females) and mental and behavioural disorders due to alcohol (31% of male admissions and 17% of female admissions).

In 2006-7 (April 2006 – March 2007) there were over 6,000 hospital admissions attributable to alcohol. The hospital admission rate illustrated in figure 3.11, shows the increasing rate over the last 5 years, which is considerably higher than the average alcohol-related admission rate for the East Midlands overall. This is shown as directly age-standardised rates (DSRs).

Figure 3.11: Alcohol Attributable Hospital Admissions^{xviii}



Key points include:

- In 2005, 82 deaths in males and 55 deaths in females were attributable to alcohol^{xix}.
- Alcohol-related hospital admissions rates have doubled for both men and women in the past 5 years (2002-2007).
- In 2006-7 there were over 6,000 hospital admissions attributable to alcohol

3.5 Sexual Behaviour

3.5.1 Teenage conceptions

Teenage conception rates in Leicester are significantly higher than the England average. Conception rates have fluctuated since 1998, but risen sharply in 2006 with 346 conceptions to under 18 year olds^{xx}.

Figure 3.12 Teenage conception rates in Leicester

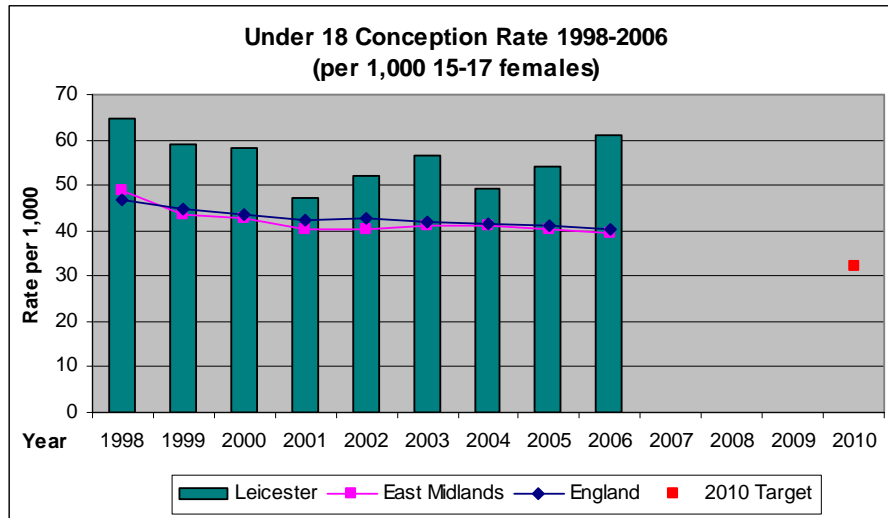
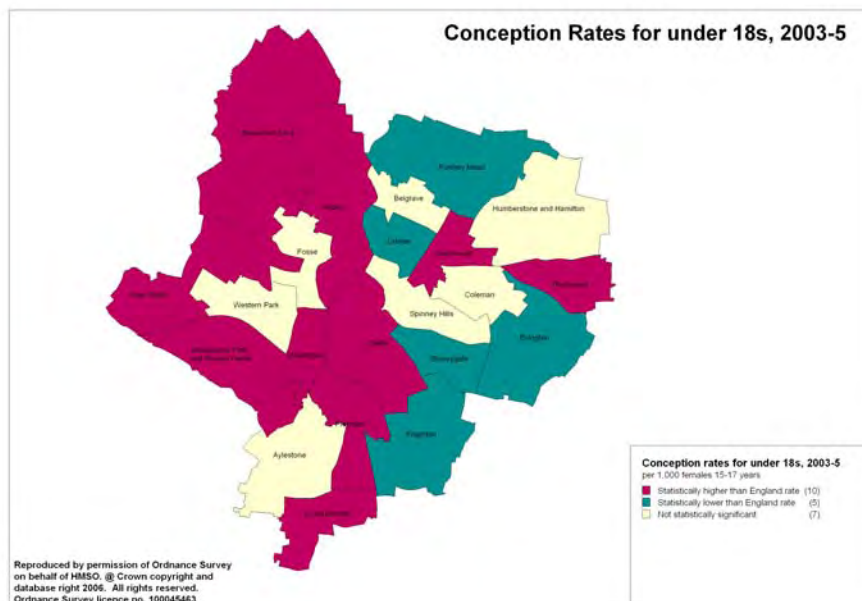


Figure 3.13 Teenage conception rates by wards – statistical significance



Conception rates in under 18s in the west of Leicester are generally higher than England average (figure 3.13). The east of Leicester shows generally average or below average conception rates for under 18s. The pattern of conceptions across Leicester reflects areas with poor educational attainment, (mainly white communities) and high levels of deprivation.

Burden of ill-health and disability

This section reviews the burden of ill-health and health inequalities in Leicester, by looking at life-expectancy, main causes of death, hospital admission rates and prevalence of disease and other health conditions. Health conditions will vary with age, gender and ethnicity and these differences are shown where appropriate. Health inequalities can be assessed by comparing the Leicester rate against the England average and also by comparing local area data within the city of Leicester. Local analysis shows that there is considerable variation in health and ill-health across Leicester with many highly deprived areas suffering high levels of ill-health. Although health issues and diseases are considered here individually, it is important to recognise many of the causal factors are linked to the wider determinants of health, levels of deprivation, education and lifestyle factors.

Key points and findings

Life expectancy

- The all age all cause mortality rate (AAACM) for Leicester has reduced by 14% for males and 5% for females over the past 11 years (1996-2006) but rates are still significantly higher than the national average rate.
- Men living in Leicester can expect to live around 75.3 years, 2 years below the national average
- Across Leicester there is a difference of around 6 years between the ward with the lowest male life expectancy (Castle, 72.2) and the ward with the highest life expectancy (Knighton, 78.2) in 2006.
- Women in Leicester can expect to live around 79.4 years, around 2 years less than the national average (2006)
- Across Leicester there is a difference of almost 5 years between the ward with the lowest female life expectancy (Braunstone, 77.2) and the ward with the highest life expectancy (Belgrave, 82) in 2006.

Causes of death and ill-health:

- In 2006 there were 2,540 deaths to residents in Leicester
- The main causes of death in Leicester (accounting for over 75% of all deaths) are cardiovascular disease (35%), cancer (23%) and respiratory disease (16%)
- Mortality rates from causes amenable to healthcare are higher in Leicester than they are in England as a whole
- In 2006/07 there were over 54,000 emergency hospital admissions for Leicester patients

Diabetes

- Leicester has a higher prevalence of Diabetes (4.8%) than nationally (3.7%) with approximately 17,000 recorded on GP registers
- Hospital admission rates for diabetes mellitus are below the national average and the third lowest within East Midland PCTs
- Mortality from diabetes is significantly higher in Leicester males than the national rate. Around 30-40 people die each year from diabetes.

Cardiovascular Disease (CVD)

- Premature deaths from cardiovascular disease have seen a gradual fall over the past 10 years both nationally and locally, although Leicester has a higher than average rate.

Coronary Heart Disease (CHD)

- CHD prevalence in Leicester is recorded at 3% of the population, approximately 10,500 patients on GP CHD registers. The actual prevalence is estimated to be around 3.7%.
- Hospital admissions for CHD are above the national rate but around average within the East Midlands
- There were 454 deaths from CHD in Leicester in 2006.
- Mortality from CHD is higher in Leicester overall than nationally, and 11 wards show significantly high rates.

Stroke and Transient Ischaemic Attack (TIA)

- In 2007 there were over 4,000 people on GP registers for stroke and TIA.
- 219 Leicester residents died from stroke in 2006

Chronic Obstructive Pulmonary Disease (COPD)

- In 2006 there were 107 deaths from bronchitis, emphysema and other COPD

- 3,950 patients were recorded on GP registers for COPD (2007)

Cancer

- There were 561 deaths from cancer in 2006
- Premature deaths from cancer are around average for females in Leicester and below average for Leicester males (2006)
- Lung cancer is the most common cause of cancerous death in males, breast cancer in females
- Cancer rates are higher than average in Braunstone and Eyres Monsell, and lower than average in Latimer, Stoneygate and Knighton

Accidents

- There were 62 accidental deaths in Leicester in 2006. Of these 20 were accidental falls and 18 were road traffic accidents.

Sexually Transmitted Infections

- Chlamydia is the most common sexually transmitted infection in young people and there has been a sharp increase in Chlamydia diagnoses over the past few years. The PCT has implemented a screening program and last year screened nearly 1,000 15-24 year olds .
- The number of patients diagnosed with HIV infection has almost doubled over the period 2002-6 to 569 cases (2006).
- Black-African women are the most dominant group, making up 44% of all the diagnosed HIV infections.

Dental and Oral Health

- The National performance target for dental health in young children states that by 2003, an average of 70% of children should have no experience of dental decay. In Leicester, only 48% of 5-year old children have no experience of dental decay, the second lowest in the East Midlands

Mental Health and Illness

- Leicester has over 3,000 patients recorded with schizophrenia, bipolar affective disorder and other psychosis (approx 0.9% of the population)
 - Around 30 Leicester residents die each year from suicide or undetermined injuries
 - People living in more deprived areas are more likely to suffer from mental ill-health.
 - Serious mental illness is higher in the black, minority ethnic population than in the white population
- Health outcomes in Leicester are generally worse than average, but there is also variation across the city and much of the poorer health correlates to areas of high deprivation.

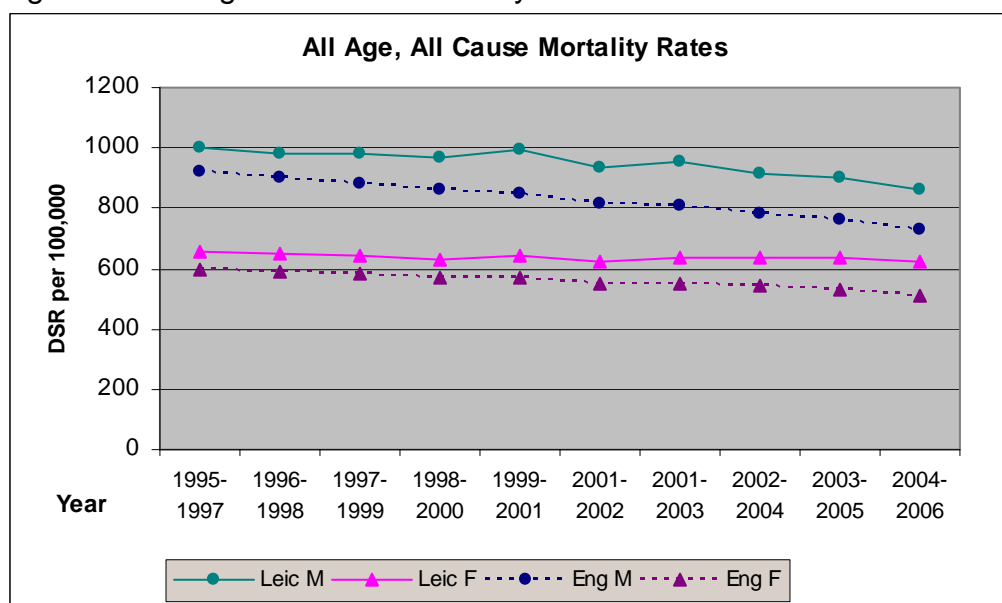
4.1 All causes of ill-health and mortality

The health status of a population is reflected in both the quantity and quality of life in an area. Quantity is measurable in terms of life expectancy and mortality rates: quality is not so easily described.

4.1.1 All Age All Cause Mortality (AAACM)

Life expectancy can be measured by the mortality rate from all causes. This is much higher in males than females, and in Leicester, AAACM is significantly higher than the England rate. Mortality rates are falling, and over the past 10 years, Leicester male AAACM rates have reduced by 14% and female AAACM rates by 5%.

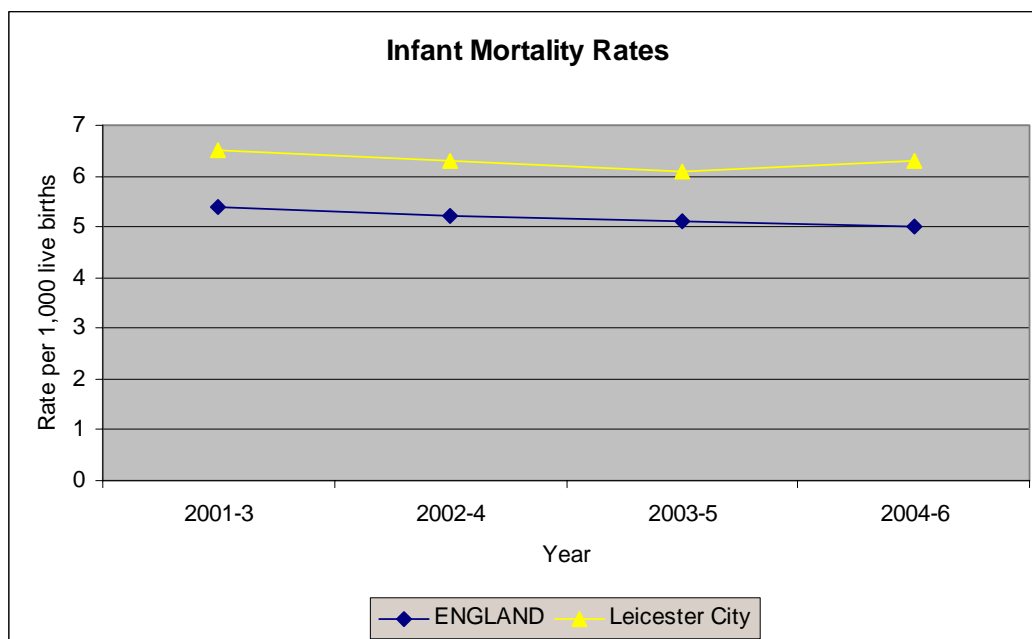
Figure 4.1 All Age All Cause Mortality^{xxi}



4.1.2 Infant Mortality

Infant mortality rates (IMR) in Leicester are slightly higher than the England rate (but not significantly so) and have remained fairly constant over the past 5 years (2001-2006).

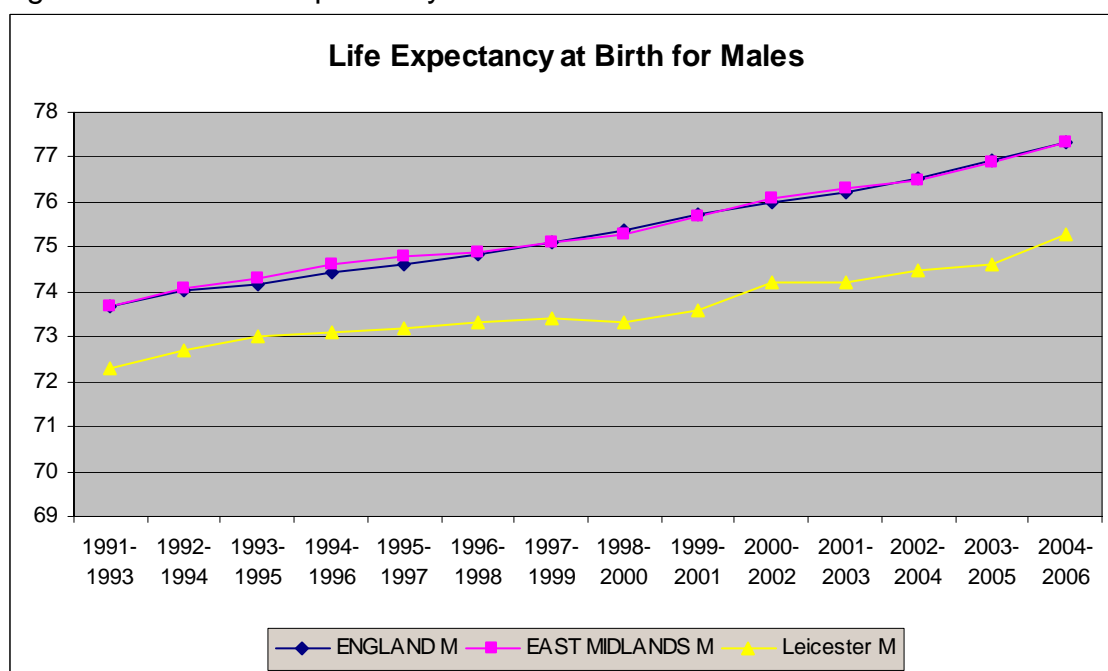
Figure 4.2: Infant Mortality Rate 2005



4.1.3 Male life expectancy

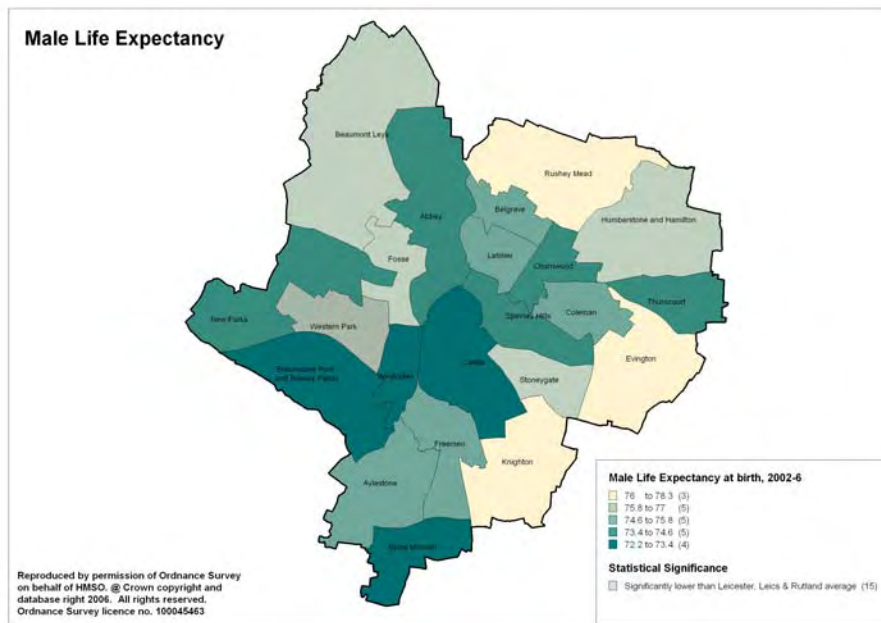
Men living in Leicester can expect to live around 75.3 years, 2 years less than the national average (2006). Life expectancy has been steadily increasing since 1991, although this increase has been slower in Leicester, with the result that the gap between Leicester and England is widening.

Figure 4.3 Male life expectancy



Life expectancy varies across Leicester, with generally longer life expected for men living in the east and lower levels in the west of Leicester (figure 4.4). There is 6 years difference between the ward with the lowest male life expectancy (Castle 72.2) and that with the highest life expectancy (Knighton 78.2)

Figure 4.4 Male Life Expectancy by wards



4.1.4 Female life expectancy

Women living in Leicester can expect to live around 79.4 years, around 2 years less than the national average (2006). Life expectancy for women has been increasing since 1991, but more slowly in Leicester than nationally, creating a wider gap and health inequality.

Figure 4.5 Female life expectancy

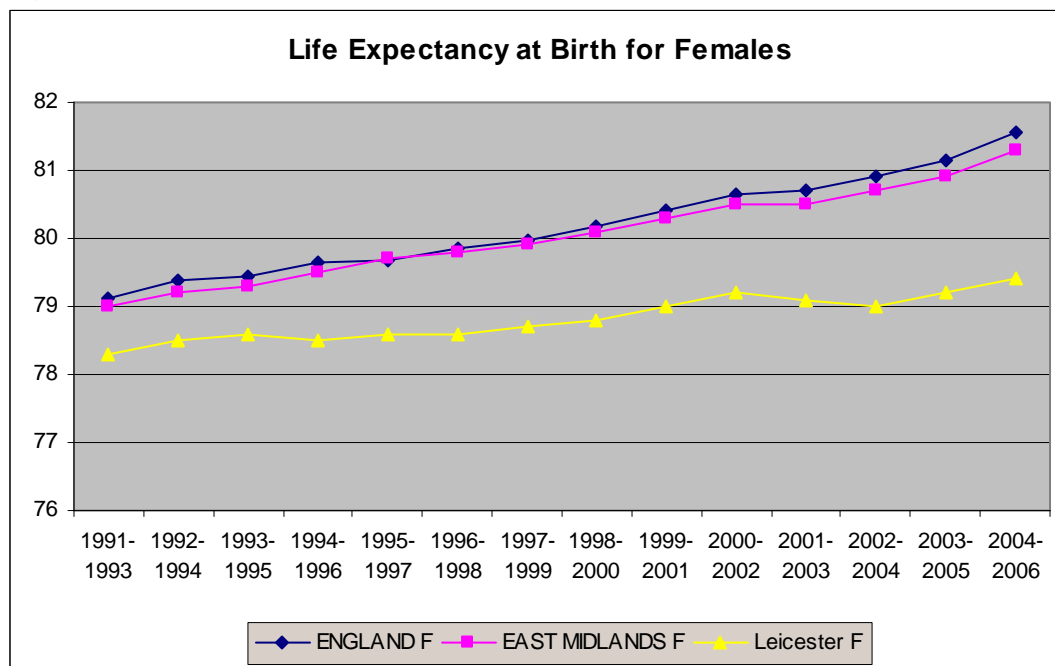
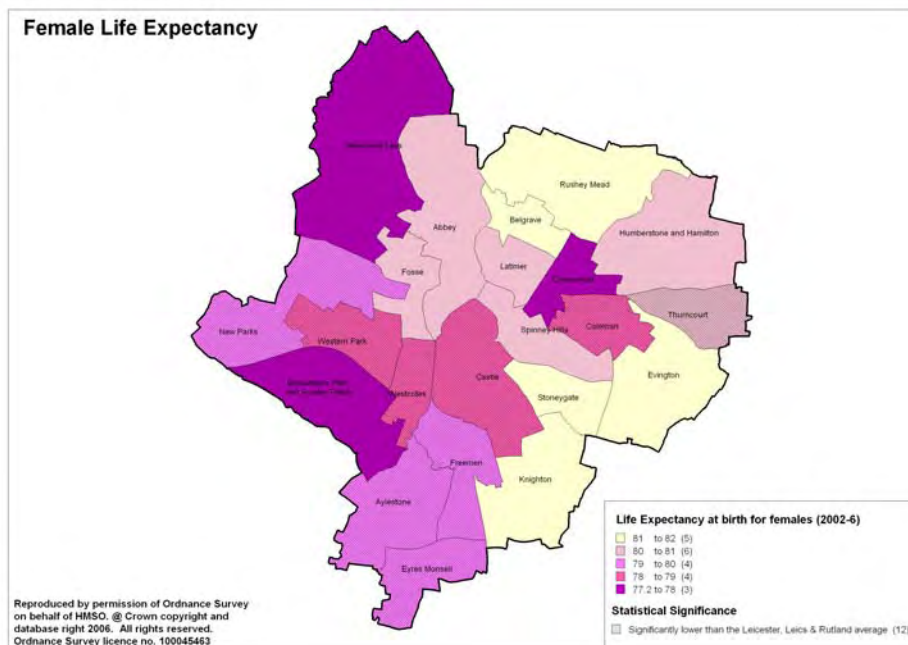


Figure 4.6 Female Life Expectancy by wards



Life expectancy for women also varies across Leicester, with women generally living longer in the east and less in the west. Women living in Braunstone have a life expectancy almost 5 years lower (77.2) than those living in Belgrave (82). Areas of lowest life expectancy are also some of the most deprived in Leicester.

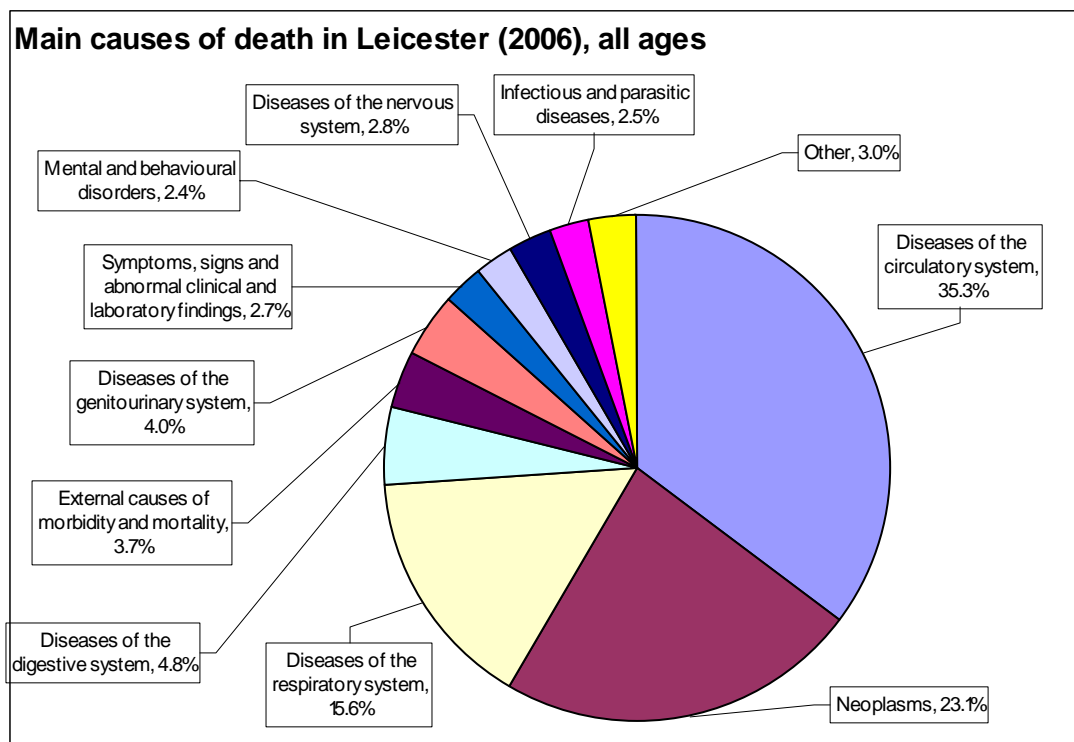
4.3 Main Causes of Death

In 2006 there were 2,540 deaths to residents in Leicester, of these 537 were men aged under 75 years (44%) and 356 were women aged under 75 years (27%). The main causes of death are shown in figure 4.7, where 74% of all deaths are caused by:

- Diseases of the circulatory system (35.3%)
- Cancers (23.1%)
- Diseases of the respiratory system (15.6%)

In under 75 year olds, the main causes of death are circulatory disease (32.4%), Cancers (30.7%), Respiratory diseases (11.2%).

Figure 4.7: Causes of death in Leicester in 2006



4.3 Top 10 causes of hospital admissions

During 2006-07 there were over 5,400 emergency hospital admissions for patients registered with Leicester City Primary Care Trust.

The main causes of emergency admission are (accounting for around 90% of all

emergency admissions):

- Pregnancy & childbirth (20%)
- General symptoms and signs (18%)
- Injury, poisoning and external causes (11%)
- Health Status/service factors (9%)
- Respiratory diseases (8%)
- Diseases of the digestive system (7%)
- Circulatory disease (6%)
- Diseases of the genitourinary system (6%)
- Diseases of the musculoskeletal system and connective tissue (3%)
- Mental and behavioural disorders (3%)
- Infectious and parasitic diseases (2%)

The main causes for emergency admissions by broad age groups are:

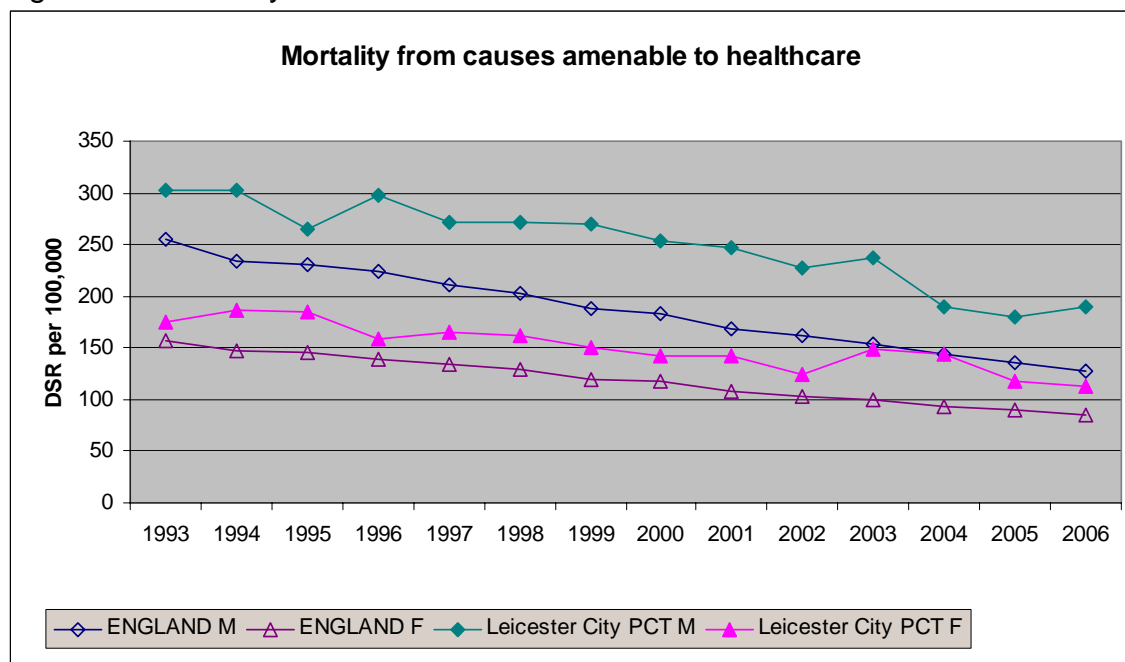
- Under 16 year olds: Respiratory diseases
- 16-34 year olds: Pregnancy and childbirth
- 35-54 year olds: Symptoms and signs relating to circulatory, respiratory and digestive diseases
- 55+ year olds: Symptoms and signs relating to circulatory and respiratory diseases.

4.4 Mortality from causes considered amenable to healthcare

These are deaths from diseases where there is evidence that healthcare interventions and timely, appropriate care can help prevent onset as well as treatment of disease. Death rates should therefore be low. Figure 4.8

illustrates that the mortality rates from causes considered amenable to healthcare have shown a general decline since 1993. Death rates for males are higher than those for females and Leicester males and females are significantly higher than the national rate.

Figure 4.8: Mortality from causes considered amenable to healthcare



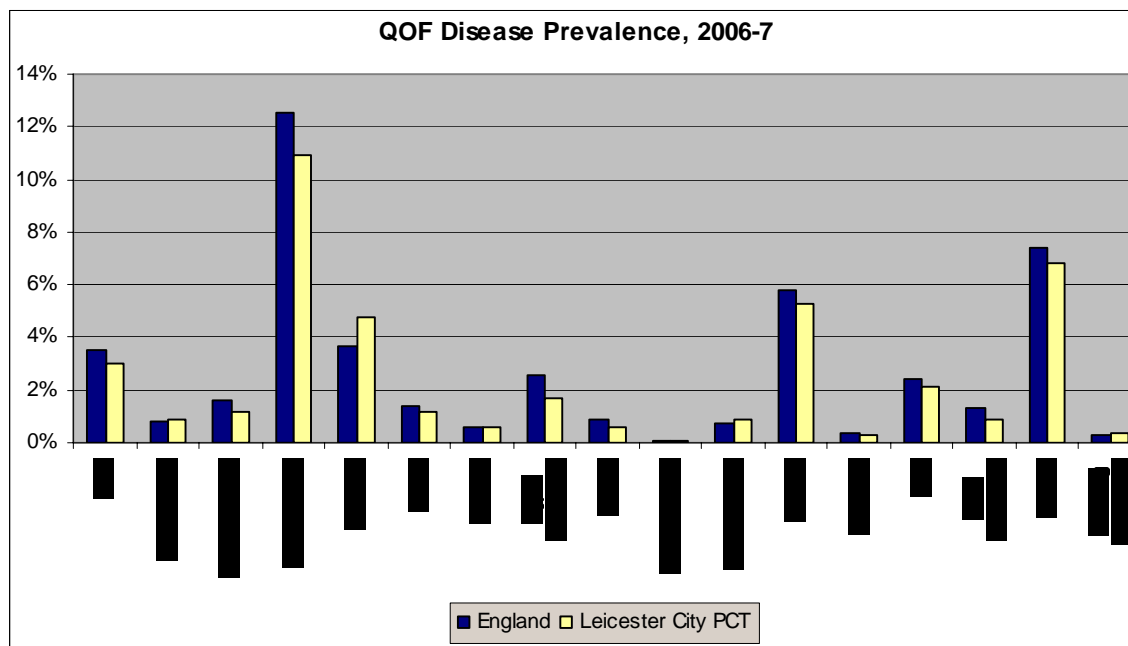
4.5 Long term conditions

Many long term conditions exist as co-morbidities in the same person, eg, Coronary Heart Disease (CHD) and diabetes, Chronic Obstructive Pulmonary Disease (COPD) and heart failure. Such multiple conditions result in highly complex needs for care from both social and health services. For these service users, quite simple problems can result in either emergency admissions to hospital or admissions to long term care. The majority of such people are older, but this can also apply to children or to young adults. In this section there is some information about the prevalence of these conditions and their impact on social and health care services.

4.5.1 Long term condition registers in general practice

All GP practices now keep registers of individuals with specific long term conditions. These registers will only include those people who have consulted their GP and received a diagnosis of a long term condition. For some conditions these registers may not present a complete picture of the prevalence in that population. Figure 4.9 shows that from those patients recorded on registers (as part of the Quality Outcomes Framework (QOF), Leicester has a increased prevalence of Diabetes, Mental Health and Learning Disabilities than in England overall. **The data and graphs from QOF 2007 are presented in more detail in Appendix 4.**

Figure 4.9 Disease Prevalence, (QOF) 2006-7^{xxii}



CHD: Coronary Heart Disease
COPD: Chronic Obstructive Pulmonary Disease

TIA: Transient Ischaemic Attack
CKD: Chronic Kidney Disease

4.5.2 Emergency hospitalisation and people on diseases registers

People on disease registers, particularly older people are likely to need greater hospitalisation for both their primary and their related conditions. Once in hospital they may need to stay in hospital for longer periods of time. The reasons for their admissions can be complex. Older people are:

- more likely to live alone
- more likely - to varying degrees - to have functional dependency and sensory impairment
- more likely to have chronic disease
- more likely to have co-morbidity (i.e. multiple medical problems, perhaps a mixture of acute and chronic)
- more likely to be on multiple medications: with greater risks as a result
- more likely to have cognitive impairment and other mental disorders
- more likely to develop complications of acute illness and its management
- more likely to develop hospital acquired infection
- more likely to stay longer in hospital
- more likely to require rehabilitation following acute illness and trauma

All these factors have an impact on the need for health and social care services; the main difficulty is in getting the balance right for each individual so both services can be used to greatest effect across populations.

4.6 Diabetes

Diabetes is a chronic and progressive disease that affects all ages and is becoming more common. There are an estimated 2.35 million people with diabetes in England, which is predicted to grow to more than 2.5 million by 2010^{xxiii}.

There are 2 main types of diabetes: Type 1 is insulin-dependent and generally found in young people; Type 2 diabetes which is non-insulin dependent and tends to affect people over 40 or those overweight. Around 90% of all diabetics are of Type 2, and they will be susceptible to serious complications

such as heart attack, stroke, blindness, renal failure, loss of limbs and general reduction in life expectancy.

Lifestyle factors such as obesity or overweight, poor diet and lack of exercise are important contributors and incidence and prevalence of diabetes is greater in areas of higher deprivations. The South Asian population also show a higher prevalence, up to four times greater than the white population. Prevalence increases with age and by 70-79 years more than 10% of people have the disease.

4.6.1 Diabetes Prevalence

Table 4.1 shows the estimated prevalence of both diagnosed and undiagnosed diabetes in England, East Midlands and Leicester and forecasts of prevalence based on projections of rising obesity^{xxiv}. Leicester has a higher prevalence than England, due to the higher numbers of South Asian population, and this is predicted to rise to over 8% by 2025.

The QOF data for 2007 shows Leicester has a diagnosed diabetes prevalence of 4.8%, compared with the national rate of 3.7%. This represents almost 17,000 Leicester patients on a diabetes register (March 2008), and there is an anticipated growth in diabetes of approximately 3,000 new cases per year. Local evidence suggests that the number of undiagnosed diabetes could be as high as those diagnosed, taking the total to around 34,000.

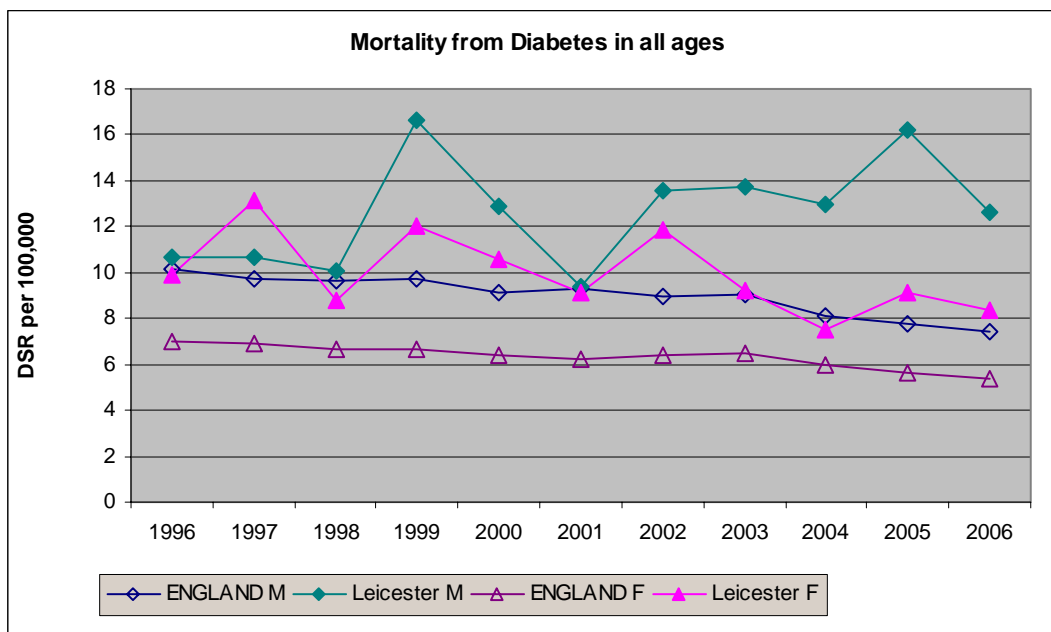
Table 4.1 Estimates of diabetes prevalence and projections to 2010, includes estimates of undiagnosed diabetes

Area	2005 Estimate		2010 Forecast		2015 Forecast		2020 Forecast		2025 Forecast	
	No.	Prev	No.	Prev	No.	Prev	No.	Prev	No.	Prev
England	2,262,484	4.48%	2,561,421	4.95%	2,874,066	5.42%	,3229,734	5.94%	3,605,133	6.48%
East Midlands	193,191	4.46%	222,219	4.97%	252,613	5.48%	286,718	6.04%	322,191	6.6%
Leicester	16,255	5.68%	18,007	6.31%	20,041	6.97%	22,203	7.65%	24,427	8.33%

4.6.2 Mortality from Diabetes

There were 35 deaths from diabetes in Leicester in 2006 (18 males, 17 females). Mortality rates are slightly above average, but only significantly higher in males.

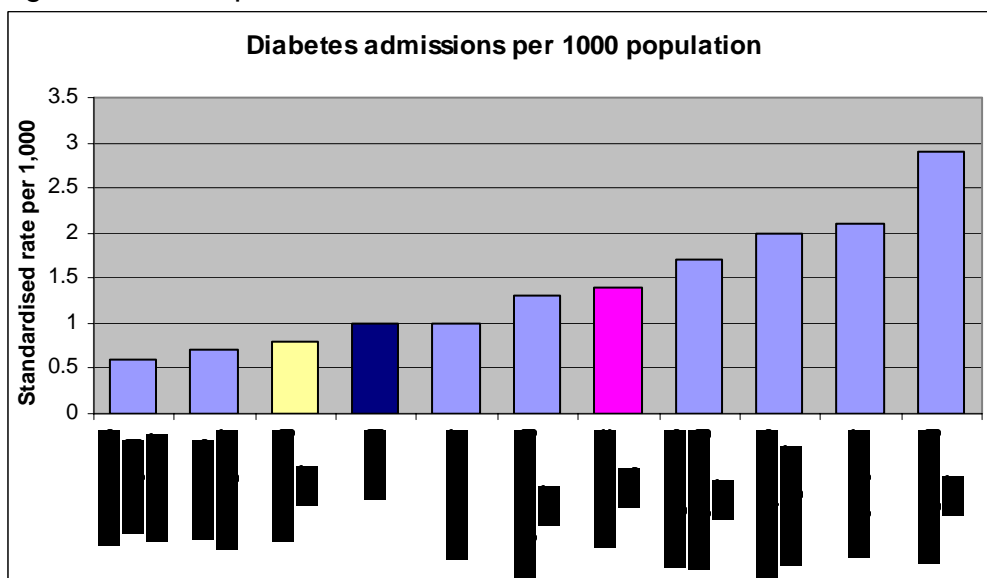
Figure 4.10 Mortality from Diabetes, all ages



4.6.3 Hospital admission rates for Diabetes

Hospital admission rates from diabetes in Leicester are below average for PCTs within the East Midlands.

Figure 4.11: Hospital admission rates for diabetes^{xxv}



4.7 Circulatory Diseases

4.7.1 Premature deaths from all circulatory diseases

Deaths from circulatory disease (or cardiovascular diseases, CVD) accounts for over 30% of deaths at all ages and of premature deaths (under 75 years). In 2006, there were 896 deaths from CVD, in Leicester, of which a third were premature.

Circulatory diseases are strongly linked with lifestyle factors (exercise, smoking, diet and weight). Premature mortality rates from this cause can tell us something about the lifestyles of people in an area but it can be difficult to

gauge whether decreases in these diseases over time are due to medical advances or improved lifestyles.

Figure 4.12 shows how deaths in people under 75 years have decreased over time both nationally and locally. Leicester has seen a premature mortality rate from CVD that is consistently higher than the national average.

Figure 4.12 Deaths from cardiovascular diseases in people under 75 years

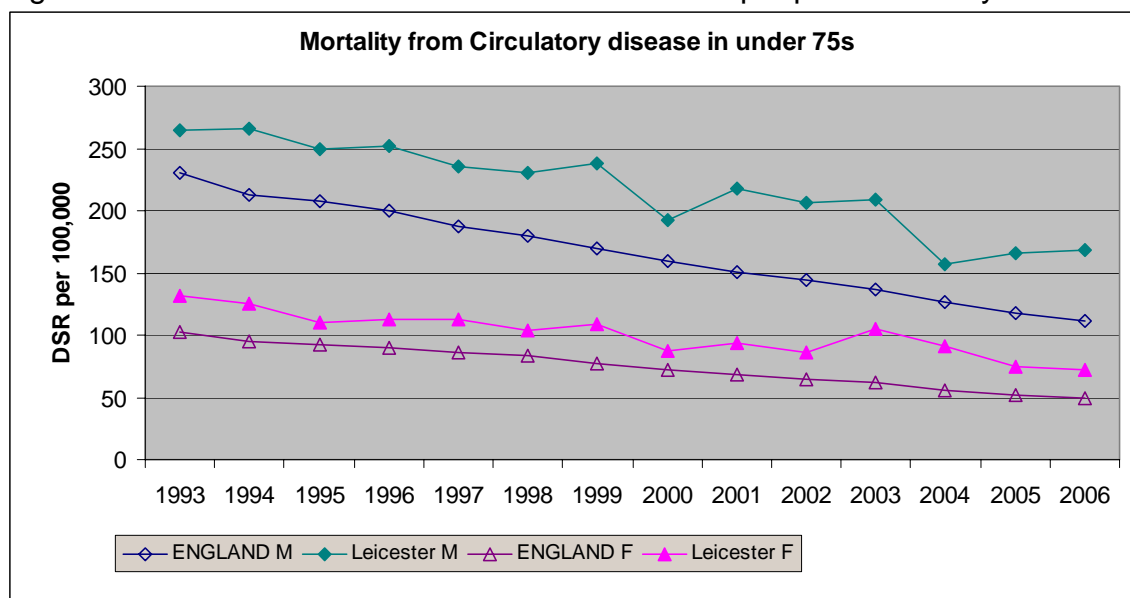
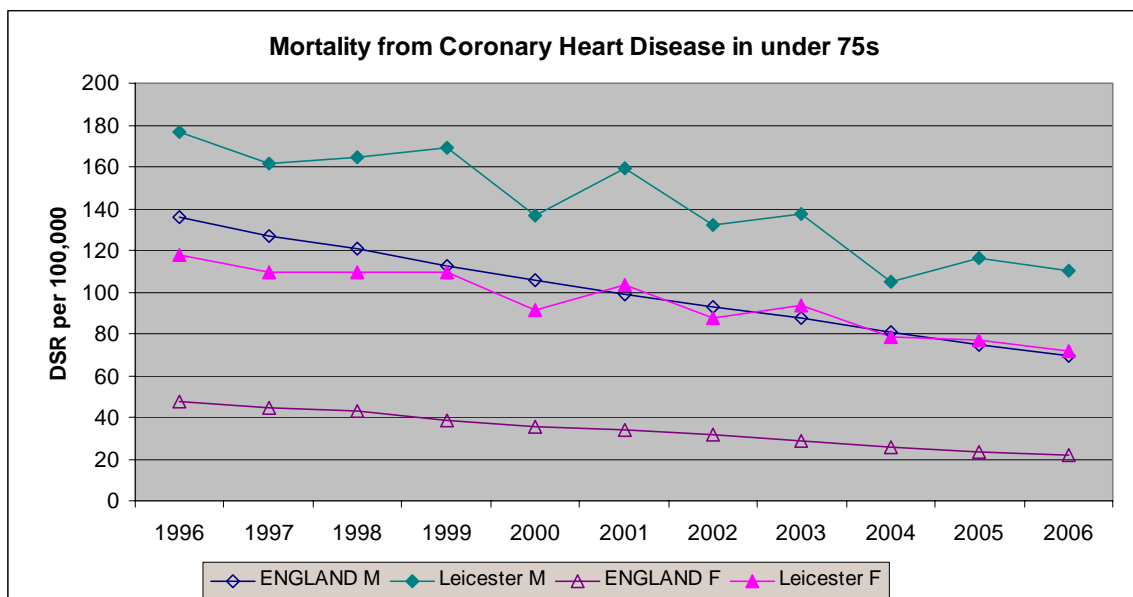


Figure 4.13 Deaths from circulatory diseases in people under 75 years by ward

4.7.2 Mortality from Coronary Heart Disease (CHD)

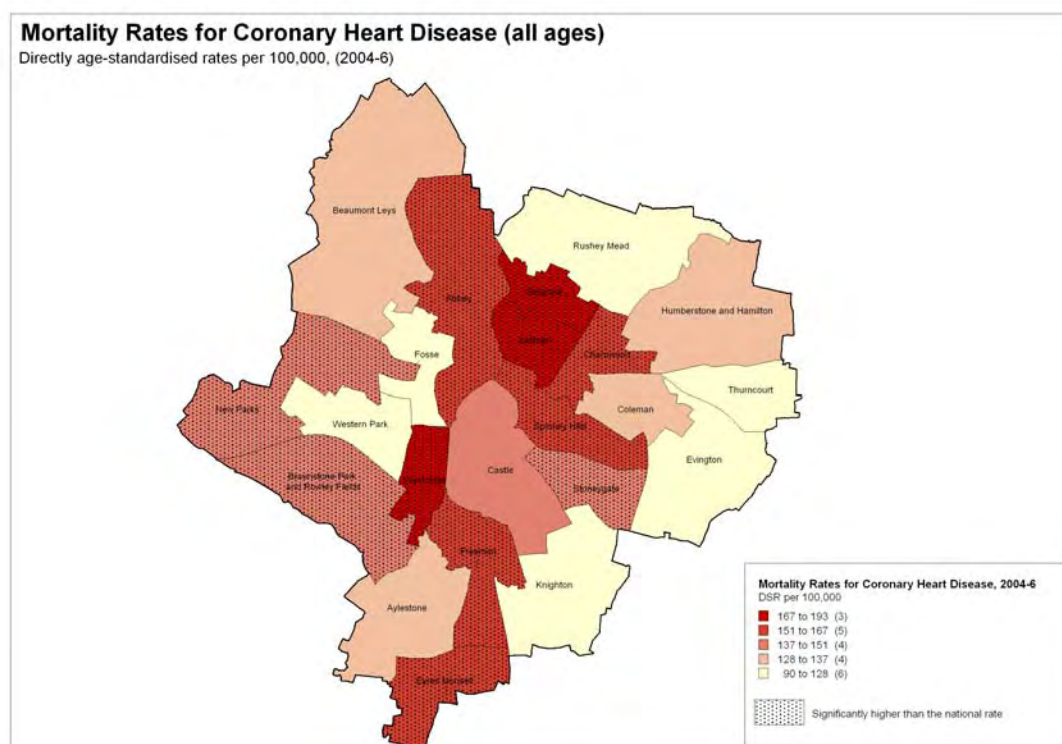
In 2006 there were 454 deaths in Leicester from CHD, 174 of these in under 75 year olds (129 male, 45 female deaths). The CHD mortality rate is significantly higher than the England average for both males and females.

Figure 4.14: Mortality from coronary heart disease^{xxi}



Mortality rates from CHD vary across Leicester, and figure 4.15 shows that 11 wards have significantly higher death rates from CHD than the national average. These areas also show high levels of deprivation.

Figure 4.15 Mortality from CHD in Leicester wards, 2004-6^{xxvi}



4.7.3 Prevalence of Coronary Heart Disease

The Association of Public Health Observatories (APHO) have produced a model for estimating the prevalence of CHD.^{xxvii}

Table 4.3 shows the expected prevalence of CHD and the number recorded through the QOF registers. This suggests the recorded prevalence of CHD is slightly lower than expected, and potentially 0.7% of the population, equivalent to around 2,700 people have undiagnosed CHD.

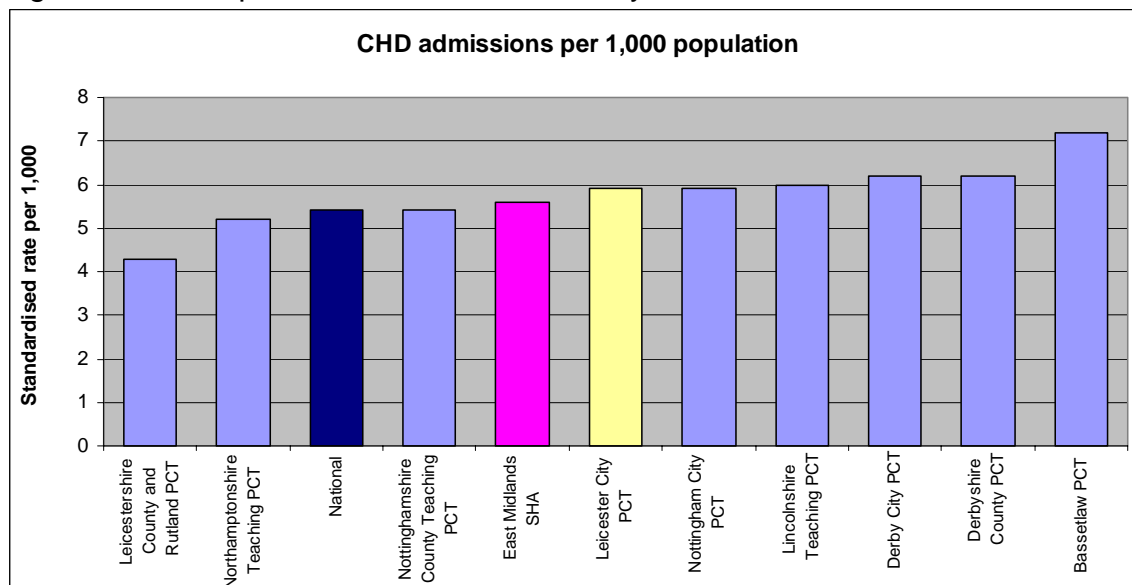
Table 4.3 Prevalence of CHD

CHD	Estimated % of population	QOF 2007	Register count 2007
England	4.1%	3.5%	
Leicester	3.7%	3.0%	10,439

4.7.4 Hospital admissions for coronary heart disease

Hospital admission rates for coronary heart disease are above average in Leicester but similar to the East Midlands rate.

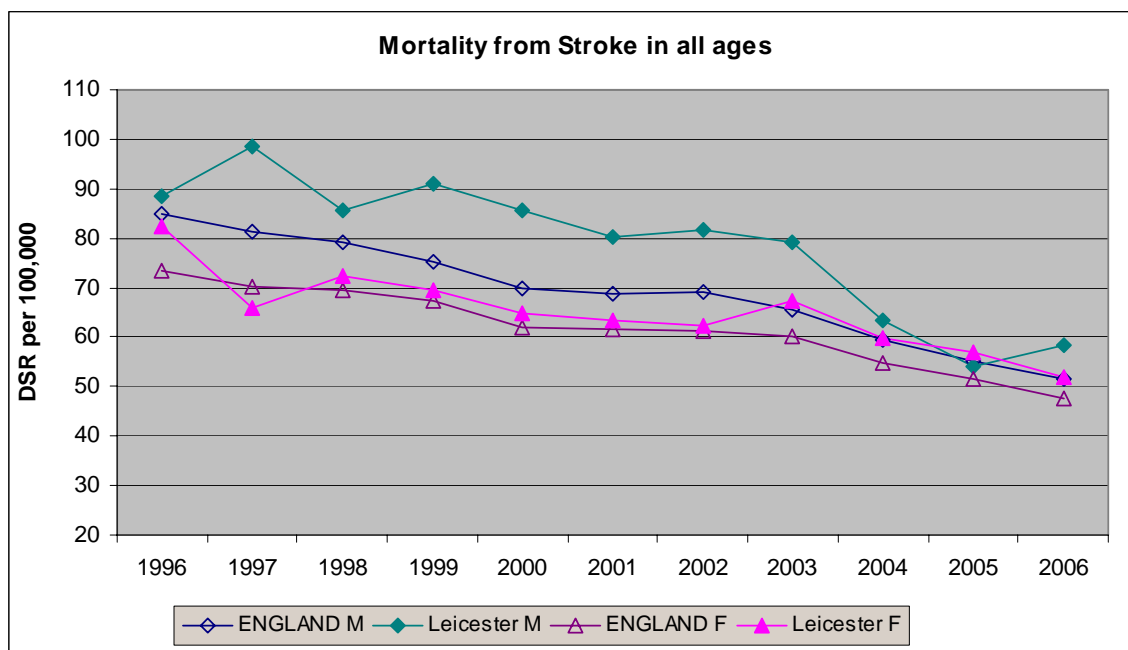
Figure 4.16: Hospital admissions for coronary heart disease



4.7.5 Mortality from stroke

There has been a reduction in the mortality rates from stroke over the past 10 years, with deaths from stroke in males and females in Leicester showing similar rates to the England average in 2006. There were 219 deaths in Leicester from stroke (90 males, 129 females).

Figure 4.17 Mortality from stroke^{xxi}



4.7.6 Prevalence of stroke

In 2007 Leicester GPs recorded 4,067 people on their disease registers for stroke and transient ischaemic attack. This gives Leicester a recorded prevalence figure of 1.2%, compared with a national average figure of 1.6%

4.8 Cancer

Premature deaths from cancers are not so always so strongly related to lifestyle factors as are deaths from circulatory diseases. Over the past decade, Leicester has experienced a decrease in premature death rates from this cause and the rates have been similar to the England average in both males and females. In 2006 there were 561 deaths in Leicester from cancer.

The main types of cancer deaths are summarised in figure 4.18. Lung cancer is the biggest killer, a higher proportion of Leicester males and females die from lung cancer than in England. The top 3 cancers for males and females are shown in table 4.4

Table 4.4: Top 3 Cancer deaths in Leicester, 2006

Cancer	Male		Cancer	Female	
	Deaths	% of male cancer deaths		Deaths	% of female cancer deaths
Lung	74	26%	Breast	51	18%
Colorectal	27	10%	Lung	48	17%
Prostate	21	7%	Colorectal	29	10%

Figure 4.18 Cancer deaths by type of cancer

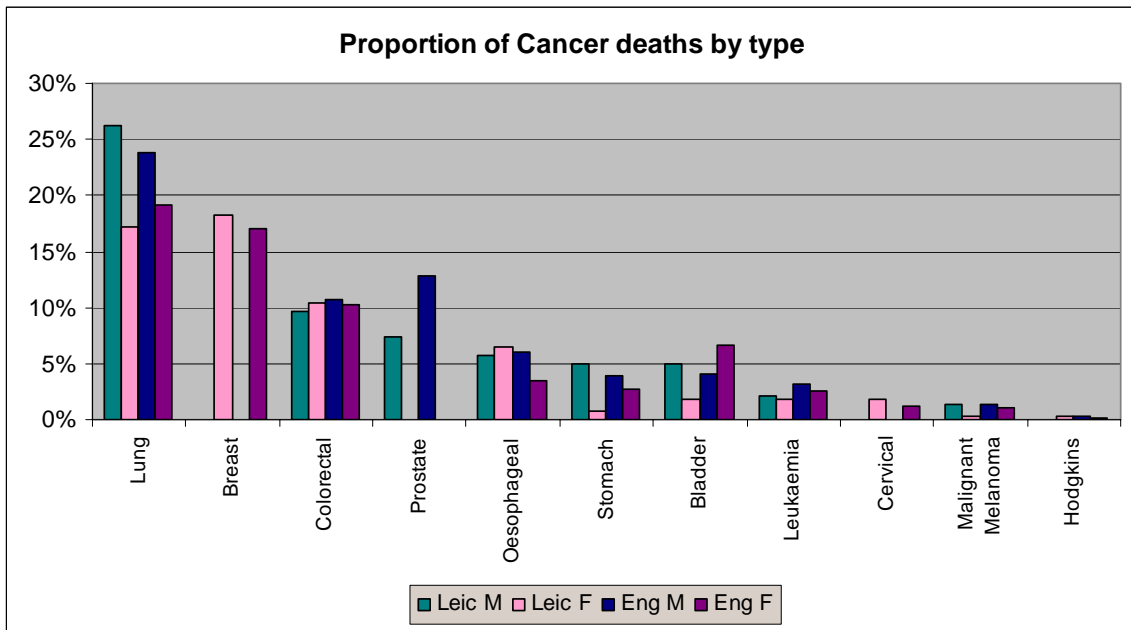


Figure 4.19 Deaths from cancers in people under 75 years

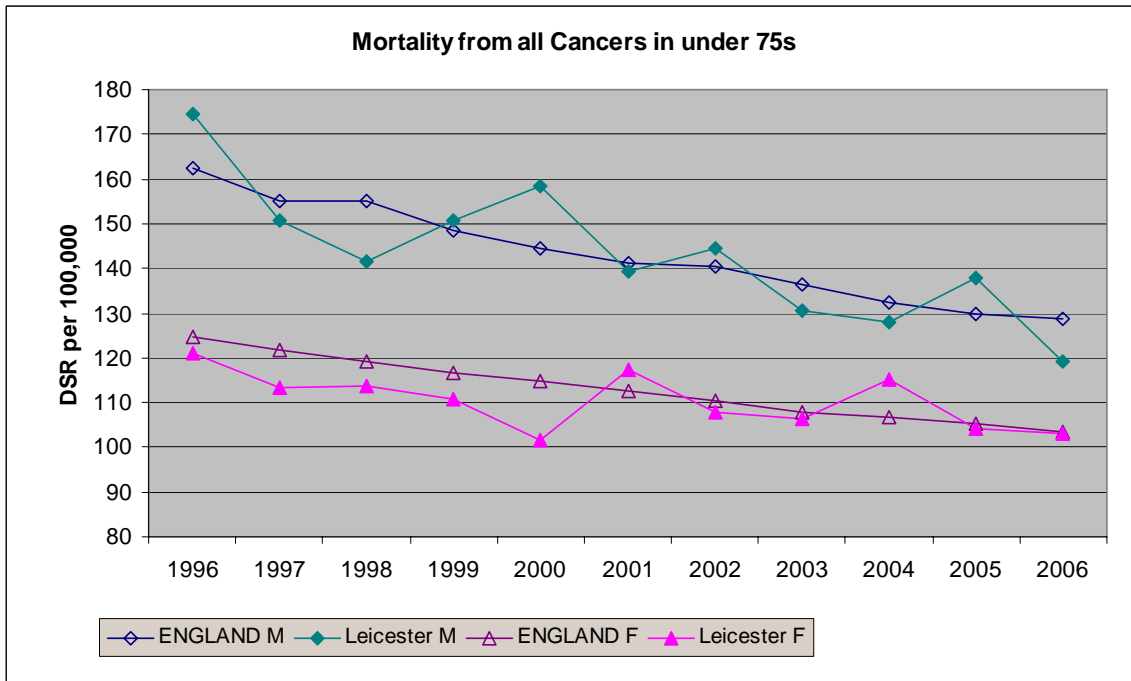
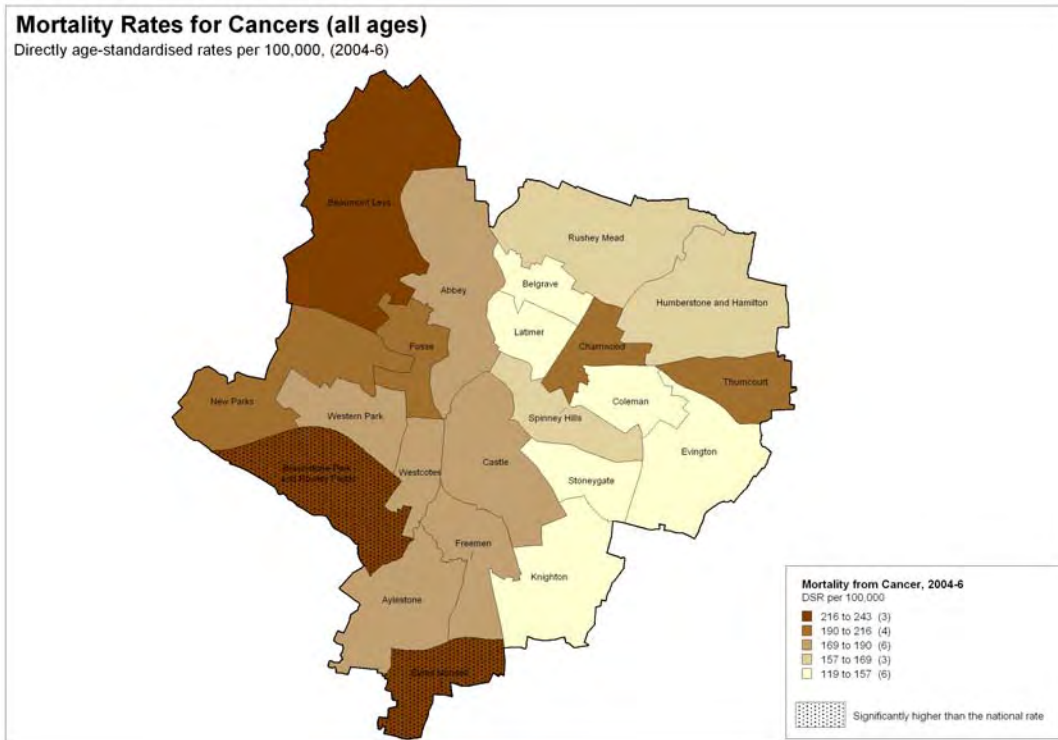


Figure 4.20 Deaths from cancer in Leicester by wards, all ages, 2004-6



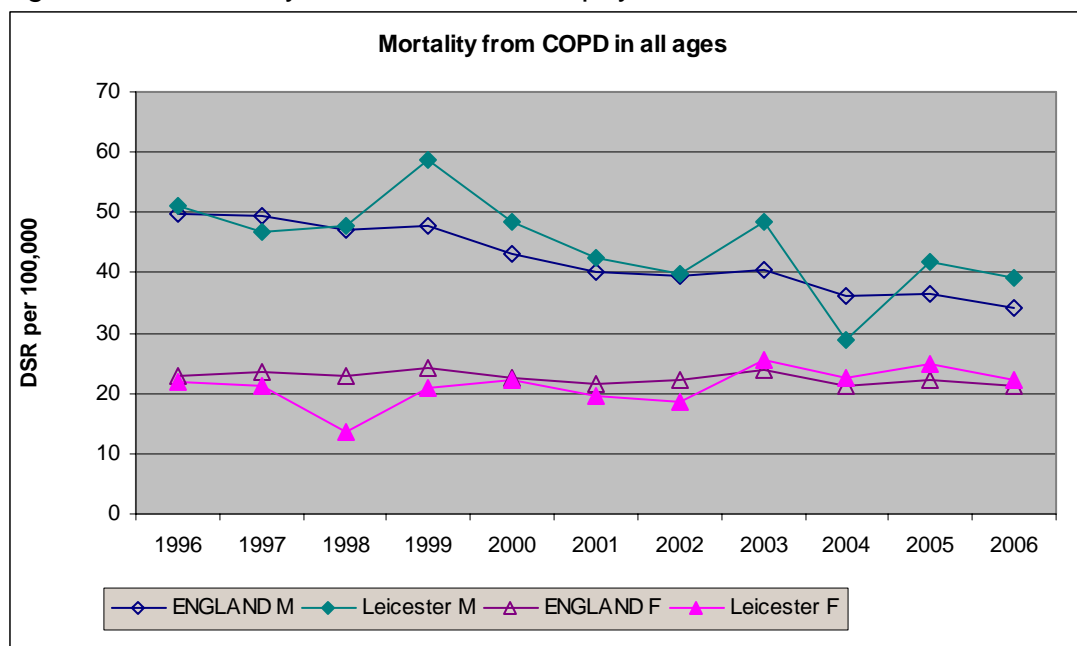
Across Leicester, much higher mortality rates from cancer are seen in the west, significantly in Braunstone and Rowley Fields and Eyres Monsell.

4.9 Respiratory Diseases

4.9.1 Mortality from Chronic Obstructive Pulmonary Disease (COPD)

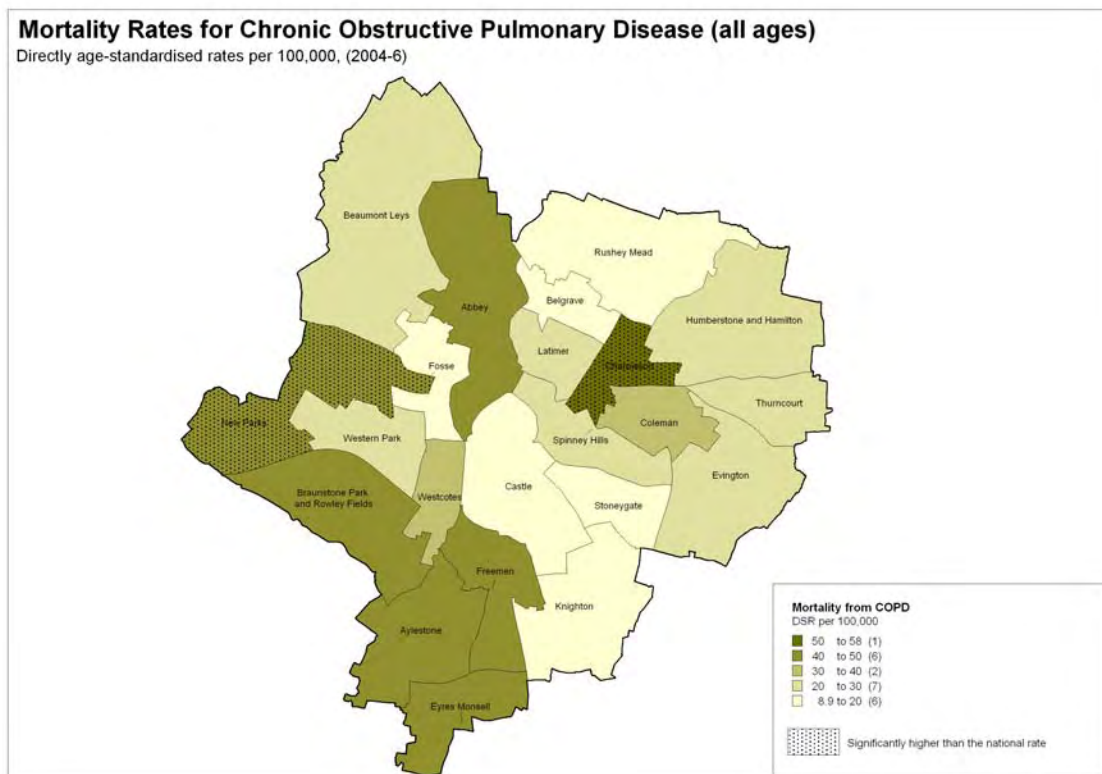
In 2006 there were 107 deaths in Leicester from bronchitis, emphysema and other COPD (60 male, 47 female). Mortality rates are similar to the national rate and have reduced by over 20% in Leicester males since 2006.

Figure 4.21: Mortality from bronchitis, emphysema and other COPD



Mortality from COPD is generally higher in the west of Leicester, and significantly higher in New Parks and Charnwood.

Figure 4.22: Mortality from COPD in Leicester wards, 2004-6



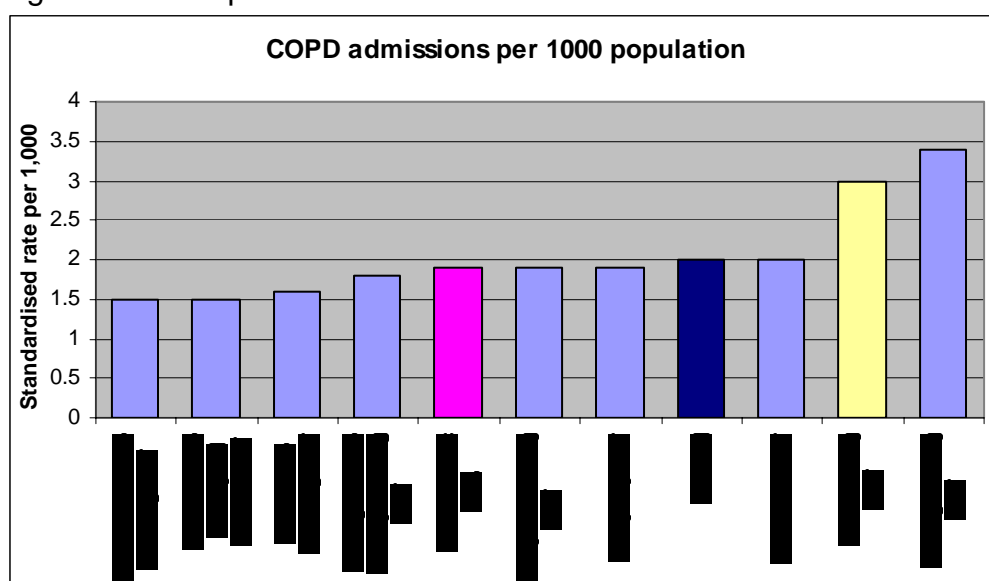
4.9.2 Prevalence of COPD

In 2007 there were 3,950 people on COPD registers across the Leicester. This gives a recorded prevalence of 1.1% compared with a national prevalence of 1.4%.

4.9.3 Hospital admissions from COPD

Hospital admission rates for COPD are significantly higher than the England rate and the second highest within the East Midlands (see figure 4.23)

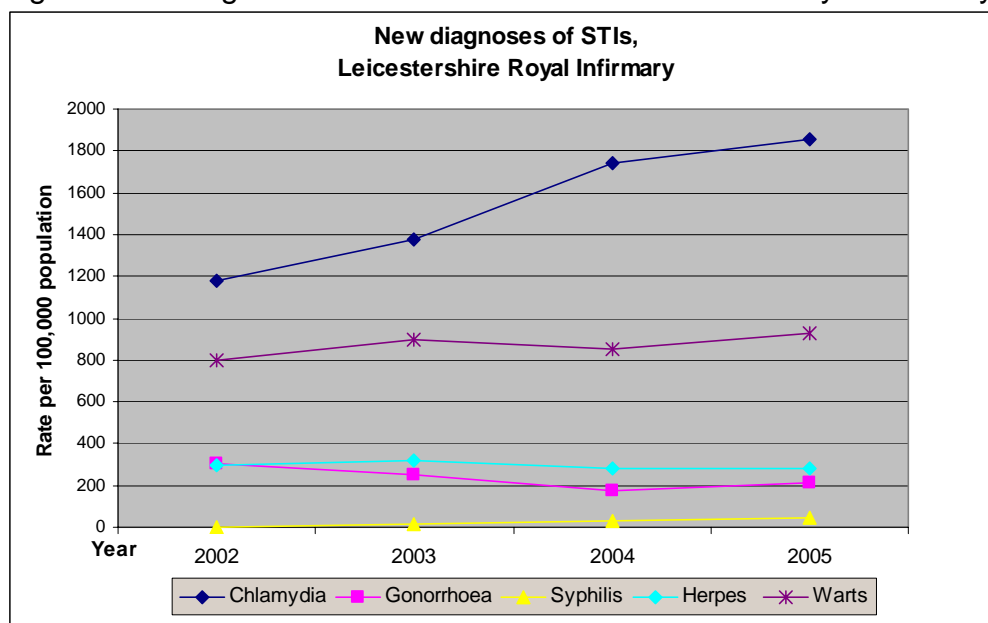
Figure 4.23 Hospital admissions from COPD



4.9.3 Sexually transmitted infections (STIs)

Figure 4.24 shows the number of diagnoses made at Leicester Royal Infirmary genito-urinary clinic between 2002 and 2005. (This is not a measure of all STIs, as some may be diagnosed and treated within primary care.) The most common STIs are chlamydia and genital warts. Almost 70% of chlamydia cases are in the under 25s and have shown a sharp increase over the past few years. The PCT have implemented a chlamydia screening program specifically targeted at young people and last year almost 1,000 15-24 year olds were screened. The number of people diagnosed with syphilis has also seen a dramatic increase, although the numbers are small. The main route of transmission of STIs in Leicester is via heterosexual sex. There is however, a small and increasing route amongst men who have sex with men.

Figure 4.24 Diagnoses of STIs 1995-2005 at Leicester Royal Infirmary^{xxviii}



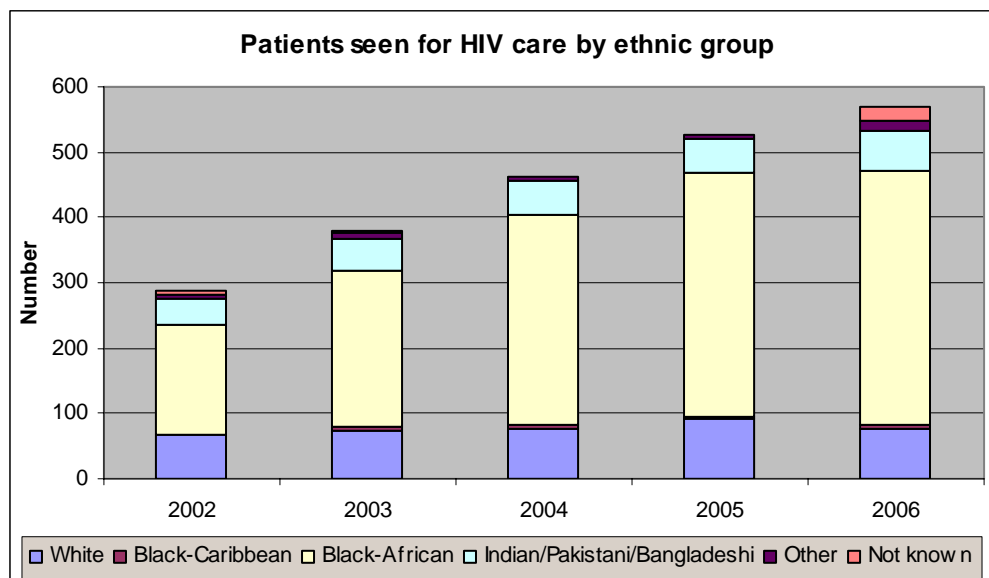
4.9.3.1 HIV

The number of people in Leicester with diagnosed HIV infection and seen for medical care has almost doubled in the last 5 years (2002-6).

Survey data from 2006 (of patients with diagnosed HIV infection and seen for statutory medical HIV-related care in the survey year) shows:

- There is a stark difference in the number of patients of different ethnic origins; there are substantially more cases in Black Africans, 387 cases (68%) of which 255 are Black African Women (44%). There are 76 cases in the white population (13%) and 61 cases within the South Asian community (11%).
- The main cause of infection is from sex between men and women (83%)

Figure 4.25 Leicester Patients with diagnosed HIV infection seen for statutory medical HIV related care between 2002 and 2006^{xxviii}

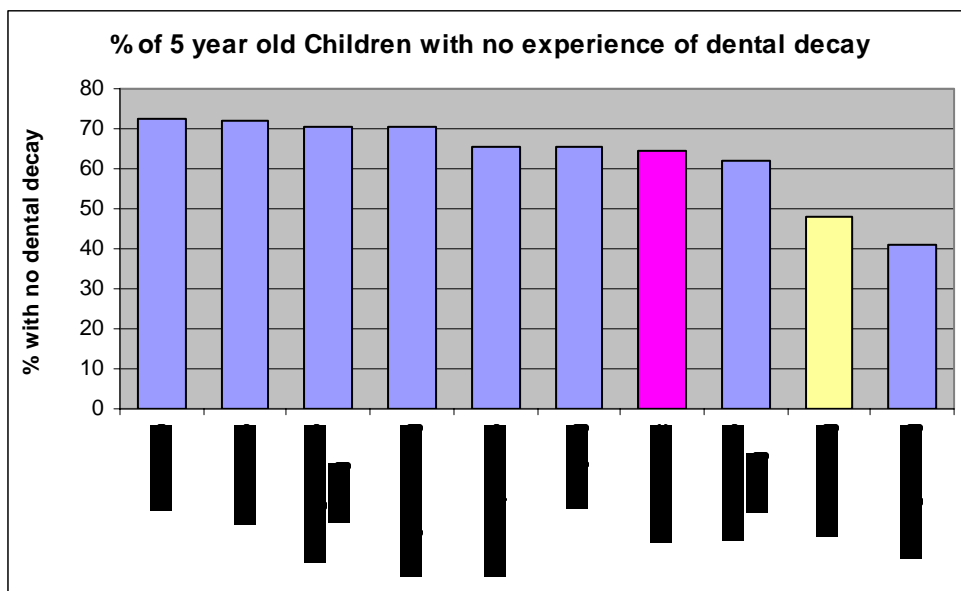


4.10 Dental care and oral health

Oral health can have a significant impact on general health and well being. Dental decay in children can be associated with pain, poor sleep, poor eating habits, 'failure to thrive' and chewing and speech problems. The major oral health problem for preschool children is tooth decay. National surveys of overall child dental health are performed every 10 years and generally show a steady improvement over the last 3 decades. The greatest fall in dental decay occurred between 1973 and 1983 largely due to the introduction of fluoride toothpaste.

Approximately half of five-year-old children have had decay experience. At the age of 6 years, where there is experience of decay in the deciduous dentition, the same pattern tends to emerge in the permanent dentition. Dental decay is caused by a range of factors, including high frequency intake of sugary snacks and drinks, poor oral hygiene and little exposure to fluoride. These factors are strongly determined and influenced by the socioeconomic and wider determinants of health; new immigrants and low income children are particularly prone to developing tooth decay.

Figure 4.26: Decayed Missing and Filled Teeth, dental epidemiological survey Programme (East Midlands 2006)



Local surveys have been carried out since 1986 as rolling programmes looking at 5, 12 and 14 year old children, and describes dental caries in children using the following:

dmft index	Mean number of deciduous teeth affected by caries
dt	Mean number of teeth that are decayed and require treatment
mt	Mean number of teeth that are missing due to decay
ft	Mean number of decayed teeth that have been filled
Care Index	Percentage of teeth affected by decay that have been filled (ftx100)/dmft

The National performance target for dental health in young children states that by 2003, an average of 70% of children should have no experience of dental decay. In Leicester, only 48% of 5-year old children surveyed in 2005-6 have no experience of dental decay, the second lowest in the East Midlands.

4.11 Mental health and illness^{xxix}

Approximately 20% of the population of Britain suffer from mental ill health at any one time, equivalent to around 60,000 people in Leicester. The spectrum of mental illness ranges from severe and enduring conditions to common mental health problems. Although severe disorders such as schizophrenia can be more disabling than depression, they are considerably less common (less than 1% of the population). Depression and anxiety are the most common mental illnesses, having a combined prevalence of around 15%.

Although a high proportion of those with severe mental illnesses come into contact with hospital based services, they account for only a small number of those in the community likely to be suffering with mental illness. Whilst mental ill health is one of the most common reasons for people consulting their general practitioner (GP), evidence suggests that more than a third of people with mental illnesses do not visit their GP or are not diagnosed as having a problem.

Mental ill health contributes to health inequalities in many ways, with those having a serious mental illness (SMI) 1.5 times more likely to die prematurely. The reasons for this are complex, but people with SMI are more likely to smoke, have a poor diet, be obese and have lower levels of health promotion input. In addition, people living in deprived areas have higher levels of mental illness and mental ill health accounts for approximately 40% of people on incapacity benefit and is the second most common cause of working days lost through ill health^{xxx}

4.11.1 Mental health needs in Leicester

Leicester reports over 3,000 patients with schizophrenia, bipolar affective disorder and other psychosis. This gives the PCT a reported prevalence of 0.9% compared with the national prevalence of 0.7%.

There are around 30 deaths per year in Leicester from suicide and injury undetermined, around two-thirds of these to males and one-third to females. The suicide rates have shown a downward trend over the past 10 years, although the rate in Leicester appears variable due to the relatively small number of deaths compared with the overall population.

Local analysis of deaths in Leicester for 2007 reveals 25 cases of suicide or undetermined injury were registered in the period; 7 (28%) were recorded as events of undetermined intent and 18 (72%) as intentional self harm. The 25 cases included 20 male and 5 female deaths. The minimum age was 13 years and the maximum 85 years, the largest number of deaths (6, 24%) was among people aged between 56 and 65. Most of the 25 deaths occurred as a result of hanging (15, 60%), with self poisoning as the next frequently used method, resulting in 7 cases. The data suggests that in terms of area of the city in which people were living at the time of death most cases (8, 32%) occurred in the LE2 area. 28% of cases were living in LE4 and 20% in LE5.

The PCT has recently completed a mental health needs assessment to influence the commissioning of mental health services for its patients. This report identified clear health inequalities across Leicester. This is illustrated in figure 4.28 which shows the differential rates of registration with mental health services by quintile of deprivation (defined using the indices of deprivation

2004). People living in the most deprived areas of Leicester are 1.7 times more likely to be registered with mental health services than people living in the most affluent areas.

The health needs assessment also identified inequity within the BME community, where rates of SMI are sometimes different to the white population. This is underpinned, for instance, by the Ethnic Minority Psychiatric Illness Rates in the Community (EMPIRIC) study. This found that there were significantly higher rates of common mental illness in women of Indian and Pakistani origin. In terms of psychosis, EMPIRIC found an estimated annual prevalence rate of 1.6% for Black Caribbean men and 1.7% for Black Caribbean women, compared to 1.0% for White men and 0.7% for White women.

The Asian participants in the study, particularly those from Pakistani or Bangladeshi communities, were more likely to have poor physical health, and significantly less likely to have approached their GP about a stress-related or emotional problem in the previous six months. South Asian groups provided more informal care within their homes than other ethnic groups. Participants in the study who were from Black Caribbean communities were less likely to be employed, and less likely to be married or cohabiting, both of which were associated with higher rates of psychosis. In addition participants from the Black Caribbean communities were more likely than their White counterparts to have poor physical health. They were significantly less likely to have approached their GP about a stress-related or emotional problem, and despite having high levels of contact with relatives and friends, also reported receiving less confiding, practical or emotional support.

Figure 4.27: Mortality from suicide and injury undetermined

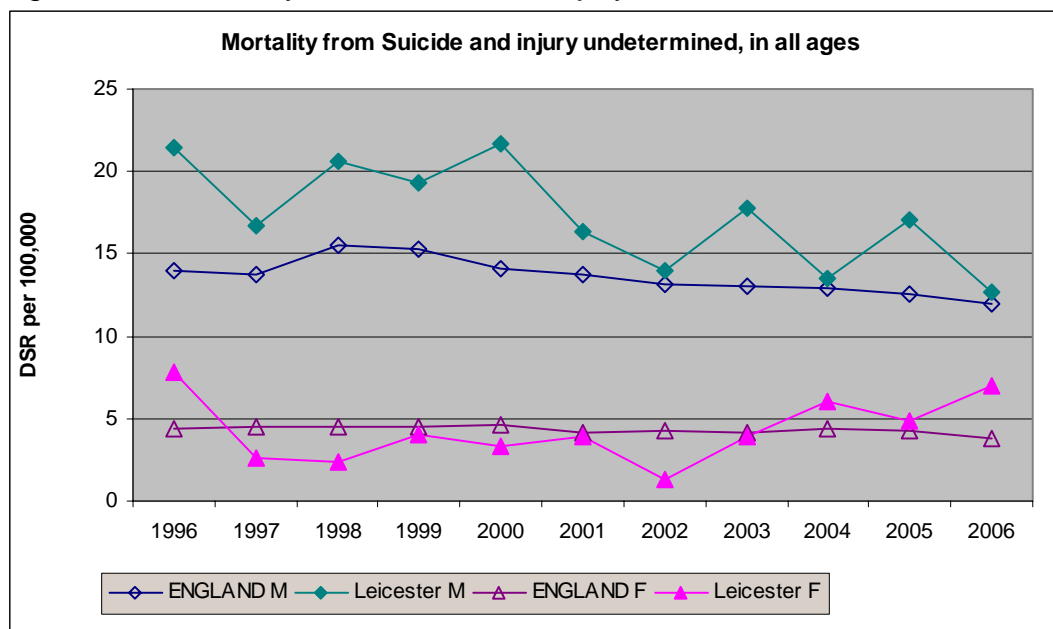
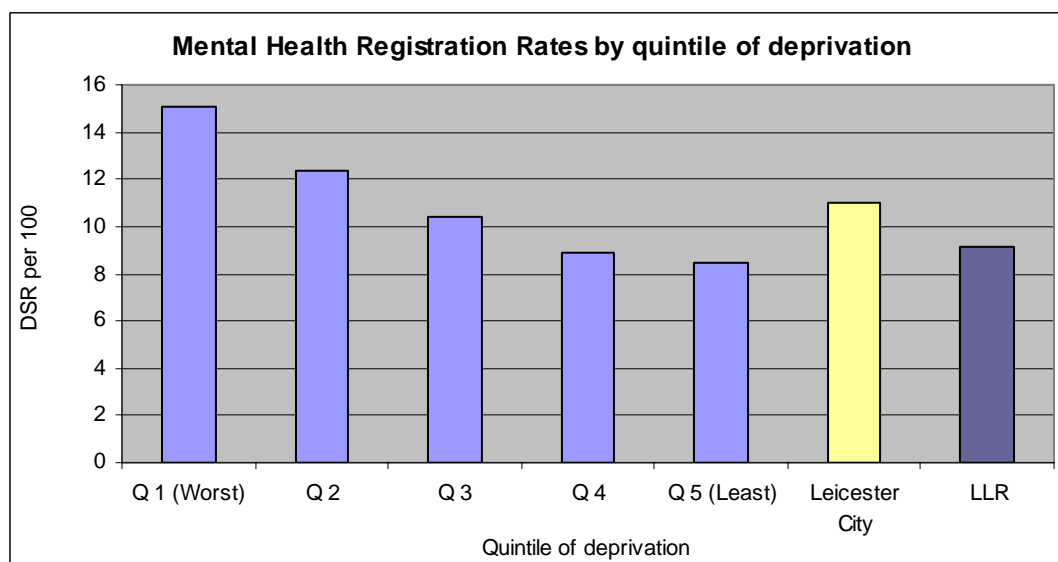


Figure 4.28: Inequalities in mental health service registration rates across Leicester, all ages



4.11.2 Mental health needs of children and young people

Nationally, 1 in 10 children under 16 has a mental health problem. Among 11 to 15 year olds it is 13% of boys (equivalent to 1,250 boys in Leicester) and 10% of girls (equivalent to 950 girls in Leicester). Nationally, the number of cases handled by Child and Adolescent Mental Health Services (CAMHS) rose by 8% last year^{xxxii}. Across Leicester City, Leicestershire County and Rutland (LLR) 2 in every 1,000 residents under 20 years are registered with mental health services.^{xxxii}

4.11.3 Mental health in prisons

Mental health problems are common in the prison population. The Office of National Statistics (ONS) study of psychiatric morbidity among prisoners indicated that approximately 90% of prisoners have either a psychosis, a neurosis, a personality disorder or a substance misuse problem. Additionally, many prisoners (up to 70%) had more than one of these problems with remand prisoners being more likely to have multiple problems. Women and young people had a higher overall prevalence of mental illness.

Table 4.5: Disease Prevalence amongst prisoners^{xxxiii}

	Prevalence amongst prisoners (%)	Prevalence amongst general population (%)
Schizophrenia and delusional disorder	6-13	0.5
Personality disorder	50-78	3.4 – 5.4
Neurotic disorder	40-76	16.5
Drug dependency	34-52	0.4
Alcohol dependency	19-30	0.3-1.2

In addition, it is also known that prisoners often come from very disadvantaged backgrounds. Furthermore:

- 67% are unemployed before being admitted to prison.
- 30% are homeless prior to prison.
- 42% of released prisoners have no fixed abode.
- 65% of prisoners have numeric skill at or below the level of an 11 year old and 48% have reading skills at or below this level.

- Prisoners are 13 times more likely to have been in local authority care.
- Prisoners are 20 times more likely to have been excluded from school^{xxxiv xxxv}



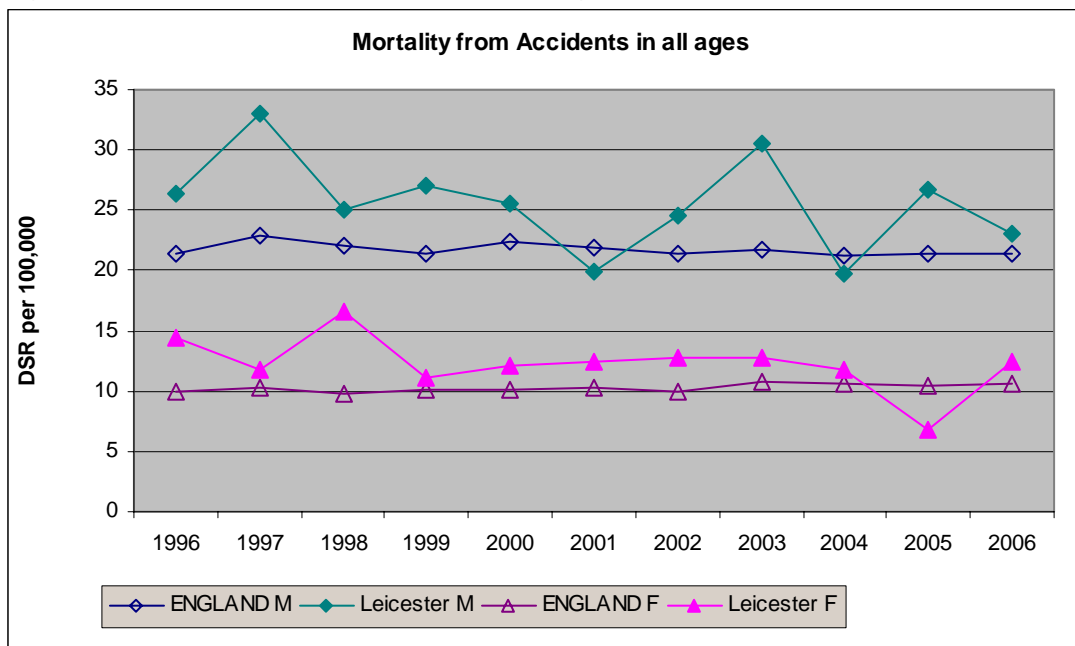
4.12 Trauma

4.12.1 Deaths caused by accidents

Accidental deaths are indicators of the environments in which people live and are often regarded as preventable either by changing the environment or the behaviour of the people in it. The death rates considered here are for all ages and from all accidental causes (the main groups are falls and road accidents).

Figure 4.29 shows that the rate for Leicester is around average for Leicester in 2006. There were 62 accidental deaths in 2006 (35 male, 27 female).

Figure 4.29 Death from accidents in all ages^{xxi}



4.13 Hospital provision in Leicestershire

Leicester and Leicestershire is served by a large acute trust in Leicester City – University Hospitals Leicester, but also commissions a considerable volume of

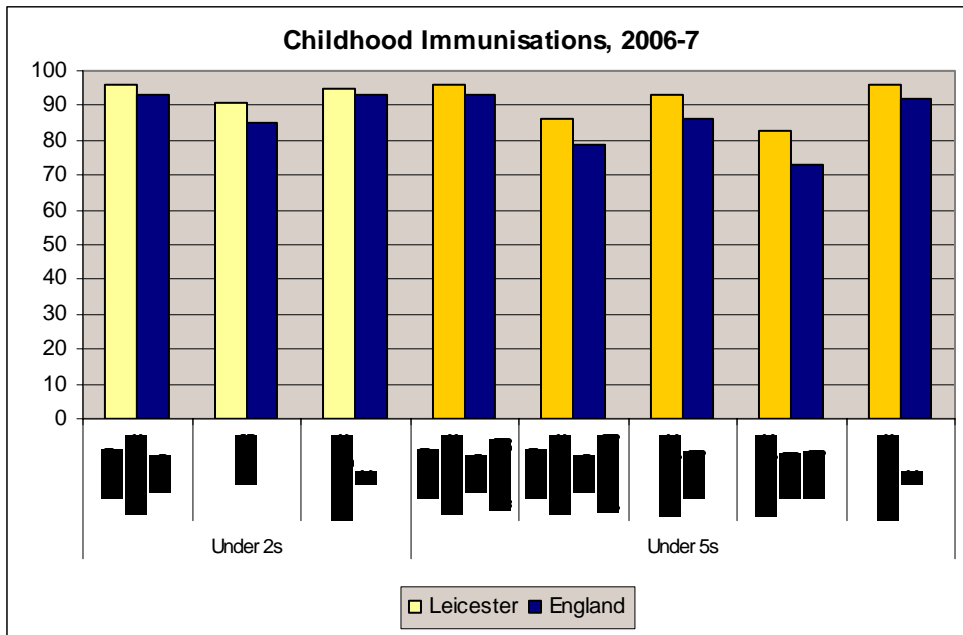
healthcare from out of county providers. In addition to this the PCT has a number of community hospitals based in localities supporting the drive to provide appropriate care closer to home.

Map 4.1 Hospitals providing care to patients in Leicestershire

4.14 Immunisations

The proportion of children immunised by their and fifth birthdays is consistently higher than the England average. Lower uptake is seen in Measles, Mumps and Rubella (MMR) immunisation following parental concerns about the safety of the vaccination. However Leicester is achieving 6% higher uptake in 2 year olds and 10% higher coverage of 1st and 2nd doses in under 5 year olds.

Figure 4.30 Proportion of children immunised by second and fifth birthdays^{xxxvi}



Social Care current met needs of the population

This section provides a summary of social care services provided by social care services within the Adults and Housing Department, Leicester City Council.

It includes the numbers of contacts, assessments and packages (derived from Referral, Assessment and Packages (RAP) data) provided during 2007/08 and includes information on numbers of social care service users in residential and/or nursing care and also numbers of service users provided with community-based services, including Direct Payments and Carers assessments.

A comparison with the previous year(s) and family authorities is conducted, where possible at this stage. Key issues emerging from the needs analysis undertaken for service areas such as Older persons, Learning Disabilities, Mental Health, Physical and Sensory Disabilities and HIV/AIDS is included. A range of sources of information was used to inform the needs analysis including service user feedback and consultation.

A Social Care (Carefirst) Equality Data report is included. It provides a breakdown regarding the age, ethnic origin, gender, primary client group (disability), preferred first language and religion of people for initial contacts, reviews & assessments and services provided, collected through the Carefirst database (used to record service user data and care packages provided) is included.

Key points and findings

Social care services

- Social care packages were provided to 8,094 people aged over 18 years, during 2007/08, and each year the department provides a service to approximately 4% of Leicester's population.
- 67% of the people known to social care services are over 65 years old.
- 33% is made up of those with physical disability (18-64) 34.8%, learning disabilities (18-64) 33.5% and mental health (18-64) 29.2%.
- In both the 18-64 age and 65+ age groups, White British (66.9%) was the largest ethnic background, ext largest was Asian Indian (22.9%).
- Between 2006/07 and 2007/08, there was a 6.9% decrease in the number of new contacts and 2.5% decrease in the number passed on for further assessment, but a 2.4% increase in the number of packages provided.
- During 2007/08, the Adult HIV social care team had 46 services users. There was an increase of 6 individuals from 2006/07.
- The population of Leicester is ageing although at a lower rate than surrounding areas, it is expected to rise by 24% by 2025.
- Prevalence rates suggest that there are 2,631 people in Leicester with dementia.
- 16-18% of working age adults in Leicester might be expected to be experiencing a common mental health problem at any time – around 28,000 to 31,000 people.
- Local figures of people with moderate and profound learning disabilities are higher than that anticipated by national prevalence rates.

Residential and nursing care

- Over the last 3 years of the number of people in residential care or nursing care show a decrease of 6%.
- During 2007/08, there were 1,607 people aged 65+ in residential care.
- In the 18-64 age group, during 2007/08, there were 60 people service users with physical disabilities, 212 with mental health and 298 with learning disabilities receiving residential care.

Community-based services

- During 2007/08, 6,248 (77%), in total, people were receiving community-based services.
- In the 18-64 age group, 2,135 (80%) people received community-based services. The largest number were those with physical disability (41.5%), followed by learning disability (28.9%), then those with mental health (26.1%), 2.9% were people categorised as other and 0.5% people with dementia (early onset).
- In the 65+ age group, 4113 (75.7%) people were receiving community-based services and at 81.3% physical disabilities was the largest group, followed by dementia at 8.6%, mental health at 8.3%, other and learning disabilities at 0.8%.

Direct Payments

- During 2007/08, Direct Payments were used by 282 services users an increase of 27% from 2006/07 (222).

- In 2007/08, 61.8% of Direct Payments recipients were of White backgrounds, followed by 35.9% of Black and Minority Ethnic backgrounds.

Carers

- During 2007/08, 1753 carers were recorded and had their needs assessed, either by a separate carer assessment or at the same time as the person that the person they support was assessed.
- Approximately, two-thirds of carers were female and one-third male.
- Around half were aged 45-64 with one-third 65 or over.
- Of the people these carers were supporting, 68% were aged 65 and over.

4.1 Social care services

The following information is mainly derived from the Referrals, Assessments and Packages (RAP) data. It is numerical data that is collected every year by social care services and submitted to the Department of Health for assessment and comparison of local authority performance.

Social care services are mainly provided to people who meet the Fair Access to Service Criteria (FACs).

During 2007/08 social care services were provided to 8,094 people aged over 18 years. Each year the department provides a service to approximately 4% of Leicester's population.

In 2007/08, in both the 18-64 age and 65+ age groups, White British (66.9%) was the largest ethnic background, the next largest was Asian Indian (22.8%).

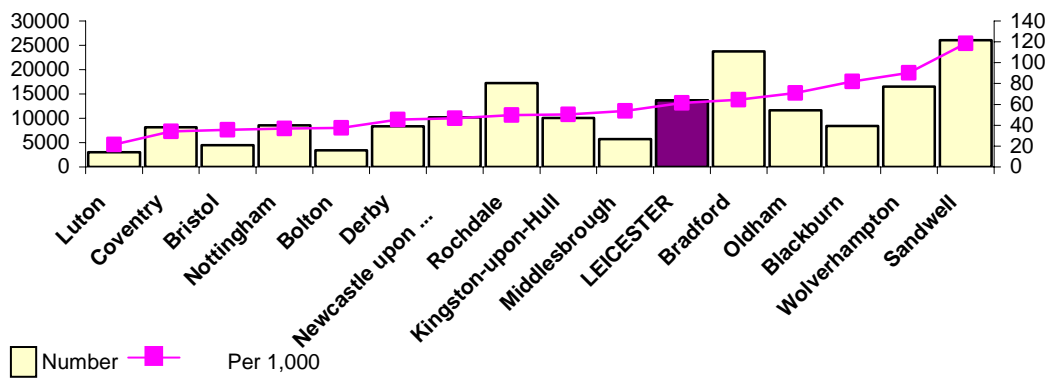
67% of the people known to social care services are over 65 years old. 33% is made up of those with physical disability (18-64) 34.8%, learning disabilities (18-64) 33.5% and mental health (18-64) 29.2%.

Between April 2007 and March 2008 there were 12,717 new contacts, of which 4,548 were passed on for further assessment. From these 2,835 assessments were completed and 8,094 service packages provided. However, between April 2006 and March 2007 there were 13,655 new contacts of which 4,660 were passed on for further assessment. From these, 2,770 assessments were completed and 7,905 service packages provided. Over the two years there was a 6.9% decrease in the number of new contacts and 2.5% decrease in the number passed on for further assessment, but a 2.4% increase in the number of packages provided.

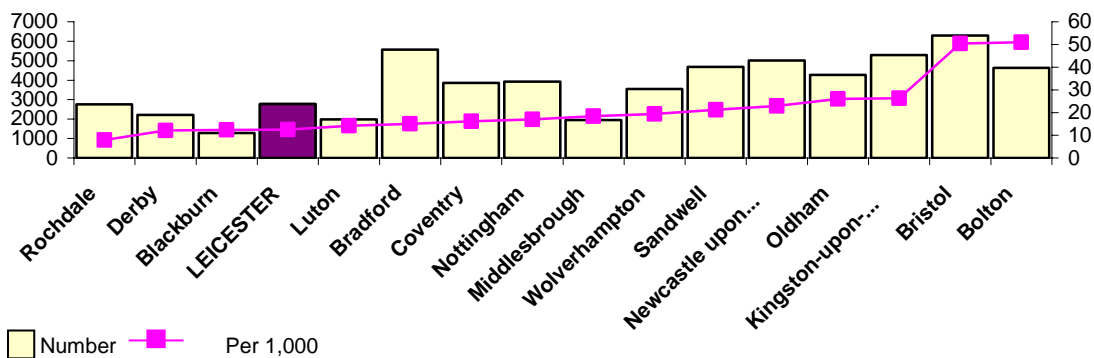
4.2 Comparison to family authorities (2006/07)

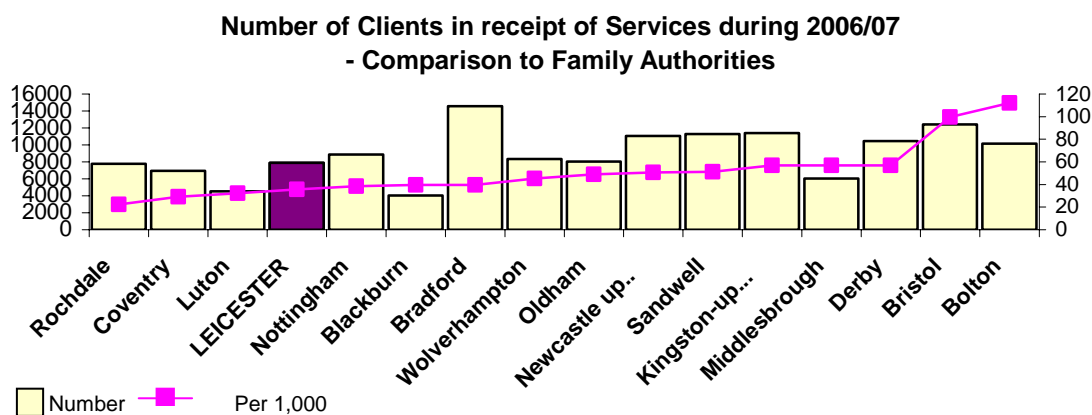
In comparison to family authorities (see graphs below), in 2006/07, Leicester had an above average number of initial contacts, but a lower than average number of completed assessments and packages provided.

**Number of Contacts from New Clients during 2006/07
- Comparison to Family Authorities**



**Number of Completed Assessments for New Clients during 2006/07
- Comparison to Family Authorities**





4.3 People in residential care or nursing care

Social care services include the provision of residential and/or nursing care for individuals who are assessed as requiring this. In recent years, there has been a focus on enabling and supporting individuals to be independent and live at home through increased community-based services and thereby reduce residential and/or nursing care services.

A snapshot over the last 3 years of the number of people in residential care or nursing care show a decrease of 6%:

- 2005/06: 1672 permanent placements (aged 18+) *excluding adult placements as at 31st March 2006
-
- 2006/07: 1650 permanent placements (aged 18+) *excluding adult placements as at 31st March 2007
-
- 2007/08: 1592 permanent placements (aged 18+) *excluding adult placements as at 31st March 2008

*Adult placements were not counted in the snapshot that took place on those dates.

4.4 People receiving community-based services

Community-based services include home-care, day-care, meals, short-term residential (not respite care), professional support, equipment and adaptation, Direct Payments, etc.

During 2007/08, 6,248 (77%) people were receiving community-based services. In the 18-64 age group, 2,135 (80%) people were receiving community-based services and the largest number were those with physical disability (41.5%); followed by learning disability (28.9%), then those with mental health (26.1%), 2.9% people were categorised as other and 0.5% people with dementia (early onset).

In the 65+ age group, 4,113 (75.7%) people were receiving community-based services and at 81.3% physical disabilities was the largest group, followed by dementia at 8.6%, mental health at 8.3%, other and learning disabilities at 0.8%.

According to the Supported Residential (SR 1) return, in 2007/08 there were 622 temporary admissions of older people to residential and nursing care.

4.5 Direct Payments

Local Authorities are able to make cash payments to individuals with eligible social care needs for them to use to purchase their assessed community care needs as an alternative to the authority providing services to meet those needs. These are called Direct Payments.

During 2007/08, Direct Payments were used by 282 services users an increase of 27% from 2006/07 (222). The target is to increase to 364 during 2008/09, thereby ensuring that more service users have greater choice and control.

Direct Payments has also increased due to the Individual Budgets pilot which resulted in 69 service users participating of which 48% of the individuals on Individual Budgets took all of their funding as a Direct Payment, 42% took part of their funding as a Direct Payment, and 10% had all services arranged for them by the Council. The Individual Budget Pilot has now ended, however work is still continuing on Individual Budgets to help develop this and to integrate into day-to-day working.

In 2007/08, in total, 71.6% of Direct Payments recipients were people with physical disabilities and sensory impairment, 22.7% were people with learning disabilities, and 5.7% were mental health service users.

In 2007/08, 61.8% of Direct Payments were of White backgrounds, followed by 35.9% of Black and Minority Ethnic backgrounds.

4.6 Carers

Carers assessed by Adults and Housing Departments staff:

The year 2007-2008 was the first in which carers were recorded separately on the Department's Carefirst electronic records system.

During the 12 months, 1753 carers were recorded and had their needs assessed, either by a separate carer assessment or at the same time as the person that the person they support was assessed.

Approximately, two-thirds of carers are female and one-third male. Around half were aged 45-64 with one-third 65 or over.

Approximately, 60% had an ethnicity of White British and a third were in one of the Asian categories, mainly Asian/Asian British (Indian).

Of the people these carers were supporting, 68% were 65 and over. This indicates that our local carer population includes large numbers of older people being cared for by adults under 65, as well as older people caring for other older people.

The people being supported who were aged under 65 were in the following client categories: physical disability 45%, learning disability 29%, mental health difficulties 25% and Other 1%.

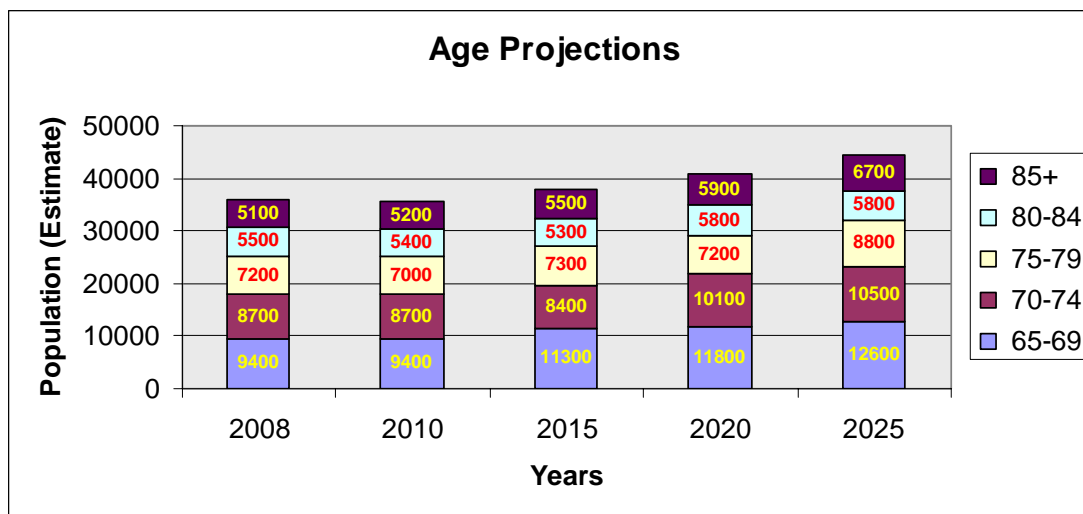
Of the people being supported who were aged 65+, 26% had a mental health difficulty as their primary problem.

4.7 Key issues from needs analysis (2007/08) conducted for social care service plans for: Older people; Physical disabilities (18-64); Mental Health (18-64); Learning Disabilities (18-64) and HIV/AIDS

4.7.1 Key issues - Older People (65+)

During 2007/08, there were 2,053 new assessments and 5,434 packages. There were 1,607 in residential care and 4,113 were receiving community-based support.

The population of Leicester is ageing although at a lower rate than surrounding areas, it is expected to rise by 24% by 2025.



(to state source)

- In Leicester there are between 3,590 and 5,385 older people known to have depression. This is projected to rise to 4440/6660 by 2025.
-
- Prevalence rates suggest that there are 2,631 people in Leicester with dementia. This is expected to rise to 2,635 by 2010 and to 2,707 by 2015.
-
- The Older People's Housing Need Survey highlighted that the main illness/disability experienced by residents is mobility (58%), especially within the home. There were 297 equipment and adaptation installations in the last financial year. The top three areas in Leicester, which report long standing illnesses, are: New Parks, Braunstone and Rowley Fields.
- Consultation and feedback (2006/07) from older people indicate that they
 - Wish to remain in the home and the community
 - Want health and social care services to be provided in their homes
 - Care that offers them choice, control and to be independent, including a 24-hour service.

4.7.2 Key issues - Physical and Sensory Disabilities (18-64):

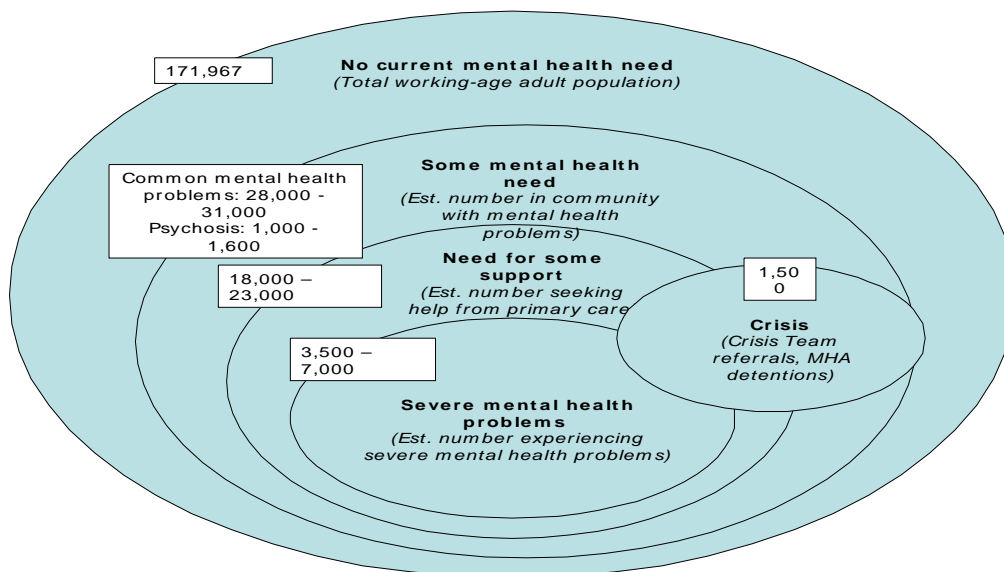
- During 2007/08, there were 585 new assessments and 926 packages, 60 service users receiving residential care services and 886 service users received help to live at home.
- 5% of people registered blind in Leicester are in receipt of a social care package.

- There is a need for accessible, timely and easy to understand information about health and social care services and support
- There are very few local residential/nursing homes available for complex neurological conditions i.e. brain injury, multiple sclerosis.
- There is low take up of Direct Payments by people with sensory impairment particularly people with hearing impairment
- There is need to further expand opportunities for community based day services/activities giving people choice, control and promote independence.
- There is low take up of housing related support by people with physical and sensory disabilities – to survey housing related support needs of people with physical and visual impairment (housing related support needs of deaf and hard of hearing people has recently been identified)
- There is a need to support disabled people into employment
- There is need for promoting Individual Budgets and direct payments
- Transforming community equipment service

4.7.3 Key issues - Mental Health (18-64)

- During 2007/08, there were 112 new assessments and 762 packages, 212 service users receiving residential care and 558 were receiving community-based services.
- 16-18% of working-age adults in Leicester might be expected to be experiencing a common mental health problem at any time – around 28,000 to 31,000 people.

Overview of the estimate of mental health in Leicester:



- Mental health is a major area of health and inequality locally, with more deprived areas of the city showing significantly higher rates of registration with mental health services, psychiatric inpatient admissions, and admission for self-harm
- Mental ill-health is the biggest cause of years of life due to disability and the biggest reason given for inability to work due to disability
- Across all ethnic groups, young men are particularly over-represented at the more severe end of services and under-represented in services such as counselling and day services
- There are gaps in accessible information about mental health conditions, treatments and medication

- There is over-representation of people from African and Caribbean communities in psychiatric inpatient and Mental Health Act statistics
- There is a lack of recovery-focused support for people from African and Caribbean communities
- There is under-representation of BME communities in use of counselling/psychological therapies and stated desire of these communities for more access to talking therapies
- There is a lack of alternative crisis accommodation
- There is higher expenditure on residential care compared to family authorities
- There is a lack of befriending schemes
- There is low take-up of Direct Payments
- There is a need to address social exclusion – inc. employment, stigma
- There is an issue around interfaces between mental health services and services for people with physical or sensory disabilities
- There is need for information and service provision for people with Asperger Syndrome.

4.7.4 Key issues - Learning Disabilities:

- During 2007/08, there were 37 new assessments and 890 packages, 298 service users in residential care and 618 were receiving community-based services.
- The Leicestershire Learning Disability Register indicates that 1,611 people with moderate to profound learning disabilities currently live in Leicester City. The following table shows the services that some of the people with learning disabilities are known to:

Numbers	Services known to:-
1211	Community/Outreach Nurse, Psychiatrist/Psychologist, Physio/Speech/Occupational therapists
1168	Social Care (Social Worker/ Day Care)
980	Health and Social Care
212	Not known to Health or Social Care

- The figures are higher than that could be anticipated by the national prevalence rates for people with moderate and profound learning disabilities, and implies that some people who could be eligible for services are currently unknown and might be referred to services in the future.
- The number of young people with severe or profound learning disabilities is increasing and will be expected to transfer to adult services in the future.
- The proportion of clients aged less than 45 will start to decline whilst the number of people aged over 45 will rise significantly in the next 15 years. This is particularly significant, because at this age, most people have started to leave the care of the family as their carers approach 70 years.
- As people with learning disabilities live longer, they are likely to require longer-term care and support. Also, older people with learning disabilities need appropriate levels of support (which could be intensive), which could differ to those required by the general population of older people. The capacity of family carers to care for the diversity of needs is also limited.
- Learning Disabilities services (and other services) will need to be responsive to the changing demographic population of Leicester, in the future and will need to make information available to all sections of the local communities. Currently there is a lack of information available to the following: African Caribbean, African, Chinese, Irish, Jewish communities, as well as refugees or travellers.

- The shift from residential care and nursing care to supported living will require close working relations with Registered Social Landlords and the City Council's Housing Allocations due to the lack of affordable housing.
- There is need for appropriate service provision for people with Asperger Syndrome.

4.7.5 Key issues - HIV/AIDS:

- During 2007/08, the adult social care HIV specialist team had 46 service users. There was an increase of 6 individuals from 2006/07. There were an equal number of women (23) and men (23). The largest group was Black British African (19) followed by White British (11). This information does not include people living with HIV/AIDS who are supported through mainstream social care services, which individuals can also access.
- Summary of the Carers of HIV positive people living in Leicester consultation, 2007 identified the following:
 - Need to collect information about the experiences of young people caring for someone living with HIV/AIDS and for information to be shared with young carers services to inform service development in this area.
 - Need for HIV services and Carers support services to work in partnership to make information about services and carers (including employment and access carers assessments) more widely available and accessible to carers.
 - Independent and voluntary agencies that provide support services to more informed about issues relating to HIV/AIDS.
- HIV risk factors for high prevalence (**to be verified**):
 - Sexual orientation – men who have sex with men (MSM)
 - Black African communities
 - Children and young people
 - Intravenous drug use

Note: References and sources for the above need to be inserted.

Appendix 1

Number of assessment, packages, and people in residential and helped to live at home during 2007/08 derived from Referrals, Assessment and Packages (RAP) data.

Client Group	Assessments	Packages	Numbers in residential	Numbers helped in home
Older Persons (aged 65+)				
- Physical and Sensory	1764	4003	839	3345
- Mental Health	123	551	244	343
- Dementia	148	728	437	352
- Learning Disability	1	95	65	34
- Other	17	57	22	39
TOTAL	2053	5434	1607	4113
Adults (aged 18-64)				
- Physical and Sensory	585	926	60	886
- Mental Health	112	762	212	558
- Dementia (early onset)	1	14	3	11
- Learning Disability	37	890	298	618
- Other	47	68	7	62
TOTAL	782	2660	580	2135

Appendix 2

Social care service users who received Direct Payments throughout 2007-2008 (Breakdown by Ethnicity)

Ethnicity Description	Total	Percentage
White British	166	58.90%
White Irish	1	0.40%
Other White Background	7	2.50%
Dual Heritage: White and Black African	2	0.70%
Dual Heritage: White and Black Caribbean	3	1.10%
Dual Heritage: Other	2	0.70%
Asian or Asian British: Bangladeshi	3	1.10%
Asian or Asian British: Indian	71	25.20%
Asian or Asian British: Pakistani	8	2.80%
Asian or Asian British: Other	5	1.80%
Black or Black British: African	7	2.50%
Black or Black British: Caribbean	4	1.40%
Chinese	1	0.40%
Other Ethnic Group	2	0.70%
Grand Total	282	100%

Patient and Service User Voice & Public Demand

Residents' satisfaction with current services, what they think of Leicester as a place to live, and perceptions of their own health and wellbeing are important elements in creating a picture of need in the city. Drivers of satisfaction and factors contributing to residents' views are complex. As well as their own experiences, the views and experiences of family and friends, and the local and national media, for example, will influence public perception. It should be pointed out that residents' and service user's perceptions are not facts, and therefore do not measure the actual performance of particular services. However, they give valuable insight into the experiences of the population, which could and should be used to inform how we respond to need in the city.

The following two sections cover data collected via consultation and engagement activity in Leicester.

Patient and service user views:

- Dental Services
- Access to GP Services
- Patient Choice
- Access to information – health and social care
- Local Involvement Networks (LINKs)
- Carer's
- Social Care Complaints

The public's views

- Satisfaction with neighbourhood
- Fear of Crime

Community cohesion and involvement

- Health and Exercise

Transport Use

- Overall satisfaction with Council Services
- Sports and Leisure facilities
- Parks and Open Spaces

Patient and Service User Views

Key Findings

HEALTH

Dental Services:

- There has been a significant increase in dissatisfaction at both local and national level since the change in the Dental Contract in 2006.
- This has coincided with increased numbers of patients wishing to receive NHS treatment and higher demand for dental appointments.
- The Patient Advice and Liaison Service (PALS) has seen a significant increase in enquiries about access to dental services

Access to GP Services

- Leicester City PCT's average performance is below that of PCT's across the East Midlands and nationally.

- 11 GP Practices had lower patient satisfaction rates

Patient Choice

- The total number of patients being offered a choice of hospitals for first appointment in Leicester is 96%, compared to 94% for both the East Midlands and National average

Access

- The Patient Advice and Liaison Service has received recurring enquiries over the last five years regarding both access to information for both health and social care and knowledge of what services are available and how to access these

Local Involvement Networks (LINKs)

- The Leicester Local Involvement Network is currently being set up. It will give local people the opportunity to have their say and get involved in the planning and delivery of health and social care services. The LINK in Leicester will be launched in September 2008

Carer's Survey

A recent survey of 222 carer's living in Leicester found that:

- 53% of those surveyed said that they received help with their caring role and 47% said that they did not
- 41% of respondents stated that the person they cared for had mental health difficulties, while 15% said that the person they cared for had difficulties associated with old age. This compares with 34% of respondents stating that the person they care for is 75 years old or above
- The top priorities for carers were: more support for the person they care for; time off from caring; practical help in the home; and more information about the support available

Social Care Complaints

- 43 complaints were received in 2007/08
- The top reasons for making a complaint in 2007/08 were: Staff Attitude/ behaviour; Failure to undertake task; (Equal) Poor care plan/Needs not met & Challenging practice decision

Other sources of public consultation from Leicester City Council

- A wide range of consultation with the public takes place each year – there may be other findings which may be useful to inform the JSNA

HEALTH

The key issues regarding health services that are of concern to local people are:

Access to Dental Services

In Dental Services there has been a significant increase in dissatisfaction both locally and nationally, mainly due to the change in the Dental contract in April 2006. The change was about improving access to NHS dental services by replacing the old, complicated charging system with three simple, standard price bands. However, it has increased the number of patients wishing to receive NHS treatment and has resulted in high demand for appointments with dentists. The following table shows the feedback from the recent National Patient Survey which covered access to dental services:

Dental Surveys	Leicester City PCT 2008	National Average 2008
Do you visit a dentist regularly (at least every 2 years)?		
Yes as an NHS Patient	49%	49%
Yes as a Non-NHS Patient	20%	23%
Would you like to receive dental care as an NHS Patient?		
Yes	81%	77%
No	15%	20%
In the last 12 months, have you visited a dentist as an NHS Patient?		
Yes	50%	52%
No	46%	45%
Why did you go to the dentist?		
Routine Check-Up	68%	71%
I had a dental problem	25%	24%
How long did it take to get an appointment?		
Less than 7 days	30%	28%
1-2 weeks	13%	21%
3-4 weeks	7%	11%
More than 4 weeks	7%	7%
It was pre-booked in advance	41%	32%

In addition to this local data provided by the Leicester City Patient Advice and Liaison Service (PALS) shows that there has been a significant increase in enquiries relating to accessing dental services in Leicester:

	2007	2008 (up to June)
Enquiries received in respect of access to dental services	276	469

Access to GP Services and Choice

The 2007 Patient Experience Survey (PES)

Two separate surveys were conducted for the first time in 2007. Nationally, over five million people registered at GP practices were asked how easy or difficult it is for patients to see or speak to a doctor at their practice, and over a quarter of a million people who were referred to hospital by their GP were asked questions on choice of hospital for their appointment. By analysing the results of the 2007 PES, we were able to identify the following:

Overall Leicester City PCT's average performance is below that of PCT's across the East Midlands and nationally.

- 11 GP Practices had lower patient satisfaction rates
- Patients are less satisfied across all 5 indicators (see table below) if they are registered with a provider who also operates a branch surgery (i.e. not the main surgery site)
- Patients who are registered with a sole practitioner (GP) are more satisfied with telephone access and advanced booking of appointments
- Patients are less satisfied if they are registered with a practice with over 10,001 patients
- Patients are less satisfied with telephone access, advanced booking and being able to specify a particular GP if they are registered with GPs that use an 0844/0845 number.

This table shows a breakdown of the survey results:

INDICATORS	Questions Asked	Leicester City PCT Response	East Midlands Response	National Response
Total for those who were satisfied				
Telephone access	In general, are you satisfied with how easy it is to get through to someone on the phone at your doctor's surgery?	79%	85%	86%
48 hour access to GP	In the last 6 months, have you tried to get an appointment with a doctor fairly quickly about any matter? (same day or within 2 days) <i>Of those who said yes:</i>	84%	87%	86%
Advanced booking	In the last 6 months, have you wanted to book ahead for an appointment with a doctor? (make an appointment more than 2 full days in advance) <i>Of those who said yes:</i>	66%	72%	75%
Appointment with specific GP	In the last 6 months, have you ever wanted to make an appointment with a particular doctor at your GP surgery? <i>Of those who said yes:</i>	80%	88%	88%

Satisfaction with opening hours	Over the last 6 months or so, were you satisfied with the hours your GP surgery was open?	81%	85%	84%
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Leicester City PCT are working with practices to support them in developing action plans to address the issues raised by the survey, this work included requesting all practices in Leicester City extend their opening hours from 8.00pm to 6.00pm with some practices opening on Saturday morning.

Patient Choice

To assess the number of patients being offered the choice of hospital for their first appointment the Department of Health asked Ipsos MORI to carry out a series of surveys. The surveys monitor patient awareness of choice and recall of having been offered a choice of hospital for their first outpatient appointment. They were designed to provide a national overview of choice and summary results at PCT level. The main findings of the January 2008 survey are:

- The percentages of patients aware of choice, offered choice and offered the Choice booklet continues to rise.
- More patients recalled being offered a choice of hospital for their first outpatient appointment: 45% in January 2008, up from 41% in the November 2007 survey and 30% in the first (May/June 2006) survey.
- 36% of patients were aware before they visited their GP that they had a choice of hospitals for their first appointment, up from 35% in November 2007 and 29% in the May/June 2006 survey.
- 64% of patients who were aware of choice recalled being offered choice, whereas 34% of those not aware of choice recalled being offered it, compared with 60% and 31% respectively in the November 2007 survey.
- 32% of patients who were offered a choice of hospital were also offered a copy of the 'Choosing your hospital' booklet, up from 28% in November 2007 and 20% in the May/June 2006 survey.
- 79% of patients who were offered choice were satisfied with the process and 5% were dissatisfied, similar to the November 2007 survey.
- Location or transport considerations were again given most often, by 64% of patients, as an important factor when choosing a hospital.

The numbers of patients being offered choice in Leicester for 2006/07 are detailed below:

Total number of patients being offered choice of hospital for first appointment	Leicester	East Midlands	National
	96%	94%	94%

- Leicester City Patient Advice and Liaison Service (PALS) has been supporting patients across Leicester for the past five years and over that time have dealt with over 3,000 enquiries. PALS support patients in finding their way around the NHS by giving advice; signposting to services and dealing with concerns e.g. how to register with a GP. Recurring themes over the past five years include:
 - Access to information for both health and social care
 - Knowledge of what services are available and how to access these

Local Involvement Networks

The Local Involvement Networks (LINKs) will give people an opportunity a 'have a say' of how local health and social care services are planned and delivered. In Leicester the Local Involvement Network (LINK) is currently being set-up by the Carers Federation (the 'host' agency). It is supported by an 'interim' LINK group and Statutory Reference group on a temporary basis. The full LINK is to be launched in September 2008.

Currently, in both health and social care services there is a wide range of opportunities for involvement and obtaining feedback that include specific groups; databases, complaints and commendations, contract monitoring, consultations/surveys, public meetings/events, working through third sector agencies/providers, using media and leaflets/newsletters, and assessment and reviews.

The key issues for service improvement within social care are included in the needs analysis conducted for service areas (Older persons, Adult Mental Health, Physical and Sensory Disabilities and Learning Disabilities, and HIV/AIDS), and key issues pertaining to these areas are stated in the social care element of section 4. Survey and consultation reports that are conducted within social care services are available at www.leicester.gov.uk/your-council--services/council-and-democracy/consultations-homepage.

Carer's Survey

The recent Carers survey (February to May 2008) aimed to identify the priorities of carers in Leicester. 222 Carers submitted a response to the survey. The key findings are:

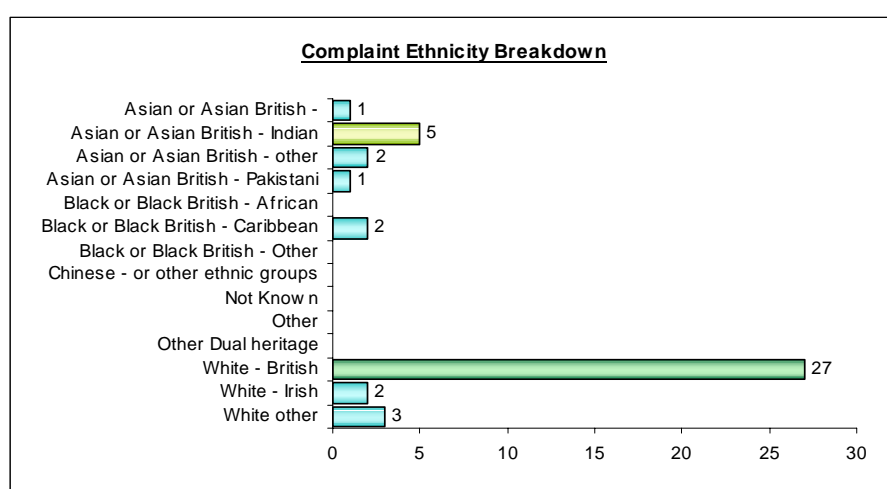
- 53% of those surveyed said that they received help with their caring role and 47% said that they did not.
- When asked if they got any time off from their caring responsibilities, 39% stated they did, while 61% said they did not.
- Respondents were asked to choose their top 3 priorities. The following priorities received 10% or more of respondents first preferences:
 - More support for the person you care for (37%)
 - Time off from caring (14%)
 - Practical help in the home (11%)
 - More information about the support available (10%)
- 41% of respondents stated that the person they cared for had mental health difficulties.
- 15% of carers stated that the person they cared for had difficulties associated with old age. 34% of people cared for were 75 and above.
- 31% of carers stated that they were disabled themselves.

Social Care Complaints – Overview

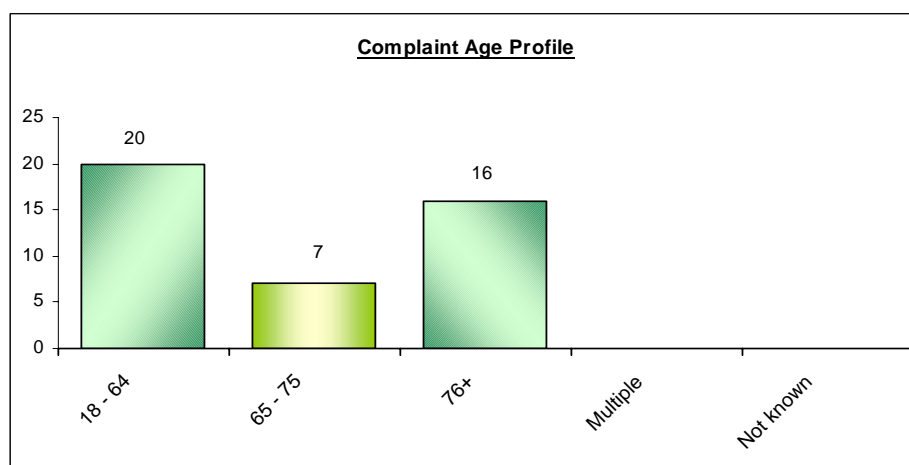
- The total number of complaints received in 2007/08 was 43, compared to 40 the previous year – an increase of 7.5%.
- Initial enquiries have increase by 3.2% - 127 compared to 123 in 2006/07
- Stage 1 complaints increase by 46.1% from 26 in 2006/07 to 38 for 2007/08
- Stage 2 complaints have decreased by 54.5% from 11 in 2005/07 to 5 in 2007/08

- No complaints received in 2007/08 escalated to a Stage 3 Review Panel
- There has been a 14.8% increase in the numbers of commination received in 2007/08 – 232, compared to 202 in 2006/07
- There have been 7 cases recorded by the Local Government Ombudsman – 1 was investigated with the outcome of Ombudsman Discretion, 3 resulted in a finding of no maladministration without investigation, 1 was considered to be a premature complaint and as at 10/07/08, 2 cases are still awaiting a decision.

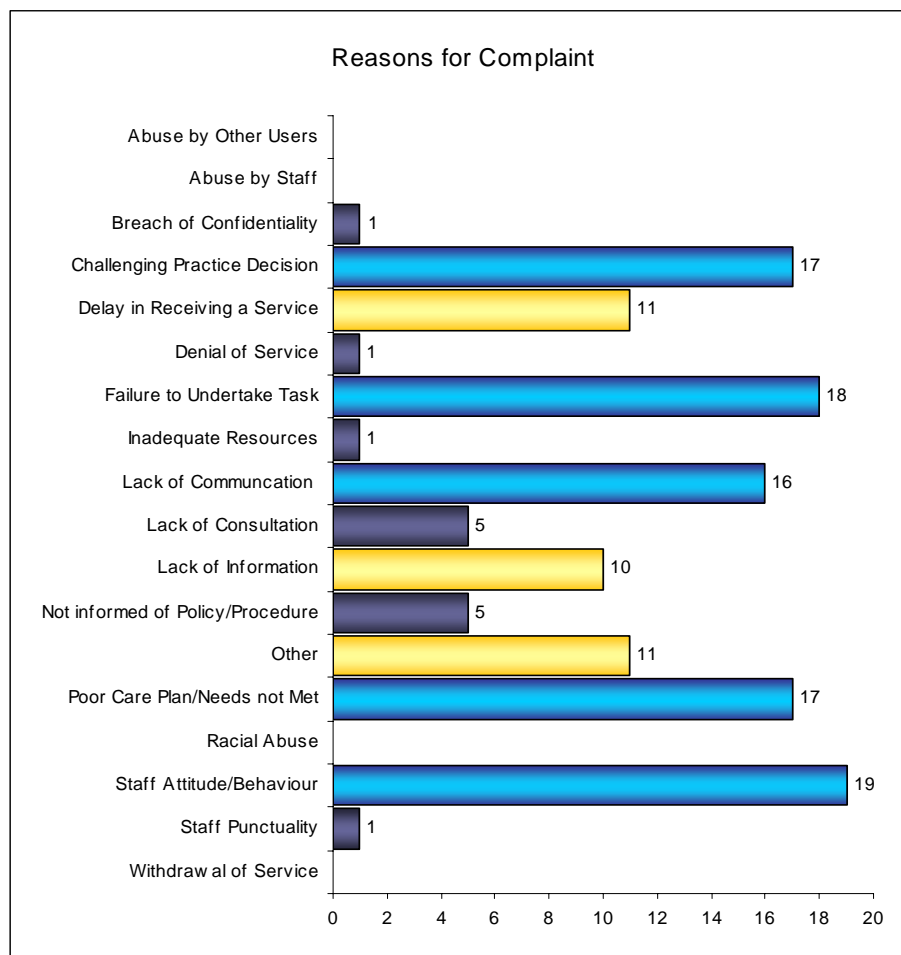
The number of recorded complaints received from service users from Black and Minority Ethnic groups has increased from 15% in 2006/07 to 26% in 2007/08. The use of the 'Not Known' category was specifically targeted during 2007/08, and was not used once during the year. As such, it is impossible to ascertain with accuracy whether there has been an actual increase in the number of complaints from service users from Black and Minority Ethnic groups, or whether the increase is due to improved reporting mechanisms.



The greatest number of complaints in 2007/08 were received from adults aged 18 – 64, totalling 20 compared to 14 in 2006/07. The reasons for this are purely speculative, but could relate to the increasing number of older people receiving a service, the increasing use of advocacy, the complaints process being more accessible to service users, as well as an increased need to complain due to service provision falling short of acceptable standards.



Due to the relatively small number of formal complaints received, the scientific validity of data analysis is limited, although a useful purpose can be served in identifying themes and trends. Complaints and commendations received within teams and service areas can also provide useful information, which might assist in identifying areas of high performance and those receiving a higher number of complaints – for whatever reason.



The top three reasons for making a complaint in 2007/08 were:

1. Staff Attitude / behaviour
2. Failure to undertake task
3. (Equal) Poor care plan/Needs not met & Challenging practice decision

Other sources of public consultation from Leicester City Council

A wide variety of consultation and engagement activity takes part across City Council Services.

All Council consultations are available to view on the City Council website at www.leicester.gov.uk/your-council--services/council-and-democracy/consultations-homepage. Details of the purpose, timescales and findings from past consultations are available. Other methods of engagement include via the People's Panel – a list of residents in Leicester who have said that they are interested in taking part in a variety of consultation activities. Newly established Ward Community Meetings have also been rolled out across the city, and will, in the future, provide a valuable source of information on public opinion, perception and need.

A summary of further current or recent consultation and engagement can be found below. Please note that this is an indicative list of consultations, and is not comprehensive.

Adults and Housing	Community Based Accommodation – NHS Health Homes Reprovision	Malcolm Potter	2006	2008
	Learning Disabilities – Response to Cornwall Report	Marcus Callaghan	2007	2008
	Service Level Agreement with Leicester Partnership Trust	Marcus Callaghan	2007	Ongoing
	Review of the formal structure of Tenant Involvement	Helen McGarry	August 2007	Ongoing
	CRB checking for TARA committee members	Helen McGarry	December 2007	Ongoing
	The Future Of The Exchange (Eyres Monsell)	Paul Griffiths	23 rd April 2008	13 th June 2008
	African Caribbean Mobile Meals Survey 2008	Ketan Arya	9 th June 2008	4 th July 2008
	Gujarati Mobile Meals Survey 2008	Ketan Arya	9 th June 2008	4 th July 2008
	Punjabi Non-Veg Halal Mobile Meals Service	Ketan Arya	9 th June 2008	4 th July 2008
	Electronic Care Monitoring Survey	Jane Cummings	June 2008	August 2008
	Leicester Carer's Strategy	Paul Mansfield	February 2008	May 2008
Children and Young People's Services	Strategy for Change	John Garratt	28 April	Ongoing
	Audit Commission Survey	Claire Jamieson	4th June	16 th July
	Roll-out of Integrated Service Hubs	Gaynor Nash	Spring 2008	Spring 2009
	Children and Young People's Plan Review 2008	Susan Harrison	16 th May	9 th June
Partnership Executive Team	The Residents Survey 2008	Yasmin Mataria-Jenkins/ Rachel Clarke	June 2008	September 2008
Regeneration and Culture	Eco- Towns – Living a Greener Future		27 th May 2008	30 th June 2008
	The City Centre Development Programme (CCDP) Consultation (various across the City).	Barry Pritchard		March 2009
	Staff Travel Survey	Michael Jeeves	October 2008	November 2008
	Play Area Refurbishment (various sites)	Adrian Edge	June 2007	February 2008
	Humberstone Road Corridor Improvements	DG Patel	22 nd May 2008	31 st July 2008

	Local Transport Plan Schemes: Ward Group Meetings	Anthea Nichol	20 th May	9 th June 2008
	Interest Group Meetings		14 th April	14 th May
	Watermead Park Climate Trail		1 st July	31 st October 2008

Public Demand

Key Findings from the 2005 Residents Survey:

Satisfaction with neighbourhood

- 77% of those surveyed were satisfied with their local neighbourhood. However, around 1 in 7 (14%) were dissatisfied. There was *not* the strong relationship between areas of higher deprivation and lower satisfaction levels that might be expected.
- Residents are more likely to say that they are satisfied with their local area than they are with Leicester as a whole.

Fear of Crime

- Echoing the national picture, there are reductions in public concern around a large range of crimes and anti-social behaviours.
- However, concern about people using or dealing drugs has risen significantly between 2001 and 2005.

Community cohesion and involvement

- Residents' strongest sense of belonging is to England and Britain, rather than to Leicester, their local area or the street where they live. Unlike the rest of Britain, a sense of belonging is the same irrespective of ethnicity.
- The three issues which residents claim they would like to have more of a say are tackling crime, how the Council spends its money and Doctor/GP services.

Health and Exercise

- The health and exercise activities most commonly reported by residents are housework and walking, followed by gardening. More men than women participate in activities such as football, rugby, running and working out at a gym, but more women than men undertake some physical activity more than 5 times a week
- Over half of Leicester's residents have used a swimming pool and/or sports facility in the last twelve months. 71% of users were satisfied.
- The most frequently quoted reason for not visiting swimming pools and sports facilities is a *lack of interest*

Transport Use

- The most popular mode of transport in Leicester is the car. Half of residents use this method, and two in five cite it as their main type of transport.
- Buses are the next most popular method of transport – while they are used by over three in five residents, they are the main method for a third
- Satisfaction with cycle lanes/facilities for cyclists was down slightly from 2001 levels

Findings from the 2006 BVPI General Survey – Satisfaction with Council Services:

Overall satisfaction with Council Services

- Overall satisfaction with Council Services is high in comparison to other unitary local authorities in England, bucking the national trend and increasing between 2003 and 2006.
- However, while the trend is generally upwards when looking at satisfaction with specific services, this is normally in line with national increases in satisfaction. A number of service satisfaction measures remain in the bottom quartile when comparing performance with other unitary authorities

Sports and Leisure facilities

- There has been a steady rise in satisfaction with sports and leisure facilities between 1998 and 2006, in contrast to the national picture, where the average for unitary authorities has stayed fairly constant. Leicester residents' satisfaction is now in line with the unitary mean average

Parks and Open Spaces

- Satisfaction with parks and open spaces has remained more or less the same between 2003 and 2006, after a large increase between 2000 and 2003. Satisfaction in Leicester is similar to other unitary authorities.

INTRODUCTION

The 2005 Residents Survey and the 2006 BVPI General Survey gives information on the public's perceptions of Leicester as a place to live and with satisfaction with local council services. They highlight the key issues from the public's perspective on a wide range of factors that impact on health and wellbeing.

The Leicester Residents' Survey 2005

The following information is drawn from the MORI full report and key findings summary report that were prepared for the City Council in 2005.

Methodology

MORI interviewed a total of 1,538 residents aged 16+, in 260 randomly selected output areas (OAs) across the Leicester City Council area. Interviewer quotas were set to reflect the population profile of that neighbourhood by age, gender, working status and ethnicity, using the latest 2001 Census data. At the analysis stage, data were weighted to the known population profile of the City Council area.

One hundred African-Caribbean residents were also interviewed as part of a booster sample, with loose quotas set on age, gender and working status. This was done to aid ethnic sub-group analysis. At the analysis stage, those African-Caribbean residents interviewed as part of the main sample were combined with those in the booster sample to maximise the sample size, resulting in a sample size of 150.

Fieldwork was conducted face-to-face and in-home, between 1st August and 25th October 2005. Interviews lasted for about 30 minutes.

It should be remembered at all times that a sample, rather than the entire population, of Leicester residents has taken part in the survey. As a consequence, all results are subject to sampling tolerances, which means that not all differences are significant.

The Findings

Satisfaction with Neighbourhood

Levels of satisfaction with the local neighbourhood have remained constant since 2001, with over three in four residents (77%) mentioning that they are satisfied with their local area as a place to live. This places the City Council towards the middle of the table of like authorities in which MORI have asked the same question. However, around one in seven (14%) are dissatisfied.

Local level data do not show the strong relationship between deprivation and satisfaction that we might expect. For example, some areas in the city with higher deprivation show higher levels of satisfaction than might be expected, and areas with less deprivation show lower levels of satisfaction than might be expected. Through regression analysis a number of key drivers have been identified that have the strongest influence over residents' satisfaction with their neighbourhood. Those having a positive effect are:

- Think Leicester is a safe city
- Live in Castle or Knighton Ward
- Perceive there are good quality of services overall
- Satisfied with parks, open spaces and play areas
- Satisfied with pavement maintenance

Those having a negative effect on residents' satisfaction with their neighbourhood are:

- Want more police on the street to improve neighbourhood
- Want less anti-social behaviour
- Want cleaner streets

Residents are more likely to say that they are satisfied with their local area than they are with Leicester as a whole, with three in ten (30%) *very* satisfied with their neighbourhood compared to a quarter (26%) for the City overall as a place to live.

Neighbourhood Improvements

Following on from 2001, and in line with broader national liveability issues, cleaning up litter and dirt on the streets rates highly on the list of desired neighbourhood level improvements. Over one in five (22%) mention this action, while a similar proportion (18%) point to providing more facilities for children and teenagers.

Success in reducing Fear of Crime and Anti-social Behaviour

In all cases bar one, there are reductions in public concern around a large range of crimes and anti-social behaviours, all of which differ in frequency and severity. For example:

- In 2005, the anti-social behaviour residents are most worried about is rubbish or litter lying around (55% worried). However, this represents a reduction of 13 percentage points since 2001; and
- Over half (54%) express concern about having their home broken into and having something stolen. While this figure is still high, we have seen a reduction of 21 percentage points since 2001.

There are other areas where we have also seen positive results:

- Residents concern about deliberate damage to property has dropped sharply since the survey in 2001, from seven in ten (69%) worried in 2001, to just under half (47%) currently; and
- Fear of being mugged or robbed has fallen from 65% to 40% between 2001 and 2005.

These figures echo the situation nationally, which show falling levels of concern about crime.

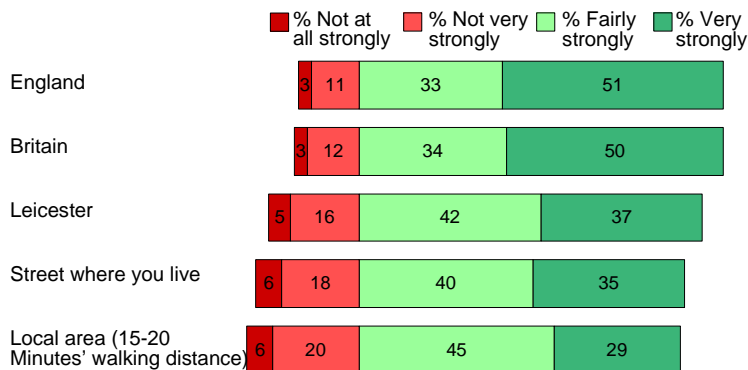
However, one important area has seen an increase in negative perception. This is people using or dealing in drugs. In 2005, over four in every ten (44%) say they are worried about this behaviour, compared to three in ten (30%) in 2001.

Community Cohesion and Involvement

Residents' strongest sense of belonging is to England and Britain. Half feel that they belong *very strongly*, and a further third feeling they belong *fairly strongly*. This national identification is highest among older residents (90% of those aged 65 and over feel strongly that they belong to England, compared to 83% of those aged 16-24). Slightly fewer (79%) say they have a strong affinity with Leicester.

Residents' sense of belonging

Q How strongly do you feel that you belong to each of the following...?



Base: 1,538 Leicester City Council residents, fieldwork dates: 1st August – 25th October 2005

Source: MORI

Unlike the rest of Britain, and also encouraging, a sense of belonging is the same irrespective of ethnicity. Just over four in five white residents (84%) feel they belong strongly to England, compared to 86% of BME residents, 87% of Asian residents, and 85% in the African-Caribbean booster sample. Leicester residents' sense of belonging to England and Britain is in line with attitudes nationally. The Home Office Citizenship survey (2003) found that nationally, nearly nine in ten people (87%) felt they belonged England (55% very strongly and 32% fairly strongly), while 85% felt they belonged to Britain (49% very strongly and 36% fairly strongly).

Issues where residents would like to have more of a say

It is interesting to look at the three issues or services about which residents claim they would like to have more of a say:

- Tackling crime - chosen by 33%, this reflects a wider mindset which still exists in spite of falling levels of concern;
- How the Council spends its money – selected by three in ten (31%), this issue could become more important still to local residents, depending on the next round of council tax rises. The proportion wanting a say on this issue has increased from 23% in 2001.
- Doctor/GP services (26%) - this has increased by twelve percentage points since 2001.

Health and Exercise

The health and exercise activities most commonly reported by residents are housework (69%) and walking (68%), which the majority of people do, followed by gardening (42%).

Significantly, more men than women participate in activities such as football, rugby, running and working out at a gym but the frequency of activity is lower, with 37% of men compared to 45% of women doing some physical activity more than five times a week.

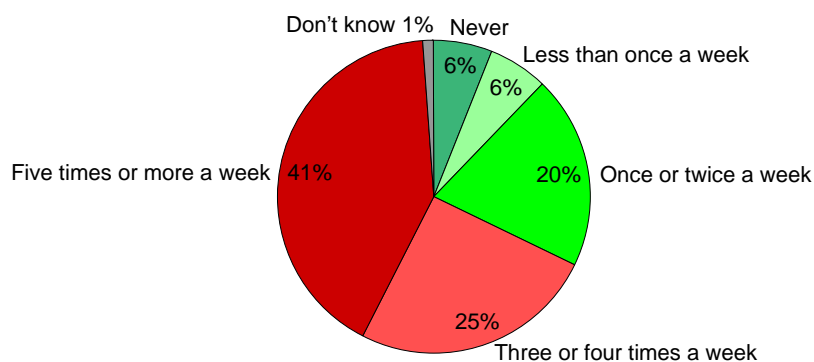
Similar differences are also found when age groups are compared. Whereas between 20-30% of people aged 16-34 take part in activities such as swimming, cycling, football and aerobics, only 2-10% of those aged over 55 participate in these types of activity. Older respondents were more likely to do gardening with 55% of those aged 55 and over gardening compared to only 23% of those aged 16-24.

For all activities, there are significant differences between the social classes, with respondents from classes A, B and C1 more commonly doing any sort of physical exercise than respondents from classes C2 and DE.

As the chart below highlights two in five (41%) undertaking physical activity five or more times a week. A concern is that six percent of residents never undertake any physical activity.

Physical activity

Q How many times per week, if at all, do you do physical activity?



Base: 1,538 Leicester City Council residents, fieldwork dates: 1st August – 25th October 2005

Source: MORI

Swimming Pools and Sports Facilities

Over half (53%) of Leicester residents have used a swimming pool and/or sports facility in the last 12 months. Of those, almost half (44%) visit either at least once a week (40%) or almost every day (4%). About one in three (32%) visit monthly, and around one in five (19%) visit less frequently than this.

Satisfaction with swimming pools and sports facilities has recovered to near the scores recorded in 1998. This is after a decline in satisfaction in 2001. Currently, seven in ten users (71%) are satisfied, compared to six in ten (63%) in 2001, and three-quarters in 1998 (75%).

Satisfaction is higher among younger residents (73% of those aged 16-34 versus 60% of those aged 55 and over), those in lower social classes (74% of DEs versus 64% of ABs), and among non-white residents (68% of white residents compared to 74% of BMEs and 73% of Asians). Those with children in their household are more satisfied with swimming pools and sports facilities than those without children (73% versus 67% satisfied respectively), suggesting that facilities for children are good in these areas.

Reasons for Non-usage

The most frequently quoted reason for not visiting swimming pools and sports facilities is a *lack of interest*. Almost one in three (32%) of those who have not visited in the past year mention this. Low levels of interest is particularly likely to be raised by older residents (44% of those aged 65 and over versus 25% of those aged 16-24), and those in the lower social classes (36% of DEs versus 28% of ABs).

Around one in seven (17%) say they *don't have the time*, and around one in ten (9%) cite *difficulties in travelling* as reasons for not visiting swimming pools and sports facilities in Leicester.

Social Services for Children and Adults

Half are satisfied with social services for children, and the same proportion are satisfied with social services for adults (50%). Twice as many, however, are *very* satisfied with social services for adults (10%) as are *very* satisfied with social services for children (5%). Satisfaction levels have decreased substantially since 1998 and 2001, but in these surveys satisfaction with 'social services' alone was asked.

Transport use

The most popular mode of transport in Leicester is the car. Half of residents (50%) use this method, and two in five (38%) cite it as their main type of transport. Connected to this, around a quarter state they would like to see better parking and improved traffic flows (28% and 23% respectively).

Men are far more likely to say this than women (51% versus 27%), while women are more likely to be the passenger in a car (14%, versus 4% of men). Those in the higher social classes are also more likely to drive a car (54% of ABs versus 26% of DEs), as are residents from BME communities (43% of BMEs compared to 36% of white residents).

Buses are the next most popular method of transport – while they are used by over three in five residents (63%), they are the main method for a third (33%). Buses are more likely to be the main mode of transport for women (41%, versus 24% of men), older residents (46% of those aged 65 and over, versus 34% of those aged 16-24 and 26% of those aged 25-34), and those in the lower social classes (43% of DEs versus 19% of ABs).

Q. Which of these types of transport do you use for journeys in Leicester?
Please mention all that apply.

Q. And which is the main type of transport that you use for journeys in Leicester?

<i>Base: All residents</i>	2001 (1,535)		2005 (1,538)	
	All	Main	All	Main
Car as driver	48	38	50	38
Bus	64	35	63	33
Walk	46	13	47	15
Car as passenger	30	9	29	9
Bicycle	11	3	10	3
Taxi	14	1	13	1

		129		
Motorcycle	1	*	1	*
Other	1	*	1	1
None of these	*	*	*	*
Don't know	0	*	-	-

Source: MORI

Other Non-universal Services

Satisfaction with Leicester/Beaumont Leys market is high among visitors, with over three-quarters expressing satisfaction, including one in five (19%) who are very satisfied. This is, however, a decline in satisfaction from 2001 levels, when almost nine in ten visitors (88%) said they were satisfied.

Satisfaction among those using allotments is high – two-thirds of users are satisfied (67%), including almost two in five who are very satisfied. This is a slight decline in satisfaction from 2001 levels, when eight in ten users expressed satisfaction (80%).

Satisfaction with cycle lanes/facilities for cyclists is down slightly from 2001 levels (52% versus 62% satisfied respectively). Furthermore, one in eight residents say they are very dissatisfied with this service.

Concerns about the environment

The issues facing the local environment that cause residents most concern, are pollution from traffic, and litter, graffiti and dog mess (54% of residents citing these issues). This is followed by the quality of parks, noise, and the loss of trees and wildlife. Climate change is the least frequently cited concern, with one in four (25%) citing it.

Q. Which two or three, if any, of these are you most concerned about in your local environment?

Base: All	(1,538)
	%
Pollution from traffic	54
Litter graffiti and dog mess	54
The quality of parks	32
Noise	29
Loss of trees and wildlife	27
Climate change	25
Other	2
Don't know	4

Source: MORI

Concern about pollution from traffic runs higher among Asian and BME residents (58% and 56% respectively) than white residents (53%), although African-Caribbean residents are least likely to express concern (41%). Regarding litter, graffiti and dog mess, it is white residents who are most concerned (58%, compared to 47% of Asians, 56% of BME residents, and 42% of African-Caribbean residents).

Social Class Definitions

A	Professionals such as doctors, surgeons, solicitors or dentists; chartered people like architects; fully qualified people with a large degree of responsibility such as senior editors, senior civil servants, town clerks, senior business executives and managers, and high ranking grades of the Services.
B	People with very responsible jobs such as university lecturers, hospital matrons, heads of local government departments, middle management in business, qualified scientists, bank managers, police inspectors, and upper grades of the Services.
C1	All others doing non-manual jobs; nurses, technicians, pharmacists, salesmen, publicans, people in clerical positions, police sergeants/ constables, and middle ranks of the Services.
C2	Skilled manual workers/craftsmen who have served apprenticeships; foremen, manual workers with special qualifications such as long distance lorry drivers, security officers, and lower grades of Services.
D	Semi-skilled and unskilled manual workers, including labourers and mates of occupations in the C2 grade and people serving apprenticeships; machine minders, farm labourers, bus and railway conductors, laboratory assistants, postmen, door-to-door and van salesmen.
E	Those on lowest levels of subsistence including pensioners, casual workers, and others with minimum levels of income.

The Residents Survey has been jointly commissioned in 2008 between the City Council and the Primary Care Trust. Some of the questions asked in the 2008 survey are new – and some questions from previous surveys have not been continued, meaning time series data may not be available. However, questions covering perceptions of Leicester as a place to live, and individual perceptions of health will be available to use. Top Line Results will be released on 21st July. A final report is being prepared for late September.

Leicester BVPI Surveys 2006

The Department of Communities and Local Government required each local authority to undertake a survey of residents' satisfaction with council services every three years. Two BVPI surveys had also been conducted in 2000 and 2003. Four surveys, covering benefits claimants, tenants, library users, planning applicants and a General Survey took place.

(Note: the 2006 survey was the final time the BVPI survey will be conducted – it has been replaced with the Place Survey, which will be conducted for the first time in Autumn 2008, and will be repeated on a biannual basis in the future).

Methodology – the General Survey

The BVPI General survey was postal in methodology. The questions and methodology were set by the Department of Communities and Local Government. The fieldwork took place over three months in the Autumn of 2006. Respondents were asked to complete the survey and return it in a pre-paid envelope. Two reminder packs were sent to non-respondents to encourage responses.

The Post Office small users' address file (PAF) was used as the sampling frame. 3200 addresses were randomly selected and sent the questionnaire. Any household member over the age of 18 was eligible to complete the questionnaire.

Responses

The General Survey achieved a response rate of 36% at the end of the fieldwork period. This just met the minimum response rate required.

The Scope

The General Survey questionnaire asked for responses to the following areas:

- Overall satisfaction with Leicester City Council

- Satisfaction with complaint handling
- Satisfaction with cleanliness
- Satisfaction with waste collection; waste recycling (local facilities); waste disposal (local tips)
- Satisfaction with cultural services: libraries; museums/galleries; theatres/concert halls; parks and open spaces

The Benefits Survey covered:

- Satisfaction with the benefit service: contact with the office; service in the office; telephone service; telephone service; staff in the office; forms; speed of service; overall satisfaction

The Planning Survey covered:

- Satisfaction with the planning service by those making a planning application

The Tenants Survey looked at:

- Satisfaction with overall: service provided by the landlord; service provided by landlord for tenants from black and minority ethnic groups; service provided by landlord for tenants from non BME groups
- Satisfaction with opportunities for: participation; participation from BME groups; participation from non BME groups

The survey of library users asked about:

- Satisfaction with libraries: found a book to borrow; found information they were looking for; satisfaction with library overall.

Some data collected via the BVPI surveys may be relevant to include in the JSNA. For example:

Satisfaction with overall service provided by Leicester City Council:

Overall satisfaction with the City Council has bucked the national trend, rising, to 55% (from 49% in 2003), and puts our satisfaction score in the top quartile of unitary authorities nationally.

Satisfaction with Services

The overall picture is one of improvement, and in some areas very strong shifts of increased satisfaction with services from our residents. However, our improvement is often in line with national trends and the majority of indicators still sit in the bottom quartile compared to unitary authorities nationally.

Satisfaction with Sports and Leisure facilities

59% of respondents stated that they were satisfied with sports and leisure facilities in 2006. In 2000, less than half of respondents (49%) stated they were satisfied, which rose to 55% in 2003. This rise in satisfaction has exceeded the national pattern, where the average for unitary authorities has stayed relatively constant (at around 57%). This means the city council's performance in this area has moved out of the lower quartile of unitary authority performers and is now in line with average performance nationally.

Satisfaction with Parks and Open Spaces:

Satisfaction with parks and open spaces has remained more or less the same between 2003 and 2006, with 73% of respondents saying they were satisfied in 2006, compared with 74% in 2003. There was a significant increase in satisfaction between 2000 (64%) and 2003 (74%), which brought performance in line with the average for all unitary authorities. Our performance in 2006 reflects the national trend.

Footnotes

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- i Health Survey for England 2006
- ii Child Height and Weight Measurement Program, 2006-7
- iii Hospital inpatient datasets
- iv Office for National Statistics, Conceptions data
- v Health Survey for England 2006
- vi Community Health Profiles 2008 (<http://www.healthprofiles.info>)
- vii Neighbourhood Statistics: LA Model-Based Estimates of Healthy Lifestyles Behaviours, 2003-05. (<http://www.ic.nhs.uk/pubs/healthylifestyles05>)
- viii Index of deprivation 2007
- ix Profile of Obesity in the East Midlands EMPHO 2006
- x The Information Centre, Statistics on Alcohol, England 2007 (<http://www.ic.nhs.uk/webfiles/publications/alcoholeng2007/Statistics%20on%20Alcohol-England%202007v6.pdf>)
- xi Months of life lost: An estimate of the increase in life expectancy at birth that would be expected if all alcohol-attributable deaths among persons aged under 75 years were prevented.
- xii Binge drinking: % of adults who consume at least twice the daily recommended amount of alcohol in a single drinking session (8+ units for men and 6+ units for women)
- xiii Harmful drinking: % of the population aged 16 years and over who report consumption of 50+ units of alcohol per week for males, and 35+ units of alcohol per week for females
- xiv Hazardous drinking: % of the population aged 16 years and over who report consumption of 22 - 50 units of alcohol per week for males, and 15 - 35 units of alcohol per week for females.
- xv North West Public Health Observatory, Profile of alcohol-related harm (<http://www.nwph.net/alcohol/lape/LAProfile.aspx?reg=e>)
- xvi National Centre for Health Outcomes Development, Clinical and Health Outcomes Knowledge base
- xvii Healthy Lifestyle behaviours: model based estimates using Health Survey for England (2003-5)
- xviii Hospital Episode Statistics, age-standardised rates per 100,000
- xix North West Public Health Observatory, Profile of alcohol-related harm (<http://www.nwph.net/alcohol/lape/LAProfile.aspx?reg=e>)
- xx Office for National Statistics, Conceptions data
- xxi Clinical and Health Outcomes Database: <http://nww.nchod.nhs.uk/>
- xxii QOF Prevalence: <http://www.ic.nhs.uk/our-services/improving-patient-care/the-quality-and-outcomes-framework-qof-2006/07>
- xxiii Department of health website: http://www.dh.gov.uk/en/Healthcare/NationalServiceFrameworks/Diabetes/DH_074762
- xxiv Yorkshire and Humber Public Health Observatory: PBS Diabetes Population Prevalence Model, 2005
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