

Leicester City Council

Health and Wellbeing Scrutiny Commission

29th October 2015

Leicester Health and Wellbeing Survey 2015: update

1. Introduction

Following on from the initial presentation of the main results of the Leicester Health and Wellbeing Survey 2015 at the Scrutiny Commission's meeting on 28 September this report provides further information regarding healthy eating, as requested, and regarding publication and follow up to the survey.

2. Publication

The final report on the findings of the survey is now available and a copy accompanies this update. It is now available on the city council website at <http://www.leicester.gov.uk/your-council/policies-plans-and-strategies/health-and-social-care/data-reports-and-information/leicester-health-and-wellbeing-survey-2015>. It is planned to add further documents at the above web address, including a frequently asked questions (FAQ) sheet and the full anonymised data-set, in excel and SPSS, and guidance notes - to support open data, transparency and encourage further analyses and use of this data set by local universities and other bodies (including voluntary organisations) and individuals able to undertake such analysis.

3. Dissemination

In addition to the presentations made and the media coverage so far further dissemination is being planned aimed at increasing awareness, understanding and use of the survey results. These include Publication of ward profiles as part of the Joint Strategic Needs Assessment. This will be after January 2016.

- Development session for councillors;
- Themed sessions within the city council and with partners to ensure that the information contained in the survey is a corporate resource relevant to the wider determinants of health;
- Presentation to ward meetings (after publication of ward profiles) – including exploring suggestion made at the Scrutiny Commission regarding possible link to ward level budgets and grants.

4. Further work

Further analyses will be undertaken by public health analysts as part of the Joint Strategic Needs Assessment Programme and the data will inform any recommendations made.

The data will also inform messaging to the public on particular health and wellbeing issues (e.g., smoking, alcohol use, physical activity) undertaken by the council or partners.

Further qualitative work is currently being undertaken by Ipsos MORI with the carers in the sample who have indicated that the person they are caring for may need to find alternative accommodation within the next five years. It is intended that this will give insight in to carer's needs and perceptions.

A summary of the relevance of the survey to equality impact assessments is currently being prepared. This will signpost issues for consideration within the areas of work of the council and partners.

5. Healthy eating

The Commission requested further information regarding the Diet and Healthy Eating aspects of the survey and the summary below provides this. Please note that the summary makes reference to slides in the full report of the survey. A brief description of background and methodology is provided in slides 3-6 and the demographic profile provided in slides 87-89.

Fruit and vegetable intake

- The key question that the survey asked on diet was about daily fruit and vegetable intake.
- Only 1 in 5 (20%) respondents say they eat '5 a day', which is down from the proportion who reported doing so in the 2010 Leicester Lifestyle Survey (23%).
- There are key differences by age, gender, and ethnicity (see slide 25 in pack) – with younger people, men and BME residents less likely than the city average to consume 5 a day.
- Those who have a long term sickness or disability are also less likely than the average to eat 5 portions of fruit and vegetables a day.
- Amongst those who are likely to get 5 or more portions of fruit and vegetables a day are residents who engage in 150 minutes or more of exercise a day (24%) and ex-smokers (25%).
- Around 6% report that they do not eat *any* fruit or vegetables. Respondents living in Humberstone and Hamilton and Beaumont Leys wards were significantly more likely *not* to eat any fruit or vegetables on an average day (see slide 99 in pack). Those living in North Evington, Thurncourt, Evington and Troon wards were the significantly less likely than the city average to report that they did not eat any fruit or vegetables.

Preparing meals from basic ingredients

- Despite this apparent fall in fruit and vegetable intake since 2010, 86% of people say they prepare meals from basic ingredients at least once a week, with 3 in 5 (62%) saying they do this 5 or more times a week (see slide 26 in pack).
- Those less likely to cook meals from scratch at least once a week are young people – potentially because they are still living at home and someone else would do the cooking or are students, and men – which perhaps shows the persistence of difference in gender roles in some households.
- Also less likely to cook meals from basic ingredients at least once a week are Asian residents and those with long term sickness or disabilities.

- Whilst overall 86% reported that they prepared meals for themselves and their family from basic ingredients at least once a week, with 24% doing so 5 or more times a week. 9% said that they never do so.
- Belgrave, Stoneygate, Wycliffe and Humberstone & Hamilton wards were the wards with significantly higher rates of never preparing a meal from basic ingredients. Knighton and Castle wards reported significantly lower rates of never cooking a meal from scratch (see slide 100 in pack).

Takeaway food

- Close to and 2 in 5 residents eat takeaway food at least once a week, almost one in 10 younger residents aged 16-34 do so (9%) (see slide 27 in pack).

Barriers to healthy eating

- Amongst those who say they want to eat more healthily in the next 6 months lack of will power is thought to be the largest barrier (by 17%) (see slide 28 in pack).
- Other factors include the price of healthy food (15%) and having time to prepare it (15%).
- There are differences amongst different groups (see slide 28) Younger respondents (aged 16 – 34) are more likely to mention lack of time and not liking healthy food. Those aged 65+ are more likely to mention lack of will power and health/disability problems.
- Muslim resident and Sikh residents in particular are more likely to mention friends/family pressures.
- Those in work are more likely to mention will power/time while those who are unemployed are more likely to mention price/affordability issues.

Association with other risk activities

- As in many areas of the surveys results there are associations between risk factors and attitudes and behaviour. Those reporting that they eat 2 or less portions of fruit and vegetables on an average day were significantly more likely to be current smokers, to allow smoking in the home, to take less than 150 minutes of exercise a week, to have taken an illegal drug in the last year, always mostly run out of money by the end of the month and to report poor mental wellbeing (see slide 94 in pack).

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