Portsmouth Health and Lifestyle Survey 2015

Summary report of findings – FINAL






Portsmouth CITY COUNCIL

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1 Summary of key findings

1.1 Introduction

This report summarises the key findings and statistically significant sub-group differences from a postal self-completion survey (with an online completion option) of 1,075 Portsmouth residents conducted between 25 September and 6 November 2015, by independent researchers Ipsos MORI on behalf of the Portsmouth Health and Wellbeing Board (PHWB). The research aims to provide an up-to-date picture of the health and wellbeing of local residents aged 16+ years across a range of measures: their physical and mental wellbeing; their diet and eating habits; the prevalence of drinking, smoking and drug use; sexual health; and, community involvement. The term "residents" in this report refers to Portsmouth resident adults aged 16+ years.

1.2 Overall health and wellbeing

- The great majority of Portsmouth residents (72%) rate their health as good/very good, compared with only a small number (eight per cent) who say it is bad/very bad. This, indicatively speaking, is only slightly below the England average of 76%[1].

- Three in ten residents (31%) report having a disability or health condition that limits their daily activities in some way; one in ten (10%) have one that limits them a lot.

- Over half of residents say they have a health condition of some kind (56%) and one in eight (13%) have a combination of at least three different types of condition, the most common individual conditions being high-blood pressure (16%) and arthritis or long-term joint problems (16%), followed by long-term back problems (14%). The survey results show that lifestyle factors and behaviours are closely linked to having a health condition, with overweight and obese residents, along with smokers, more likely to have multiple health conditions.

- PHWB wanted to know the prevalence of four key unhealthy behaviours (tobacco use, drinking to a risky level[2], not doing the recommended amount of moderate or vigorous physical activity[3], and not having the recommended five portions of fruit and vegetables a day). Only one in ten Portsmouth residents (10%) exhibit *none* of

[1] 2013 Health Survey for England, conducted face-to-face through a random probability selection method.
[2] A score of 5+ on the Audit C scale - see section 2.3.2
[3] Either doing less than 150 minutes' worth of moderate physical activity a week or its equivalent in vigorous activity.

these behaviours. Most exhibit at least two of them (57%), and one in six (18%) show either three or four. The mean number of unhealthy behaviours residents have is 2.17 (out of four).

- When asked about their recent state of mind[4], residents most frequently say they have been able to "make up their own mind about things" (77%) and have been "thinking clearly" (69%). Conversely, just under half (49%) feel "optimistic about the future" or "relaxed" (43%).

1.3 Physical activity

- Residents are fairly evenly split when asked about their level of fitness. Three in ten (29%) believe they are fit/very fit, compared with one in five (21%) who see themselves as unfit/very unfit. Half (50%) perceive their level of fitness to be about average. Perceived levels of fitness do correlate with actual levels of activity; the great majority of those who feel fit/very fit meet the recommended level of physical activity (86%, compared with 23% of those who feel unfit/very unfit).

- Residents are also evenly divided on the amount of exercise they do - almost half (45%) perceive that they currently exercise enough already, while half (50%) accept they do not exercise enough. When it comes to appetite for doing more exercise, the PHWB can perhaps be encouraged that a majority (57%) would like to do more exercise than they currently undertake.

- During an average week, the great majority of residents are physically active, but they are more likely to undertake activity which is moderate[5] (88%) rather than vigorous[6] (55%). Three in five (59%) meet the recommended weekly minimum of either 150 minutes of moderate activity or its equivalent in vigorous activity, which is in line with the average for Portsmouth (61%) and England overall (57%)[7] (noting that this is an indicative comparator only). Only nine per cent of respondents in Portsmouth are sedentary (i.e. do no moderate or vigorous activity).

- Residents cited "lack of time" as the most common single obstacle making it hard to do more exercise (47%). The next most common obstacle is the financial cost of exercise (cited by 21%).

[4] The questions asked are taken from the shortened version of the Warwick and Edinburgh Mental Wellbeing Scale (SWEMWBS)
[5] Defined as activity that raises the heart rate and makes respondents feel warmer.
[6] Defined as activity that makes respondents breathe harder and also makes it hard to talk without pausing for breath.
[7] 57% of adults across England report undertaking the weekly minimum of 150 minutes of moderate physical activity and/or 75 minutes of vigorous activity a week. The figure for Portsmouth is 61%. (Active People Survey, Sport England, 2014 reported in the Public Health Outcomes Framework, Public Health England, as at December 2015) .

1.4 Diet and healthy eating

- Portsmouth residents are far more likely to agree than disagree that they have a healthy diet overall (65% compared with 12%).

- However, in reality, far fewer have a healthy diet. Although almost all residents (98%) say they eat at least some fruit or vegetables a day, only one in three (33%) meet or exceed the recommended daily minimum of five portions. That said, almost all residents say they eat home-cooked meals made from scratch at least once a week (94%), and most do so at least four times a week (66%).

- Residents cite lack of time to prepare or cook food as the top reason for not eating more healthily (cited by 24%), closely followed by "lack of willpower" (20%) and the expense of healthy food (19%).

- Fewer than half of residents have a healthy weight (46%), based on the figures for their height and weight that they report. One in three (34%) are overweight, and one in five (19%) are obese. The proportion of obese residents is slightly higher than latest findings from the Active People Survey for Portsmouth (17%) and England (15%)[8].

1.5 Alcohol use

- The great majority of Portsmouth residents (82%) say they drink alcohol at least occasionally. One in three (35%) residents says they drink alcohol at least two or three times a week, with a further one in seven (14%) drinking four or more times a week. Among those who do drink, around one in four (23%) are drinking to unhealthy levels, consuming at least seven units in a typical day when drinking.

- Whilst the majority of residents (55%) are not seen to be at risk of developing an alcohol use disorder[9] from drinking alcohol, more than two-fifths (45%) are at such risk. Overall, one-third of residents (33%) could be described as being at 'increasing risk', meaning they meet the criteria for receiving "brief advice" from a health worker about how best to reduce their alcohol consumption. A further one in eight (12%) could be described as 'high risk'.

- When data are examined just for those who drink alcohol, over half of drinkers in Portsmouth (56%) are at some risk of developing an

[8] Data comes from the Active People Survey for 2012-14. Data are unadjusted, and so are somewhat different from the results listed in the Public Health Outcomes Framework, Public Health England, as at December 2015.
[9] As determined by three questions taken from the Audit C Tool. The tool uses response data for the frequency and quantity of alcohol drinking to score each participant on a scale between 0 (the lowest risk of developing an alcohol use disorder) and 12 (the highest risk of developing an alcohol use disorder).

alcohol use disorder: two in five (41%) are at 'increasing risk' and one in seven (15%) at 'high risk'.

- The adverse impact that drinking has on behaviour appears to be greater for those residents most at risk of developing an alcohol use disorder. For example, those drinkers seen to be at 'high risk' are more likely than drinkers overall to say that, at least once in the last 12 months, alcohol has made them unable to do what was expected of them, and that their drinking has caused them to injure themselves or someone else.

1.6 Smoking

- One in six Portsmouth residents (16%) say they currently smoke or use tobacco (excluding e-cigarettes). Although the comparison can only be indicative (for example, this survey is for those aged 16+ years), prevalence of smoking is in line with the England average for adults aged 18+ years (18%); however, it is lower than the prevalence for Portsmouth (22%) from the national Integrated Household Survey [10]. Additionally, more than one in four residents (28%) say that they have smoked or used tobacco or nicotine at some point in their lives, but no longer do so.

- The majority of tobacco users in Portsmouth smoke at least five times a day (72%). Half of them smoke between five to 15 times a day (48%), while one in four (24%) smoke more than 15 times a day.

- Three in four tobacco users in Portsmouth (77%) say they would like to stop smoking.

- Most tobacco users are aware of the various stop-smoking services available to them, the best known being those stop-smoking services provided by local healthcare providers such as GP surgeries and pharmacies. It appears medical providers may form the most trusted and effective form of delivering stop-smoking services as well. In thinking about how to support smokers to quit, it is worth reflecting that of the 28% of survey participants who are former smokers, seven in ten (71%) said that they gave up smoking without any help or support.

1.7 Drug use

- The great majority of residents (93%) say they have not taken any kind of illegal drug or 'legal high' in the last 12 months, but seven per cent indicate they have, which equates to almost 12,000 residents

[10] Reported in Public Health Outcomes Framework, Public Health England, using data from 2014. The source is the Integrated Household Survey (carried out by ONS) analysed by Public Health England

aged 16+ years in Portsmouth[11]. Drug use is slightly more prevalent when participants are asked about drug use among people they know. Nine per cent of residents say at least one of their close relatives uses drugs or 'legal highs', and one in seven (15%) say at least one of their close friends does so.

- Cannabis is the most frequently used substance among those who have used drugs in the last 12 months (81%). This is followed by ecstasy/ MDMA and cocaine powder (24% in both cases), 'legal highs' such as herbal incense (17%) and amphetamines (12%).

- Of those who have used drugs in the last 12 months, most (74%) say they have sometimes or always been able to control their actions when taking drugs, although one in five (20%) have not.

1.8 Sexual health

- Seven in ten residents (69%) have had a sexual partner in the last 12 months. Overall, a small proportion (seven per cent) have had more than one sexual partner, but this is more marked among young residents aged 25-34 years (where it is 18%).
- Of those who have had a sexual partner in the last 12 months, two in five (43%) say they themselves use contraception and a similar proportion (39%) say their partners use it.
- For those not using contraception, the main reasons are that it is their personal preference (19%), or because they are trying for a baby or are currently pregnant (18%).

- Awareness of sexually transmitted diseases appears to be having some influence on residents' sexual behaviour. While most sexually active residents see it as less relevant due to them being in a long-term exclusive relationship (74%), one in six (18%) say it has prompted them to make sure they use a condom, and almost as many say it has prompted them to have tests for sexually transmitted diseases when they change partners (15%).

1.9 Health and the community

- Almost all Portsmouth residents (98%) have personally used at least one of a range of specific local health services in the last 12 months. Use of healthcare services is greater among residents with physical and mental ill health, and those who are older.

[11] Based on percentage of total population aged 16+ from ONS mid-year population estimates 2014

- In terms of health service use, almost all residents who took part in the survey (99%) say they are registered with a local GP. Three in four visit the dentist at least once a year (75%).
- The great majority of residents (88%) feel well informed about how to look after their health. One in ten (11%) feel badly informed. However, the proportion who do not feel informed is significantly higher among those groups of residents who may need the most help to improve their health (those in self-reported bad/very bad health or who have a condition that limits daily activities a little/lot).
- One in five residents (21%) provides unpaid care and support to someone else because of a long-term health condition, disability or problems related to old age. For one in twenty (five per cent) residents, this consists of 20 or more hours of unpaid care a week.
- One in five residents (20%) in Portsmouth could be described as being a regular volunteer – i.e. they did formal voluntary work with a group, club or organisation at least once a month in the last year. This is lower than the England average of 27%[12], although this comparison is only indicative.

1.10 Measuring attitudes vs. behaviours

The findings suggest that the way residents *perceive* their own health is not necessarily fully commensurate with the way they actually *behave*. For example, a majority of residents who describe their diet as healthy do *not* eat the recommended five portions of fruit and vegetables a day (57%). Although perceived fitness levels do correlate markedly with actual levels of activity, there are some residents who overestimate their level of fitness. Of those who say they are fit/very fit, one in eight (12%) are actually doing less than the recommended amount of physical activity a week. Of those who describe themselves as already doing enough exercise, one in eight (12%) does less than the recommended amount.

1.11 Clustering of healthy behaviours

The clustering of unhealthy behaviours has received attention in recent years, for example through David Buck's 2012 research for the King's Fund [13]. The survey shows that healthy (and unhealthy) behaviours are, to an extent, self-reinforcing. As an example, having an unhealthy diet corresponds with other unhealthy behaviours; one in eight residents overall say they have an unhealthy diet (12%), but this figure is greater among those who are physically sedentary (24%), those who feel unfit (20%), obese residents (20%) and smokers (19%). Put another way, residents who

[12] Community Life Survey 2014-15, conducted with a random probability face-to-face method
[13] Clustering of unhealthy behaviours over time, King's Fund (2012) http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/clustering-of-unhealthy-behaviours-over-time-aug-2012.pdf

are obese are far more likely not to exercise (65% say they do not exercise enough compared with 46% of those with a healthy weight). Not meeting the weekly level of physical activity is also more common among smokers (48% compared with 34% of those who have never smoked) and those with a less healthy diet (40% of those who do not eat the recommended amount of fruit and vegetables compared with 28% of those who do).

Alcohol, and to some extent drug-taking, appears to be an exception. It is interesting to note that drinking – and drinking *beyond* safe limits (as measured via the Audit C profile) - is greater among healthier, fitter groups of residents (as determined by their other behaviours). It is those residents who, for all intents and purposes appear to be 'healthy', who are more likely to drink and drink to excess. For example, physically active residents are more likely to have a 'high risk' Audit C score (23% of those who undertake at least 75 minutes of vigorous exercise a week, compared with only six per cent of those who do not undertake vigorous exercise). Conversely, those who are more likely to exhibit unhealthy behaviours in relation to exercise are actually *less* likely to consume excessive amounts of alcohol.

The relationship between doing vigorous activity and being a 'high risk' drinker is possibly partly explained by age; 'high risk' drinking is least common among drinkers aged 65+ years, who are also the least likely to do vigorous activity.

1.12 The importance of healthy living to wellbeing

The survey findings reinforce the notion that healthy behaviours are important determinants of wider wellbeing. Unhealthy behaviours – particularly not doing exercise and smoking – have strong links to physical health, with residents who exhibit these behaviours being more likely to describe their general health as bad/very bad.

It is the same for mental health. For example, those with a low level of mental wellbeing[14] are particularly likely to be sedentary (27% compared with nine per cent of residents overall). Worryingly, having a disability appears to play a large role too, with one in four (25%) residents with a condition that limits daily activities a little/a lot having low levels of mental wellbeing, compared with only six per cent of those without such a condition.

1.13 How do results vary by sub-groups?

Results vary significantly between various groups of residents. For example, the patterns of behaviour vary quite considerably between age groups:

[14] As measured through the shortened Warwick and Edinburgh Mental Wellbeing Scale (SWEMWBS)

- Older residents aged 65+ years are less likely to rate their health as good/very good, are more likely to have a health condition or disability that limits daily activities a little/a lot and are less physically active than most. However, they have consistently higher levels of mental wellbeing, and have a better quality of diet both in terms of the way they view their own diet, and in eating the recommended healthy amounts of fruit and vegetables. They are also less likely to exhibit unhealthy behaviours such as smoking and risky drinking.
- Those of middle age (aged 45-64 years) are more negative across a wide range of measures. They are more likely to report having bad/very bad health, and their mental wellbeing and satisfaction with life is consistently lower than for other age groups. This is also reflected in their behaviours as these age groups are more likely to exhibit unhealthy behaviours, such as smoking and heavy drinking. However, it may also reflect pressures in their personal lives; for example, those aged 55-64 years are more likely than residents overall to be unpaid carers.
- As might be expected, younger residents aged 16-34 years have the best quality of health and are the most physically active. They are also more likely than residents overall to have had several sexual partners or to have used drugs or 'legal highs' in the last 12 months.

Healthy behaviour also varies strongly by **socio-economic status**, with housing tenure, qualifications and deprivation (used here as proxy measures of socio-economic status) being particular defining factors. For example, council/social housing tenants and those in the most deprived neighbourhoods in Portsmouth are more likely to self-define their health as bad/very bad and to exhibit a greater range of unhealthy behaviours. They also have lower levels of mental wellbeing and life satisfaction.

Those residents who are **veterans** of the Armed Forces or Reserve Armed Forces have a similar pattern of behaviour to older residents aged 65+ years, which reflects the overlap between the two groups. For example, veterans are less likely than residents overall to rate their health as good/very good (62% compared with 72%), as are residents aged 65+ years (59%). However, veterans' levels of mental wellbeing and satisfaction with life are in line with the average for residents across Portsmouth, and in line with the average for all residents aged 65+ years. Also, it is notable that veterans have a higher mean satisfaction score when it comes to their finances (7.29 compared with 6.54 for residents overall).

Results vary to some extent by gender, with men more likely than women to see themselves as fit/very fit (37% compared with 23%) and to be physically active (28% do more than 75 minutes of vigorous activity a week, compared with 14% of women). On the other hand, men are more unhealthy in several respects, as more of them are overweight or obese (57% compared with 47% of women) and are high-risk drinkers (20% compared with six per cent

of women). Men are also more likely than women to have taken drugs in the last 12 months (10% compared with four per cent).

There is generally little variation between the different localities of Portsmouth (see map of localities at Appendix 2). However, residents in Central Portsmouth are more likely to exhibit all four unhealthy behaviours (10% compared with five per cent across the city as a whole). Those in South Portsmouth are more positive in several respects; compared with those in the other parts of the city, they are more likely to regard themselves as fit/very fit (35% compared with 25%) and to rate their diet as healthy (72% compared with 60%). However, they are also more likely to have taken drugs in the last 12 months (10% compared with seven per cent of all residents) and to have close friends who take drugs (21% compared with 15% overall).

Main report

2 Overview of approach

2.1 Introduction

1,075

residents aged 16 years and over took part in the 2015 survey

This report summarises key findings from a postal self-completion survey of 1,075 Portsmouth residents conducted by independent researchers Ipsos MORI on behalf of Portsmouth Health and Wellbeing Board (PHWB), which brings together representatives of various organisations including Portsmouth City Council and NHS Portsmouth Clinical Commissioning Group. The research aimed to gather information on the health and wellbeing of Portsmouth residents aged 16 years and over across a wide range of measures: their physical and mental wellbeing; their diet and eating habits; the prevalence of drinking, smoking and drug use; sexual health; and, community involvement.

The survey follows three previous lifestyle surveys conducted in 1993, 1999 and 2005. The 2015 findings provide an up-to-date picture of healthy lifestyles across the Portsmouth population, as well as a more detailed understanding of how lifestyles differ across different community groups and across different localities in the city.

Specifically, the findings are intended to form a key component of Portsmouth's Joint Strategic Needs Assessment which aims to inform planning across the city to ensure service interventions can be targeted accordingly. It also provides a reliable baseline measure from which to track and monitor changes in lifestyle and health status across areas and over time.

More specifically, the 2015 survey looked at:

- **General quality of health**, as well as the incidence of health conditions and the use of local health services.
- Residents' **mental wellbeing**, based on a series of questions about their state of mind over the preceding two weeks, as well as questions about attitudes to various aspects of life.
- The amount and types of **physical activity** that residents undertake in the average week, barriers to doing more exercise, and the types of activity they do.
- Residents' perception of the quality of their own **diet,** the extent to which they have a healthy diet, and barriers that may prevent them from eating more healthily.
- Levels of **alcohol consumption**, how much and how frequently residents drink, and incidence of problems caused by drinking alcohol.

- Prevalence of smoking, residents' **smoking habits,** and awareness and appetite for using local Stop Smoking Support services.
- Prevalence of **drug taking**, the types of drugs taken and the effect of drug taking on levels of self-control.
- **Sexual health**, including the number of recent sexual partners residents have had and their use of contraception.
- Involvement in the **local community**, and local voluntary work, along with individuals' caring responsibilities.
- **Feeling informed** about keeping healthy and attitudes towards the quality of local healthcare information.

A number of **demographic questions** were also asked so as to understand the views and behaviours of different community groups.

2.2 Methodology

The methodology comprised a postal self-completion survey of 1,075 residents aged 16+ years, with a parallel online option. This was similar to the methodology taken in previous surveys.

Ipsos MORI drew a random sample of 5,000 Portsmouth addresses from the Royal Mail Postal Address File (PAF). The PAF is used by Royal Mail and is updated every three months, giving access to a comprehensive and up-to-date list of addresses from which to sample. A disproportionately higher number of households were sampled in Portsmouth's more deprived Lower Super Output Areas (LSOAs) and those with a higher Black, Asian and Minority Ethnic (BAME) population[15]; this was a form of stratification which was undertaken in anticipation that response rates in deprived areas and among ethnic minorities would be disproportionately lower than average.

A 16-page questionnaire was sent out to each address in the sample. The covering letter asked for the questionnaire to be completed by anyone living at the address aged 16+ years. A reminder mailing was sent out to all non-responders mid-way through the fieldwork period. A unique online link was provided on the paper questionnaire so those participants who wished to do so could complete the survey online. The questionnaire is at Appendix 3.

Fieldwork ran from 25 September until 6 November 2015. The overall response rate was 22%. This consisted of 1,044 responses via the paper questionnaire and 31 responses via the online questionnaire.

[15] Lower Super Output Areas are small geographical areas used for the analysis of Census data and were brought in after the 2001 Census. There are 125 LSOAs in the Portsmouth local authority area.

Data are weighted back to the known population profile of Portsmouth to counteract non-response bias. Data are weighted by age within gender, work status, and then by the distribution of the Portsmouth population according to LSOA. The weighting profile was based on the latest available population statistics (2014 Population Mid-Year Estimates for age and gender, and 2011 Census for work status).

All data was obtained, processed, analysed and stored confidentially by Ipsos MORI.

2.3 Analysis models used

To give further insight into the findings for physical and mental wellbeing, this report uses several analytical models that group residents' responses into broader categories.

2.3.1 Unhealthy behaviours

Four unhealthy behaviours have been identified from questions in the survey, and results are analysed according to the number of these behaviours that residents show. These four behaviours are:

- Current tobacco smoking.
- Drinking to a risky level (score of 5+ on the Audit C scale - see section 2.3.2).
- Doing less than the recommended weekly level of physical activity (fewer than 150 minutes of moderate physical activity a week or fewer than 75 minutes of vigorous activity).
- Eating fewer than five portions of fruit and vegetables a day.

Participants who either said 'don't know' or who gave no response to these questions in the survey were excluded from the analytical model.

2.3.2 Audit C Tool

AUDIT (Alcohol Use Disorders Identification Test) is a set of ten questions devised by the World Health Organisation and used internationally as a way to measure alcohol consumption. The Audit-C Tool is a subset of three of the questions that identify 'risky' levels of drinking. This analysis method assigns all participants a score of 0 to12 based on their responses to the three Audit-C Tool questions.

- How often do you have a drink containing alcohol?
- How many units of alcohol do you have on a typical day when drinking?

- How often have you had eight or more units (if male)/ six or more units (if female) on a single occasion in the last year?

For this particular analysis, the scores from Audit C were used to group participants into three bands: 'low risk' respondents have a score of 0-4 and are classed as either non-drinkers or residents who drink moderately; 'increasing risk' respondents have a score of 5-8 and are classed as drinking beyond safe levels although they are thought only to need advice to help them; and, 'high risk' respondents who have a score of 9-12 and are classed as needing not only advice but possible referral to a specialist service. The 'risk' refers to the risk of developing an alcohol use disorder.

Participants who either said 'don't know' or who gave no answer to any of the three Audit C questions were excluded from the analytical model.

2.3.3 Shortened WEMWBS series

The survey has used a shortened form of the Warwick-Edinburgh Mental Well-being Scale (WEMWBS)[16], which uses responses to a series of questions about people's recent state of mind to form a measure of mental wellbeing. The Warwick-Edinburgh Mental Well-being Scale was funded by the Scottish Executive National Programme for improving mental health and wellbeing, commissioned by NHS Health Scotland, developed by the University of Warwick and the University of Edinburgh, and is jointly owned by NHS Health Scotland, the University of Warwick and the University of Edinburgh.

Instead of the full list of 14 questions, this survey uses a recognised shorter form of seven questions. In this survey, residents were asked how often they have been:

- feeling optimistic about the future
- feeling useful
- feeling relaxed
- dealing with problems well
- thinking clearly
- feeling close to other people, and
- able to make up their own mind about things.

Using the value assigned to each five-point answer scale, participants who gave an answer to each of these seven questions were assigned a score of

[16] The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) is a scale of 14 positively worded statements, and participants are asked on a five-point scale how often they have felt or done these things in the preceding few weeks. The data can be used to show a population´s mental wellbeing. Warwick and Edinburgh Universities were commissioned to develop this tool in 2006.

between 7 (the lowest level of mental wellbeing) and 35 (the highest). Those who did not answer all of the questions were excluded from the analysis.

Purely for the purposes of this survey, a score of 7-19 has been selected to describe individuals with a 'low' level of mental wellbeing, a score of between 20 and 30 a 'medium' level, and a score of between 31 and 35 a 'high' level[17].

2.3.4 Socio-economic status

Throughout this report, reference is made to results by socio-economic status. Socio-economic status could not be calculated for each respondent, so a series of proxy measures were used instead: respondents' housing tenure, level of qualification and the level of deprivation of the neighbourhoods in which they lived.

To provide this analysis by neighbourhood deprivation, all 1,075 **participants** were ranked according to the deprivation score for the LSOA in which their address was situated. The term 'deprivation' used in this report is equivalent to the latest Index of Multiple Deprivation (IMD) rank of the score from the English Indices of deprivation[18], released in September 2015. Once participants had been ranked by the level of deprivation, they were then grouped into five groups, or quintiles, with roughly equal numbers of residents in each one. These ranged from the most deprived quintile of residents to the least deprived quintile.

Another way to have performed the deprivation analysis would have been to rank all of Portsmouth's **LSOAs** (not participants) by their level of deprivation, divide the LSOAs into quintiles and then assign each participant to a quintile according to where they live. The problem with this is that response rates are much lower in deprived areas. As such, the most deprived quintile of LSOAs would have had very few respondents, and the least deprived quintile of LSOAs would have had a great many. In contrast, the method of ranking and dividing respondents (not LSOAs) into quintiles ensures that each quintile has about 200 respondents and results are comparable.

2.4 Comparator data

At various points in the report, reference is made to comparator data from other sources, in order to provide context to Portsmouth's own results. These include:

- **Active People Survey 2013-2014** - this is a survey conducted on behalf of Sport England with a large number of residents in England

[17] The choice of ranges is an arbitrary selection agreed with Portsmouth City Council based on previous research undertaken by Ipsos MORI.
[18] English indices of deprivation 2015, Department for Communities and Local Government

surveyed by telephone each month (500 in each local authority area each year). While the survey collects information on sports participation, it also collects public health information (including, height, weight, and consumption of fruit and vegetables). The survey methodology has shifted to an online, self-completion method in 2015.

- Community Life Survey 2014-15 - the Community Life Survey is held annually to track trends and developments in areas that encourage social action and empower communities. The Cabinet Office commissioned the first Community Life Survey in 2012 to look at the latest trends in areas such as volunteering, charitable giving, local action and networks and well-being. The survey uses a random probability method and is conducted face-to-face with a nationally representative sample of adults aged 16 years and over in England. A total of 2,022 adults were surveyed across England between 2014 and 2015. The Community Life Survey incorporates key measures and replicates the main methodology from the Citizenship Survey (run by the Department for Communities and Local Government between 2001 and 2010-11). The survey year for 2014-15 covers data from July 2014 to April 2015.

- Health Survey for England 2013 - this is a major monitoring tool looking at the nation's health. It is used by the Government to plan health services and make important policy decisions. It covers health, social care, and lifestyles and is an annual survey carried out since 1991. The survey also adopts a random probability survey, which is interviewer administered. The latest available data is for 2013, with 8,795 adults interviewed nationally this year (2,185 children were also interviewed).

- Public Health Profiles - these are produced by Public Health England and provide a snapshot of health and wellbeing across each local authority in England. They draw on several data sources (e.g. the indices of deprivation, national statistics, and neighbourhood statistics), and while the sources are from differing years, all are recent. The profiles contain data on a range of indicators for local populations such as adult smoking rates, levels of child and adult obesity, hospital stays and early mortality. Public Health Profiles have been published annually since 2007.

- Public Health Outcomes Framework for England - Public Health England collates and publishes a wide range of indicators on the Public Health Outcomes Framework. The framework focuses on increased healthy life expectancy and reduced differences in life expectancy and healthy life expectancy between communities. There are four domains: (1) improving the wider determinants of health; (2)

health improvement; (3) health protection; and, (4) healthcare, public health and preventing premature mortality.

Comparator data is provided on an indicative basis given that results are not strictly comparable to the 2015 Portsmouth Health and Lifestyle Survey. This is because of differing methodologies including different time periods, question phrasing, survey methodology and sampling approach.

The report has also deliberately avoided comparing the 2015 data with previous waves of the Portsmouth Health and Lifestyle surveys due to the significant period of time elapsed since previous surveys were conducted, and the inevitable change in population profile, making like-for-like comparisons less reliable.

2.5 Technical note

Where figures in this report do not add up to 100%, this is the result of computer rounding or multiple responses. An asterisk (*) indicates a score less than 0.5%, but greater than zero. Unless otherwise indicated, results are based on all participants who gave an answer (all valid responses). Thus, base sizes may be different for some questions, and not all base sizes will consist of all 1,075 participants. Please treat answers with a base size of less than 100 with caution.

It is important to note that the results presented here are based on participants' answers to the questions. We cannot control for any under- or over-reporting of behaviours as they relate to people's health, since we are relying on participants to give an honest appraisal.

Results are subject to statistical tolerances. Not all differences between the overall Portsmouth results and those for individual sub-groups will be significant. The descriptive sections of this report aim to highlight where findings between different sub-groups of residents are statistically significant. A guide to statistical reliability is provided in Appendix 1.

Throughout this report, reference is also made to localities of the city as categorised by the council. These are: North, Central and South. Further details about these localities can be found in Appendix 2. A full copy of the questionnaire can be found in Appendix 3.

2.6 Acknowledgements

Ipsos MORI would like to thank the 1,075 Portsmouth residents who gave up their time to take part in the survey. We would also like to thank Joanna Kerr and James Hawkins, Public Health Directorate, Portsmouth City Council for their assistance in terms of the survey and questionnaire design.

2.7 Publication of data

This research has been conducted in accordance with the ISO 20252 market research standard that Ipsos MORI is accredited to. As Portsmouth City Council has engaged Ipsos MORI to undertake an objective programme of research, it is important to protect the organisation's interests by ensuring that it is accurately reflected in any press release or publication of the findings. As part of our standard terms and conditions, the publication of the findings of this report is, therefore, subject to the advance approval of Ipsos MORI. Such approval will only be refused on the grounds of inaccuracy or misrepresentation.

3 Overall health and wellbeing

72%

of residents rate their overall health as 'good'/'very good' compared with just eight per cent who rate it as 'bad'/'very bad'

3.1 Clustering of unhealthy behaviours

When looking at the combination of four key unhealthy behaviours identified by the PHWB (tobacco smoking, drinking to a risky level[19], not doing the recommended amount of moderate or vigorous physical activity[20], and not having the recommended five portions of fruit and vegetables a day) only one in ten (10%) Portsmouth residents exhibit *none* of these behaviours. Most exhibit at least two of them (57%), and one in six (18%) show either three or four. The mean number of unhealthy behaviours residents have is 2.17 (out of four).

More deprived socio-economic groups are distinctly more likely to have unhealthy lifestyles; the proportion who exhibit all four unhealthy behaviours is higher among council/social housing tenants and those in the most deprived quintile of neighbourhoods (15% and 13% respectively, compared with five per cent of residents overall). The figure is also higher in Central Portsmouth (10% compared with five per cent overall), which may well reflect the greater concentration of council/social housing tenants in this part of the city[21].

Men exhibit more unhealthy behaviours (eight per cent exhibit all four, compared with three per cent of women). So do residents aged 35-64 years (23% exhibit three or more, compared with 18% overall).

Those with medical problems are also more likely to show unhealthy behaviours; the proportion who exhibit all four is greater among those with a limiting disability or health condition (13% compared with only two per cent of those without any limiting disabilities or conditions).

3.2 Self-reported health

3.2.1 Overall quality of health

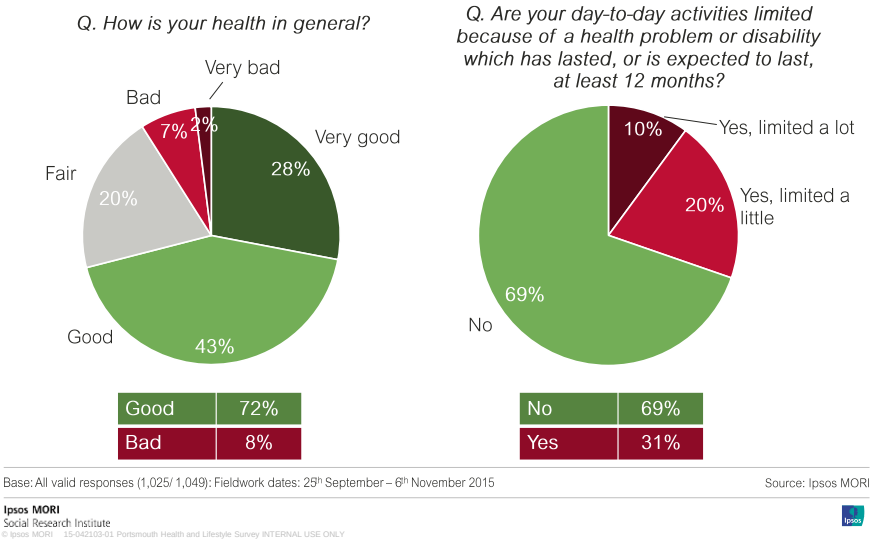
Most residents (72%) rate their health as good/very good (see Figure 3.1), compared with only a small number (just eight per cent) who rate their health as bad/very bad. The proportion of residents who rate their health positively is only slightly below the latest national average of 76%, as taken from the 2013 Health Survey for England, although this comparison should

[19] A score of 5+ on the Audit C scale - see section 2.3.2.
[20] Either doing less than 150 minutes of moderate physical activity a week or its equivalent in vigorous activity.
[21] 26% of respondents in Central Portsmouth are council/social housing tenants, compared with 16 per cent of all respondents to the survey.

be treated only as indicative because of the differing methodologies used between the surveys[22].

Three in ten residents (31%) report having a disability or health condition that limits their daily activities in some way; one in ten (10%) have one that limits them a lot (see Figure 3.1). The local proportion with a long-term condition limiting activities in some way is greater than the average for England as whole (20%), although caution must be exercised because of differences of question wording and survey methodology[23].

Figure 3.1 – Self-assessed health and limiting disabilities



As might be expected, age plays a big factor in how residents perceive their health, with older residents aged 65+ years less likely to report good/very good health (59% compared with 81% of younger residents aged 16-34 years). However, as Figure 3.2 shows, it is those in middle age who have the worst health - just seven per cent of those aged 65+ years actually say their health is bad/very bad, whereas amongst those aged 45-54 years and 55-64 years it is 14% and 13% respectively. This is not an isolated finding – more negative findings can be seen for middle aged residents when it comes to a range of health factors, including mental wellbeing, satisfaction with life and unhealthy behaviour.

Bad/very bad health is also more likely to be an issue for residents with a limiting disability or condition (26% compared with less than one per cent of residents without a limiting disability or condition). More deprived socio-economic groups also report poorer health, for example, council/social housing tenants (23% report their health as bad/very bad compared with

31%

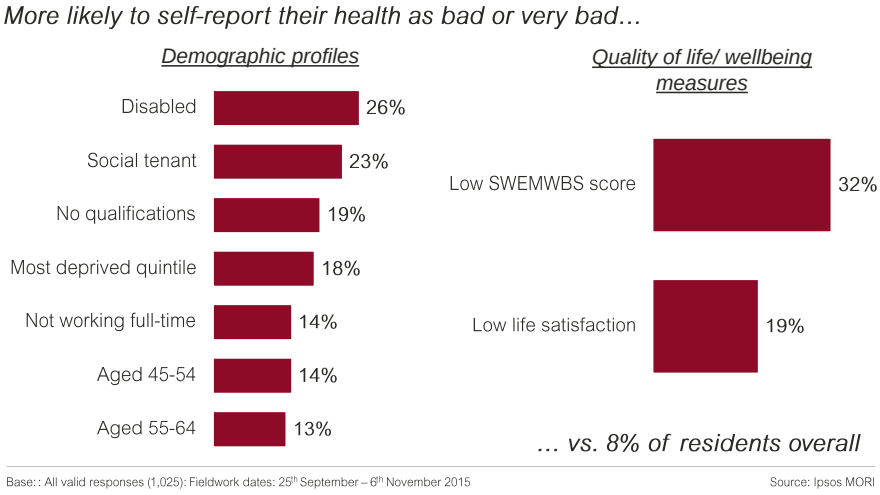
report having a health condition or disability that limits their day-to-day activities a little or a lot

[22] The Health Survey for England uses a random probability face-to-face method so is not strictly comparable to the Portsmouth survey which used a self-completion method.
[23] 20 per cent of adults in England had a limiting long-term condition in 2013, and 36 per cent had a long-term condition, whether limiting or not (Opinions and Lifestyle Survey, a random probability omnibus survey for the Office of National Statistics, 2013).

eight per cent of residents overall), and those living in the most deprived quintile of neighbourhoods (18% compared with only four per cent in the least deprived quintile).

There is also a marked correlation between overall self-assessed health status and mental wellbeing. Residents with a low SWEMWBS[24] mental wellbeing score are more likely to report bad/very bad health (32% compared with five per cent of those who have a higher score). Bad/very bad health is also reported more often by those with a low score for life satisfaction (19% compared with only one per cent of those with a high score for life satisfaction)[25].

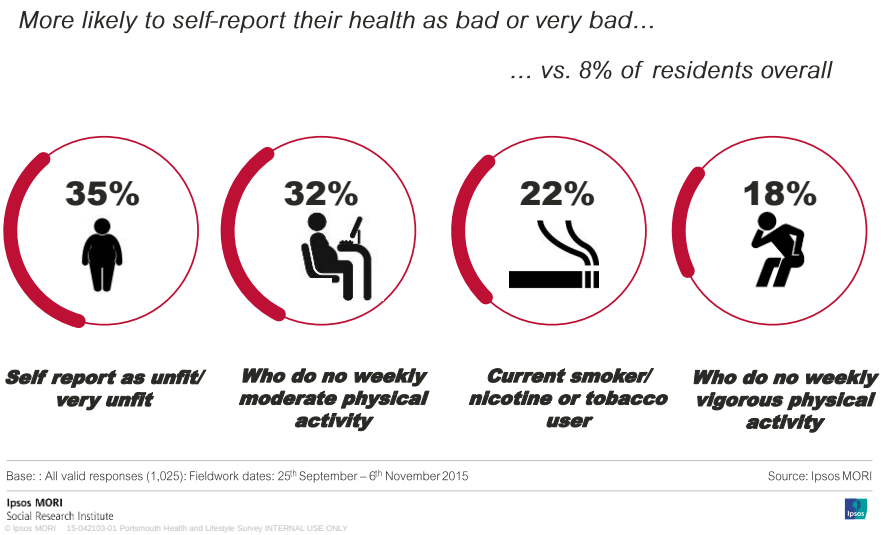
Figure 3.2 – Variations in quality of health



Self-reported health and healthy behaviours are also clearly linked – those who report unhealthy behaviours such as smoking or lack of exercise, and who see themselves as unfit, are far more likely to report their general health as bad/very bad compared with the wider population, as Figure 3.3 shows.

[24] This is a shortened form of the Warwick-Edinburgh Mental Well-being Scale, which uses responses to a series of questions about people's recent state of mind to form a measure of mental wellbeing.
[25] A low score for satisfaction with life is taken as one between 0 and 6 on a scale from 0 (lowest satisfaction) to 10 (highest). High satisfaction is taken to be a score of either 9 or 10.

Figure 3.3 – Variations in quality of health by lifestyle

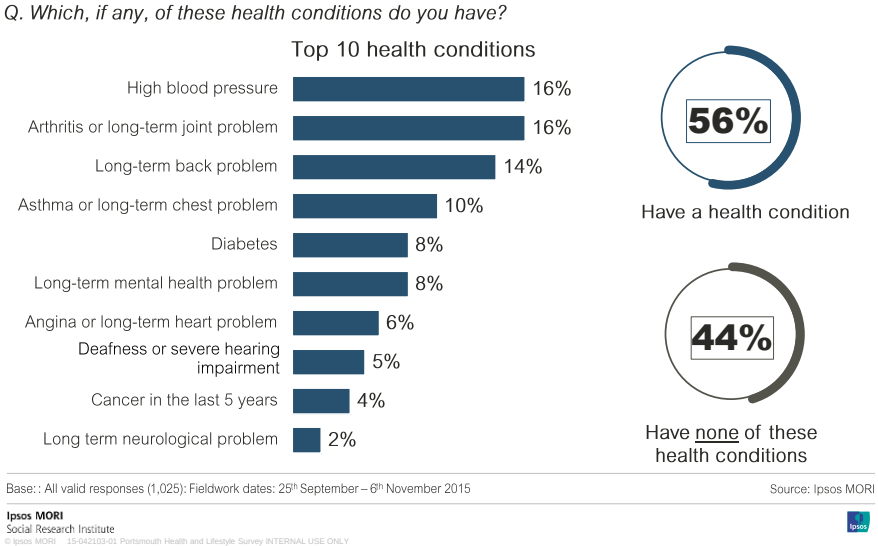


3.2.2 Prevalence of health conditions

Over half of residents say they have a health condition of some kind (56%) and one in eight (13%) have a combination of at least three different types of condition. This is in the context of increasing multi-morbidity across the UK population, with the numbers who have three or more conditions expected to increase from 1.9 million in 2008 to 2.9 million by 2018[26].

As Figure 3.4 shows, the most common single conditions among residents are high-blood pressure (16%) and arthritis or long-term joint problems (16%), followed by long-term back problems (14%).

Figure 3.4 – Prevalence of health conditions



56%

report having at least one health condition

[26] Long Term Conditions Compendium of Information, Department of Health 2012: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216528/dh_134486.pdf

The clearest trend is for prevalence of conditions to increase with age; the proportion with at least one condition rises from 30% of those aged 16-34 years to 83% of those aged 65+ years. As with general levels of health, prevalence also varies by housing tenure, with council/social housing tenants more likely to have at least one health condition (73% compared with 55% of housing owner-occupiers and 43% of private-sector tenants).

The results suggest that lifestyle factors and behaviour are closely linked to having a health condition. For instance, overweight and obese residents are more likely to have a high co-morbidity of three or more health conditions (18% compared with seven per cent of those with a healthy weight). So too are those who smoke (20% compared with eight per cent of non-smokers). Also, the proportion of residents with at least one health condition is greater among those who do not currently exercise enough (63% compared with 45% of those who do exercise enough) and those with an unhealthy diet (68% of residents who do not believe they have a healthy diet compared with 49% who do).

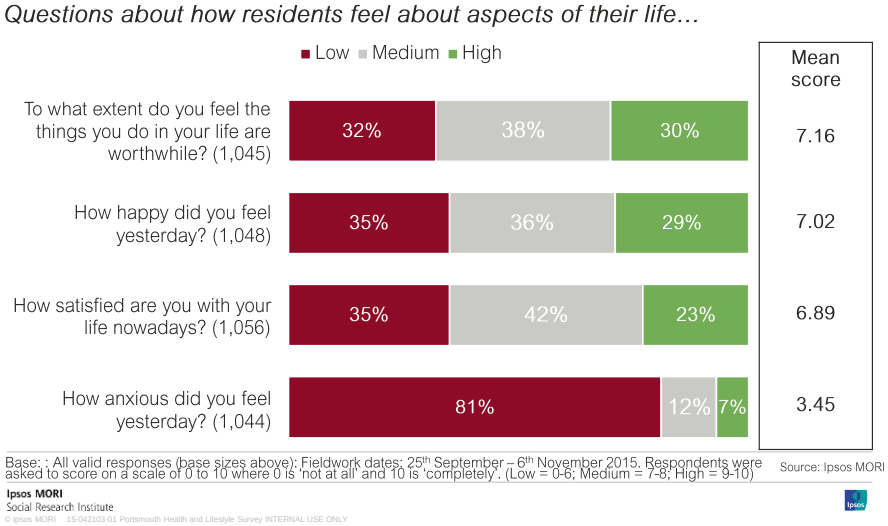
35%

of residents have low levels of satisfaction when it comes to their life overall

3.3 Life satisfaction

When asked about specific aspects of life satisfaction, residents are likely to feel the least negative about their level of anxiety [27] - as Figure 3.5 illustrates, residents who report high levels of anxiety are in a small minority (just seven per cent). However, around a third of residents report negative wellbeing when it comes to feeling that the things they do in life are worthwhile (32%), that they feel happy (35%), and that they are satisfied with their life nowadays (35%).

Figure 3.5 – Sentiments about aspects of life

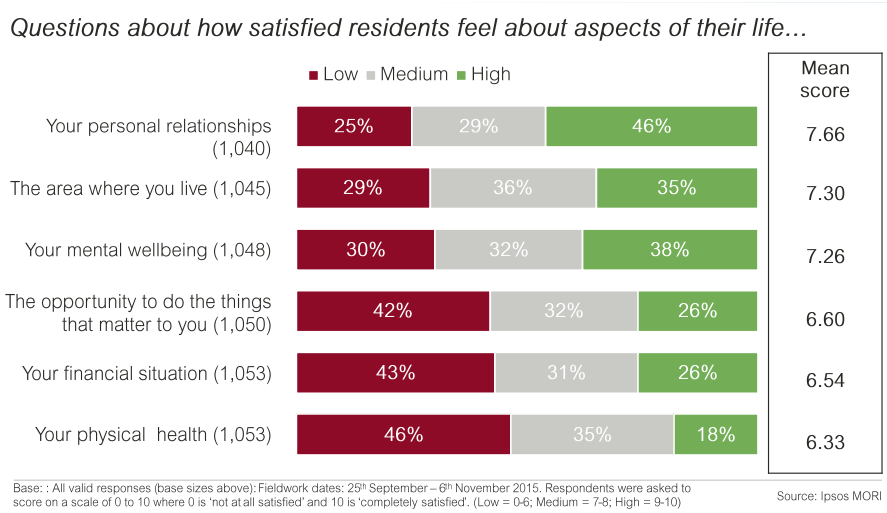


[27] Participants were asked to score each of the questions in Figure 3.5 on a scale of 1 to 10 where 0 is 'not at all' and 10 is 'completely'. A mean score is also shown, which represents the average score given across participants answering each question.

As shown in Figure 3.6, when asked about satisfaction with specific aspects of their day-to-day lives[28], residents are most likely to feel negative about their physical health (where 46% report low levels of satisfaction, compared with 18% who report high levels, with a mean score of 6.33), followed closely by their financial situation and the opportunity to do the things that matter to them (43% and 42% respectively exhibiting low levels of satisfaction).

Conversely, residents are most positive about their personal relationships (where 46% report high levels of satisfaction, compared with 25% who report low levels, and which has the highest mean score of 7.66). Positive feelings about the local area and their own mental wellbeing also outstrip negative sentiment.

Figure 3.6 – Satisfaction with various aspects of life



Across the range of questions about aspects of life, a number of trends emerge when looking at sub-group analysis:

- **Age:** Despite the fact that older residents (aged 65+ years) are less likely to report being in good/very good health, and are more likely to have a health condition, it is those aged 35-64 years who consistently rate aspects of their life less positively. For example, the mean score for "satisfaction with life nowadays" is lower among those aged 35-64 years (6.59) than those aged 65+ years (7.21). So too is the score for satisfaction with personal relationships (7.40 for those aged 35-64 years compared with 8.09 for those aged 65+ years). These lower ratings might be partly explained by those aged 35-64 years being more likely than those aged 65+ years to show unhealthy behaviours (for example in relation to smoking and drinking), and to report

[28] Participants were asked to score each of the questions in Figure 3.6 on a scale of 1 to 10 where 0 is 'not at all satisfied' and 10 is 'completely satisfied'. A mean score is also shown, which represents the average score given across participants answering each question.

bad/very bad health - factors which are correlated with lower mental wellbeing.

- Socio-economic status: As with their general health, residents from more deprived backgrounds generally rate life satisfaction less well. For instance, the mean score for levels of happiness is lower among council/social housing tenants (6.03 compared with 7.02 overall), as it is for those in the most deprived quintile of neighbourhoods (6.45 compared with 7.23 in the least deprived quintile).

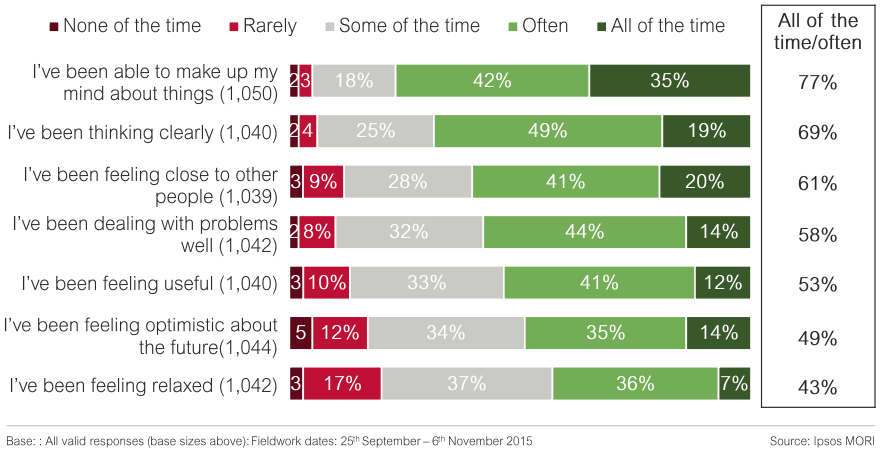
- Health and lifestyle factors: Residents' quality of health and their lifestyles also play a big factor, with the mean satisfaction score for mental wellbeing a good deal lower among those with a limiting disability or health condition (6.14) compared with those with no disabilities or health conditions (7.74). It is similarly lower among those who undertake no moderate physical activity in a typical week (6.04 compared with 7.51 for those who do more than 150 minutes) and those with an unhealthy diet (6.35 for those who disagree they have a healthy diet compared with 7.57 who agree they do).

3.4 Mental wellbeing

When asked about their recent mental wellbeing[29], residents most frequently say they have had clarity of mind (measured in terms of often or always being able to make up their mind) (77%) and thinking clearly (69%). As Figure 3.7 shows, the majority of residents also say they have often or always felt close to other people (61%) and able to deal with problems (58%). On other hand, just under half have often or always felt optimistic about the future (49%) or relaxed (43%).

Figure 3.7 – Recent mental wellbeing (SWEMWBS)

Q. Below are some statements about feelings, thoughts and general wellbeing. For each statement, please tick the box that best describes your experience over the last two weeks.



Base: : All valid responses (base sizes above): Fieldwork dates: 25th September – 6th November 2015 Source: Ipsos MORI

[29] The questions are taken from the shortened version of the Warwick and Edinburgh Mental Wellbeing Scale (SWEMWBS)

The aggregated responses to these mental wellbeing questions are used to produce a score for each participant on a scale between 7 (the lowest level of mental wellbeing) and 35 (the highest). The mean score across all residents is 25.3, but this varies widely across various groups of residents. Mental wellbeing is lower among the following:

- **Those in middle age:** Those aged 35-64 years (mean score of 24.8) are more likely to have lower levels of mental wellbeing compared with older residents aged 65+ years (26.0).
- **Those from more deprived socio-economic backgrounds:** Specifically, council/social housing tenants (23.2 - compared with 25.9 for housing owner-occupiers and 25.3 for private sector tenants) and those in the most deprived quintile of neighbourhoods (23.7 compared with 26.0 in the least deprived).
- **Residents with a limiting disability or health condition:** 22.8 compared with 26.3 for those without any conditions.
- **Residents exhibiting less healthy lifestyles:** Especially smokers (23.9 compared with 25.6 of those who have never smoked) and those who do no moderate physical activity in the typical week (22.9 compared with 25.6 for those who do more than 150 minutes of it a week).

3.5 Contact with other people

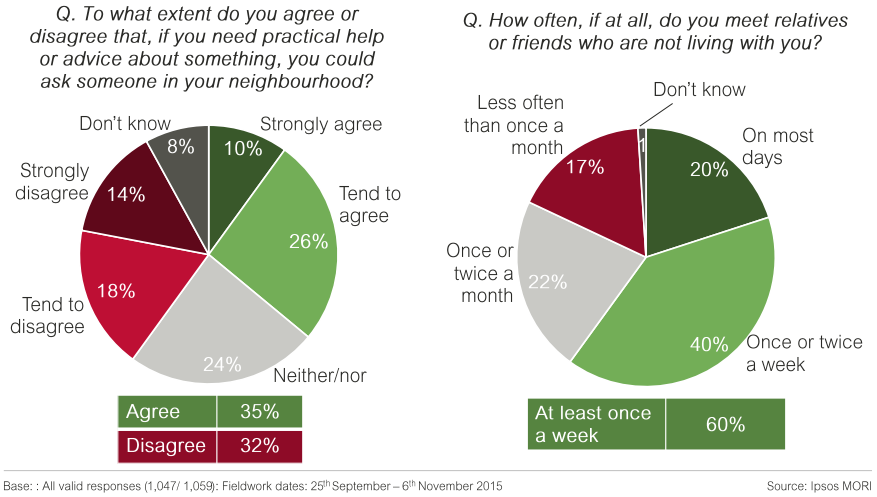
Portsmouth residents are evenly split as to whether they could ask someone in their neighbourhood for practical help or advice – as Figure 3.8 shows, one in three (35%) agree they could do so, but almost as many (32%) disagree.

Most residents are sociable though, with three in five (60%) saying that, at least once a week, they see friends and relatives who do not live with them. However, about one in six (17%) say they barely mix with people they do not live with (less often than once a month).

35%

of residents agree they could go to someone in their neighbourhood for help if they needed to – but a similar proportion disagree

Figure 3.8 – Seeking help and advice from neighbours, and contact with relatives and friends



Base: : All valid responses (1,047/ 1,059): Fieldwork dates: 25th September – 6th November 2015 Source: Ipsos MORI

Generally, it is those renting private sector housing and younger residents who have weaker social connections to the area. Private sector renters are more likely to *disagree* that they could ask for advice or help from neighbours (44% compared with 32% of residents overall) and fewer of them see friends or relatives at least once a week (48% compared with 60% overall). Meanwhile, younger residents aged 16-34 years are less likely to *agree* they could ask for advice or help locally (24% compared with 35% of residents overall). There is considerable overlap between these two groups[30], which suggests private sector renters in Portsmouth, especially younger ones, are a group with weaker ties to the local community.

A lack of connection to the local community is an important factor when it comes to feelings of wellbeing, and this is borne out in the data: feeling able to ask neighbours for help and advice is connected with a more positive state of mind. For example, those who agree they can ask for help have a higher mean score for satisfaction with life (7.38 compared with 6.89 for residents overall) and a higher mean score for mental wellbeing (26.4 compared with 25.3 overall).

[30] Forty-five per cent of participants aged 16-34 years are private renters, compared with 23 per cent overall.

4 Physical activity

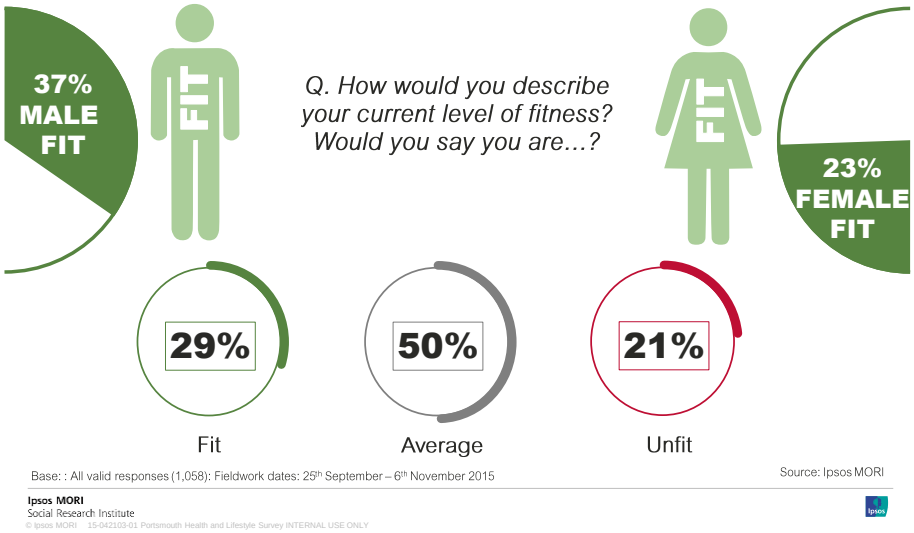
29%

of residents class themselves as fit/very fit vs. 21% who are unfit/very unfit

4.1 Fitness and exercise: perceptions

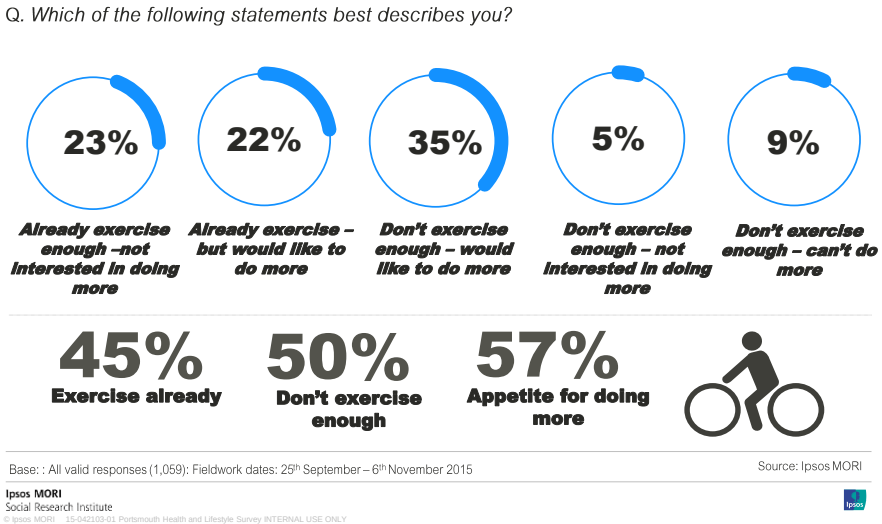
Residents are evenly split when asked about their level of fitness. As Figure 4.1 illustrates, three in ten (29%) believe they are fit/very fit, compared with one in five (21%) who see themselves as unfit/very unfit. Half (50%) perceive their level of fitness to be about average.

Figure 4.1 – Self-assessed levels of fitness



Residents are also evenly divided on the amount of exercise they do, as seen in Figure 4.2. Almost half (45%) perceive that they currently exercise enough already, while half (50%) accept they do not exercise enough.

Figure 4.2 – Perceptions of the amount of exercise currently done



When it comes to doing more exercise, the PHWB can perhaps be encouraged that there is appetite amongst a majority (57%) to do more exercise than they currently manage, leaving just one in seven residents (15%) who are not interested in doing more or who cannot do more.

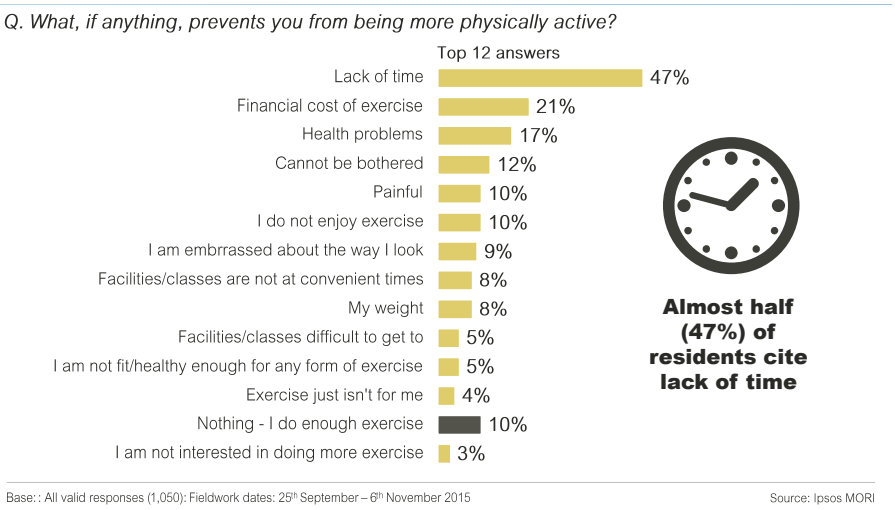
47%

Say lack of time is a key barrier to them doing more exercise

4.2 Barriers to doing more exercise

The most common single obstacle residents cite that makes it hard to do more exercise is a lack of time (47%). The financial cost of exercise is also a big factor (cited by 21%). Health problems and not being bothered enough to do more are other factors (mentioned by 17% and 12% respectively) – as shown in Figure 4.3.

Figure 4.3 – Barriers to taking further exercise



Reasons for not doing exercise vary according to a number of demographic sub-groups, with age being a key defining factor - older residents aged 65+ years are most likely to mention physical obstacles such as health problems (28% compared with 17% of residents overall) and the pain involved (14% compared with 10%), while younger residents are more likely to mention a lack of time (70% of those aged 16-34 years compared with 47% of residents overall) or simply not being bothered (24% compared with 12% overall).

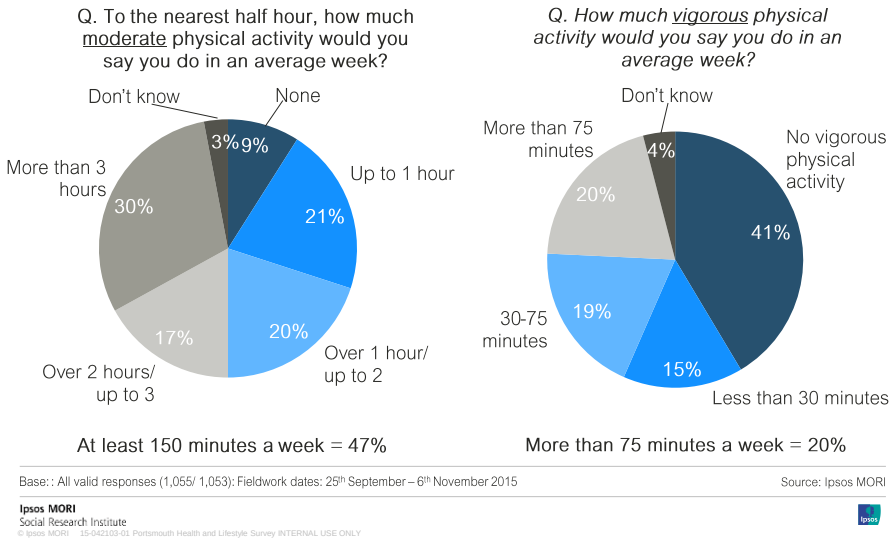
4.3 Exercise levels: actual reported

4.3.1 Amount of exercise done

Most residents are physically active during the average week, but they are more likely to undertake activity which is moderate[31] (88%) rather than vigorous[32] (55%), as shown in Figure 4.4.

[31] Defined as activity that raises the heart rate and makes respondents feel warmer.

Figure 4.4 – Amount of moderate and vigorous activity

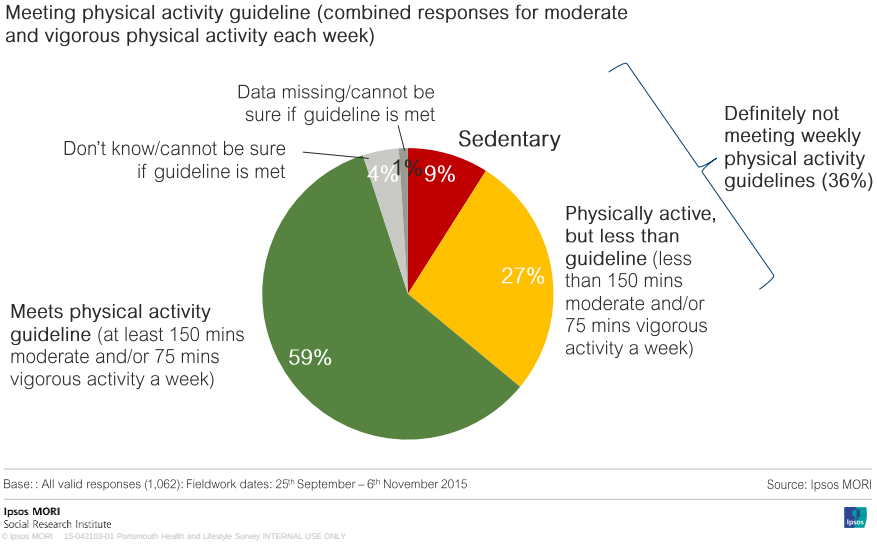


59%

undertake at least the recommended weekly amount of physical activity

The recommended weekly level of physical activity is either at least 150 minutes of moderate activity or its equivalent in vigorous activity (at least 75 minutes a week) of residents (59%) meet this recommend level of activity, which is closely in line with the findings from the national Active People's Survey for England (57%)[33] and Portsmouth (61%), noting that this is an indicative comparator only.

Figure 4.5 – Meeting the recommended level of physical activity



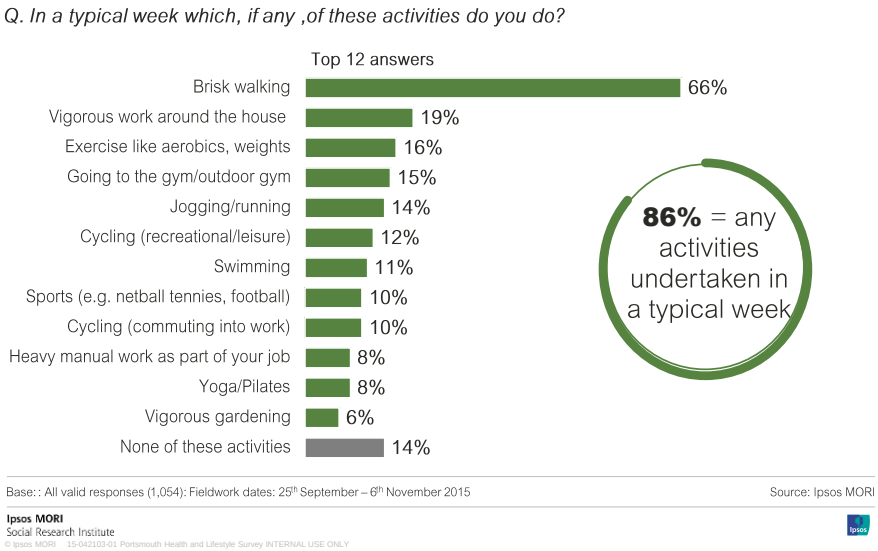
[32] Defined as activity that makes respondents breathe harder and also makes it hard to talk without pausing for breath.
[33] 57% of adults across England report undertaking the weekly minimum of 150 minutes of moderate physical activity and/or its equivalent in vigorous activity a week. The figure for Portsmouth is 61%. (Active People Survey, Sport England, 2014 reported in the Public Health Outcomes Framework, Public Health England, as at December 2015) .

Around one-third of survey respondents (36%) do less than the recommended amount of activity, although only a small proportion (nine per cent) are actually sedentary.

4.3.2 Types of physical activity done

When it comes to physical activities undertaken in a typical week, by far the most common activity is brisk walking (mentioned by 66% of residents). As shown in Figure 4.6, the next most common forms are vigorous work around the house, such as DIY (19%), exercise such as aerobics or with weights (16%), going to the gym (15%) and jogging or running (14%). The vast majority (86%) of residents do some kind of physical activity in a typical week.

Figure 4.6 – Types of physical activity currently done



4.4 Who are the fitter residents?

The groups of residents who are more favourable about their general health are also more likely to be fit and active, and to undertake the recommended levels of exercise:

- Age: The proportion who meet the weekly activity guideline is greatest among those aged 16-34 years (71% compared with 59% overall) and then falls sharply to half among those aged 35-44 years (50%). It is slightly higher among those aged 45-64 years (59%), but then falls again to its lowest level among those aged 65+ years (44%).

  Younger residents aged 25-34 years are also more likely to report being fit/very fit (40% compared with 24% of those aged 65+ years), and to say they do enough exercise (55% compared with 41% of those aged 35-64 years). The range of activities undertaken is also higher amongst younger residents (the proportion aged 16-34 years

who do one or more activities is much higher at 96% compared with 64% of those aged 65+ years).

- Socio-economic status: Council/social housing tenants are less active than residents of other types of housing tenures (19% are sedentary, compared with only seven per cent of housing owner-occupiers and 11% of privately-rented tenants). Meanwhile, housing owner-occupiers are more likely than average to report feeling fit/very fit (33% compared with 29% of residents) and to say they exercise enough (49% compared with 45%). Similarly, those in the most deprived quintile of neighbourhoods are more likely to be sedentary (17% compared with nine per cent overall). In terms of specific activities, the proportion who do one or more activities a week is lower among council/social housing tenants (69%) and those in the most deprived quintile (78%) than residents overall (86%).

- Gender: There is a big difference in fitness levels between men and women, as can be seen in Figure 4.1. Men are more likely than women to consider themselves fit/very fit (37% compared with 23%) and to say they already do enough exercise (51% compared with 40%). Men are also twice as likely as women to do more than 75 minutes of vigorous activity a week (28% compared with 14%). Women are more likely than men to have an appetite for doing more exercise (62% compared with 52% of men), reflecting their current comparatively lower physical activity levels.

Exercise has clear links to other healthy behaviours, suggesting healthy behaviours are, to an extent, self-reinforcing. For example, residents who are obese are far more likely not to exercise (65% say they do not exercise enough compared with 46% of residents with a healthy weight). Seventy-two per cent of residents who have three or more unhealthy behaviours say they do not exercise enough compared with 41% of those who exhibit only one unhealthy behaviour. Not meeting the recommended weekly level of physical activity is also more common among smokers (48% compared with 34% of non-smokers) and those who do not have the recommended five portions of fruit and vegetables a day (40% compared with 28% of those who do).

The data also suggests that self-assessed fitness levels are generally correlated to actual levels of exercise taken. For example, of those residents who self-report that they already exercise enough, the great majority (84%) are actually meeting the weekly recommended level of activity. However, there are also some residents who overestimate their level of fitness. Of those who say they are fit/very fit, one in eight (12%) are actually doing less than the recommended weekly level of activity. Of those who say they already do enough exercise, one in eight (12%) also do the recommended weekly amount.

Further to this, it is those residents who are already quite active and healthy (although not necessarily always the fittest) who have the appetite for doing *more* exercise. To illustrate, residents who already consider themselves to be in good/very good health are more likely to have an appetite for doing more exercise than those who are in bad/very bad health (64% compared with 24%). Similarly, those who already do some form of exercise have a greater appetite for doing more compared with those who are inactive (60% of those who do the minimum recommended amount of activity a week, compared with 32% of those who are sedentary). The survey also shows a correlation between exercise and mental health; those with a low SWEMWBS mental wellbeing score [34] are more likely than average to be sedentary (27% compared with nine per cent of residents overall).

[34] A SWEMWBS score of 7 - 19

5 Diet and healthy eating

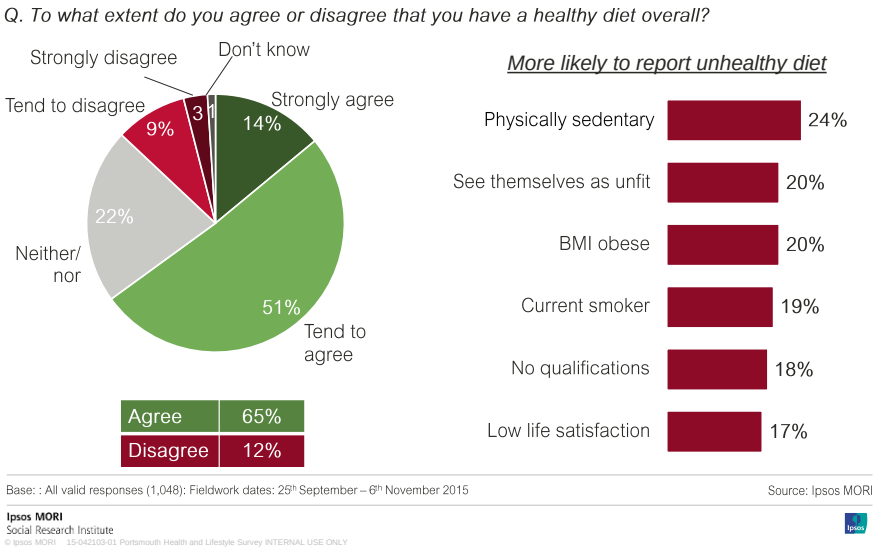
65%

Of residents perceive themselves as having a healthy diet

5.1 Healthy eating: perceptions

Portsmouth residents are far more likely to agree than disagree that they have a healthy diet overall (65% compared with 12%), although one in five (22%) have no opinion either way – as shown in Figure 5.1.

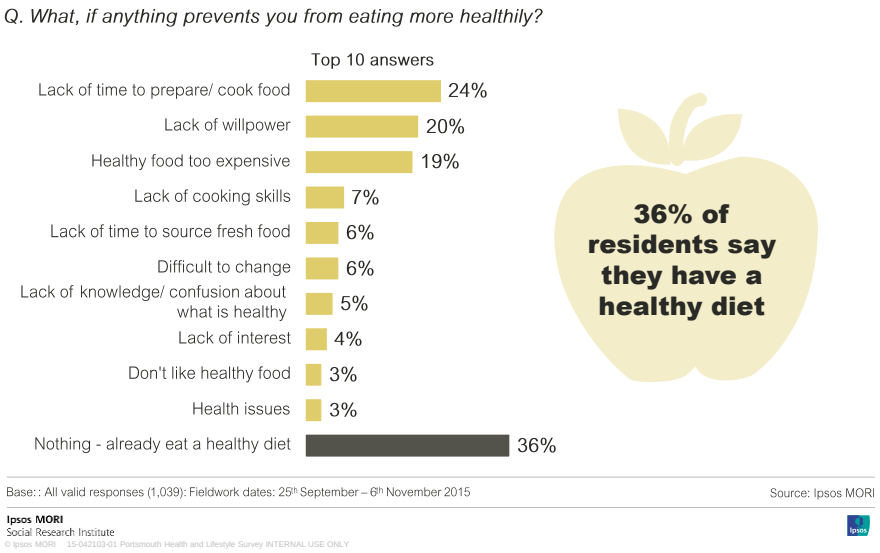
Figure 5.1 – Perceptions about the quality of diet



5.2 Barriers to healthy eating

Lack of time to prepare or cook healthy food is cited as the top reason for residents not eating more healthily (cited by 24%). (Lack of time is also the most common reason residents give for not being more physically active.) As shown in Figure 5.2, this is closely followed by a lack of willpower (20%) and the cost of healthy food (19%). However, around a third of residents (36%) do not perceive there to be any barriers - they already eat healthily enough.

Figure 5.2 – Perceived barriers to healthy eating



33%

Just one in three meet or exceed the recommended daily intake for fruit and vegetables

The types of barriers residents face differ according to the different sub-groups. For example:

- Those most likely to say a lack of time to prepare or cook healthy food is an obstacle are younger residents aged 16-34 years (40% compared with 24% of residents overall) as well as those who do not meet the recommended daily minimum of at least five portions of fruit and vegetables a day (29% compared with 17% of those who do).
- The perceived increased cost of healthy food is also mentioned more often by younger residents aged 16-34 years (27% compared with 19% of residents overall), as well as residents living in the most deprived quintile of neighbourhoods (30% compared with only nine per cent in the least deprived quintile).
- The groups who do *not* encounter any obstacles to eating more healthily are most often those who rate their diet as healthy **or** who meet the recommended minimum for fruit and vegetables consumption already (5-a-day). For example, not encountering obstacles is more common among those aged 55+ years (55% compared with 36% of residents overall), those in the least deprived quintile of neighbourhoods (50%) and among housing owner-occupiers (42%).

5.3 Healthy eating (fruit and vegetable intake): actual reported

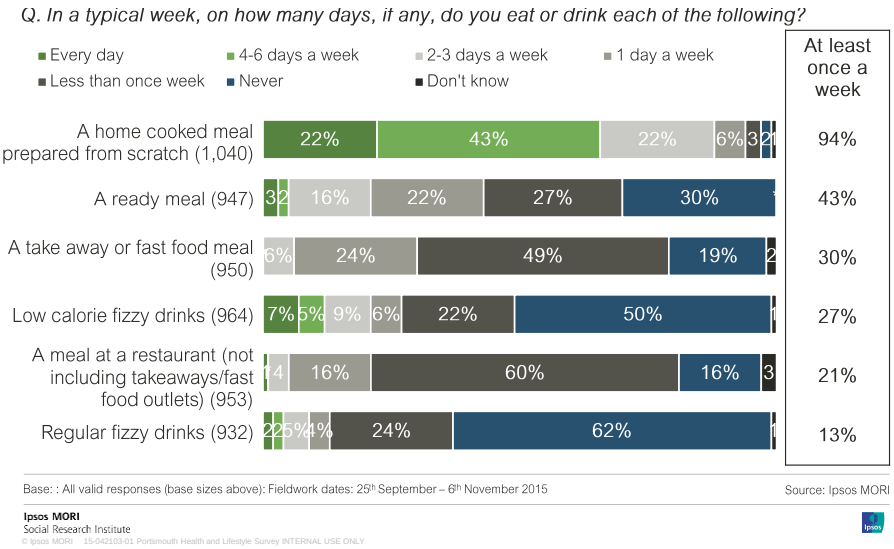
Even though most residents think positively about the diet they have, they are actually less likely to eat healthily. Although almost all residents (98%) say they eat at least some fruit or vegetables a day, only one in three (33%) meet or exceed the recommended daily minimum of five portions. The proportion who meet the guidelines is somewhat below the figure for

Portsmouth recorded by the Active People Survey in 2013/14 (48%), although this comparison can only be seen as indicative because of the differing survey methodologies involved[35].

5.4 Consumption of various type of food and drink

Of all types or sources of meal asked about, Portsmouth residents eat home-cooked meals the most regularly. As shown in Figure 5.3, almost all say they eat home-cooked meals made from scratch at least once a week (94%), and most do so at least four times a week (66%). They are less likely to eat pre-prepared food at least once a week. This includes ready meals (43%), take-away food (30%) and visits to restaurants (21%). Only a minority of residents say they drink fizzy drinks on a weekly basis, although they are more likely to drink low-calorie drinks at least once a week (27%) rather than regular fizzy drinks (i.e. not sugar free, 13%).

Figure 5.3 – Consumption of various types of food and drink



5.5 BMI

Nearly half of residents (46%) have a healthy weight based on body mass index (BMI) data from their reported height and weight. Just over half (52%) have an unhealthy weight, and one in five (19%) are actually obese. The proportion of obese residents is slightly higher than the latest findings from the Active People Survey for Portsmouth (17%) and England (15%), although differing data collection methods mean this comparison should only be considered indicative[36].

[35] Public Health Outcomes Framework for Portsmouth and England, taken from the Active People Survey, 2014. The Active People Survey is conducted by telephone.
[36] Data comes from the Active People Survey for 2012-14. Data are unadjusted, and so are somewhat different from the results listed in the Public Health Outcomes Framework, Public Health England, as at December 2015.

BMI results vary markedly by age, with the proportion of obese residents increasing from 11% of those aged 16-34 years to 35% of those aged 55-64 years, before falling to 19% of those aged 65+ years. Men are also more likely to be overweight or obese (57% compared with 47% of women).

BMI data vary according to self-reported health status, with a greater proportion of overweight and obese residents among those with bad/very bad health (69% compared with 47% of those in good/very good health) or who have a limiting disability or condition (60% compared with 49% of those who do not).

As might be expected, unhealthy behaviour is also a factor. Those who say they do not exercise enough are more likely to be obese (25% are obese compared with 13% obesity for those who feel they do exercise enough). Similarly, 'high risk' drinkers are more likely to be overweight or obese (66% compared with 50% of those at low risk), as are former smokers (64% compared with 47% of those who have never smoked).

5.6 Who are the healthier eaters?

The residents who rate their general health as good or very good are more likely to have a healthy diet, and in turn to eat the recommended intake of fruit and vegetables:

- Age: Older residents are more likely to report having a healthy diet (71% of those aged 65+ years compared with 65% of residents overall), and are more likely to eat the recommended daily fruit and vegetable intake (39% of residents aged 55+ years have at least five portions of fruit or vegetables a day compared with 22% of those aged 25-34 years). However, the picture is slightly different among the middle age groups, where 57% of 45-54 year olds would describe their diet as healthy (compared with 65% of residents overall). This corresponds with the higher proportion in this age band who rate their health as bad/very bad and who have poorer mental wellbeing.
- Socio-economic status: As with other health measures, it is those from more deprived backgrounds who are more likely to describe their diet as unhealthy. Once again, council/social housing tenants exhibit unhealthier behaviours (53% say their diet is healthy compared with 69% of housing owner-occupiers; eight per cent of council/social housing tenants report eating no fruit and vegetables compared with just two per cent of residents overall). The same is true for deprivation, where residents living in the most deprived quintile of neighbourhoods are more likely to describe their diet as unhealthy (17% compared with only six per cent in the least deprived quintile).

- **Locality:** Residents in South Portsmouth are particularly likely to say their diet is healthy compared with North Portsmouth and Central Portsmouth (72% compared with 60% and 59% respectively).

As shown in Figure 5.1, those who exhibit other unhealthy behaviours are also more likely to have an unhealthy diet. The proportion with an unhealthy diet is greater among:

- Residents who are physically sedentary (24% compared with eight per cent of those meeting weekly recommended activity guidelines)
- Those who see themselves as unfit (20% compared with four per cent of those who feel fit)
- Those who are obese (20% compared with seven per cent of those with a healthy weight)
- Current smokers (19% compared with eight per cent of those who have never smoked)

There is also a strong correlation between having a healthy diet and higher (good) mental wellbeing; the proportion of residents who eat a meal made from scratch every day is greater among those with a higher (good) mental wellbeing score[37] (41% compared with 22% of residents overall).

There is also a correlation between diet and other healthy behaviours. Eating the recommended amount of fruit and vegetables a day is much more common among those who show only one unhealthy behaviour or none at all (56% compared with 12% of those who exhibit two or more unhealthy behaviours). Conversely, having take-away food at least once a week is more common among those who show at least two forms of unhealthy behaviour (36% compared with 22% of those who show only one or none at all), and those who are overweight (37% compared 26% of those with a healthy weight).

As with exercise, the data also suggests that self-assessed healthy diet is to an extent correlated to actual behaviours (i.e. consuming the recommended intake of fruit and vegetables). For example, residents who describe their diet as healthy are more likely to report eating at least five portions of fruit and vegetables a day (42% compared with only four per cent of those who describe their diet as unhealthy). However, this finding also indicates there are widespread misperceptions among residents; there is a significant proportion of residents who *think* their diet is healthy even though they do not eat the recommended amount of fruit and vegetables (as high as 57%).

[37] A SWEMWBS score of 31-35

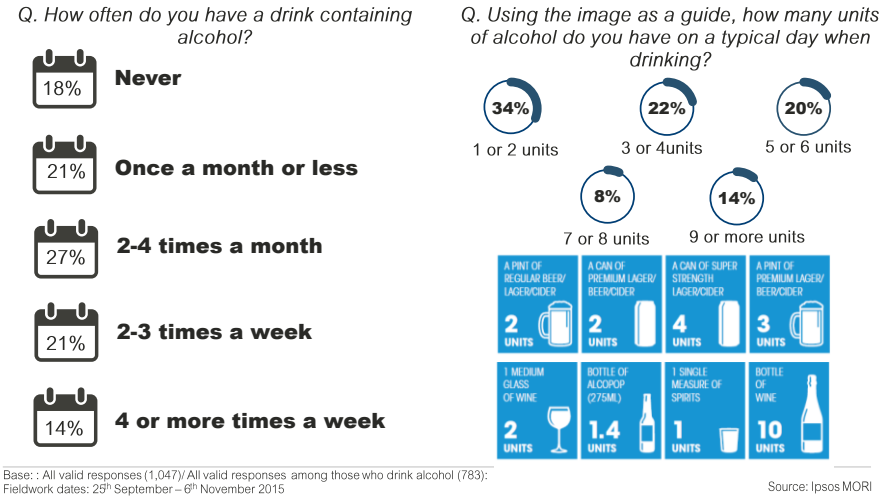
6 Alcohol use

6.1 Alcohol consumption: reported

The great majority of Portsmouth residents (82%) say they drink alcohol at least occasionally, although the frequency of drinking varies quite widely. As Figure 6.1 shows, one in three (35%) residents say they drink alcohol at least two or three times a week, with one in seven (14%) drinking four or more times a week.

Among those who do drink alcohol, residents are most likely to say they have either one or two units on a typical day (34%). However, one in five (22%) are drinking to unhealthy levels, consuming at least seven units in a typical day when drinking.[38]

Figure 6.1 – Overall alcohol consumption



Base: : All valid responses (1,047)/ All valid responses among those who drink alcohol (783): Fieldwork dates: 25th September – 6th November 2015

Source: Ipsos MORI

6.2 Audit C profile

The survey used the three questions in the Audit C Tool[39] as a way to measure the risk of developing an alcohol use disorder. The tool uses response data for the frequency and quantity of alcohol drinking to give each participant a score on a scale between 0 (the lowest risk of developing an alcohol use disorder) and 12 (the highest). The model includes those who answer the relevant questions, drinkers and non-drinkers alike.

[38] Respondents were prompted with an image in the questionnaire that showed various alcoholic, typical measures of them (e.g. 1 pint) and the units associated with that measure. Please see Figure 6.1 and Q18 in the questionnaire in Appendix 3.

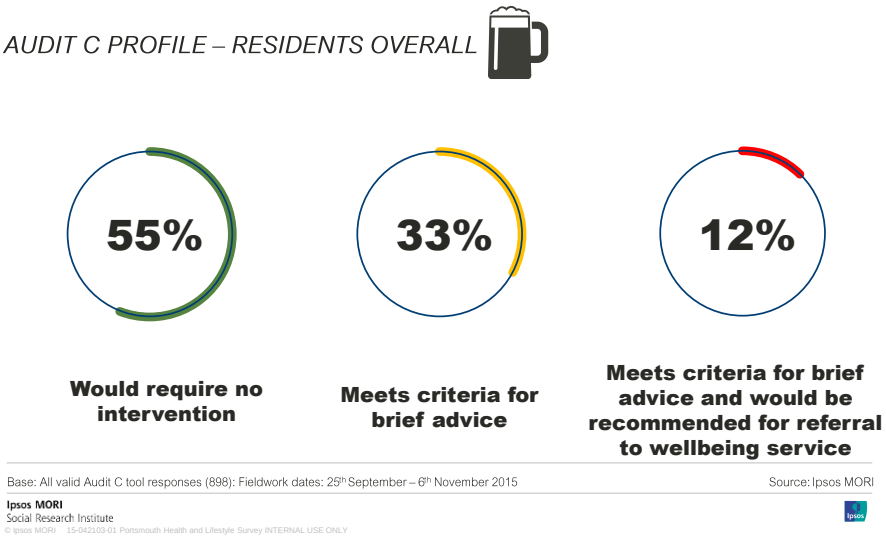
[39] Audit C is an assessment screening tool that identifies high-risk drinking. The survey included responses to three Audit C questions about how frequently people drink alcohol and how much they drink when they do so. It allocates all participants a score of 0-12. Non-drinkers have a score of 0, low-risk drinkers a score of 1-4, and high-risk drinkers a score of 5 or higher.

Figure 6.2 shows that just over half of residents (55%) are not at risk (a score of 0-4), either because they are non-drinkers or drink moderately. However, one in three (33%) have an 'increasing risk' score between 5 and 8, meaning they meet the criteria for receiving brief advice about reducing their alcohol consumption. A further one in eight residents (12%) has a 'high risk' score of between 9 and 12, which makes them priority for such advice and for referral to a wellbeing service.

56%

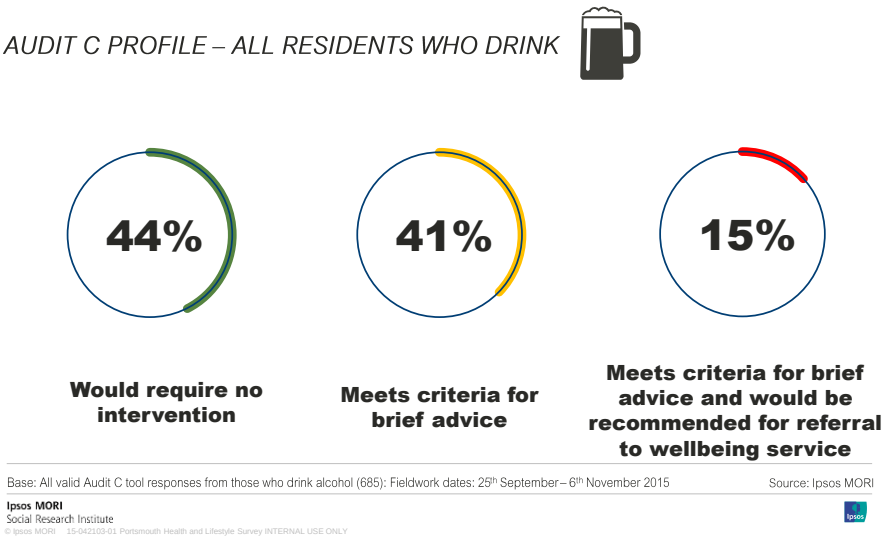
of residents who drink alcohol are at risk of developing an alcohol use disorder and meet criteria for receiving advice about reducing their alcohol consumption

Figure 6.2 – Audit C scores for levels of drinking risk (all residents)



If the data is examined just for residents who drink alcohol, it shows that just over half (56%) are at some risk of developing an alcohol use disorder. This breaks down into two in five who are at an 'increasing risk' (41%) and meet the criteria for brief advice, and one in seven drinkers who are at 'high risk' (15%) and who are a priority for referral to a wellbeing service.

Figure 6.3 – Audit C scores for levels of drinking risk (drinkers only)



6.3 Problems caused by drinking alcohol

Only a minority of residents who drink alcohol report problems as a result of the amount they drink. As shown in Table 6.1, just one in ten (11%) say that, at least once in the last 12 months, their drinking has made them unable to do what is normally expected of them. The same proportion (11%) say either they themselves or somebody else has been injured at some point because of their drinking. Slightly fewer (nine per cent) say a relative, friend or health worker has suggested they cut down on what they drink.

However, those drinkers with a 'high risk' Audit C score are more likely than average to say that, at least once in the last 12 months, alcohol has made them unable to do what was expected of them (27% compared with 11% of all drinkers) and that their drinking has resulted in either an injury to themselves or an injury to someone else (22% compared with 11% of all drinkers). One in three 'high risk' drinkers (35%) say someone else has suggested to them that they cut back on what they drink, compared with less than one per cent of 'low risk' drinkers.

Table 6.1 – Audit C vs. impact of drinking alcohol

	Failed to do what is normally expected because of drinking (803)	Ever injured themselves or someone else because of drinking (805)	Relative, friend or health worker has suggested reduced drinking (804)
All drinkers	11%	11%	9%
Low risk drinkers (1-4)	4%	4%	*
Increasing risk drinkers (score 5-8)	14%	17%	10%
High-risk drinkers (score 9-12)	27%	22%	35%

Base: Portsmouth residents who drink alcohol (variable base size).

6.4 Who drinks the highest levels of alcohol?

Age is an important factor in the level of risky drinking in Portsmouth. The proportion at 'high risk' of developing an alcohol misuse disorder peaks among middle-aged drinkers aged 35-54 years (25%). It is lower among younger drinkers aged 16-34 years (11%) and older drinkers aged 55-64 years (14%) or 65+ years (five per cent).

It is more active residents who are physically 'healthy' but who are more likely to drink, and drink to excess; the proportion of 'high risk' drinkers is greater among those who do more than 75 minutes of vigorous activity a week (25% compared with 12% of drinkers who do less or none). Male drinkers, who are more likely to do vigorous exercise, are also more likely to be 'high risk' drinkers (23% compared with eight per cent of female drinkers). This suggests a significant 'perception' gap' amongst many residents in terms of what constitutes healthy drinking behaviour.

In part, this relationship between heavy drinking and being vigorously active is a result of age, because 'high risk' drinking is lowest among drinkers aged 65+ and this age group is the least vigorously active.[40] Vigorously active, 'high-risk' drinkers are therefore likely to be younger than 65 years. They are most likely of all to be aged 35-54 years (rather than 16-34 years) because this age group has the highest incidence of 'high-risk' drinking.

However, tackling drinking in those residents at higher risk of developing an alcohol use disorder is not without its challenges when we consider that, at the other end of the scale, having a 'high risk' score overlaps with other unhealthy behaviours. High risk drinking is more common among drinkers who smoke or are overweight (35% and 27% respectively, compared with 15% of drinkers overall). Furthermore, the incidence of drinking problems increases sharply with the number of unhealthy behaviours that residents have. For example, one in four (27%) of those who show three or four unhealthy behaviours report that someone has shown concern about their drinking or has suggested they drink less. This contrasts with only five per cent of those who show one unhealthy behaviour or none at all.

The results also show that drinking problems are concentrated more strongly in Central Portsmouth. Drinkers there are more likely to have caused themselves or someone else an injury because of their drinking (17% compared with 11% overall). They are also more likely to have been advised by someone else to drink less (15% compared with nine per cent). Such problems are also more frequently reported by those in rented housing. So, for example, causing an injury to themselves or someone else is more likely to be reported by tenants renting from a private landlord and by council/social housing tenants than housing owner-occupiers (22% and 17% respectively, compared with just five per cent).

[40] Only 11% of residents aged 65+ years do more than 75 minutes of vigorous activity a week, compared with 23% of those aged 16-34 years and 22% of those aged 35-64 years

7 Smoking

7.1 Incidence of smoking and tobacco use

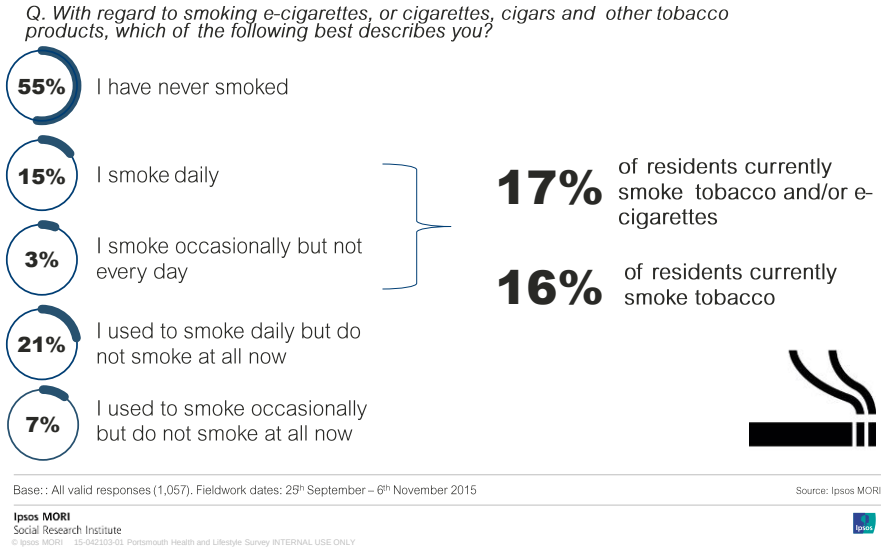
7.1.1 Smoking and tobacco use

One in six Portsmouth residents (17%) currently smoke tobacco or e-cigarettes. Once the handful who **only** use e-cigarettes are removed from calculations, it shows 16% of residents currently smoke tobacco[41].

Overall, one in seven (15%) smoke tobacco or e-cigarettes at least once a day, as illustrated in Figure 7.1. Additionally, approaching three in ten (28%) say that they have done so at some point in their lives, but no longer do so. This means almost half of Portsmouth residents (45%) have smoked tobacco or nicotine products at some point in their lives.

Although the comparison can only be indicative (for example, this survey is for aged 16+ years), prevalence of smoking is in line with the England average for adults aged 18+ years (18%); but lower than Portsmouth (22%) from findings from the national Integrated Household Survey.

Figure 7.1 – Prevalence of smoking



Among current **tobacco** smokers, cigarettes are the most commonly used tobacco product, with over half (55%) using pre-rolled cigarettes and just under half (47%) using roll-up cigarettes. One in seven (14%) tobacco smokers also use e-cigarettes with nicotine. Other products such as pipes, e-cigarettes without nicotine and cigars are used by very small numbers of people.

One in six (17%) Portsmouth residents say they currently smoke or use tobacco or nicotine, in line with the England average.

[41] There are handful of respondents (16 in total) who only use e-cigarettes with or without nicotine and who do not use any type of tobacco product.

Smoking tobacco is more common among those aged 35-64 (20%) than those aged 16-34 years (14%) or 65+ years (10%). It also increases with the level of deprivation; one in five residents in the most deprived quintile of neighbourhoods smokes tobacco (28%), compared with only eight per cent of those in the least deprived quintile. Linked to this, tobacco smoking is much more common among council/social housing tenants, and among those without any qualifications (41% and 24% respectively, compared with 16% overall).

Smoking tobacco also appears to correlate strongly with other unhealthy behaviours, and with poorer health status. For example, smoking and drinking unhealthy amounts of alcohol appear to be linked – two in five 'high risk' drinkers (42%) also smoke tobacco, compared with 10 per cent of non-drinkers or 'low risk' drinkers. Similarly, tobacco smoking is more common among residents who rate their health as bad/very bad (44% smoke tobacco compared with 10% of those who rate their health as good/very good) and among those with a disability or health condition limiting daily activities a little or a lot (29% compared with nine per cent of those with no such condition).

7.1.2 Frequency and length of smoking

The majority of tobacco smokers in Portsmouth smoke at least five times a day (72%). Almost half smoke between five to 15 times a day (48%), while one in four (24%) smoke more than this.

Residents who smoke tobacco generally started smoking at a young age. Half (50%) began when they were younger than 16 years, and one in four (24%) started between the ages of 16 and 17 years.

7.2 Giving up smoking

7.2.1 Giving up smoking among current smokers

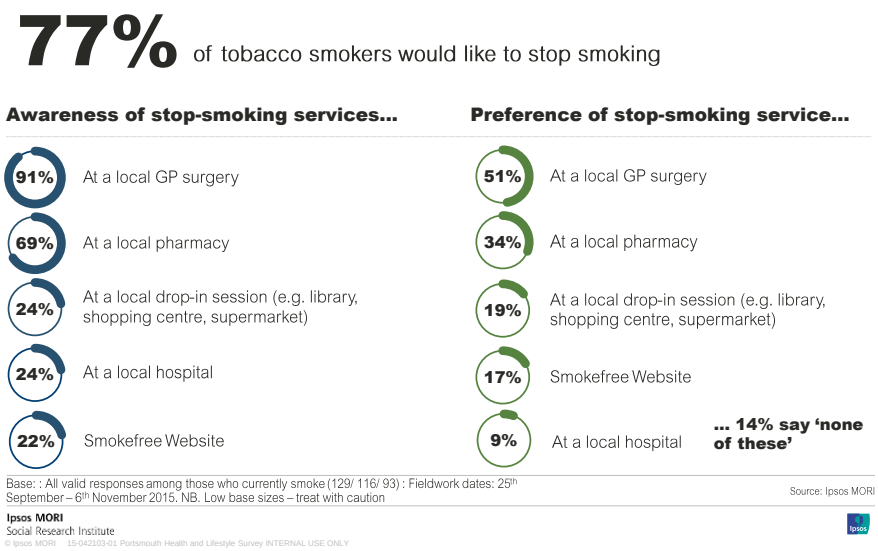
Almost four in five tobacco smokers in Portsmouth (77%) say they would like to stop smoking.

Most tobacco smokers in the city are aware of the various stop-smoking services available to them; just four per cent have never heard of them. The best known stop-smoking services are those provided by local healthcare providers such as GPs (91% of tobacco smokers are aware of availability of these services) and pharmacies (69%).

It appears health providers may form the most trusted and effective form of delivering stop-smoking services as well, since when asked about which services tobacco smokers would most likely use if they wanted to stop smoking, half (51%) say they would approach their GP, and a third (34%) their local pharmacy – as shown in Figure 7.2. One in five would also be likely to use a local drop-in centre, and a similar proportion would use the

Smokefree website to receive support in quitting (19% and 17% respectively). It is worth noting that one in seven (14%) say they would not be likely to use a stop-smoking service at all, if they were considering quitting.

Figure 7.2 – Giving up smoking: willingness to do so and attitudes towards stop-smoking services



7.2.2 Services and products used to help former smokers quit

It is worth reflecting that of the 28% of participants who are former smokers, seven in ten (71%) said that they gave up smoking without any help or support. The most popular sources of support that have been used are nicotine replacement products without prescription (seven per cent), followed by nicotine replacement products prescribed by a GP or nurse (six per cent). Just six per cent saw an NHS stop-smoking adviser or counsellor over a few weeks, and two per cent were given a voucher for nicotine replacement by an NHS stop-smoking adviser.

51%

Smokers are most likely to go to their GP for help to stop smoking

8 Drug use

8.1 Prevalence of drug use

8.1.1 Personal drug use

Most residents (93%) say they have not taken any kind of illegal drug or 'legal high' in the last 12 months. Seven per cent indicate they have, and two per cent have done so more than once a month. While the proportion of residents who say they take drugs appears relatively low, it equates to almost 12,000 residents aged 16+ years in Portsmouth taking recreational drugs[42].

Drug use is more common among men than women (10% compared with four per cent) and is concentrated among those aged 16-34 years (14% compared with three per cent across all other age groups). It is also above the city average in South Portsmouth (10% compared with seven per cent overall).

While it is important to be cautious when looking at the figures[43], given the relatively small number of people who said they had used an illegal drug or 'legal high' in the last 12 months, the results point to some patterns in terms of drug use and wider healthy behaviours. Drug taking is apparently greater among smokers and 'high risk drinkers' (18% and 29% respectively have used illegal drugs or 'legal highs' in the last 12 months, compared with seven per cent overall). Drug taking is also higher among the most physically active (and presumably younger) residents (13% of those who do more than 75 minutes of vigorous activity a week compared with four per cent of those who do none).

Cannabis is the most frequently used substance among drug users in the last 12 months (81%). This is followed by ecstasy/ MDMA and cocaine powder (24% in both cases), 'legal highs' such as herbal incense (17%) and amphetamines (12%). It is difficult to draw out any demographic patterns in terms of the types of drugs taken due to the small base sizes for this question.

8.1.2 Drug use among family and friends

Use of drugs or "legal highs" is more prevalent when participants are asked about close family or friends who use illegal drugs or 'legal highs': 15 per cent of residents say there is drug use or use of "legal highs" among their close friends, and nine per cent within their close family.

7%

Residents have taken illegal drugs or 'legal highs' in last 12 months

[42] Based on percentage of total population aged 16+ from ONS mid-year population estimates 2014

[43] The unweighted number of drug users is very small (25)

Use of drugs or "legal highs" among friends and relatives is most common among groups with higher rates of personal drug use. So, for example, use of drugs or "legal highs" among close friends is reported more often by those aged 16-34 years or who live in in South Portsmouth locality (25% and 21% respectively compared with 15% overall). It is also reported more often by those who smoke or are 'high risk' drinkers (25% and 41% respectively).

8.2 Effect of drug use on behaviour

Of those who have used drugs or "legal highs" in the last 12 months, most (74%) say they have 'sometimes' or 'always' been able to control their actions when they have been taking drugs. However, one in five (20%) say they have been unable to do so. It is not possible to draw out any demographic patterns in terms of drug users' behaviour when taking drugs due to the small base sizes for this question.

9 Sexual health

9.1 Number of sexual partners

Seven in ten residents (69%) have had a sexual partner in the last 12 months. Seven per cent have had more than one sexual partner.

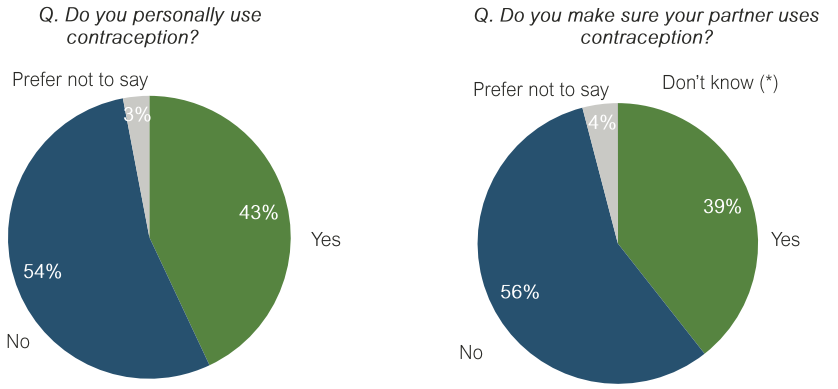
Having a sexual partner in the last 12 months is much more common for younger residents (86% of those aged 18-34 years compared with 32% of those aged 65+ years) and those without any limiting disabilities or healthy conditions (78% compared with 49% of those who do have one).

The proportion of residents who have had more than one sexual partner varies relatively little across various sub-groups of residents (e.g. age, sex, locality, housing tenure). However, it is more marked among young residents aged 25-34 years (18% compared with seven per cent overall).

9.2 Contraception

Of those have had a sexual partner in the last 12 months, two in five (43%) say they themselves use contraception and a similar proportion (39%) say they make sure their partner uses contraception, as shown in Figure 9.1.

Figure 9.1 – Use of contraception



Base:: All valid responses among those who have had one or more sexual partners in the last 12 months (527/ 524): Fieldwork dates: 25th September – 6th November 2015

Source: Ipsos MORI

Ipsos MORI
Social Research Institute

Use of contraception varies most by age, with those aged 16-34 years more likely than average to use it themselves (64% compared with 43% overall) or to have a partner who does so (58% compared with 39% overall). Women are also more likely than men to say they have personally used contraception (51% compared with 33%).

Those who use contraception, or whose partner does so, are most likely to say they get it from a GP surgery (35%) or a local pharmacy (34%). This is

followed by a supermarket or convenience store (29%) and a local sexual health service (17%). There is little variation between different demographic groups of residents.

Among those who do not use contraception, the most common reason for not doing so is that it is their personal preference (19%). This is followed by trying to get pregnant or being currently pregnant (18%), having already been sterilised or had a vasectomy (16%), being too old for contraception to be necessary (14%), and it being their partner's preference (13%). Reasons for not using contraception vary little between sub-groups of residents, except that men are more likely to say this is their partner's preference (18% compared with seven per cent of women), whereas women are more likely to mention the menopause as a reason why either they or their partner does not use contraception (11% compared with one per cent of men).

9.3 Awareness of sexually transmitted diseases

Residents who have had a sexual partner in the last 12 months were asked what influence awareness of sexually transmitted diseases has had on their sexual behaviour. Most say it is not relevant because they are already in a long-term, exclusive relationship (74%). However, one in six (18%) say awareness of sexually transmitted diseases has prompted them to make sure they use a condom, and almost as many say it has prompted them to have tests for sexually transmitted diseases when they change partners (15%). Just seven per cent say it has not influenced them at all.

Again, the main differences are by age group. Those aged 16-34 years are more likely than average to say they feel prompted to make sure they use a condom (30% compared with 18% of sexually active residents overall) and to have tests for sexually transmitted diseases (25% compared with 15%). Older residents aged 55+ years are more likely to say they have not changed their behaviour because they are already in a committed, long-term relationship (86% compared with 74% overall).

10 Health and the community

10.1 Contact with local health services

Almost all Portsmouth residents (98%) have personally used at least one of a range of local health services in the last 12 months. As shown in Table 10.1, they are most likely to have gone to a GP or health centre (86%), followed by a dentist (69%) or a pharmacy (67%). Two in five have also gone to an optician (41%) or to hospital as an in-patient or out-patient (41%).

Table 10.1 – Use of healthcare services in Portsmouth in last 12 months

	% who use service
A GP, family doctor or health centre	86%
A dentist	69%
A pharmacy	67%
An optician	41%
Hospital (in-patient or out-patient)	41%
Walk-in centre (e.g. St Mary's/Guildhall Walk Healthcare Centre)	20%
Treatment centre (e.g. St Mary's)	19%
NHS 111 service	13%
A hospital (A & E)	13%
None of these	2%
Don't know	*

Base: All valid responses (1,055)

It is those aged 55-64 years who have used the widest range of health services in the last 12 months; they are more likely than average to have visited a dentist (80% compared with 69%), a pharmacy (82% compared with 67%), an optician (52% compared with 41%) and a hospital as an in-patient or out-patient (48% compared with 41%). This may reflect the finding they have worse health than most residents (13% of them have bad/very bad health, compared with eight per cent of residents overall).

As might be expected, use of healthcare services is greater among residents with poorer physical and mental wellbeing. So, for example, visiting a hospital as an in-patient or out-patient is more common among residents with bad/very bad health (73% compared with 34% of those in good/very good health), those with a limiting disability or health condition (61% compared with 32% of those without such a condition) and residents with a low SWEMWBS mental wellbeing score (74% compared with 36% of those with a higher score).

Almost all residents who took part in the survey (99%) say they are registered with a local GP.

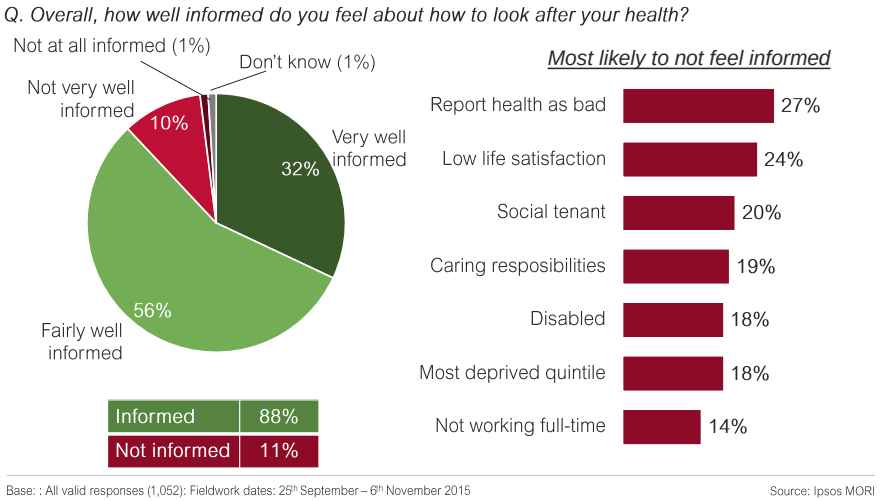
The majority of residents (75%) also say they visit the dentist at least once a year. Only a small number (seven per cent) say they never visit the dentist. The residents most likely to have visited the dentist in the last year are those who live in the least deprived quintile of neighbourhoods (84%), housing owner-occupiers (82%) and those aged 55-64 years (81%).

10.2 Information about healthcare

10.2.1 Feeling informed about looking after health

The great majority of residents (88%) feel well informed about how to look after their health. One in ten (11%) feel badly informed.

Figure 10.1 – Feeling informed about how to look after your health



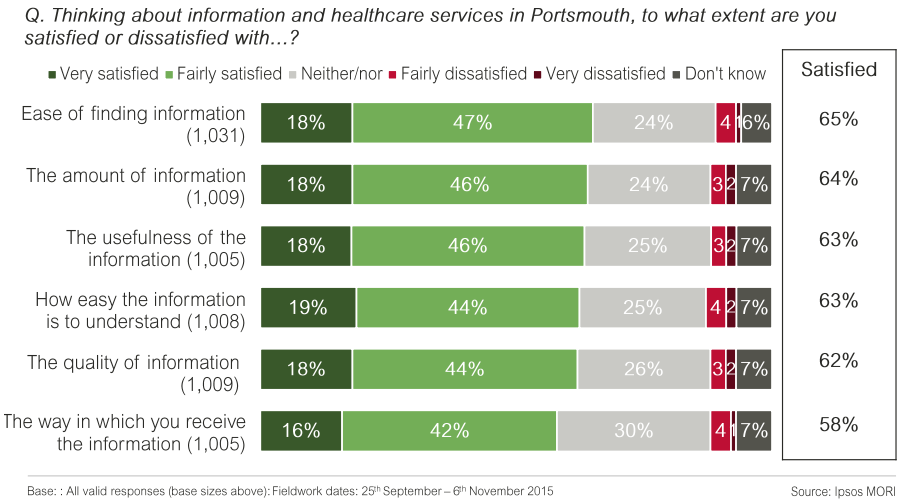
However, as Figure 10.1 shows, the proportion of residents who do not feel informed about how to look after their health is significantly higher among those groups who may need the most help to improve their health. Those groups most likely to feel badly informed about how to live healthily include those who rate their health as bad (27% feel uninformed) or who have a long term condition or disability (18%). It also includes residents with low levels of life satisfaction, poor mental wellbeing, council/social housing tenants, and those in the most deprived quintile of neighbourhoods.

Across other groups, feeling informed about how to live healthily is below average among younger residents aged 16-34 years and those without qualifications (76% and 79% respectively, compared with 88% overall).

10.2.2 Attitudes towards information about local healthcare services

When it comes to information about healthcare services in the city, residents are generally positive, although significant numbers are neutral. As shown in Figure 10.2, satisfaction is highest with how easy it is to find information (65% are satisfied with this) and with how much healthcare information is available (64%). Almost as many residents are satisfied with how easy it is to understand the information (63%), how useful it is (63%) and the overall quality of the information (62%). They are least satisfied with the way in which they receive the information (58%). However, across all of these measures, active dissatisfaction is very low.

Figure 10.2 – Satisfaction with local healthcare information



Results generally vary little across the various groups of residents. However, residents aged 55-64 years are more dissatisfied than average with each of the six aspects of local healthcare information the survey asked about, particularly with the way they get information (15% are dissatisfied compared with six per cent of residents overall), how easy it is to find information (13% compared with five per cent) and how easy it is to understand (13% compared with five per cent). The significance of this is that residents aged 55-64 years are particularly active users of local healthcare services, and many are also unpaid carers who are likely to be in a position to give information to the people they care for. Whilst generally speaking they are positive about the healthcare information available, a significant minority of them do have some concerns about aspects of local healthcare information, such as ease of finding it and understanding it.

10.3 Caring in the community

One in five residents (21%) provides unpaid care and support to someone else because of a long-term health condition, disability or problems related to old age. For one in twenty (five per cent) of residents, this consists of 20 or more hours of unpaid care a week.

Being a carer is more common among council/social housing tenants (36%) and those aged 55-64 years (29%). Carers are also likely to have lower levels of life satisfaction and poorer mental wellbeing. This may reflect their greater tendency to be council/social housing tenants or aged 55-64 years, as these two groups also have lower levels of mental wellbeing.

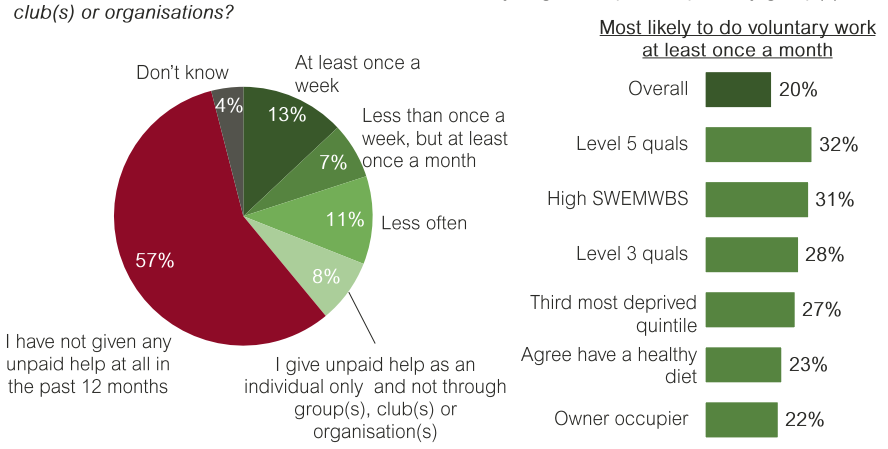
In fact, other survey evidence suggests carers generally tend to have lower physical and mental wellbeing than people without caring responsibilities [44]. Carers who took part in this survey are less likely than non-carers to say they have good health (62% compared with 75%) and are more likely than non-carers to have a low SWEMWBS mental wellbeing score (19% compared with nine per cent) and to be smokers (25% compared with 14%).

10.4 Volunteering in the community

One in five residents (20%) in Portsmouth could be described as being a regular volunteer – i.e. they have done formal voluntary work with a group, club or organisation at least once a month in the last year. This is lower than the England average of 27%[45], although this comparison can only be indicative because of the differing data collection methods.

Figure 10.3 – Regular formal voluntary work

Q. Overall, in the last 12 months, about how often have you given unpaid help to any group(s), club(s) or organisations?



Base: : All valid responses (1,042): Fieldwork dates: 25th September – 6th November 2015 Source: Ipsos MORI

[44] See 2012 Ipsos MORI research on carers for people with cancer: https://www.ipsos-mori.com/Assets/Docs/Publications/sri-ipsos-mori-macmillan-more-than-a-million-2012.pdf
[45] Community Life Survey 2014-15, conducted face-to-face through random probability surveying.

There is relatively little variation across demographic sub-groups of residents when it comes to volunteering, but there is an indication that it tends to be less disadvantaged groups of residents who are engaged in these activities - housing owner-occupiers and residents with a degree/Level 5 qualification (22% and 32% respectively volunteer once a month, compared with 20% of residents overall).

When it comes to various forms of formal and informal volunteering – see Table 10.2 - most residents (72%) say they have undertaken at least one activity in the last 12 months. The type of voluntary work most often currently being carried out is babysitting or childcare (30% of residents say they have done some of this in the last 12 months), followed by keeping in touch with someone who finds it hard to get around the local area (28%) and doing a quick favour for an elderly neighbour (27%).

However, even greater proportions of residents (82%) would be willing to do at least one of these volunteering activities in the future. In each case, the number willing to do a specific form of voluntary work is greater than the number who currently report doing it. The most popular form of activity would be doing a quick favour for an elderly neighbour with 44% saying they would be willing to do this.

When looking at individual activities, as opposed to volunteering in the round, there are some clear demographic differences. For example, women are far more likely to look after children (38% compared with 20% of men) or provide personal care to someone who is frail or sick (10% compared with four per cent). Older residents aged 55+ years are more likely to keep in touch with someone who has difficulty getting out and about (36% compared with 28% of residents overall), or do a quick favour for an elderly neighbour (33% compared with 27% overall). Residents from a white ethnic background are also more likely to keep in touch with someone compared with residents from a minority ethnic background (29% compared with 11%). Young adults (those aged 25-34 years) are far more likely to say they do none of the activities on the list (at Question 41 of the survey at Appendix 3) (43% compared with 27% of residents overall).

Readiness to do voluntary work in the future varies by key sub-groups as well. Willingness to do at least one of the activities listed is greater among housing owner-occupiers (84% compared with 71% of council/social housing tenants), and it is lower among those aged 25-34 years (73% compared with 85% of those aged 35+ years).

Table 10.2 – Doing voluntary currently and in the future

	Done in last 12 months	Willing to do in future
Babysit or care for children	30%	34%
Keep in touch with someone who has difficulty getting out and about	28%	37%
Do a quick favour or chore for an elderly neighbour	27%	44%
Volunteer for a local charity or other local organisation	17%	29%
Help keep your local area clean and tidy	13%	22%
Help to organise fund raising for a community facility or group	11%	15%
Help out at a local church, mosque, synagogue, temple or other faith organisation	9%	14%
Provide personal care (e.g. washing, dressing) to someone who is sick or frail	8%	13%
Help to run or manage a youth group	6%	12%
Take part in a pressure group/campaigning organisation to change things in your local area	5%	11%
Join a local residents group e.g. Neighbourhood Watch	5%	12%
Sometimes get involved in public services in your local area	4%	16%
Often get involved in public services in your local area	2%	8%
Other	9%	7%
None of these	27%	16%
Don't know	2%	2%

Base: All valid responses (888/ 742)

Appendices

Appendix 1: Guide to statistical reliability

The residents who took part in the survey are only a sample of the total 'population' of residents in Portsmouth, so we cannot be certain that the figures obtained are exactly those that would have been reached had everyone responded (the 'true' values). We can, however, predict the variation between the sample results and the 'true' values from knowledge of the size of the samples on which the results to each question is based, and the number of times a particular answer is given. The confidence with which we can make this prediction is usually chosen to be 95% - that is, the chances are 95 in 100 that the 'true' value will fall within a specified range. The following illustrates the predicted ranges for different sample sizes and percentage results at the '95% confidence interval':

Size of sample on which survey result is based	Approximate sampling tolerances applicable to percentages at or near these levels		
	10% or 90% ±	30% or 70% ±	50% ±
100 responses	6	9	10
200 responses	4	6	7
500 responses	3	4	4
1,075 responses	**2**	**3**	**3**

For example, with a sample size of 1,075 where 50% give a particular answer, the chances are, 19 in 20 that the 'true' value (i.e. the one which would have been obtained if all residents of Portsmouth had been interviewed) will fall within the range of +3 percentage points from the survey result (i.e. between 47% and 53%).

When results are compared between separate groups within a sample (e.g. men versus women) different results may be obtained. The difference may be 'real', or it may occur by chance (because not everyone in the population has been interviewed). To test if the difference is a real one - i.e. if it is 'statistically significant' - we again have to know the size of the samples, the percentage giving a certain answer and the degree of confidence chosen. If we once again assume a '95% confidence interval', the differences between the results of two separate groups must be greater than the values given in the following table:

Size of sample on which survey result is based	Differences required for significance at or near these percentage levels		
	10% or 90% ±	30% or 70% ±	50% ±
100 vs. 100	8	13	14
200 vs. 200	6	9	10
500 vs. 500	4	6	6

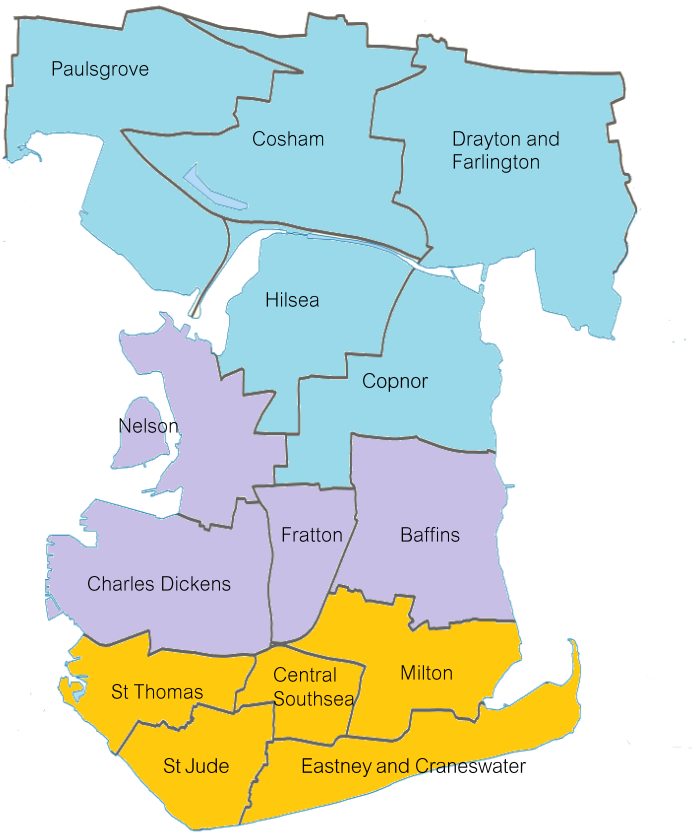
For example, if 46% of male residents give a particular answer compared with 54% of female residents, (both with a sub-sample size of about 500), then the chances are 19 in 20 that this eight point difference is significant (as the difference is more than six percentage points)

It is important to note that, strictly speaking, the above confidence interval calculations relate only to samples that have been selected using strict probability sampling methods. However, in practice it is reasonable to assume that these calculations provide a good indication of the confidence intervals relating to this survey.

Appendix 2: Portsmouth localities

For purposes of analysis, the wards of Portsmouth have been divided into three roughly co-equal localities. These are North, Central and South.

Ward	Locality
Copnor	North
Cosham	North
Drayton and Farlington	North
Hilsea	North
Paulsgrove	North
Baffins	Central
Charles Dickens	Central
Fratton	Central
Nelson	Central
Central Southsea	South
Eastney and Craneswater	South
Milton	South
St Jude	South
St Thomas	South



Appendix 3: Questionnaire

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