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Portsmouth Health and Lifestyle Survey conducted by Ipsos MORI

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Introduction

Good health starts in the home; in our schools, colleges, and university, in workplaces; in playgrounds and open spaces; in the air we breathe and the water we drink. My Annual Public Health Report in 2014[1] focused on the importance of these so-called "wider determinants of health" in supporting, strengthening and improving the health and wellbeing of the people of Portsmouth. About **half** of overall health and wellbeing derives from the impact these factors have on individuals and communities.

But we also know that about **one third** of overall health and wellbeing derives from our lifestyles. So in 2015 we commissioned Ipsos MORI to survey adults living in the city about their lifestyles, health and wellbeing. This year's report focuses on the survey findings and implications.

The findings show the extent of people's willingness to change (eg 77% of smokers say they would like to quit) and of their success in achieving change by themselves (eg 71% of ex-smokers say they gave up without any help or support). And now, for the first time, we have more information about the cumulative adverse impact of people adopting several unhealthy behaviours (eg smoking *and* drinking alcohol to excess), and about the impact of this on long-term health conditions; about the interactions between mental and physical ill health; and about the health problems facing middle-aged adults.

Helping individuals and communities achieve and maintain changes in their lifestyles is complicated. Against a backdrop of severe budget cuts there are difficult decisions to be made about how, and the extent to which, we use public resources to help communities and individuals make changes. But we live in a city of inequalities where males in the most deprived areas die about eight years earlier than males in the least deprived areas. The diseases that contribute to this gap in life expectancy are closely related to lifestyles. It is too simplistic to say that people should just stop smoking or be more physically active. Differences in health status reflect, and are caused by, social and economic inequalities in society. My reports for 2014 and 2015 complement each other and provide evidence for our actions to promote a healthy city.

It is more important than ever that we use the funding we have in the most effective, evidence-based ways, working in partnership with individuals, communities and others, on a large-scale, to achieve population-level behaviour change.

This report includes some of the survey findings; you can read the full survey report at: http://data.hampshirehub.net/def/concept/folders/themes/jsna/portsmouth-jsna/the-people-of-portsmouth

I commend this report - and in particular the recommendations which set a realistic agenda for improving public health over the next five years. I hope you find this report interesting and useful, and I will be pleased to receive any comments.

Dr Janet Maxwell Director of Public Health

[1] Portsmouth City Council. Building a healthier city: Public Health Annual Report 2014. http://data.hampshirehub.net/data/building-a-healthier-city---public-health-annual-report-2014 Accessed 14 April 2016

1 Executive summary and recommendations

1 The Public Health Annual Reports for 2014 and 2015 are complementary. The 2014 report focussed on the "wider determinants of health" (eg the environment, education, employment). About **half** of overall health and wellbeing derives from these factors. About **one third** of overall health and wellbeing derives from our lifestyles, so we commissioned Ipsos MORI to survey adults about their lifestyles, health and wellbeing. This 2015 report focuses on the survey findings and implications.

2 Between September and November 2015, Ipsos MORI conducted a postal survey of adults aged 16 years and over about their lifestyles, health and wellbeing. They surveyed 5,000 households with a final overall response rate of 22%. More information about the survey methodology and a copy of the survey questionnaire are in Ipsos MORI's report.

3 The survey results come at an opportune time as health, social care and voluntary sector decision makers across Hampshire and the Isle of Wight are making radical plans to achieve better health. Current trends of ill health and demand for services are financially unsustainable. Encouraging people to live healthier lifestyles, and to help themselves achieve better health, are key elements in the Sustainability and Transformation Plan, Portsmouth Blueprint, Better Care plan and plans to work even more closely with Southampton. The survey results provide evidence of the scale of issues and opportunities in Portsmouth.

4 For the first time we looked at clusters of unhealthy behaviours: smoking, drinking, eating unhealthily and being physically inactive. Fifty-seven per cent of residents exhibit at least two unhealthy behaviours and 18% show either three or four. Healthy (and unhealthy) behaviours are, to some extent, self-reinforcing eg 42% of drinkers who are at "high risk" of developing an alcohol use disorder also smoke compared to 10% of non-drinkers or low risk drinkers. There are clear differences in health behaviours along socio-economic lines eg 15% of those living in council/social housing exhibited all four unhealthy behaviours compared with 5% of all residents. Those with health conditions are also more likely to show unhealthy behaviours: 13% of those with a limiting long-term disability or health condition exhibited all four unhealthy behaviours compared with just 2% of those without any limiting disabilities or conditions.

5 The way residents *perceive* their own health is not necessarily fully commensurate with the way they actually *behave* eg 57% of residents who describe their diet as healthy do not eat the recommended five portions of fruit and vegetables a day. Most (88%) of residents feel well informed about how to look after their health. But the proportion of those who do not feel informed is significantly higher among those who, arguably, need the most advice and help to improve their health eg 27% of those who rate their health as bad, and 22% of those who have three or more health conditions, do not feel well informed. But people in Portsmouth are already taking action themselves to achieve healthier lifestyles eg of those who had given up smoking, 71% said they gave up without any help or support.

6 Feeling connected to the local community is an important factor for mental wellbeing. Those who agree they can ask neighbours for advice or help have higher mean score for satisfaction with life (7.38 compared with 6.89 for all residents). Unsurprisingly, people who rent from private sector

landlords, with possibly weaker ties to the local community, are less likely to agree that they could ask neighbours for advice or help (17% compared with 35% of all residents).

7 Younger adults (16-34 years) are generally physically fit. Most are not overweight so they appear healthy. But 44% are at "increasing risk" of developing an alcohol use disorder (compared with 33% overall).

8 Many middle-aged (35-64 years) adults urgently need to prepare for a healthier older age. Compared to other age groups they are more likely to be obese, smoke tobacco, be at "high risk" of developing an alcohol use disorder and exhibit three or more unhealthy behaviours.

9 For the current cohort of over 65s, physical health conditions or disabilities have a greater negative impact on their wellbeing rather than diet, alcohol or smoking. This gives a good base for building on positive behaviours.

10 Lower levels of mental wellbeing were linked with unhealthy behaviours and with physical ill health eg 32% of those in bad/very bad health had the lowest level of mental wellbeing compared with 5% of those with higher levels of mental wellbeing. Those with the lowest levels of mental wellbeing (compared with those with the highest levels) are more likely to be physically unfit/very unfit, have an unhealthy diet, smoke tobacco, and to drink alcohol putting themselves at "high risk" of developing an alcohol use disorder (9% compared with 3%). However, the widespread acceptance of drinking alcohol at a level of "increasing risk" of developing an alcohol use disorder means that there is little difference in this level of intake between those with the lowest and the highest levels of mental wellbeing (10% and 9% respectively).

11 Physical activity and healthy eating are the keys to maintaining a healthy weight. The lifestyle survey found that 46% of residents have a healthy weight, 34% are overweight and 19% are obese.

12 While most respondents are physically active, they are more likely to undertake moderate (88%) rather than vigorous exercise (50%). Fifty seven per cent would like to do more exercise than the current level but the most common barriers are lack of time (47%) and the financial cost of exercise (21%).

13 Sixty-five per cent of residents are more likely to agree than disagree that they have a healthy diet. However, even though 98% eat at least some fruit and vegetables a day, only a third (33%) meet or exceed the recommended daily minimum of five portions. In common with the barriers to physical activity, lack of time is the most frequent barrier to cooking healthy food (24%). This followed by a lack of willpower (20%) and cost of healthy food (19%).

14 Most people in Portsmouth drink alcohol in moderation. However, a minority drink at levels which could harm their health. Thirty-three per cent of residents are drinking at levels putting them at "increasing risk" of developing an alcohol use disorder, with a further 12% drinking at "high risk" levels. There was some evidence of the "alcohol harm paradox" with people from lower socio-economic groups not necessarily drinking more alcohol than people from other groups, but they do suffer disproportionately from alcohol-related illness due to the adverse impact of other lifestyle and socio-economic factors. The highest rates of negative impacts of alcohol were in Central locality.

15 Sixteen per cent of adults say they currently smoke or use tobacco (excluding e-cigarettes). In line with national findings, higher proportions of people in the most deprived fifth of neighbourhoods smoke compared with the least deprived fifth (28% compared to 8% respectively). The adverse health effects of smoking are also evident: 44% of tobacco smokers say their health is bad/very bad compared with 10% of those whose health is good/very good. Encouragingly, three quarters of smokers (77%) say they would like to stop smoking.

16 Seventy-five per cent of adults say they visit the dentist at least once a year. Only 7% say they never visit the dentist. But among the groups least likely to have visited the dentist in the previous year are those living in Central locality (70%), those living in the most deprived quintile of neighbourhoods (66%) and social housing tenants (56%) as well as 56% of adults of Black and Minority Ethnicity compared with 76% of adults of White ethnicity.

17 Recommendations

17.1 We should continue to promote Portsmouth as a healthy city.

17.2 We will ensure that the information in the lifestyle survey and in this report inform strategic decisions by, among others, the Sustainability and Transformation Plan, Portsmouth Blueprint and Better Care to improve health and wellbeing in Portsmouth.

17.3 We will promote self-help as the first port of call for information and support on healthy behaviours. We need to do this on a larger scale, working cost-effectively with partners across Hampshire and the Isle of Wight.

17.4 The survey did not explore the use of online health and wellbeing resources and applications. We need to find out which online resources are most effective at promoting behaviour change, and how can we provide the same sort of support to people who cannot access the internet.

17.5 We need to ensure that information about how to live a healthier life and how to access relevant services is readily available to everyone (but particularly to "high risk" groups) in a format that is easily understandable.

17.6 We should scale-up Making Every Contact Count (MECC). We need to work with partners across the city so that MECC philosophy, knowledge and skills are embedded and routinely practiced.

17.7 We should continue to monitor the uptake and outcomes of the Wellbeing Service. We need to ensure that access and use of the service is fair and focuses on those most in need.

17.8 We should continue to build and act on the findings in the Rapid Participatory Appraisals and continue to establish an ongoing relationship between local communities and service providers.

17.9 Portsmouth should continue to be part of Cities of Service. Through the 'Portsmouth Together' partnership, we will seek to promote and extend volunteering across Portsmouth, showing the impact that volunteering can make in our communities (eg the community sign-posters associated with the Wellbeing Service, and the community connectors linked to the Independence and Wellbeing Team). We will continue to promote the 'Portsmouth Together' website.

17.10 We will continue to work with other council directorates, including City Development and Transport, so that improving health and wellbeing is considered in all planning decisions.

17.11 We will continue to support the Mental Health Alliance, Food Portsmouth, the Tobacco Control Alliance and Safer Portsmouth Partnership. With partners, we will implement the Mental Health Strategy, the Physical Activity and Healthy Weight Strategies, and the Smokefree Portsmouth: Tobacco Control Strategy.

17.12 In addition to Safer Portsmouth Partnership's action plan in relation to tackling alcohol misuse, we should:

- deliver "Brief Advice" on a larger scale as evidence shows this is an effective means of reducing alcohol consumption amongst increasing and "high risk" drinkers
- include additional off-licenced premises cumulative impact areas, within Central locality, in the council's forthcoming Statement of Licensing Policy, recognising that current national and local licensing policy does not necessarily consider health related harm
- with partners, lobby local MPs and national government to support health as a licensing objective and the introduction of a national minimum price per unit of alcohol.

17.13 We will support workplace health initiatives through the Workplace Wellbeing Charter.

17.14 We will continue to implement NICE guidance about mid-life approaches to delay or prevent onset of dementia, disability and frailty.

17.15 We will continue to commission NHS Health Checks.

17.16 We will continue to use the survey results to investigate areas of concern and inform actions, for example at locality level.

Please read the survey report for full findings including information about sexual health and substance misuse.

2 Background

Context

The survey results come at an opportune time as health, social care and voluntary sector decision makers across Hampshire and the Isle of Wight are making radical plans to achieve better health, transformed quality of care, and sustainable finances (via the Sustainability and Transformation Plan (STP) which accelerates implementation of the NHS's plan "Five Year Forward View"). The STP must be built around the needs of local populations and address key challenges of increasing demand for services, the complex needs of people with multiple health conditions, the unwarranted variability in quality, outcomes and performance of local providers, and of severe budget constraints[2].

At the same time, Portsmouth's Health and Wellbeing Board is overseeing the implementation of the Portsmouth Blueprint. The Blueprint aims to shift resources from acute care to prevention, early intervention, primary and community care and maximises the contribution of the voluntary and community sector[3].

Better Care in Portsmouth aims to join up health and social care support for older or vulnerable people in Portsmouth, enabling people to live as independently as they can for as long as possible, and reduce the number of people who need to be admitted to hospital as an emergency[4].

Public health departments in Hampshire and the Isle of Wight already work closely together in a number of areas, for example commissioning sexual health services across Hampshire. The departments in Portsmouth and Southampton face many issues in common and will look to forge still closer links in future.

Encouraging people to live healthier lifestyles, and to help themselves achieve better health, are key elements in the success of each of these plans. Current trends of ill health and demand for services are financially unsustainable. The survey results provide evidence of both the scale of issues and of the opportunities to tackle them in Portsmouth.

The survey

Portsmouth's Health and Wellbeing Board sets the city's strategy to improve health and wellbeing[5] and the Board needs local intelligence to identify current health and lifestyle issues and monitor trends. Lifestyle surveys are one means of collecting population statistics of the individual behaviours that impact on health. The Public Health department had previously conducted lifestyle

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[2] NHS England. NHS Shared planning guidance. www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/ Accessed 24 May 2016

[3] Portsmouth Health and Wellbeing Board. Agenda and minutes, 16 September 2015. http://democracy.portsmouth.gov.uk/ieListDocuments.aspx?CId=150&MId=3259&Ver=4 Accessed 24 May 2016

[4] Portsmouth City Council and NHS Portsmouth Clinical Commissioning Group. Better care in Portsmouth. www.portsmouth.gov.uk/ext/health-and-care/socialcare/better-care-in-portsmouth.aspx Accessed 24 May 2016

[5] Portsmouth City Council and NHS Portsmouth Clinical Commissioning Group. Joint Health and Wellbeing Strategy 2014-2017. www.portsmouth.gov.uk/ext/health-and-care/health/joint-strategic-needs-assessment.aspx Accessed 14 April 2016

surveys in 1993, 1999 and 2005. We need local intelligence to determine whether, and where, to take appropriate action, and to measure improvements.

On behalf of Portsmouth City Council and NHS Portsmouth Clinical Commissioning Group, Public Health Portsmouth commissioned Ipsos MORI to survey adults aged 16 years and over about their health and wellbeing. Between September and November 2015, Ipsos MORI posted survey forms to 5,000 households - surveying more households in the city's more deprived areas in anticipation that response rates in these areas might be disproportionately lower than the city average. The final overall response rate was 22%. More information about the survey methodology, and a copy of the survey questionnaire, are in Ipsos MORI's report.

3 Clustering of unhealthy behaviours

Survey findings

For the first time, we have information about the cumulative adverse effects of people having more than one unhealthy behaviour. The unhealthy behaviours we looked at were:

- smoking
- drinking alcohol to a risky level
- not doing the recommended amount of moderate or vigorous physical activity
- not eating the recommended five portions of fruit and vegetables each day.

Info graphic to show % single and multiple behaviours "Only one in ten Portsmouth residents (10%) 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)."

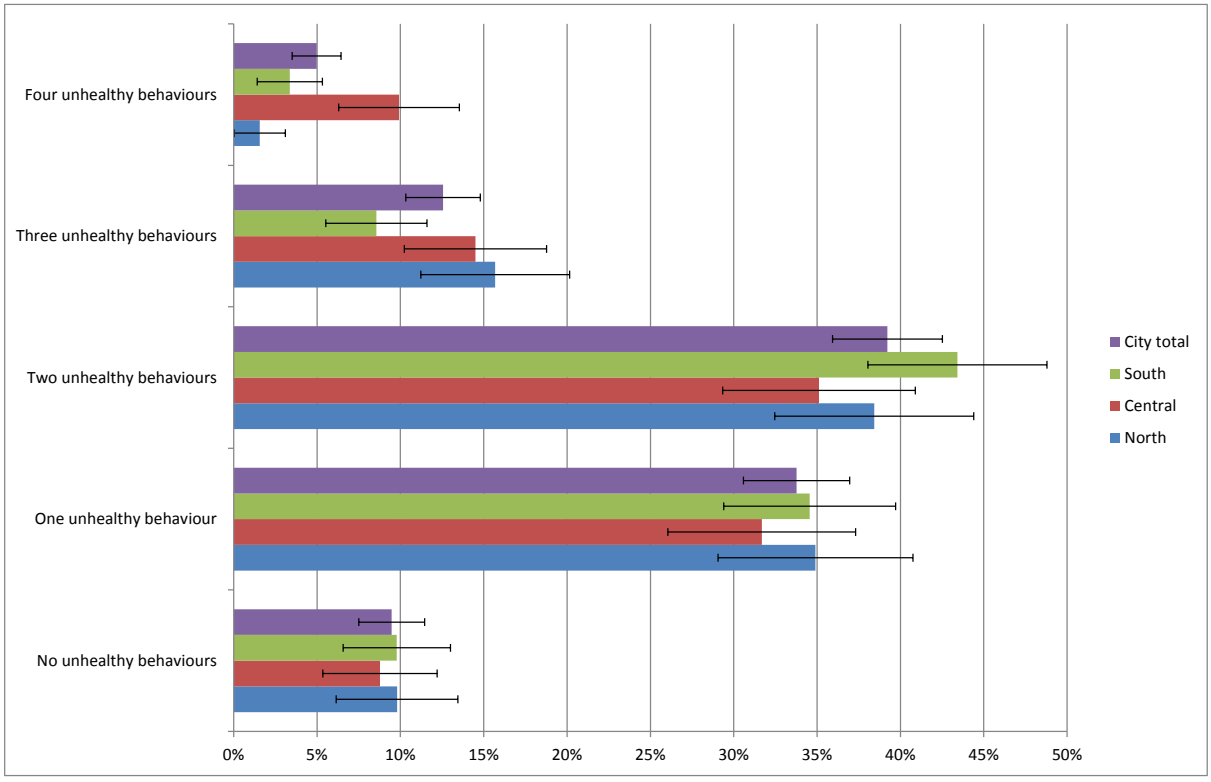
The survey found that healthy (and unhealthy) behaviours are, to some extent, self-reinforcing. For example, not meeting the recommended amount of physical activity is more common amongst people who smoke (48%) compared to those who had never smoked (34%), and among those who do not eat a healthy diet (40% of those who do not eat the recommended amount of fruit and vegetables compared with 28% of those who do).

Research shows that the adverse impact of multiple unhealthy behaviours contributes to health inequalities. The King's Fund[6] found that, in England between 2003 and 2008, the proportion of the whole population engaging in three or four of these unhealthy behaviours significantly declined. However, it was mainly people in the higher socio-economic and educational groups who had adopted the healthy behaviours. Between 2003 and 2008 the 'behaviour gap' actually widened so that by 2008, people with no qualifications were more than five times as likely as those with higher education to engage all four unhealthy behaviours, compared with three times as likely in 2003. The King's Fund starkly points out that "The health of the overall population will improve as a result of

[6] The King's Fund. 2012. Clustering of unhealthy behaviours over time. www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/clustering-of-unhealthy-behaviours-over-time-aug-2012.pdf Accessed 28 April 2016

the improvement in these behaviours, but the poorest and those with least education will benefit least, leading to widening inequalities and avoidable pressure on the NHS".

The survey found higher proportions of residents exhibiting all four unhealthy behaviours among those in council/social housing (15% compared to 5% of all residents) and those living in the most deprived quintile of neighbourhoods (13%). The chart shows that, compared to South or North localities, Central locality has a significantly higher percentage of adults with four unhealthy behaviours compared to South or North localities.



Those with health conditions are also more likely to show unhealthy behaviours: 13% of those with a limiting long-term disability or health condition exhibited all four unhealthy behaviours compared with just 2% of those without any limiting disabilities or conditions.

The relationships between issues such as deprivation or disabilities and lifestyle behaviours are complex. Tackling the root cause of why someone drinks to excess and smokes means taking a holistic view of circumstances, motivation and other factors.

The King's Fund recommends "moving beyond siloed approaches to public health behaviour policies, in which the focus is on renewing strategies on individual lifestyle risks one at a time, as this ignores how behaviours are actually distributed in the population".

What we are doing to help people lead healthier lifestyles

Side-bar: This chapter focuses on Wellbeing Services and Making Every Contact Count. Following chapters present information about other ways we help people to lead healthier lifestyles.

Public Health Portsmouth set up the Wellbeing Service in October 2015. It is a one-stop service offering support and advice to residents aged 18+ years on giving up smoking, reducing alcohol consumption and maintaining a healthy weight.

The Wellbeing Service replaced the services which offered support on single lifestyle behaviours (the alcohol intervention team, smoking cessation services and health trainers). The new service takes a holistic approach in assisting clients with wider issues, as we know that some people use unhealthy behaviours to deal with life issues, and these unhealthy behaviours can affect other areas such as housing, employment and managing money.

The service works in partnership with, among others, GPs, pharmacies, Probation, Job Centre Plus, libraries, community and voluntary groups to identify clients in need of support to address lifestyle risk factors. It targets the most socio-economically deprived areas of the city. It is based in community offices in North, South and Central localities, and at Queen Alexandra Hospital, to make the service easily accessible for local residents.[7]

Text in side bar about how to contact Wellbeing Service

"You can contact the Wellbeing Service on 023 9229 4001.

Email: wellbeing@portsmouthcc.gov.uk

Or ask your GP to refer you."

The Service is proving very popular but the lifestyle survey shows that tens of thousands of residents would benefit from changing their lifestyles. One service can never meet this level of need.

Everyone who comes into contact with members of the public has the opportunity to have a conversation to improve health and wellbeing. 'Making Every Contact Count' (MECC) encourages conversations based on behaviour change methodologies (ranging from 'Brief Advice' (see page x), to more advanced behaviour change techniques) to empower healthier lifestyle choices and explore the wider social determinants that influence health[8]. MECC is one of the council's priorities within workforce development and Public Health because it is a cost-effective way of preventing ill health. Many professionals beyond the Public Health department are jointly responsible for addressing public health issues by identifying cues from their clients to take action and suggest the appropriate way forward in their practice. Over the past three years, we have trained 276 people in local statutory and voluntary agencies in our MECC training programme.

What should we do?

- We should continue to monitor the uptake and outcomes of the Wellbeing Service - in particular, to look at the lifestyle issues people would like information and advice about, and how this varies by gender, age, disability and socio-economic factors. We need to ensure that access and use of the service is fair and focuses on those most in need.

[7] Find out about Portsmouth Wellbeing Service at: www.portsmouth.gov.uk/ext/health-and-care/health/portsmouth-wellbeing-service.aspx Accessed 28 April 2016
[8] Making Every Contact Count. www.makingeverycontactcount.co.uk/

- We should scale-up MECC. We need to work with partners across the city so that MECC philosophy, knowledge and skills are embedded and routinely practiced.

4 Being self-aware and informed

Survey findings

The survey found that the way residents *perceive* their own health is not necessarily fully commensurate with the way they actually *behave*. For example, 57% of residents who describe their diet as healthy do not eat the recommended five portions of fruit and vegetables a day.
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, 12% do less than the recommended amount.

The great majority (88%) of residents feel well informed about how to look after their health. But there are important differences in that the proportion of those who do not feel informed is significantly higher among those who, arguably, need the most advice and help to improve their health. The people most likely to feel badly informed include those who rate their health as bad (27% feel not well informed) and those who have three or more health conditions (22% feel not well informed).

We also found that people in Portsmouth are already helping themselves achieve healthier lifestyles eg of those who had given up smoking, 71% said they gave up without any help or support.

What we are doing to help people lead healthier lifestyles

As well as providing one-to-one support and advice through the Wellbeing Service, the Public Health team in Portsmouth supports the national health marketing campaigns led by Public Health England. We complement national activity by distributing campaign messages and resources in the city, targeting populations who would benefit most. Examples of the national campaigns include Stoptober, Sugar Swaps, 10 Minute Shake up and Dry January. National campaign activity aims to enable the public to adopt healthier habits using the advice and resources it provides. Locally, these campaigns also provide a platform for local services to engage with those who require additional one-to-one or group support. For example, we used the Stoptober campaign to launch the Portsmouth Wellbeing Service.

Increasingly there are more sophisticated, easy to use digital tools which enable individuals and families to motivate themselves to make positive choices and monitor lifestyle behaviours. The Sugar Smart[9] mobile application can be used to scan food and drink barcodes to identify the amount of sugar in the product. Social media, such as the Facebook Smokefree[10] page, is also used as a tool

[9] Public Health England. Sugar Smart. www.nhs.uk/change4life-beta/campaigns/sugar-smart/home
[10] Public Health England. Smokefree www.nhs.uk/smokefree

to bring people together to support and motivate each other. The OneYou[11] campaign uses an online questionnaire[12] to help identify the most appropriate online tools to help the user, and uses direct communications with the individual to support long term improvements. OneYou gives information and advice about good mental health as well as smoking, eating healthily, and being more physically active.

The Wellbeing Service recruits and trains local people to be 'community sign-posters'. The sign-posters help cascade health messages within the community, and signpost individuals to relevant support services. The Service works with volunteers from partner organisations and other council directorates - for example, with the 'community connectors' who are volunteers working with the council's Independence and Wellbeing service who provide support to vulnerable people and are important for maintaining their mental wellbeing. The Wellbeing Service also works in tandem with local voluntary groups such as Age UK, and the volunteer partnership 'Portsmouth Together'.

What should we do?

- We will promote self-help as the first port of call for information and support on healthy behaviours. We need to do this on a larger scale, working cost-effectively with partners across Hampshire and the Isle of Wight (supporting the health promotion and prevention of ill health elements of the STP).
- The survey did not explore the use of online health and wellbeing resources and applications. We need to find out which online resources are most effective at promoting behaviour change, and how can we provide the same sort of support to people who cannot access the internet.
- Continue to train volunteers so they can signpost to services, and support others in their neighbourhoods.
- We need to ensure that information about how to live a healthier life and how to access relevant services is readily available to everyone (but particularly to "high risk" groups) in a format that is easily understandable.

5 Portsmouth communities

Survey findings

Appendix 1 summarises key findings for North, Central and South localities.

The survey showed that feeling connected to the local community is an important factor for mental wellbeing. Those who agree they can ask neighbours for advice or help have higher mean score for satisfaction with life (7.38 compared with 6.89 for all residents).

Adults are fairly evenly split as to whether they could ask someone in their neighbourhood for practical help or advice (35% agreed they could, 32% said they could not). Unsurprisingly, people who rent from private sector landlords, with possibly weaker ties to the local community, are less likely to agree that they could ask neighbours for advice or help (17% compared with 35% of all

[11] Public Health England. One You. www.nhs.uk/oneyou
[12] Public Health England. How are you quiz. www.nhs.uk/oneyou/hay

residents). As an age group which overlaps with those privately renting, younger people aged 16-34 years are less likely to agree they could ask for advice or help (24% compared with 35% of all residents).

The survey asked about some types of unpaid or voluntary work. The list included informal activities (such as baby-sitting, or doing a quick favour for an elderly neighbour) as well as more formal activities for groups, clubs or organisations. One fifth of residents could be described as regular volunteers, ie they have done formal voluntary work with a group, club or organisation at least once a month in the last year. There is some variation across demographic groups with, for example, women more likely to provide personal care to someone who is frail or sick (10% compared with 4% for men) while people aged 65+ years are more likely to keep in touch with someone who has difficulty getting out and about (37% compared with 28% of all residents).

The survey found that 72% of resident had volunteered (formally or informally) but an even greater proportion (82%) would be willing to do at least one of the activities in the future. For each activity, the proportion willing to do the activity is greater than the number who currently report doing it. Of the activities listed, babysitting/child care is the most frequent activity currently undertaken (30% of all residents) but doing a quick favour for an elderly neighbour is the activity most would be willing to do (44% of all residents).

What we are doing to help people lead healthier lifestyles

Co-production approaches underpin public health policy, interventions and approaches and are key in developing sustainable and effective outcomes for our communities. Co-production delivers ''public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours"[13].

To support co-production, Public Health Portsmouth has undertaken a number of Rapid Participatory Appraisals (RPAs) in Paulsgrove, Fratton and Charles Dickens wards. The RPAs aim to:

- gain an insight into a community's own perspective of its main needs (and so are complementary to the statistical findings from the lifestyle survey)
- translate these findings into action
- establish an ongoing relationship between service providers and local communities.

Another strand of this work involves volunteering. The survey listed activities covering formal and informal community involvement but many people would not think of occasional acts of kindness, such as helping a neighbour, as 'volunteering'. That being said, we wish to encourage more people to help other people, rather than relying or depending on public services.

Portsmouth is a member of Cities of Service, an international coalition of cities which engage citizens to make a difference in the face of pressing issues. We set up Portsmouth Together with specific goals to:

- enhance mentoring programmes for young people in schools

[13] Boyle D and Harries H, 2009. Cited in New Economics Foundation. In this together website: www.neweconomics.org/publications/entry/in-this-together Accessed 23 May 2016

- recruit volunteers to support people in improving their confidence in using maths
- encourage local street communities' projects
- increase opportunities for people to volunteer.

The Portsmouth Together website has more than 150 organisations and charities looking for volunteers: www.volunteer.portsmouth.gov.uk . The website will also be used as a repository for advice and guidance on volunteering.

What should we do?

- We should continue to be a member of Cities of Service.
- We should continue to build and act on the findings in the RPAs and continue to establish an ongoing relationship between local communities and service providers.
- Through the 'Portsmouth Together' partnership, we will seek to promote and extend volunteering across Portsmouth, showing the impact that volunteering can make in our communities. We will continue to promote the partnership website.

6 Keeping well throughout our lives

Survey findings

Appendix 2 summarises key findings for different age groups.

Unsurprisingly young adults aged 16 to 34 years report that they have the best quality of health, and are the most physically active, and have a healthy weight. But the picture is not all rosy. Young adults are more likely than other residents to:

- say that barriers to healthy eating are lack of time to prepare or cook healthy food (40% compared to 24% overall) and the perceived higher cost of healthy food (27% compared to 19% overall)
- not eat the recommended daily fruit and vegetable intake (71% of 16-34 year olds compared to 62% of 65+ year olds)
- be at "increasing risk" of developing an alcohol use disorder (44% compared to 33% overall)
- have used illegal drugs or new psychoactive substances[14] in the last 12 months (14% compared to 9% of all adults)
- have close friends who have used illegal drugs or new psychoactive substances in the last 12 months (25% compared to 15% of all adults).

Younger adults may consider themselves somehow 'immune' from poor health. Physically, they consider themselves to be fit; and indeed, they have higher rates of physical activity. The majority are not overweight so they appear healthy. But by drinking alcohol to excess, they are putting themselves at "increasing risk" of developing an alcohol misuse disorder; they are storing up trouble ahead.

[14] The survey was conducted before the Psychoactive Substances Act came into force on 26 May 2016.

The survey was of adult lifestyles but the health of children and teenagers is highly dependent on the behaviours of the adults caring for them. Those who are younger than 35 years are in the age group that is likely to be the parents of pre- and school-age children. As the city's Healthy Weight Strategy says: "…breaking the pattern of lifestyle behaviours that reinforce weight gain is crucial as once established, it is notoriously difficult to treat. The focus needs to be on prevention and early intervention within families if a reversal of the rising tide of obesity is to be achieved". Helping parents overcome barriers of time and cost - showing people how to cook healthy meals on a tight budget - is an important intervention.

We have some information about the interactions between parents and teenagers (for example, we know from our annual survey of secondary school pupils that, of those pupils who had drunk a whole alcoholic drink, 45% obtained alcohol from their parents[15]). We need more information about lifestyle behaviours in the households which include children and teenagers.

The findings for Portsmouth's middle-aged adults are concerning. Those aged 35-64 years consistently rate aspects of their life and their mental wellbeing less positively than either younger adults or those aged over 65. They are more likely than over 65s to have unhealthy behaviours. For example:

- 25% of 35-64 year olds are obese compared with 11% of 16-34 year olds or 19% of 65+ year olds
- one fifth of 35-64 year olds smoke tobacco compared with 14% of 16-34 year olds or 10% of over 65s
- 27% of the younger middle-aged drinkers (aged 35-44 years) are at "high risk" of developing an alcohol misuse disorder compared with 14% of those aged 55-64 years and 11% of those aged 16-34 years
- middle-aged adults are also more likely to exhibit multiple unhealthy behaviours (23% exhibit three or more, compared with 18% overall).

We found some evidence of the so-called 'sandwich generation' of middle-aged adults who care for children and for older adults. For those aged 35-64 years, nearly one-third of adults had children aged under 17 years living in their household (compared to 25% of all adults); 24% of this age group gave unpaid care to other adults (compared to 21% of all adults). Within this age group, 29% of those aged 55-64 years provide unpaid care.

Many people in this age group urgently need to prepare for a healthy older age. Making it easier for people to stop smoking, be more physically active, reduce alcohol consumption, adopt a healthy diet and achieve and/or maintain a healthy weight will reduce the risk of dementia, disability and frailty[16]. Making healthy changes can reduce the risk of a number of diseases including type 2 diabetes, cardiovascular disease, some cancers and dementia. Risks for these conditions develop over the course of a lifetime but health gains can be made by changing behaviours in mid-life.

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[15] Portsmouth City Council. 2015. 'You say' secondary schools health survey. http://data.hampshirehub.net/data/portsmouth-secondary-schools-health-survey-2015---you-say Accessed 28 April 2016

[16] NICE, 2015. NICE guideline NG8. Dementia, disability and frailty in later life - mid-life approaches to delay or prevent onset. www.nice.org.uk/guidance/NG16/chapter/1-Recommendations Accessed 29 April 2016

Several studies have found links between "successful ageing"[17] and not smoking (or having quit), exercising regularly, eating fruit and vegetables daily and drinking a moderate amount of alcohol.

There are about 30,600 people aged 65+ years living in the city. Perhaps unsurprisingly, compared to those aged 16-34 years and 35-64 years, older residents are:

- less likely to rate their health as good or very good (58% compared with 81% and 70% respectively)
- less physically active than most (44% meet recommended levels for physical activity compared with 71% and 57% respectively)
- more likely to have a health condition or disability that limits daily activities a little or a lot (53% compared with 14% and 34%)
- more likely to be overweight than the other age groups (41% compared with 26% and 36%).

However, compared to other age groups, older people have a better quality of diet both in terms of the way they view their own diet (71% say they have a healthy diet compared to 69% of 16-34 year olds and 59% of 35-64 year olds), and in eating the recommended healthy amounts of fruit and vegetables (38% compared with 30% and 33%). They are less likely to exhibit unhealthy behaviours such as smoking (11% smoke daily or occasionally compared with 16% and 21%) and risky drinking (23% are at increasing or "high risk" of developing an alcohol use disorder compared with 53% and 48% respectively).

For the current cohort of over 65s, it appears that it is physical health conditions or disabilities that have greater negative impact on their wellbeing, rather than their diet, or alcohol or smoking. This gives a good base for building on positive behaviours.

What we are doing to help people lead healthier lifestyles

The national Public Health campaign OneYou[18] specifically targets middle-aged adults. This age group often has other people relying on them (and relying on them to stay healthy). The message is that they need to look after their own health because "There's only One You."

We also commission NHS Health Checks. People aged 40 to 70 years can have a free health check from their GP or at a pharmacy. In 2015, uptake of the local service increased from 30% to 42% of those invited.

Workplace health is an important area for public health: "Improving the health of the working age population is critically important for everyone, in order to secure both higher economic growth and increased social justice."[19] The council's workplace health team supports employers to achieve the Workplace Wellbeing Charter, which gives them access to training for line managers, staff and

[17] Successful ageing is defined as "Survival to an advanced age while maintaining physical and cognitive function, functional independence and a full and active life. Ill health and disability are compressed into a relatively short period before death." (Fries et al. 2011). From www.nice.org.uk/guidance/NG16/chapter/7-Glossary#successful-ageing

[18] Public Health England. One You. www.nhs.uk/oneyou

[19] Department for Work and Pensions, 2008. Working for a healthier tomorrow: Dame Carol Black's review of the health of Britain's working age population. www.gov.uk/government/publications/working-for-a-healthier-tomorrow-work-and-health-in-britain Accessed 25 May 2016

wellbeing champions. Twenty workplace champions are currently engaged across the city, while ten businesses have been accredited against the Charter - and each has seen a reduction in employee sickness absence rates.

A healthy workforce is good for business and this sort of sustainable workplace wellbeing programme is a proven and effective way of promoting employee health and producing economic benefits. The potential economic return on investment for a UK business that invests in workplace health initiatives is £4.17 for every £1 spent[20].

What should we do?

- We will continue to implement NICE guidance about mid-life approaches to delay or prevent onset of dementia, disability and frailty.
- We will continue to promote national and local behaviour change initiatives for different age groups.
- We will continue to commission NHS Health Checks.
- We will support workplace health initiatives through the Workplace Wellbeing Charter.

7 Good mental health

Survey findings

This survey asked people to evaluate their mental health through answering questions in the shortened form of the Warwick and Edinburgh Mental Wellbeing Scale. Overall, the dimensions of good mental wellbeing which the highest proportion of residents most frequently experienced were being able to make up their mind about things (77% agreed they experienced this "all the time" or "often" over the previous two weeks), thinking clearly (69%) and feeling close to other people (61%). The dimensions adults least experienced were feeling optimistic about the future (49%) and feeling relaxed (43%).

Lower levels of mental wellbeing were linked with unhealthy behaviours and with physical ill health. Reporting being in bad/very bad health was more common in people with the lowest level of mental wellbeing (32% compared with 5% for those with higher levels of mental wellbeing); as was having a condition that limits daily activities a little/a lot (62% compared with 26% of those with medium levels of mental wellbeing and 21% of those with the highest levels).

Those with the lowest levels of mental wellbeing (compared with those with the highest levels) are more likely to be physically unfit/very unfit (32% compared with 8%); less likely to agree that they had a healthy diet (8% compared with 15%); to smoke tobacco (16% compared to 9%), and to drink alcohol putting themselves at "high risk" of developing an alcohol use disorder (9% compared with 3%). However, the widespread acceptance of drinking alcohol at a level of "increasing risk" of developing an alcohol use disorder means that there is little difference in this level of intake

[20] British Heart Foundation. Health and work - business case infographics. www.bhf.org.uk/publications/health-at-work/health-at-work---business-case-infographics Accessed 29 April 2016

between those with the lowest and the highest levels of mental wellbeing (10% and 9% respectively).

The survey also found that poorer mental health was more likely for people who are carers (19% compared with 9% for non-carers).

What we are doing to help people lead healthier lifestyles

In 2015 we set up the Mental Health Alliance. In 2016, after consultation with service users, carers and partners, the Alliance launched the five year strategy 'Improving Mental Health and Wellbeing in Portsmouth 2016 to 2021'. The strategy has 11 pledges addressing, among other issues, culture, building resilience, the prevention of mental ill health and joining up mental and physical health[21].

What should we do

- We will continue to work with the Mental Health Alliance to implement the pledges in the Mental Health Strategy to improve mental health, and develop and implement the action plan.

8 Healthy weight

Survey findings

Physical activity and healthy eating are the keys to maintaining a healthy weight. The lifestyle survey found that 46% of residents have a healthy weight, 34% are overweight and 19% are obese.

While most respondents are physically active, they are more likely to undertake moderate (88%) rather than vigorous exercise (50%). Fifty seven per cent would like to do more exercise than the current level but the most common barriers are lack of time (47%) and the financial cost of exercise (21%). Men are more likely than women to consider themselves fit/very fit (37% compared with 23%), and they are twice as likely (28%) as women (14%) to do more than 75 minutes of vigorous exercise a week. Encouragingly, over 60% of women say they would like to do more exercise.

Sixty-five per cent of residents are more likely to agree than disagree that they have a healthy diet. However, even though 98% eat at least some fruit and vegetables a day, only a third (33%) meet or exceed the recommended daily minimum of five portions. Ninety-four per cent say that they eat home-cooked meals made from scratch once a week and 66% do so at least four times a week. In common with the barriers to physical activity, lack of time is the most frequent barrier to cooking healthy food (24%). This followed by a lack of willpower (20%) and cost of healthy food (19%).

What we are doing to help people lead healthier lifestyles

[21] Portsmouth City Council, 2016. Improving mental health and wellbeing in Portsmouth 2016-2021. www.portsmouth.gov.uk/ext/documents-external/hlth-mental-health-strategy-2016-2021.pdf Accessed 24 May 2016

People are more likely to succeed in leading healthier lifestyles when activities or actions become part of everyday routines[22]. The environment around us (eg making it easy and pleasurable to walk or cycle around the city instead of driving, or having opportunities to be healthy in our workplaces) contributes to our ability to embed physical activity in our everyday lives[23].

Last year's Public Health Annual Report focused on a series of city seminars on the ways our built urban environment impacts on health[24]. As a result of that work, Public Health is working with partners inside (eg Transport and City Development directorates) and outside the council (eg University of Portsmouth) on shared priorities in these areas. Evidence reviews for the city's Air Quality Strategy, the refresh of the Transport Strategy, the Placemaking Strategy and the Portsmouth Plan will inform council policy.

Public Health is also part of Food Portsmouth, a local network bringing together a wide range of organisations and people from various backgrounds (growing, production, preparing and cooking, buying and providing) with food as the central theme, as part of our sustainable food city initiative. In last year's Annual Report recommendations, Public Health committed to strengthening the local food economy and links with local food growers across the region to improve markets for access to local seasonal produce; supporting people to grow their own food where possible through allotments and private and community growing space; promoting reduction in waste including food waste, unnecessary packaging by buying loose produce or using reusable bags; buying fruit and vegetables in season and where possible buying locally grown produce. Food Portsmouth supports these aims through its work with businesses, public, private and voluntary sectors and local communities.

For individual clients, the Wellbeing Service helps clients experiencing complex needs to change behaviours so they achieve a healthy weight eg to develop their own individual physical activity plans and work out ways to achieve them through embedding them in daily routines (which is free) and signposting clients to local physical activities (which are free or low cost). Some clients receive additional practical support in learning the basics of preparing healthy, low-cost meals.

Public Health also supports the activities provided by Adult Social Care's Independence and Wellbeing Team. One activity is "Healthy Walks" which offers free guided short or medium length walks across the city for people to enjoy fresh air, exercise and social contact. The scheme is open to everyone but is particularly used by older residents. In addition, other initiatives such as falls prevention and over 55s activity clubs are targeted at supporting people entering older life to remain as active and independent as possible.

What should we do?

[22] Public Health England. November 2014. Everybody active, every day: an evidence-based approach to physical activity. And Everybody active, every day: what works, the evidence. www.gov.uk/government/publications/everybody-active-every-day-a-framework-to-embed-physical-activity-into-daily-life Accessed 13 May 2016

[23] NICE. January 2008. NICE guideline PH8. Physical activity and the environment. www.nice.org.uk/guidance/ph8/chapter/Introduction Accessed 11 May 2016

[24] Portsmouth City Council, 2015. Building a healthier city: Public Health Annual Report 2014. Ibid

- We will continue to work with other council directorates, including City Development and Transport, so that improving health and wellbeing is considered in all planning decisions.
- We will continue to support Food Portsmouth.
- We will implement the Physical Activity and Healthy Weight Strategies.

9 Alcohol

Survey findings

Most people in Portsmouth drink alcohol in moderation. However, a minority drink at levels which could harm their health.

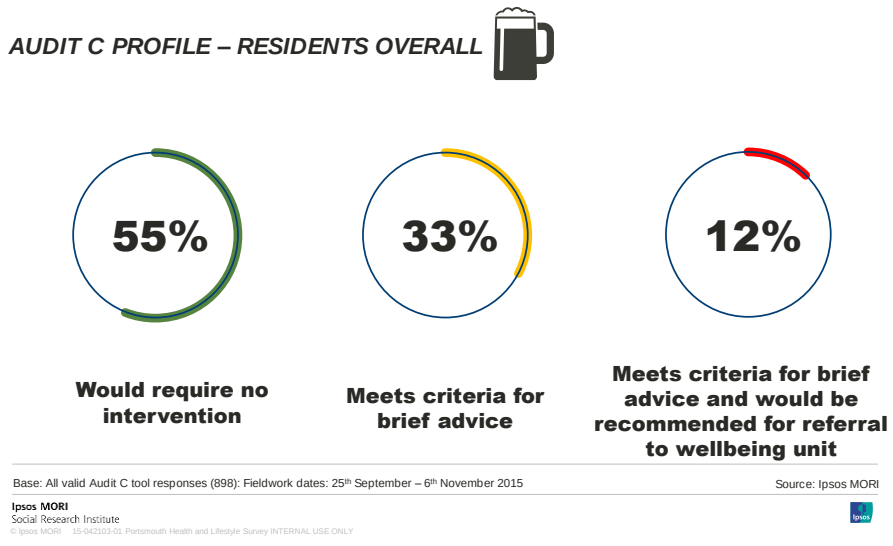
The survey shows that the percentage of residents drinking at levels which may harm their health is higher than previous estimates. Previously we thought about 25% of residents were drinking at either increasing (more than the government's previous guidelines) or "high risk" levels (ie 35 plus units per week for a woman or 50 plus units for a man - typically, a large glass of wine or a pint of premium larger contains three units of alcohol). This survey suggests that 33% of residents are drinking at levels putting them at "increasing risk" of developing an alcohol use disorder, with a further 12% drinking at "high risk" levels - giving a total of 45% of residents drinking to levels which puts their health at risk.

MORI graphic below with % and estimated numbers of people. And with nicer graphics

93,600 adults (55%) don't drink or drink in moderation = no intervention

55,500 adults (33%) at "increasing risk" of developing an alcohol use disorder = meet criteria for Brief Advice

21,000 adults (12%) at "high risk" of developing an alcohol use disorder = meet criteria for Brief Advice and would be recommended for referral to wellbeing unit



This survey results go some way to explaining why Portsmouth has among the highest alcohol-related mortality rates in the country, with high rates of liver disease and deaths. We know from last year's liver health needs assessment that liver disease is largely preventable. It is affected by physical activity, diet, tobacco smoking and alcohol as well as by Hepatitis B and C viruses. Liver disease is often silent in nature, which means that it goes undetected until major complications develop as a result of chronic liver damage[25].

However, the lifestyle survey also highlights that alcohol consumption on its own is not necessarily linked to other unhealthy lifestyles and poor health. For example, the survey shows that alcohol consumption was highest amongst people who undertook regular physical activity (although this is partly explained by the fact that this group had a high proportion of under 65s, who as well as exercising, also drank the most).

People from lower socio-economic groups do not necessarily drink more alcohol than people from other groups, but they do suffer disproportionately from alcohol-related illness due to the adverse impact of other lifestyle and socio-economic factors. This is known as the "alcohol harm paradox"[26]. The paradox is demonstrated in the survey with "high risk" drinking being more common among drinkers who smoke or are overweight (35% and 27% respectively, compared with 15% of drinkers overall).

The survey showed that a minority of drinkers are suffering negative impacts from drinking. One in 10 of drinkers reported failing to do something expected of them due to drinking. Additionally 11% of all drinkers (but 22% of "high risk" drinkers) have either injured themselves, or someone else, due to their drinking. In all, 9% of all drinkers (but 35% of "high risk" drinkers) had a relative, friend or health worker suggest they reduce their alcohol consumption. Problems associated with drinking (failure to do things normally expected, injuries to themselves or others, and concern from family/friends) are more concentrated in areas with high levels of social housing and tenants of private landlords.

The highest rates for negative impacts were in Central locality. The data highlighted in the survey shows some association with analysis in the Safer Portsmouth Partnership's annual Strategic Assessment, when looking at violence and other negative alcohol-related impacts. The survey found that people in Central locality experience the highest negative impact of alcohol and we know that this area also has a high density of off-licenced premises and rate of alcohol-related hospital admissions. There appears to be a clear cumulative adverse impact of alcohol, related to density of licenced premises, consumption, negative impacts and health issues linked to alcohol in these neighbourhoods - and it is most likely this is exacerbated by alcohol sales in off-licenced premises (rather than public houses or restaurants).

What we are doing to help people lead healthier lifestyles

[25] Portsmouth City Council, 2015. Liver health needs assessment. http://data.hampshirehub.net/data/liver-health---needs-assessment-june-2015 Accessed 11 May 2016

[26] Institute of Alcohol Studies, 2014. Alcohol, health inequalities and the harm paradox: why some groups face greater problems despite consuming less alcohol. www.ias.org.uk/uploads/pdf/IAS%20reports/IAS%20report%20Alcohol%20and%20health%20inequalities%20FULL.pdf Accessed 25 May 2016

Alcohol, along with drug misuse, is a priority of the strategic Safer Portsmouth Partnership (SPP). The SPP already has plans in place to address alcohol misuse linked to the most problematic drinking and associated crime and disorder. These are contained in the SPP's Partnership Plan, available at www.saferportsmouth.org.uk.

The SPP works strategically so that agencies work together to tackle alcohol misuse from prevention to provision of support services. Examples are:

- working with Licensing Officers to implement licensing policy so that it meets current national licensing objectives (eg that a new alcohol outlet is not harmful to children and young people)
- enforcement to locate and destroy illegal imports of alcohol
- encouraging local businesses to sign up to the voluntary agreement to adopt the "Reducing the strength" scheme to remove super-strength beer and cider from sale[27]
- monitoring the price of alcohol - especially the very low cost of some ciders.

The Wellbeing Service offers alcohol interventions and support to clients. The service also takes referrals from the Probation Service for offenders who need alcohol support.

What should we do?

Side bar: Brief Advice is a short session of structured Brief Advice to help someone reduce their alcohol consumption. The advice can be given by non-alcohol specialists. It comprises:

F Feedback on the client's risk of having alcohol problems

R Responsibility - change is the client's responsibility

A Advice - give clear advice when requested

M Menu - what are the options for change?

E Empathy - an approach that is warm, reflective and understanding

S Self-efficacy - optimism about the behaviour change

In addition to the SPP's action plan, we should:

- deliver Brief Advice on a larger scale as evidence[28] shows this is an effective means of reducing alcohol consumption amongst "increasing" and "high risk" drinkers. It would be far too costly to develop a service to see the number of adult drinkers (estimated at between 61,300 and 76,200) who are at risk. However, in most cases these people do come into contact with frontline health, social care or other professionals who could ask a few basic questions and deliver Brief Advice (ie a MECC approach)

[27] Portsmouth City Council. Reducing the strength www.saferportsmouth.org.uk/alcohol/alcohol-campaigns/reducing-the-strength Accessed 18 May 2016

[28] NICE. June 2010 Public Health guideline PH24. Alcohol-use disorders: prevention. www.nice.org.uk/guidance/ph24 Accessed 15 April 2016

- include additional off-licenced premises cumulative impact areas, within Central locality, in the council's forthcoming Statement of Licensing Policy, recognising that current national and local licensing policy does not necessarily consider health-related harm
- with partners, lobby local MPs and national government to support health as a licensing objective and the introduction of a national minimum price per unit of alcohol.

10 Smoking

Survey findings

Sixteen per cent of adults say they currently smoke or use tobacco (excluding e-cigarettes). Seventy-two per cent of tobacco users smoke at least five times a day, 45% smoke between five and 15 times a day and 23% smoke more than 15 times each day. In line with national findings, higher proportions of people in the most deprived fifth of neighbourhoods smoke compared with the least deprived fifth (28% compared to 8% respectively).

Smoking and drinking alcohol to excess (ie those at 'high' risk of developing alcohol use disorders) are linked (42% of "high risk" drinkers also smoke, compared to 10% of non-drinkers or "low-risk" drinkers). The adverse health effects of smoking are also evident: 44% of tobacco smokers say their health is bad/very bad compared with 10% of those whose health is good/very good.

We see the adverse impact of smoking in the city's significantly high rates of death from diseases that are related to smoking: in deaths from lung cancer, from chronic obstructive pulmonary disease, and in overall mortality attributable to smoking.[29] Between 1995 and 2014, the city's female lung cancer mortality rate increased from 51 deaths per 100,000 females of all ages to 62 such deaths. Deaths associated with smoking are preventable.

Encouragingly, three quarters of smokers (77%) say they would like to stop smoking. Of those who had given up smoking, 71% said they gave up without any help or support.

What we are doing to help people lead healthier lifestyles

In 2015 we set up the Tobacco Control Alliance and have recently agreed the Smoke-free Portsmouth: Tobacco Control Strategy 2016-2020. The strategy aims to reduce ill health and preventable premature death by reducing the prevalence of smoking in the people of Portsmouth. The actions in the plan move Portsmouth towards best practice in tobacco control and are aligned with national recommendations.

Half of all current tobacco smokers started to smoke when they were younger than 16 years. Public Health works in the city's secondary schools, giving advice to year groups about not smoking, and to individuals about giving up. We conduct an annual survey of substance misuse for secondary school pupils to monitor trends.

Of all reasons for referral to the Wellbeing Service, most are referred for help in giving up smoking. The service offers drop-in sessions and one-to-one support for smoking cessation. Residents are also encouraged to use their local pharmacies for smoking cessation support.

[29] Public Health England. Tobacco Control Profile. www.tobaccoprofiles.info/ Accessed 3 May 2016

The city's rate of women who continue to smoke during pregnancy is significantly higher than the England average elsewhere (14.7% compared to 11.4% in 2014/15). The Wellbeing Service is working with midwives on plans to support women in smoking cessation.

What should we do?

- With partners on the Tobacco Control Alliance, we should implement the recently agreed Smoke-free Portsmouth: Tobacco Control Strategy 2016-2020.
- We will work with local communities to seek commitment for creating a tobacco-free generation. We want to take an asset-based approach by identifying and building on local assets (such as key individuals, groups or facilities) to help achieve our aims.

11 Good oral health

Survey findings

Good oral health is important for general health and wellbeing. Poor oral health can affect someone's ability to eat, speak, smile and socialise (for example, due to pain or social embarrassment at loss of teeth). It is important to visit the dentist regularly so s/he can assess and treat any oral health problems such as gum disease, tooth decay or oral cancer[30]. Dental decay is a preventable disease that can be arrested and even reversed in its early stages of development[31].

Seventy-five per cent of adults say they visit the dentist at least once a year - slightly fewer (68%) had actually visited the dentist within the previous 12 months. Only 7% say they never visit the dentist.

The greatest burden of poor oral health is demonstrated in the most vulnerable and disadvantaged population groups[32]. Among the groups least likely to have visited the dentist in the previous year are those living in Central locality (70%), those living in the most deprived quintile of neighbourhoods (66%) and social housing tenants (56%).The survey found that 76% of adults of White ethnicity visited the dentist at least one a year compared with 56% of adults of Black and Minority Ethnicity (BAME). Children of BAME parents generally have higher than average levels of tooth decay in their first teeth, even after adjusting for socioeconomic status[33]. Belonging to a family in which the mother speaks little English is a factor associated with severe tooth decay[34].

Smoking and drinking alcohol to excess are lifestyle risk factors linked to the majority (over 90%) of oral cancer cases[35]. Over 70% of current tobacco users, and over 70% of adults who drink alcohol at

[30] NICE. October 2014. Public Health guideline PH55. Oral health: local authorities and partners. www.nice.org.uk/guidance/ph55 Accessed 4 May 2016
[31] Fisher-Owens et al (2007), Pediatrics, vol. 120 no. 3 September 01, 2007.
[32] Department of Health. Early Years High Impact Area 5 – Managing minor illness and reducing accidents (hospital attendance/admissions). Commissioning of public health services for children. 1 July 2014.
[33] Marshman Z, Rodd H, Stern M et al. An evaluation of the Child Perceptions Questionnaire in the UK. Community Dent Health 2005; 22: 151–155.
[34] Rayner et al (2003) cited in: www.nice.org.uk/guidance/NG30/documents/oral-health-promotion-approaches-for-dental-health-practitioners-final-scope2 Accessed 26 May 2016
[35] NICE. Improving outcomes in head and neck cancers: Evidence Update May 2012.

levels putting themselves at "increasing risk" or at "high risk" of developing alcohol-use disorders, all visit the dentist at least once a year. Consequently, dentists are ideally placed to give people information about smoking cessation, Brief Advice about reducing their alcohol consumption, and can refer to specialist services if necessary.

Of all ages, those of middle age (35-64 years) were more likely to visit the dentist at least once a year (80%) and those aged 65+ years the least (71%). People with no disabilities were more likely than those with three or more conditions to visit the dentist (77% compared with 69%). Older people and people with disabilities present challenges for oral health promotion as their co-morbidities can make dental treatment more difficult. Some physical conditions or reduced manual dexterity can make oral health self-care a challenge for some older people.

Some people with dementia are dependent on carers for their health needs, while supporting their wishes and dignity. This survey was of adults living in their own homes, not in communal settings. Those in care or nursing homes are dependent on carers employed in these institutions for their oral health care. Any or all of these factors may result in oral health falling down the list of priorities, particularly when knowledge of oral health, and/or of dental services, is low. Prompt investigation into ways in which this can be rectified is recommended.

What we are doing to help people lead healthier lifestyles

The council is statutorily responsible for commissioning oral health promotion programmes to improve the health of the local population.

To encourage better oral health we:

- work in partnership with the University of Portsmouth Dental Academy to deliver the Brush Up and the Fluoride Varnish Programmes
- commission/deliver health promotion training and start up resources for schools
- commission triage sessions for young adults and people who find it difficult to maintain good oral health and/or access services for various reasons eg older people, people who are homeless and other vulnerable people in our communities. There is a plan to build in monthly mobile emergency dental care (as well as maintaining the ongoing oral health messages, screening and advice) from September 2016
- deliver oral health promotion messages and sign posting to relevant services such as NHS dentists
- are reviewing overall oral health to ensure that the health promotion we are offering is best matched to the oral health needs of Portsmouth residents.

What should we do

- Ensure that Portsmouth residents are able to access NHS dentists. We need to make sure that the information about oral health and where and how to access dental surgeries is readily available to everyone (but particularly high risk groups) in a format that is easily understandable.
- Engage dentists in MECC.

12 Summary of recommendations

1 We should continue to promote Portsmouth as a healthy city.

2 We will ensure that the information in the lifestyle survey and in this report inform strategic decisions by, among others, the Sustainability and Transformation Plan, Portsmouth Blueprint and Better Care to improve health and wellbeing in Portsmouth.

3 We will promote self-help as the first port of call for information and support on healthy behaviours. We need to do this on a larger scale, working cost-effectively with partners across Hampshire and the Isle of Wight.

4 The survey did not explore the use of online health and wellbeing resources and applications. We need to find out which online resources are most effective at promoting behaviour change; and how can we provide the same sort of support to people who cannot access the internet.

5 We need to ensure that information about how to live a healthier life and how to access relevant services is readily available to everyone (but particularly to high risk groups) in a format that is easily understandable.

6 We should scale-up Making Every Contact Count (MECC). We need to work with partners across the city so that MECC philosophy, knowledge and skills are embedded and routinely practiced.

7 We should continue to monitor the uptake and outcomes of the Wellbeing Service. We need to ensure that access and use of the service is fair and focuses on those most in need.

8 We should continue to build and act on the findings in the RPAs and continue to establish an ongoing relationship between local communities and service providers.

9 We should continue to be a member of Cities of Service. Through the 'Portsmouth Together' partnership, we will seek to promote and extend volunteering across Portsmouth, showing the impact that volunteering can make in our communities (eg the community sign-posters associated with the Wellbeing Service, and the community connectors linked to the Independence and Wellbeing Team). We will continue to promote the 'Portsmouth Together' website.

10 We will continue to work with other council directorates, including City Development and Transport, so that improving health and wellbeing is considered in all planning decisions.

11 We will continue to support the Mental Health Alliance, Food Portsmouth, the Tobacco Control Alliance and Safer Portsmouth Partnership. With partners, we will implement the Mental Health Strategy, the Physical Activity and Healthy Weight Strategies, and the Smokefree Portsmouth: Tobacco Control Strategy.

12 In addition to the SPP's action plan in relation to tackling alcohol misuse, we should:

- deliver Brief Advice on a larger scale as evidence shows this is an effective means of reducing alcohol consumption amongst increasing and "high risk" drinkers

- include additional off-licenced premises cumulative impact areas, within Central locality, in the Council's forthcoming Statement of Licensing Policy, recognising that current national and local licensing policy does not necessarily consider health related harm
- with partners, lobby local MPs and national government to support health as a licensing objective and the introduction of a national minimum price per unit of alcohol.

13 We will support workplace health initiatives through the Workplace Wellbeing Charter.

14 We will continue to implement NICE guidance about mid-life approaches to delay or prevent onset of dementia, disability and frailty.

15 We will continue to commission NHS Health Checks.

16 We will continue to use the survey results to investigate areas of concern and inform actions, for example at locality level.

Appendix 1

Key findings for North, Central and South localities

Behaviour	Percentage					Margin of error (plus or minus)			
	North	Central	South	All adults		North	Central	South	All adults
No unhealthy behaviours	9.8%	8.8%	9.8%	9.5%		3.6%	3.4%	3.2%	2.0%
One unhealthy behaviour	34.9%	31.7%	34.6%	33.8%		5.9%	5.6%	5.2%	3.2%
Two unhealthy behaviours	38.4%	35.1%	43.4%	39.2%		6.0%	5.8%	5.4%	3.3%
Three unhealthy behaviours	15.7%	14.5%	8.6%	12.6%		4.5%	4.3%	3.0%	2.2%
Four unhealthy behaviours	1.6%	9.9%	3.4%	5.0%		1.5%	3.6%	2.0%	1.5%
Low satisfaction with life nowadays	36.7%	38.0%	31.8%	35.1%		5.3%	5.3%	4.4%	2.9%
Medium satisfaction with life nowadays	42.8%	38.6%	44.7%	42.2%		5.5%	5.3%	4.7%	3.0%
High satisfaction with life nowadays	20.8%	23.5%	23.5%	22.8%		4.5%	4.6%	4.1%	2.5%
Low mental wellbeing	12.5%	12.7%	10.7%	11.8%		3.7%	3.7%	3.0%	2.0%
Medium mental wellbeing	73.5%	72.5%	72.7%	72.8%		4.9%	5.0%	4.3%	2.7%
High mental wellbeing	12.5%	10.5%	13.3%	12.2%		3.7%	3.4%	3.3%	2.0%
Being in "Very good" or "Good health"	67.5%	71.2%	75.1%	71.7%		5.2%	5.0%	4.1%	2.7%
Being in "Very bad" or "Bad health"	6.4%	10.3%	7.9%	8.2%		2.7%	3.4%	2.6%	1.7%
Underweight	1.1%	1.4%	2.3%	1.7%		1.2%	1.4%	1.5%	0.8%
Healthy weight	33.2%	45.1%	55.6%	46.0%		5.5%	5.9%	4.9%	3.2%
Overweight	43.8%	32.1%	27.2%	33.5%		5.8%	5.5%	4.4%	3.0%
Obese	21.9%	21.7%	14.6%	18.8%		4.8%	4.9%	3.5%	2.5%
						0.0%			
Meet 5+ portions of fruit or veg each day	34.1%	28.2%	35.1%	32.7%		5.3%	5.0%	4.7%	2.9%
Meet physical activity guidelines for moderate and/or vigorous activity each week	54.7%	54.0%	66.0%	59.1%		5.5%	5.4%	4.5%	3.0%
Alcohol drinking levels for all residents									
All residents - No risk	59.6%	58.4%	48.9%	55.0%		5.7%	5.7%	5.1%	3.2%
At "increasing risk" of developing an alcohol misuse disorder	31.1%	29.2%	36.3%	32.6%		5.4%	5.2%	4.9%	3.0%
At "high risk" of developing an alcohol misuse disorder	9.6%	12.4%	14.8%	12.4%		3.5%	3.8%	3.6%	2.1%
Alcohol drinking levels for those who drink									
Audit C score completed and no risk	50.6%	43.7%	38.9%	43.9%		6.4%	6.6%	5.5%	3.5%
Audit C score completed and "increasing risk"	37.7%	39.5%	43.5%	40.7%		6.2%	6.5%	5.6%	3.5%
Audit C score completed and "high risk"	11.7%	16.7%	17.6%	15.4%		4.1%	5.0%	4.3%	2.6%
Smoke daily or occasionally	16.5%	22.6%	13.2%	17.1%		4.1%	4.5%	3.3%	2.3%
Tobacco use	15.2%	20.9%	11.8%	15.6%		4.0%	4.4%	3.1%	2.2%
Give unpaid to help others because of either long-term physical or mental ill-health, disability or problems relating to old age	27.3%	15.4%	21.6%	21.4%		5.0%	4.0%	4.0%	2.5%

Appendix 2

Key findings for different age groups

Behaviour	Percentage					Margin of error (plus or minus)			
	16-34	35-64	65+	All adults		16-34	35-64	65+	All adults
No unhealthy behaviours	7.7%	9.5%	12.5%	9.5%		3.0%	2.9%	5.7%	2.0%
One unhealthy behaviour	34.8%	32.1%	35.9%	33.8%		5.3%	4.6%	8.3%	3.2%
Two unhealthy behaviours	43.9%	35.8%	39.1%	39.2%		5.5%	4.7%	8.5%	3.3%
Three unhealthy behaviours	8.7%	16.8%	9.4%	12.6%		3.1%	3.7%	5.0%	2.2%
Four unhealthy behaviours	5.8%	5.8%	2.3%	5.0%		2.6%	2.3%	2.6%	1.5%
Low satisfaction with life nowadays	34.2%	36.6%	33.8%	35.1%		4.9%	4.3%	6.6%	2.9%
Medium satisfaction with life nowadays	43.3%	44.7%	33.8%	42.2%		5.1%	4.4%	6.6%	3.0%
High satisfaction with life nowadays	22.5%	18.7%	32.3%	22.8%		4.3%	3.4%	6.6%	2.5%
Low mental wellbeing	11.9%	13.2%	8.2%	11.8%		3.4%	3.0%	4.0%	2.0%
Medium mental wellbeing	74.4%	75.0%	64.6%	72.8%		4.6%	3.9%	7.0%	2.7%
High mental wellbeing	11.7%	10.2%	18.5%	12.2%		3.3%	2.7%	5.7%	2.0%
Being in "Very good" or "Good health"	81.1%	70.3%	58.4%	71.7%		4.1%	4.1%	7.1%	2.7%
Being in "Very bad" or "Bad health"	4.2%	11.7%	7.0%	8.2%		2.1%	2.8%	3.7%	1.7%
Underweight	2.5%	0.9%	1.8%	1.7%		1.7%	0.9%	2.0%	0.8%
Healthy weight	60.7%	39.0%	38.1%	46.0%		5.3%	4.5%	7.3%	3.2%
Overweight	26.3%	35.9%	41.1%	33.5%		4.8%	4.4%	7.4%	3.0%
Obese	10.5%	24.5%	18.5%	18.8%		3.3%	4.0%	5.9%	2.5%
						0.0%			
Meet 5+ portions of fruit or veg each day	29.4%	32.8%	38.3%	32.7%		4.7%	4.2%	7.1%	2.9%
Meet physical activity guidelines for moderate and/or vigorous activity each week	70.6%	56.7%	44.2%	59.1%		4.7%	4.4%	6.9%	3.0%
Alcohol drinking levels for all residents									
All residents - No risk	46.9%	52.1%	77.2%	55.0%		5.4%	4.6%	6.5%	3.2%
At "increasing risk" of developing an alcohol misuse disorder	43.5%	29.8%	19.6%	32.6%		5.4%	4.2%	6.2%	3.0%
At "high risk" of developing an alcohol misuse disorder	9.3%	18.1%	3.2%	12.4%		3.2%	3.6%	2.7%	2.1%
Alcohol drinking levels for those who drink									
Audit C score completed and no risk	38.9%	41.4%	65.0%	43.9%		5.7%	5.1%	9.3%	3.5%
Audit C score completed and "increasing risk"	50.4%	36.4%	31.0%	40.7%		5.9%	4.9%	9.1%	3.5%
Audit C score completed and "high risk"	10.7%	22.2%	5.0%	15.4%		3.6%	4.3%	4.3%	2.6%
Smoke daily or occasionally	15.8%	20.7%	11.3%	17.1%		3.8%	3.6%	4.4%	2.3%
Tobacco use	13.8%	19.6%	9.7%	15.6%		3.6%	3.5%	4.2%	2.2%
Give unpaid to help others because of either long-term physical or mental ill-health, disability or problems relating to old age	17.9%	23.7%	20.9%	21.4%		4.0%	3.8%	5.8%	2.5%