

RAPID PARTICIPATORY APPRAISALS:  
THE STORIES BEHIND THE STATISTICS

# PUBLIC HEALTH ANNUAL REPORT 2016



## CONTENTS

Introduction.....	03
Public health priorities.....	04
Physical environment.....	06
Social environment.....	10
Legislative environment.....	12
Early years.....	14
Middle years.....	17
Older years.....	20
References.....	22
Acknowledgements.....	23

© Portsmouth City Council  
ISBN 978-1-898268-47-5  
Published September 2017

You can download this report from  
Portsmouth's joint strategic needs assessment  
website: [www.jsna.portsmouth.gov.uk](http://www.jsna.portsmouth.gov.uk)

We would be pleased to receive your  
comments about this report.

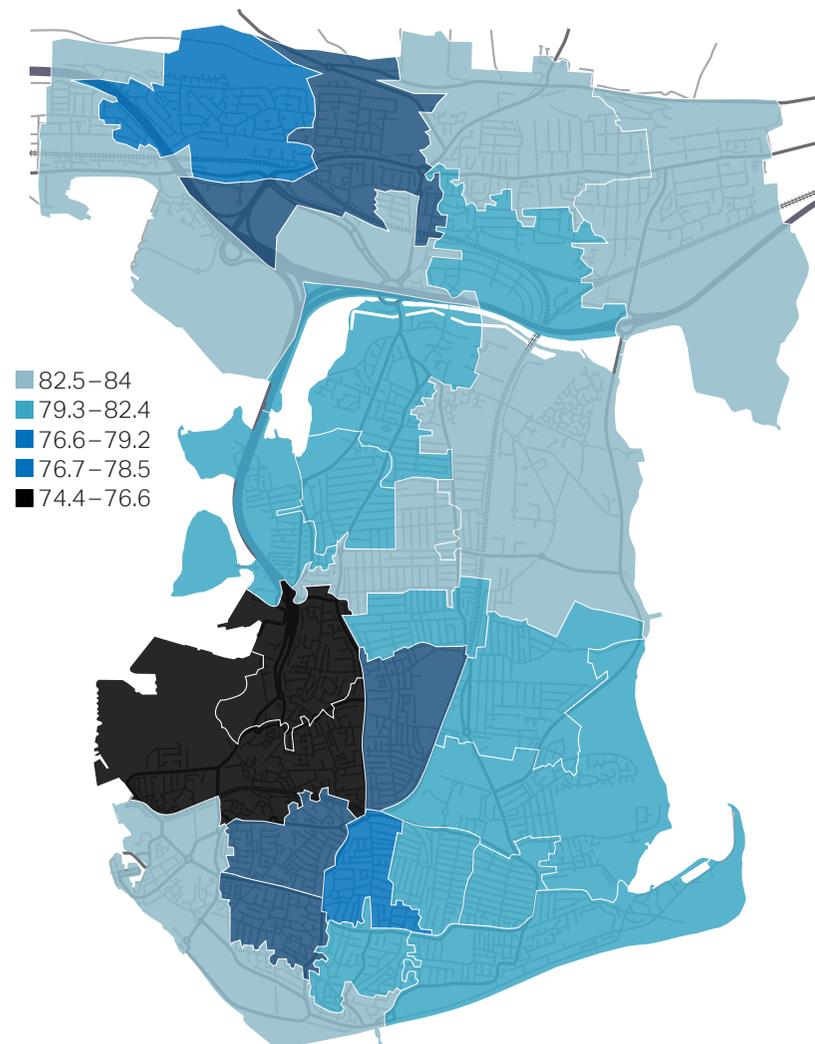
Email: [jason.horsley@portsmouthcc.gov.uk](mailto:jason.horsley@portsmouthcc.gov.uk)

All maps based on Ordnance Survey material  
with the permission of Ordnance Survey on  
behalf of the controller of Her Majesty's Office.

© Crown Copyright and database right 2017.

Ordnance Survey Licence number 100019671.

### LIFE EXPECTANCY AT BIRTH (YEARS); PORTSMOUTH RESIDENTS



Sources: ONS annual death extract via PCMD, HSCIC&ONS Mid-2013 to mid-2015 (pooled) Population Estimate for MSOAs. © Crown Copyright and database right 2017. Ordnance Survey 100019671. Contains National Statistics data © Crown copyright and database right 2017.



© The News, Portsmouth

**Jason Horsley**  
Director of Public Health

## INTRODUCTION

Welcome to the Public Health Annual Report for Portsmouth, 2016. This report starts from those issues residents have told us are most important to them. It summarises the health of the city's residents, the factors that affect their health, the work currently being undertaken to improve it, and a vision of what we may achieve. While health in the city generally continues to improve, ongoing work is required, particularly for those aspects that are not improving at as fast a rate as the rest of England.

Within the city, there remain areas where people's health is markedly worse than average. People in these areas experience higher rates of diseases, have lower wellbeing, and die nearly a decade earlier than those who live only a few streets away. Addressing such health inequality is one of the key areas of public health work. It is well established that areas with more deprivation have worse health<sup>1</sup>, but delving into the specific mechanisms behind this impact is essential if we are to respond effectively.

The previous two annual reports have examined the wider determinants of health in the city, and the impact of individuals' health behaviours; two major lenses of public health work. This report builds on the previous ones, looking at those issues that the city's residents have told us they

are most concerned about. In 2016 we undertook a series of rapid participatory appraisals [RPAs] in three parts of the city<sup>2,3,4</sup>, gathering the views and perspectives of community representatives with wide-ranging professional and personal interests. Groups from Fratton, Charles Dickens, and Paulsgrove & Wymering were presented a map of life expectancy in the city, like the one opposite. Their views were sought as to: why life expectancy in their areas is lower than average, what issues most impact local health and wellbeing, and how best to improve residents' health. This fine-grained understanding is helping us to tailor effective local solutions to change both the wider determinants and the individual health behaviours that underpin our city's stark health inequalities.



**Jason Horsley**  
Director of Public Health

# 04

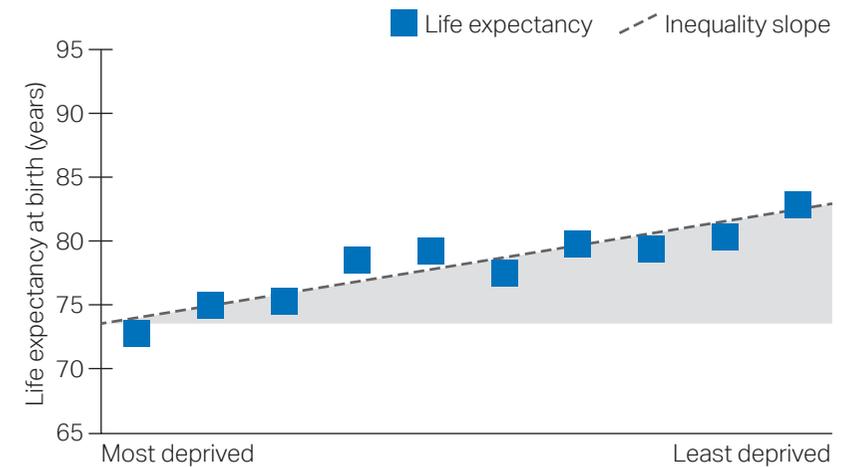
## PUBLIC HEALTH PRIORITIES

There remain areas of the city where people's health is markedly poorer and life expectancy is shorter. As illustrated to the right, men in the most deprived areas of the city lose nine years of life, while women lose six, compared to the least deprived areas of the city<sup>5</sup>.

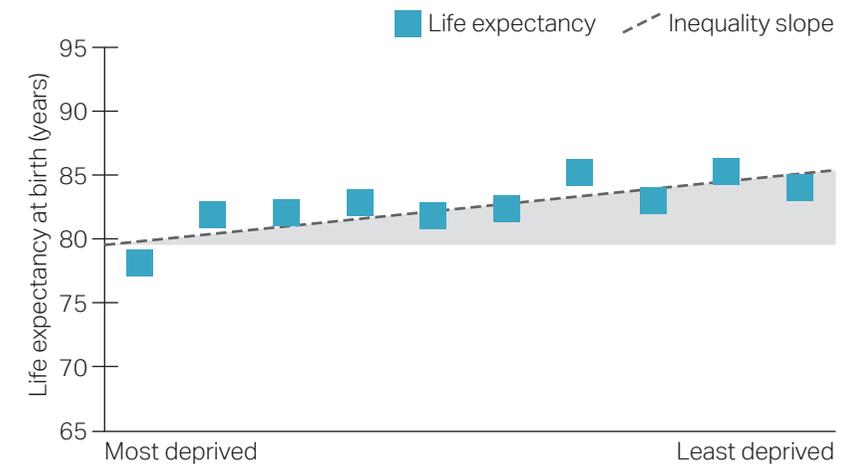
We are focusing our efforts on those factors we have identified as having the greatest impact on reducing avoidable inequalities in the city "of income, education, employment and neighbourhood circumstances<sup>6</sup>", and those factors which will produce the greatest gains in healthy life expectancy. These factors have been identified through local knowledge of the city from the RPAs and our annual Joint Strategic Needs Assessment<sup>7</sup>, comparison against national standards and research on population health<sup>1</sup>, and ensuring that our work aligns with that of the city council and healthcare services in the area.



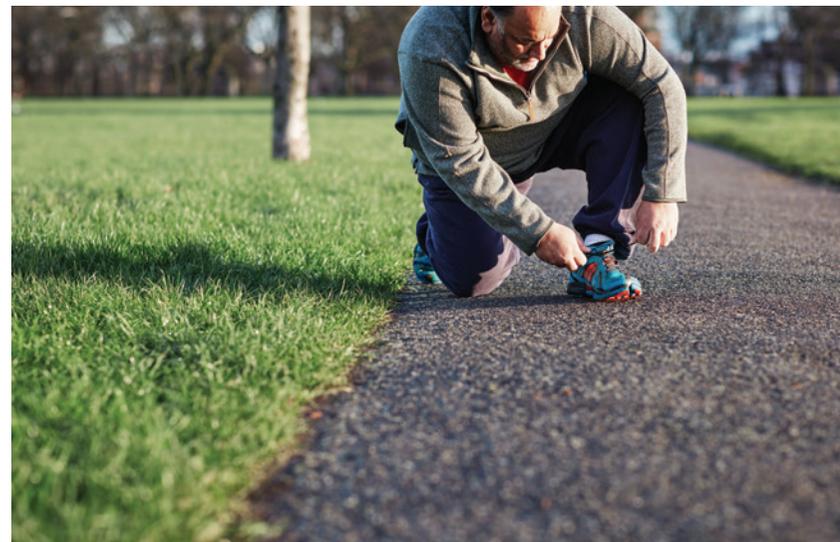
PORTSMOUTH LIFE EXPECTANCY GAP FOR MEN (2016): 9.1 YEARS<sup>5</sup>



PORTSMOUTH LIFE EXPECTANCY GAP FOR WOMEN (2016): 5.7 YEARS<sup>5</sup>



ACTIONS WHICH WILL HAVE THE GREATEST IMPACT ON REDUCING INEQUALITIES AND IMPROVING HEALTHY LIFE EXPECTANCY IN THE CITY

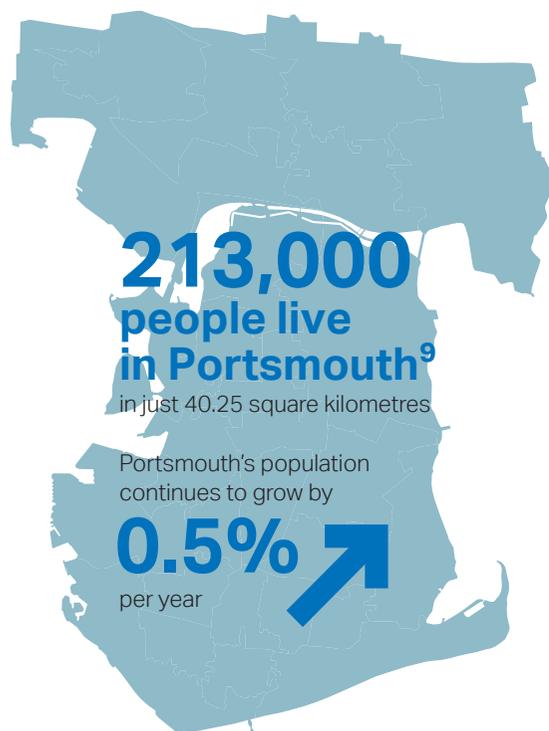


# 06

## PHYSICAL ENVIRONMENT

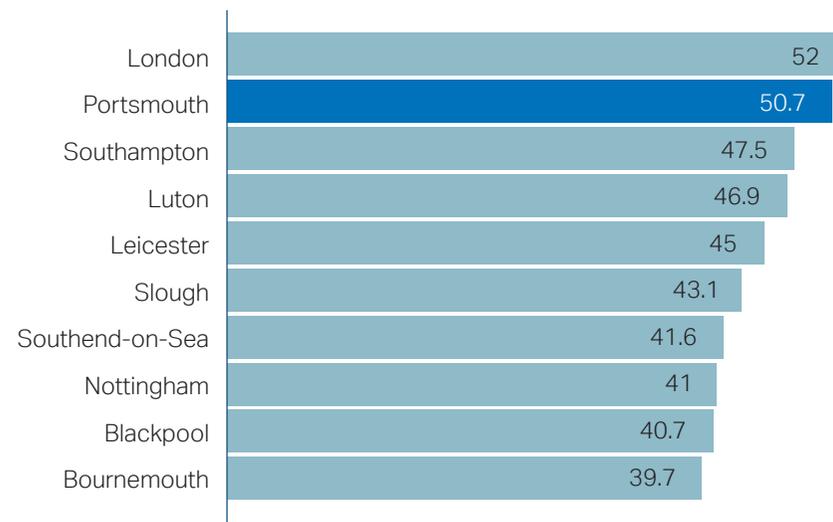
### HOUSING

Portsmouth is the most densely populated city in the UK outside of London<sup>8</sup>. Our population is also getting older, which means housing needs are changing.

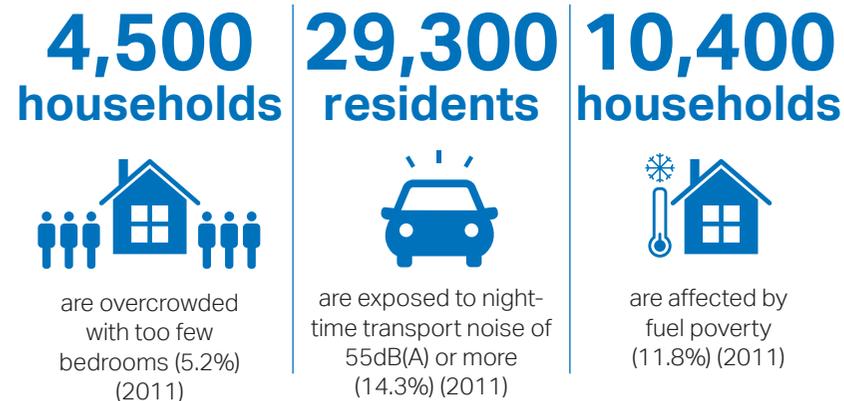


"I'm living on top of somebody else, they might not be living the way I want to live but I've got no option but to be a part of that."<sup>3</sup>

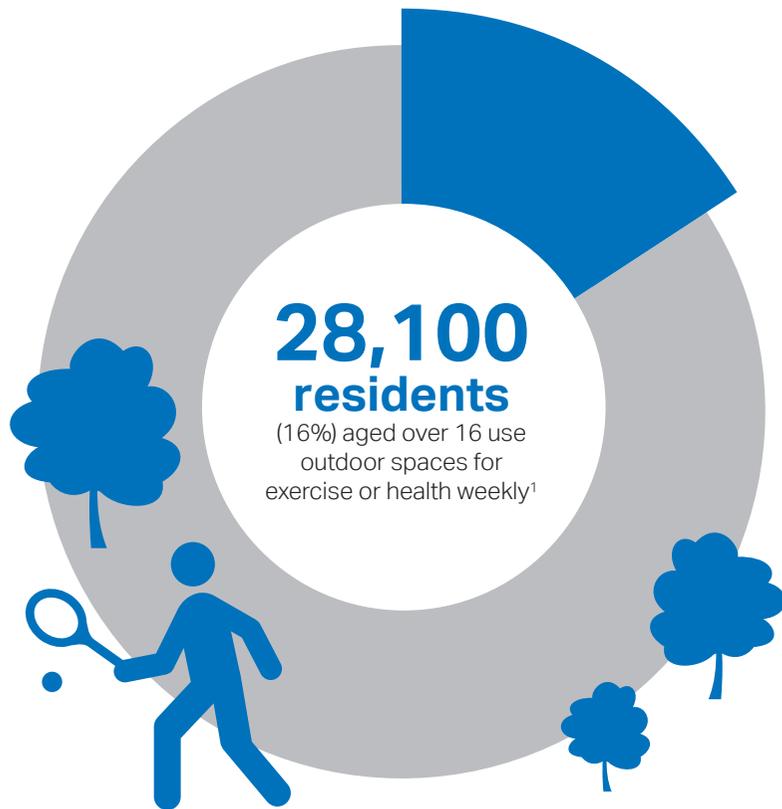
TOP CITIES BY POPULATION DENSITY (2011), PERSONS PER HECTARE<sup>8</sup>



LIVING CONDITIONS FOR PORTSMOUTH RESIDENTS<sup>1</sup>



OUTDOOR SPACES



The RPAs found that barriers to use of outdoor spaces include their distance from people’s homes, particularly if major roads need to be crossed, and a perception that public parks may be unsafe or have little to offer.

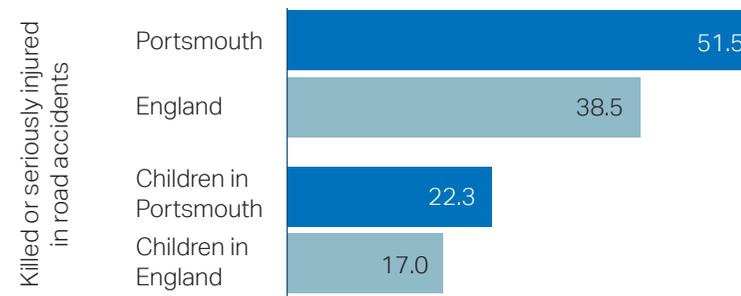
“The events we have had in Fratton bring people together and let you see more of the community... It’s a really nice mix of cultures...”<sup>2</sup>



TRANSPORT

About 108 people are killed or seriously injured on Portsmouth’s roads yearly. Of these, eight are children<sup>1</sup>. The majority of road traffic incidents are on 30mph roads<sup>10</sup>.

NUMBER OF PEOPLE KILLED OR SERIOUSLY INJURED IN ROAD ACCIDENTS YEARLY, PER 100000 (2013 – 2015)<sup>1</sup>



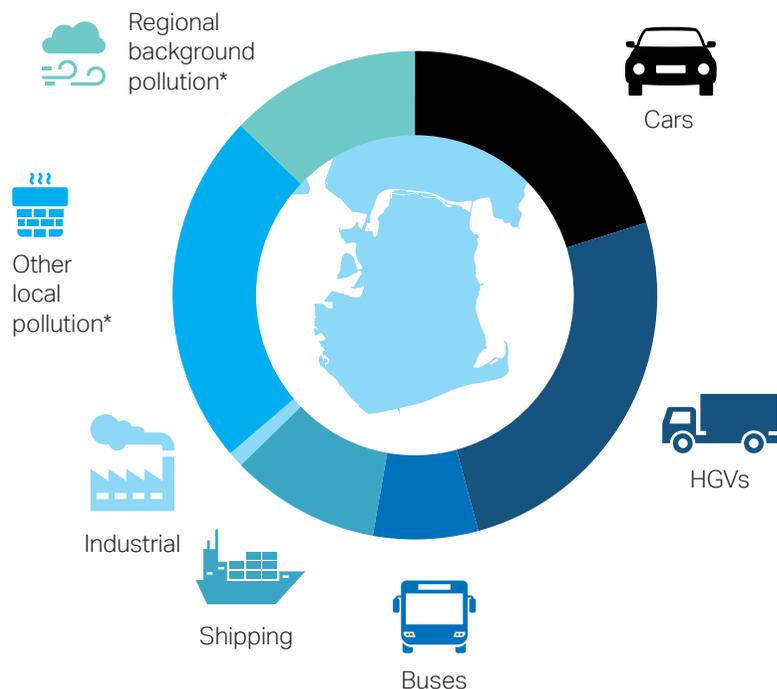
# 08

## AIR POLLUTION

Air pollution causes an estimated health burden equivalent to another 100 deaths a year<sup>11,12</sup>. This is largely through an increase in diseases affecting the heart and lungs.

For the whole of England, on average every one of us can expect to lose seven to eight months of life because of air pollution<sup>13</sup>.

### CONTRIBUTORS TO AIR POLLUTION<sup>11</sup>



\*Regional Background pollution – pollution that is transported into the city by the wind from further away.

\*Other local pollution – other pollution sources within and around the city, e.g. from central heating systems.

## OUR RECOMMENDATIONS

- » In order to encourage people to use green spaces more, we recommend continuing to make these spaces easier to access as part of the city's Parks and Open Spaces Strategy<sup>14</sup>, providing better lighting, and encouraging community events that draw people to them.
- » Traffic management strategies continue to be developed by the transport and planning departments of Portsmouth City Council, with the support of public health.
- » Quiet road routes for cyclists and pedestrians that connect the whole city are further developed and signposted.
- » Increase availability of hire bikes along these routes and at the Park and Ride facility.





# 10

## SOCIAL ENVIRONMENT

A community's attitudes and expectations about health exert a deep influence on many behaviours that affect health, and can span several generations. Both social norms and our social environment can push us towards behaviours that are harmful to our health.

"If your parents drink and your parents smoke [...] then it's just what you do"<sup>2</sup>

"Life can be perceived to be full of things that trigger episodes of drinking"<sup>4</sup>

### RPA FINDINGS



A strong sense of community was expressed by many people across the city



However, some people were concerned by a sense of poor community cohesion



The RPAs noted how the elderly are too often isolated and poorly supported



Young people frequently feel disengaged from their community, lacking opportunities to develop themselves or engage with other generations and communities



Over 60% of Portsmouth's adult social care users have less social contact than they would like<sup>1</sup>

### NUMERACY



A prominent finding from the RPAs was that many adults struggle with numeracy and money management



Adults who struggle with numeracy are twice as likely to be unemployed



There are well-established links between unemployment and poor health<sup>15</sup>. Therefore high quality adult education and employment opportunities are important means to improve the city's health



Lack of financial literacy is contributing to people struggling under large burdens of debt



### OUR RECOMMENDATIONS:

- » To continue to support community efforts to strengthen links between marginalised communities, to increase volunteering and befriending services, and to provide inclusive local events. Community volunteering encourages people to work together to reach out to the isolated and vulnerable, to develop their own skills, to act as role models, and to develop a voice to advocate on behalf of their community.
- » To support adult education programmes to help people improve their literacy and numeracy, and attain specific workplace qualifications. Notable partners in this effort are the local libraries working to attract more visitors to their expanded services that support adult education and employability.



# 12

## LEGISLATIVE ENVIRONMENT

Legislation has enormous scope to influence health. Two significant issues affecting Portsmouth's health are:

### HIGH STRENGTH CHEAP ALCOHOL

The availability of high strength, low price alcohol contributes to alcohol-related health harms as well as antisocial behaviour. In order to reduce the availability of these sorts of alcoholic drinks we are looking towards removing options for very cheap alcohol to be sold legally.

Strategies include:

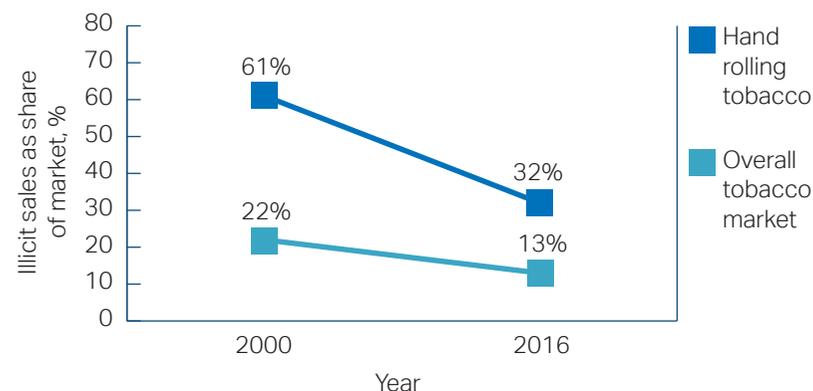
- » Voluntary schemes in city retailers.
- » Licensing strategies to reduce numbers of off-licence outlets.
- » Minimum unit pricing – this targets cheaper alcohol most favoured by hazardous drinkers.
  - » Currently there is a ban on selling alcohol below cost (taken to be the cost of duty + VAT on that duty) but this is estimated to have prevented only 14 deaths each year in England<sup>16</sup>.
  - » A 45p minimum unit price would be estimated to prevent 624 alcohol-related deaths each year in England<sup>16</sup>.

### ILLICIT TOBACCO

Illicit tobacco is particularly concerning. While all tobacco kills, illicit tobacco is often sold to children and young people at 'pocket money' prices making it easy for children to start smoking and get hooked.

We are supporting effective enforcement of restrictions on tobacco import and sale and believe these are the most effective way to continue to address the problem.

UK ILLICIT TOBACCO SALES<sup>17</sup>



- » Illicit tobacco trade has strong links with crime and criminal gangs who are also involved in drug dealing, money laundering, people trafficking and terrorism<sup>17</sup>.
- » Illicit tobacco evades taxes, reducing the money available to spend on important public services such as schools and hospitals<sup>17</sup>.

Two recent changes expected to reduce tobacco use further are:

- » E-cigarettes are becoming more popular, and replace tobacco use for many people<sup>18</sup>.
- » Plain packaging legislation for cigarettes will make them less attractive to young people<sup>19</sup>.

**ILLEGAL TOBACCO UNIT**  
ENFORCEMENT EDUCATION AWARENESS

**SNIFFER DOG  
'PHOEBE'**

helping **TRADING  
STANDARDS** to  
sniff out  
**ILLEGAL TOBACCO**



**REPORT  
ILLEGAL TOBACCO**



**ILLEGAL TOBACCO UNIT**  
ENFORCEMENT EDUCATION AWARENESS

**B.W.Y-K9  
ILLEGAL TOBACCO UNIT**

**Warwickshire Trading Standards Service**  
Advice, information and guidance for consumers and businesses, protecting fair and safe trading for all.

- Food Safety**  
Keeping you safe
- Animal Health**  
Ensuring animal welfare and compliance with regulations
- Product Safety**  
Checking that consumer products are safe and legal
- Fair Trading**  
Making sure that consumers get the best value for their money
- Weights & Measures**  
Ensuring that weighing and measuring is done correctly
- Age Restricted Sales**  
Preventing sales to children and young people

## EARLY YEARS

PERCENTAGE OF CHILDREN RECEIVING TWO DOSES OF THE MMR VACCINE BY AGE 5 (2015/2016)<sup>1</sup>



Although the percentage of children receiving two doses of the MMR vaccine by five years old is improving and slightly higher than the England average, it is still below the target of 95%.

YOUNG PEOPLE AGED 10 – 24 ADMITTED TO HOSPITAL AS A RESULT OF SELF HARM, PER 100,000 (2015/16)<sup>5</sup>



In Portsmouth, hospital admissions related to self harm in young people aged 10–24 are nearly 50% higher than the average for England.



Nearly

**one in four**

children in Portsmouth live in poverty and over one in two in some wards.<sup>7</sup>

PERCENTAGE OF SECONDARY SCHOOL PUPILS WHO WORRY ABOUT ALCOHOL OR DRUG USE BY A PARENT OR GUARDIAN<sup>7</sup>

Worry about alcohol use by a parent/guardian

18%

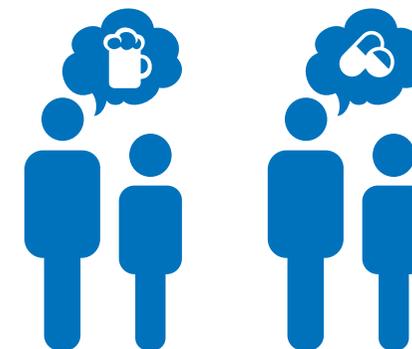
Worry about drug use by a parent/guardian

11%

An estimated

**1000 children**

in the city who are under 16 years old have a parent with serious drug problems.<sup>7</sup>



“If you’ve got nothing to get on with, mental health just consumes you.”<sup>3</sup>

## MATERNITY SERVICES

Maternity services reduce risk in early life. Our infant and childhood mortality rates are better than the England average. However, compared to England, Portsmouth has more births to teenage mothers, and more mothers who continue to smoke at the time of delivery<sup>1</sup>.



**4.2%**  
of births in  
Portsmouth are to  
mothers under 20

compared to an England average of 3.4% (2015)

**12.7%**  
of mothers in  
Portsmouth continue  
to smoke at the time  
of delivery

compared to an England average of 10.6% (2015/16)

**75%**  
of mothers in  
Portsmouth initiate  
breastfeeding

in line with the England average (2014/15)

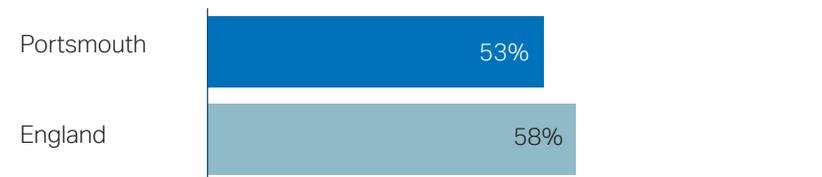
## OUR RECOMMENDATIONS

- » Public health should continue to work with maternity and primary care services to provide contraception to help young women avoid pregnancy until they choose to start a family, to help pregnant women to stop smoking, and to encourage mothers to breastfeed.

## EDUCATION

A strong school system helps ensure young people are able to fulfil their aspirations and find high quality employment. Although it is improving, educational achievement in Portsmouth is lower than the average in England, and our pupils are more likely to be absent from school.

### PERCENTAGE OF STUDENTS ACHIEVING FIVE OR MORE GOOD GCSES (2015/16)<sup>1</sup>



There are some schools in Portsmouth where below 40% of pupils are achieving five good GCSEs.

### YOUNG PEOPLE NOT IN EDUCATION, EMPLOYMENT OR TRAINING BETWEEN THE AGES OF 16 AND 18 (2015)<sup>7</sup>



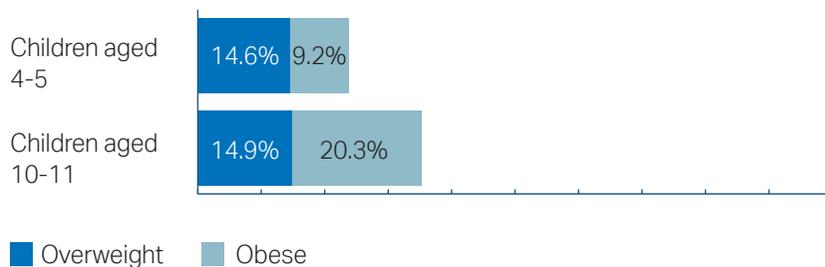
## Early years

High quality PSHE (Personal, social, health, and economic education) in schools builds resilience so that young people are better able to negotiate social pressures, make healthy choices, and support their peers to cope with difficult situations.

Data from our annual YouSay Survey in schools show the number of children in the city who smoke regularly (8.2%) is decreasing, and children who have had a whole alcoholic drink (42%) is decreasing<sup>7</sup>.

Here as across England, obesity in children continues to be a concern. Overweight children are more likely to become overweight adults and to develop many long term conditions such as diabetes, heart disease, and poor mobility.

PERCENTAGE OF CHILDREN IN PORTSMOUTH WHO ARE OVERWEIGHT OR OBESE (2015/16)<sup>1</sup>



### OUR RECOMMENDATIONS

- » The council should continue to work in partnership with schools and academies, through the new Portsmouth Education Partnership, making a strong contribution to the implementation of the strategy to raise attainment currently being developed by this partnership.
- » To encourage schools to deliver the best possible PSHE, to encourage healthy food choices, and to support children to exercise every day with initiatives such as the Daily Mile.
- » To support services that help young people facing poor mental health, family relationship issues, and sexual and criminal exploitation.

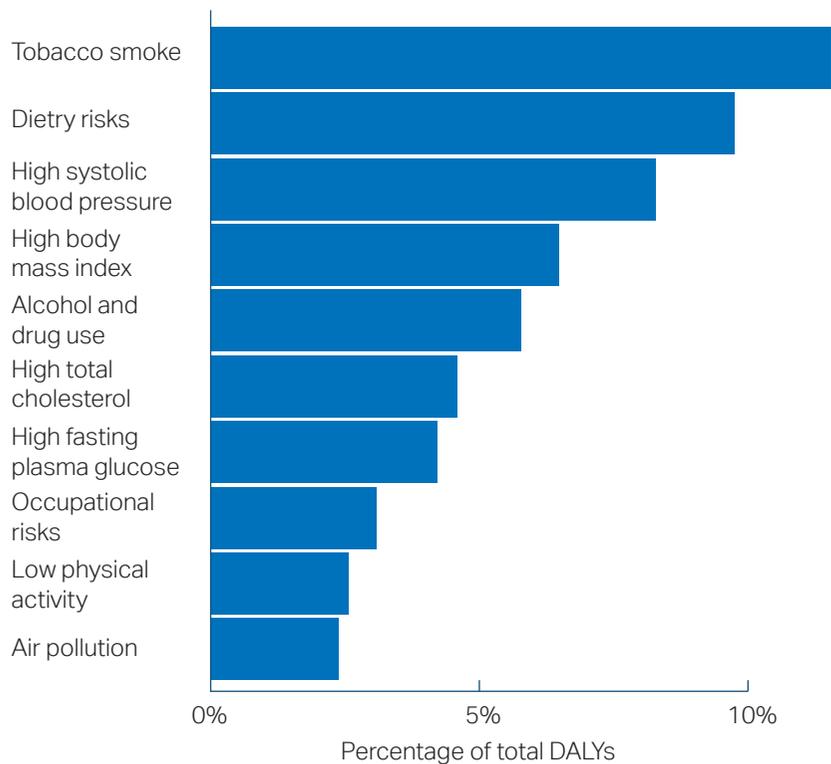


## MIDDLE YEARS

Of the four unhealthy behaviours that most affect health—smoking, drinking alcohol, unhealthy diet, or physical inactivity—Portsmouth’s Health and Lifestyle Survey found that:

- » 18% of our city’s adults engaged in three or all four of the unhealthy behaviours<sup>21</sup>.
- » 10% of our city’s adults did not engage in any unhealthy behaviours<sup>21</sup>.

### TOP 10 RISK FACTORS DRIVING DEATHS AND DISABILITIES IN ENGLAND<sup>22</sup>



## TOBACCO

### PERCENTAGE OF RESIDENTS THAT CURRENTLY SMOKE (2016)<sup>5</sup>



### NUMBER OF SMOKING RELATED DEATHS YEARLY, PER 100000, AGED OVER 35 (2015/16)<sup>5</sup>



## OUR RECOMMENDATIONS

- » The Wellbeing Service should continue to work across the city to support people to stop smoking through individual and group support, and provision of smoking cessation medication.
- » We should aim to make more smoke-free spaces, particularly where they are places children use.

## ALCOHOL

NUMBER OF ALCOHOL RELATED HOSPITAL ADMISSIONS PER 100000, (2015/16)<sup>1</sup>



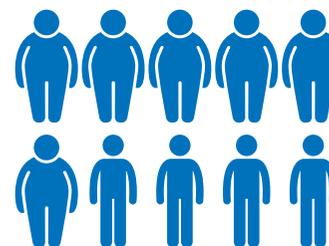
NUMBER OF ALCOHOL RELATED DEATHS PER 100000, 2015<sup>1</sup>



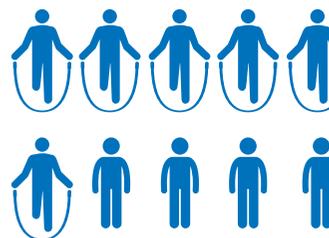
### OUR RECOMMENDATIONS

- » To reduce the damage caused by alcohol the Wellbeing Service should continue to offer an alcohol counselling service to help people to stop or reduce their drinking, and the Recovery Hub should continue to work with people requiring more intensive help.

## DIET AND EXERCISE<sup>1</sup>



**63%**  
of adults in  
Portsmouth are  
overweight or obese  
England average 65% (2013 – 15)



**65%**  
of adults in  
Portsmouth are  
physically active  
Similar to the England average  
(2015/16)

Sugar tax on carbonated drinks<sup>23</sup>, due to take effect in 2018, is expected to:

- » Reduce consumption of sugary drinks.
- » Reduce dental caries (which affect 41% of twelve year old children here, and 34% across England<sup>1</sup>).
- » Reduce other serious sugar-related harms including diabetes, heart disease, obesity, and liver disease<sup>24</sup>.

“It’s really hard to buy an apple on Fratton Road but it’s really easy to buy something from a takeaway...”<sup>2</sup>

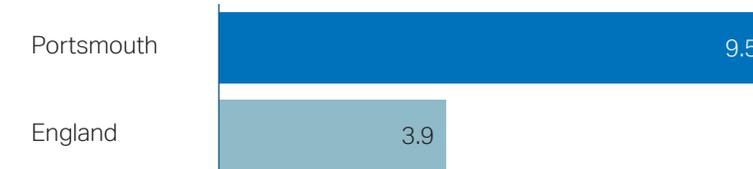
**OUR RECOMMENDATIONS**

- » To support community groups to grow and distribute fresh produce, overcoming the perceived barriers to healthy eating. These barriers include: lack of knowledge about food and its preparation, the perception the healthy food is too expensive.
- » To use retail licensing and planning to redress the balance between availabilities of highly processed and fresh foods.
- » To support local transport and parks services to develop opportunities for active commuting and recreational exercise.
- » The wellbeing service should continue to offer weight loss support.

**SUBSTANCE MISUSE**

Although substance misuse affects fewer people than the other factors mentioned previously, its effects are particularly severe. As well as its direct impact on social functioning, mental and physical health, and employment prospects, substance misuse often impacts multiple generations of a family.

NUMBER OF DRUG MISUSE RELATED DEATHS YEARLY, PER 100000 (2013 – 15)<sup>5</sup>



**OUR RECOMMENDATIONS**

- » The Recovery Hub should continue to support adults to recover from substance misuse.
- » Harm minimisation schemes and pharmacies should continue to be supported to provide needle exchange and methadone treatment programmes.
- » Support services for people coping with substance misuse in their families should continue to be widely available and simple to access.



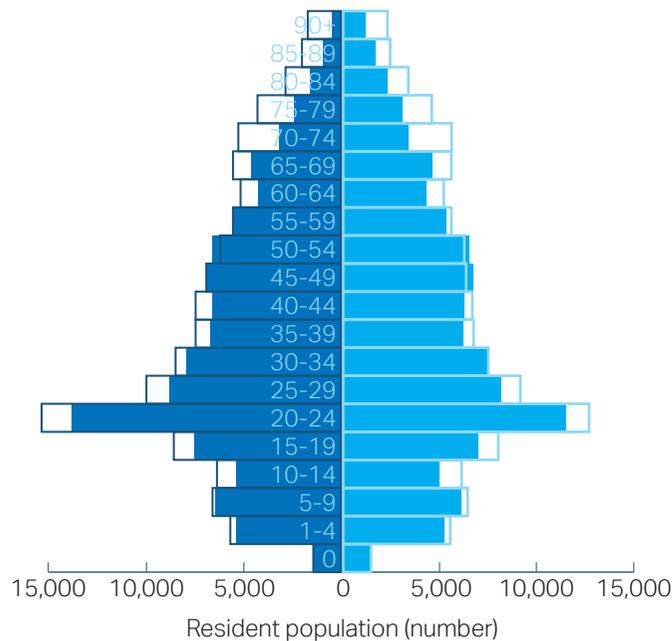
# 20

## OLDER YEARS

An aging population brings an increasing challenge to health and social care services.

The number of people over 65 years old will grow by 49% over the next twenty years, more than any other age group<sup>9</sup>.

PORTSMOUTH POPULATION ESTIMATES AND PROJECTIONS  
BY GENDER AND FIVE-YEAR AGE BANDS, 2015 – 2037<sup>9</sup>

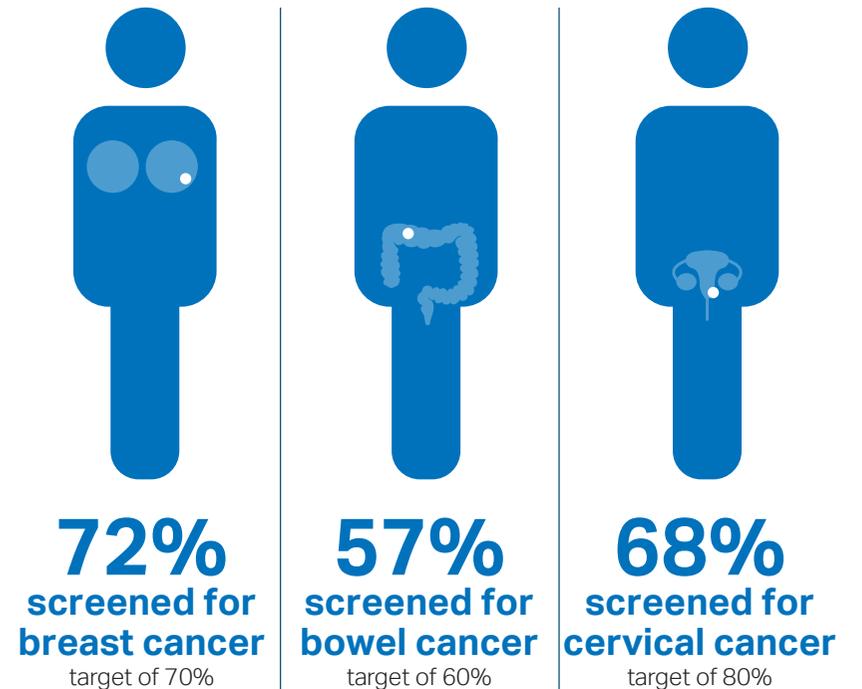


Male population estimate 2037
  Female population estimate 2037  
 Male population estimate 2015
  Female population estimate 2015

## CANCER SCREENING

Cancer screening allows earlier detection of health problems and more effective treatment, leading to better health. The coverage rates in Portsmouth are lower than national averages. We are working with primary care services and community groups to encourage more people to take part.

PORTSMOUTH SCREENING COVERAGES (2016)<sup>1</sup>



## EXCESS WINTER DEATHS



Reduced incomes of people in retirement combined with living in older housing that is often more difficult to heat leave many with difficult decisions about how to afford all the basic necessities of life.



Older people who live in colder houses are at increased risks of colds and pneumonia, flu, heart attacks, strokes and depression.<sup>25</sup>



Between December and March, the death rate in Portsmouth increases by 26%<sup>1</sup>, compared to 20% nationally (2012 – 15).

## SOCIAL ISOLATION



Social isolation and loneliness are common in older people, and not only affect quality of life, but are detrimental to physical health, increasing the risk of death by about a quarter.<sup>26</sup>



The likelihood of people feeling very lonely increases with age, affecting 15% of those under 80, but 30% of those over 80.<sup>27</sup>



Factors associated with loneliness are living alone, being widowed, and having poor health.<sup>27</sup>

## ASSISTIVE TECHNOLOGIES FOR OLDER PEOPLE

Older people and their families are often anxious lest they fall or become unwell and are not able to summon help.

Assistive technologies that can help people remain in their homes confidently and safely:



Lights that turn on automatically



Falls sensors linked to monitoring centres who can call an ambulance



Telephone support systems

## OUR RECOMMENDATIONS

- » Health services should be supported to understand and overcome barriers to screening uptake, particularly among those populations traditionally seen as hard to reach.
- » The commissioning, public health, and housing teams should continue to expand the assistive technology available to residents. This will help many people to remain independent and safe, and reduce demands on care services and on the informal care provided by family and friends by allowing earlier medical intervention before a problem becomes more serious and by facilitating safe discharges from hospitals to home. It might also reduce demand on medical services.
- » Social care services play an important role ensuring older people are not isolated, feel valued, and can participate in their communities.
- » The city also has an extensive network of voluntary organisations that we support to care for older people and to help them form new interests and friendships.

## REFERENCES

---

1. Public health profiles, Public Health England. Available from: [fingertips.phe.org.uk](http://fingertips.phe.org.uk)
  2. Rapid participatory appraisal: Fratton Ward, 2016. Public Health Portsmouth
  3. Rapid participatory appraisal: Charles Dickens Ward, 2016. Public Health Portsmouth
  4. Rapid participatory appraisal: Paulsgrove & Wymering, 2016. Public Health Portsmouth
  5. Portsmouth health profile 2016, Public Health England. Available from: [fingertipsreports.phe.org.uk/health-profiles/2016/e06000044.pdf](http://fingertipsreports.phe.org.uk/health-profiles/2016/e06000044.pdf)
  6. Marmot, MG et al. Fair society, healthy lives. The Marmot Review. 2010
  7. Joint strategic needs assessment annual summary 2016. Portsmouth City Council
  8. Table P04UK 2011 census: population density, local authorities in the United Kingdom. Office for National Statistics. Available from: [www.ons.gov.uk/file?uri=/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/2011censuspopulationestimatesbyfiveyearagebandsandhouseholdestimatesforlocalauthoritiesintheunitedkingdom/r12ukrttablep04ukv2\\_tcm77-304141.xls](http://www.ons.gov.uk/file?uri=/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/2011censuspopulationestimatesbyfiveyearagebandsandhouseholdestimatesforlocalauthoritiesintheunitedkingdom/r12ukrttablep04ukv2_tcm77-304141.xls)
  9. Population mid-year estimates and projections (ONS and HCC) and census 2011. Office for National Statistics. Available from: [data.hampshirehub.net/downloads/file?id=39a912d3-1368-4bf5-a950-1dec81abbd3c%2FAPI\\_STR\\_JSNA\\_POP\\_PopulationGeneralONS.xlsx](http://data.hampshirehub.net/downloads/file?id=39a912d3-1368-4bf5-a950-1dec81abbd3c%2FAPI_STR_JSNA_POP_PopulationGeneralONS.xlsx)
  10. Road safety data, 2015. Department for Transport. Available from: [data.gov.uk/dataset/road-accidents-safety-data](http://data.gov.uk/dataset/road-accidents-safety-data)
  11. Air quality strategy 2017-2027, Portsmouth City Council.
  12. Every breath we take: the lifelong impact of air pollution. Report of a working party, 2016. Royal College of Physicians.
  13. Air quality, fifth report of session 2009-2010, House of Commons Environmental Audit Committee.
  14. Parks and open spaces strategy 2012-2022, Portsmouth City Council.
  15. Why is numeracy important? National Numeracy. Available at: [www.nationalnumeracy.org.uk/why-numeracy-important](http://www.nationalnumeracy.org.uk/why-numeracy-important)
  16. Frequently asked questions. Sheffield Alcohol Research Group. Available at: [www.sheffield.ac.uk/scharr/sections/ph/research/alpol/faq](http://www.sheffield.ac.uk/scharr/sections/ph/research/alpol/faq)
  17. Illegal tobacco PR guide, 2016. Illicit Tobacco Partnership. Available from: [www.illicit-tobacco.co.uk/wp-content/uploads/2014/04/Illegal-Tobacco-PR-Guide-November-2016.pdf](http://www.illicit-tobacco.co.uk/wp-content/uploads/2014/04/Illegal-Tobacco-PR-Guide-November-2016.pdf)
  18. Statistical bulletin: adult smoking habits in the UK: 2015. Office for National Statistics. Available from: [www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2016#cigarette-smoking](http://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2016#cigarette-smoking)
  19. Plain packaging of tobacco products, evidence design and implementation, 2016 World Health Organisation
  20. Joint strategic needs assessment annual summary 2015. Portsmouth City Council
  21. Portsmouth health and lifestyle survey 2015, summary report of findings. Portsmouth City Council. Available from: [hampshirehub-files.s3.amazonaws.com/5fc0c11a-7dc2-4ef9-b959-bf6572502b3c/API\\_STR\\_JSNA\\_LIF\\_HealthyLifestylesSurvey2015.pdf](http://hampshirehub-files.s3.amazonaws.com/5fc0c11a-7dc2-4ef9-b959-bf6572502b3c/API_STR_JSNA_LIF_HealthyLifestylesSurvey2015.pdf)
  22. United Kingdom: top 10 causes of DALYs with key risk factors, 2015. Institute of Health Metrics and Evaluation. Available at: [www.healthdata.org/united-kingdom](http://www.healthdata.org/united-kingdom)
  23. Soft drinks industry levy policy paper, 2016. HM Revenue & Customs
  24. Brownell KD, et al. The public health and economic benefits of taxing sugar-sweetened beverages. NEJM 2009
  25. Keep warm, keep well. NHS Choices. Available from: [www.nhs.uk/Livewell/winterhealth/Pages/KeepWarmKeepWell.aspx](http://www.nhs.uk/Livewell/winterhealth/Pages/KeepWarmKeepWell.aspx)
  26. Holt-Lunstad J, et al. Loneliness and social isolation as risk factors for mortality a meta-analytic review. Perspectives on Psychological Science 2015
  27. Insights into loneliness, older people, and well-being, 2015, Office for National Statistics. Available from: [backup.ons.gov.uk/wp-content/uploads/sites/3/2015/10/Insights-into-Loneliness-Older-People-and-Well-being-2015.pdf](http://backup.ons.gov.uk/wp-content/uploads/sites/3/2015/10/Insights-into-Loneliness-Older-People-and-Well-being-2015.pdf)
- Data from Public Health England, Office for National Statistics, and Department for Transport contain public sector information licensed under the Open Government Licence v3.0. [www.nationalarchives.gov.uk/doc/open-government-licence/version/3/](http://www.nationalarchives.gov.uk/doc/open-government-licence/version/3/)

## ACKNOWLEDGEMENTS

---

Claire Currie

Dr Duncan Fortescue-Webb

James Hawkins

Dr Jason Horsley

Kate Lees

Dominique Le Touze

Cheryl Morgan

Jenna Smith

Victoria Toomey

The authors and participants of the Rapid Participatory Appraisals



You can get this information in large print, braille, audio or in another language by calling 023 9284 1560