SOUTHAMPTON CITY COUNCIL

Portsmouth CITY COUNCIL

DPH Annual Report 2017

Childhood Obesity

02

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

Email: jason.horsley@portsmouthcc.gov.uk

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Jason Horsley
Director of Public Health

EXECUTIVE SUMMARY

I have chosen to look at the problem of childhood obesity this year. This is a serious problem confronting both the current generation and also future generations, since the consequences of childhood obesity impact both on the individuals affected, and also on the wider society as we battle to make our stretched healthcare resources work effectively.

Obesity harms children's physical and emotional health in their childhood and is likely to go on to harm their adult health, cutting short lives and placing further strain on our health services.

It has been over a decade since the landmark Foresight report[1] highlighted that "Significant effective action to prevent obesity at a population level is required". This gives us a chance to see if we are having the impact we would hope.

Rates of obesity in children have continued to climb in the UK over the last decade. Rates in Southampton and Portsmouth are similar to those seen in our statistical neighbours (cities with similar profiles and similar levels of deprivation). However, being "average" for this problem is not something we can take comfort in – nationally rates of childhood obesity are too high, and are much higher than they were 20 years ago. We have to be ambitious if we are going to make a difference to a problem we cannot ignore.

At a simple level, rising rates of childhood obesity results from a reduced level of physical activity in our children and diets that are too reliant on high calorie processed foods. However, there are a number of cultural shifts underlying these simple drivers that we need to recognise.

There have been numerous interventions that attempt to reduce the rates of childhood obesity in our population. In this report I will make a case that what we have been doing, while helpful, is not enough. In this report we have included a lot of great examples of work that already exists, but that either needs to be done more often or replicated across a wider area. We have also looked for international models that appear to have been effective.

I don't think relying on our healthcare system or even the growing gym industry can be the answer. While the consequences of obesity impact on our healthcare system, the reasons why we have the problem in the first place cannot be addressed through healthcare provision. Too often we have placed the responsibility back on individuals, through healthcare providers and used individualised interventions. I would argue that childhood obesity is a population problem, and needs interventions that reach everyone.

There are things that everyone can do to improve the situation – this is a problem that will need the coordinated actions of central and local governments, schools, food producers and providers, employers, and not least parents and children.

Jason Horsley
Director of Public Health

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DANGERS OF OBESITY

We often view obesity as a "healthcare" problem – but it's a problem created by society that has a massive impact on health[2]. GPs, hospital doctors and nurses don't have the capacity to deal with a problem that affects about 60% of the adult population.

Being inactive increases the risk of a range of conditions usually associated with old age including heart disease, type 2 diabetes and certain cancers.

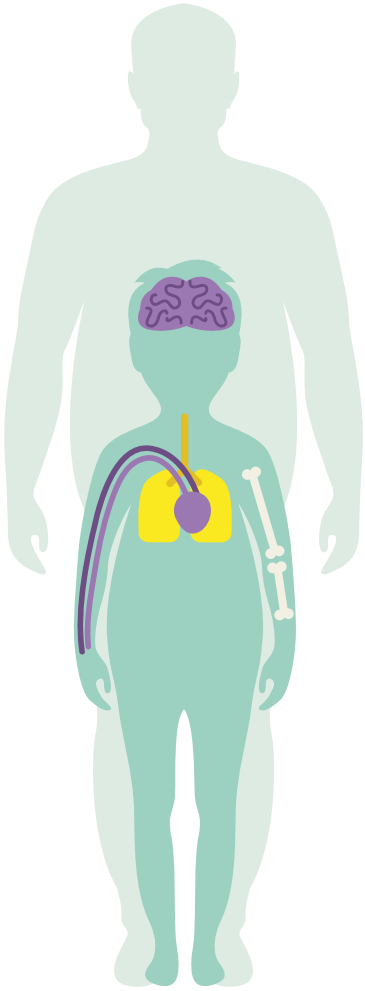
Obesity harms children and young people:

Emotional and behavioural
Stigmatism
Bullying
Low self esteem

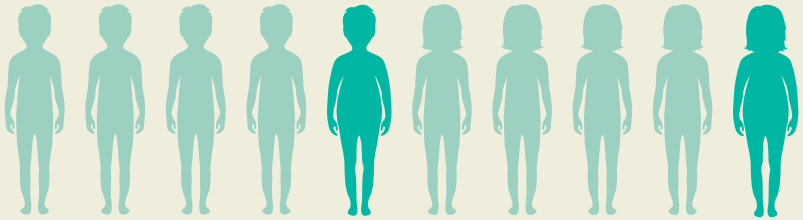
School absence

Physically
High cholesterol
High blood pressure
Pre-diabetes
Bone and joint problems
Breathing difficulties

Adult life
Increased risk of becoming overweight adults
Risk of ill health and premature mortality in adult life

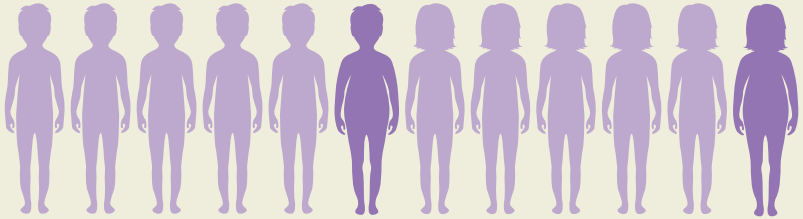


QUICK FACTS



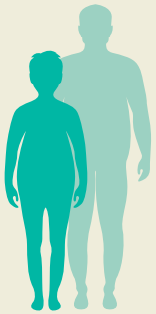
More than 1 in 5 five-year-olds in England are obese or overweight[2].

By year 6 (age 11) this is one in three[2].



In 1980 the rate in 2 – 19 year olds was only one in six[3].

Overweight adolescents have a 70% chance of becoming overweight adults[3].



TRENDS IN OVERWEIGHT AND OBESITY IN CHILDHOOD

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The National Child Measurement Programme has helped us to monitor trends over time:

- Prevalence of obesity and overweight in 5 year olds (reception year) has apparently plateaued – although at a level that is way too high to manage.
- The prevalence of obesity and overweight in 11 year olds (year 6) is still slowly rising and is now 34.2% for England. In Southampton it is slightly higher (34.9%) and even higher in Portsmouth (35.9%)[4].

The rise in obesity between reception year (age ~ 5) and Year 6 (age ~ 11) suggests that interventions in these school years could be highly effective.

Unfortunately excess weight tracks through to adulthood – 61.3% of the adult population is either overweight or obese[4].

We need to ask ourselves, are we happy to reach England average levels for childhood obesity. Or do we want to do better than that?

For inspiration we need to look at examples of cities that have made a difference for their residents:

- Seinäjoki in Finland has reduced obesity in five year olds from similar levels to the UK (1 in 5 five-year-olds) to almost half that.
- Freiburg in Germany has transformed the environment for its residents to a place where walking, cycling and public transport are prioritised.

These interventions won't work overnight, but we have to use the most effective ones, and for long enough to see results.

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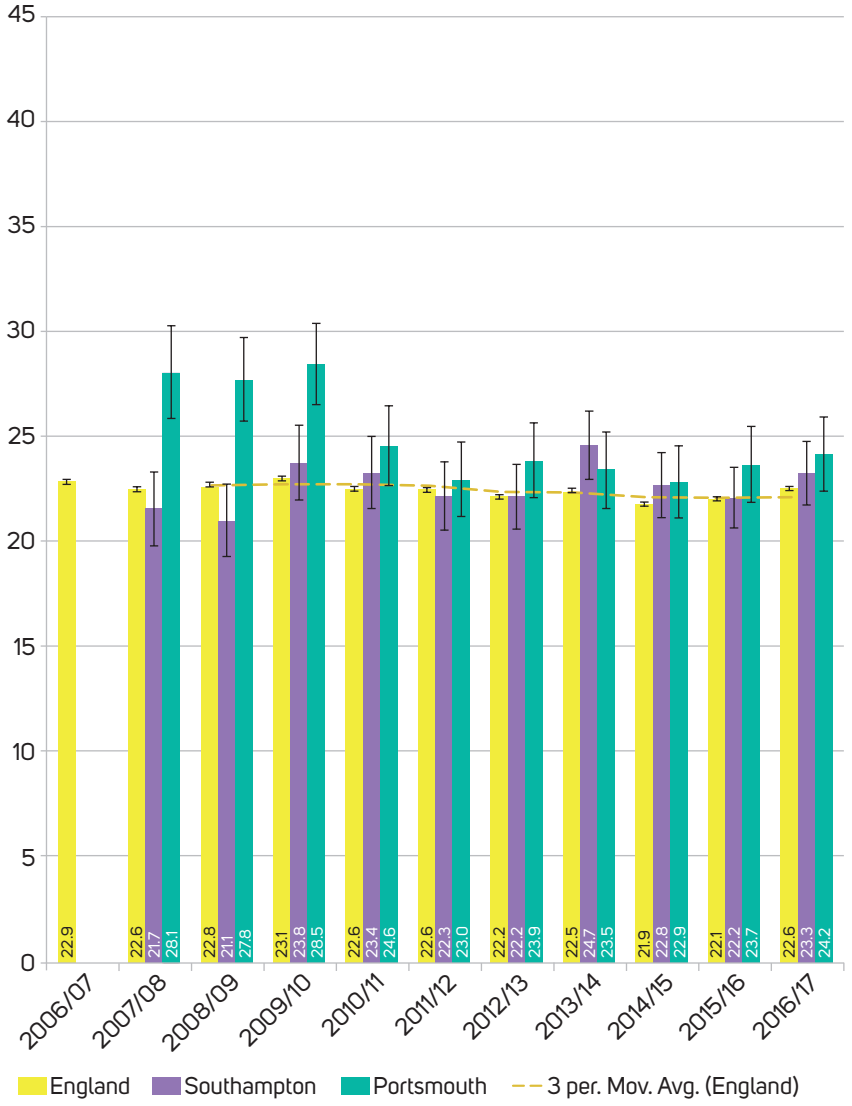
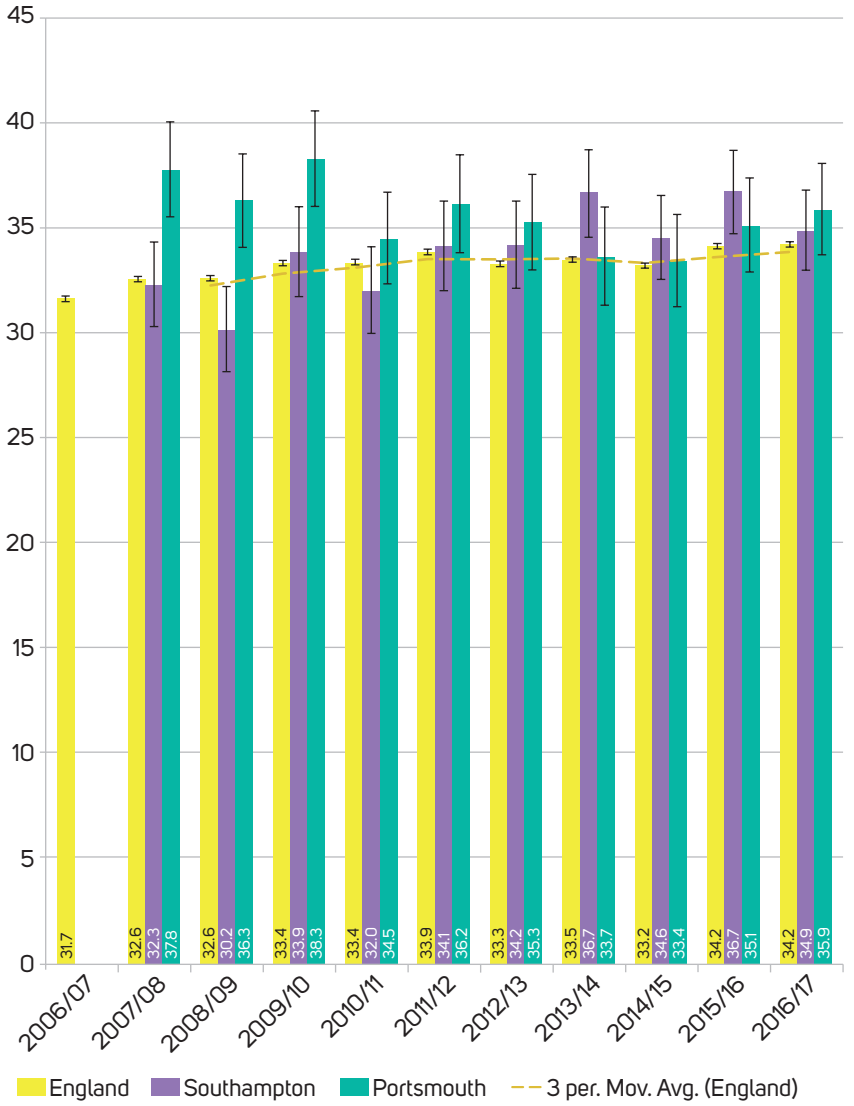
TRENDS FOR PROPORTION OF CHILDREN WHO ARE OVERWEIGHT OR OBESE IN RECEPTION YEAR



TRENDS FOR PROPORTION OF CHILDREN WHO ARE OVERWEIGHT OR OBESE IN YEAR 6



DEPRIVATION PLAYS A MAJOR ROLE, AND IS DRIVING INEQUALITIES IN HEALTH OUTCOMES

The graphs below show the gap between rates of obesity and overweight in the most and least deprived wards in the country.

They show three disturbing facts:

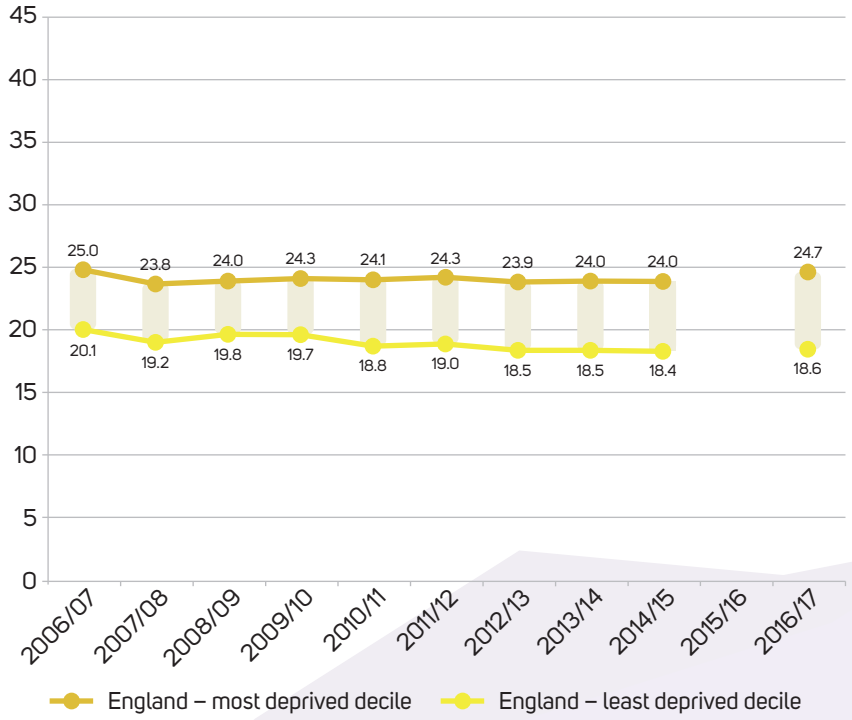
» First that there is a big difference between the rates of overweight and obesity between the richest and poorest areas in the country.

» Second that this gap appears to be growing.

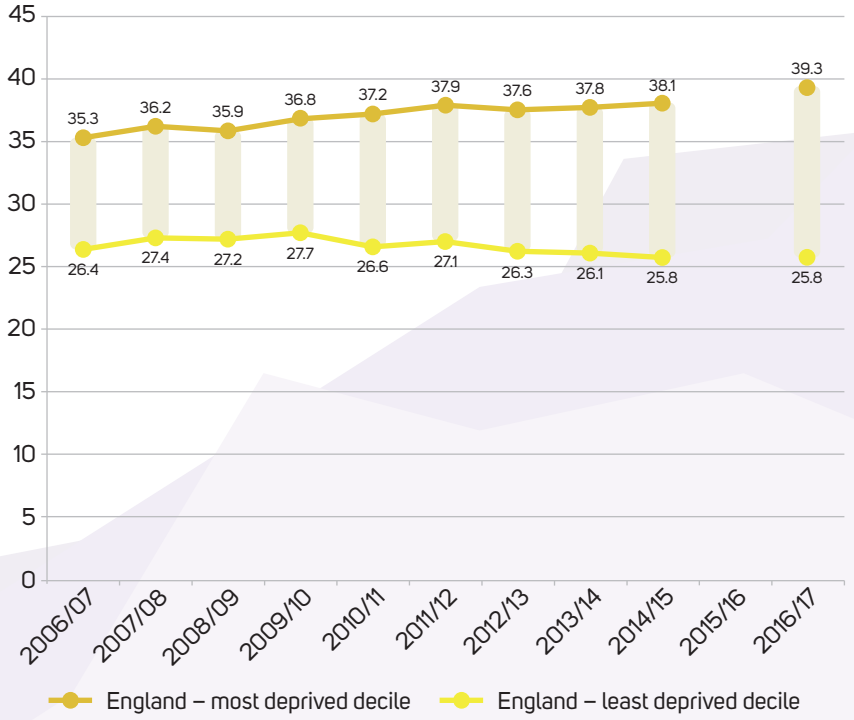
» Third is that the gap is growing because rates are getting worse in the most deprived areas, and better in the least deprived areas – suggesting our current interventions are only working in the richer parts of the country.

For our two cities, where there are pockets of significant deprivation, these figures suggest we need to do more to target the most deprived wards in the city.

TRENDS FOR PROPORTION OF CHILDREN WHO ARE OVERWEIGHT OR OBESE IN RECEPTION YEAR BY DEPRIVATION DECILE



TRENDS FOR PROPORTION OF CHILDREN WHO ARE OVERWEIGHT OR OBESE IN YEAR 6 BY DEPRIVATION DECILE



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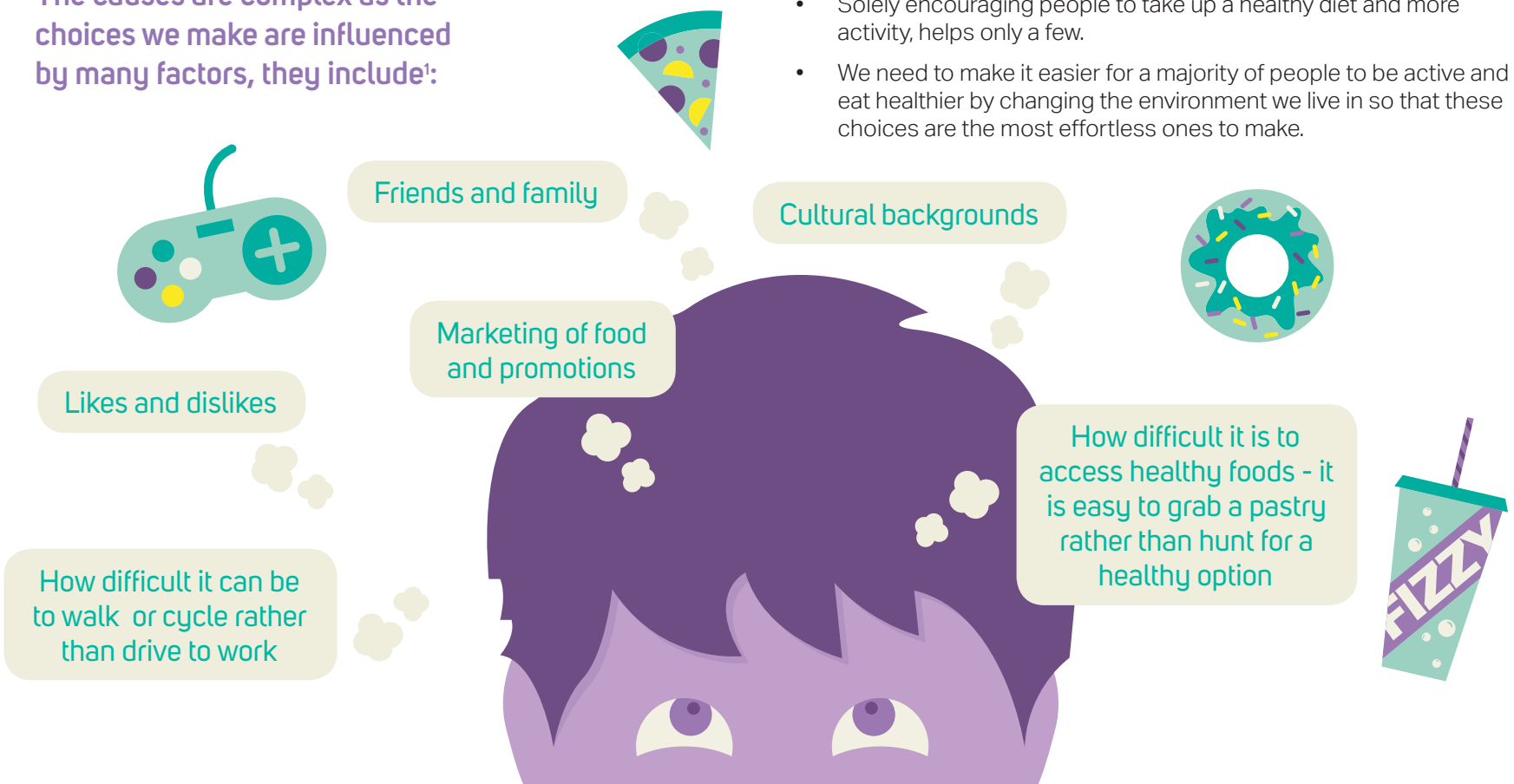
HOW HAVE WE GOT HERE?

It is a popular belief that if people ate less and did more activity, then obesity would be solved

BUT…

Years of evolution have designed us to preserve energy whenever possible, and to value high calorie foods. Our genetics mean we get pleasure from eating to excess, and by default we are inherently lazy. Unconsciously we have designed our lifestyles according to these basics.

The causes are complex as the choices we make are influenced by many factors, they include[1]:



We need to recognise we are not winning with our current approach.

- The trend for rising rates of obesity has not reversed for over a decade.
- Medical interventions and weight management support through intensive lifestyle advice cannot provide the answer alone. Support programs often have a high drop out rate and we don't have the resources to provide them to everyone who could benefit (over 60% of the adult population).
- Solely encouraging people to take up a healthy diet and more activity, helps only a few.
- We need to make it easier for a majority of people to be active and eat healthier by changing the environment we live in so that these choices are the most effortless ones to make.

RELATIONSHIP WITH HOW WE MOVE

MOST OF THE EXERCISE WE GET EVERYDAY IS THROUGH MOVING FROM ONE PLACE TO ANOTHER

A majority of the trips we make are for shopping, personal business and visiting friends.

Only **15%** of the trips we make are for commuting. (National Travel Survey 2016)[5]

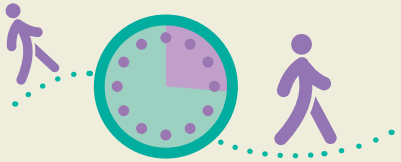
Nationally 62% of our trips are made by car and 25% by walking and the number of trips we have made by walking has been steadily decreasing since 2002. (National Travel survey 2016)

Over the long term the cost of purchasing cars has decreased and 77% households own at least one car. (National Travel Survey 2016)

Increasingly we have made it easy to travel without moving as we have designed cars into every aspect of our lives. We feel it's safer to drive at 30 – 50 mph than for people to travel at 5 – 15 mph on a cycle.

Recently we have made it even easier to move less as we can purchase most of the things we need through online shopping.

HOW CAN WE REVERSE THIS TREND AND MOVE MORE?



People are more likely to walk if they are taking a short trip, on average each walking trip lasts just 16 minutes (National Travel survey 2016)

If our cities were designed around walking, not cars, the walking trips we take should increase. This would have added benefits of:

- Reduced air pollution
- Reduced road injuries
- Stronger social interactions
- Sense of belonging
- Reduced crime rate
- Improved physical and mental health[6]

To see this change we must commit to making walking a priority, ensure walking features strongly in town plans, create a walking network and design streets as places for children to enjoy (Creating Walking Cities a Blueprint)[6].

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RELATIONSHIP TO FOOD ENVIRONMENTS

Our food all has an impact on our diet and its nutritional content. It is influenced by how we:

Research shows

- Shops in poorer areas have fewer healthy food options[7]
- Fast food outlets are more common in deprived areas nationally[8 9]
- These factors have been associated with poorer diets and health problems that can result from poor diets[10 11]

The good news is that we have the ability to make changes to the local environments which will help people make better diet choices.

For example, ensuring that healthy options are easy and accessible to all (relatively cheap, available, convenient etc.) is a key factor if everyone is to have the opportunity to eat a healthy, balanced diet. This includes places like:

» Businesses selling prepared food for immediate consumption (canteens, cafés, restaurants, takeaways, high-street shops etc.)

» Supermarkets

» Corner shops

CASE STUDIES

CASE STUDY: THE DAILY MILE

Arundel Court have been doing the Daily Mile for over a year with Key Stage 2 pupils and it's proved very successful. The students walk, jog or run a mile during each school day.

Perceived barriers:

- **No time?** Once you get into the habit of scheduling 10 mins each day it becomes part of routine.
- **Limited space?** It doesn't matter, our kids do 7 laps of our go-kart track to make a mile!
- **Bad weather?** It hasn't been an issues, even on rainy days you can generally find 10 minutes where it isn't pouring.

Benefits:

- Real improvements in fitness and confidence
- Inclusive (all pupils can participate)
- Children feel "happier", "increased enjoyment in activity" and "have friends to play with"

Would you recommend other schools get involved in the daily mile?

"Absolutely. We've seen nothing but positives and haven't encountered any problems with setting it up. Just give it a go and it'll become routine before you know it".

"Pupils love it, we're looking at rolling it out to all pupils this year"

CASE STUDY: ROAD CLOSURE OUTSIDE ST JOHN'S PRIMARY SCHOOL FOR CLEAN AIR DAY IN SOUTHAMPTON

The event:

A road closure organised outside school enabled the street to be transformed so that children and families could participate in street play, cycle training and Bike Doctor sessions, dance workshops, renewable energy lessons and seed planting activities.

What happened?

- Majority of pupils travelled actively to school (walk, scoot, cycle or Park & Stride)
- 85 bikes fixed by the Bike Doctor.
- 120 pupils participated in bike agility courses
- 300 pupils participated in outdoor dance sessions
- 60 pupils participated in renewable energy workshops

Who was involved?

All pupils and staff. Southampton City Council School Travel Officer, Sustrans staff, The Environment Centre Team and Global Action Plan staff.

The legacy:

Success of one-day road closure has led to consultation with residents for a permanent timed road closure outside the school.

CASE STUDY: POMPEY MONSTERS – WALK TO SCHOOL CHALLENGE

The programme:

An incentivised programme to encourage long-term behaviour change to reduce car travel to school, thus reducing congestion and improving health.

Launched in 2017:

Initially piloted in 3 schools over a 7 week period, using a video of the monsters and a visit by 'Stomper'. Parents received flyers to encourage online sign-up.

Introduction:

Registered pupils received an information pack and the monster characters (who all carry a different road safety message) were introduced. Children also got a chart to record their walks to school, a Park and Stomp (stride) map and a pedometer voucher.

In action:

The road safety team visited schools, distributing the monster keyrings (incentive for walking, different ones to collect) once pupils proved they walked to school 3 or more times per week.

Results:

- 68% of pupils registered to participate
- 92% collected 4 or more keyrings
- Over 97% are very likely or likely to continue walking
- Over 81% said they enjoyed walking to school more frequently
- Nearly 84% of parents said they valued time walking with their child

Impact:

- 60% indicated they now walked 4/5 times per week
- 96% said scheme helped teach road safety

The legacy:

The scheme has been rolled out to 3 more schools, with encouraging results to date.

CASE STUDY: SO18 BIG LOCAL – HELPING TO INCREASE USE OF LOCAL GREEN SPACES

The programme:

Harefield, Midanbury and Townhill Park in Southampton were allocated Big Lottery funding to each come together to make their areas even better places to live. The project named SO18 Big Local has a number of aims which include getting local people out and about and enjoying the green areas on their doorsteps.

What happens?

- Work with local schools to teach children about the biodiversity in the area
- Engaging with local residents and making them aware of local 'wild' areas
- Promoting active participation in local hands-on activities in natural spaces

Who was involved?

SO18 Big Local is driven by a group of people that all live, work or volunteer in the area.

Impact

- Awareness has increased – many local residents were not even aware of the local green space available on their doorstep
- More people engaging in activities in Frogs Copse
- More people are involved in helping maintain their local green spaces

"I never even knew this space was here"

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CITIES THAT HAVE MADE A DIFFERENCE FOR THEIR RESIDENTS

FINLAND [12 13]

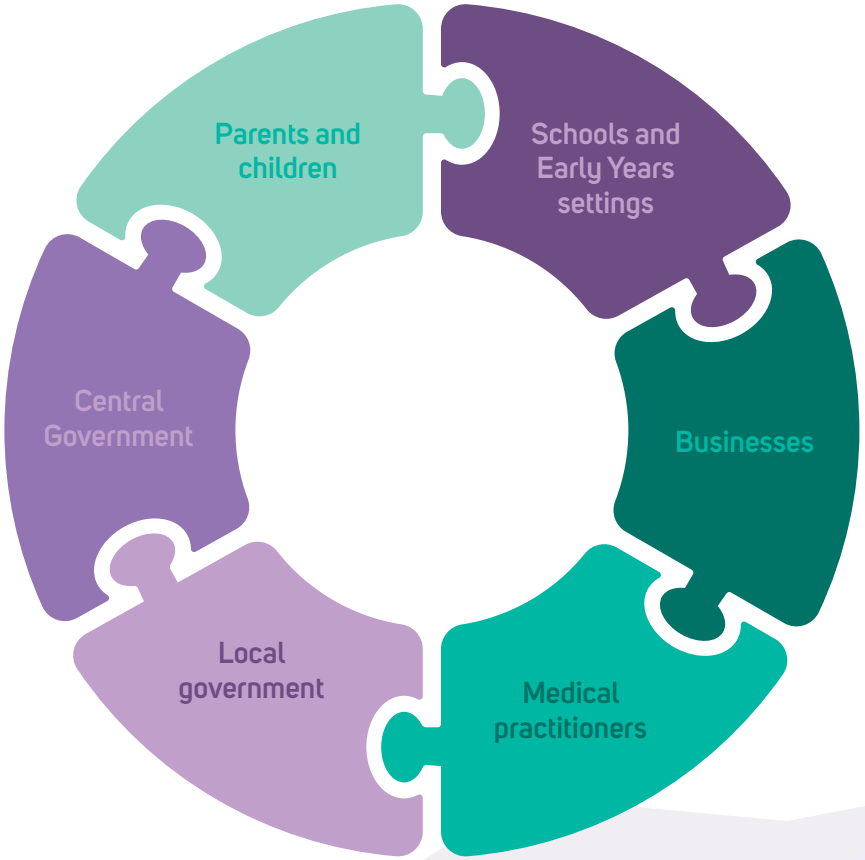
- Seinäjoki in Finland has a population of over 60,000 and is a fast growing urban area of Finland. The businesses in the area focus on food , agriculture and agro-technology
- Seinäjoki managed to half the proportion of overweight and obese five year olds in the city in just 6 years
- They did this by getting the right policies in place and understanding that preventing childhood obesity lies outside the health sector.
- The city worked on having a health in all policies approach and by working out how different departments could work together (e.g. planning, education, recreation and health) and having clear role for each department
- They worked to increase physical activity and improve food choice.

GERMANY [14 15]

- Freiburg is a city located in South Germany with a population of 220,000. After the devastation of the Second World War, sustainable development featured strongly in rebuilding the city. Freiburg developed a car-lite system focussing on walking, cycling and public transport. Use of cars is restricted and two-thirds of the land is devoted to green uses.
- The impacts have been notable, the living standards in this city are among the highest in Germany, and residents have a strong understanding of environmental issues which effects lifestyle choices. This approach to urban planning has improved community cohesion and improved the health as well as safety as children can play safely outside the home. There has also been a reduction in the differences (social inequalities) between the richest and poorest groups, indicating that the whole population are more likely to flourish.

WHAT ARE OUR OPTIONS?

If we are to reduce the high levels of childhood obesity, action is required at all levels to make healthy choices the easier choices – a "whole systems" approach.



THE PLACE FOR INDIVIDUAL ACTION

People who can have the biggest impact are still parents and children

What would we expect of parents:

- Be a role model – eat well and move more
- Teach children about healthy food choices from an early age
- Be active as a family-make play a part of every day life
- Reduce screen time
- Teach kids about advertising and how it is trying to influence them
- Encourage schools to offer opportunities for physical activity and provide healthy meals/ snacks

ROLES FOR EDUCATION INSTITUTIONS

Embrace physical activity

- Improves school performance!
- Sport should be fun first (competition has its place but the first aim is to ensure there is something for everyone)
- It doesn't have to come under the label of "sport" – examples of other initiatives include:
  - Daily Mile or Golden Mile **thedailymile.co.uk** or **golden-mile.org**
  - Walking buses
  - Active travel plans
- Encourage good diets in school. Make sure school foods meet the national school food standards
- Use PHSE to explore issues sensitively
  - Understanding healthy diets
  - Recognising value of physical activity

ROLES FOR LOCAL BUSINESS

For most businesses the best asset they can have is a healthy workforce. Similarly a loyal, healthy customer base will make them more likely to operate on a sustainable profit.

Many businesses, especially small and medium sized ones, do better when they have higher footfall, which in turn is dependent on measures that increase walking, cycling and public transport.

Businesses have a role to play by:

- Making it easier for staff and customers to travel by active transport, or provide incentives when they do.
- Food retailers can make healthy options more prominent on shelves.
- Food retailers can have healthier snacks at the checkout and price promotions on healthy meal or snack options.
- Investing in the local community to promote healthier choices.
- Larger businesses must consider how to support smaller suppliers, and especially when they are offering a healthier alternative.

ROLE FOR LOCAL GOVERNMENT[16]

My biggest ask of local governments is to use their powers to shape the built and natural environment, and to influence transport.

The Town and Country Planning Association has developed a great list of actions for planning departments to help plan healthy weight environments.

I would also ask elected members to recognise the importance of this problem, and to make addressing it a priority in all their actions. Officers will need their support.

Planning Healthy – Weight Environments – Six Elements

Movement and access 1

- Clearly signposted, with direct walking and cycling networks
- Safe and accessible networks, and a public realm for all
- Walking prioritised over motor vehicles, and vehicle speed managed
- Area-wide walking and cycling infrastructure provided
- Use of residential and business travel plans

Open spaces, play and recreation 2

- Planned network of multi-functional green and blue spaces
- Easy-to-get-to natural green open spaces of different sizes
- Safe and easy-to-get-to play and recreational spaces for all, with passive surveillance
- Sports and leisure facilities designed and maintained for everyone to use

Healthy food 3

- Maintain and enhance opportunities for community food growing
- Avoid over-concentration of unhealthy food such as hot-food takeaways in town centres and in proximity to schools or other facilities aimed at children and young people
- Shops/food markets that sell a diverse offer of food choices and are easy to get to by walking, cycling or public transport

Neighbourhood spaces and social infrastructure 4

- Community and healthcare facilities provided early as part of a new development
- Services and facilities co-located within buildings where feasible
- Public spaces that are attrative, easy to get to, and designed for a variety of uses

Buildings 5

- Adequate internal spaces for bike storage, dining and kitchen facilities
- Adequate private or semi-private outdoor space per dwelling
- Car parking spaces are minimised across the development
- Well-designed buildings with passive surveillance

Local economy 6

- Enhance the vitality of the local centre by providing a more diverse retail and food offer
- Centres and places of employment that are easy to get to by public transport, and on walking and cyling networks
- Facilities are provided for people who are walking and cycling to local centres and high streets, such as street benches, toilets and secure bike storage

Source: TCPA Dec 2014

ROLE FOR HEALTHCARE PROVIDERS

I think we have relied too heavily on healthcare providers. They have an important role in recognising when people have a problem and in signposting to help, but healthcare facilities can only help once a problem has started. To be effective we have to work to prevent obesity starting.

There is a significant role for health visitors and midwives to promote healthy eating from the very beginning, and to signpost young parents to information they need to get their children off to the right start.

- In adults there is good evidence that healthcare providers can make a difference by providing brief opportunistic interventions to motivate weight loss[17]
  - Primary care appointments are an ideal opportunity for this intervention which could take as little as 30 seconds.
  - It can achieve moderate weight reduction in patients and has been shown to be highly acceptable by patients.

ROLE FOR CENTRAL GOVERNMENT

Central government has done a lot over the years to promote physical activity and healthy food. There has been a huge amount of support for sport. New measures like the sugar tax on beverages are welcome.

All too often though, initiatives don't have the impact they could. Initiatives led by governments from all major parties have not been as effective as they could be because we:

- **Forget to make the healthy choice the easy (and fun) choice** - for example, much of the money spent on sport ends up supporting elite sports-people – there seems to be very little benefit to public health from this. Most people would like to participate in sport as a social activity, and many are put off by highly competitive environments.
- **Cannot see the possibilities within the framework of existing structures** – for example, much of the money we invest in transport continues to be spent on improving the road network for private vehicles. Active transport could be most people's default choice if the infrastructure was better, yet we don't invest anywhere near as much in it.
- **Fail to explain to vested interests (media, corporate structures, existing government departments) why change is needed** – in recent years concerns over first the financial crisis, and then the Brexit referendum have dominated political debate, and both civic society and our politicians seem to have lost focus on some of the big challenges of our time. We need strong political leadership.

What would I like central government to do (top three):

- **Distribution of transport monies needs to change** – Government must ensure that the proportion of transport money that is invested in active transport options continues to grow, and that this money is spent on infrastructure (cycle paths, covered walkways, public transport etc) in preference to publicity campaigns.
- **Grasp the opportunity to subsidise healthy food production over sugar production** – Historically the biggest beneficiaries of the EU farming subsidies have been producers of sugar beet. This has artificially lowered prices for producing sugar, at the expense of crops which have much greater nutritional value With Brexit, we have an opportunity to change this, and to prioritise subsidies for healthier food.
- **Actions to reduce exposure to advertising and to make parents less susceptible to "pester power"** – Advertising to children has shifted mediums and regulation has not kept up. Social media and internet companies need to reduce promotion of unhealthy foods to minors. Similarly supermarket price promotions could be regulated to ensure healthy food is promoted and prominently placed in stores.

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ABOUT THIS REPORT

This is my first attempt at writing a joint report for both the cities of Southampton and Portsmouth. There are benefits in comparing the two cities, as they share a number of similar characteristics – they are both Port cities, close to London, and they both have significant pockets of deprivation which makes addressing the public health problems more challenging.

This report is independent of the political administrations and other officers' views. It is my independent review of serious problems that are challenging the health of the people living in the cities.

I have chosen to focus on one topic in particular. This approach allows us to look at a single issue and ask ourselves if we have got the right approach, and if we are doing enough to address the problems it presents. For more of an overview of the various problems that are impacting on health in both cities, we also produce a Joint Strategic Needs Assessment to inform commissioning, and there are a wide variety of helpful statistics that Public Health England collates available at **https://fingertips.phe.org.uk/**

I have made recommendations from this report at a number of levels – not just for the local authorities involved, but also thinking about all the other drivers of a problem, and what could be done by private and public organisations and citizens with the power to improve the situation.

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