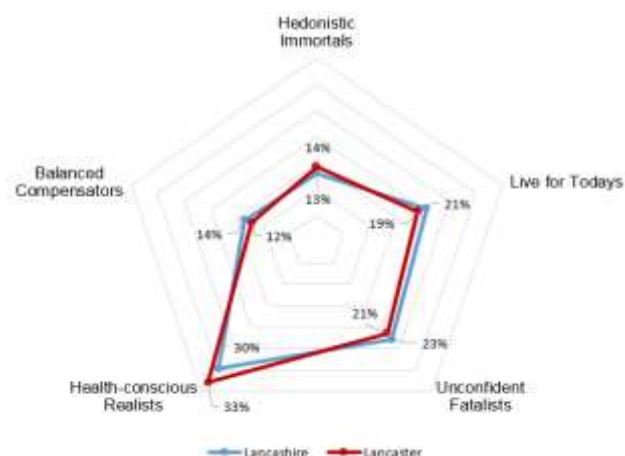


Lancaster summary

This local summary forms part of the joint strategic needs assessment for health behaviours in Lancashire.¹ It provides an overview of the health behaviours questionnaire and the [secondary data analysis](#), providing a bespoke view of health behaviours in the district. The intention is for this report to be used to aid commissioning decisions in local areas in conjunction with the recommendations of the [health behaviours JSNA](#). For a wide range of data, intelligence and analysis, and summary reports for other local authorities please see the [health behaviours](#) webpage. Please direct all queries to BusinessIntelligence.jsna@lancashire.gov.uk

The questionnaire covered a wide range of topics around health behaviours and incorporated the '[healthy foundations](#)' segmentation tool. Segmentation tools can be used to inform bespoke local health improvement activities. They provide insight for social marketing around health policies, campaigns and targeted interventions.

This allows us to identify the motivation levels and the potential for behaviour change among the different groups and can be used when considering the recommendations below in relation to the health status, lifestyle behaviours and wellbeing of Lancaster's residents.



In Lancaster, slightly more respondents are classed as 'health-conscious realists' when compared to Lancashire. There are similar rates for 'balanced compensators', 'hedonistic immortals', 'live for todays', and 'unconfident fatalists'.

Recommendations for Lancaster

Strategies which address specific health behaviours may have a positive effect on improving health overall within the district. Whilst there are distinct recommendations for Lancaster based on the questionnaire and secondary data analysis, there are overarching priorities and recommendations. These are:

1. Increase people's health-enabling behaviours and reduce health-compromising behaviours.
2. Increase health literacy levels through the provision of knowledge, skills and resources.

¹ Lancashire refers to the 12 districts in the county council area. The secondary data analysis does not include Blackburn with Darwen or Blackpool, unless specified

Addressing the wider determinants of health – such as employment, education, housing and a quality public realm – continues to be important. Further information around these topics can be found on our [Lancashire Insight](#) pages.

Alcohol

Excessive alcohol consumption is a major contributor to poor health and long-term conditions, as well as having an impact on community safety and crime. It can also negate the effects of other health-enabling behaviours, so is an important area to address. The identified priorities around alcohol for Lancaster include:

- *Work with partners to continue with enforcement, advocacy and legislative work around alcohol sales and minimum unit pricing.*
- *Provide information, advice, support and signposting to young people and other 'at risk' populations for alcohol/substance use and other services.*
- *Support initiatives to reduce parental/guardian purchases of alcohol and encourage campaigns for positive parenting around alcohol, including the attitudes of parents towards alcohol and their own drinking behaviour.*

Drug and substance use

Drug and substance use can have profound negative effects on individuals, families and communities and also contribute to poor physical and mental health, with many individuals who use substances having a dual diagnosis.²

The long-term investment in rehabilitation and treatment services can bring positive economic, social and health outcomes. Priorities around substance use for Lancaster include:

- *Increase people's resilience and wellbeing by giving them opportunities to make alternative healthier life choices, and improve their skills and decision making around risk-increasing behaviour(s).*
- *Build recovery groups in the community, incorporating [social value](#) and [social justice](#) and wider health improvements.*

Key findings



The data analysis reveals for many [alcohol-specific and alcohol-related indicators](#) Lancaster is significantly worse than England

There are significantly higher rates of mortality from chronic liver disease and alcohol-specific mortality

Over half (54%) of young people (14-17 years) claim to get their alcohol from their parents/guardians

Responses to the questionnaire indicate 20% are regular binge drinkers and 17% are increasing- or higher-risk drinkers

Key findings



Lancaster has a significantly worse rate of opiate/crack use compared to England.

The questionnaire shows 6% of respondents have used drugs in the past 12 months, with 87% using cannabis

Self-reported use of other recreational drugs is high

In Lancaster 7% of respondents use [new psychoactive substances \(NPS\)](#), nationally this is a growing concern

² Individuals who have co-existing mental health and alcohol and/or drug difficulties

- *Focus on educating young people around new psychoactive substances and other recreational/club drugs,³ while monitoring emerging drug trends through data sharing with other partners.*
- *Promote harm reduction and recovery services for substance users, including dual diagnosis and referrals to other services that can support healthier lifestyles.*

³ Club drugs refer to substances which are used recreationally and in the club scene. These include, but are not limited to: cocaine, amphetamines, ecstasy, ketamine, and other hallucinogens. They tend not to include heroin.

Healthy eating

Poor nutrition is a risk factor for many health conditions including some cancers and diabetes. It can also contribute to excess weight in adults and children, which can lead to health challenges in later life. Priorities around healthy eating include:

- *Increase the number of people eating five portions of fruit and vegetables per day.*
- *Support community-based interventions which can provide opportunities to develop skills and knowledge around nutrition and healthy eating.*
- *Increase access to locally-sourced food.*

Mental health

There are established links between negative health behaviours – such as substance use – and poor mental health. Good mental health can be an important buffer against stress, ill health, and a person's ability to cope with life. It can be improved through partaking in health-enabling behaviours, having an appropriate support network, a sense of belonging, and being in control of one's life. Priorities for Lancaster include:

- *Develop integrated lifestyle programmes that take a whole-person and community approach to improve both physical and mental health.*
- *Promote opportunities to connect people/communities and increase social capital, especially where there are different groups within neighbourhoods.*
- *Promote opportunities to encourage communities to look after their own mental health and wellbeing needs.*
- *Increase people's resilience and wellbeing by giving them opportunities for making alternative healthier life choices, improving their decision-making skills and control over their own lives.*

Key findings



The data analysis shows 16.6% of adults are obese and 41.7% are overweight (41.7%) compared to England (23.0% and 40.8% respectively)

The questionnaire indicates 15% of respondents eat the recommended five portions of fruit and vegetables per day

12% of respondents eat fast food or takeaways one to four times a week while 50% cook/prepare meals from scratch five times a week or more

Key findings



A quarter of questionnaire respondents said they experienced high levels of anxiety

66% rate their happiness as high or very high – both measures among the highest in Lancashire

29% of respondents have been told they have depression, anxiety or other mental health condition (at any time)

Almost three-quarters (71%) rate the things they do in their life as highly or very highly worthwhile

Physical inactivity

Physical inactivity is a major risk factor for heart disease, type 2 diabetes, some cancers, and other long-term conditions. It is more of a risk factor for heart disease than cigarette smoking, high blood pressure, or a high cholesterol level. Physical activity can also reduce the risk of falls in older people, improve healthy life expectancy and help to achieve and maintain a healthy weight. Priorities include:

- *Work with partners to identify and address the barriers to activity (including age, sex, socioeconomic status, disability, and race/ethnicity), with the aim of increasing the number of people who participate in activity*
- *Identify settings where people live and work to bring about healthy behaviour change, such as community/workplace activities, health in the home, or health walks for example.*
- *Connect people to community resources, information and social activities.*

Sexual health

Sexually transmitted infections (STI) can cause a wide range of illness and poor health, whilst teenage pregnancy may limit education and career/employment opportunities. This can result in poorer life outcomes for teenage mothers and their children. The priorities around sexual health include:

- *Promote contraception services, and ensure a strong focus on targeted interventions with young people at greatest risk of pregnancy.*
- *Continue to promote sexual health screening services for young people, and the populations identified as at increased risk of HIV and other sexually transmitted infections (including men who have sex with men).*
- *Increase people's sexual health and wellbeing by giving them the skills to make appropriate choices around contraception, testing and screening.*

Key findings



The data analysis shows that 46% of adults in Lancaster took part in no physical activity in a 28-day period

There has been a decrease in the number of males who say they would like to take part in more sports or physical activity

The questionnaire indicates that 38% of adults took part in four hours or more of moderate activity per week

Almost a fifth of respondents (19%) have a long-term illness or physical impairment

Key findings



56% of respondents are sexually active; 4% are considered to have risk taking sexual behaviour

Lancaster has significantly higher crude rates of STI, compared to England, but also higher screening and test uptake rates

Teenage pregnancy rates (under-16 conceptions) have fallen 20% between 2005/07 and 2010/12

Under-18 abortion rates have increased slightly during this same period

Smoking/tobacco use

Smoking and tobacco use is the biggest cause of illness and premature death from a range of conditions including cancers and heart disease. Ongoing health campaigns continue to promote the stop smoking message, and services and priorities around smoking and tobacco use include:

- *Continue to promote the no smoking message in homes, cars and outside buildings, to reduce exposure to second-hand smoke, and shape positive norms around smoking and tobacco use.*
- *Collaborate with community partners to design and/or deliver stop smoking services, with volunteer mentors in place to provide advice, information and support to smokers looking to quit.*
- *Adapt services to the needs of smokers, taking into account differences such as language to ensure the message is delivered appropriately and effectively.*

Key findings



Overall the district has a significantly higher smoking prevalence, smoking-attributable mortality and smoking-attributable hospital admissions when compared to England

The questionnaire shows 3% of respondents use shisha/water pipes, the second highest rate in Lancashire

69% of respondents are regularly exposed to other people's smoke, one of the lower rates in Lancashire, of these 43% are exposed outside buildings and other public places

A comprehensive report covering all the health behaviours questionnaire findings for Lancaster can be found on the [health behaviours](#) webpage. Please direct all queries regarding the health behaviours JSNA to BusinessIntelligence.jsna@lancashire.gov.uk