

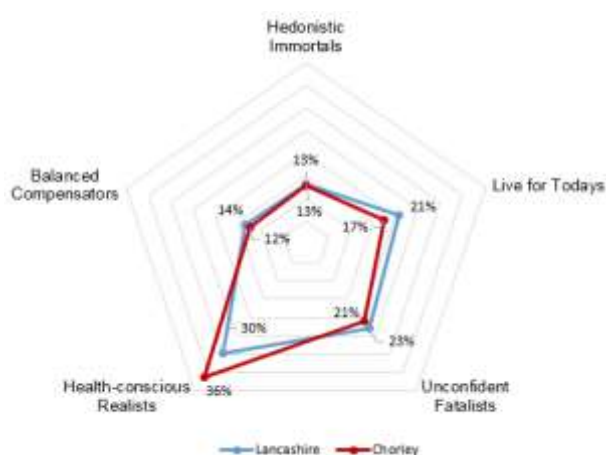
## Chorley summary

This local summary forms part of the joint strategic needs assessment for health behaviours in Lancashire.<sup>1</sup> 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](mailto: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 Chorley's residents.



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

## Recommendations for Chorley

Strategies which address specific health behaviours may have a positive effect on improving health overall within the district. Whilst there are distinct recommendations for Chorley 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.

Addressing the wider determinants of health is also important in Chorley, particularly in the areas where there is higher deprivation compared to the rest of the district, and for older sections of the population. Further information on these topics can be found on our [Lancashire Insight](#) pages.

<sup>1</sup> 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.

## 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 data analysis and questionnaire indicate the following priorities around alcohol for Chorley:

- *Address the high levels of mortality from liver disease by promoting sensible drinking to the identified populations most at risk, taking into account the delivery of the message to the different target audiences.*
- *Provide community-based programmes to educate parents and children together about alcohol and the harm it can cause.*
- *Provide information, advice, support and signposting to services for young people and adults around alcohol and other substance use.*

## 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.<sup>2</sup> The long-term investment in rehabilitation and treatment services can bring positive economic, social and health outcomes. Priorities in Chorley include:

- *Work with partners in signposting and providing a wide range of support services for people who may be vulnerable to drug or substance misuse, including referrals to other services that can support healthier lifestyles.*
- *Increase people's resilience and wellbeing by giving them opportunities to make alternative, healthier life choices, and improve their skills and decision making around risky behaviours.*
- *Continue to monitor emerging drug trends through data sharing with other partners.*

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

## Key findings



The data analysis reveals that Chorley has the highest rate of under-75 mortality from liver disease in Lancashire

The questionnaire indicates 72% of respondents drink alcohol

Of these 18% are classed as increasing-risk drinkers and 3% are high risk

Almost a fifth (19%) are classed as regular binge drinkers

## Key findings



95% of respondents state they had not used drugs in the last 12 months

Of the 5% who use drugs, the majority (65%) use cannabis

The district has the second highest self-reported rate of ketamine use (13%) in Lancashire

Almost a fifth of respondents use poppers (18%) and 11% use hallucinogens

## 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. The 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 knowledge and skills around nutrition, healthy eating and weight management.*
- *Increase access to locally-sourced food.*
- *Target settings where the healthy eating messages can be promoted.*

## 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. The priorities for Chorley include:

- *Develop integrated lifestyle programmes that take a whole-person and community approach to improve both physical and mental health.*
- *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.*
- *Promote opportunities to develop social inclusion, social connectedness and community involvement, with a focus around digital inclusion for populations who may be at risk of being excluded through age, disability, access or education for example.*

## Key findings



The data analysis shows 23.4% of adults are obese and 45.6% are overweight (England 23.0% and 40.8% respectively). Just under a third are considered a healthy weight (England 35.0%)

13% of people eat the recommended five portions of fruit and vegetables per day

Almost half of respondents (47%) cook/prepare a meal from scratch five times a week or more, whilst 56% eat with their family/household members five times a week or more

## Key findings



22% have been told they have depression, anxiety or other mental health condition (at any time)

66% rate highly or very highly the things they do in life as worthwhile

14% rate their happiness as low, whilst 68% rate it as high or very high

7% of respondents report often feeling left out, 6% often lack companionship and 7% are often isolated from others

Just over three-quarters (77%) say they have more than one person to rely on in a crisis

## 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:

- *Ensure all people can take part in low-cost active recreation through the provision and promotion of cycle paths, walking facilities, and access to a high-quality public realm and open green spaces.*
- *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.*
- *Work with partners to address the barriers to activity (including age, sex, socioeconomic status, disability, and race/ethnicity).*

## 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 (15-24 years), and the populations identified as at increased risk of HIV (including men who have sex with men).*
- *Increase the coverage and uptake of chlamydia and HIV testing*

## Key findings



The data analysis shows there has been a decrease in sports/activity participation, in particular for women

45% of adults did not take part in any physical activity in a 28-day period

40% of the respondents state they take part in more than four hours of moderate intensity activity in a week

22% say they take part in more than two hours of vigorous activity in a week

7% state they have a physical impairment, 9% have a long-term illness

## Key findings



Almost two-thirds of respondents are sexually active, with 2% having risk-taking sexual behaviour

Teenage conception rates in Chorley are among the lowest in Lancashire

There has been a 25% decrease between 2005/07 and 2010/12 for under-16 conceptions, although abortion rates for under-18s have increased by 11% in this same period

The district has low rates of STI, including chlamydia and HIV, but has a significantly worse uptake of testing/screening services compared to England

## 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.*
- *Promote stop smoking services for pregnant women, ensuring the service is targeted and tailored appropriately.*
- *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



The tobacco profile for Chorley ([Public Health England](#)) indicates on the whole the district has smoking outcomes comparable to England

There are significantly higher smoking-attributable hospital admissions

Significantly more women are smoking at the time of delivery (16.6%) compared to England (12.0%)

The questionnaire indicates 67% of respondents are regularly exposed to other people's smoke in a variety of locations, including outside buildings and other public places

2% of respondents say they use chewing tobacco

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