

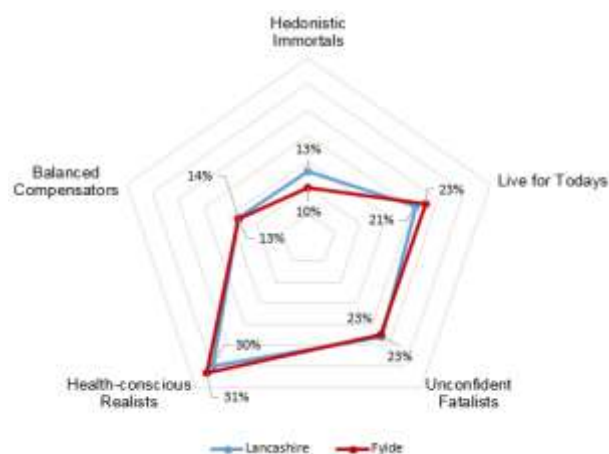
Fylde summary

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 Fylde's residents.



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

Recommendations for Fylde

Strategies which address specific health behaviours may have a positive effect on improving health overall within the district. Whilst there are distinct recommendations for Fylde based on the health behaviours 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 continues to be important in Fylde. As the district has a larger older population, mobility, social connectedness and ensuring good mental health will remain important priorities. Further information on the wider determinants can be found on our [Lancashire Insight](#) pages.

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.

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 lower levels of deprivation overall in the district may provide a protective element against the potential detrimental effects of alcohol. The identified priorities around alcohol for Fylde include:

- *Promote sensible drinking to all sections of the population, taking into account the delivery of the message to the different target audiences.*
- *Work with partners in signposting and providing support services for people affected by alcohol.*
- *Work with partners to continue with enforcement, advocacy and legislative work around alcohol sales and minimum unit pricing.*

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 Fylde 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 risk-increasing behaviour(s).*
- *Promote harm reduction and recovery services for substance users, including dual diagnosis and referrals to other services that can support healthier lifestyles.*

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

Key findings



The data analysis reveals for many alcohol-specific and alcohol-related condition indicators, the district is not significantly different to England

There are significantly higher rates of hospital admissions for alcoholic liver disease for all ages for all people

From the questionnaire 72% of respondents drink alcohol. Of these, 16% are increased- or higher-risk drinkers.

Key findings



The data analysis shows Fylde has modelled estimates of opiate/crack use significantly lower than England

From the questionnaire 5% of respondents had used drugs in the past 12 month

Cannabis (64%), crack cocaine (27%) and ecstasy (22%) are the most widely self-reported substance used in the district

No respondents reported using amphetamines (speed, whiz)

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 for Fylde based on the evidence 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.*
- *Target settings where the healthy eating message and healthy alternatives 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. Priorities around social connectedness and inclusion are important in Fylde, which has an older population who are at increased risk of isolation:

- *Develop integrated lifestyle programmes that take a whole-person and community approach to improve both physical and mental health.*
- *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.*
- *Promote opportunities to connect people/communities and increase [social capital](#), especially where there are different demographic groups within neighbourhoods.*

Key findings



The data analysis shows 21.1% of adults in Fylde are obese (England 23.0%). Almost half (48.1%) are overweight, which is significantly higher than England (40.8%)

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

14% of respondents eat fast food/takeaways and 19% eat out (excluding fast food) one to four times a week

Key findings



10% of respondents say they often lack companionship, while 11% often feel left out

5% say they have no one they can rely on to help in a crisis

Just under a quarter (24%) have been told they have depression, anxiety or other mental health condition (at any time)

29% rate their happiness as very high, while 71% rate the things they do in 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 populations, improve healthy life expectancy and help to achieve and maintain a healthy weight.

- *Work with partners to identify and address the barriers to activity (including age, sex, socioeconomic status, disability, and race/ethnicity).*
- *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.*
- *Identify and promote activities which are suitable for older individuals who traditionally show a decrease in activity levels.*

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 following priorities around sexual health in Fylde are:

- *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.*
- *Increase people's sexual health and wellbeing by giving them the skills to make appropriate choices around contraception, testing and screening.*

Key findings



47% of adults did not take part in any physical activity in a 28-day period

Just over 94% of primary school children enjoy sporting activities and physical exercise

11% of respondents state they have a physical impairment, while 11% say they have a long-term condition

35% of respondents state they take part in more than four hours of moderate intensity activity in a week. A fifth say they take part in more than two hours of vigorous activity in a week

Key findings



Half of respondents are sexually active and 3% are considered to have risk-taking sexual behaviour

In the district under-16 conception rates have increased 14% between 2005/07 and 2010/12

Abortion rates for under-18s have decreased by 19% 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 any differences to ensure the message is delivered appropriately and effectively.*

Key findings



The tobacco profile for Fylde ([Public Health England](#)) and the data analysis indicates overall the district has smoking outcomes comparable to England

Significantly more women are smoking at the time of delivery (15.6%) compared to England (12.0%)

The questionnaire shows 14% of respondents are using nicotine products, with 52% using manufactured cigarettes

E-cigarette use is low in the district (4% use daily or occasionally)

Two-thirds (66%) of respondents are regularly exposed to other people's smoke in a variety of locations

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