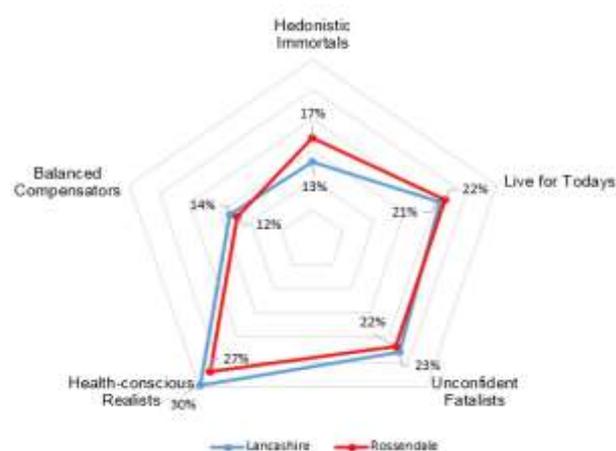


Rossendale summary

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 Rossendale's residents.



In Rossendale there are similar rates of respondents classed as 'balanced compensators', 'live for todays', and 'unconfident fatalists', when compared to Lancashire. There are lower rates of 'health-conscious realists' and higher rates of 'hedonistic immortals'.

Recommendations for Rossendale

Strategies which address specific health behaviours may have a positive effect on improving health overall within the district. Whilst there are distinct recommendations for Rossendale 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 Rossendale, particularly in the areas of employment, education, the local environment and the public

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.

realm. 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 Rossendale include:

- *Address the high rates of alcohol-related hospital admissions by promoting sensible drinking to the identified populations most at risk, 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 and other substance use.*
- *Promote interventions to reduce alcohol consumption, and provide information, advice, support and signposting to young people (15-24).*

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. Identified priorities 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).*
- *Focus on educating young people around new psychoactive substances and other recreational drugs.³*

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

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.

Key findings



The data analysis reveals for many [alcohol-specific and alcohol-related indicators](#) Rossendale is not significantly different to England

However, there are significantly higher rates of alcohol-specific/related hospital admissions compared to England

The questionnaire indicates 68% of respondents drink alcohol: 19% are classed as regular binge drinkers and 18% as increasing- or higher-risk drinkers

Key findings



7% of respondents had used drugs in the past 12 months, with the majority 80% using cannabis

The questionnaire reveals 9% use steroids and 5% use solvents (such as glue and gas), which are the second highest self-reported rates in Lancashire

4% of respondents use Ketamine, and 5% use [new psychoactive substances](#) (NPS), which are an emerging concern nationally

- *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.*

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:

- *Support community-based interventions which can provide opportunities to develop knowledge and skills around nutrition, healthy eating and weight management*
- *Increase the number of people eating five portions of fruit and vegetables per day.*
- *Target settings where the healthy eating messages can be promoted.*
- *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 a sense of belonging and an appropriate support network, and being in control. Priorities include:

- *Develop integrated lifestyle programmes that take a whole-person approach to improve both physical and mental health.*
- *Promote opportunities to develop community involvement in mental health and wellbeing, 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](#).*

Key findings



The data analysis shows 25.5% of the adult population in Rossendale are obese and 43.6% are overweight (England 23.0% and 40.8% respectively)

The questionnaire indicates 12% of people eat the recommended five portions of fruit and vegetables per day, while 62% eat three or fewer

Approximately 1% of respondents eat takeaways more than five times a week and 16% eat them between one and four times a week

Key findings



66% rate their life satisfaction as high or very high, while 68% rate the things they do in life as highly or very highly worthwhile

28% of respondents said they have been diagnosed with depression, anxiety or other mental health condition (at any time)

20% report high levels of anxiety

13% of respondents said they often felt left out, while 13% said they often felt isolated from other people

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.*
- *Work with partners to address the barriers to physical 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.*
- *Increase the coverage and uptake of chlamydia and HIV testing and 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 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 51% of adults in Rossendale took part in no physical activity in a 28-day period

There has been a decrease in the number of people participating in sports although 58% of men and 62% of women want to do more

The questionnaire shows that 38% of respondents take part in four or more hours of moderate activity in a week

22% take part in more than two hours of vigorous activity

Key findings



63% of respondents are sexually active and 5% are considered to have risk-taking sexual behaviour

Screening for chlamydia (15-24 year olds) and HIV testing uptake (males and females) is significantly worse when compared to England

Under-16 conceptions have reduced by 15% in Rossendale between 2005/07 and 2010/12

There has been a slight decrease in under-18 conceptions leading to abortion in the 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



The tobacco profile for Rossendale ([Public Health England](#)) shows the rate of smoking-attributable mortality, deaths from heart disease and chronic obstructive pulmonary disease are significantly higher when compared to England

The questionnaire shows 19% of respondents use tobacco daily or occasionally

The district has the highest reported e-cigarettes use (7%) in Lancashire, although no respondents report using shisha pipes

86% of respondents are regularly exposed to other people's smoke

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