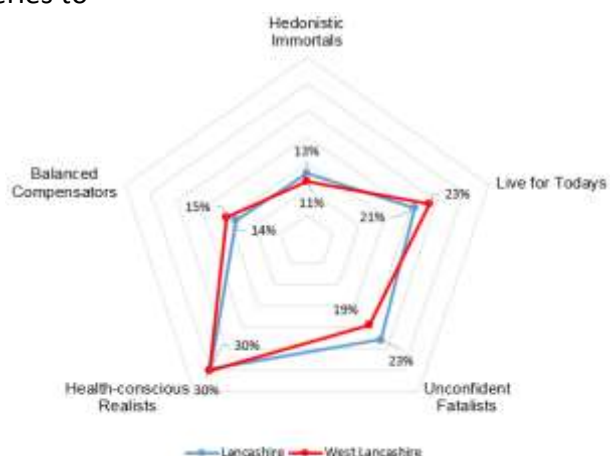


West Lancashire summary

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 West Lancashire's residents.

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

Recommendations for West Lancashire

Strategies which address specific health behaviours may have a positive effect on improving health overall within the district. Whilst there are distinct recommendations for West Lancashire 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 West Lancashire, particularly in the areas of employment, education, and the local environment. Further information around these topics 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. Priorities around alcohol 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 around alcohol/substance use.*
- *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 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 club and recreational drugs, while continuing to monitor emerging drug trends through data sharing with other partners.³*
- *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.*

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 hospital admission indicators](#) West Lancashire is significantly worse when compared to England

Under-18 alcohol admissions are not significantly different to England

The questionnaire indicates 72% of respondents drink alcohol

20% are classed as regular binge drinkers and 19% as increasing- or higher-risk drinkers

Key findings



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

From the questionnaire 4% of respondents have used drugs in the past 12 months, with 72% using cannabis and 50% using cocaine/crack

12% of respondents use Ketamine, and 6% use [new psychoactive substances](#) (NPS), which are an emerging concern nationally

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 and healthy eating.*
- *Increase the number of people eating five portions of fruit and vegetables per day.*
- *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. Priorities for West Lancashire 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 encourage communities to look after their own mental health and wellbeing needs.*

Key findings



The data analysis shows 22.5% of adults are obese and 40.6% are overweight, neither rate is significantly different to England (23.0% and 40.8%)

The questionnaire indicates 15% of respondents eat the recommended five portions of fruit and vegetables per day, while 54% are eating three or fewer

Approximately 1% of respondents eat takeaways more than five times a week, with 49% cooking or preparing a meal from scratch five times a week or more

Key findings



27% of respondents report high levels of anxiety

71% of respondents rate the things they do in life as highly or very highly worthwhile

8% of respondents said they often felt left out, while 9% said they often felt isolated from other people

17% of respondents have been told they have depression, anxiety or other mental health condition (at any point)

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 around this area 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.*

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. 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 47% of adults in West Lancashire took part in no physical activity in a 28-day period

There has been a decrease in the number of people participating in sports, and a decrease in the number of people who would like 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 in a week

Key findings



55% of respondents are sexually active, and of these 3% have risk-taking sexual behaviour

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

The district has one of the highest uptake rates (test offered and accepted) for HIV (82%)

Under-16 conceptions have decreased by 23% in West Lancashire between 2005/07 and 2010/12

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

Key findings



The tobacco profile for West Lancashire ([Public Health England](#)) indicates the rates of smoking-attributable mortality and illness are not significantly different compared to England

The questionnaire shows 11% of respondents use tobacco daily or occasionally

4.5% of respondents report using shisha/water pipes

Two-thirds of respondents are regularly exposed to other people's smoke

Significantly more women are smoking at the time of delivery (14.4%) compared to England (12.0%)

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