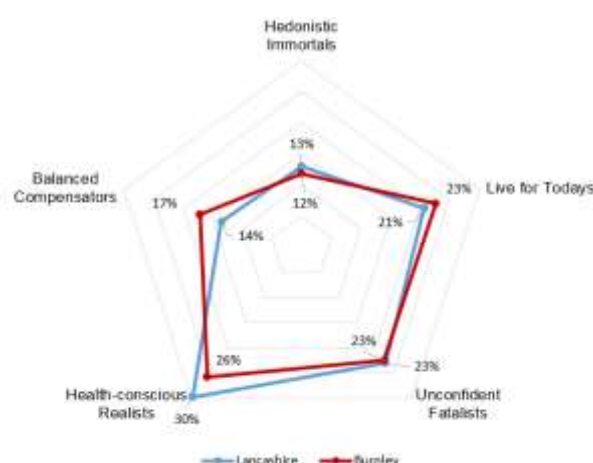


Burnley summary

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 Burnley's residents.



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

Recommendations for Burnley

Strategies which address specific health behaviours may have a positive effect on improving health overall within the district. Whilst there are distinct recommendations for Burnley 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 Burnley, particularly around the areas of employment, education, housing, the local environment and the public realm. Further information on 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. The identified priorities around alcohol for Burnley include:

- *Address the high levels of mortality from alcohol consumption 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.*
- *Provide community-based programmes to educate parents and children together about alcohol and the harm it can cause.*

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:

- *Build recovery groups in the community, incorporating [social value](#) and [social justice](#) and wider health improvements.*
- *Promote harm reduction and recovery services for substance users, including dual diagnosis and referrals to other services that can support healthier lifestyles.*
- *Explore culturally appropriate interventions for families, parents and individuals who find it difficult to seek help/advice due to the taboos associated with substance use.*
- *Continue to monitor emerging drug trends through data sharing with other partners.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



Burnley has significantly higher rates of [alcohol-related hospital admissions and mortality](#) compared to England

The questionnaire shows that 63% of respondents drink alcohol

18% are increased- or higher-risk drinkers

Over a quarter (26%) of respondents are classed as binge drinkers, which is the highest rate in Lancashire

Key findings



Burnley has the highest modelled estimate of opiate/crack use in Lancashire, significantly higher than England

From the questionnaire 7% of respondents have used drugs in the last 12 months. The majority (70%) use cannabis and 34% use crack/cocaine

High numbers of respondents are using psychoactive (club drugs³) and [new psychoactive substances](#) (NPS), which is 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. Priorities for Burnley 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 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 Burnley and include:

- *Promote opportunities to encourage communities to look after their own mental health and wellbeing needs, particularly in communities who are traditionally perceived to have wide family networks and support.*
- *Promote opportunities to connect people/communities and increase social capital, especially where there are different ethnic groups within neighbourhoods.*
- *Increase people's resilience and wellbeing by giving them opportunities for making alternative healthier life choices, whilst improving their decision-making skills and control over their own lives.*

Key findings



The data analysis shows 24.3% of adults are obese and 39.3% are overweight, (England 23.0% and 40.8% respectively)

The questionnaire shows the district has lower levels of healthy eating with only 11% eating five portions of fruit and vegetables per day

There are high numbers who eat takeaway meals or fast food, with 16% of respondents eating them one to four times a week, and 1% eating them five times or more a week

Key findings



11% of respondents report often feeling left out, 15% say they often lack companionship and 13% are often isolated

7% say they have no one to rely on in a crisis

57% rate their happiness as high or very high, compared to 43% who rate it low or medium

26% have been told they have depression, anxiety or other mental health condition (at any time)

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.*
- *Work with partners to address the barriers to physical 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.*
- *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 evidence suggests the following priorities around sexual health:

- *Increase testing and screening for young people of all ethnic groups by providing specific sexual health services tailored to their individual needs, without making generalisations regarding 'typical' behaviour due to religion, culture, sexuality or disability.*
- *Promote contraception services and ensure a strong focus on targeted interventions with young people at greatest risk of pregnancy.*
- *Promote sexual health screening and HIV testing for at risk populations.*

Key findings



55% of adults took part in no physical activity in a 28-day period, with an overall decrease in sports/activity participation for women

The questionnaire reveals 35% of respondents take part in more than four hours of moderate intensity activity in a typical week

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

12% of respondents state they have a physical impairment, 14% have a long-term condition

Key findings



The questionnaire indicates 53% of respondents are sexually active, while 3% have risk-taking sexual behaviour

The district has low uptake rates (19%) of chlamydia testing for 15-24 year-olds

Burnley is significantly worse than England for a range of indicators around HIV testing uptake and coverage

Teenage conception and abortion rates are still significantly higher than the comparative rates for England, with a 22% increase in under-16 conceptions 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.*
- *Adapt stop smoking 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 Burnley ([Public Health England](#)) indicates the district has significantly higher rates of deaths from lung cancer and chronic obstructive pulmonary disease compared to England

Smoking-attributable mortality from heart disease is also significantly higher

The questionnaire showed 88% of respondents are regularly exposed to other people's smoke

Niche tobacco use is low among respondents, with 1% using shisha/water pipes, and none reporting using chewing tobacco or bidis

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