

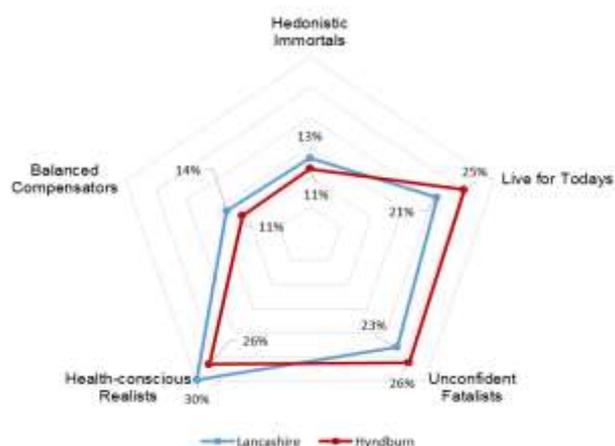
## Hyndburn summary

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 Hyndburn's residents.



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

## Recommendations for Hyndburn

Strategies which address specific health behaviours may have a positive effect on improving health overall within the district. Whilst there are distinct recommendations for Hyndburn 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 – such as education, employment and the provision of a quality public realm – continues to be important and 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 analyses does not include Blackburn with Darwen or Blackpool.

## 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 Hyndburn include:

- *Work with partners to continue with enforcement, advocacy and legislative work around alcohol sales and minimum unit pricing.*
- *Support initiatives to reduce parental/guardian purchases of alcohol and encourage campaigns for positive parenting around alcohol, including the attitudes of parents towards alcohol and their own drinking behaviour.*
- *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 around substance use for Hyndburn include:

- *Build recovery groups in the community, incorporating [social value](#) and [social justice](#) and wider health improvements.*
- *Work with partners in signposting and providing a wide range of support services for people who may be vulnerable to drug or substance misuse.*
- *Increase people's resilience and wellbeing by giving them opportunities to make alternative, healthier life choices, and improving their skills and decision making around risk-increasing behaviours.*

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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 for many [alcohol indicators](#) Hyndburn is significantly worse than England

Significantly more under-18s are admitted to hospital due to alcohol, compared to England

62% of young people (14-17 years) claim to get alcohol from their parents

Responses to the questionnaire indicate 22% are regular binge drinkers, while 16% are increasing- or higher-risk drinkers

### Key findings



From the questionnaire 7% of respondents had used drugs in the past 12 month

Cannabis (76%), crack cocaine (34%) and ecstasy (23%) are the most self-reported substances used by respondents

17% report using illegally obtained prescription drugs

The district has a significantly higher prevalence of opiate and/or crack use, compared to England

## 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. From the evidence, the priorities for 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 information and 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 mental health:

- *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, whilst improving their decision-making skills and control over their own lives.*
- *Promote opportunities to connect people/communities and increase [social capital](#) within neighbourhoods.*
- *Focus around digital inclusion for populations who may be at risk of being excluded through age, disability, access or education for example.*

## Key findings



Data analysis shows 27.7% of people are obese, while 39.8% are overweight (England 23.0% and 40.8% respectively). A third are a healthy weight (England 35.0%)

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

2% of respondents eat takeaway/fast food meals five times or more a week, the highest rate in Lancashire, while 42% cook/prepare a meal from scratch for their family/household five or more times a week

## Key findings



11% of questionnaire respondents said they often feel left out, while 13% said they often felt isolated from other people

28% have been told they have depression, anxiety or other mental health condition (at any time)

59% rate their happiness as high or very high, 22% rate their happiness as low

Nearly two-fifths (39%) say they feel optimistic about the future often or all the 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 around physical activity include:

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

## Key findings



53% of adults did not take part in any physical activity in a 28-day period

Like most districts in Lancashire, there are low levels of activity among residents

10% of respondents state they have a physical impairment

34% 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



52% of respondents are sexually active and 4% 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 sexually transmitted infections, and significantly higher HIV testing coverage/uptake rates 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 shape positive norms around smoking and tobacco use and reduce exposure to second-hand smoke.*
- *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 Hyndburn ([Public Health England](#)) indicates the district has health-related smoking outcomes significantly higher than England

Significantly more women are smoking at the time of delivery (18%) compared to England (12%)

The questionnaire shows 18% of respondents are using tobacco products, with 64% using manufactured cigarettes

6% of respondents use e-cigarettes (daily or occasionally)

92% of respondents are regularly exposed to other people's smoke in a variety of locations, the highest rate in the county

A comprehensive report covering all the health behaviours questionnaire findings for Hyndburn 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)