

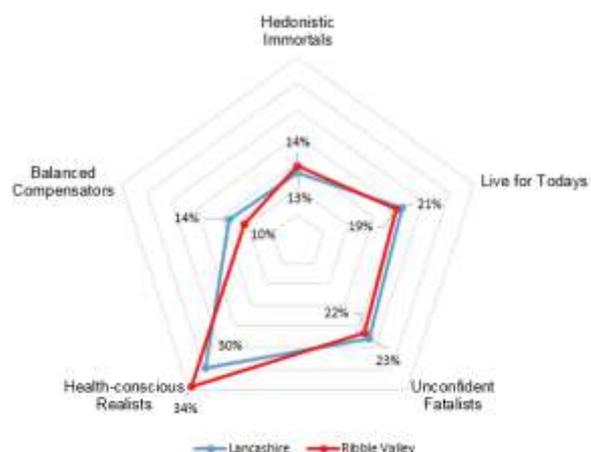
Ribble Valley summary

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 Ribble Valley's residents.



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

Recommendations for Ribble Valley

Strategies which address specific health behaviours may have a positive effect on improving health overall within the district. Whilst there are distinct recommendations for Ribble Valley 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 Ribble Valley. As the district has a more rural population, mobility, social connectedness and mental health will remain important priorities. 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.

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. The lower levels of deprivation overall and higher levels of health-enabling behaviours in the district may provide a protective element to the effects of alcohol, yet it still remains an important area for action. The identified priorities around alcohol for Ribble Valley include:

- *Promote sensible drinking to all sections of the population, taking into account the delivery of the message to the different target audiences.*
- *Provide community-based programmes to educate parents and children together about alcohol and the harm it can cause.*
- *Work with partners to continue with enforcement, advocacy and legislative work around alcohol sales and minimum unit pricing.*
- *Work with partners in signposting and providing support services for people affected by alcohol.*

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 While drug use does not appear to be problematic in the district, long-term investment in rehabilitation and treatment services can bring positive economic, social and health outcomes. Therefore priorities 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).*
- *Build recovery groups in the community, incorporating [social value](#) and [social justice](#) and wider health improvements.*

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

Key findings



The data analysis shows more young people (aged 14-17) in Ribble Valley state they get alcohol from their parents compared to other districts

The alcohol-related recorded crime rate is significantly lower when compared to England

From the questionnaire 77% of respondents drink alcohol, the highest rate in the county

Of these, 18.7% are increased- or higher-risk drinkers

Key findings



3% of respondents had used drugs in the past 12 months, with 94% using cannabis

Ecstasy (26%) and amphetamines (11%) are also more widely used by respondents when compared to the rest of Lancashire

The data analysis shows Ribble Valley has modelled estimates of opiate/crack use significantly lower than 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. The priorities around healthy eating include:

- *Increase the number of people eating five portions of fruit and vegetables per day.*
- *Focus healthy eating messages and support at those groups where healthy eating has been identified as difficult, whilst taking into account individual barriers and motivators to behaviour change.*
- *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. Therefore, priorities around social connectedness and inclusion are important in Ribble Valley:

- *Promote opportunities to connect people/communities and increase [social capital](#).*
- *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 location for example.*
- *Develop integrated lifestyle programmes that take a whole-person and community approach to improve both physical and mental health.*

Key findings



15% of respondents eat the recommended five portions of fruit and vegetables per day, just over half (52%) are eating three or fewer

The district has the highest rates of respondents who prepare meals from scratch five or more times a week (51%) and eat with family/other household members five or more times a week (60%)

17% of respondents eat out five or more times a week (other than fast food or takeaway meals)

Key findings



28% of questionnaire respondents said they experience high levels of anxiety

7% of questionnaire respondents said they often feel left out, 10% often lack companionship, and 7% said they often felt isolated from other people

Over a fifth (22%) of respondents have been told they have depression, anxiety or other mental health condition (at any time)

A quarter of respondents have very high life satisfaction, while 81% 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 people, improve healthy life expectancy and help to achieve and maintain a healthy weight. Priorities include:

- *Work with partners to identify and address the barriers to activity for people who may be isolated from leisure activities, such as gyms or leisure centres, through their location or age or other barriers.*
- *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 priorities around sexual health for Ribble Valley 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 43% of adults in Ribble Valley had taken part in no physical activity in a 28-day period

There has been an overall decrease in sports participation in Ribble Valley

37% of respondents state they take part in more than four hours of moderate intensity activity in a week

Over a fifth (22%) of respondents participate in more than two hours of vigorous activity

15% of respondents have a physical impairment or long-term condition

Key findings



Chlamydia screening uptake for young people aged 15-24 is significantly worse when compared to England, with screening rates of only 16%

There are significantly lower rates of HIV testing uptake overall

There has been a 20% reduction in the under-16 conception rate between 2005/07 and 2010/12

Abortion rates for under-18s have increased by 20% in this same period and 72% of under-18 conceptions lead to abortion in Ribble Valley, one of the highest rates in 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.*
- *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 Ribble Valley ([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 (17.8%) compared to England (12.0%)

61% of respondents are regularly exposed to other people's smoke

E-cigarette use is low, with 2% of respondents stating they use them daily and 3% saying they use them occasionally.

No respondents use shisha, chewing tobacco or bidis

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