

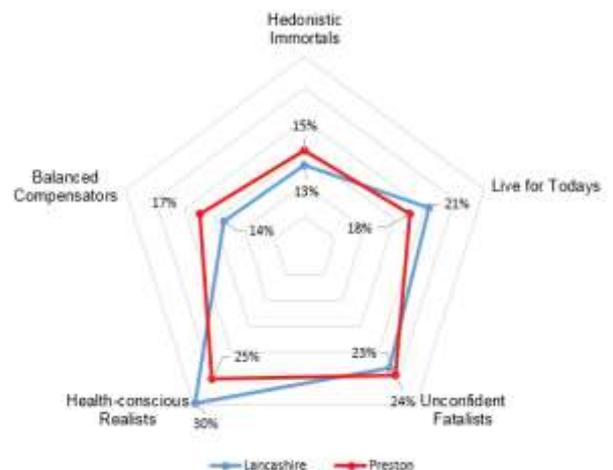
Preston summary

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 Preston's residents.



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

Recommendations for Preston

Strategies which address specific health behaviours may have a positive effect on improving health overall within the district. Whilst there are distinct recommendations for Preston 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 – particularly in the areas of employment, education, housing, the local environment and the public realm – continues to be important in Preston. 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. The identified priorities around alcohol for Preston 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.*
- *Provide information, advice, support and signposting to services for young people and adults around alcohol and other 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.

- *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



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

There are significantly higher rates of alcohol-related hospital admissions for under-18s

42% of young people (14-17 years) state they obtain alcohol from their parents/guardians

62% of respondents drink alcohol, with 20% being classed as regular binge drinkers and 16% as increasing- or higher-risk drinkers

Key findings



Preston has one of the highest modelled estimate of opiate and/or crack use in Lancashire, significantly higher than England

From the questionnaire, 93% of respondents state they have not used drugs in the last 12 months, with the majority (70%) using cannabis and 34% using crack/cocaine

High numbers of respondents are using psychoactive (club drugs³) and [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. Priorities for Preston 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 and healthy eating.*
- *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.*

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 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.*
- *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 connect people/communities and increase [social capital](#) especially where there are different ethnic groups within neighbourhoods.*

Key findings



The data analysis shows 33.2% of adults are overweight, significantly better than England (40.8%) and 23.0% are obese (England 23.0%)

15% of questionnaire respondents consumed fast food/takeaway meals one to four times per week, 1% consume them five or more times per week

13% of respondents eat five portions of fruit and vegetables per day

Almost half (46%) of respondents cook meals from scratch five times or more a week, whilst 14% cook less than once a week or never

Key findings



Just over a quarter of respondents state they have been diagnosed with anxiety, depression or other mental health condition (at any time)

28% rate their anxiety as high, the second highest rate in Lancashire

63% of respondents rate their happiness as high or very high

11% of respondents feel they often lack companionship and 10% state they often feel left out

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, 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).*
- *Connect people to community resources, information and social activities.*
- *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.*

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 are to:

- *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 need, 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 HIV testing for at risk populations.*

Key findings



The data analysis shows that 48% of adults in Preston took part in no physical activity in a 28-day period

There has been an overall decrease in the number of males and females participating in sports

There is an increase in the number of people in Preston who would like to do more physical activity

Just over a third of respondents (34%) say they do more than four hours of moderate activity and 21% state they do more than two hours of vigorous activity in a week

Key findings



There are significantly higher crude rates of STI in Preston, compared to England, although higher screening and test uptake rates may result in increased rates

The HIV testing uptake for males and females is significantly lower than England

Under-18 conceptions are still significantly higher than England and abortion rates have increased slightly (4%) between 2005/07 and 2010/12

57% of respondents are sexually active, 2% are considered to have risk-taking sexual behaviour

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.*
- *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.*
- *Expand stop smoking services to include education, information and support around shisha pipe use.*
- *Work with partners to continue with enforcement, advocacy and legislative work around shisha/water pipe use.*

Key findings



The tobacco profile for Preston ([Public Health England](#)) indicates the district has a smoking prevalence significantly worse to England

The rates of smoking-attributable mortality and hospital admissions are also significantly higher

The questionnaire showed 85% of respondents were regularly exposed to other people's smoke

5% of respondents said they used shisha pipes, the highest rate in Lancashire

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