Health behaviours in Lancashire

A joint strategic needs assessment

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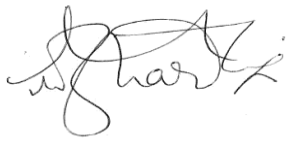
Foreword

All residents in Lancashire should have the opportunity to have full, healthy and satisfying lives. Healthy behaviours such as sensible drinking, being physically active, eating well and managing stress can help people achieve this across the life course. Conversely, behaviours such as smoking, excessive drinking and inactivity can result in illness and long-term conditions, and reduce the quality of life for those experiencing poor health.

Although we know health-compromising behaviours result in poor health, we did not have an understanding of the prevalence of different health behaviours across population groups and the characteristics of people with health-enabling and health-compromising behaviours in Lancashire.

Lancashire's Health and Wellbeing Board were committed to this Health Behaviours JSNA to develop intelligence to underpin and support partners working to improve health and wellbeing across the county. Whilst we already have some good work taking place, we can continue to make a difference to our communities' health and wellbeing by embedding and supporting the recommendations in this report – allowing future generations the opportunity to live physically and mentally healthier, longer lives.

I hope you find this report a useful reference point for making commissioning decisions and providing services to the citizens of Lancashire. It is my pleasure to introduce this to you.



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Contributors

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Executive summary

Whether a person is healthy or not is a combination of many factors. In Lancashire whilst there is extensive data around different health conditions, there was limited information about the prevalence and characteristics of people with different health behaviours across population groups.

This JSNA was commissioned to provide a deeper understanding of these health behaviours, identify assets which support positive behaviours, and factors which can prevent people from adopting healthier lifestyles. The intelligence for this came from three main strands: a comprehensive Lancashire-wide survey (fieldwork September – November 2014), secondary data analysis, and an in-depth literature/evidence review.

The seven areas/health behaviours were:

- alcohol;
- drugs;
- healthy eating;
- physical activity;
- sexual health;
- smoking/tobacco use; and
- stress.

The collective evidence shows there are links across health-compromising behaviours, with those who are financially worse off, not in work, disabled, or experiencing mental health issues more likely to engage in these behaviours or combinations of them. Older age is also associated with increasing health problems and a decrease in positive health behaviours such as physical activity.

From the findings a number of priorities and recommendations have been identified, with the aim of improving the health and wellbeing of Lancashire's residents. Further details are contained within the main body of this report but the main priorities are:

- Promoting physical and mental health and resilience by increasing people's health-enabling behaviours and reducing health-compromising behaviours.
- Increasing health literacy levels.
- Reducing harmful drinking, whilst continuing with enforcement, advocacy and legislative work around alcohol (including minimum unit pricing).
- Promoting harm reduction and recovery services for substance users, by supporting partners and collaborative working around substance use.

- Continuing to address and reduce levels of overweight and obesity in adults and children.
- Increasing knowledge, skills and abilities around healthy eating and nutrition
- Promoting mental health and resilience, developing opportunities for increasing social inclusion, social capital and mentally healthier communities.
- Increasing physical activity levels among children, young people and adults.
- Identifying the barriers and motivators which prevent/encourage people to be active.
- Improving sexual health and reducing the prevalence of sexually transmitted infections across the population.
- Reducing the rates of under-18 conceptions and abortions, particularly in districts which still have significantly higher rates when compared to England.
- Preventing children and young people from smoking (including e-cigarette use).
- Reducing smoking rates in the adult population.
- Reducing tobacco use (shisha and niche tobacco) in identified groups.

This detailed analysis can be used to identify where ever-limiting resources could most effectively be deployed to promote healthier lifestyles. Work is ongoing to develop integrated services to support healthy behaviours and the JSNA will also be able to influence the priorities for this work.

Rather than take the form of a single document, the Health Behaviours JSNA should be regarded as a repository of health and wellbeing-related intelligence available on a website that all partners and the public can access. It can be used to guide the further actions required to see the recommendations implemented across the county.

The health behaviours section of the Lancashire Insight web platform is available here: http://www.lancashire.gov.uk/lancashire-insight/health-and-care/lifestyle/lifestyle-overview.aspx

Background

Lancashire's Health and Wellbeing Board have identified a number of important shifts in the way partners across Lancashire work together. The board is committed to invest a greater proportion of their resources on improving the health of Lancashire's residents and commissioned this bespoke JSNA to support this aim and influence the priorities around this work.

Methodology

In January 2014 a project group of data and intelligence specialists from across Lancashire began the process of data gathering and analysis around seven health areas: alcohol, drugs, nutrition, physical activity, sexual health, smoking/tobacco use, and stress. A health behaviour questionnaire was sent to over 55,970 homes in Lancashire,[1] with an extensive promotion campaign with press releases and social media targeting to encourage participation. This commenced in September 2014, with a reminder being sent in October and fieldwork ending in November 2014. The questionnaire asked respondents about their lifestyle, health and behaviours. An overall response rate of 24% has provided a robust set of results, allowing for further analysis.[2] The survey has been underpinned with a secondary data analysis exercise and a broad literature review around the seven health areas.

Following analysis of the findings a stakeholder event was held in February 2015 to engage partners in identifying priorities for improving the health and wellbeing of Lancashire residents from the collated evidence. The following priorities and recommendations are the result of the stakeholder workshop, input from public health consultants and other partners.

[1] The survey was also sent to homes in Blackpool, but the responses in this report reflect the 12-authority Lancashire county area.

[2] The survey was a random sample design, following statistically robust methodology. The results have been weighted to give an accurate representation of the population at a 95% confidence interval. Full details of the survey can be found here.

Introduction

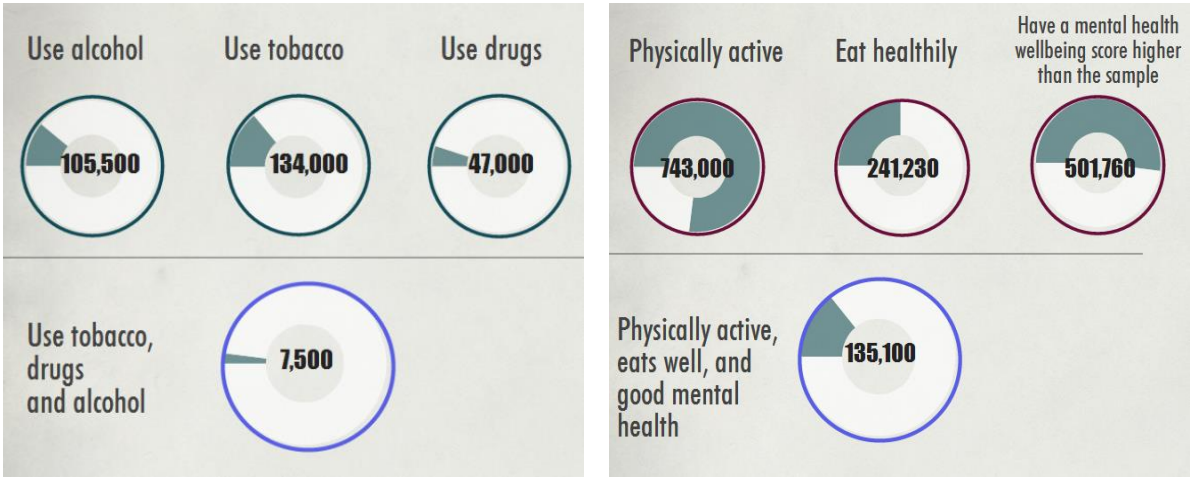
Healthy behaviours such as sensible drinking, being physically active, eating well and managing stress are known to prevent a wide range of health problems across the life course. It is well evidenced that behaviours such as using tobacco, substance misuse, and unsafe sex put people at particular risk of ill health and premature death.

Tackling obesity, reducing problem drinking, and increasing levels of physical activity are about more than just shrinking people's waistlines or getting them to cut back on their drinking. It is about reducing the burden of disease as part of the wider shift from treatment, support and cure, to prevention and protection. This remains an issue as the latest Longer Lives premature mortality figures show that between the years 2011 and 2013, 12,071 people died prematurely across Lancashire.

Health behaviours are shaped and influenced by the settings in which people live, their immediate environment, their family and friends and social networks, and the group/societal norms to which they are exposed. The wider determinants of health also play a major role, and influences such as employment status, deprivation, housing, and the public realm remain important considerations.

Prior to the JSNA there was limited information about the extent of health behaviours across Lancashire. Whilst the health behaviours questionnaire has limitations on its own, the secondary data analysis and the literature review has enabled a greater understanding of the relationship between those with multiple health-compromising behaviours and risks of poor physical and mental health. As an example the diagram below shows the numbers in Lancashire who smoke, drink (high risk and increased risk), and take drugs compared to those with health-enabling behaviours.

Diagram 1: The number of people partaking in health-compromising and health-enabling behaviours across the population in Lancashire (for people aged 16+)



From the questionnaire results we have found approximately a quarter of the population in Lancashire have one or more health-compromising behaviours and there are particular groups at higher risk of having poor physical and mental health.
These groups are:

- people with a mental health condition;
- people with a long-term illness;
- lesbian, gay and bisexual people (LGB);[3]
- those who are underweight or obese;
- those finding it very difficult financially;
- people who use tobacco; and
- people who use drugs.

This does not mean other groups are not at higher risk of poorer physical and mental health, these are the questionnaire findings only.

The health behaviours are examined in further detail below and presented in separate sections (including overarching strategic themes). The collated findings from the questionnaire, the data analysis and evidence review have guided these recommendations. Whilst they can be used as stand-alone recommendations, they also complement the health inequalities and the long-term conditions JSNA priority actions and have direct links to the alcohol, drugs and tobacco JSNA.

[3] People who identify as transgender were not included as the number of respondents was too low to provide any meaningful data.

Overarching themes

Whilst there are distinct recommendations for each health behaviour/area, there are overarching priorities and recommendations. These are:

1. increase people's health-enabling behaviours and reduce health-compromising behaviours; and
2. increase health literacy levels through the provision of knowledge, skills and resources in an appropriate manner.

Promoting and increasing health literacy should take into account the needs of the different groups/people the health messages are targeted at. The content of the message and the format used to deliver it should be carefully considered to ensure it is appropriate and accessible. For example a person with a learning disability would require a different approach to developing their health literacy compared to someone from a background where English is a second language. Making information and services accessible and available to meet the needs of different groups (for example, disabled populations, young people, or older people) is also relevant when looking at the other recommendations in the report.

Any recommendations to address the identified priorities have been based on evidence of what works, around guidance developed by the National Institute for Health and Care Excellence (NICE) and other Lancashire joint strategic needs assessments.

Recommendations to partners

- Develop the local economy and use the public sector procurement process – including social value principles – to give people the opportunity to have quality employment, and encourage employers to pay the Living Wage.

- Support partners, service providers (LCC contract holders) communities and other workplaces to become accredited healthy workplaces. This will include promoting workplace health, which provides opportunities which can contribute towards a healthy work-life balance and fulfilment (for example, flexible working).

- Through the healthy places model address the factors which counteract the obesogenic environment: an optimised public realm (publicly-owned streets, pathways, right of ways, parks, publicly accessible open spaces, and any public and civic buildings and facilities), quality recreational facilities, maintained open spaces, a reduced fear of crime, clean streets/neighbourhoods and a reduced number of takeaways/fast food outlets.

- Support the World Health Organization's (WHO) healthy settings approach for public health (including healthy cities, towns, parishes and streets) to encourage disease prevention and health promotion in people's lives, where environmental, organisational, and personal factors interact to affect health and wellbeing.

- Commission the third sector to bring local communities together to improve quality of life, using a community assets approach.

- Ensure health impact assessments and health equity audits are undertaken when planning, contracting and commissioning.

- Incorporate the WHO 'Health in All Policies' resource.

- Adopt the concept of Making Every Contact Count, treating every interaction with the public as a potential opportunity to promote health, reduce illness and reduce demand on public services.

Alcohol

Key findings

Alcohol is associated with pleasure, unwinding and being sociable. However, whilst alcohol is considered an acceptable part of British culture, excessive drinking and binge drinking can be problematic and negate the effects of other positive health behaviours.

Over-consumption of alcohol can lead to irreversible liver damage including cirrhosis and alcoholic hepatitis. It can also substantially increase the risk of mouth and throat cancers, as well as high blood pressure and heart problems. Aside from the health risks, alcohol consumption can lead to difficulties around social and family relationships, and employment issues for example. The evidence also indicates that those who are increasing- and higher-risk drinkers can often have other health-compromising behaviours such as a poor diet and smoking.

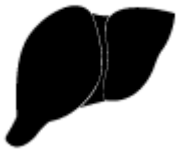
From the combined evidence it is clear the alcohol priorities should focus on those individuals who may be at increased risk, which includes binge drinkers and higher-risk drinkers. Whilst young people (under-25), and older adults (45+) are also potentially at a higher risk, it is important that other groups are identified and supported appropriately.

Lancashire already has treatment services in place and it is important these continue to be supported. Consideration should also be given to other detoxification and rehabilitation services for those with complex or entrenched behaviours, comorbidities and other substance use issues.[4]

A broad approach which incorporates community safety and engagement, reducing alcohol-related crime and violence, and reducing health inequalities would also be beneficial. Therefore interventions should be targeted both individually and on a population level – these can benefit society as a whole by promoting an environment where lower-risk drinking is the norm, whilst also meeting the diverse needs of individuals. Public health messages should be take into account the cultural norms/practices of the diverse communities in Lancashire.

In Lancashire

61% of 14-17 year olds claim to have consumed alcohol (2013)



The mortality rate from liver disease is significantly higher compared to England

5.2% of recorded crime was alcohol-related (2012/13)

There were 4,830 alcohol-specific all-age hospital admissions (2012/13)

[4] For the context of this report, substance use refers to alcohol and drug use; alcohol refers to alcohol use only, and drug use refers to drug use only.

The main priorities identified around alcohol:

1. Focus on reducing harmful drinking among identified high-risk groups: adults (45-59), older adults (60+), and those who are financially well off, and/or retired.
2. Promote sensible drinking and reduce binge drinking in young people (under-25s), focusing on higher-risk populations such as students.
3. Continue with enforcement, advocacy and legislative work around alcohol sales, and minimum unit pricing.

Recommendations to partners

- 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 community-based programmes that educate parents and children together about alcohol and the harm it can cause.

- Promote communications and community engagement to reduce alcohol consumption, and provide information, advice, support and signposting to all young people through a range of partners (including community/youth groups, universities, educational establishments) around drinking, substance use services, recovery services and healthy behaviours in general.

- Promote sensible drinking to the identified populations most at risk (men, those aged 45-59, the more affluent and those aged 60+ years), taking into account the different target audiences and their receptiveness to health messages and the channels used. For example, pre-retirement courses incorporating messages around sensible drinking.

- Champion and advocate minimum unit pricing for alcohol at a national level

Alcohol facts

Alcohol increases risk-taking behaviour

Alcohol is linked to psychological and mental health issues

Chronic liver disease is increasing in those aged 35-64 and is linked to alcohol consumption

Emerging evidence links drinking during pregnancy with increased risk of foetal alcohol syndrome, premature birth, miscarriage and stillbirth

Drug/substance use

Key findings

Drug use can take many forms: from using new psychoactive substances or misusing prescribed medication, to cannabis and opiate use. From the evidence it has been shown that drug use is closely linked to deprivation, poverty and a chaotic lifestyle. There are also links to other factors such as poor mental health, having a learning disability or difficulty, and alcohol use. The wider determinants of health also play a part, such as being homeless or unemployed, which can increase a person's vulnerability to be at risk for drug/substance use.

Evidence shows children and young people who seek help for substance misuse often have other emotional or social problems, such as self-harming, offending, and/or family issues. They can often have learning disabilities, educational difficulties, or not be in employment or training.

Engaging people in treatment, rehabilitation, and addressing the wider determinants of health can reduce their drug use, risk-taking behaviours (sharing needles), potential harm (to themselves and others), reduce crime, and improve health overall. Failing to address the wider determinants is more likely to result in an individual relapsing and continuing with substance use.

Reducing the number of people using drugs can bring benefit to individuals, families and communities, and in the long term the investment in rehabilitation and treatment services can bring positive economic, social and health outcomes.

Two main priorities have been identified around substance use:

1. Promote harm reduction and recovery services for substance users, including dual diagnosis and referrals to other services that can support healthier lifestyles.
2. Continue to support and develop the significant work undertaken by partners in substance misuse and dual diagnosis, promoting collaborative working between partner organisations.

In Lancashire

6% of survey respondents use drugs, of these 74% use cannabis

Males are more likely than females to use drugs (any sort)

8.4% of opiate users had successful treatment completion (2013)

41% of non-opiate had successful treatment completion (2013)

Recommendations to partners

- Support parents who are substance users to reduce the harm and impact of their use on their children through treatment, interventions and other services. The wider needs of the family such as housing needs, employment, education and/or training should be taken into account.

- Promote intelligence and information sharing to identify the scale and range of problems around substance-related harm (including crime and anti-social behaviour), which will allow for the identification of priorities for action. For example, utilising the Trauma and Injury Intelligence Group (TIIG) data and the Multi-Agency Data Exchange (MADE) intelligence to map hotspots of crime, or identify emerging drug trends in particular populations.[5]

- Drug and alcohol training to be delivered to frontline workers regardless of their sector. For example within children's services, GP surgeries, health care settings (including acute trusts), schools, Sure Start and other children's centres.

- Develop the close links between mental health and substance misuse services (dual diagnosis) and continue to share good practice with other partners.

- 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.

- Build recovery groups in the community, which can provide group support for those in recovery as well as providing social value and social justice, allowing them the opportunity to make wider health improvements.

Drug facts

Substance use is a risk factor for increased and unsafe sexual activity

Substance use is linked to poor mental health outcomes

Young people who are substance users are less likely to be in education, employment or training

The age of first use tends to be lower for people from deprived backgrounds

[5] For example, drug use among student populations in the university towns of Preston and Lancaster.

Healthy eating

Key findings

Healthy eating and good nutrition ensure an individual's body is appropriately nourished and capable of functioning appropriately, dependent on lifestyle and activity levels.

A poor diet is a risk factor for many of the major conditions in the UK including cancer, coronary heart disease and diabetes. The evidence also shows people who do not eat well also have other less healthy behaviours such as higher levels of drinking.

From the questionnaire and evidence findings, healthy eating is less likely in those who are struggling financially, those with a disability (including mental health issues), younger people and those who are obese. Deprived and socially disadvantaged people and households have poorer dietary-related health outcomes and behaviour, compared to more affluent individuals.

Income is not the only factor which can influence healthy eating. Cooking and storage facilities can be problematic for some households, and the cost of gas/electricity can also prohibit consumption of healthy food. In these situations foods that are convenient are more likely to be eaten – this includes processed foods and takeaway/fast food. A perceived or real lack of time to shop, prepare and cook healthily can also impact on a nutritious diet.

Other barriers to healthy eating include:

- lack of knowledge or education surrounding healthy eating;
- lack of knowledge or education around food preparation;
- poor accessibility to affordable food;
- inconsistent or unclear food labelling; and
- the marketing of high fat high sugar foods to children

Priorities around this area include:

1. Continue to address and reduce levels of overweight and obesity in children and adults.

In Lancashire

The survey found young people (16-24) are less likely to eat 3+ pieces of fruit per day

The survey found underweight and obese respondents are more likely to drink fizzy drinks 3+ times a week

The number of fast food/ takeaway establishments is higher in districts with increased levels of deprivation

There were 99 bariatric procedures (including stomach bypass) in Lancashire (2012/13)

2. Increase knowledge, skills and abilities around healthy eating, focusing on the populations who have been identified, including those who have a disability and those who are struggling financially.

Recommendations to partners

- Identify facilitators to healthy eating and support community-based interventions which can provide training opportunities on nutrition, food hygiene, local food growing co-operatives, food buying and cooking skills. Areas of best practice across the county should be identified and shared.

- Use public sector procurement to source locally, and sustain local economies, as part of a social value framework.

- Target settings where the healthy eating messages can be promoted such as: acute trusts, childcare facilities, schools, workplaces, religious settings, primary care, health-care settings for older adults (50+), and community and family-based settings. These healthy eating messages should be paramount in commissioning arrangements with partners.

- Support these settings to provide access to healthy snacks, including fruit and vegetables, and offer a choice of healthier foods overall, with incentives and reward schemes for people making healthy food choices (nudges and hugs).

- Focus healthy eating messages/support/interventions at those groups where healthy eating has been identified as difficult, whilst taking into account individual barriers and motivators. Link healthy eating priorities to physical activity priorities.

- Identify and remove or reduce barriers to behaviour change where possible (social, cultural, financial, psychological and environmental).

Healthy eating facts

Financially disadvantaged families are more like to have worse dietary-related health outcomes

People with lower levels of education tend to eat less healthily and consume more fried food

Those who are older, BME, unemployed, on low income, or disabled are more likely to experience food poverty

48% of children from the highest financially affluent groups in England are more likely to eat fruit and vegetables

Mental health

Key findings

Good mental health and wellbeing allows a person to fully participate in and enjoy life, whilst ensuring they feel in control of their lives and are able to deal with the difficulties and stressors experienced throughout life.

The health behaviours questionnaire highlighted a number of issues around mental wellbeing. It identified those who were less satisfied with their life often tended to feel left out and isolated, and without support. Not unexpectedly there are links between poor mental health, alcohol, smoking and substance use, with those who have mental health issues more likely to have worse physical health outcomes. These findings were also backed up by the evidence review and the secondary data analysis.

Social capital and social connectedness underpin the links between individuals and communities and positive mental health. This includes across the wider population, and also for groups who have a higher risk of mental health problems, including people who have a disability, people in lower socioeconomic positions, and those with other health-compromising behaviours such as binge, increased- and higher-risk drinking.

Therefore priorities to support good mental health, resilience, wellbeing and positive coping strategies can have a big impact on reducing health inequalities in the population and allow people to lead happier and healthier lives, with their families and within their communities.

The priorities around mental health are to:

1. Promote mental health and resilience and challenge societal attitudes towards mental health.

2. Promote opportunities to develop social inclusion, social capital and mentally healthier communities

In Lancashire

The survey found those aged 45-59 were less satisfied with their lives

It also found people with mental health conditions, long-term illnesses and disabilities often feel isolated and left out

There is a higher prevalence of depression across the six clinical commissioning groups in Lancashire compared to England

An estimated 20% of people in Lancashire are suffering from anxiety

Recommendations to partners

- Promote mental health and resilience from a younger age: work with schools, communities and other partners to provide children and young people with the education, skills and tools to communicate effectively, and develop and support their own positive mental health. Continue to develop relationships with other mental health partners – such as Young Minds.[6]

- Develop integrated lifestyle programmes that take a whole-person and community approach to improving physical and mental health, providing tailored support for individuals facing multiple challenges to improve overall wellbeing.

- Promote opportunities to develop social inclusion, social capital and community involvement in mental health and wellbeing.

- Create an awareness and understanding of mental health and wellbeing and reduce the potential for discrimination and stigma related to mental health issues. Promote equality around mental health, in the workplace, in society and in public services.

- Promote the health and wellbeing of employees, including work-life balance, flexible working conditions and workplace fulfilment through the accredited healthy workplace scheme. Protect and support employees who may have a mental health condition.

- Support the physical health needs of people with mental health issues. For example, prompt referrals to other services/health assessments, integrating mental health into physical health care pathways, and by providing training for appropriate staff (including medical staff).

- Continue with dual diagnosis and joint care planning.

- Identify best practice for delivering mental health care via different technologies (for example, Big White Wall) and expand provision across Lancashire.

- Promote the evidence-based "Five Ways to Wellbeing" focusing on: physical activity; lifelong learning; connectedness; taking notice; and giving/volunteering.

Mental health facts

15.2 million days of work were lost in the UK from stress, depression and anxiety in 2013

Men and women reporting higher levels of stress drank increased amounts of alcohol

Physical activity can be used in the treatment of mild to moderate depression

Those who are LGB or transgender have a higher risk of self-harm and suicide

[6] Alongside existing service provision such as CAMHS

Physical activity

Key findings

Physical inactivity is a major risk factor for many health conditions, including cardiovascular disease, colon and breast cancers, type 2 diabetes and osteoporosis. The evidence also indicates that those who are physically inactive often have other health-compromising behaviours such as poor nutrition, smoking and drinking. Although there are existing local, regional and national efforts to increase physical activity levels across the population, participation among children and adults remains low.

Whilst increasing physical activity levels overall would produce health benefits for Lancashire's population, focusing on those who are less likely to take part in activity would reduce the health gap between those who are regularly active and take part in exercise, sport or fitness activities and those who do not. This is important as Sport England estimated that the cost of physical inactivity in Lancashire in 2013 was £22,613,330.

The health behaviours questionnaire did not focus on children under-16, but other evidence shows that activity levels decrease as children get older. Keeping children and young people motivated and keen on physical activity is of paramount importance to encourage this behaviour into adult life. Parents, guardians and other significant adults have an important role to play in encouraging and maintaining activity levels.

Everybody active, every day is an evidence-based framework developed by Public Health England for national and local action to address the physical inactivity epidemic and links in with the health behaviours JSNA. The actions in the strategy reflect the identified recommendations.

The identified priorities around physical activity are:

1. Increase physical activity levels among children, young people, and adults, whilst focusing on the identified groups who are more likely to be inactive.

In Lancashire

The survey found people who are obese, BME, disabled, not in work or struggling financially are less likely to take part in moderate intensity activity

The survey also found males are more likely to take part in vigorous activity

The numbers of males and females particpating in no activity has increased

There has been a decrease in the proportion of school children who enjoy sport and physical exercise

2. Make physical activity more available and accessible and identify the barriers and motivators which prevent/encourage people to be active, for example having a disability.

Recommendations to partners

- Ensure all people can take part in low-cost active recreation through the provision of cycle paths, walking facilities, access to a high-quality public realm and open green spaces. Consideration should be given to other aspects of the public realm including air quality, perceptions of safety, lighting and the provision of seating and other facilities to encourage people to use it.

- Link into transport master plans for the county to promote more opportunities for active travel.

- Provide low cost or free activities/sport, which are easily accessible by all.

- Work within settings in which people live and work to bring about healthy behaviour change. For example, set up community activities such as health walks or promote health in the home.

- Encourage employees and service users across Lancashire to be more active through the provision of a positive healthy work/service environment. This could include promoting initiatives such as using the stairs (small scale) or committing to active travel (large scale), whilst providing accessible information on the health benefits of activity and signposting opportunities for activity and other incentives.

- Develop a county-wide strategic approach to physical activity focusing on 'Everybody active everyday' including four domains for action:
  - Active society: creating a social movement
  - Moving professionals: activating networks of expertise
  - Active environments: creating the right spaces
  - Moving at scale: interventions that make us active

Physical activity facts

Barriers to physical activity include poor health, disability and a lower social status

Those who are obese or overweight are more likely to be sedentary for four hours or more a week

Children with parents who are active are more likely to be active

Children from lower income households are less likely to be active and more likely to watch television, compared to their more affluent peers

Sexual health

Key finding

Sexual health remains a priority in Lancashire and alongside the health behaviours JSNA a sexual health needs assessment has been undertaken to inform future commissioning and service delivery. This will be published in spring 2015.

The collected evidence for this JSNA and the sexual health needs assessment highlights a number of issues around sexual health. Whilst the survey findings are not directly comparable to other data sources, they still provide an interesting insight around the sexual health and behaviour of Lancashire's residents and can be used to guide the recommendations.

Local authorities are responsible for a number of sexual health services including:

- sexual health promotion
- sexual health education
- training for staff in community services
- human immunodeficiency virus (HIV) prevention
- sexually transmitted infection (STI) testing and treatment, and
- partner notification.

Therefore recommendations are based around these responsibilities and incorporate the findings of the sexual health needs assessment. Recommendations aimed at reducing the prevalence of STIs in the 15-24 age group and reducing teenage pregnancies continue to be important. Improving sexual health for older people has not been identified as a major issue in Lancashire.

The two identified priorities around sexual health:

1. Improve sexual health and reduce the prevalence of STI across the population, increasing testing and screening rates.

2. Continue to reduce the rates of under-18 conceptions and abortions, particularly in districts which still have significantly higher rates when compared to England.

In Lancashire

The survey found 56% of respondents were sexually active, with 78% of 25-44 year olds being sexually active

It also found almost two-fifths did not use a condom with a new partner for the first time, the same as for those who did

Young people (16-24), LGB, those struggling financially, those who use drugs, and underweight respondents are more likely to have risk-taking sexual behaviour

There is lower HIV testing uptake for men who have sex with men

Recommendations to partners

- Identify individuals at high risk of contracting an STI through their sexual history (including men who have sex with men, those who misuse alcohol and/or substances and those who have unprotected sex and frequent change of and/or multiple partners).

- Ensure opportunities for sexual risk assessments from other services (antenatal, termination of pregnancy, substance use programmes, GUM/ sexual health clinics) are undertaken as appropriate and referral to testing services occurs if necessary.

- Increase access to sexual health/contraception services among young people. Support young people from all ethnic groups and provide specific sexual health services according to their individual needs.

- Utilise all opportunities when working with young people from minority groups to promote sexual health services without making generalisations regarding 'typical behaviour' due to religion, sexuality, disability or culture.

- Identify and reduce the barriers to HIV testing and increase the uptake of HIV testing for men who have sex with men and other high-risk groups such as men and women from countries of high HIV prevalence, people who have had sexual contact (here or abroad) with someone who is from a country of high HIV prevalence, individuals with an STI, sexual partners of those who are HIV positive and individuals who have a history of injecting drug use.*

  *The barriers for each group are likely to be different

Sexual health facts

There has been an increase of over 10,000 cases of gonorrhoea infection in men who have sex with men between 2004 and 2013

Young people (16-24) are at the highest risk of contracting a STI

Chlamydia is one of the most common STIs. It can result in infertility, ectopic pregnancy and cervical cancer

Teenage pregnancy can lead to poor health and social outcomes for the mother and baby

Smoking/tobacco use

Key findings

Smoking and tobacco use is the biggest cause of illness and premature death in the UK from a range of conditions including cancers and heart disease. Cancer Research UK estimates 86% of lung cancer cases are caused by smoking tobacco, with 15% of lung cancer cases in never-smokers caused by environmental tobacco smoke (second-hand smoke). Ongoing health campaigns continue to promote the stop smoking message and services, while education around the dangers of tobacco and smoking is delivered to children and young people through schools, trading standards services and other partners.

The health behaviours questionnaire returned a lower smoking prevalence than was expected in comparison to other data sources,[7] but the all collated evidence supports the findings that those of lower socioeconomic status are more likely to smoke and less likely to stop when compared to more affluent groups. Additionally, minority groups (including LGB, people from a BME group and those with mental health issues) are more likely to smoke or use tobacco.

The evidence shows people who smoke also tend to partake in other less healthy behaviours such as taking drugs, being inactive and higher-risk drinking.

Although the survey did not question under-16s, they are an important group to focus on when considering recommendations as children are also at an increased risk of taking up smoking if their parents/guardians smoke.

As smoking has such a massive impact on health, preventing children and young people from starting, and helping people to quit should continue to be priorities. Evidence shows educational messages around smoking are more effective when targeted at society, so making smoking an undesirable behaviour requires a population-wide shift in what is considered acceptable and normal behaviour.

In Lancashire

Figures from Public Health England estimate 20% of people smoke

Significantly more people die from lung cancer and heart disease compared to England

Smoking-attributable hospital admissions are significantly higher compared to England

E-cigarette use is highest among those aged 25-59

[7] During the survey fieldwork 'Stoptober' a national stop smoking campaign was taking place. This may have had an impact on the figures.

The priorities identified around smoking are:

1. Prevent children and young people from smoking (including e-cigarette use).

2. Reduce smoking rates in the adult population.

3. Reduce shisha and niche tobacco use in identified groups.

Recommendations to partners

- Develop health literacy throughout the whole population to ensure people have the knowledge and power to make better health choices around tobacco and smoking.

- Target and focus stop smoking/tobacco use campaigns around identified groups with high rates of smoking or tobacco use.

- Partners should be aware of and use opportunities to promote evidence-based stop smoking services to young people and parents – including teenage parents – when they are accessing other services. This should include smoking cessation support for pregnant women such as 'quit for two' (www.quitfortwo.co.uk).

- Smoke-free play is a voluntary code which promotes no smoking around children's play areas across Lancashire. Link with, and promote smoke-free areas outside other places where children may visit, including community/youth centres, leisure centres and other facilities such as bus/railway stations.

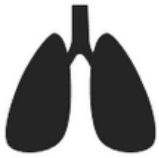
- Continue to promote the no smoking message in homes and cars, shaping positive social norms around smoking.

Smoking/tobacco facts

Rates of smoking are still higher among people in the lower socioeconomic classes

Stopping smoking rates are lower in less affluent groups

Smoking in pregnancy can lead to low birth weight, premature birth and stillbirth



Approximately 90% of deaths from chronic obstructive pulmonary disease are caused by smoking

Conclusion

The health behaviours JSNA provides a valuable starting point for action, with a number of selected recommendations around promoting health-enabling behaviours and reducing health-compromising behaviours.

The overarching themes link in with the health inequalities and the long-term conditions JSNAs priority actions. These have been identified to improve physical and mental health and wellbeing overall. These are:

- increase income;
- reduce unemployment and worklessness;
- improve skills, lifelong learning and education;
- build social capital; and
- address alcohol misuse.

Elements of the Marmot Review are also relevant, and the six policy objectives fit in with the identified health behaviours recommendations. These should also underpin any action and the findings of this analysis should inform the focus of the support delivered. These six objectives are:

1. giving every child the best start in life (highest priority recommendation);
2. enabling all children, young people and adults to maximise their capabilities and have control over their lives;
3. creating fair employment and good work for all;
4. ensuring a healthy standard of living for all;
5. creating and developing sustainable places and communities; and
6. strengthening the role and impact of ill-health prevention.

The questionnaire incorporated the 'healthy foundations' segmentation tool in relation to the health status, lifestyle behaviours and wellbeing of Lancashire's residents. Using segmentation tools allows us to develop a stronger focus on understanding people and use these insights to inform local health improvement activities. It provides insight for social marketing around healthy policy, campaigns and interventions. This information has allowed us to identify the motivation levels and the potential for behaviour change among particular groups in Lancashire. Appendix one provides further details on the five segmentation groups.

Any policy, strategy or intervention should also take into account the process of behavioural change required in the individual/group. The psychological theory around behaviour change suggests that people's behaviour can be modified through a range of

measures from prohibition to information provision. Banning a behaviour through legislation and law – such as the smoking ban – can often be the only way to limit a behaviour which causes harm; this has been termed a smack. However, there are other ways behaviour can be influenced or guided in a particular direction through incentives (known as hugs), such as healthy start vouchers[8], or encouraging behaviour through providing information or different choices (nudges). Restricting choice or introducing a disincentive (such as increasing the price of tobacco) is known as a shove.

The theory behind behavioural change is becoming more prevalent among policy makers, and has been shown to be successfully used around health. It would be useful to consider behavioural change when identifying actions required to take the recommendations in this report forwards (appendix two). When looking at actions or recommendations around health behaviours, consideration should be given as to whether universal or targeted interventions are appropriate. For many areas the evidence supports universal interventions as opposed to targeting individuals or small groups.

There is also the opportunity to utilise the separate district summaries, which also provide a wealth of intelligence for partners in these locations. This intelligence also links into the strategy shifts JSNA, which has enormous potential for moving to new ways of working across Lancashire. The partners and stakeholders can use the health behaviours JSNA for maximum benefit.

There is already a great deal of work ongoing around a number of the priorities and recommendations. Although we did not have the resources to identify and map all the services and gaps, we do have a broad understanding of what these are and where they are taking place. This, alongside the cost and resources required to implement priorities, have been identified as weaknesses and potential threats to any change - particularly with the organisational changes taking place at a national and county level and ongoing budget reductions.

The JSNA has provided a strategic overview and the health and wellbeing board will be instrumental in guiding the further actions required which will see these recommendations implemented across the county.

[8] The Healthy Start scheme provides free vouchers every week to spend on milk, fruit and vegetables, and infant formula milk to eligible participants

Additional resources and references

This report provides a summary of the extensive analysis carried out by a team of analysts from across Lancashire.

Supplementary documents can be found on the Lancashire Insight web platform, including:

- full secondary data analysis
- combined report
- literature reviews
- pen portraits of survey respondents

Sources

Behavioural Insights Team
Google 'behavioural insights'

Healthy Cities – UK Healthy Cities Network

Healthy Foundations segmentation and profiling tool

Health in all policies – World Health Organization

Lancashire Sport Partnership
http://www.lancashiresport.org.uk/

Quit for two – smoking cessation service for pregnant women
quitfortwo.co.uk/

Appendix one: Pen portraits of each segmentation

Health-conscious realists

These are motivated people who feel in control of their lives and their health. They generally feel good about themselves, but have more internally focused aspirations to better themselves, learn more and have good relationships, rather than just aspiring to looking good and acquiring wealth. They tend not to take risks and take a longer-term view of life, and that applies to their health too. Their health is very important to them, and they feel that a healthy lifestyle is both easy to achieve and enjoyable. They also take a realistic view of their health: of all the segments, they are the least fatalistic about their health, and don't think they are any more or less likely than other people to become ill. Unlike the Balanced Compensators, they don't use compensatory mechanisms. This may be because they are so health conscious that there's no need for them to balance out health behaviours.

Balanced Compensators

They are positive and like to look good and feel good about themselves. They get some pleasure from taking risks. However, they don't take risks with health. Health is very important to them, and something they feel in control of. A healthy lifestyle is generally easy and enjoyable. They are not fatalists when it comes to health and understand that their actions impact on their health both now and in the future. They believe they are much less likely to become ill than their peers. If they do take some health risks, they will use compensatory mechanisms to make up for this, such as going for a run in the morning having eaten a big meal or drunk too much the night before.

Hedonistic Immortals

These are people who want to get the most from life and they don't mind taking risks as they believe that this is part of leading a full life. They feel good about themselves and are not particularly motivated by material wealth or possessions, or how they look. They know that their health is important to avoid becoming ill in the future, but feel quite positive about their health at the moment and don't think they'll be becoming ill any time soon. Maybe because of that they don't really value their health right now. They are not fatalistic about their health and don't have a problem with leading a healthy lifestyle, believing that it would be fairly easy and enjoyable to do so. They say they intend to lead a healthy lifestyle. However, they feel that anything that is enjoyable, such as smoking and drinking, cannot be all bad.

Live for Todays

They definitely like to 'Live for Today' and take a short-term view of life. They believe that whatever they do is unlikely to have an impact on their health, so 'what's the point?' They tend to believe in fate, both where their health is concerned and for other things in life. They value their health but believe that leading a healthy lifestyle doesn't sound like much fun, and think it would be difficult. They don't think

they are any more likely than anyone else to become ill in the future. They tend to live in more deprived areas which gets them down, and they don't feel that good about themselves, but they feel more positive about life than the Unconfident Fatalists. They are the segment who are most likely to be resistant to change and don't acknowledge that their behaviour needs to change, unlike the Unconfident Fatalists.

Unconfident Fatalists

Overall, they feel fairly negative about things, and don't feel good about themselves. Many feel depressed. They feel that a healthy lifestyle would not be easy or under their control. Generally, they don't feel in control of their health anyway. They are quite fatalistic about health and think that they are more likely than other people of the same age to become ill. Their current lifestyles aren't that healthy, and their health isn't currently as good as it could be. They know that their health is bad and that they should do something about it, but feel too demotivated to act.

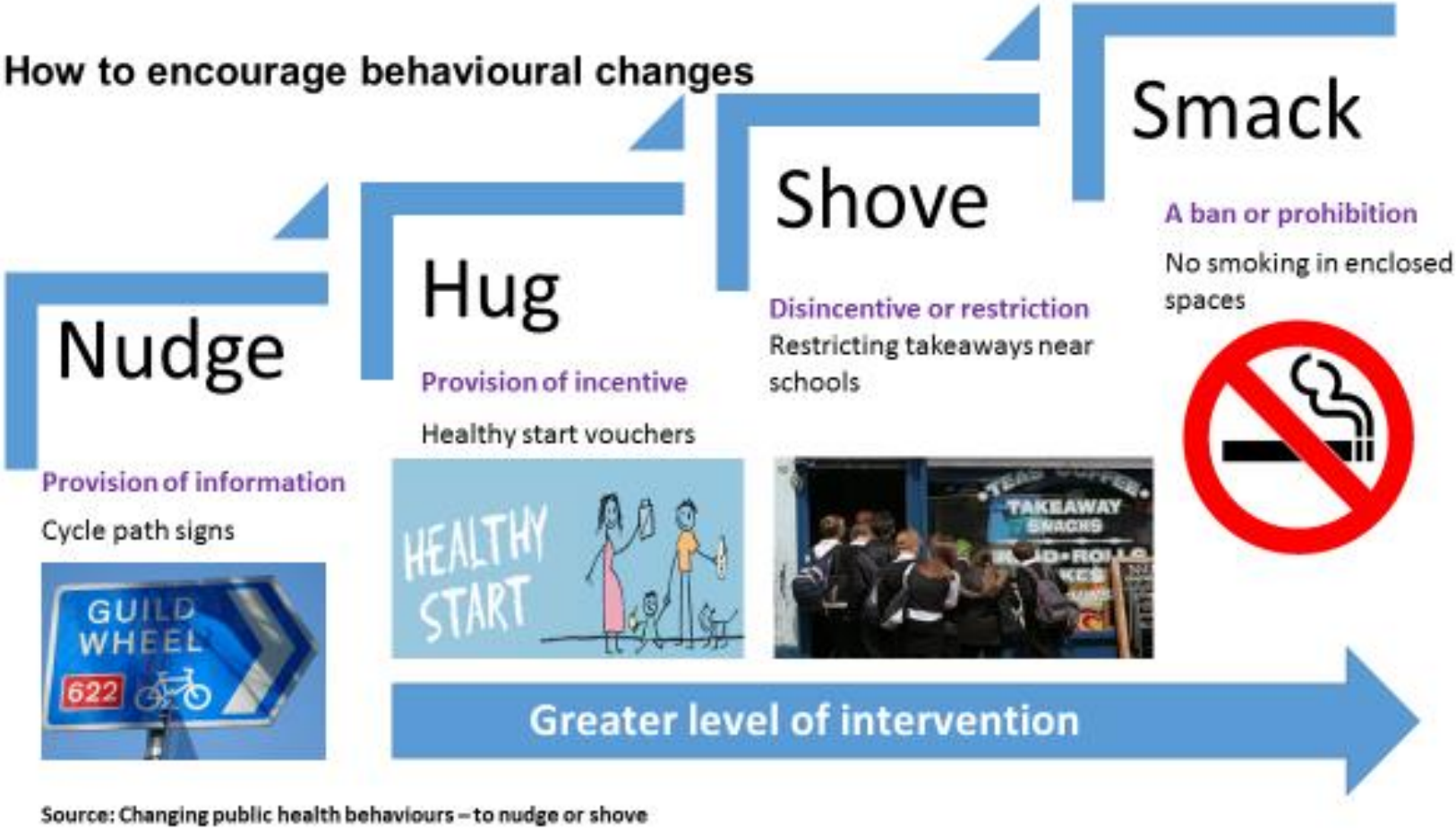
Summary of motivation differences between segments

Motivational construct	Health conscious realists	Balanced compensators	Hedonistic immortals	Live for todays	Unconfident fatalists
Value health	High	High	Low	Medium	Medium
Control over health	High	High	Medium	Medium	Low
Healthy lifestyle is easy/enjoyable	High	High	Medium	Low	Low
Health fatalism	Low	Medium	Low	High	High
Risk taking	Low	High	High	Medium	Medium
Short-term outlook	Low	Medium	Low	High	High
Self-esteem	High	High	High	Medium	Low

More positive motivations Less positive motivations

Source: The Healthy Foundations Life stages Segmentation, Department of Health.

Appendix two



Source: Changing public health behaviours – to nudge or shove

Behavioural changes

Recommendations for local authorities: nudging and shoving

- Ensure strategies/interventions meet local needs (identified through JSNA and other data/intelligence).
- Ensure the content, scale and intensity of each intervention is proportionate.
- Behaviour-change interventions aim to both initiate and maintain any change and incorporate strategies to address relapse.
- Base interventions on a proper assessment of the target group, where they are located and the behaviour which is to be changed.
- Ensure time and funds are allocated for independent evaluation of the short-, medium- and long-term outcomes of any behaviour change interventions.
- Identify and address barriers that may prevent people from changing their behaviour.
- Train staff to help people change their behaviour.
- Consider how interventions should be complemented by other measures, including regulation.
- Use the community and the resources/assets available

Source: Changing public behaviours to nudge or shove

Effective behaviour change

Source: Make it easy. The Behavioural Insights Team