About the Health and Wellbeing Survey

This Director of Public Health Report draws on the findings of our health and wellbeing survey (HWB). This survey was started in 1999 by NHS Greater Glasgow (NHSGG) and has continued at three yearly intervals. The aim of the survey is to monitor the health of the population by exploring health behaviours, use of health services, perception of health services, social capital and financial inclusion. Our survey has proved adaptable for administrative change, such as the expansion to NHS Greater Glasgow and Clyde (NHSGGC) and the emergence of Health and Social Care Partnerships (HSCP). The administration of the survey has been modernised from paper based administration in 1999 to use of computer assisted interviewing from 2008 onwards; introduced contemporary public health issues such as electronic cigarettes from 2014 and maximized the surveys utility by enabling record linkage from 2014 onwards.

The 2014 sample

The 2014 sample was built up in layers. The first layer is a sample that enables the exploration of the population of NHSGGC as a whole and a comparison between the poorest areas (defined as the bottom 15% of Scottish Index of Multiple Deprivation (SIMD) compared to the other areas. Health and social care partnerships were given the opportunity to boost the survey by buying additional interviews in their area. The second layer of the survey comprises of those areas that boost at basic level (East Renfrewshire; Glasgow South; Glasgow North East and Glasgow North West). These areas bought around 500 extra interviews to enable them to explore their area as a whole and compare it to NHSGGC.

The third layer comprises those areas that opted to buy an enhanced boost (Renfrewshire; Inverclyde; East Dunbartonshire). These areas over sampled in their most deprived areas (bottom 15% SIMD for Renfrewshire and Inverclyde; bottom 20% for East Dunbartonshire) to enable them to explore differences by deprivation in their area and compare to NHSGGC as a whole.
The fourth layer comprises of spot light boost. These are intensive interviewing in neighbourhoods with the aim of monitoring change over time. Spot light boosts were conducted in Govanhill; Greater Gorbals; Possil; Parkhead/Dalmarnock and Garthmalock/Ruchazie.

In total, 8,633 face-to-face in-home interviews were conducted with adults (aged 16 or over) in the NHSGGC area. The fieldwork was conducted between mid August 2014 and end of January 2015. The response rate for all in-scope attempted contacts was 75%.

The sample was stratified proportionately by local authority and SIMD quintile with addresses selected at random from the residential postcode address file within each stratum. Adults were randomly selected within each sampled household using the last birthday technique.

A full account of the sampling procedures, fieldwork and survey response can be found in the Health and Wellbeing Survey and the survey questionnaire is available here.

**Trends**

Core questions in the survey have remained the same since 1999. This enables us to explore trends over time. There are a range of charts presented in this report. Please note that findings from 1999, 2002 and 2005 cover the area previously administered by NHS Greater Glasgow. From 2008 onwards the area covered by the survey included the whole of NHS Greater Glasgow and Clyde. It has been noted that the findings for NHSGGC are very similar to NHSGG and therefore the trends for the areas have been brought together.
This Report

This report focuses on the findings for each of the Health and Social Care Partnerships. Findings for the spotlight boosts will be available shortly.

Some of the interesting findings for demography, health behaviours and assets are reported here. A fuller description of the findings on other topic areas is available from the Health and Wellbeing survey.

This report takes the findings from the survey and places them within the context of work in these areas and concludes with the outstanding challenges for public health.