

Greater Glasgow and Clyde NHS Board

Board Meeting
20 October 2015

Board Paper No: 15/51

Interim Director of Public Health

Back to Basics

Biennial report on population health in NHS Greater Glasgow and Clyde 2015-2017

RECOMMENDATIONS:

The NHS Board is asked to receive the draft report of the Director of Public Health and to:

1. Support the recommendations for action for health behaviours

Background

This is the fifth biennial report of the Director of Public Health. Covering the period 2015 to 2017, it draws on the findings of the NHS Greater Glasgow and Clyde Health and Wellbeing Survey.

Dissemination

The report will be formally launched on 2nd November 2015. The intended audiences for this report on the health needs of people in Greater Glasgow and Clyde include, in addition to our own organisation, planners, policy makers, service providers and politicians. As in previous years, the report will be disseminated in electronic form only, for reasons of environmental sustainability, accessibility and cost.

The Population of NHS Greater Glasgow and Clyde

One fifth of Scotland's population live within the NHSGGC area. Our population has grown steadily over recent years and is predicted to keep growing. There are variations – the population has risen in Glasgow City and the North West sector, but fallen in Inverclyde and West Dunbartonshire.

NHSGGC is the most ethnically diverse area of Scotland. 7.5% of the NHSGGC population are from a black and minority ethnic group. This ranges from 14.2% in Glasgow South area to 1.4% in Inverclyde.

Life expectancy is increasing in all areas. Female life expectancy is still 5 years longer than males. There is a 7 year age gap in life expectancy between the least

affluent and most affluent local authority areas -73 years in Glasgow City and 80.5 years in East Dunbartonshire.

Our population is ageing and dependency ratios are predicted to increase in all areas but with marked variations – to over 70 in East Dunbartonshire compared to under 50 in Glasgow City.

NHSGGC has a greater proportion of vulnerable groups compared to the rest of Scotland including those living in poverty, homeless, unemployed, carers, loan parents and those with long-term health conditions. Vulnerability is not evenly distributed - Glasgow City supports a greater proportion of vulnerable groups than East Renfrewshire and East Dunbartonshire.

Overview of Population Health Indicators by HSCP

No.	Indicator	Calculation	East Dun	East Ren	Glasgow City	Inverclyde	Renfrewshire	West Dun	NHSGGC	Scotland
1	Population of HSPC	Not applicable	105,860	91500 (8.04%)	596,550	79,860	173,900	89810 (7.9%) done	1,137,930	
2	Ethnicity	Crude rate Expressed percent population	4.2%	5.9%	11.6%	1.36%	2.8%	1.6%	7.3%	
3	Proportion of single parent households	Crude rate Expressed percent population	6%	6.3%	9.3% NE 10.9% NW 8.1% South 9%	8.8%	5.0%	9.8%	8.6%	7.2%
4	Proportion of elderly people living alone	Number Rate expressed as percentage	29.9%	33.8%	43.9% NE 43.2% NW 45.3% South 43.3%	38.2%	18.1%	38.5%	39.4%	
5	Proficiency in English	Crude rate Expressed percent population	0.6%	0.7%	2.5%	0.7%	0.9%	0.7%	1.7%	1.3%

No.	Indicator	Calculation	East Dun	East Ren	Glasgow City	Inverclyde	Renfrewshire	West Dun	NHSGGC	Scotland
6	Informal care	Crude rate Expressed percent population Rate for HSCP and NHSGGC	8.4%	8.1%	6.2%	7.0%	7.4%	7.3%	6.9%	6.8%
7	Rating of local neighbourhood	Crude rate Expressed percent population	76%	71.5%	66.7% NE 65.6% NW 62.8% South 70.1%	58.6%	66%	58.9%	66.7%	
8	Social isolation	Rate expressed as percentage	8.7%	9%	8.6% NE 8.4% NW 7.9% South 9.4%	8.1%	8.2%	6.6%	8.4%	
9	Self assessed value as community member	Rate expressed as percentage	80%	73.4%	80% NE 82.1% NW 81.2% South 77.6%	79.6%	79.8%	85.3%	79.7%	

No.	Indicator	Calculation	East Dun	East Ren	Glasgow City	Inverclyde	Renfrewshire	West Dun	NHSGGC	Scotland
10	Educational achievement	Crude rate expressed percent population	10.7%	15.7%	18.8% NE 19.2% NW 16.7% South 20.4%	17.8%	11.8%	26.1%	17.2%	
11	Unemployment	Crude rate expressed percent population	4.1%	4.3%	7.7% NE 8.3% NW 7.5% South 7.6%	6.0%	6.0%	7.2%	6.7%	5.6%
12	Fuel poverty	Rate expressed as percentage	13.7%	11.6%	21.3 % NE 19.1% NW 24 % South 20.5%	17.4%	20.1%	19.1%	19.2%	
13	Standardised Mortality Ratio (SMR) for all causes	Standardised ratio as percentage	71.2%	78.9%	112.8% NE 121.7% NW 108.5% South 109.3%	96%	95.6% 106.7%	105%	100%	

No.	Indicator	Calculation	East Dun	East Ren	Glasgow City	Inverclyde	Renfrewshire	West Dun	NHSGGC	Scotland
14	Life expectancy	Number of expected life years	Male 80.5 years Female 83.9 years	Male 79.7 years Female 83.0 years	Male 73.0 years Female 78.5 years	Male 74.7 years Female 80.7 years	Males 75.7 years Females 80.6 years	Male 74.2 years Female 79.1 years	Male 74.9 years Female 80.0 years	Male 76.9 years Female 81.0 years
15	Self-reported health status	Number Rate expressed percent	4.1%	4.7%	9.3% NE 11.4% NW 8.5% South 8.4%	9.4%	6.3%	4.4%	7.7%	
16	Excess winter mortality	Excess Winter Mortality Index (Ratio %) Ratio of monthly mortality in winter months to that in non-winter	110.8%	111.3%	112.7 % NE 120.1% NW 108.5% South 110.2%	102.3%	106.4%	106.6%	110.1%	
17	Lung cancer	Standardised ratio as percentage Indirect standardisation for age and sex	68.1%	61.9%	126.3% NE 138.8% NW 127.3% South 115.2%	87.1% (ns)	85.6% (s)	81.5%	100%	

No.	Indicator	Calculation	East Dun	East Ren	Glasgow City	Inverclyde	Renfrewshire	West Dun	NHSGGC	Scotland
18	Colorectal cancer	Standardised ratio as percentage Indirect standardisation for age and sex	91.2%	81.1%	111.3% NE 114.9% NW 104.8% South 113.6%	117.3% (ns)	95.0% (ns)	93.8%	100%	
19	Breast cancer	Standardised ratio as percentage Indirect standardisation for age and sex	101.0%	96.1%	97.5% NE 114.4% NW 93.9% South 87.2%	115.0%	128.0% (s)	86.8%	100%	
20	Ischaemic heart disease	Standardised Mortality Ratio (SMR) Indirect standardisation for age and sex ICD 10 codes: 20-125; in any position.	62%	82%	112.8% NE 119.5% NW 100.3% South 117.9%	90.0%	99.5% (ns) 105.3% (ns)	113.9%	100%	

No.	Indicator	Calculation	East Dun	East Ren	Glasgow City	Inverclyde	Renfrewshire	West Dun	NHSGGC	Scotland
21	Stroke	Standardised Mortality Ratio (SMR) Indirect standardisation for age and sex ICD 10 codes: in any position.	64.6%	91.5%	106% NE 102.2% NW 113.5% South 102.7%	95.6%	99.2% (ns) 108.2% (ns)	132.7%	100%	
22	Fractured neck femur	Crude rate per 1,000 ICD 10 codes: S720-S722. Code in any position in first episode of a spell	5.8 per 1,000	6.8 per 1,000	7.8 per 1,000 NE 8.3 per 1,000 NW 7.8 per 1,000 South 7.5 per 1,000	7.6 per 1,000	92.6% (ns)	7.6 per 1,000	7.2 per 1,000	
23	Falls	Crude rate per 1,000 ICD 10 codes: W00-W19 in any position in first episode of a spell	25.7 per 1,000	27.3 per 1,000	43.7 per 1,000 NE 52.7 per 1,000 NW 39.8 per 1,000 South 39.5 per 1,000	36.2 per 1,000	95.8% (ns)	32.8 per 1,000	36.6 per 1,000	

No.	Indicator	Calculation	East Dun	East Ren	Glasgow City	Inverclyde	Renfrewshire	West Dun	NHSGGC	Scotland
24	Visual impairment	Prevalence expressed per cent	7.3%	8.0%	10.6%	9.5%	9.2%	9.7%	9.6%	9.0%
25	Auditory impairment	Prevalence expressed per cent	23.5%	24.1%	26.9%	29.1%	26.1%	27.7%	26.3%	25.4%
26	Self-reported physical disability	Prevalence expressed per cent	17%	17.2%	25.9%	21.0%	21.2%	24.1%	22.7%	20.6%
27	Infant mortality	Rate expressed per 1,000 live births in same period	1.08 per 1,000	4.55 per 1,000	4.0 per 1,000 NE 4.7 per 1,000 NW 1.8 per 1,000 South 5.1 per 1,000	No mortality in 2013	2.2 per 1,000	2.04 per 1,000	3.18 per 1,000	
28	Prevalence Low Birth Weight	Crude rate (expressed percent)	4.2%	5.1%	5.9% NE 5.7% NW 5.5% South 6.4%	7.2%	6.8%	5.3%	5.9%	
29	Prevalence of maternal smoking	Prevalence rate expressed percent	7.0%	8.4%	15.5% NE 18.7% NW 14.4% South 14.0%	22.7%	16.4%	21.8%	15.4%	

No.	Indicator	Calculation	East Dun	East Ren	Glasgow City	Inverclyde	Renfrewshire	West Dun	NHSGGC	Scotland
30	Breast feeding rates at 6-8 weeks	Prevalence rate expressed percent	35.4%	36.9%	24.9% NE 18.5% NW 29.9% South 25.5%	13.2%	19.1%	16%	24.5%	
31	Dental health	Prevalence rate expressed percent	77.0% (P7) 78.9% (P1)	80.1% (P7) 80.0% (P1)	60.6% (P7) 56.5% (P1)	66.4% (P7) 59.7% (P1)	75.4% (P7) 62.1% (P1)	68.4% (P7) 58.6% (P1)	67.8% (P7) 63.2% (P1)	72.8% (P7) 67.0% (P1)
32	Unintentional injury	Rates expressed per 1,000 in age-groups: 0-14 years. Codes: Cause of injury codes V01-X59 Year 2013-2014	7.7 per 1,000	7.2 per 1,000	10.2 per 1,000 NE 11.3 per 1,000 NW 10.4 per 1,000 South 9.2 per 1,000	8.5 per 1,000	8.9 per 1,000	12.0 per 1,000	9.5 per 1,000	
33	Maternal obesity at booking	Prevalence rate expressed percent	17.7%	16.6%	21.7% NE 25.0% NW 18.9% South 21.5%	26.5%	53.1%	26%	21.3%	

No.	Indicator	Calculation	East Dun	East Ren	Glasgow City	Inverclyde	Renfrewshire	West Dun	NHSGGC	Scotland
34	Childhood overweight	Prevalence rate expressed percent	34%	No cases reported.	38% NE 54% NW 28% South 34%	35%	11%	41%	30%	
35	Use of recreational drugs	Rate expressed as percentage	4.5%	6.9%	6.4%	9.1%	4.5%	5.8%	6.1%	5.8%
36	Educational attainment	Rate expressed as percentage	Info not available	0.6%	2.6%	Information not available	2.1%	0.9%	1.6%	1.5%
37	Aspirations for future	Rate expressed as percentage	57.4%	60.4%	30.8%	38.0%	39.8%	34%	40%	36.3%
38	Participation in antisocial behaviour	Rate expressed as percentage	Info not available	Not available	31%	14%	31.0%	Not available	None available for NHSGGC	
39	Teenage pregnancy rate	Crude rates per 1,000 population in year Oct 2012-Sep 2013 in HSCP and NHSGGC.	20.3 per 1,000	20.6 per 1,000	41.9 per 1,000 NE 40.4% NW 39.3% South 45.7%	37.6 per 1,000	39.2 / 1,000 (year Oct 2012-Sep 2013)	50.4 per 1,000	37.9 per 1,000	

No.	Indicator	Calculation	East Dun	East Ren	Glasgow City	Inverclyde	Renfrewshire	West Dun	NHSGGC	Scotland
40	Smoking	Crude prevalence rate expressed as percentage	14.8%	17.6%	28% NE 32.4% NW 24.9% South 27.4%	24.3%	18.6%	34.4%	24.9%	
41	Cervical screening uptake	Crude rate expressed percent	80.6%	80.3%	68.9% NE 71.5% NW 63.1% South 73.2%	75.6%	77.9%	75.7%	73%	
42	Prevalence of fruit and vegetable consumption	Crude prevalence rate expressed as percentage	51.4%	44.2%	37.4% NE 29.4% NW 40.6% South 41%	30.7%	40.9%	39.4%	39.5%	
43	Prevalence of hazardous alcohol consumption	Crude prevalence rate expressed as percentage	12.6%	19.2%	22.2% NE 18% NW 26.9% South 20.5%	16.5%	13.2%	9.4%	18.9%	
44	Physical activity	Crude prevalence rate expressed as percentage	42%	41.3%	47.7% NE 55.7% NW 45.6% South 43.1%	43.1%	52.8%	32.1%	45.9%	

No.	Indicator	Calculation	East Dun	East Ren	Glasgow City	Inverclyde	Renfrewshire	West Dun	NHSGGC	Scotland
45	Passive smoking	Crude prevalence rate expressed as percentage	25.3%	28.2%	39% NE 41.5% NW 40% South 36.1%	33.3%	25.7%	43.1%	34.8%	
46	Obesity	Crude prevalence rate expressed as percentage	15%	14.9%	17.9% NE 16.7% NW 16% South 20.6%	17.2%	16.6%	8.7%	16.4%	
47	Alcohol-related admissions	Crude emergency admission rate expressed per 1,000 ICD 10 codes: F10; K70; K292; E244; G312; G621; G721; I426. Code in any position	4.7 per 1,000	4.5 per 1,000	12.1 per 1,000 NE 14.9 per 1,000 NW 9.1 per 1,000 South 12.7 per 1,000	10.8 per 100,000	10.8 per 1,000	10.0 per 1,000	10.4 per 1,000	
48	Depression 1	Crude prevalence rate expressed percent	22.5%	10.2%	16.6% NE 23.8% NW 15.6% South 12.0%	17.3%	4.6%	19.4%	14.9%	

No.	Indicator	Calculation	East Dun	East Ren	Glasgow City	Inverclyde	Renfrewshire	West Dun	NHSGGC	Scotland
49	Depression 2	Crude admission rate expressed per 1,000 ICD 10 codes: F204; F32; F33; F341; F313; F314; F315. Code in any position	0.44 per 1,000	0.39 per 1,000	0.47 per 1,000 NE 0.35 per 1,000 NW 0.66 per 1,000 South 0.40 per 1,000	0.83 per 1,000	0.8 per 1,000	0.78 per 1,000	0.56 per 1,000	
50	Suicide rate	Rate expressed per 100,000 in population aged 16-29 years ICD 10 codes: X60-X84; Code in position 2-6.	18.4 per 100,000	22 per 100,000	34.1 per 100,000 NE 28.4 per 100,000 NW 36.0 per 100,000 South 37.1 per 100,000	65.9 per 100,000	39.9 per 100,000 Not significant.	37 per 100,000	35.1 per 100,000	
51	Suicide rate	Rate expressed per 100,000 in population aged 30-64 years ICD 10 codes: X60-X84; Code in position 2-6.	40.3 per 100,000	44.7 per 100,000	58.8 per 100,000 NE 61.3 per 100,000 NW 74.3 per 100,000 South 44.0 per 100,000	62.5 per 100,000	16.8 per 100,000	53.3 per 100,000	54.4 per 100,000	

No.	Indicator	Calculation	East Dun	East Ren	Glasgow City	Inverclyde	Renfrewshire	West Dun	NHSGGC	Scotland
52	Mental health and wellbeing	Crude prevalence rate expressed percent	90.1%	90.9%	83.5% NE 82.4% NW 83.2% South 84.8%	86.5%	89.6%	89.7%	86.3%	
53	Access to primary care	Rate expressed percent	17.4%	10.4%	16.4% NE 25.2% NW 12.8% South 12.6%	29.6%	15.1%	29.5%	19.0%	
54	Access to dental care	Rate expressed per 1,000	6.3%	4.2%	8.6% NE 10.5% NW 9.5% South 6.6%	9.7%	6.9%	4.9%	6.9%	

No.	Indicator	Calculation	East Dun	East Ren	Glasgow City	Inverclyde	Renfrewshire	West Dun	NHSGGC	Scotland
55	Primary hip arthroplasty	Standardised ratio (for age, sex and deprivation) OPCS codes: W371; W378; W379; W381; W388; W389; W391; W398; W399; W461; W468; W469; W471; W478; W479; W481; W488; W489 Operation code in any position. Exclude records coded for fractured neck of femur: ICD10 Codes: S720; S721; S722	109%	101.1% ns	98.2% NE 92.9% NW 107.6% South 94.9%	100.7%	98%	100.5% ns	100%	-

No.	Indicator	Calculation	East Dun	East Ren	Glasgow City	Inverclyde	Renfrewshire	West Dun	NHSGGC	Scotland
56	Primary knee arthroplasty	Standardised ratio (for age, sex and quintile) OPCS codes: W401; W408; W409; W411; W418; W419; W421; W28; W429	107.2%	91.2% ns	94.9% NE 94.9% NW 101.7% South 89.6%	117.2%	96.9%	115.7% ns	100%	-
57	Coronary artery revascularisation	Standardised ratio (for age, sex and quintile) OPCS codes: K40; K41; K42; K43; K44; K45; K46; K49; K75; K501	97.7%	122.5% ns	95.6% NE 110.2% NW 90.7% South 87.4%	103%	97.2%	107.6% ns	100%	
58	Cataract surgery	Standardised ratio (for age, sex and deprivation) OPCS codes: C71-C77.	97.6%	109.2% (s)	96.3% sig NE 102.9% NW 88.7% South 96.8%	96.8%	103.5%	111.2% (s)	100%	

People's Perceptions of their health and illness

Table 1: Indicators for Perceptions of Health and Illness

Indicator	% of sample	Unweighted base (n)
Self-perceived health very good or good (Q1)	77%	8,629
Positive perception of general physical wellbeing (Q29b)	81%	8,622
Positive perception of general mental or emotional wellbeing (Q29c)	86%	8,619
Feel definitely in control of decisions affecting daily life (Q50)	65%	8,482
Positive perception of quality of life (Q29a)	88%	8,625
Has long term illness/condition that interferes with daily life (Q2)	20%	8,548
Receiving treatment for at least one condition (Q5)	38%	8,557

Three in four (77%) respondents rated their general health positively. Those less likely to rate their general health positively were those aged 75 and over, women and those living in the most deprived areas.

Four in five (81%) respondents rated their physical health positively. Those aged 75 and over, women and those in the most deprived areas were less likely to rate their physical health positively.

Eighty six percent of respondents rated their mental or emotional health positively. Those aged 45-64, women and those in the most deprived areas were less likely to rate their mental or emotional health positively.

Two in three (65%) respondents said they definitely felt in control of the decisions affecting their daily lives. Those living in the most deprived areas were less likely to definitely feel in control.

Eighty eight percent of respondents rated their quality of life positively. Those aged 45-64 and those in the most deprived areas were less likely to rate their quality of life positively.

One in five (20%) respondents reported having a long term illness or condition that interfered with their daily life. Those more likely to have limiting illness or condition were those in the oldest age groups, women and those living in the most deprived areas.

Just under two in five (38%) respondents were receiving treatment for at least one condition. Those in the oldest age groups, women and those living in the most deprived areas were more likely to be receiving treatment.

Health Behaviours

Table 2: Indicators for Health Behaviours

Indicator	% of sample	Unweighted base (n)
Exposed to second hand smoke most or some of the time (Q8)	35%	8,627
Current smoker (Q9)	25%	8,633
Exceeds recommended limits for weekly units of alcohol (based on all respondents) (Q23)	8%	8,633
Exceeds recommended limits for weekly units of alcohol (based on all those who drank at all in the past week) (Q15)	19%	3,133
Binge drinker in the past week (based on all respondents) (Q15)	16%	8,633
Binge drinker in the past week (based on all those who drank at all in the past week) (Q15)	38%	3,133
At least two alcohol-free days in previous week (based on all respondents) (Q15)	97%	8,633
At least two alcohol-free days in previous week (based on all those who drank at all in the past week) (Q15)	93%	3,133
Exceeds the recommended daily limit for alcohol on at least one day per week (based on all respondents)	27%	8,633
Exceeds the recommended daily limit for alcohol on at least one day per week (based on all those who drank at all in the past week) (Q15)	67%	3,133
Been physically active for at least 150 minutes in past week (Q27)	68%	8,622
Participated in at least one sport or activity in the last week (Q32)	84%	8,633
Consumes 5 or more portions of fruit/vegetables per day (Q21 & Q22)	39%	8,633
Body Mass Index of 25 or over(Q23 & Q24)	48%	7,329
More than 1 of the following 5 'unhealthy' behaviours: smoking, BMI of 25+, not meeting recommended levels of physical activity, not meeting the recommended fruit/veg consumption, binge drinking	68%	7,289
More than 1 of the following 5 'healthy' behaviours: non-smoker, within normal BMI range (18.5-24.99), meet the physical activity recommendations, eat 5 or more portions of fruit/veg per day, drink within safe limits/not at all	91%	7,289

One in three (35%) respondents were exposed to second hand smoke most or some of the time. Those in the youngest age groups, men and those in the most deprived areas were more likely to be exposed to second hand smoke.

One in four (25%) respondents were current smokers. Those aged 25-34, men and those in the most deprived areas were more likely to be smokers.

One in eight (12%) had used an e-cigarette in the last year. Those aged under 55, men and those in the most deprived areas were more likely to have done so.

Among all respondents, 8% exceeded the recommended weekly limit for alcohol consumption and 16% had been binge drinkers in the previous week. Among those who had consumed any alcohol in the previous week, 19% had exceeded the recommended weekly limit and 38% had been binge drinkers. Those aged under 65 and men were more likely to have exceeded the recommended weekly limit and to have been binge drinkers in the previous week.

More than nine in ten (93%) respondents had at least two alcohol-free days in the previous week. Those aged under 55 and women were more likely to have had two or more alcohol-free days in the previous week.

One in four (27%) respondents had exceeded the recommended daily limit for alcohol consumption on at least one day in the previous week. Those aged 45-54, men and those outside the bottom 15% most deprived datazones were more likely to have exceeded the recommended daily limit for alcohol.

Among those who ever drank alcohol, three in ten (31%) said they ever drank alcohol before going on a night out. Those aged under 25 and those in the most deprived areas were the most likely to do so.

Two in three (68%) met the target of being physically active for 150 minutes or more per week. Older people were less likely to meet this target.

More than four in five (84%) respondents had participated in at least one sport or activity in the previous week. Those aged under 25 and those in datazones other than the most deprived 15% were more likely to have participated in a sport or activity.

Two in five (39%) respondents met the target of consuming five or more portions of fruit/vegetables in the previous day. Those aged under 25 and those in the most deprived areas were less likely to meet this target.

Just under half (48%) of all respondents were overweight (BMI of 25 or more). Those aged 45-64 and men were more likely to be overweight. Using a revised measure of 29.2 for obesity, 21% of all respondents were obese. Those aged 55-74 and those in the most deprived datazones were more likely to be obese.

Two in three (68%) respondents exhibited more than one of the following 'unhealthy behaviours' - smoking, BMI of 25+, not meeting recommended levels of physical activity, not meeting the recommended fruit/vegetable consumption, binge drinking. The mean number of unhealthy behaviours was 2.03. Those who tended to exhibit more unhealthy behaviours were those outside the youngest and oldest age groups, men and those in the most deprived areas.

Nine in ten (91%) respondents exhibited more than one of the following 'healthy behaviours' - meet the physical activity recommendations, eat 5 or more portions of fruit/vegetables per day, drink within safe limits/not at all. The mean number of healthy behaviours was 2.93. Those who tended to exhibit fewer healthy behaviours were those outside the youngest and oldest age groups, men and those in the most deprived areas.

Social Health

Table 3: Indicators for Social Health

Indicator	% of sample	Unweighted base (n)
Feel isolated from family and friends (Q33)	8%	8,609
Feel I belong to the local area (Q32b)	81%	8,593
Feel valued as a member of the community (Q32d)	69%	8,448
People in my neighbourhood can influence decisions (Q32f)	76%	8,122
Discriminated against in last year (Q60)	3%	8,607
Feel safe using public transport (Q39a)	89%	8,007
Feel safe walking alone even after dark (Q39b)	67%	8,344

One in twelve (8%) respondents ever felt isolated from family and friends. Those in the most deprived areas were more likely to feel isolated.

Four in five (81%) respondents agreed that they feel they belong to the local area. Those aged 25-34 and those in the most deprived areas were the least likely to agree with this.

Seven in ten (69%) respondents agreed that they felt valued as members of their community. Those aged 25-34 and those in the most deprived areas were the least likely to agree with this.

Three in four (76%) respondents agreed that by working together, people in their neighbourhood can influence decisions that affect their neighbourhood. Those aged 65 or over were the most likely to agree with this and those aged 25-34 were the least likely to agree with this. Those in the most deprived areas were more likely to agree with the statement than those in other areas.

Three percent of respondents felt they had been discriminated against in the last year. Those aged under 55 were more likely than older respondents to feel they had been discriminated against.

Nine in ten (89%) respondents said they felt safe using local public transport. Those aged 35-44, women and those in the most deprived areas were less likely to feel safe using public transport.

Two in three (67%) respondents said they felt safe walking alone in their area even after dark. Those in the oldest age groups, women and those in the most deprived areas were less likely to agree that they felt safe walking alone in their area even after dark.

Social Capital

Table 4: Indicators for Social Capital

Indicator	% of sample	Unweighted base (n)
Positive perception of reciprocity (Q32a)	75%	8,508
Positive perception of trust (Q32e)	76%	8,504
Value local friendships (Q32c)	76%	8,561
Positive perception of social support (Q32g)	82%	8,554
Volunteered in last year (Q34)	20%	8,599
Belong to clubs/associations/groups (Q35)	22%	8,633
Participated in social activism (Q36)	14%	8,082

Three in four (75%) had a positive view of reciprocity in their area and a similar proportion (76%) had a positive view of trust in their area. Those in the oldest age groups and those outside the most deprived areas were more likely to have a positive view of reciprocity and trust.

Three in four (76%) respondents agreed that they valued local friendships. Those in the oldest age groups and those outside the most deprived areas were more likely to value local friendships.

Four in five (82%) respondents had a positive view of social support. Those in the oldest age groups, women and those outside the most deprived areas were more likely to have a positive view of social support.

One in five (20%) had been a volunteer in the last year. Those aged under 25 were the most likely to have volunteered.

One in five (22%) belonged to local clubs, associations or groups. Those aged 25-54 were less likely than others to belong to any of these.

Fourteen percent of respondents had participated in some type of social activism in the last year. Those aged 35-54 and those in areas outside the most deprived were more likely to have participated in social activism.

Recommendations of action for health behaviours

Increase recognition and awareness of the impact of obesity within the population and develop understanding and skills to enable individuals to increase or maintain physical activity levels, cook and eat a healthy diet and effectively self manage their weight on a long term basis.

Develop an effective targeting strategy for weight management services which addresses the needs of men in achieving a healthier weight and actively supports younger women who are more likely to become obese, to lose weight at levels which will provide health gain. This strategy should be complementary to a universal weight management service, widely available in areas of deprivation.

Increase the routine identification of individuals who are overweight within primary and secondary care settings and provide appropriate services to support weight loss including the development of life-skills to support longer-term weight management. Services require a combination of calorie deficit diets, increased physical activity and motivational interventions along with more intensive dietary regimes and potentially weight loss surgery for people with complex conditions and severe obesity as advocated by SIGN Management of Obesity, 2010. Current uptake of weight management services is lower than anticipated across NHSGGC.

An upstream population approach with local and national partners is imperative to address the wider obeseogenic environment described within The McKinsey Global Institute's economic analysis of interventions related to tackling obesity.¹¹⁹ Both nationally and locally a more strategic and encompassing approach is required with partners to respond to the obeseogenic environment; influencing the food and drink sector; retailers and caterers creating an exemplary position of public sector provision; improving food access in deprived local communities; as well as creating an active physical environment supporting green space and active travel.

Acknowledgements

Anna Baxendale	Health of Health Improvement
Allan Boyd	Senior Analyst (Public Health)
Rebecca Campbell	Health Improvement Lead (Tobacco)
Catherine Chiang	Consultant in Public Health Medicine
Emilia Crighton	Interim Director of Public Health
Rona Dougall	Public Health Researcher
Susan Fleming	Public Health Researcher
Anné Gebbie-Diben	Health Improvement Lead
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