

## **WEST DUNBARTONSHIRE COUNCIL**

### **Report by the Director of Community Health & Care Partnership**

**Community Health & Care Partnership Committee: 2<sup>nd</sup> February 2010**

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**Subject: West Dunbartonshire CPP Health and Wellbeing Survey of 15% SIMD Areas – 2010 Findings**

#### **1. Purpose**

- 1.1** This report summarises the key findings of the 2010 Community Planning Partnership (CPP) Health and Wellbeing Survey of households within the 15% Scottish Index of Multiple Deprivation (SIMD) most deprived areas within West Dunbartonshire.

#### **2. Background**

- 2.1** The West Dunbartonshire CPP Single Outcome Agreement (SOA) for 2009-2011 includes a number of specific indicators focused on health behaviours within the 15% most deprived areas (as identified by the SIMD) within West Dunbartonshire, i.e. within Dalmuir/ Clydebank Central, Drumry, Faifley, Mountblow, Radnor Park, Whitecrook, Bellsmyre, Brucehill, Castlehill, Haldane, Bonhill, Rosshead/ Alexandria.
- 2.2** The four specific indicators are:
- Percentage of adults consuming more than the recommended weekly amount of alcohol.
  - Percentage of adults who smoke.
  - Percentage of adults undertaking moderate physical activity at least 5 times per week.
  - Percentage of adults consuming four or more high fat snacks per day.
- 2.3** Routine data on these indicators collected by both Scottish Government and by NHS Greater Glasgow and Clyde unfortunately were found to be of statistically limited value when considered in relation to these specific geographical areas and for the purposes of the local SOA.
- 2.4** Consequently, it was agreed by the CPP Health and Wellbeing Strategy Group that a local survey of these areas be commissioned and undertaken in order to generate a statistically confident understanding of the above four health behaviours amongst resident adults. It was confirmed that this work would be led by the then West Dunbartonshire CHP's specialist Health

Improvement Team, and the work supported by a contribution from West Dunbartonshire CPP Funds.

- 2.5** A tailored, short-form postal questionnaire was locally designed and distributed via West Dunbartonshire Community Volunteering Services (CVS) in the first half of 2010.
- 2.6** Nine hundred and forty-one correctly completed questionnaires were returned. Subsequent analysis has confirmed that this number of responses means that the findings can be viewed as having a sampling error of  $\pm 3.16\%$  and so statistically valid for the purposes of the SOA. This means, for example, that if 50% of the survey respondents report being smokers, the real figure for the resident population with the 15% SIMD areas will be in a relatively narrow range (i.e. from only 46.84% to 53.16%).
- 2.7** Following a presentation of the 2010 survey to the CPP Health and Wellbeing Strategy Group, the members asked that the findings be formally shared with the both the CHCP Committee; and also the CPP Strategic Board (to whom a presentation is being made in tandem with this paper).

### **3. Main Issues**

- 3.1** Based on the responses provided, the main findings of the survey were as follows:
- Percentage of adults who smoke in 15% most deprived areas was 34.5%.
  - Percentage of adults undertaking physical activity at least five times per week in the 15% most deprived areas was 39.4%.
  - Percentage of adults consuming four or more high fat snacks per day in the 15% most deprived areas was 7.1%
  - Percentage of adults consuming more that the recommended weekly amount of alcohol in the 15% most deprived areas was 13.6%.

### **4. People Implications**

- 4.1** There are no specific personnel issues associated with this report.

### **5. Financial Implications**

- 5.1** There are no specific financial implications associated with this report.

### **6. Risk Analysis**

- 6.1** No risk assessment was necessary to accompany this report.

## **7. Equalities Impact**

- 7.1** An equality impact assessment of the questionnaire was undertaken prior to its being used.
- 7.2** The findings above specifically concern geographical areas of particular socio-economic deprivation within West Dunbartonshire, and when combined with other existing information do provide a valuable resource to enable the CHCP to continue to develop its services in an inequalities-sensitive manner; and in a manner cognisant of the health and social inequalities that challenge local communities.

## **8. Conclusions and Recommendations**

- 8.1** This report provides a baseline of the four health behaviours; smoking, physical activity, alcohol and nutrition within this specific set of communities and provides comparative health and wellbeing data that will contribute and support the SOA planning and monitoring processes. It is the first time data has been generated at such a targeted level within West Dunbartonshire. The survey is to be repeated within the first half of 2011 to enable direct comparisons and identify any changes in health behaviour.
- 8.2** Its findings constitute one of a number of valuable sources of information about the West Dunbartonshire area that are used to inform strategic planning and service developments within the CHCP. A key strength of this data is their statistical reliability, and the scope that they provide for comparative analysis with other sets of relevant data/profiles. However, they need to be interpreted with due cognisance of their technical limitations and within the context of the totality of robust information that is available at a local level.
- 8.3** In order to address health inequalities there needs to be an additional focus on facilitating a 'step change' in unhealthy lifestyles and behaviours within the 15% most deprived communities in West Dunbartonshire (eg as exemplified by the CHCP-led Equally Well tobacco national test-site within Whitecrook).
- 8.4** In terms of the areas of concern and responsibility for local community-based health and social care services, all areas of the key issues are addressed within both the former CHP Strategic Development Plan 2010/11-12/13 and the most recent draft Service Plan for the former Social Work and Health Department.
- 8.5** However, effectively addressing the complex issues highlighted within this Profile requires actions by not just other divisions/departments of NHSGGC and West Dunbartonshire Council, but also from across other Community Planning Partners and, critically, local communities, families and individuals.

8.6 The CHCP Committee is asked to note this Report.

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Keith Redpath  
Director of the Community Health & Care Partnership

**Person to Contact:** Mr Soumen Sengupta  
Head of Strategy, Planning and Health Improvement  
West Dunbartonshire Community Health & Care  
Partnership, Hartfield Clinic, Latta Street, Dumbarton.  
E-mail: [soumen.sengupta@ggc.scot.nhs.uk](mailto:soumen.sengupta@ggc.scot.nhs.uk)  
Telephone: 01389 812303

**Appendices:** None

**Background Papers:** West Dunbartonshire CPP Single Outcome Agreement  
(SOA) for 2009-2011  
CHP Strategic Development Plan 2010/11-12/13  
WDC Service Plan for the Social Work and Health  
Department

**Wards Affected:** Dalmuir/Clydebank Central, Drumry, Faifley, Mountblow,  
Radnor Park, Whitecrook, Bellsmyre, Brucehill, Castlehill,  
Haldane, Bonhill, Rosshead/ Alexandria.