

Highland Community Planning Partnership

Health Inequalities and Physical Activity Theme Group

**Annual Report, September
2016**

1. Introduction

Inequalities in Highland are similar to those described for the rest of Scotland. Population health has improved on most measures between the 1990's and the late 2000's, but health is still improving more slowly for some of our communities. Inequalities in morbidity and mortality outcomes associated with income deprivation have increased or remained very similar over recent periods despite work on improvement the health of the population as a whole. Across Highland not all deprived people live in areas that would be recognised as deprived, but there are a number of areas with higher numbers of income deprived people that consistently have poor population health outcomes. The same geographic areas tend to be found at the poorer performing end of the range on most measures and in all time periods.

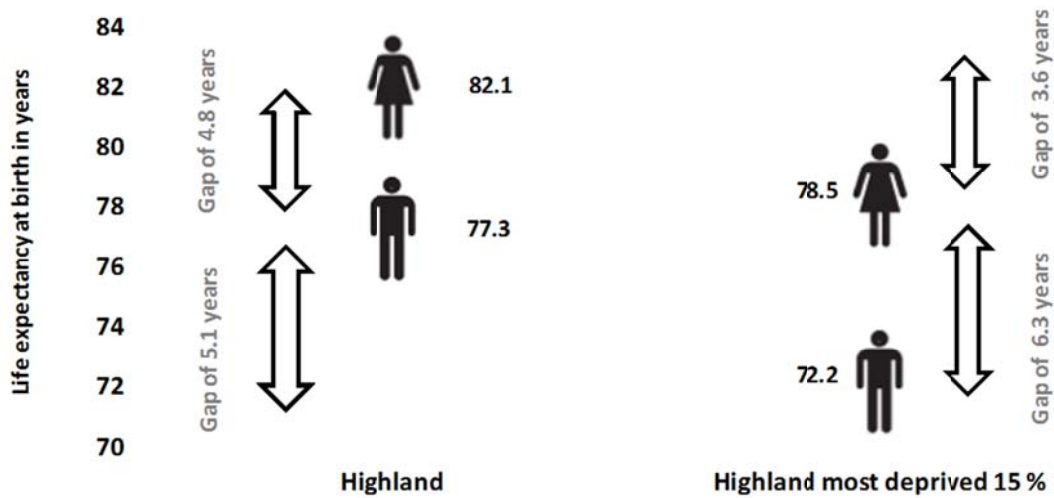
Across the Community Planning Partnership, there is a need to maintain a balance between universal services and targeting specific hard to reach groups. Universal service play an important part in improving overall population health, but the inequalities gap may widen if there are not also specific efforts made with those least likely to engage with services. Such an approach is termed "proportionate universalism".

Scotland has one of the highest rates of early death in Western Europe, and this is mirrored by comparatively low rates of life expectancy. Mortality rates for the whole population have been steadily decreasing in recent years, but there are wide variations in mortality rates and trends. The Scottish Ministerial Task Force on Health Inequalities, as part of the [Equally Well](#) (2008) strategy, made it a priority to tackle widening inequalities in death rates.

We explored changes in the age-standardised all cause less than 75 years of age mortality rate in Highland and the rate in the areas in Highland in the most deprived 15 percent of data zones in Scotland. These areas were identified using the Scottish Index of Multiple Deprivation 2016 that is based upon Data Zone 2011 geographies. Population estimates for the 2011 Data Zone series have only been published for the years 2011 to 2015.

The data produced by the National Records of Scotland (NRS) suggests that male life expectancy at birth in Highland's most deprived 15 percent of areas for the years 2009-2013 was 72.2 years compared to the Highland male average of 77.3 years – a gap of 5.1 years. Female life expectancy at birth in our most deprived areas was 78.5 years compared to the Highland female average of 82.1 years – a gap of 3.6 years. The inequality gap is more pronounced for males and the gap in life expectancy between females and males was also larger in the most deprived areas.

Figure 1: Summary of male and female life expectancy in the Highland Council area (2009-2013)



Data source: National Records for Scotland (2014) – calculated using SIMD 2012

The contribution that the third sector in Highland makes towards reducing health inequality is becoming increasingly clear. The diverse range of services, initiatives and activities that the sector delivers is often targeted at the fundamental ‘upstream’ social and economic causes of health inequality and is preventative by its very nature. It is often community-led groups and initiatives responding to local needs and gaps in public service provision, particularly in our most isolated and remote communities, that lead to innovative approaches that offer essential support to some of the hardest to reach, most vulnerable and disadvantaged people in Highland.

The Community Empowerment Act (2015) offers new opportunities to tackle inequalities by requiring community planning partners to focus efforts on those communities that have the poorest outcomes and providing a strengthened framework for communities to be more involved in influencing and determining delivery of services that best meets their needs.

2. Health Inequalities theme group

Health inequalities is recognised as a cross cutting theme within the CPP. The Health Inequalities Theme Group is tasked with overseeing progress on the health inequalities priorities outlined in the Highland Single Outcome Agreement and overseeing the development and implementation of partnership work to support a reduction in health inequalities in Highland.

During 2015-16, as part of a process of improvement, the Highland Community Planning Partnership Board asked the Health Inequalities theme group to undertake a self

assessment exercise. The aim of the survey was to assess how effectively the group has been working and to elicit ideas for how the theme group could be improved. The group developed a survey which was distributed to theme group members. The vast majority of respondents were positive about the work of the group and felt that it was both relevant and important in relation to their role and their organisation. A number of suggestions to make the group more effective were developed into an improvement plan for the group.

Over the past year the group has made progress on a number of the priority areas identified within the health inequalities and physical activity delivery plan. The following sections provide information about the work of the group and its various sub groups and a summary of progress over the past year.

3. Progress

Long Term Outcomes	Progress
<p>The gap in life expectancy between the most and least deprived areas in Highland is reduced</p>	<p>Anti Poverty Research</p> <p>A commitment of the Highland Council’s Programme is to develop a strategy along with partners to tackle poverty and deprivation in the Highlands. Over the summer, the University of the Highlands and Islands completed a literature review which considered the key issues arising on poverty and the core questions that Highland Council and partners need to consider to inform any further research. Future work is now being planned that will develop an understanding of individual and household experiences of poverty in the Highlands. It is hoped that that this research can be used to help inform locality plans which will be required to focus on areas of inequality and deprivation.</p> <p>The Council is also considering its own current activities and the impact these have on poverty and deprivation. Through the redesign process, any proposed changes in service provision will be subject to an integrated impact assessment. This is currently being developed and will likely include an assessment of potential equalities, rural, and poverty related impacts. Through this it is hoped that the Council can better “poverty proof” its activities. In addition, all Council Services are currently reviewing the functions they deliver and the contribution of these to reducing poverty and deprivation in the Highlands.</p> <p>SEP Index</p> <p>In 2015, the CPP agreed to adopt the SEP index as a way of better understanding inequality and deprivation in rural communities. This was in recognition that the Scottish Index of Multiple Deprivation (SIMD) is less useful for understanding deprivation in a rural context. In 2016 further analysis of the SEP index was undertaken. The top quartile, as defined by SEP, encompasses 48 separate data zones across Highland. Rather than considering these data zones separately, they were combined to form areas</p>

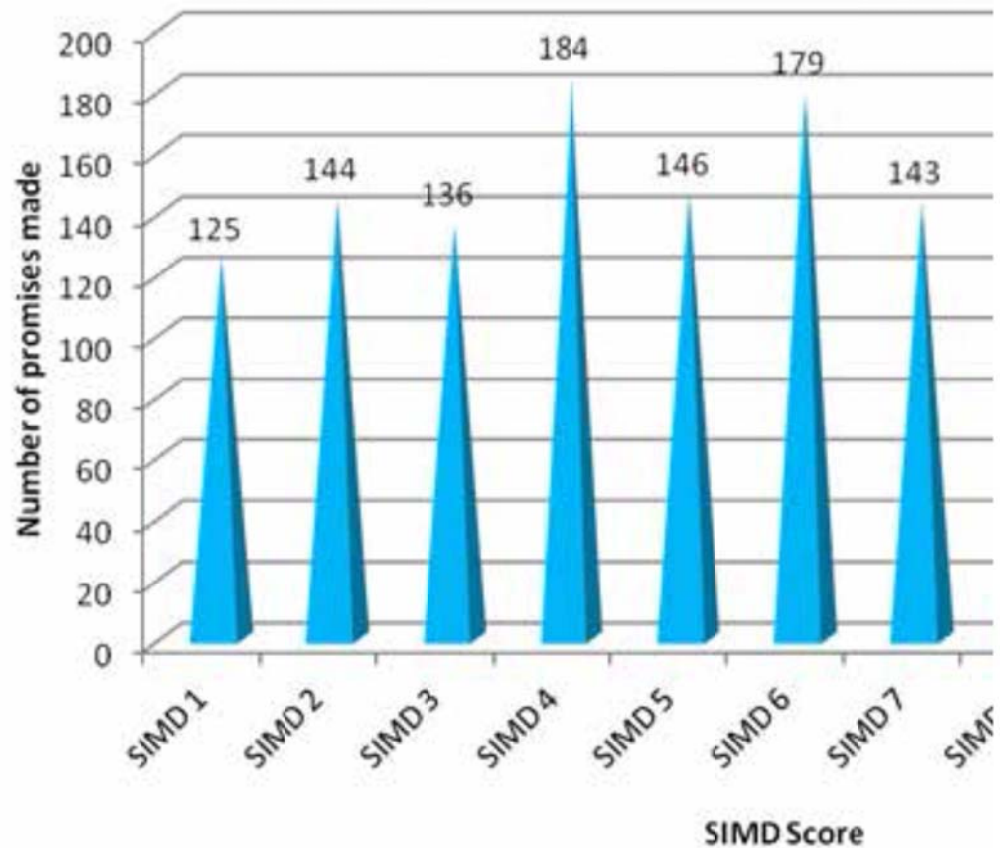
that represented natural communities. This work will now be used by the new local community partnerships to assist with the evidence base for identifying and prioritising where locality plans will be developed to meet the requirements of the Community Empowerment Act.

Tobacco and smoking cessation

The Scottish Government provides each NHS Board in Scotland with a target for the number of people supported to quit through smoking cessation services. In 2015-16 the target for NHS Highland was to achieve 352 successful 3 month quits in the 40% most deprived areas in Highland. Although final figures have not yet been published, feedback from ISD suggests that NHS Highland delivered 368 successful 3 month quits in 2015-16. During the past year NHS smoking cessation services has worked with community planning partners to target interventions at our most vulnerable communities. This has involved working with colleagues in housing to target homeless people, work with professionals in early year's teams to target pregnant women and young mothers and their partners, work with prison staff to support prisoners and work with mental health staff to target service users. Drop in sessions with hospital outpatients and in known areas of deprivation have also helped to reach those who are harder to reach.

The Smokefree Homes and Cars initiative is promoted particularly to those who either do not want to stop smoking or for those who are cutting down with a view to stopping at some time in the future. This is particularly pertinent in areas of deprivation. The initiative asks individuals to sign up to one of four promises to protect others from second hand smoke. The most basic level (Bronze) ask individuals to pledge to only smoke in one particular room in the home and to never smoke in the family car. The highest level pledge (Diamond) asks individuals to pledge to never smoke in the home or family car and to seek support to stop smoking. The majority, (85.6%) of promises were made by those living in our most deprived areas. People that live in deprived areas are more likely to smoke in their homes, and so we're pleased to see the high proportion of promises coming from people who live in the most deprived areas. Currently 1167 people are signed up to the initiative.

SIMD score of those making promises within the Smoke Free Homes and Cars initiative



The Smokefree sports initiative is similar to the smoke free homes and cars initiative in that it asks coaches, officials, players and spectators to refrain from smoking whilst undertaking any activities related to the sport. The initiative was launched with Inverness Street League under 15s and under 17s football. Clubs sign a pledge which commits players and coaches not to smoke while representing their club and parents pledge not to smoke whilst watching any games. The majority of these clubs are within areas of deprivation and feedback is very positive.

Screening work targeted at areas of deprivation

During the past year, the Community Health Co-ordinators facilitated community engagement activity in a number of locations and venues within our most deprived communities which aimed to ascertain local attitudes to national screening programmes and explore the barriers and enablers to improve acceptance of screening programmes and attendance at screening opportunities. The work also aimed to raise awareness of the various screening programmes and why they are important in promoting health and preventing disease.

Insight from this community engagement was used to plan appropriate delivery of social marketing campaigns aimed at raising awareness and

	<p>acceptance of screening programmes in areas of deprivation. Engagement with local housing and homeless organisations allowed identification of training and resource needs of staff working with homeless people or those at risk of homelessness to allow them to promote screening to service users and support them with access to national screening programmes. This allowed tailor made training to be developed for those groups of staff.</p>
<p>People are empowered to participate in their communities and have a strong sense of structure, control and meaning in their lives</p>	<p>Community Health Co-ordinators and Community food and Health Practitioners</p> <p>The Highland Council invested preventative spend funding in our most deprived communities. The funding allowed recruitment of community health co-ordinators and community food and health practitioners in Wick, East Ross, Merkinch and Fort William. During 2015 these community workers developed and delivered a wide range of activities in collaboration with the communities they served. This included:</p> <ul style="list-style-type: none"> • Delivery of community network events bringing together community groups and workers serving the community • Delivery of healthy weight interventions • Set up and promote local systems for delivery of the Healthy Start scheme • Liaison with local retailers to develop a healthy retail scheme to promote healthy food choice and availability • Delivery of food for thought courses to community groups • Development of local mealmakers initiative • Support for development of community growing and community allotment projects • Delivery of courses to support community capacity building and volunteering • Development of community exercise initiatives • Assessment of community needs including community participation events • Development of literacy projects • Delivery of mental health projects including STIGMA, an initiative to reduce stigma associated with self harm • Social prescribing initiatives <p>An evaluation of the first 12 months of the work of the posts was undertaken in 2016. Funding for the initiative was withdrawn following Council spending cuts, and the activities associated with the initiative have been wound down since April 2016.</p>
<p>Experiences of children in the early years of development is improved across the social gradient</p>	<p>Infant Feeding Support Workers</p> <p>The introduction of infant feeding support workers in some of our most deprived areas has been an important development in supporting women from these areas to breastfeed. Ongoing audit of the service has shown that the service is rated highly by both local staff and the women who receive support. Initial audit of the data indicates that where a woman has received</p>

	<p>support from an infant feeding support worker, they are more likely to continue breastfeeding. More detailed evaluation of this service is underway.</p> <p>Smoking in pregnancy Smoking cessation support is offered to all pregnant women who smoke. Carbon Monoxide (CO) monitoring is offered to all pregnant women and at each contact with the Community Midwives. Pregnant women with CO readings of above 5 and those who say they do smoke, are referred to either the smoking cessation midwives or the community smoking cessation advisers. Work with the early years teams has allowed this one to one support to be extended to partners and families.</p>
<p>Income inequality is reduced</p>	<p>European Social Fund The Highland Council is the Lead Partner for the Poverty and Social Inclusion strategic intervention which is being funded through the European Structural and Investment Funds. The application has been approved by the Scottish Government, and the Council are in the process of accepting the grant offer. This work is made up of two programmes of activity. Work is anticipated to start in late 2016.</p> <p><u>Move On: Intensive Support Service</u> “Move On” will take an early intervention approach and focus intensive support services to targeted individuals, tailoring support to address needs and prevent repeat engagement with reactive public sector services. The approach will target individuals who face multiple barriers, including those with mental health conditions and family interventions. Individuals are already likely to be known to key services but often unwilling or reluctant to engage before reaching crisis point. Access to and from these services tends to be reactive to crisis rather than a proactive approach which overcomes or prevents and, most critically, sustains improvement.</p> <p><u>Preventing Poverty and Increasing Financial Capability</u> This work will entail a preventative approach to poverty, with the key aim that families are in receipt of all appropriate entitlements, ensuring that any debt issues are explored, and that the client is empowered to manage their financial matters. The approach will consider how best to use the early years and school setting to target families at risk from poverty and financial exclusion. As such an improvement methodology is planned for this work to explore the most effective way of achieving these outcomes.</p> <p>Welfare reform The multi agency welfare reform group progressed work with the Department for Work and Pensions and the Drug Treatment & Testing Order (DTTO) service, to take forward an initiative modelled on an approach developed in Lothian that aims to prevent vulnerable DTTO clients receiving sanctions under welfare reform. The initiative brought appropriate professionals together to develop support mechanisms for DTTO clients.</p>

	<p>Chaired by the Leader of the Council, The Highland Council’s Welfare Reform Working Group comprises elected members who chair strategic committees and those who are leaders of political groups. Senior Officers with responsibility for this cross-cutting policy area are also members of the Group and are represented on the Health Inequalities Group.</p> <p>During 2015/16, while considering a wide range of welfare matters, there has been a particular focus on welfare reform and the wide-ranging socio-economic impacts on communities. This is also an effective forum for informing research and analyses and for identifying mitigating and ground root actions to alleviate poverty.</p>
<p>Social exclusion is reduced</p>	<p>Equality and Diversity</p> <p>A procurement and equality event ‘Purchasing for Better Outcomes’ was organised by the CPP equality and Diversity group. The event, attended by procurement and equality leads from the CPP was facilitated by Equality and Human Rights Commission. The aim of this event and subsequent work is to help meet the duties of the Equality Act in procurement and commissioning.</p> <p>The group reviewed and re-launched the Hate Free Highland website and are currently planning a Hate Crime event with Police Scotland which will take place on 12th October 2016.</p> <p>Highland Council and NHS Highland have undertaken a joint procurement exercise for face to face language interpretation, ensuring that Council and NHS services are accessible for people who do not have English as their first language and that a quality interpretation service is provided across Highland.</p> <p>Highland Council and NHS Highland jointly planned and delivered Working with Interpreters Training and Equality and Diversity Training for both council and NHS staff. This joint work enables both organisations to pool resources to deliver training and encourage a consistent approach to equality and diversity.</p> <p>Community engagement events including Highland LGBT Forum open day were run during 2015-16. CPP equality leads were present at a number of community events to promote the Hate Free Highland campaign and to promote other equalities work of the CPP, for example NHS Highland’s work with Stonewall.</p> <p>NHS Highland has become the first territorial NHS Board in Scotland to sign up to Stonewall’s Diversity Champion Programme. NHS Highland has submitted their return to the Workforce Equality Index. Highland Council, NHS Highland and HIE are also planning how Stonewall can offer support at a CPP level.</p> <p>Breakthrough achievement – Reachout campaign</p> <p>Loneliness is a health inequality issue because so many of the risk factors are</p>

	<p>more prevalent among socially disadvantaged groups. Social disadvantage is linked to many of the life experiences that increase social isolation, including poor mental health, unemployment and long term health conditions. In addition, deprived areas often lack adequate provision of good quality green and public space, creating barriers to social engagement. In 2016, the CPP agreed to support the Reachout campaign that aims to raise awareness of the impact of loneliness on health and wellbeing and promote activity to reduce social isolation and loneliness.</p>
<p>The physical environment in which people live, work and play is improved</p>	<p>Fuel poverty</p> <p>Highland Affordable Warmth Partners Group (HAWPG) has continued to meet quarterly and has provided detailed reports to the CPP. HAWPG is awaiting the final report of the Scottish Government’s Rural Fuel Poverty Task Force which has strong representation from the Highlands and Islands. Activity by the AWPG and by individual partners over the year has included:</p> <ul style="list-style-type: none"> • Response to Competition & Markets Authority investigation into the UK energy market • Response to Ofgem consultation on operation of the Voluntary Redress Scheme • Implementation by Highland Council Housing & Property Service of the Scottish Government’s Home Energy Efficiency Programme (HEEPS). • Implementation by Warmworks of the Scottish Government’s fuel poverty scheme <i>Warmer Homes Scotland</i>. Warmworks is a joint venture between Changeworks, Energy Saving Trust and Everwarm. Statistics at June 2016 showed Highland customer satisfaction measures above 97% • Home Energy Scotland (HES) continue to provide advice to a significant number of Highland households and to work with a range of local partners. HES’s national online referral portal is being promoted to partners to allow third and public sector staff to make direct referrals. NHS Highland staff in Sutherland are working with HES on a pilot initiative to refer patients via this portal as part of the discharge process from the two local hospitals. HES have also sent an introductory letter to GP practices across Highland offering to provide a presence at flu clinics. Energy Saving Trust, who manage the Home Energy Scotland programme on behalf of the Scottish Government, are interested in the partnership working in Highland. A representative from NHS Health Scotland and from the Scottish Government’s Fuel Poverty Group will visit Highland in October to meet with NHS Highland staff and partners. • Lochalsh & Skye Energy Advice Service (LSEAS) has been active nationally (on the Scottish Rural Poverty Task Force) as well as locally – increasing the level of third party support it provides to people going through the <i>Warmer Homes Scotland</i> scheme. LSEAS has also secured funding for a future programme of work aimed at households affected by damp. • Energy Action Scotland, a national charity campaigning to end fuel poverty, delivered training to 72 frontline staff in Inverness, Wick, Brora, E Ross and Fort William between November 2015 and January 2016.

	<p>Health and homelessness</p> <p>The Health, Housing and Homeless group worked with NHS Health Scotland and the North of Scotland Housing Hub, to organise a conference on homelessness in remote and rural settings. The conference was held in Inverness in January 2016 and attended by almost 60 delegates from across CPP partner organisations.</p> <p>Homeless Action Inverness held its biennial conference in Nairn in September 2016 with the support of the North & Islands Housing Options Hub. The conference was promoted widely through the CPP.</p>
<p>More people will become more active more often</p>	<p>Physical activity strategy</p> <p>The CPP Active Highland group organised a number of meetings and events during 2015-16 to develop the Active Highland strategy. Based closely on the national Active Scotland outcomes framework, the strategy brings all aspects of physical activity and sport together. The six key outcomes agreed within the strategy will form the basis of planning for implementation.</p> <p>The strategy has a strong focus on reducing inequalities and improving wellbeing. It is underpinned by capacity building at all levels for individuals and communities, and encourages progression, skills improvement and achievement in chosen physical activity or sport. The role of the natural and built environment and of established and new facilities forms a core part of the strategy. This includes making the best use of the natural assets of the Highlands and ensuring access for all; utilising our planning processes, regulations and guidelines to create built environments that encourage physical activity, improve health and increase connectivity. The strategy has undergone a period of consultation and an equality impact assessment was completed.</p> <p>Spirit 2012 initiative</p> <p>Funding from the 2014 Commonwealth Games Legacy has been channeled through the Spirit of 2012 initiative to create a sustainable physical activity programme to support the objectives of getting the least active people in Scotland more active, and use physical activity to improve health, wellbeing and social cohesion. A successful bid from the Active Highland strategy group saw a partnership of delivery by Step It Up Highland and High Life Highland to deliver (respectively) additional health walks targeted at older people and those living with long term conditions, and dance leader programmes targeted at teenage girls.</p> <p>A summary of activities shows:-</p> <ul style="list-style-type: none"> • Six new health walk groups - Mallaig and District, Spean Bridge, Invergarry, Raigmore Rusties, Kinmylies Lodge, Maggies Centre • Over 60 new walkers, age range from mid 20's to 91 • 24 new volunteer walk leaders • Nearly 90 new people are now involved in health walks either as volunteers or walkers

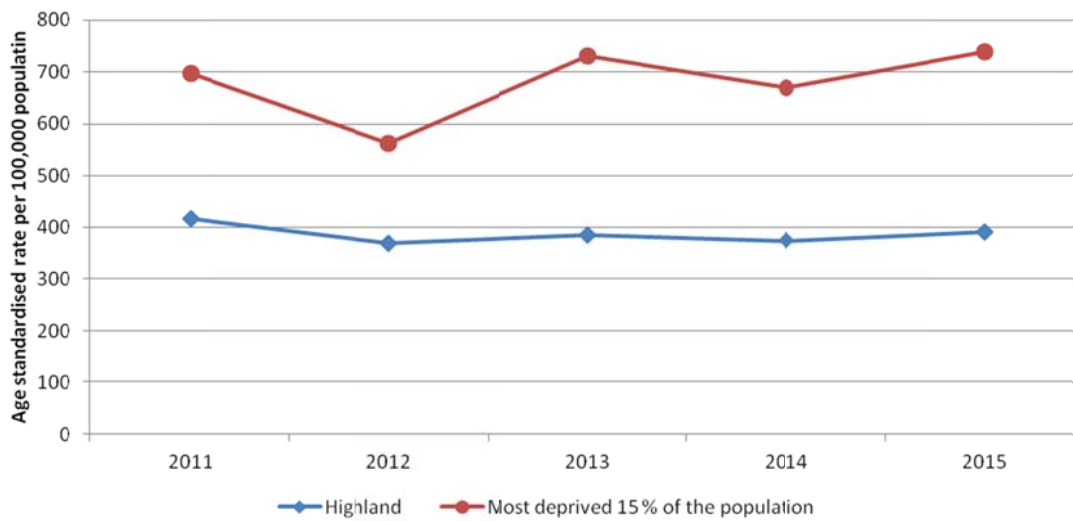
	<ul style="list-style-type: none"> • 15 dance leader courses delivered • 119 new level 1 dance leaders • 21 new level 2 dance leaders • 300 plus beneficiaries now have access to peer led activities <p>Key things that came out of this were around the following: engagement (and maintaining engagement); successful targeting; establishing and re-establishing connections, and linking individuals and groups together; volunteering; reducing isolation and loneliness; addressing key transition stages; strengthening community capacity; individual confidence; progression routes. These element encompass all of the Active Highland outcomes; making this an excellent example of the strategy in action. There is also further potential to link more to things like community sports hubs, intergenerational activities, and further rolling out of the impact across communities.</p>
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4. Progress on Delivery Plan indicators

Indicator – Gap in life expectancy of the most 15% deprived in Highland and the average life expectancy (Target – Reduction)

Overall the age-standardised mortality rate in those aged less than 75 years reduced by 5% between 2011 and 2015. The mortality rate in the most deprived 15 percent of areas in Highland, however, increased by 12 percent over the same period. The relative gap in premature mortality remains about 80 percent higher in the most deprived areas. Over the five year period there was an average of 72 deaths a year in those aged less than 75 years living in the most deprived areas in Highland. If the Highland average mortality rate had applied in these areas there would have been 30 fewer deaths a year.

• **Figure 2: Under 75s age-standardised death rates for all causes, Highland and Highland most deprived 15 percent , 2011 to 2015**



Data source: NRS Vital events files, NRS Small Area Population Estimates and SIMD2016 – standardisation HIKT, NHS Highland

Indicator – Rate of emergency admissions to hospital per 100,00 in the most 15% deprived and the average rate of admissions in Highland (Target – Reduction)

This high level indicator should demonstrate the outcome of improved partnership working between the acute, primary and community care sectors. This includes work to improve health and wellbeing through a wide range of approaches and early interventions, work to reduce accidents and improve safety in the home, work focussed on reducing the incidence of particular health conditions and work on providing support for carers.

Patients from deprived areas are known to use hospital care differently. The main trend displayed is greater use of emergency care in our deprived populations. For example, there are more problems relating to mental health, use of drugs and alcohol and complications in pregnancy and childbirth. A larger proportion of admissions for these conditions are not planned in advance.

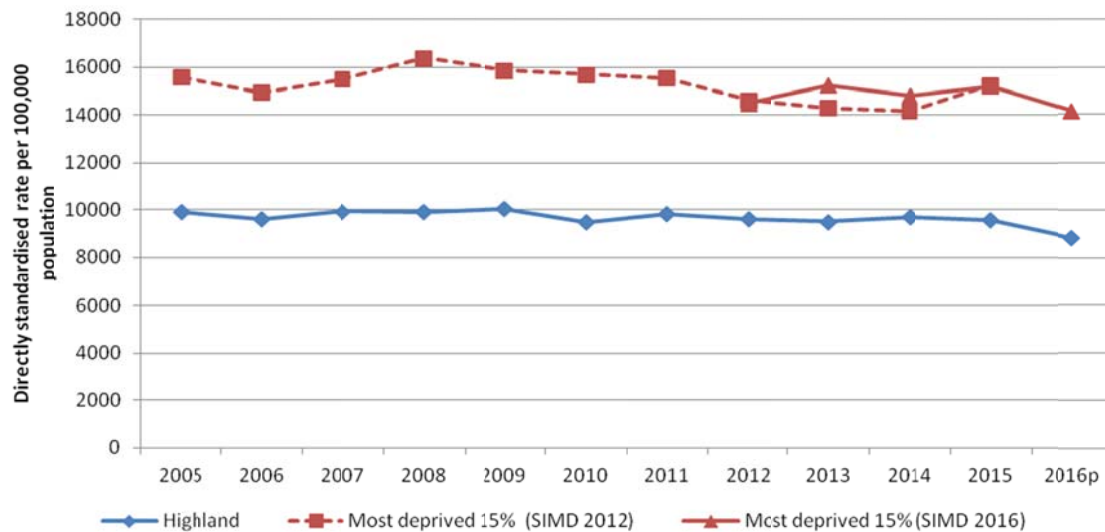
The emergency admission rate is strongly related to patient age and rates have therefore been age-standardised to the European Standard Population (2013). Rates of Emergency admissions rise with increasing age group from 10-14 onwards, with patients aged 85+ having 11 times more emergency admissions per 100,000 than 15-19 year olds and 7 times more than 45-49 year olds.

Many emergency admissions to hospital are avoidable and growth in the numbers would be a sign that the rest of the health and social care system may not be working properly.

Making sure that patients are treated in a timely manner and people are looked after in an appropriate setting are essential to reducing emergency hospital admissions.

The overall rate of emergency admission has reduced by just over 3 percent in Highland over this period with a decrease of nearly 8 percent in our areas in the most deprived 15 percent of national deprivation. However, the rate of emergency admission in our most deprived area remains over 50 percent higher.

• **Figure 3: Age-standardised emergency admission rate per 100,000 population, Highland and Highland most deprived 15 percent , by financial year end 2004 to 2016**



• Data source: SMR01, NRS Small Area Population Estimates, SIMD2012 and SIMD2016 – standardisation HIKT, NHS Highland

Indicator – Percentage of communities with a community council (Target – Increase) (Provided by Highland Council)

148 community councils are currently in operation in Highland out of 154 (96% of communities). This is down slightly from 97% at the same point in September 2015. Elections were held for all Community Councils in November 2015, however it has proved challenging to establish Community Councils in all communities across Highland.

Indicator – Percentage voter turnout at Scottish Parliamentary elections (Target – Increase) (Provided by Highland Council)

Turnout for the last two Scottish Parliamentary elections in 2011 and 2016 for the 3 constituencies were:

Constituency	Percentage turnout 2011	Percentage turnout 2016
Caithness, Sutherland and Ross-shire	52.1%	58.6%
Inverness and Nairn	52.8%	57.8%
Skye, Lochaber and Badenoch	56.2%	61.6%
Overall turnout	53.7%	59.3%

Indicator – Percentage of children in P1 with no obvious dental decay (Target – Reduction)

Dental caries (decay) and periodontal (gum) disease are very common and largely preventable and are therefore considered widespread public health issues. The relationship between oral health and general health is well documented. Oral disease can have detrimental effects on a child’s health and long-term wellbeing and can impact significantly on school and other daily activities.

The National Dental Inspection Programme (NDIP) surveys each year in Scotland’s schools and provides information on trends in children’s oral health. A Primary 1 survey is undertaken every second year. Time trend data has not been published for Local Authority areas.

In 2014, 67.5% of children in Highland had no dental decay. This figure is comparable with Scotland (68.2 percent).

Trends in NHS Highland P1 children have shown an improving picture in the proportion with no dental decay, although the most recent 2014 survey shows no significant difference from 2012. This indicator will not be reported again until publication of the survey of the school year 2015-16.

Indicator – Percentage of new born children exclusively breastfed at 6-8 week review (Target – Increase)

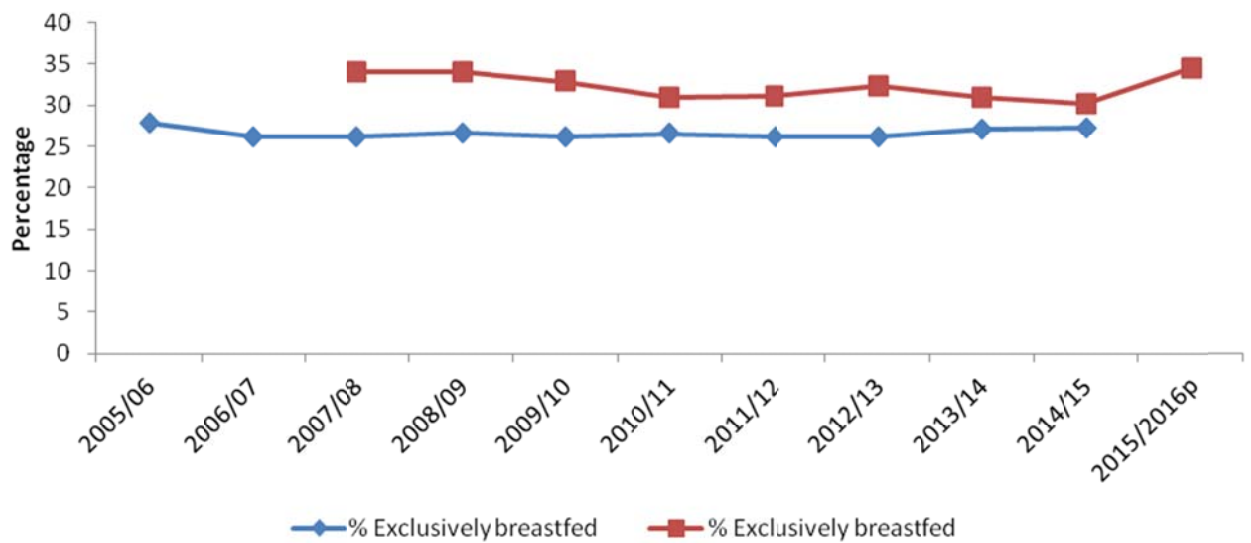
There is strong evidence of the short and long term health benefits of breastfeeding for both mothers and infants. Breastfed infants have a lower risk of infection, particularly those affecting the ear, respiratory tract and gastro-intestinal tract. Women who breastfeed have lower risks of breast cancer, epithelial ovarian cancer and hip fracture later in life.

The data presented below explores the proportion of women exclusively breastfeeding at 6-8 week review after birth. The period reported refers to the child’s date of birth. Data for children born in 2015-16 will be published by ISD in October 2016. The current figure for 2015-16 provided for Highland has been extracted from local systems. Highland implemented the Child Health Pre-School surveillance system in May 2007.

Currently about 34 percent of children are exclusively breastfed at the time of 6-8 week review in NHS Highland. However, the prevalence of exclusive breastfeeding at the 6-8 week review has remained relatively static in Highland and Scotland over recent years. Overall rates in Highland are higher than in Scotland

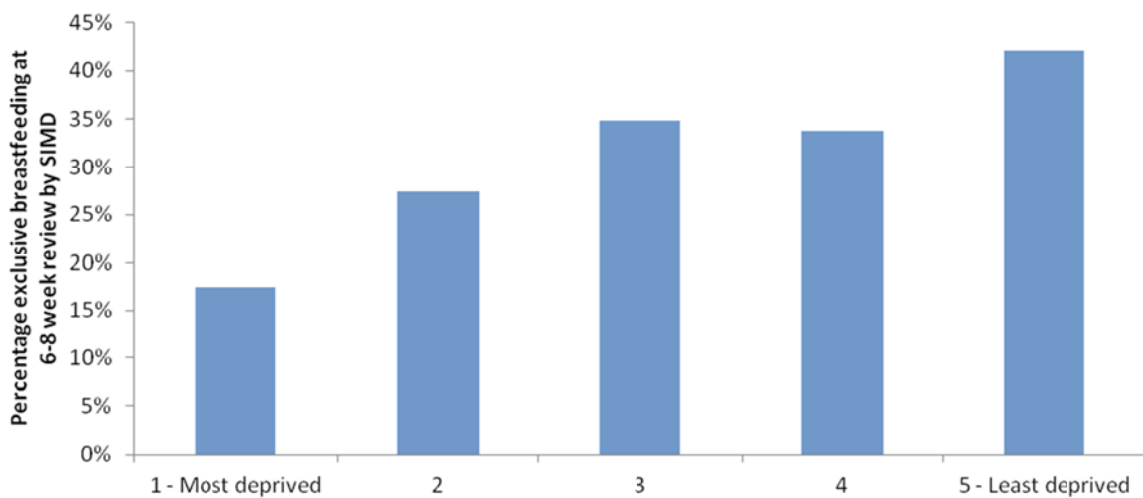
There is a clear association between breastfeeding and deprivation. Nearly 40 percent of mothers in the least deprived areas of Highland were exclusively breastfeeding at the 6-8 week review compared with less than 20 percent of mothers in the most deprived areas

• **Figure 4: Breastfeeding at the 6-8 week review by year of birth in Highland and Scotland (participating Boards)**



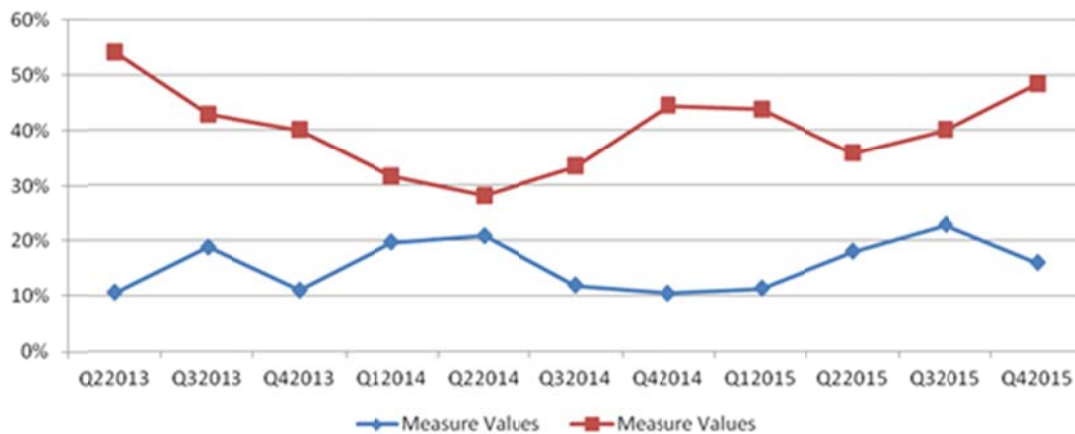
Data source: ISD

• **Figure 5: Exclusive breastfeeding at the 6-8 week review by SIMD2012 quintile – children born in the year 2015**



Data source: ISD

• **Figure 4: Exclusive breastfeeding at the 6-8 week review– children born in the year 2015 in the most and least deprived quintiles of deprivation (SIMD2012)**



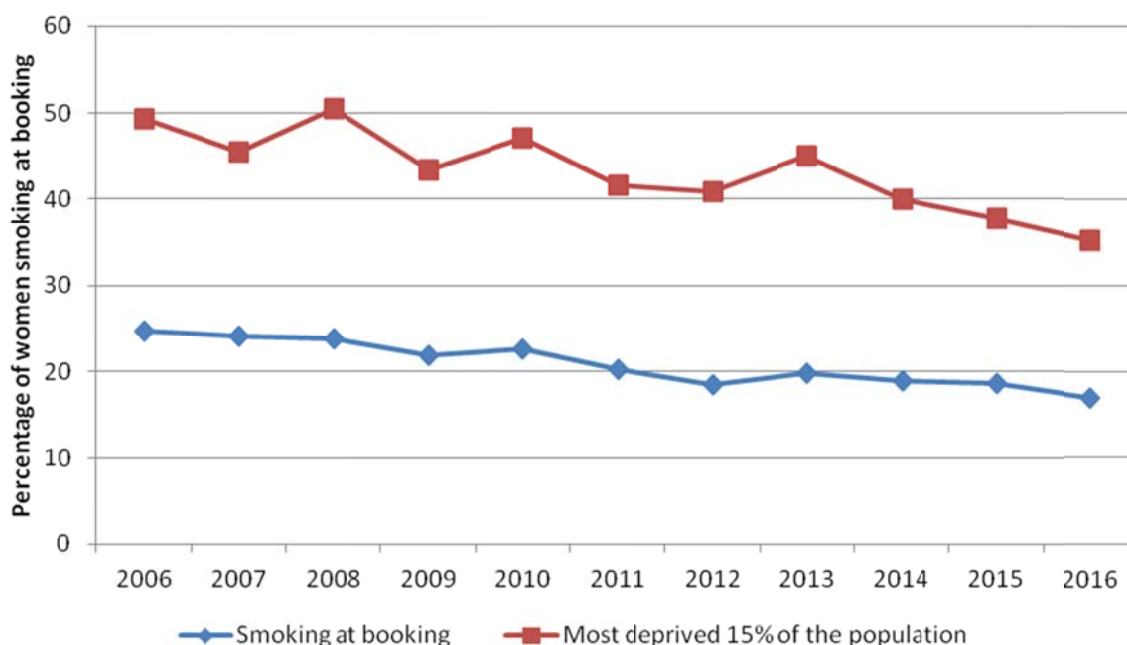
Data source: ISD

Indicator – Percentage of women smoking at first booking (Target – Reduction)

Smoking during pregnancy is harmful to both mother and baby. Maternal smoking is associated with preterm and/or low birth weight babies and with increased risk of miscarriage, stillbirth and Sudden Infant Death Syndrome (SIDS). It also increases the risk of the baby developing a number of respiratory conditions; attention and hyperactivity difficulties; learning difficulties; problems of the ear, nose and throat; obesity; and diabetes.

Smoking rates during pregnancy are lower than in the past. Currently 17% of women in Highland are recorded as smoking at the time of their antenatal booking. This still means that over 350 infants are born to mothers who smoked during early pregnancy each year in Highland. There are also marked differences between women of different ages and socio-economic groups in smoking behaviour in pregnancy. Infants born to smokers are much more likely to become smokers themselves, which perpetuates cycles of health inequalities.

• **Figure 6: Percentage of women smoking at antenatal booking in Highland by financial year end, 2006 - 2016**



Data source: Data extracted from SMR02 (Maternity Recording) and Scottish Index of Multiple Deprivation 2012 (areas in Highland in the most deprived 15 percent of data zones in Scotland)

Indicator – Percentage of pupils in S4 with 5 awards at SCQF level 5 and above (Target – Increase) (Provided by Highland Council)

Year	Percentage S4 pupils achieving 5 awards at level 5 based on the S4 roll
2016	42.11%
2015	39.24%
2014	40.9%

Indicator – Financial benefit to customers from the Council’s money advice and welfare rights service (Target – Reduction) (Provided by Highland Council)

Year	Financial benefit
2013/14	£1.635m
2014/15	£3.975m
2015/16	£4.015m

Indicator – Number of employers engaging with Healthy Working Lives (Target – Increase)

The way in which information is recorded on the national Healthy Working lives database has changed in the past year. This means that data for this year cannot be compared to last

year. Within the past 12 months, 792 workplaces in the NHS Highland area have accessed the range of services offered by the Healthy Working Lives programme. The majority of these are Small to Medium Enterprises (729). Information at Community Planning (local authority) level is not available.

Indicator – Number of recorded hate crimes (Target – Reduction)

Year	Recorded hate crimes
2013/14	146
2014/15	117
2015/16	135*

*Data is provisional management information as official statistics for 2015/16 have yet to be published.

Indicator – Number of dwelling fires per 10,000 (Target -Reduction)

Year	No. of accidental dwelling fires	Population estimate	No. of accidental dwelling fires per 10,000 population
2013/14	144	232,950	6.2
2014/15	161	233,100	6.9
2015/16	122	234,110	5.2

Indicator – Proportion of households in fuel poverty (Target - Reduction)

Households in fuel poverty (brackets = extreme fuel poverty) 2011-13		
<u>Household type:</u>	Highland Council area	Scotland
All households	50% (18%)	36% (10%)
Family households	39% (10%)	20% (4%)
Pensioner households	69% (28%)	54% (15%)
Adult-only households	35% (13%)	31% (9%)

Source: <http://www.gov.scot/Topics/Statistics/SHCS/keyanalyses/LAtables2013>

Households in fuel poverty (brackets = extreme fuel poverty) 2012-14		
<u>Household type:</u>	Highland Council area	Scotland
All households	55% (23%)	35% (10%)
Family households	41% (9%)	21% (4%)
Pensioner households	72% (36%)	51% (15%)
Adult-only households	45% (18%)	31% (9%)

Source: <http://www.gov.scot/Topics/Statistics/SHCS/keyanalyses/LAtables2014>

Indicator – Number of road users killed or seriously injured

Year	No. of road users killed	No. of road users seriously injured
2013/14	25	83
2014/15	15	65
2015/16	18*	63*

*Data is provisional management information as official statistics for 2015/16 have yet to be published.

Indicator – Number of allotments (Target - Increase) (Provided by Highland Council)

Year	Number of allotments
2012/13	8
2013/14	9
2014/15	9
2015/16	9

Acknowledgements

With grateful thanks to:

- Ian Douglas, Public Health, NHS Highland

- Alison Clark, Highland council
- Susan Birse, Public Health, NHS Highland
- Margaret Brown, Public Health, NHS Highland
- Sgt Judy Hill, Police Scotland
- Antony Gardiner, Scottish Fire and rescue Service
- Dan Jenkins, Public Health, NHS Highland
- Karen MacKay, Public Health, NHS Highland
- Helen Sikora, Public Health, NHS Highland
- Jane Chandler, Public Health, NHS Highland