

Highland Community Planning Partnership

Health Inequalities and Physical Activity Theme Group

Annual Report, September 2017

1. Introduction

Health inequalities are the unfair and avoidable differences in people's health across social groups and between different population groups.

They represent thousands of unnecessary premature deaths every year in Scotland, and for men in the most deprived areas nearly 24 fewer years spent in 'good health'.

This is unfair because these health inequalities do not occur randomly or by chance, but are socially determined by circumstances largely beyond an individual's control. These circumstances disadvantage people and limit their chance to live a longer, healthier life.

Health inequalities are avoidable because they are rooted in political and social decisions. There is widespread agreement that the primary causes of health inequalities are rooted in the political and social decisions and priorities that result in an unequal distribution of income, power and wealth across the population and between groups.

This can lead to poverty and marginalisation of individuals and groups. These fundamental causes also influence the distribution of wider environmental influences on health, such as the availability of good quality housing, work, education and learning opportunities, as well as access to services and social and cultural opportunities.

The wider environment in which people live and work then shapes their individual experiences of, for example, low income, poor housing, discrimination and access to health services. This all results in unequal and unfair distribution of health, ill health and early death.

The overall health of the Scottish population is continuing to improve, along with a decline in the death rate. However, the gaps between those with the best and worst health and wellbeing still persist and some are widening.

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.

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 2016/17 as part of the transition from the Single Outcome Agreement to the Highland Outcome Improvement Plan, the health inequalities theme group has supported development of the new community partnerships through contributing to the community partnership toolkit, completing some additional work in relation to targeting areas for action on inequalities in Badenoch and Strathspey and development of an inequalities tool to support community partnerships to ensure that local plans are targeted to reducing inequalities.

A number of partnership sub groups reports to the health inequalities theme group, including the equality and diversity group, the fuel poverty group, the welfare reform group and the Active Highland group. Although partnership work on health and homelessness has continued the health and homelessness working group has been in abeyance for most of the year. Information on the progress that has been made within these sub groups is captured in the table in section 3 below.

Following changes to the structure of the CPP and development of the community partnerships, the health inequalities theme group considered the future role of the group and how it can support the long term goal of reducing inequalities. The group recognised the need for ongoing discussion and review but captured the following in relation to the possible role of an inequalities group in future:

- Support community partnerships to focus on inequalities through review of 'inequality proofing' local plans
- Support the CPP on evidence and measurement of inequalities
- Identify and respond to emerging inequalities issues
- Provide a link between the CPP and national strategies and action plans

- Identify and cascade evidence and learning on inequalities
- Take forward actions that are required to be progressed at a pan Highland level
- Co-ordinate relevant sub groups and ensure reorting to the CPP and community partnerships

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>Targeting partnership action in Badenoch and Strathspey Under the Community Empowerment Act, the CPP is required to develop locality plans for smaller areas where there are significantly poorer outcomes. Following consideration of information from the Socio Economic Performance Index and the Scottish Index of multiple Deprivation, each of the community partnerships were given information on which localities in their area were likely to experience poorer outcomes.</p> <p>Badenoch and Starthspey were the only community partnership where no localities were identified within the analysis undertaken. The health inequalities theme group led on some additional work to provide Badenoch and Strathspey with some information on which to base discussions about targeting partnership action. As a result, a summary of this work indicated that communities within Aviemore, Grantown on Spey and Newtonmore were likely to experience the poorer outcomes within the Badenoch and Starthspey area.</p> <p>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. As with the previous years, the focus is on supporting smokers in the most deprived areas. NHS Highland was to achieve 430 successful 3 month quits in the 40% most deprived areas in Highland an increase of 22% from last year. During the past year the 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, the early year's teams to target pregnant women, young mothers and their partners, prison staff to support prisoners, money advice service to support those struggling financially and work with mental health staff to target service users. A weekly smoking cessation clinic has now been introduced in Inverness prison. Drop in sessions with hospital outpatients and in known</p>

	<p>areas of deprivation have also helped to reach those who are harder to reach. 293 successful 3 month quits in the 40% most deprived areas in Highland were achieved, and the throughput has remained consistent over the past 2-3 years. The service also provides a ‘cut down’ programme and support to people using e-cigarettes. This is an important part of getting people engaged in a quit attempt but the activity does not count towards the overall target Uptake of this kind of support in areas of deprivation is relatively high.</p> <p>Community Pharmacy also delivers a smoking cessation service and is well placed to deliver the service in areas of deprivation. Pharmacies receive ongoing training from Public Health. They are currently piloting the Florence text messaging service with their smoking clients in an effort to improve their 3 month quit rates and the completeness of information about smoking status.</p> <p>Smoking Prevention</p> <p>The Smokefree Homes and Cars initiative which encourages individuals to sign up to a pledge to restrict where they smoke, to reduce the risk of second hand smoke for their family and friends, continues and is particularly aimed at those living in areas of deprivation. This initiative is delivered in partnership with Fire Scotland. The Smokefree sports initiative continues with local youth football teams. The project has evaluated positively and it is hoped to engage other local sports clubs to adopt the scheme.</p> <p>Smoking in pregnancy</p> <p>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. All community midwives in Highland have now been trained and carry their own CO monitors.</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>Participation Requests and Asset Transfer Requests</p> <p>The Community Empowerment Act required public bodies to develop processes for communities to make requests for transfer of assets and to participate in a process to improve outcomes. In an effort to ensure that these processes were made as straightforward as possible for communities, a series of meetings and workshops for partners were held into 2016 to ensure that the community planning partners were able to share information and good practice in relation to development of these processes and that wherever possible partners adopted a shared approach to setting up processes for participation requests and asset transfer requests.</p>

	<p>Social Prescribing</p> <p>There has been growing interest in social prescribing in Scottish policy and practice and Scottish Government has sponsored some work to test out social prescribing using a link worker approach in GP practices that are based in some of the most deprived areas in Scotland. ‘Social prescribing’ means different things to different people but its key components include meeting social, practical or emotional needs through referrals to services or support provided outside the health sector.</p> <p>Different approaches have been adopted to try to encourage social prescribing, with more intensive support that relies on a link worker model likely to be more successful than just ‘signposting’ patients to relevant services. Following publication of the Chief Medical officer for Scotland’s annual report on ‘Realistic Medicine’, which advocates for person centred care a shift in the balance of power from practitioners to patients, there has been renewed interest in developing social prescribing work in Highland. The health inequalities theme group undertook some initial work to scope out and explore the possibilities around developing social prescribing in Highland. As a result, some a resource has been drafted to provide information on social prescribing to anyone who might be interested in it and a proposals are being developed for a pilot social prescribing scheme in Highland.</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 in 2015 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 indicated that where a woman has received support from an infant feeding support worker, they are more likely to continue breastfeeding. Annual statistics released from ISD have shown an increase in exclusive breastfeeding in NHS Highland for the first time in around 10 years and we believe a lot of this can be attributed to the fantastic work underway at community level by the infant feeding support workers</p>

	<table border="1"> <caption>Percentage Data (2010-2016)</caption> <thead> <tr> <th>Year</th> <th>Exclusively breastfed (%)</th> <th>% reviews not returned (%)</th> </tr> </thead> <tbody> <tr> <td>2010</td> <td>32</td> <td>8</td> </tr> <tr> <td>2011</td> <td>30</td> <td>11</td> </tr> <tr> <td>2012</td> <td>31</td> <td>16</td> </tr> <tr> <td>2013</td> <td>31</td> <td>13</td> </tr> <tr> <td>2014</td> <td>30</td> <td>14</td> </tr> <tr> <td>2015</td> <td>31</td> <td>17</td> </tr> <tr> <td>2016</td> <td>34</td> <td>15</td> </tr> </tbody> </table>	Year	Exclusively breastfed (%)	% reviews not returned (%)	2010	32	8	2011	30	11	2012	31	16	2013	31	13	2014	30	14	2015	31	17	2016	34	15
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<p>Income inequality is reduced</p>	<p>European Social Funds</p> <p>The Highland Council and HOE are the lead agencies for a number of programmes funded by European Funds. Throughout the last year, progress has been made on three main programmes of activity. Multiagency efforts support the projects, including development of key milestones and development of monitoring and reporting arrangements.</p> <p><u>Tacking Poverty and Promoting Social Inclusion</u></p> <p>Under this priority three funds have been developed for communities/social enterprises to apply to. Aspiring Communities fund, Social Enterprise Growth fund and Social Innovation Fund. To date all funds have experienced a lack of good quality applications from the Highlands & Islands area. HIE is working with the relevant Scottish Government Teams and local partners to address this by delivering information webinars for staff and interested organisations, as there is further rounds of funding planned.</p> <p><u>Move On: Intensive Support Services</u></p> <p>“Move ON” takes an early intervention approach and focuses intensive support services to targeted individuals, tailoring support to address needs and prevent repeat reactive engagement with public services. The approach targets individuals who face multiple barriers, including those with mental health conditions and those in receipt of family interventions. Individuals are usually known to services but tend not to engage until they reach crisis point. This programme of work aims to provide a proactive approach which overcomes or prevents crisis and sustains improvement.</p> <p><u>Preventing Poverty and increasing Financial Capability</u></p> <p>This programme of work involves a preventative approach to poverty, with the key aim being that families receive all appropriate entitlements, that any debt issues are explored and that the client is empowered to manage their financial matters. The programme aims to use early years or school settings to target families at risk of from poverty and financial exclusion</p>																								

Social exclusion is reduced

Equality tool for Community Partnerships

The Equality and Diversity sub group have developed a tool to help community partnerships 'inequality proof' their local plans. A simple checklist, the tool is designed to support community partnerships to sense check their local plans, ensuring that they target action to reduce inequalities and not inadvertently widen the inequalities gap.

Equality Outcomes

Listed public bodies are required to develop and publish a set of equality outcomes to cover the period 2017-2021 under the Scotland specific duties of the Equality Act 2010. Throughout the past year, the Equality and Diversity sub group have developed a refreshed set of equality outcomes. These have been developed by drawing on reviews of individual partner outcomes set in 2013 and through engagement with stakeholders throughout 2016. This included a number of partnership events that culminated in an engagement event in January 2017. This event saw representatives from key equalities groups in Highland come together to discuss and contribute to development of a shared set of equalities outcomes across the partnership. These are:

- Increase the diversity in leadership and workforce participation
- Identified groups have improved experience of accessing services and information
- Identified groups of children and young people will benefit from improved access to mental health services and support
- People better recognise and understand prejudice-based incidents and hate crimes and feel confident reporting them
- In Highland, all individuals are equally safe and respected, and women and girls live free from all forms of violence and abuse and the attitudes that help perpetuate it
- As a community planning partnership, work towards addressing socio-economic disadvantage as set out in the Highland Outcome Improvement Plan

Hate Crime

The Equality and Diversity sub group continue to promote the Hate Free Highland Campaign, which has been recently reviewed by the group. The group are now progressing the refresh of Third Party Reporting Centres. Existing TPROs have been contacted to ensure they are aware that they are a TPRO for Hate Crime and to confirm that they wish to continue in the role. Positive responses have been received so far. Refresher training for the TPROs is also being planned for later in the year to ensure that their knowledge of hate crime and their understanding of their role and responsibilities is up to date.

Police Scotland is currently leading on the 'I am Me' and 'Keep Safe' initiatives to introduce the schemes in Highland. This involves distributing cards to people who may feel vulnerable; an App; and identified 'safe

places'. The group are supporting Police Scotland with this work which involves:

Identifying and recruiting 'Keep Safe' locations

Promote the Keep Safe initiative

Consultation and Engagement

In order to develop the equality outcomes above and inform the Hate Crime work the group has carried out joint engagement activities and shared feedback from stakeholders. An example of the is the Tackling Hate Crime in Highland event that took place on 31st October 2016, which was jointly planned and facilitated by Police Scotland, the Highland Council, NHS Highland and Highlands and Islands Enterprise. The purpose of the event was to increase knowledge and awareness of hate crime and hate incidents and to develop priorities and actions for a partnership hate crime action plan in Highland. Representatives from third party reporting organisations, community and equality groups and equality leads from public authorities attended. This consultation led to a joint equality outcome with Police Scotland, the Highland Council and Highlands and Islands Enterprise focused on hate crime. Joint engagement is set to continue to deliver the equality outcomes and monitor progress.

The group have also shared and developed responses to Scottish government consultations, for example the consultation on the national British Sign Language Plan and the new socio-economic duty. Both new policies will see public authorities take on new duties: NHS Highland and the Highland Council will have to develop and publish their own BSL Plans by October 2018 and public authorities will have new duties to consider socio-economic status in the decisions they make.

Training

A new equal opportunities and diversity course being developed across NHS Highland and the Highland Council. The new course has been run several times with positive feedback and facilitators have been recruited and trained. It is hoped that this training will also be open to the voluntary sector and other relevant groups and organisations next year, rather than for NHH or THC staff only.

Stonewall Diversity Champion Programme

Work to progress LGBT equality in Highland is also being led by the group. This has involved a joint meeting with Stonewall to establish a LGBT network across Highland and an LGBT Allies programme. Both areas of work offer the opportunity for innovation and different approaches that are required in remote/rural areas.

Reachout campaign on loneliness

A growing body of evidence reveals that in addition to being distressing, social isolation and loneliness puts people at greater risk of health issues

	<p>such a depression, heart disease, high blood pressure and dementia. By contrast, meaningful friendships and social networks can have a protective effect on health and wellbeing.</p> <p>In 2015 the Scottish Parliament Equal Opportunities Committee inquiry into social isolation and loneliness concluded the issue was a significant problem in Scotland and should be considered alongside issues like poverty and poor housing. They suggested individual citizens, public services and the Scottish Government take collective responsibility for improving the situation.</p> <p>Over the past year the Highland CPP adopted tackling loneliness and social isolation as a breakthrough achievement and a campaign aimed at raising awareness of loneliness and getting individuals, groups and organisations to pledge to do something to tackle loneliness was launched.</p> <p>A campaign website and social media was developed and campaign highlights over the past year include weekly promotion and stories in local newspapers, a launch event in Drakies Primary school, an endorsement of the campaign from Shona Robinson, Cabinet Secretary for health and wellbeing, promotion of the campaign by Ross County football club and the many pledges that were made by individuals, groups and organisations throughout the year.</p>
<p>The physical environment in which people live, work and play is improved</p>	<p>Fuel Poverty</p> <p>The Affordable Warmth Partners group has continued to meet over the past year to progress work on fuel poverty. Throughout the year, the group have responded to a number of Scottish Government consultations and announcements in terms of:</p> <ul style="list-style-type: none"> • The review of the energy efficiency standard for social housing • The introduction of regulations for the energy efficiency of private sector housing • The introduction of the Scottish energy efficiency programme aimed at domestic housing • The redefinition of fuel poverty <p>The partnership group worked with the Director of Public Health for NHS Highland to develop a briefing on fuel poverty for the community partnerships. The partnership has also developed the 'Save Energy at Home Factsheet' into different languages.</p> <p>The pilot project in Sutherland hospitals continue. This project sees patients being offered a referral to Home Energy Scotland as part of their discharge process. Work to improve the process and increase participation has been undertaken, resulting in the scheme being introduced as part of admissions protocols as well as discharge protocols. Work is underway to extend the project to selected community health teams.</p>

	<p>Home Energy Scotland delivers awareness raising sessions in hospital outpatients clinics and health and wellbeing hubs. The information sharing agreement for use with community health teams has been developed and a fuel poverty event is planned for Sutherland later in the year. Additional work has been undertaken to identify flu clinics where fuel poverty and energy efficiency advice can be offered.</p> <p>Work to support the cluster of programmes under the Highland Home Energy Efficiency Programme (HEEPs), Scottish Governments initiative to tackle fuel poverty, continues.</p> <p>A referral arrangement is in place with Highland Council's welfare and benefits support service and work is underway to explore how links with Highland Council maintenance officers can be improved.</p> <p>COBEN - Four areas have been selected to take part in a pilot project to develop local energy plans in the Highlands and Islands Enterprise region as part of the Community Benefits of Civic Energy (COBEN) project, including Drumnadrochit. The COBEN project aims to support a whole system approach where communities' energy generation, energy efficiency, heat, storage and future usage needs are considered together. The areas will now develop local energy plans which will set out key priorities and opportunities, taking into account the views and priorities of a range of stakeholders, including communities and businesses, the local authority, the Distribution Network Operator and local generators.</p> <p>The plans will make recommendations and suggest practical projects with the aim of complementing current and future energy system developments.</p> <p>Health and Homelessness</p> <p>Work has been undertaken to develop a multiple needs approach for interagency procedures for people who are homeless or at risk of homelessness. They set out a joint approach to identifying and supporting individuals and families to prevent and resolve homelessness and health issue through co-ordinated multi agency discussion and action to support sustainable outcomes for some of our most vulnerable people.</p>
<p>More people will become more active more often</p>	<p>Green Health Partnership</p> <p>Local Green Health partnerships are an area based strategic intervention being developed as part of the "Our Natural Heritage" Action Programme led by Scottish Natural Heritage. Supported by both health and environmental portfolios in Scottish Government, this programme seeks to up-scale and mainstream approaches to increasing physical activity and improving mental health and wellbeing through engagement with the natural environment.</p> <p>SNH is facilitating the establishment of up to five partnerships across urban and rural Scotland, targeting areas experiencing high levels of inactivity, health inequalities and other aspects of disadvantage. Building on existing</p>

green exercise activity and practice in each area, Local Green Health Partnerships will pilot and demonstrate the benefits of this approach through local co-ordinated cross-sectoral action between health, social care, environment, sport and active travel sectors.

A Green Health partnership group has now been set up in Highland to develop proposals for submission to SNH to secure three year funding to develop a programme of work in Highland.

Active Highland

The Active Highland strategy was approved by the CPP Board earlier this year. Following approval work was undertaken to engage with communities in Highland to inform development of priority actions. A community engagement plan was developed and a number of events and meetings were organised with a range of stakeholders and community groups to help shape an action plan for implementing the strategy. An online survey was also developed and promoted to individuals and groups through existing partner networks.

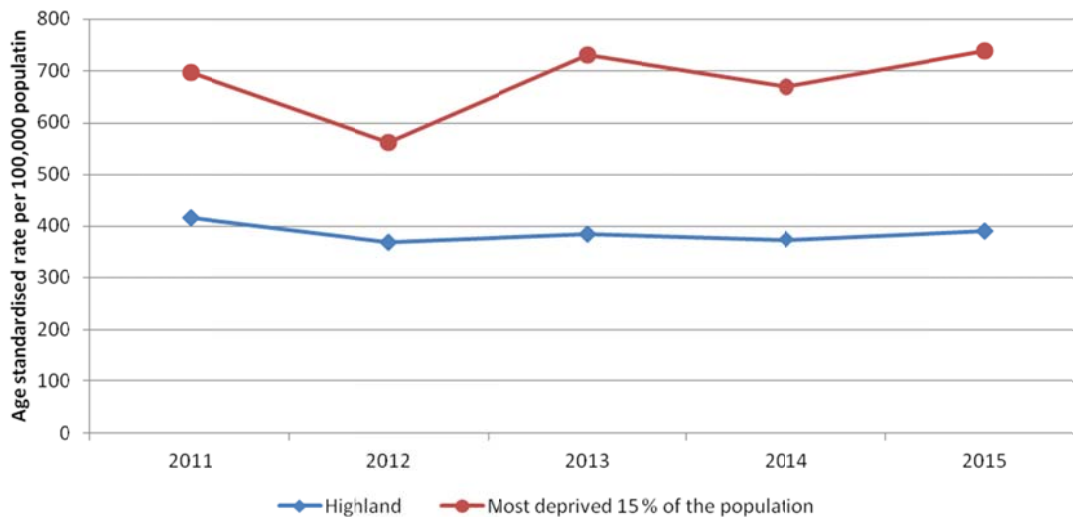
Stakeholder and community engagement took place between March and July 2017. A total of 182 individual and group responses were received from the online survey and the various events that took place. Feedback from the engagement work informed development of the Active Highland action plan which focuses on eight priorities or 'game-changers'. The action plan will go to the CPP Board for approval in October 2017.

4. Progress on Delivery Plan Indicators

Updated information and data for delivery plan indicators are outlined below.

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

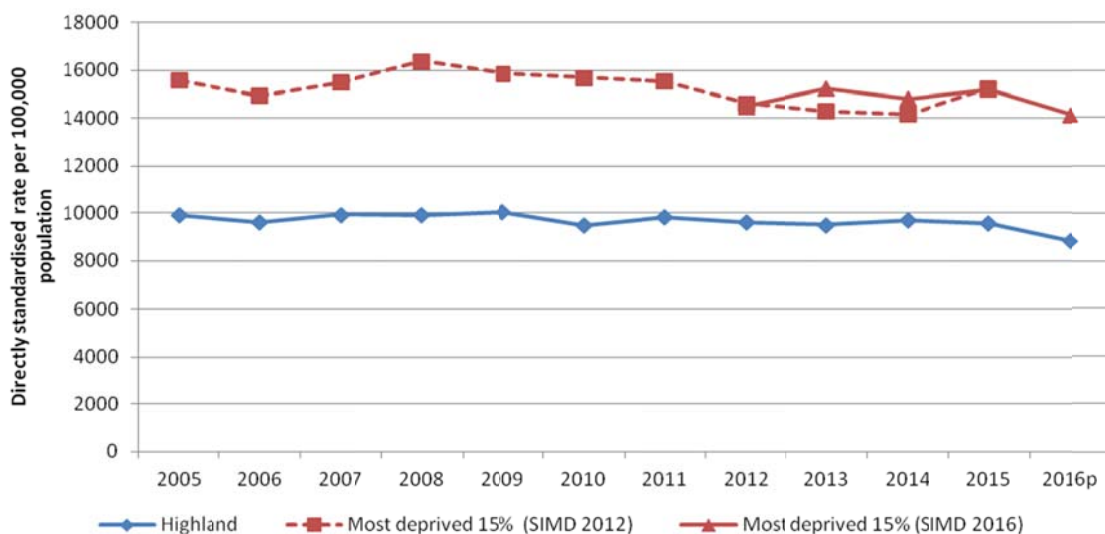
- Figure 1: Under 75s age-standardised death rates for all causes, Highland and Highland most deprived 15 percent , 2011 to 2015



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)

- Figure 2: 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)**

Year	Percentage of communities with a community council
2015	97%
2016	96%
2017	95%

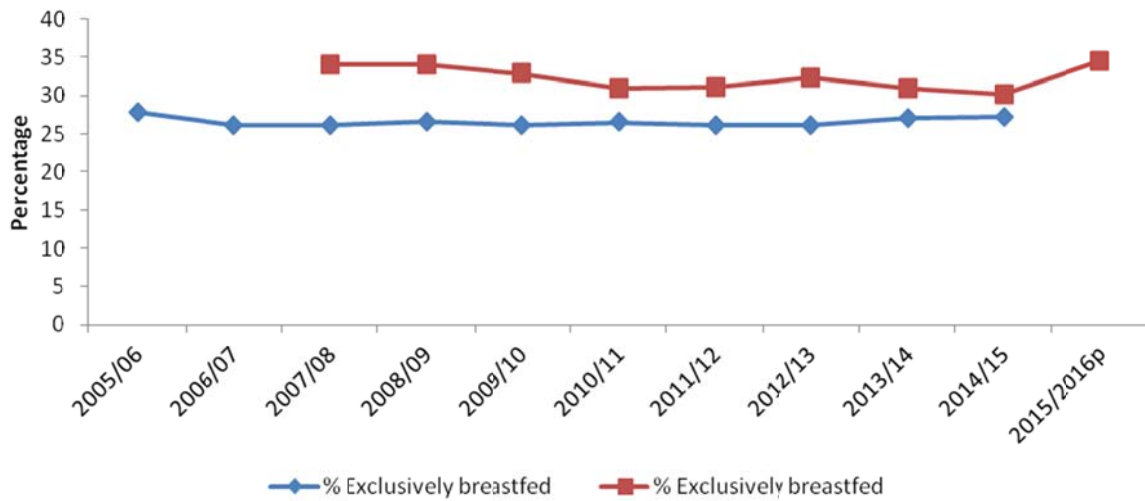
Indicator – Percentage voter turnout at Scottish Parliamentary elections (Target – Increase) (Provided by Highland Council)

Constituency	2016	2011
Caithness, Sutherland and Ross	58.6%	52.1%
Skye, Lochaber and Badenoch	61.5%	56.2%
Inverness and Nairn	57.8%	56.2%

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

	Highland	Scotland
2012	70.2%	67%
2014	70.1%	68.2%
2016	69.4%	69.4%

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



Data Source: ISD

NB Data for 2016/17 will not be published until October 2017

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



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)

NB Data for 2017 has not yet been published

**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
2014	40.9%
2015	39.24%
2016	42.11%
2017	59.0%

Highland Council is ranked 14/32 nationally

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

Year	Financial benefit
2013/14	£1.635m
2014/15	£3.975m
2015/16	£4.015m
2016/17	£4.65m

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

MEASURE	Accessing	Training	Total
2015/16	791	39	830
2016/17	757	30	787

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

Year	Recorded hate crimes
2013/14	138
2014/15	137
2015/16	158
2016/17	126

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
2016/17	152	234,770	6.5

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

Households in Fuel Poverty (brackets = extreme fuel poverty)						
Household type:	2011-2013		2012-2014		2013-2015	
	Highland	Scotland	Highland	Scotland	Highland	Scotland
All	50% (18%)	36% (10%)	55% (23%)	35% (10%)	56% (21%)	34% (9%)
Families	39% (10%)	20% (4%)	41% (9%)	21% (4%)	38% (10%)	20% (4%)
Older people	69% (28%)	54% (15%)	72% (36%)	51% (15%)	74% (34%)	49% (14%)

Source:

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

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

<http://www.gov.scot/Topics/Statistics/SHCS/keyanalyses/LAtables2015>

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*

*Final figures for 2015/16 will not be available until October 2017

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
2016/17	12

Acknowledgements

With grateful thanks to:

- Ian Douglas, Public Health, NHS Highland
- Alison Clark, Highland Council
- Anne MacDonald, HIE
- Evelyn Johnson, Highland Council
- Susan Birse, Public Health, NHS Highland
- Margaret Brown, Public Health, NHS Highland
- Sgt Judy Hill, Police Scotland
- John MacDonald, 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
- Hilary Parkey, Highland Council
- Cheryl MacIver, Highland Council