

Agenda Item	5.
Report No	CPPB/6/25



Highland
Community
Planning
Partnership

Com-pàirteachas
Dealbhadh
Coimhearsnachd

na Gàidhealtachd

Highland Community Planning Partnership Board – 6 June 2025

Health Inequalities

Report by: Tim Allison, Director of Public Health

Summary

This report presents the Annual Report of the Director of Public Health which this year focuses on health inequalities. It also presents local work on the approach to reducing health inequalities including reporting metrics.

1. Background

1.1 Tackling health inequalities is an important task for Community Planning Partnerships including in the work of Outcome Improvement Plans. Information on health inequalities has previously been presented to the CPP board, but this is now being prepared in a more systematic format. Also, the Director of Public Health's latest annual report has a focus on health inequalities.

2. Public Health Annual Report

2.1 The report this year sets out information about the health and wellbeing of people in Highland and Argyll and Bute and focuses on health inequalities. It has already been presented at the Highland Community Planning Partnership Conference in Strathpeffer on 25 April. The report starts with information about the overall health of the population including people's life expectancy and how things have changed over several years. Then there is a chapter about health inequalities, what they are and how they affect local people. This is followed by a section about ways of tackling health inequalities. The remainder of the report consists of chapters looking at different groups of people or different factors that relate to health inequalities including chapters on children, on vaccination, on the effects of alcohol and on under-represented groups. The report is not a comprehensive review of health inequalities but is intended to generate action which will tackle this important priority for NHS Highland and its partners. There are recommendations for action which are designed to help all agencies work to reduce inequality. The recommendations from the report were accepted by the board of NHS Highland.

3. Health Inequalities Working Group

3.1 A short life working group was set up to develop the approach to tackling health inequalities within Highland CPP. The work has included mapping local work across to the areas of focus for the Collaboration for Health Equity in Scotland (CHES) which is linked to the work led by Sir Michael Marmot. A draft set of indicators has also been developed for use within Highland CPP to report on

and monitor health inequalities. These are set out in the appendix and the Board is asked to approve them as a basis for further reporting.

Recommendation

The Board is asked to:

- i) Note the Report of the Director of Public Health and its recommendations
- ii) Note the work on health inequalities and approve the indicators as a basis for future reporting to the Board

Author: Tim Allison

Date: 28 May 2025

Appendices:

The Public Health Annual Report can be found at:

[Annual Report of the Director of Public Health 2024 - Health Inequalities](#)

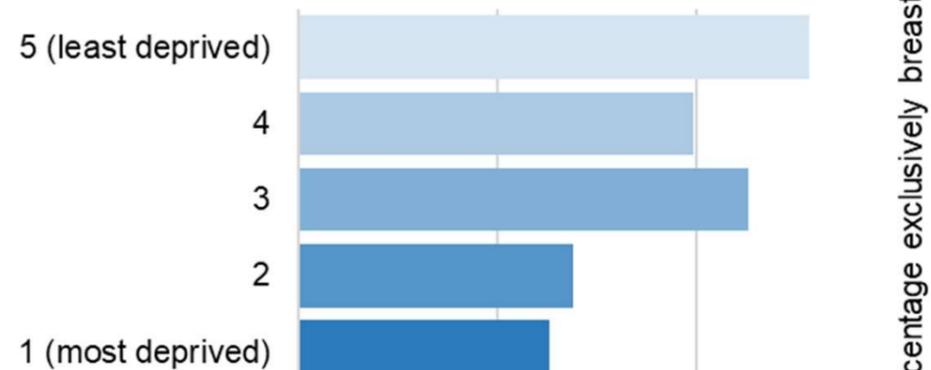
The following pages show the list of indicators developed by the group and a potential way that they could be presented.

Marmot principle	Indicator	Notes
Overarching indicators	Life expectancy	Key indicator, available annually
	Deaths, under 75 years	Key indicator, available annually
Give every child the best start in life	Babies exclusively breastfed at 6-8 weeks	Early source of inequalities
	Developmental concerns at 27-30 months	Key priority
	Children in low income families/child poverty	Key drive of inequality
Enable all children, young people and adults to maximise their capabilities and have control over their lives	S4 tariff score	Measure of school leaver attainment
	Annual participation (in education, training or employment) measure for 16-19 year olds	Key measure
	Working age adults with low or no educational qualifications	Inclusion of a measure of adults
Create fair employment and good work for all.	Employment rate for 16-64 year olds	Key measure
	Number of apprenticeships	Links to HOIP
	Average wage rates	Measure of fair employment
Ensure a healthy standard of living for all	Households with temporary accommodation	Focus on housing
	Homelessness	Focus on housing
	Percentage individuals in poverty	Key measure
Create and develop healthy and sustainable places and communities	Active travel to school	To include something on physical activity
	Crime rate	Overall crime measure
	Adults rating neighbourhood as a very good place to live/adults feeling safe	Survey responses
	Access to open space	Place measure
Strengthen the role and impact of ill health prevention	Alcohol-related deaths or admissions	Strong inequalities
	Drug-related deaths	Strong inequalities
	Bowel screening uptake	Preventative service
	Smoking attributable deaths	Smoking still major cause of preventable deaths
	Adult healthy weight	Population health framework priority for Scotland
Tackle racism, discrimination and their outcomes	Probable suicide deaths	Strong inequalities
	Adults experiencing discrimination in past year	Survey response
	Gender pay gap	Key measure
Pursue environmental sustainability and health equity together	Hate crime/domestic abuse	Need development
	Air quality	Most relevant measure

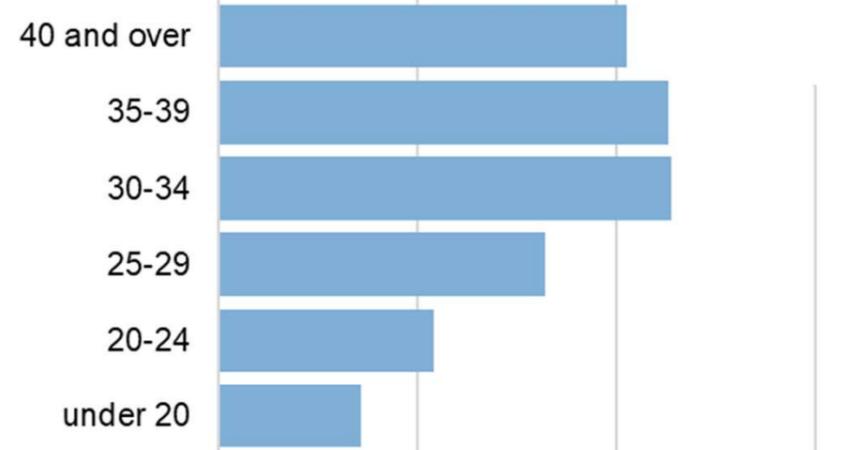
28 indicators

1) By different characteristics (2023/24)

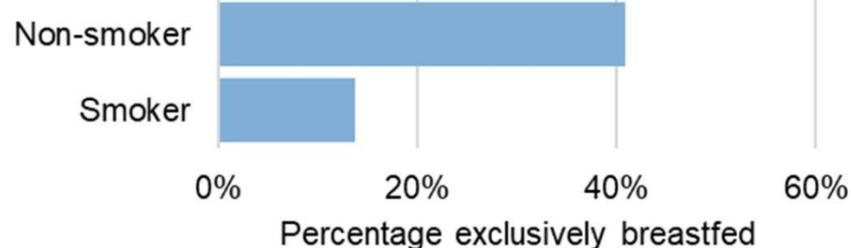
a) SIMD quintile



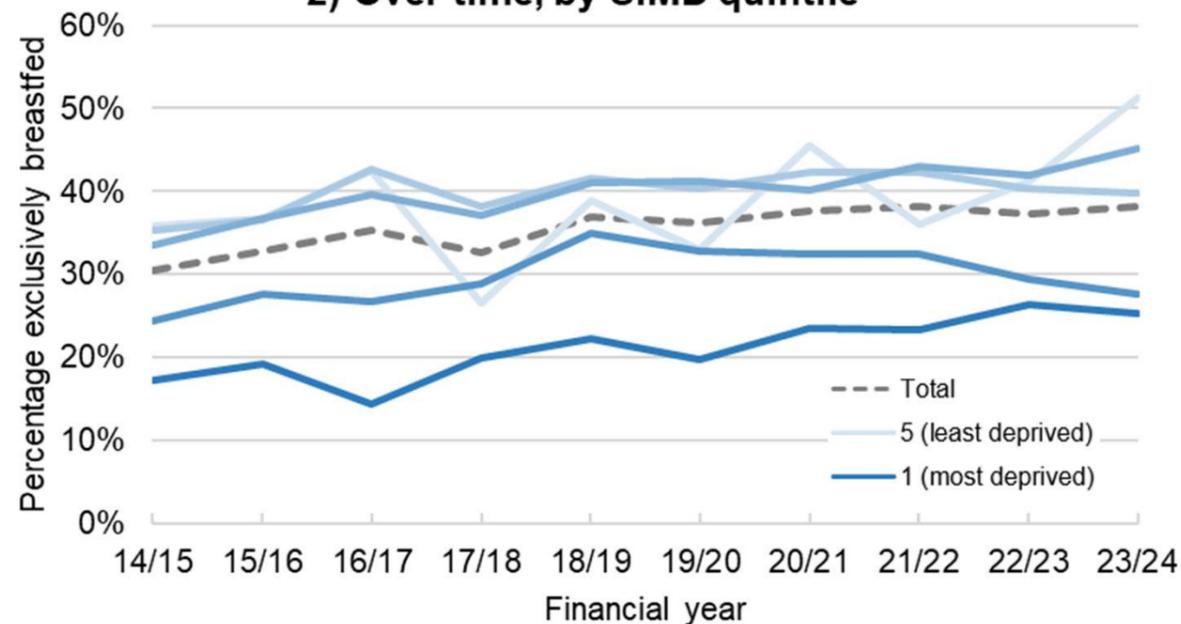
b) Age band



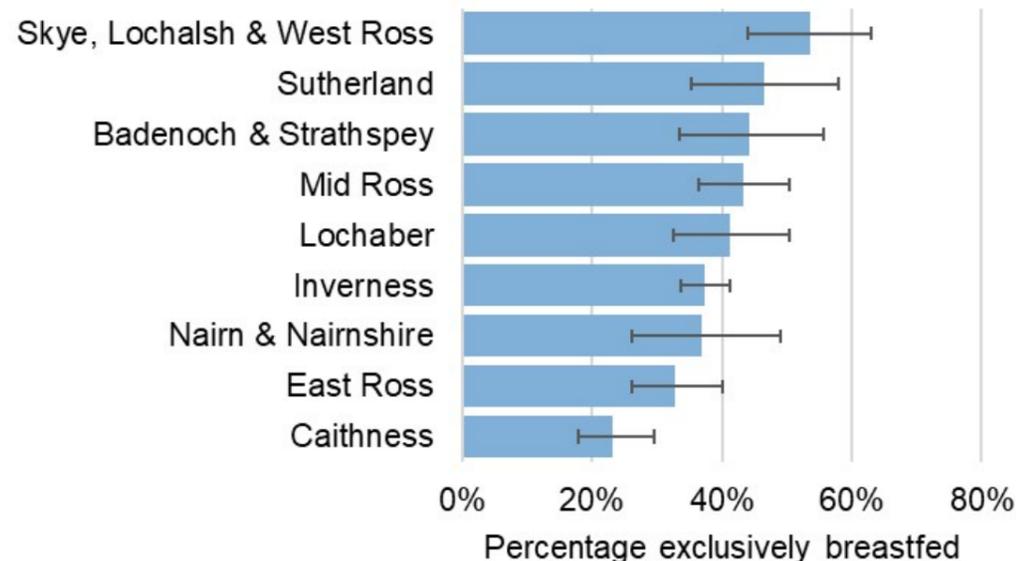
c) Smoking status



2) Over time, by SIMD quintile



3) By locality (2021/22 to 2023/24)



Rationale: Breastfeeding, where possible, is desirable as it provides an infant with balanced nutrition and maternal antibodies which provide protection from infections, as well as promoting attachment between the infant and mother. It is recommended that infants are exclusively breastfed until eight months age. This measure is taken at the 6–8 week health visitor review.

Inequalities: 38.1% babies were exclusively breastfed in Highland at 6-8 weeks in 2023/24 compared to 32.9% in Scotland.

Exclusive breastfeeding rates at 6-8 weeks have gradually increased over time in Highland (2) but remain lower amongst those living in the most deprived areas (1a), for younger mothers (1b) and amongst smokers (1c).

The rate of exclusive breastfeeding in Caithness (23.2%) was less than half of that in Skye, Lochalsh and West Ross (53.7%) in 2021/22 to 2023/24 (3).

Sources: 1,2: Public Health Scotland infant feeding data <https://www.opendata.nhs.scot/dataset/infant-feeding>

3: Scottish Public Health Observatory https://scotland.shinyapps.io/ScotPHO_profiles_tool/ Error bars represent 95% confidence interval

Further information: <https://publichealthscotland.scot/publications/infant-feeding-statistics/> <https://www.who.int/health-topics/breastfeeding>