

Agenda Item	6.
Report No	CPPB/23/25



Highland
Community
Planning
Partnership

Com-pàirteachas
Dealbhadh
Coimhearsnachd

na Gàidhealtachd

Highland Community Planning Partnership Board – 5 December 2025

Health Inequalities

Report By: Jennifer Davies, Director of Public Health

Summary:

This report provides an update on the work of the CPP Health Inequalities Short Life Working Group to develop a dashboard with a suite of indicators to support the CPP to monitor health inequalities. The report asks the Board to contribute to refining and improving the dashboard and scheduling of future monitoring reports on health inequalities.

The Board is asked to:

- Note the progress to develop a data dashboard to monitor health inequalities
- Commit to providing contributions to further refine and develop the dashboard
- Commit to supporting stakeholder engagement activity to refine the dashboard and identify how health inequalities are considered in the wider CPP structure

1. Background

Health is shaped by experiences throughout life, in the conditions in which people are born, grow, live, work and age. Health inequalities are unfair differences in health experienced by different groups of people. Scotland's new Population Health Framework aims to improve life expectancy and reduce the gap in life expectancy between those living in the most deprived areas compared to the average. Tackling health inequality requires actions on the wider determinants of health and wellbeing, including reducing poverty, supporting fair work, building strong communities and a strong education sector. This requires the range of public services locally to come together with other key stakeholders to plan and implement joined-up approaches and services. Community Planning Partnerships are well placed to deliver a co-ordinated and purposeful response to reduce health inequalities.

The Institute for Health Equity highlight that reducing health inequity requires action on eight key objectives. These are referred to as the Marmot Principles. They are to:

- give every child the best start in life

- enable all children, young people and adults to maximise their capabilities and have control over their lives
- create fair employment and good work for all
- ensure a healthy standard of living for all
- create and develop healthy and sustainable places and communities
- strengthen the role and impact of ill health prevention
- tackle racism, discrimination and their outcomes
- pursue environmental sustainability and health equity together

2. Introduction

Community Planning Partnerships have a key role in reducing health inequalities through collective leadership and shared accountability and cross-sectoral collaboration. The Highland Outcome Improvement Plan (2024-2027) vision is to: 'Maximise Opportunities and Tackle Inequality to Build a Thriving Highlands For All'. A thriving Highland depends on reducing unfair and avoidable differences in health experienced by different groups of people.

The CPP Board asked the Director of Public Health to lead on work to develop a dashboard of indicators that will allow the CPP to better understand health inequalities in Highland, identify areas of need for action and monitor health inequalities. A Short Life Working Group was set up to take this work forward.

This report provides an update on the work to develop a dashboard and suite of indicators to monitor health inequalities.

3. Dashboard development

At the start of each section, a summary of each Marmot Principle is provided including evidence-based actions for reduction of health inequalities in that area. Broad areas for improvement in health inequalities area outlined after the introduction.

Indicators were initially scoped using the Scottish Public Health Observatory Population Health profiles, the UK population health framework and with reference to indicator sets to monitor and evaluate Marmot Places. In addition, access deprivation, which is particularly relevant across the remote and rural geography of much of Highland, was added. Indicators were then selected for inclusion in the report based on:

- the availability of data for Highland council area
- their relevance for reducing health inequalities in Highland
- the evidence of need for improvement

- coverage of each Marmot Principle
- having a limited number of indicators for each Marmot Principle

Two sentinel indicators; premature mortality and life expectancy at birth, provide a high-level overview of health inequalities. Feedback on the indicators selected was sought from partners prior to completion of the current report. Gaps in availability of indicators was acknowledged as appropriate.

The rationale for choosing each indicator is outlined in the report along with the most up to date data at time of compilation, broken down by relevant and available characteristics such as geography, Scottish Index of Multiple Deprivation (SIMD) quintile and sex.

As well as an introduction, indicators are preceded by two information pages intended to support the CPP, one covering key concepts in tackling health inequalities and another on SIMD and its use in understanding health inequalities in Highland.

4. Next steps

To date there has been engagement from a relatively small number of people to develop the dashboard and suite of indicators. Contributions from partners is required to refine and develop the report, including feedback from 'topic experts' within partner organisations.

It will be important to understand how the dashboard will be used to drive partnership activity to tackle health inequalities. It is proposed that further work is undertaken to map the final suite of indicators with the CPP subgroups. The SLWG are preparing a stakeholder engagement plan that aims to:

- develop strategic awareness of the dashboard and buy in from partners
- gather technical feedback on the suite of indicators
- map the suite of indicators against the outcome measures in the CPP's wider delivery structure
- understand how the dashboard will be used across the CPP structure to drive development and implementation of partnership plans and activities to tackle health inequalities

Indicators in the dashboard are updated annually or less frequently, but at different times of the year. Further work is required to determine the timeframe for updating the data for each of the indicators and look at how this can align with other scheduled reporting to the CPP Board.

In developing the dashboard, the SLWG have considered the need for an ongoing technical advisory group on health inequalities to undertake work that is currently not in the system in relation to driving work on health inequalities. This includes providing support for the

wider CPP structure to develop ways of working to move the dial on health inequalities, coordinating ongoing development of the dashboard and producing monitoring reports in line with an agreed schedule of reporting to the Board.

Recommendation

The Board is asked to:

- Note the progress to develop a data dashboard to monitor health inequalities
- Commit to providing contributions to further refine and develop the dashboard
- Commit to supporting stakeholder engagement activity to refine the dashboard and identify how health inequalities are considered in the wider CPP structure

Author: Jennifer Davies, Director of Public Health

Date: 05 December 2025

Appendices: Indicator report on Health Inequalities



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Highland Community Planning Partnership

Indicator report on health inequalities

Prepared by NHS Highland Public Health Intelligence team

5th December 2025

Introduction (Page 3)
Data notes (Page 3)
Tackling Health Inequalities (Page 4)
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- Deaths, under 75 years
- Life expectancy

1. Give every child the best start in life (Page 10)

- Babies exclusively breastfed at 6-8 weeks
- Developmental concerns at 27-30 months
- Children in poverty

2. Enable all children, young people and adults to maximise their capabilities and have control over their lives (Page 14)

- School leaver attainment
- Annual participation (in education, training or employment) measure for 16 -19 year olds
- Working age adults with low or no educational qualifications

3. Create fair employment and good work for all (Page 18)

- Employment rate for 16-64 year olds
- Number of apprenticeships
- Average wage rates

4. Ensure a healthy standard of living for all (Page 22)

- Homelessness
- Households with temporary accommodation
- Household in fuel poverty
- Percentage individuals in poverty
- Income deprivation

5. Create and develop healthy and sustainable places and communities (Page 28)

- Active travel to school
- Crime rate
- Adults rating neighbourhood as a very good place to live/adults feeling safe
- Access to open space
- Access deprivation

6. Strengthen the role and impact of ill health prevention (Page 34)

- Alcohol-specific deaths and admissions
- Drug-related deaths
- Bowel screening uptake
- Smoking attributable deaths and women smoking in pregnancy
- Adult healthy weight
- Probable suicide deaths

7. Tackle racism, discrimination, and their outcomes (Page 41)

- Adults experiencing discrimination in past year
- Gender pay gap
- Hate crime/domestic abuse

8. Pursue environmental sustainability and health equity together (Page 45)

- Air quality

Page links (Power BI only)

Introduction

Vision

The Highland Outcome Improvement Plan (2024-2027) vision is to:

'Maximise Opportunities and **Tackle Inequality** to Build a Thriving Highlands For All'.

A thriving Highland depends on reducing unfair and avoidable differences in health experienced by different groups of people, called health inequalities.¹

Understanding Health Inequalities

Health inequalities are **systematic, unjust and preventable**²⁻⁴. They arise from factors which are mostly beyond individual control such as:

- Place e.g. lower life expectancy experienced by those living in the most deprived areas
- Identity e.g. poorer health amongst those with learning disabilities.

The fundamental causes of health inequalities are the **unequal distribution of income, power, wealth and opportunity** which shape access to factors which determine health e.g.

- Quality education
- Safe housing
- Fair work and income
- Accessible healthcare

National direction: Scotland's Population Health Framework

Scotland's new 10-year framework⁵ aims to:

- improve life expectancy
- reduce the gap in life expectancy between the most deprived areas and the national average.

It calls for a shift in focus from treating illness to **preventing poor health**. Initial priorities for action are:

- tackling healthy weight
- embedding prevention in our systems.

Local action: The role of community planning

Community Planning Partnerships (CPPs) have a key role in reducing health inequalities through

- collective leadership and shared accountability
- cross-sectoral collaboration.

Purpose of this indicator report

This report aims to support Highland Community Planning Partnership to:

- identify areas of need for action
- monitor health inequalities in Highland.

Indicators are organised by the **eight Marmot principles**, which outline **evidence-based actions** to improve health and **reduce health inequalities**.⁶

References

1. Public Health Scotland. Health Inequalities <https://publichealthscotland.scot/population-health/social-and-economic-impacts-on-health/equity-and-justice/health-inequalities>
2. NHS Highland. Annual Report of the Director of Public Health, 2024 <https://www.nhshighland.scot.nhs.uk/media/ilcfnstz/annual-report-of-the-director-of-public-health-2024-health-inequalities.pdf>
3. Finch D., Wilson H. & Bibby J. 2023 Leave no one behind: The state of health and health inequalities in Scotland <https://www.health.org.uk/reports-and-analysis/reports/leave-no-one-behind>
4. Catalano A, Congreve E, Jack D, Smith K. 2024 Inequality Landscape: Health and Socioeconomic Divides in Scotland. Scottish Health Equity Research Unit <https://scothealthequity.org/2024-inequality-landscape/>
5. Scottish Government. Scotland's Population Health Framework <https://www.gov.scot/publications/scotlands-population-health-framework>
6. Institute of Health Equity. Marmot Places <https://www.instituteofhealthequity.org/taking-action/marmot-places>

Data notes

Health inequalities can arise across a wide range of population characteristics including those legally protected under the Equality Act 2010: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. Inequalities are also commonly observed across other factors such as income, socioeconomic deprivation, urban-rural classification, and island versus mainland location.

Data availability varies across characteristics, and are not consistently captured or published e.g. there are frequently gaps in data by ethnicity and for particular population groups. Where data are not available for Highland, data for Scotland have been presented.

To enable text to fit on the chart legends, acronyms have been used for two community partnership areas:

B&S Badenoch and Strathspey
SLWR Skye, Lochalsh and Wester Ross

Error bars represent 95% confidence intervals, unless stated otherwise.

Data relate to the population resident in Highland council area, unless stated otherwise.

Age-sex standardised rates are calculated using European Standard Population 2013. The following acronym is used.

ASR Age-sex standardised rate

Sources provided in brackets e.g. (1) relate to the data in figures.

Data provided are the most recently available at the time the report was prepared.

Marmot Places

Marmot places work with the Institute of Health Equity (IHE) to reduce health inequalities, by addressing the **social determinants of health** through the **eight Marmot principles**.¹ The IHE supports Marmot places to understand local health inequalities and codesign actions with communities.

Scotland has been designated a Marmot Place through the **Collaboration for Health Equity in Scotland (CHES)**. CHES works at a national level and with three local authorities (Aberdeen City, North Ayrshire and South Lanarkshire), with learning being shared from these areas.²

Proportionate Universalism

A key concept in reducing health inequalities is that of proportionate universalism, introduced in the Marmot review.³ It means that actions to improve health should be **universal**, but **scaled according to need**. In this way everyone can benefit, but those experiencing most disadvantage receive more support e.g.

- More intense activity in the most deprived areas
- Outreach in remote communities
- Adjustment to ensure equitable access for people with a learning disabilities or LGBTQ+ individuals

Targeting those living in the most deprived areas (e.g. by SIMD) is insufficient as many people experiencing disadvantage live outside these zones. Particularly in rural areas, higher costs of living and limited service access may compound disadvantage.

Health Impact Assessments

Health impact assessments (HIA) evaluate how a policy, strategy or service may affect population health, especially for vulnerable or disadvantaged groups.⁴ They systematically consider health impacts through their **socioeconomic determinants**, whether the proposed changes are directly health-related or not.

HIA can be conducted alongside **equality impact assessments**. If a proposal is likely to worsen health inequalities, it can be amended before implementation.

Health Inequalities Policy Review

Public Health Scotland health inequalities policy review⁵ identified three levels of action needed to address health inequalities:

- **Fundamental causes** - tackling inequity in power, money and resources e.g. minimum income for healthy living
- **Wider environmental influences** - ensuring the environment supports health equitably e.g. safe housing, access to nature, healthy food environments
- **Individual experiences** - mitigate individual disadvantage through targeted support e.g. early years intervention, culturally sensitive workforce, access to services

The review also calls for **robust evaluation** of interventions to add to the evidence base for effective interventions.

Scotland's Population Health Framework (PHF)

Scotland's PHF sets out an ambition to improve health and reduce health inequalities by refocusing on **prevention** of ill health and improving the **building blocks of health**.⁶ It identifies five areas for action:

- **Prevention Focused System** – Strengthen collective accountability
- **Social and Economic Factors** – Improve conditions that support health
- **Places and Communities** – Create healthy and sustainable environments
- **Enabling Healthy Living** – Reduce health harming behaviours
- **Equitable Health and Care** – Deliver equity, prevention and early intervention

Prevention of ill health

Three types of prevention are recognised within Public Health.⁷

- **Primary prevention** aims to stop health problems happening in the first place
- **Secondary prevention** focuses on early detection of a health problem for early treatment or harm reduction
- **Tertiary prevention** minimises the harm due to a health problem

Primary prevention is the most effective and cost efficient approach to improving health and reducing health inequalities. It requires action from across all sectors, not solely health and social care, to improve the building blocks of health. Examples include:

- Warm, dry, safe housing
- Reduction of poverty
- Workplace wellbeing initiatives
- Immunisation uptake

References

1. Institute of Health Equity. Marmot Places <https://www.instituteofhealthequity.org/taking-action/marmot-places>
2. PHS Collaboration for Health Equity <https://publichealthscotland.scot/population-health/environmental-health-impacts/collaboration-for-health-equity-in-scotland/background/>
3. Public Health Scotland. 2025 'Proportionate Universalism': what is it, and how do we apply it? <https://publichealthscotland.scot/publications/targeting-according-to-need-proportionate-universalism/>
4. Public Health Scotland. Health Impact Assessment <https://publichealthscotland.scot/resources-and-tools/health-strategy-and-outcomes/health-impact-assessment-hia>
5. Public Health Scotland <https://publichealthscotland.scot/publications/health-inequalities-policy-review/>
6. Scottish Government. Scotland's Population Health Framework <https://www.gov.scot/publications/scotlands-population-health-framework>
7. Public Health Scotland. Public health approach to prevention <https://publichealthscotland.scot/about-us/what-we-do-and-how-we-work/public-health-approach-to-prevention/what-is-prevention/>

Scottish Index of Multiple Deprivation (SIMD)

Scottish Index of Multiple Deprivation (SIMD)

Among the most well-documented health inequalities are those occurring by deprivation. SIMD is a key tool for understanding how determinants of health, such as **income, employment, education and access to services**, contribute to health outcomes.

SIMD ranks small areas called datazones. These are commonly grouped into quintiles:

- Quintile 1: the most deprived 20% of areas
- Quintile 5: the least deprived 20% of areas

The most recent version of SIMD, used throughout this report, was published in 2020.

Population of Highland by SIMD

National SIMD quintiles facilitate consistent comparisons across Scotland and help identify areas with the greatest health disadvantage. Highland has a lower proportion of people in both the most and the least deprived national quintiles compared to Scotland (1).

To better understand local inequalities and support meaningful comparisons between Highland communities, this report uses **local SIMD quintiles** where possible. This divides the Highland population into five equal groups based on the ranks of Highland datazones (2).

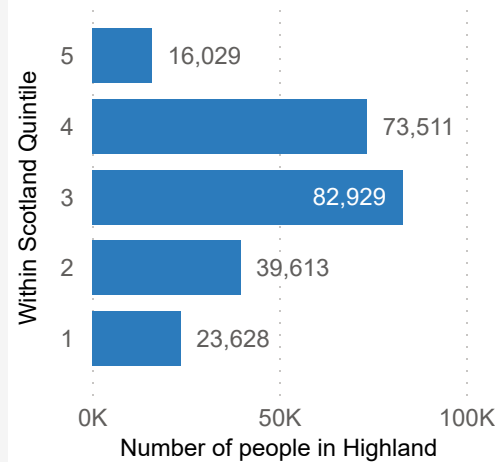
Community Partnership Areas by SIMD

- **Badenoch and Strathspey** has the **lowest** percentage of people living in the most deprived two SIMD quintiles, and with none in the most deprived quintile. It also has the highest proportion in the least deprived two SIMD quintiles (3).
- **East Ross** has the **highest** proportion of people living in the most deprived quintile, followed by **Caithness**.
- **Sutherland, East Ross and Caithness** have a similar proportion living in the most deprived two quintiles within Highland.

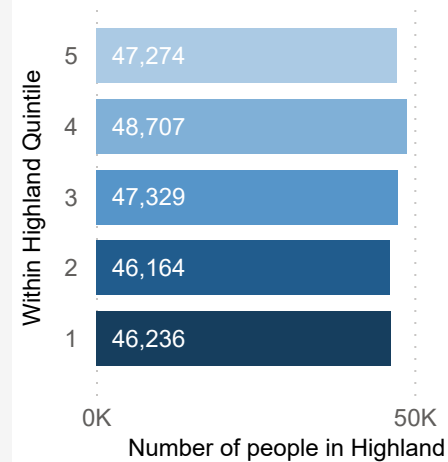
Interpreting SIMD in Highland

SIMD is an **area-based measure** of deprivation. It is important to recognise that:

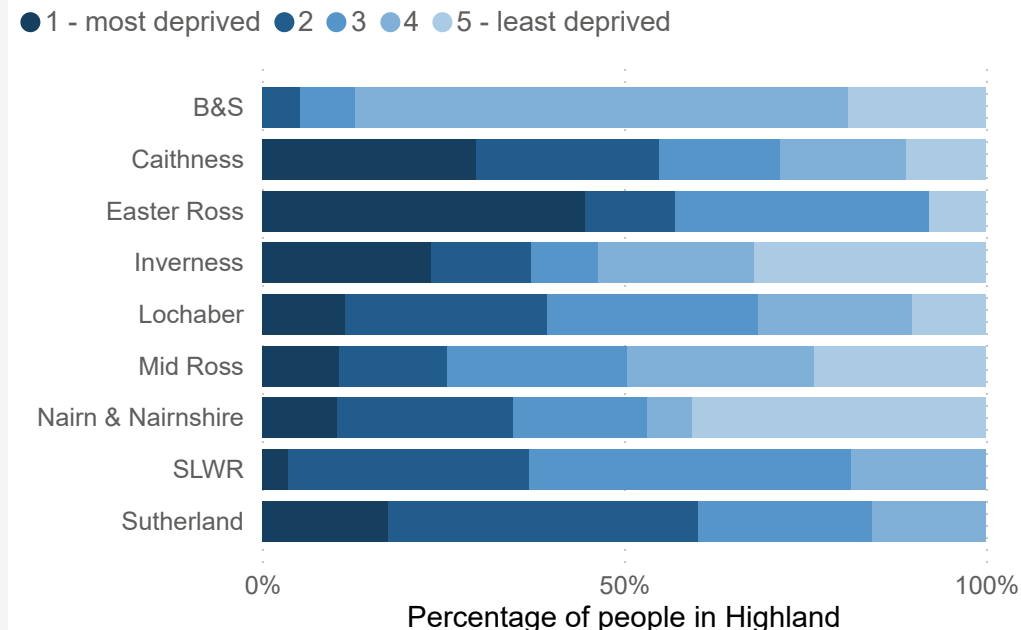
1) Population size by within Scotland SIMD quintile



2) Population size by within Highland SIMD quintile



3) Population size by within Highland SIMD quintile and Community Partnership area



- **not all individuals** living in the most deprived SIMD quintile experience deprivation
- **many individuals** experiencing disadvantage live outside the most deprived areas.

SIMD is effective at highlighting deprivation in small **urban** areas, where people tend to be of similar socio-economic status. **Rural** datazones, including much of Highland, are more mixed socioeconomically and are less likely to be amongst either the most or the least deprived. Although SIMD is useful for understanding patterns of inequality, **direct measures of personal circumstances** are more relevant for understanding individual need.

Sources

1,2,3) Scottish Government. Scottish Index of Multiple Deprivation, 2020

<https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/>

1,2,3) National Records of Scotland. 2022 mid-year estimates via Public Health Scotland

<https://www.opendata.nhs.scot/>

3) Public Health Scotland. Sub-HSCP geographies

<https://www.opendata.nhs.scot/>

Further information

Scottish Government. Scottish Index of Multiple Deprivation: rural deprivation evidence review and case studies

<https://www.gov.scot/publications/scottish-index-of-multiple-deprivation-rural-deprivation-evidence-review-and-case-studies/>

Fischbacher, CM. Identifying “deprived individuals”: are there better alternatives to the Scottish Index of Multiple Deprivation (SIMD) for socioeconomic targeting in individually based programmes addressing health inequalities in Scotland?

<https://www.scotpho.org.uk/media/1166/scotpho140109-simd-identifyingdeprivedindividuals.pdf>

Overarching indicators

Overview: Overarching indicators

Two **sentinel indicators** provide a high-level overview of and monitor health inequalities in Highland. The data emphasise the need to act to reduce local health inequalities.

Indicators

- **Deaths in those aged under 75** (premature mortality) is sensitive to deaths from preventable diseases which have causes rooted in underlying social factors
- **Life Expectancy at birth** is a headline measure of population health and inequality

Data gaps

Highland data were not available for **protected characteristics** (e.g. by ethnicity, disability, sexual orientation) other than by age and sex.

Healthy life expectancy is another commonly used overarching indicator but it is excluded here due to its delay in publication and the lack of availability of sub-council area data. It is a derivation from survey-based estimates of health status. National data show lower healthy life expectancy in those living in the most deprived areas and amongst males compared to females.

Monitoring Scotland's Population Health Framework

The Population Health Framework will be monitored using data in the Population Health Profile available from the Scottish Public Health Observatory (ScotPHO)

https://scotland.shinyapps.io/ScotPHO_profiles_tool/

The ScotPHO profile data are organised by the eight Marmot Principles and several indicators in this report are sourced from them.

Further reading

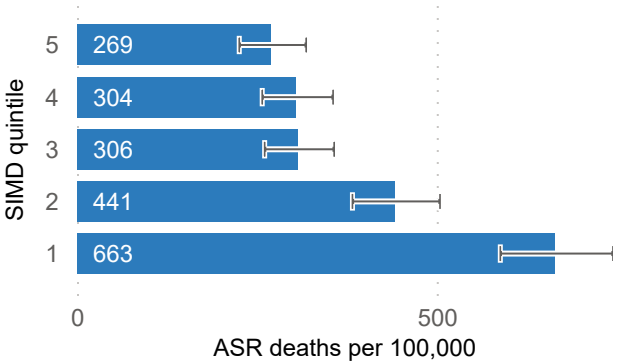
National Records of Scotland. Statistics and data

<https://www.nrscotland.gov.uk/statistics-and-data/births-deaths-marriages-and-life-expectancy/>

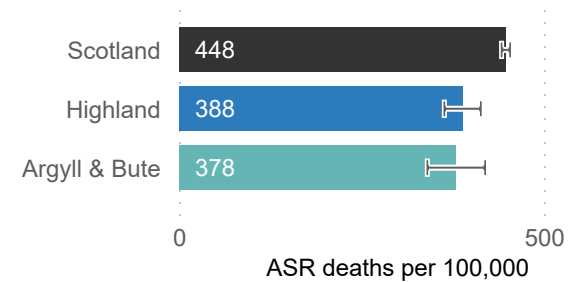
Deaths, under 75 years

Latest 3-year period
2021-2023

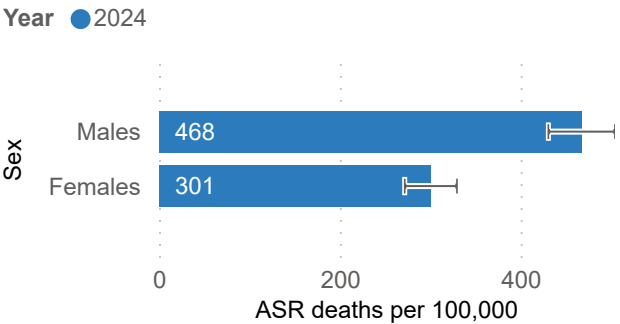
1) by SIMD (latest 3-year period)



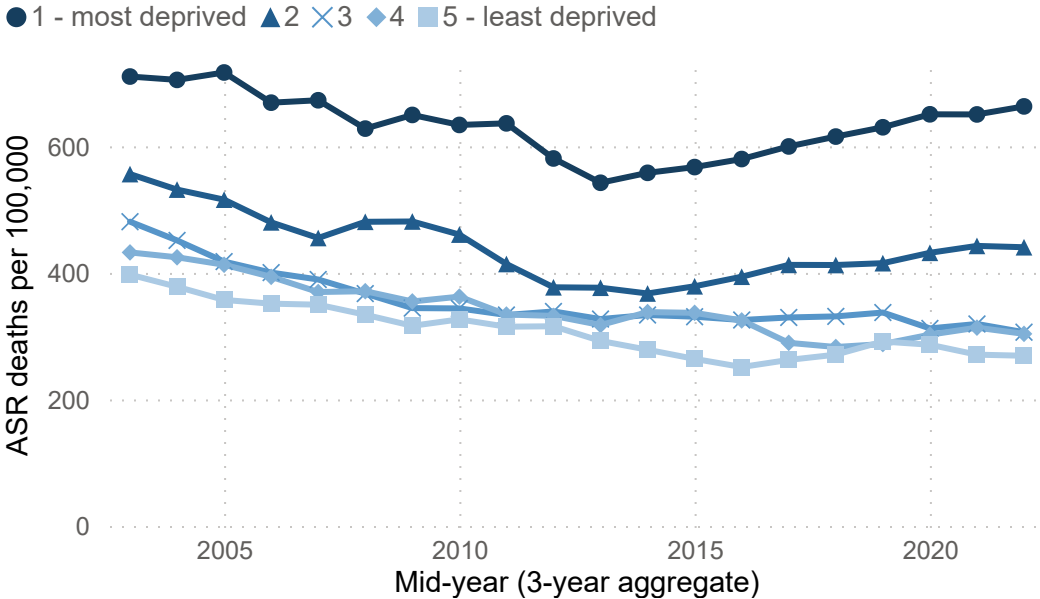
3) by area (latest 3-year period)



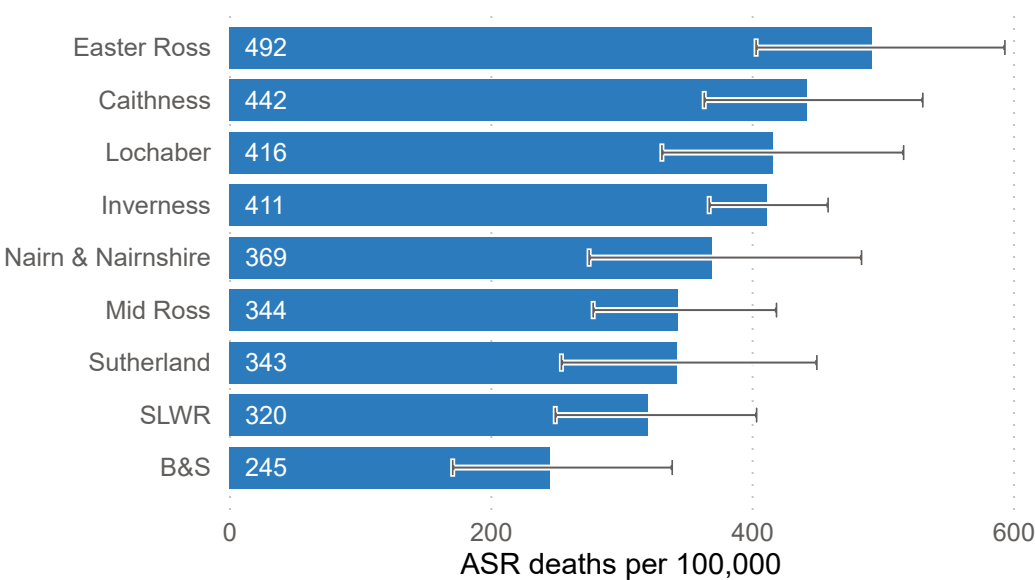
5) by sex (latest year)



2) by SIMD over time



4) by Community Partnership area, latest 3-year period



Rationale

Death (mortality) rates are a key indicator of population health. Mortality rates in those aged under 75 years provide a measure of premature mortality, which reflects the impact of preventable diseases and social factors on a population's well-being. Premature mortality has typically decreased over time but this stalled in Scotland (and the UK) around 2012, and this stalling has been linked to social and economic factors.

Highland Inequalities

Mortality rates in Highland improved (decreased) for all SIMD quintiles between 2002-2004 and 2012-2014. However, rates have increased over the past decade, particularly for those living in more deprived areas (2). In the latest year, premature mortality rates remain highest in the most deprived quintile and the lowest in the least deprived quintile (1, 2).

The overall Highland premature mortality rate is significantly lower than Scotland and comparable to Argyll & Bute (3). Across Highland, the lowest rate was in Badenoch and Strathspey and the highest was in Easter Ross (4). Male mortality rates under age 75 are significantly higher than female rates (5), a trend that is consistent over time.

Sources

1,2,3,4) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/
5) National Records of Scotland
<https://www.nrscotland.gov.uk/statistics-and-data/>

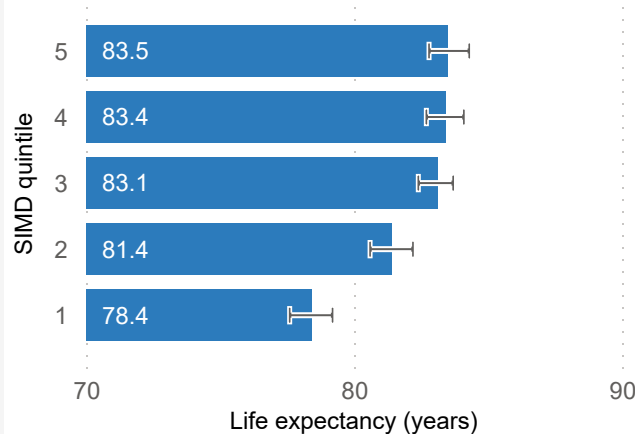
Further information

National Records of Scotland. Statistics and data
<https://www.nrscotland.gov.uk/statistics-and-data/births-deaths-marriages-and-life-expectancy/#>
Scottish Public Health Observatory. Stalling Mortality Trends
<https://www.scotpho.org.uk/population-dynamics/stalling-mortality-trends/key-points/>

Female Life Expectancy

Latest 5-year period
2017-2021

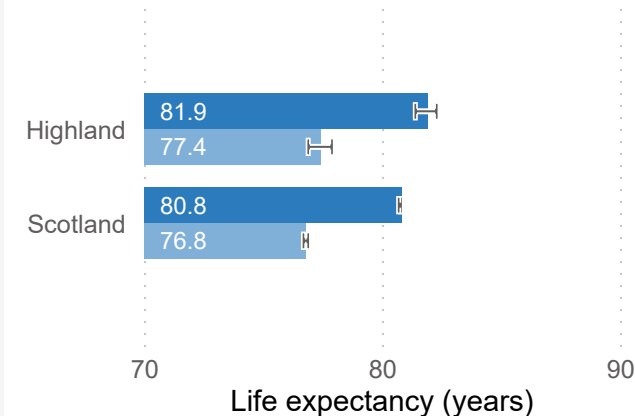
1) by SIMD (latest 5-year period)



Latest 3-year period
2021 to 2023

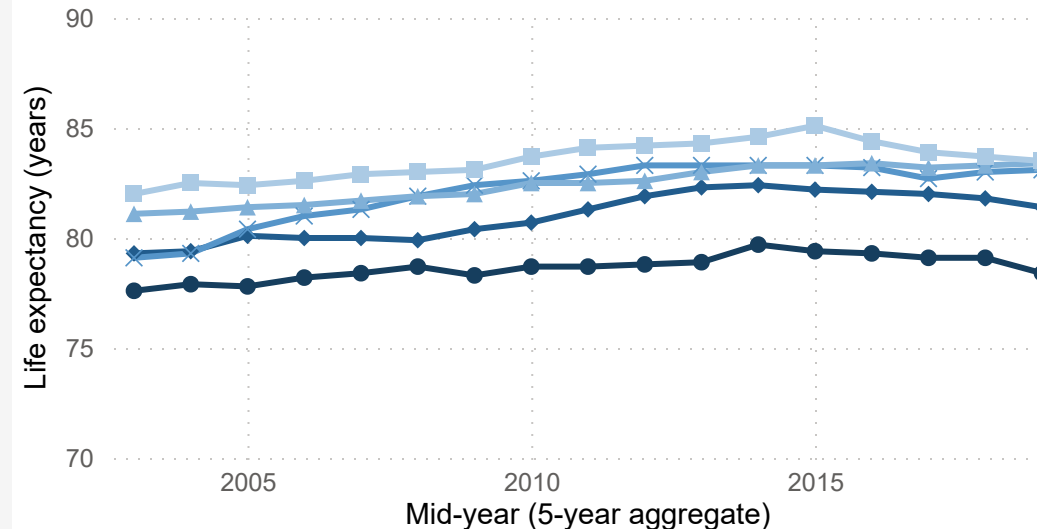
3) by sex (latest 3-year period)

● Females ● Males

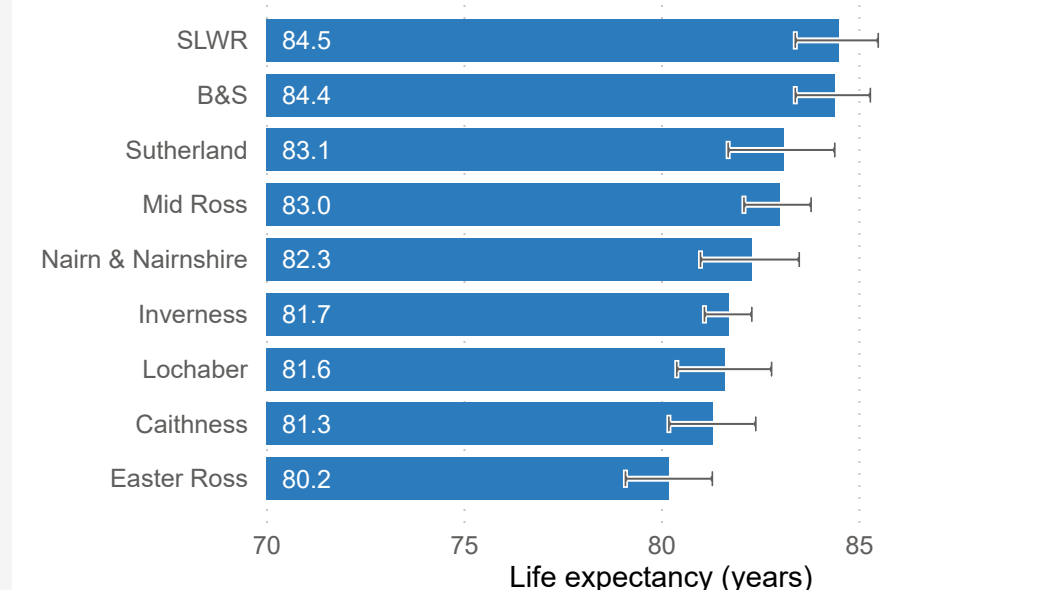


2) by SIMD over time

● 1 - most deprived ◆ 2 ✕ 3 ▲ 4 ■ 5 - least deprived



4) by Community Partnership area, latest 5-year period



Rationale

Life expectancy at birth is a sentinel indicator of population health. It reflects the average number of years a person born would live if they experienced the age-specific mortality rates of the given period. Rising life-expectancy has historically signalled progress in public health, living standards and social development. This trend stalled around 2012 in Scotland (and the UK) and this has been linked to social and economic factors.

Highland Inequalities

Life expectancy for females remains lowest for those living in the most deprived SIMD quintile (1,2). Female life expectancy has decreased in most and least deprived quintiles in recent years (2).

Male life expectancy is consistently lower than female life expectancy in Highland as well as Scotland (3).

Female life expectancy is higher in Highland compared to Scotland (3).

Across Highland localities there was a statistically significant difference in female life expectancy; the highest female life expectancy was in Skye, Lochalsh & West Ross and Badenoch and Strathspey, and the lowest in Easter Ross (4).

Source

Scottish Public Health Observatory

https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Further information

Scottish Public Health Observatory. Health and life expectancies

<https://www.scotpho.org.uk/population-dynamics/health-and-life-expectancies>

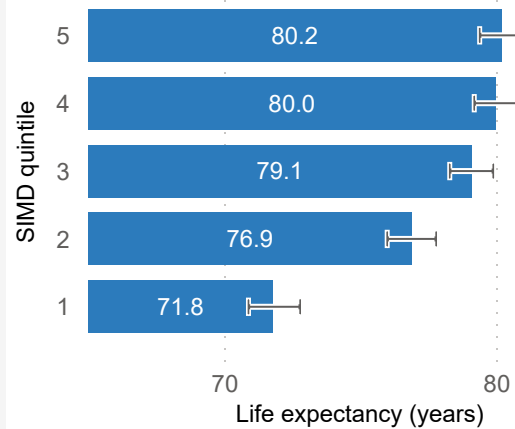
National Records of Scotland. Life expectancy in Scotland
<https://www.nrscotland.gov.uk/publications/life-expectancy-in-scotland-2021-2023/>

Glasgow Centre for Population Health. Changing life expectancy
<https://www.gcph.co.uk/our-work/43-changing-life-expectancy>

Male Life Expectancy

Latest 5-year period
2017-2021

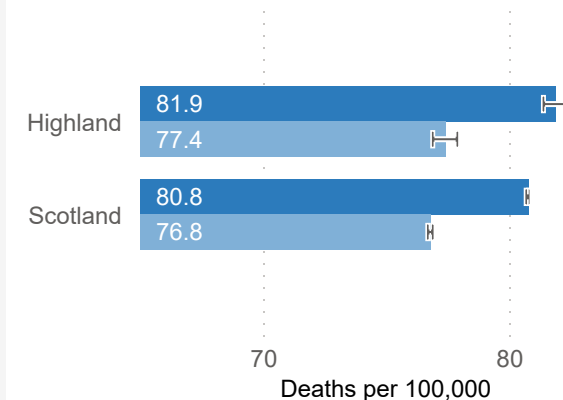
1) by SIMD (latest 5-year period)



Latest 3-year period
2021 to 2023

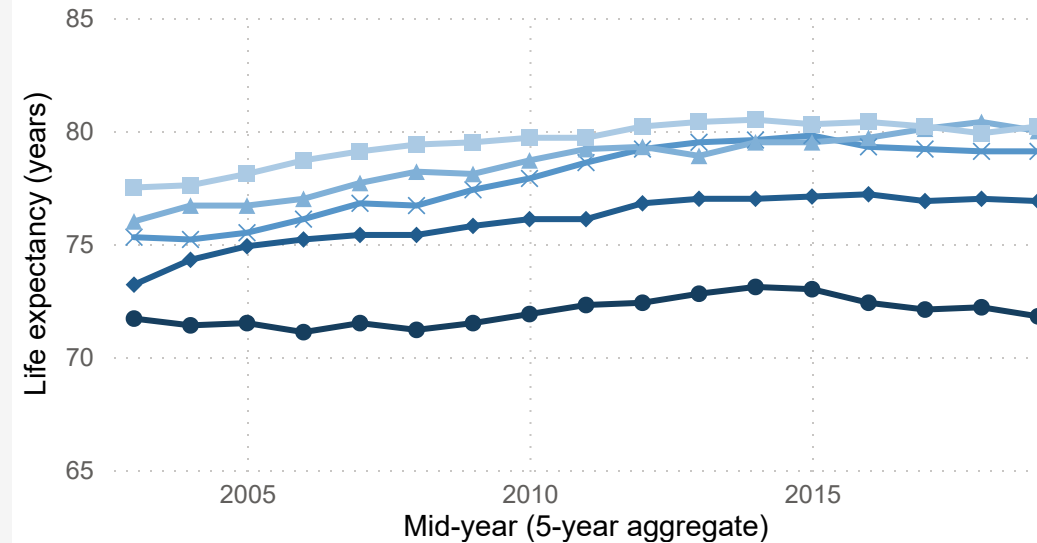
3) by sex (latest 3-year period)

● Females ● Males

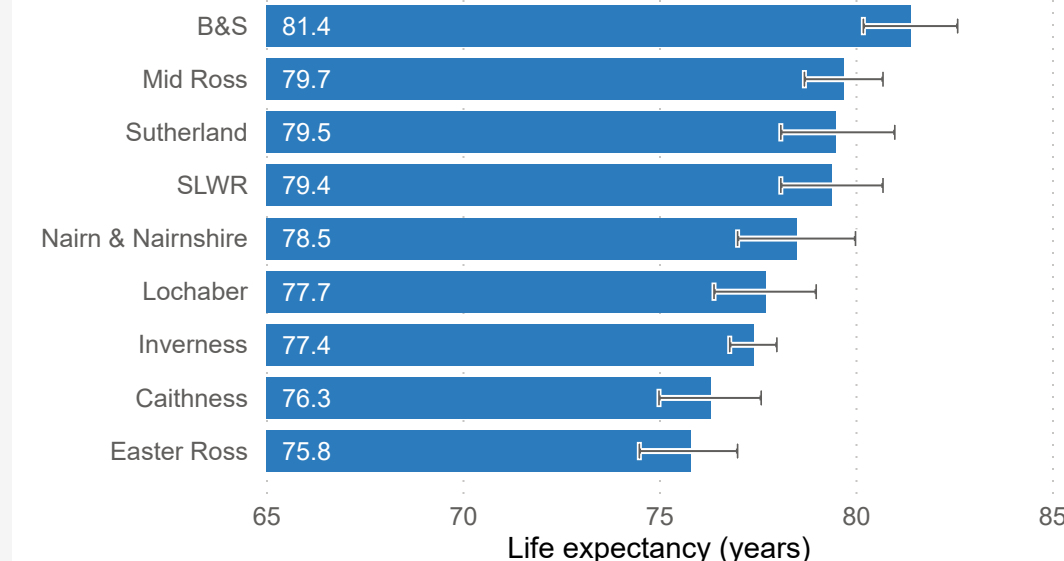


2) by SIMD over time

● 1 - most deprived ◆ 2 ▲ 3 ▲ 4 ■ 5 - least deprived



4) by Community Partnership area, latest 5-year period



Rationale

Life expectancy at birth is a sentinel indicator of population health. It reflects the average number of years a person born would live if they experienced the age-specific mortality rates of the given period. Rising life-expectancy has historically signalled progress in public health, living standards and social development. This trend stalled around 2012 in Scotland and the UK and this has been linked to social and economic factors.

Highland Inequalities

Life expectancy for males remains lowest for those living in the most deprived SIMD quintile (1,2). Male life expectancy decreased in the most deprived quintile in recent years, widening the inequality between the most deprived and other quintiles.

Female life expectancy is consistently Higher than male life expectancy in Highland as well as Scotland (3).

Male life expectancy is higher in Highland compared to Scotland (3).

Across Highland localities there was a statistically significant difference in male life expectancy; the highest male life expectancy was in Badenoch and Strathspey and the lowest in Easter Ross (4).

Source

Scottish Public Health Observatory

https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Further information

Scottish Public Health Observatory. Health and life expectancies <https://www.scotpho.org.uk/population-dynamics/health-and-life-expectancies>

National Records of Scotland. Life expectancy in Scotland <https://www.nrscotland.gov.uk/publications/life-expectancy-in-scotland-2021-2023/>

Glasgow Centre for Population Health. Changing life expectancy <https://www.gcph.co.uk/our-work/43-changing-life-expectancy>

1. Give every child the best start in life

Overview: Give every child the best start in life

The early years, from pre-birth to the age of 5, are fundamental in shaping health across the life course. Early experiences determine emotional, physical and cognitive development and have lasting effects on health and wellbeing.

Supporting women, parents, families, early education settings and wider society can all act to give children **the best start in life**. Possible actions to improve outcomes in the early years and **reduce health inequalities** therefore span many sectors. The early years are an especially effective period for interventions that:

- improve outcomes for individuals
- reduce health inequalities
- break cycles of intergenerational disadvantage.

Examples of effective actions include:

- Income maximisation and an effective welfare system
- Improved housing standards
- Family-friendly employment policies
- High quality childcare and early years education
- Breast-feeding friendly environments
- Safe play opportunities for children
- Universal and targeted parental support, especially for those affected by trauma or disadvantage

Indicators

Three indicators were selected based on the need for improvement and their relevance for reducing health inequalities in Highland.

- **Babies exclusively breastfed at 6-8 weeks**
- **Developmental concerns at 27-30 months old**
- **Children in Poverty (after housing costs)**

Further reading

Institute of Health Equity. Fair Society Healthy Lives Report <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/>

Institute of Health Equity. Marmot review 10 years on <https://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on/>

Institute of Health Equity. Evidence to Action Reports Give every child the best start in life <https://www.instituteofhealthequity.org/taking-action/evidence-to-action-reports/give-every-child-the-best-start-in-life>

Scottish Government. Early Years framework <https://www.gov.scot/publications/early-years-framework/>

Scottish Government. Early Education and care <https://www.gov.scot/policies/early-education-and-care/>

Scottish Government. Getting it Right for Every Child <https://www.gov.scot/policies/girfec/>

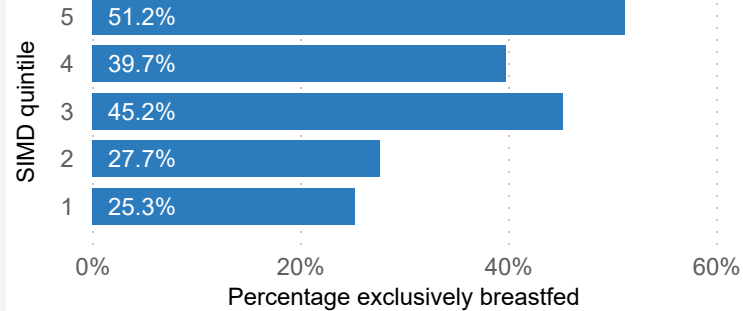
Public Health Scotland. Health inequalities policy review <https://publichealthscotland.scot/publications/health-inequalities-policy-review/>

Public Health Scotland. Early years and young people <https://publichealthscotland.scot/population-health/early-years-and-young-people/>

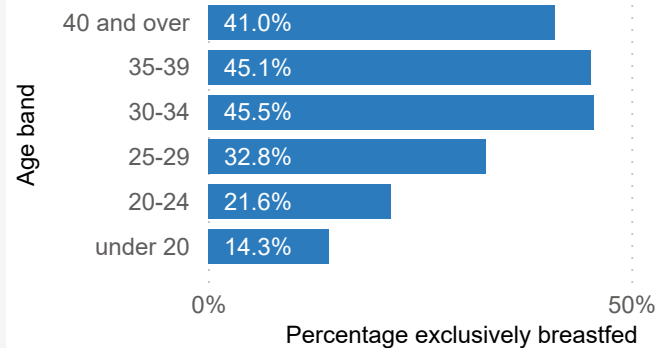
Babies exclusively breastfed at 6-8 weeks

Latest year
2023/24

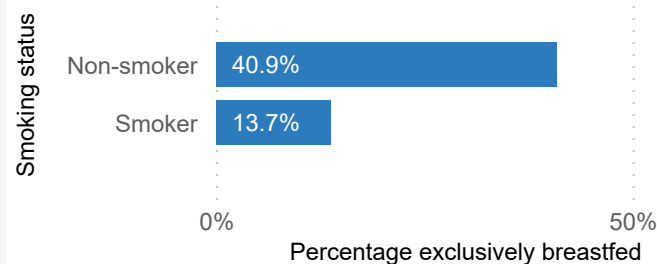
1) by SIMD quintile, latest year



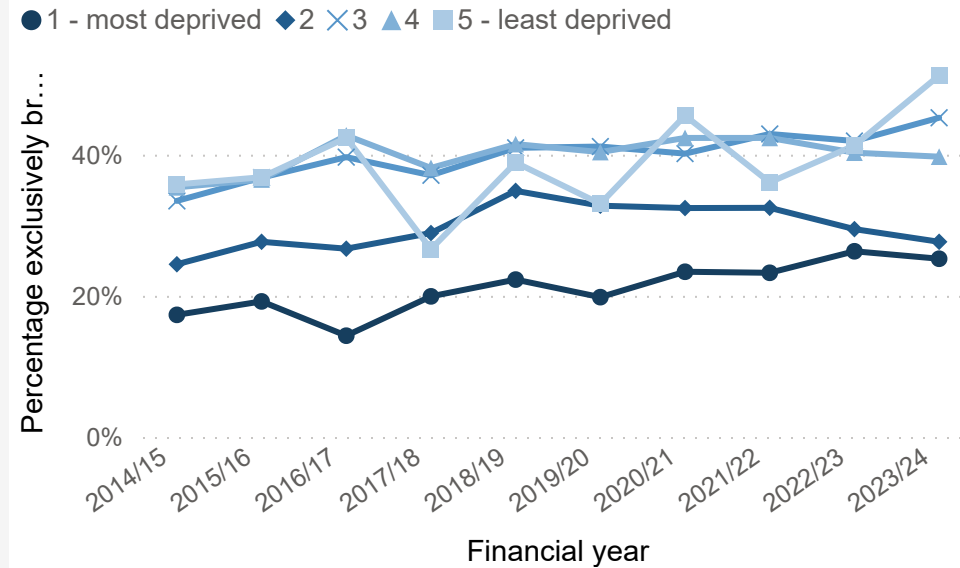
3) by maternal age, latest year



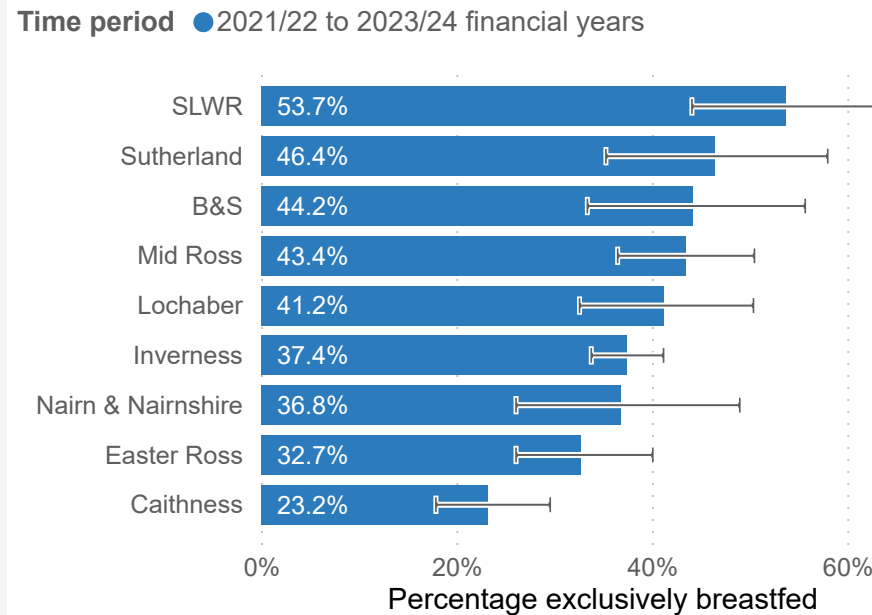
4) by maternal smoking status, latest year



2) over time, by SIMD quintile



5) by Community Partnership area



Rationale

Breastfeeding provides optimal nutrition for infants along with maternal antibodies which provide protection from infections. It also promotes emotional bonding between mother and baby. Exclusive breastfeeding is recommended for the first six months of life. This indicator measures rates of breastfeeding at the 6–8 week health visitor review.

Highland Inequalities

Exclusive breastfeeding rates in Highland, at 6-8 weeks, have gradually increased over time but inequalities persist. Rates remain lower amongst those living in the most deprived areas (1,2). Rates are lower for younger mothers (3) and amongst those who smoke in pregnancy (4). The rate of exclusive breastfeeding in Caithness was lowest of the Highland Community Partnership Areas and this rate was less than half of that in Skye, Lochalsh and Wester Ross (5). At Scotland level, mothers of White Scottish ethnicity have the lowest percentage of babies exclusively breastfed at 6-8 weeks.

Sources

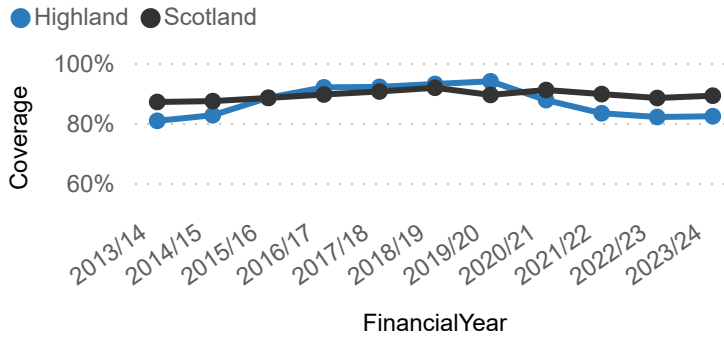
1,2,3,4,6) Public Health Scotland. Infant feeding data
https://www.opendata.nhs.scot/dataset/infant-feeding_5
 5) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Further information

Public Health Scotland. Infant Feeding Statistics
<https://publichealthscotland.scot/publications/infant-feeding-statistics/>
 World Health Organisation. Breastfeeding
https://www.who.int/health-topics/breastfeeding_

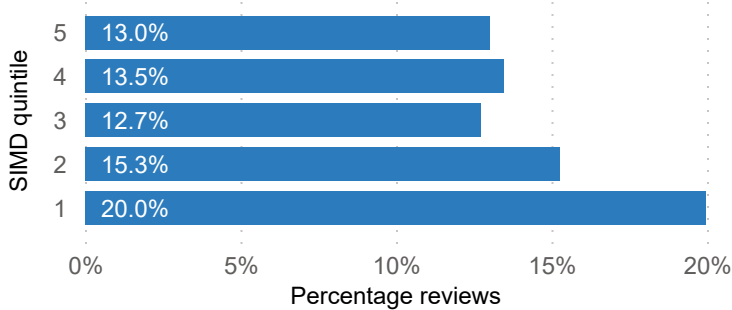
Developmental concerns at 27-30 months old

1) coverage over time

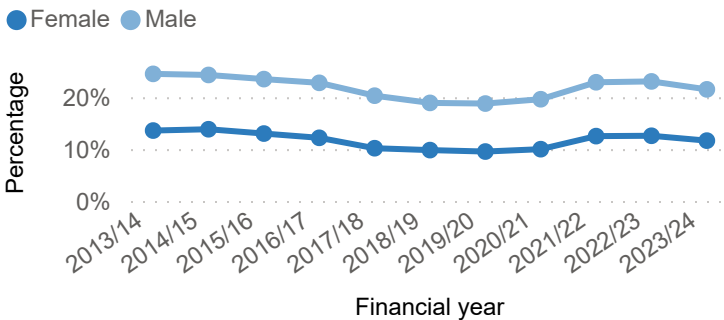


Latest year
2023/24

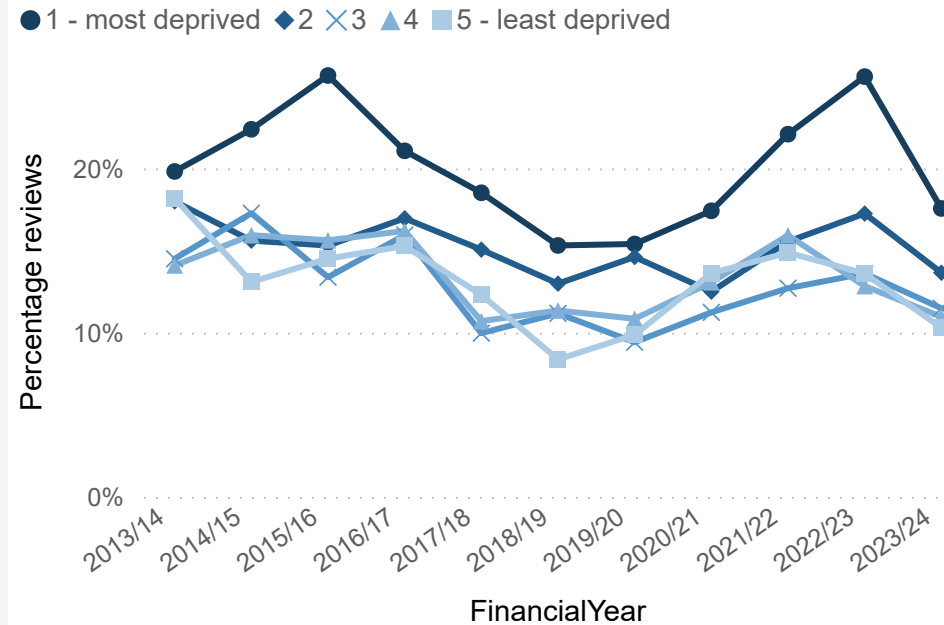
3) % with concern by SIMD quintile, latest year



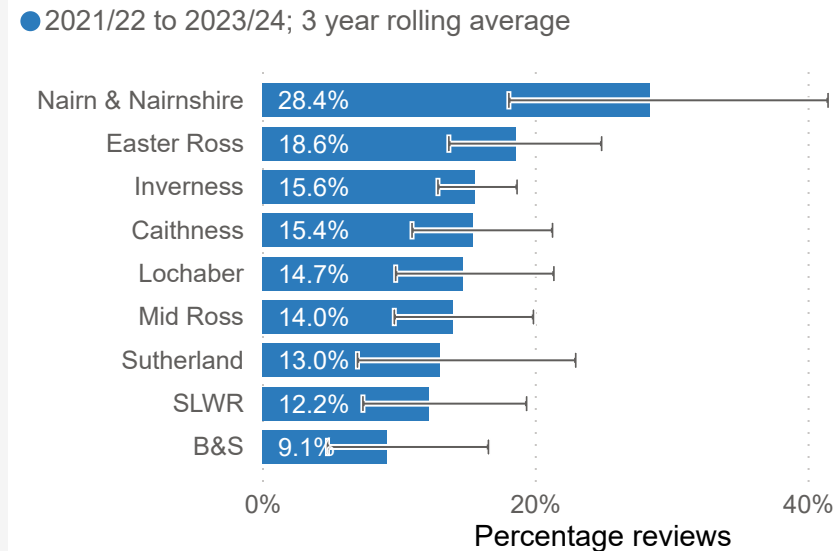
4) % with concern, over time, by gender



2) % with concern, over time, by SIMD quintile



5) % with concern, by Community Partnership area



Rationale

Child health reviews, undertaken by health visitors between birth and school start, assess growth, health, development and family well-being, and are a sentinel measure of early health. They are crucial for identifying early developmental concerns which are associated with poorer health and educational outcomes. Early interventions, such as parenting support, enriched early learning opportunities and access to services, can significantly improve outcomes. Reviews also offer an opportunity for health promotion and are intended to be universal in their coverage.

Highland Inequalities

Coverage of the 27-30 month review declined in Highland during COVID-19 and has remained lower than the Scotland average (1).

The percentage of reviews with at least one developmental concern is consistently higher for those living in the most deprived quintile (2,3) and is higher in boys than for girls (4). Geographical variation is also evident. The lowest percentage of children with a developmental concern was in Badenoch and Strathspey whilst highest was in Nairn & Nairnshire. However overlapping 95% confidence intervals suggest that this was not statistically significant.

Sources

1,2,3,4) Public Health Scotland. Early Child Development - 27-30 Month Review Statistics
<https://www.opendata.nhs.scot/dataset/27-30-month-review-statistics>

5) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/

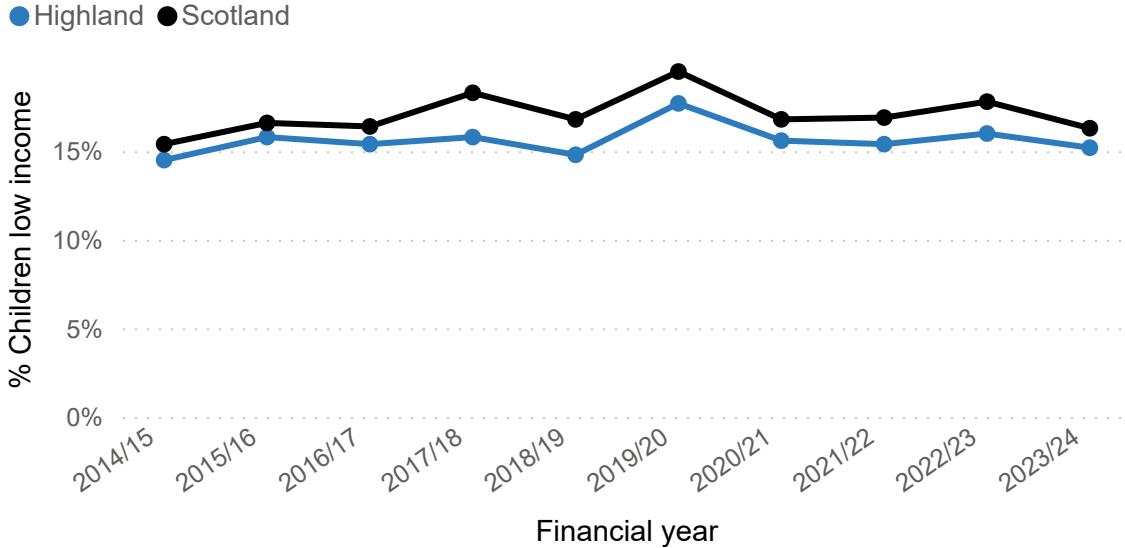
Further information

Public Health Scotland. Early child development statistics
<https://publichealthscotland.scot/publications/early-child-development/early-child-development-statistics-scotland-2023-to-2024/>

Public Health Scotland. Child health pre-school review coverage
<https://publichealthscotland.scot/publications/child-health-pre-school-review-coverage/>

Children in low income families

1) over time in Highland



Latest year

2023/24

Number of children in poverty in Highland, latest year

5,602

Number of children in poverty in Highland, latest year

15.2%

Rationale

Child poverty is a major driver of health inequalities. Children growing up in poverty are more likely to experience housing insecurity, nutritional disadvantage, limited access to enriching activities and higher levels of stress and anxiety. These factors can negatively affect physical health, emotional wellbeing and developmental outcomes from early childhood. Reducing child poverty is a public health priority.

Highland Inequalities

Around 15% children under 16 in Highland live in low income families (1,2). National evidence identifies family types at highest risk of poverty:

- lone parent families
- minority ethnic families
- families with a disabled adult or child
- families with a younger mother (under 25)
- families with a child under 1
- larger families (3+ children)

Sources

1,2) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Further information

Scottish Government. Tackling child poverty priority families overview <https://www.gov.scot/publications/tackling-child-poverty-priority-families-overview/>

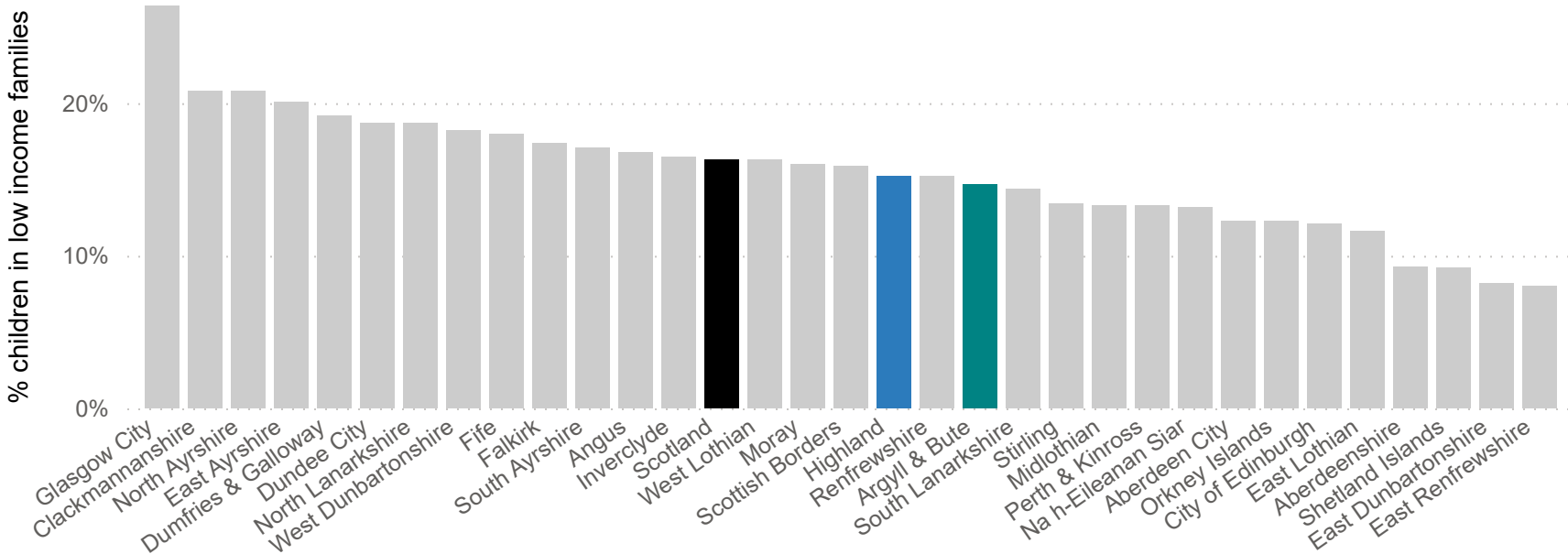
Public Health Scotland, the Faculty of Public Health, the Royal Society for Public Health and the Scottish Directors of Public Health. Child Poverty Statement

<https://publichealthscotland.scot/media/33702/child-poverty-statement-july2025-english.pdf>

Highland Community Planning Partnership. Child Poverty Action Plan <https://highlandcpp.org.uk/wp-content/uploads/2025/04/Highland-Child-Poverty-Action-Report-2023-24-FINAL-1.pdf>

Scottish Government. Understanding the health outcomes of experiencing poverty in the early years: evidence review <https://www.gov.scot/publications/understanding-health-outcomes-experiencing-poverty-early-years-evidence-review/documents/>

2) by local authority, latest year



2. Enable all children, young people and adults to maximise their capabilities and have control over their lives

Overview: Enable all children, young people and adults to maximise their capabilities and have control over their lives

Supporting individuals to develop their capabilities and have greater control over their lives is central to improving health and reducing inequalities. Education, in its broadest sense, plays a key role. It is linked to better employment, higher income, and improved physical and mental health. Reducing educational gaps between groups is essential. This includes **formal attainment** in schools, **adult education**, **lifelong learning** and development of **personal skills**, e.g. **resilience**, **confidence** and **leadership**.

Improving education at all ages, but particularly for young people and for those who experience disadvantage, can improve health and wellbeing and reduce inequalities.

Educational outcomes are shaped not only by teaching, but also by wider social conditions such as a good **nutrition**, **space to study** and **supportive relationships**. Cross-sector action is needed to support individuals to maximise their capabilities and take greater control over their lives.

Examples of effective actions include:

- High-quality early years, school and adult education
- Support for young people on life skills, training and employment
- Accessible lifelong and work-based learning
- Targeted support to those most in need such as young carers and those with learning disabilities

Indicators

Three indicators were selected to reflect educational attainment and participation across the life course in Highland.

- **School leavers with 1 or more qualification at SCQF Level 6**
- **Annual participation (in education, training or employment) measure for 16 – 19 year olds**
- **Working age adults with no educational qualifications**

Further reading

Institute of Health Equity. Fair Society Healthy Lives Report <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/>

Institute of Health Equity. Marmot review 10 years on <https://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on/>

Institute of Health Equity. Evidence to Action Reports Enable all children to maximise their capabilities

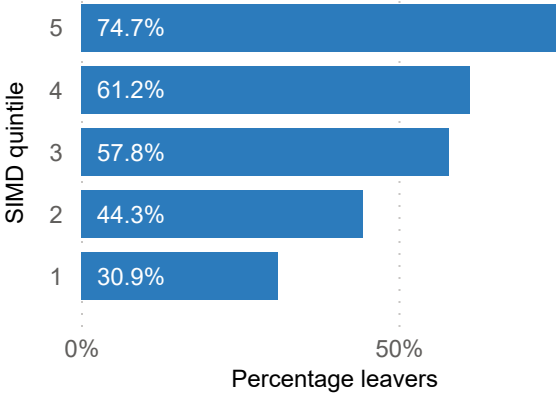
<https://www.instituteofhealthequity.org/taking-action/evidence-to-action-reports/enable-all-children-to-maximise-their-capabilities>

Public Health Scotland Health inequalities policy review <https://publichealthscotland.scot/publications/health-inequalities-policy-review/>

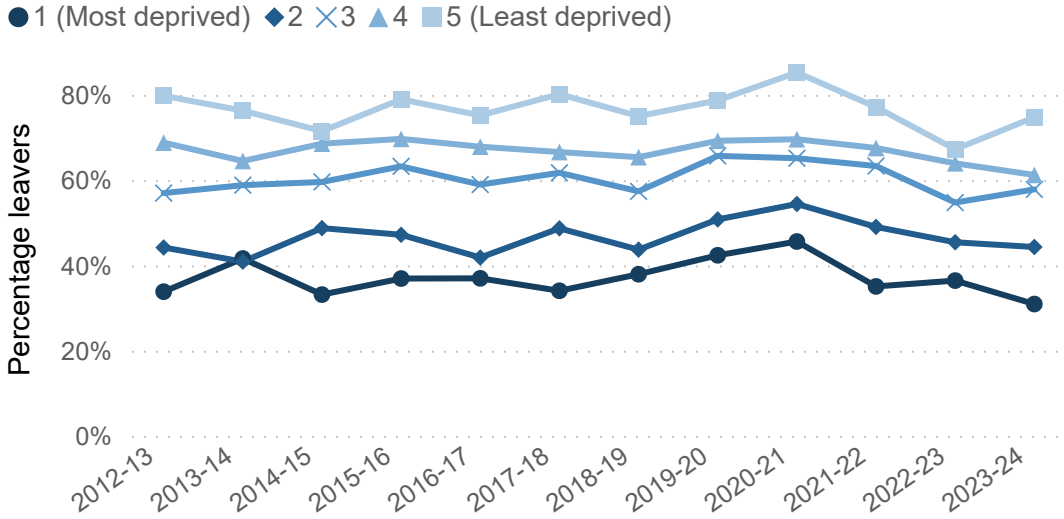
Percentage school leavers with 1 or more qualification at SCQF Level 6

Latest year
2023-24

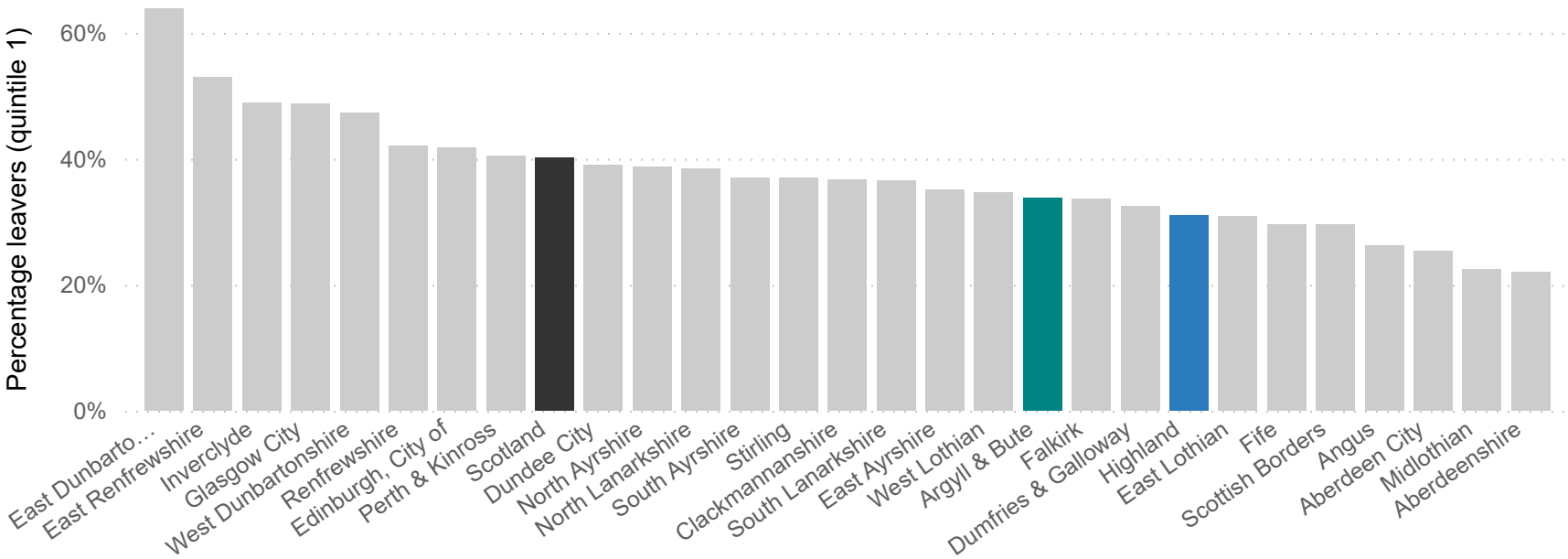
1) by SIMD quintile, latest year



2) by SIMD quintile over time



3) Percentage of leavers in Scottish SIMD quintile 1 (most deprived), by local authority, latest year



Rationale

Educational attainment is closely linked to long-term health, wellbeing and economic opportunity. Higher levels of education are associated with better health outcomes, increased health literacy and higher lifetime earnings. This indicator focuses on the percentage of school leavers obtaining SCQF Level 6 or above (equivalent to Scottish Higher grade A-C), which reflects a readiness for further education, training or employment. It is shown for all school leavers (1,2) and separately for those pupils in Scottish SIMD quintile 1 (3).

Highland Inequalities

Educational attainment is strongly patterned by deprivation. Pupils from the most deprived quintile are least likely to achieve one or more qualification at SCQF level 6 or higher (1, 2). This is a persistent inequality in educational outcome. For those in the most deprived quintile, Highland has relatively low attainment of SCQF level 6 or higher compared to the Scottish average (3).

Source

1,2,3) Scottish Government
<https://www.gov.scot/publications/summary-statistics-for-attainment-and-initial-leaver-destinations-no-7-2025-edition/pages/access-to-data-and-further-information/>
SIMD quintiles are Scotland based. Figure 3 excludes the island council areas and Moray.

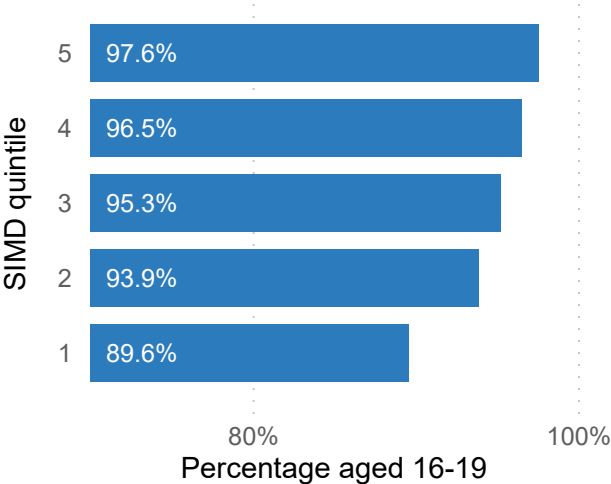
Further information

Scottish Government. School education statistics
<https://www.gov.scot/collections/school-education-statistics/>
Public Health Scotland. Education and health
<https://publichealthscotland.scot/population-health/early-years-and-young-people/education-and-children/education-and-health/>

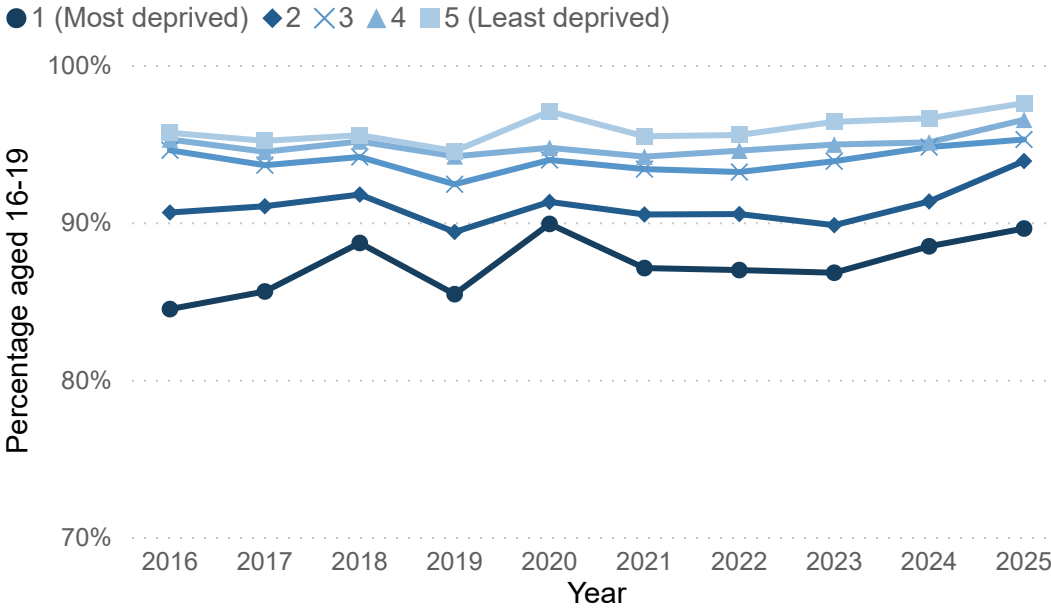
Annual participation (in education, training or employment) measure for 16 – 19 year olds

Latest year
2025

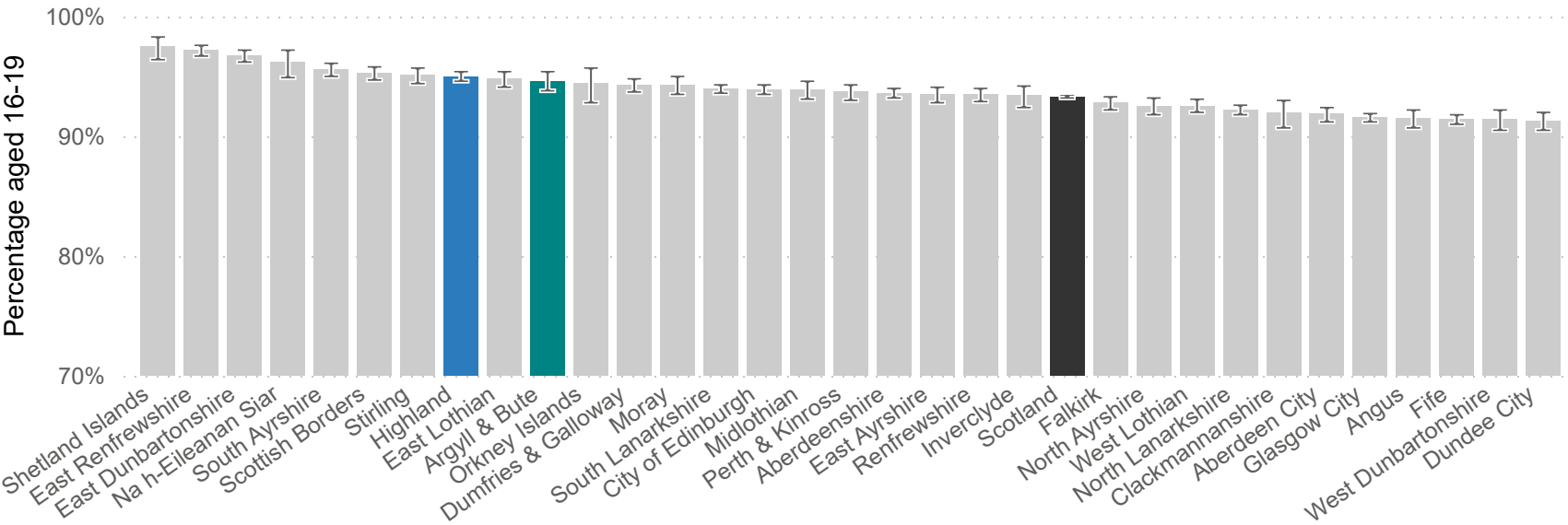
1) by SIMD quintile, latest year



2) by SIMD quintile, over time



3) by local authority, latest year



Rationale

This indicator focuses on participation of those aged 16-19 in education, training or employment. Participation is associated with better educational attainment, lower involvement in crime, higher lifetime earnings and better health outcomes. The Scottish Government's Opportunities for All commitment offers a place in learning or training to every 16-19 year old who is not in employment, education or training.

Highland Inequalities

Those living in the most deprived quintile in Highland are least likely to be in education, training or employment (1,2). The inequality in participation by SIMD is persistent over time. Highland has a higher percentage of those aged 16-19 in education, training or employment than the Scottish average (3).

Sources

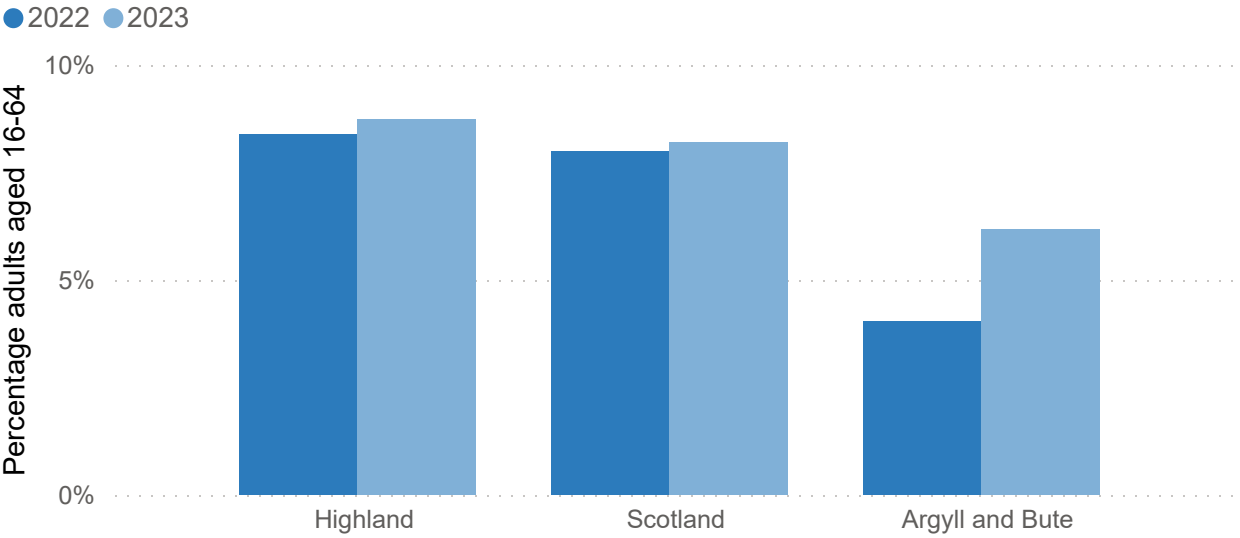
1,2) Skills Development Scotland
<https://www.skillsdevelopmentscotland.co.uk/publications-statistics/statistics/annual-participation-measure>
SIMD quintile is Scotland based.
3) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/
Year relates to the the financial year ending.

Further information

Scottish Government. Opportunities for All: supporting all young people to participate in post-16 learning, training or work <https://www.gov.scot/publications/opportunities-supporting-young-people-participate-post-16-learning-training-work/>
Skills Development Scotland. Annual Participation measure <https://www.gov.scot/publications/opportunities-supporting-young-people-participate-post-16-learning-training-work/>

Working age adults with no educational qualifications

1) adults with no or low educational qualifications, by area, recent years



Latest year

2023

Percentage adults, Highland latest year

8.7%

Percentage adults, Scotland latest year

8.2%

Rationale

Educational attainment is a key determinant of health and economic opportunity. Adults with higher qualifications tend to have better employment prospects, higher earnings, and improved health outcomes. Education is not limited to childhood but can continue throughout the life course, supporting lifelong wellbeing and resilience. This indicator is a measure of the percentage of adults with no (or low) formal qualifications and is based on survey data. Due to reduced response rates, particularly since the COVID-19 pandemic, these figures are currently classified as 'official statistics in development' and should be interpreted with caution, especially when comparing across areas or time periods.

Highland Inequalities

The percentage of adults with no or low educational qualifications in Highland was found to be similar to the Scottish average in the most recent years (1,2). Previously, the percentage was reported to be consistently lower than the Scottish average and showed a decrease over time (3).

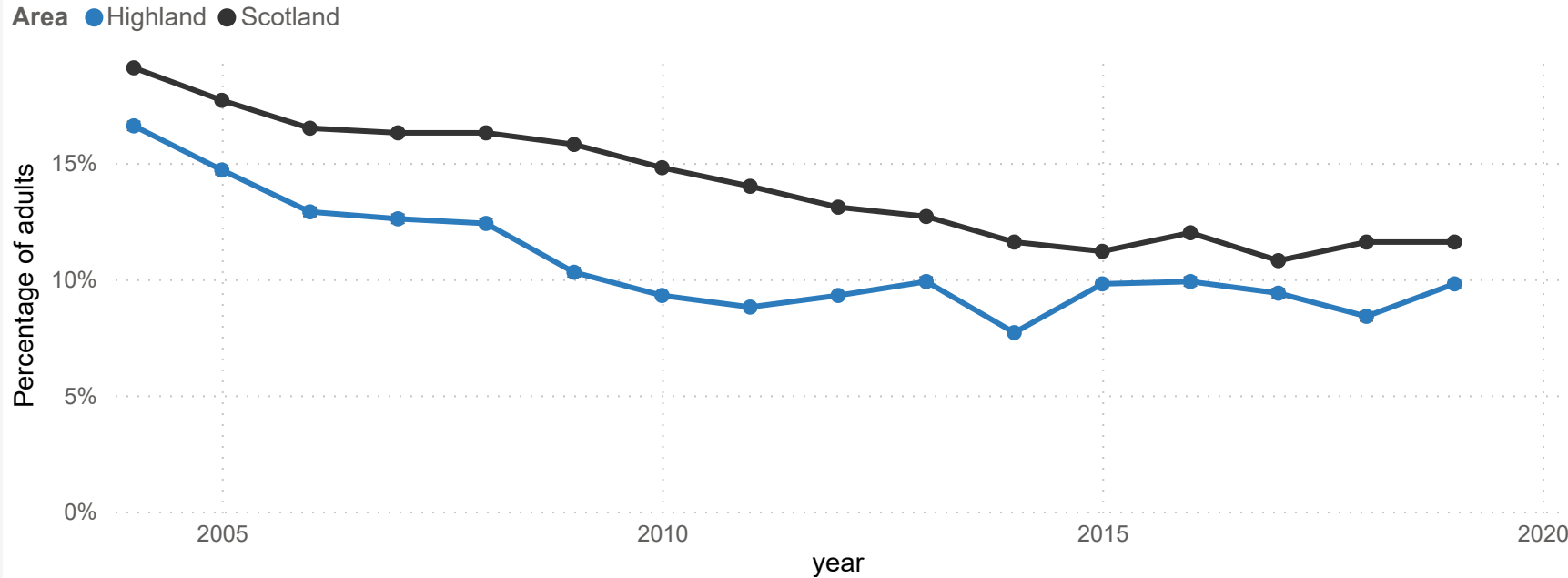
Sources

- 1) Office for National Statistics
<https://www.ons.gov.uk/explore-local-statistics/indicators/aged-16-to-64-years-with-no-qualifications-great-britain#get-the-data>
2) Annual population survey and Labour Force survey via Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Further information

Scottish Government Statistics. Adults (16-64) with low or no qualifications
<https://statistics.gov.scot/data/adults-16-64-years-with-low-or-no-qualifications>
Scottish Government. Adult learning strategy
<https://www.gov.scot/publications/adult-learning-strategy-scotland-2022-27/>

2) adults of working age with no or low educational qualifications, by area, over time up to 2019



3. Create fair employment and good work for all

Overview: Create fair employment and good work for all

Time in work covers a large proportion of people's lives and good quality employment supports health and wellbeing. However, **poor working conditions** including **physical hazards, low-pay and work-related stress** can harm health. In Highland, there is a high proportion of seasonal and part-time work which can contribute to income insecurity and limit opportunities for progression. Employment affects not only individual wellbeing but also impacts on family life, parenting and informal care. Helping people to access and sustain **secure, well-paid, meaningful work** and improving **workplace safety** is essential and can **reduce inequalities**.

Modern apprenticeships provide an accessible route into skilled employment, especially for young people from disadvantaged backgrounds, and they can enable young people to develop skills whilst staying in the area in which they live.

Examples of effective actions include:

- Labour market policies which create secure, well-paid jobs
- Protection from unsafe working conditions
- Opportunities for in-work development and job control
- Support for return to work
- Accessible apprenticeships for young people and those changing careers

Indicators

Two indicators were selected to measure employment access and a third to reflect quality of work.

- **Employment rate for 16-64 year olds**
- **Modern apprenticeship starts**
- **Median gross weekly pay**

Anchor institutions, such as NHS Highland and Highland Council can contribute positively to the economy in Highland through **Community Wealth Building**, with local procurements of goods and services.

Further reading

NOMIS. Labour market profile <https://www.nomisweb.co.uk/reports/lmp/la/1946157421/report.aspx>

Public Health Scotland. Fair Work and Health Inequalities https://publichealthscotland.scot/media/33134/phs-fair-work-report-summary_final-v2.pdf

Employability in Scotland. Rural Employment <https://www.employabilityinscotland.com/policy/rural-employment/>

Scottish Government. Understanding the Scottish rural economy: research paper <https://www.gov.scot/publications/understanding-scottish-rural-economy/>

Institute of Health Equity. Evidence to Action Reports. Create fair employment and good work for all

<https://www.instituteofhealthequity.org/taking-action/evidence-to-action-reports/create-fair-employment-and-good-work-for-all>

Public Health Scotland. Health inequalities policy review <https://publichealthscotland.scot/publications/health-inequalities-policy-review/>

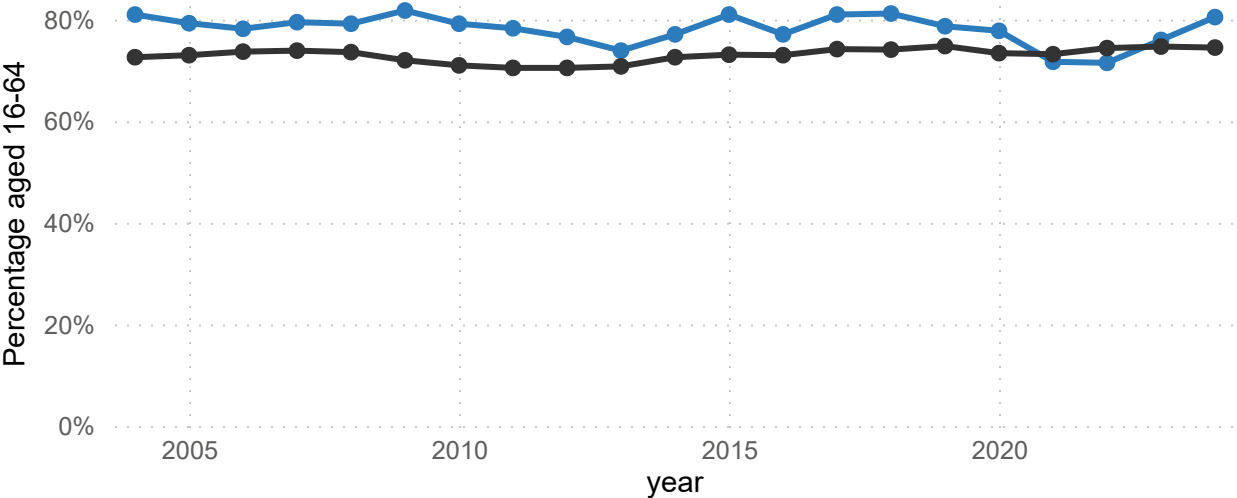
Public Health Scotland. Community wealth building and Anchor institutions <https://publichealthscotland.scot/population-health/social-and-economic-impacts-on-health/economy-and-poverty/community-wealth-building-and-anchor-institutions/>

Public Health Scotland. Economy and poverty <https://publichealthscotland.scot/population-health/social-and-economic-impacts-on-health/economy-and-poverty/>

Employment rate for 16-64 year olds

1) by area, over time

● Highland ● Scotland



Latest year

2024

Percentage of adults of working age, Highland, latest year

80.5%

Percentage of adults of working age, Scotland, latest year

74.5%

Rationale

Employment rates are a headline economic indicator and a key determinant of health. Secure, fair employment is associated with better physical and mental health, higher income, and improved social outcomes.

This measure is based on the Annual Population Survey (APS). Due to reduced response rates, particularly since the COVID-19 pandemic, these figures are currently classified as 'official statistics in development' and should be interpreted with caution, especially when comparing across areas or time periods.

It is important to note that employment is a proxy for fair employment and does not indicate job quality, hours worked or income.

Highland Inequalities

The employment rate in Highland has traditionally been higher than for Scotland (1,2). Employment in Highland's economy, particularly in sectors such as tourism, hospitality and retail, was more vulnerable to the impact of COVID-19. Recent data suggest that employment in Highland has recovered, but challenges remain, including:

- Seasonal and part-time employment patterns, especially in rural and remote communities.
- Limited access to high-quality jobs in some areas.
- Demographic pressures, including an ageing population and youth outmigration.

Source

1,2) Annual Population Survey via Scottish Public Health Observatory

https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Further information

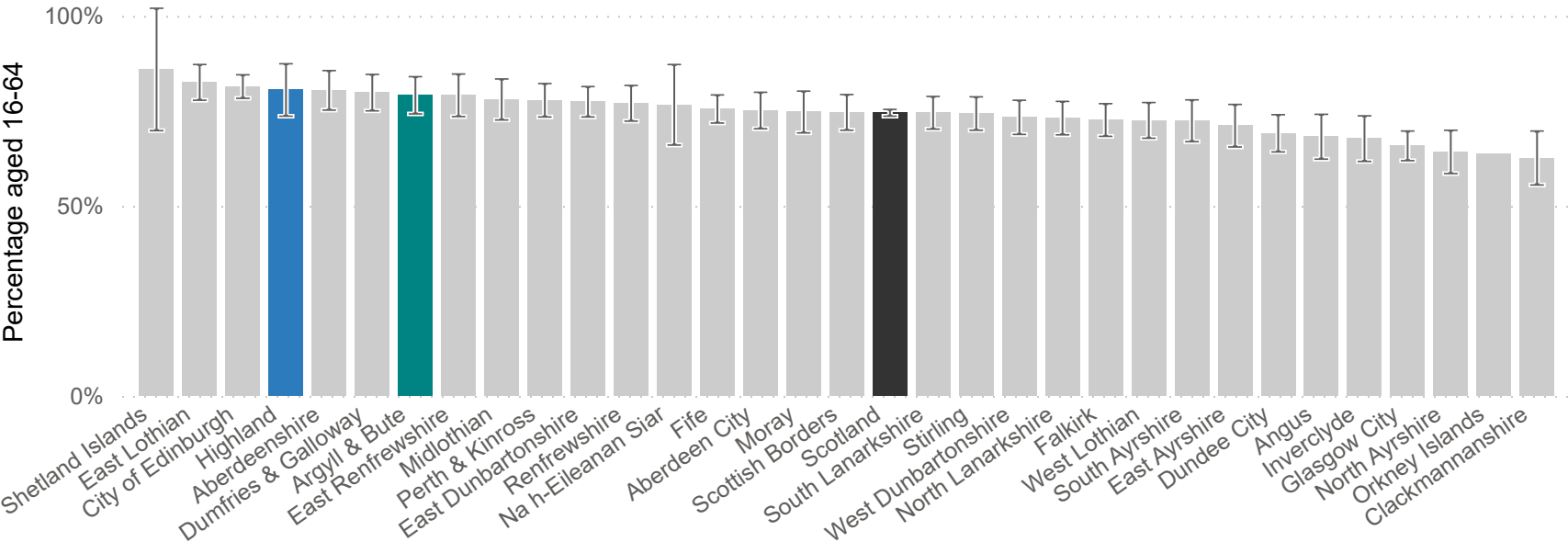
Scottish Government

<https://www.gov.scot/collections/labour-market-statistics/#currentlabourmarketstatisticspublications>

Nomis

<https://www.nomisweb.co.uk/>

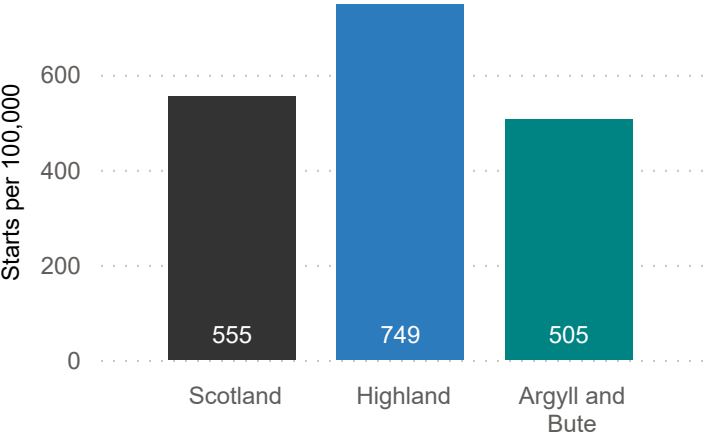
2) by local authority, latest year



Modern apprenticeship starts

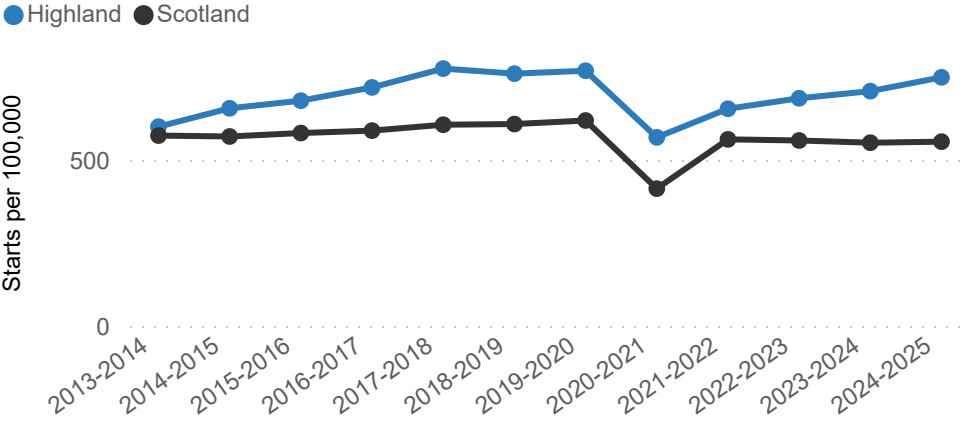
Latest year
2024-2025

1) by area, latest year

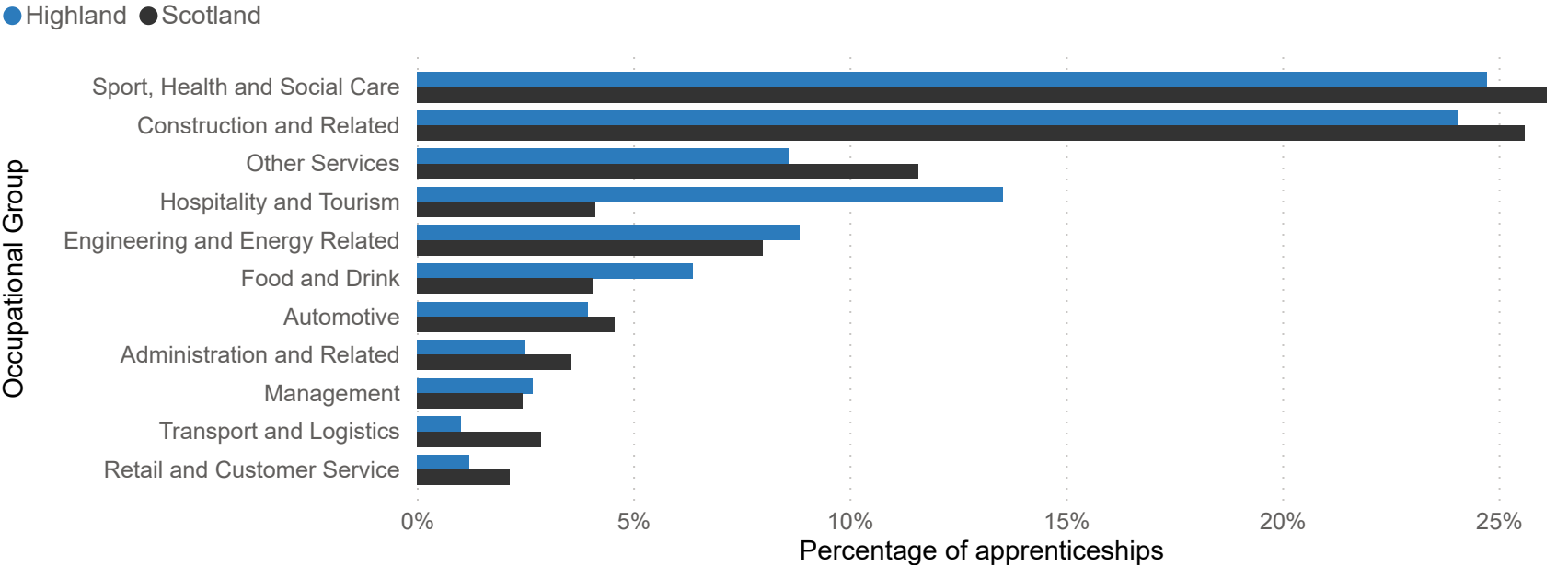


Number of starts, latest year
1493

2) by area, over time



3) by most common occupational group, latest year



Rationale

Modern apprenticeships offer structured work-based learning alongside formal qualifications. They provide an alternative to academic study and can help reduce inequalities by offering more accessible routes into work, especially for people from disadvantaged backgrounds. Secure employment, skills development, and social inclusion are all protective factors against poor health. Promoting apprenticeships by public sector agencies is an action in the Highland Outcomes Improvement Plan (HOIP) Delivery Plan.

Highland Inequalities

Highland residents have had consistently higher rates of apprenticeship starts than the Scottish average (1,2). Highland shows a higher proportion of apprenticeships within Hospitality and Tourism than the Scottish average, reflecting the region's economy (3). Nationally, in 2024–25, the achievement rate for apprentices from the most deprived areas increased and representation from ethnic minority and care-experienced groups reached record highs.

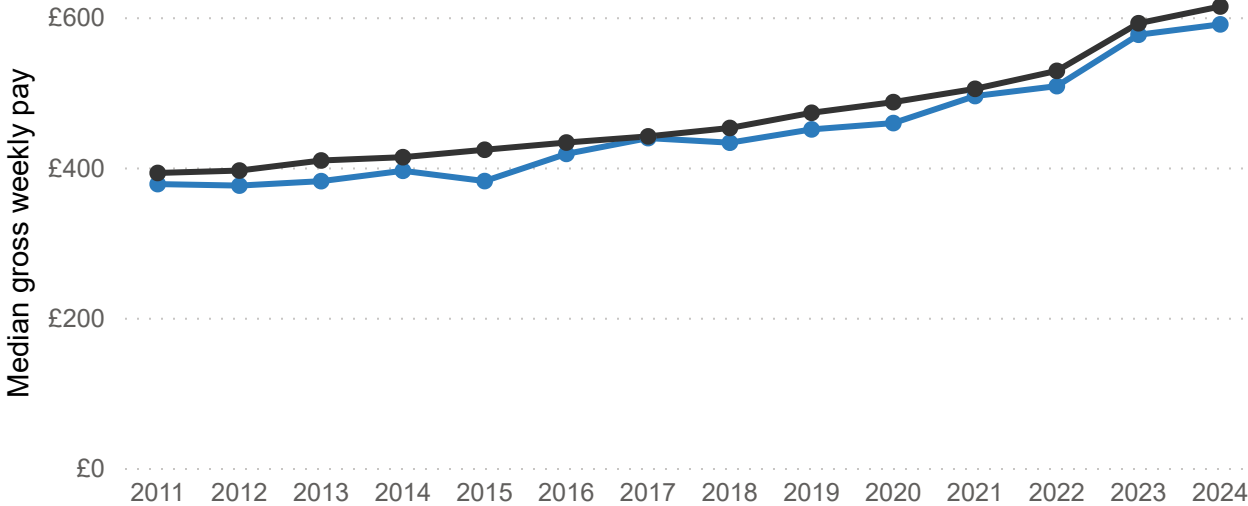
Sources

1,2) Skills Development Scotland via Office for National Statistics. Data presented for area of residence. <https://www.ons.gov.uk/explore-local-statistics/indicators/apprenticeships-starts-scotland>
3) Skills development Scotland 2024-2025 starts <https://www.skillsdevelopmentscotland.co.uk/publications-statistics/statistics/modern-apprenticeships> Only most common occupational groups shown.
Further information
Skills development Scotland 2024-25 Q4 report <https://www.skillsdevelopmentscotland.co.uk/media/qgqn3kz4/modern-apprenticeship-statistics-quarter-4-2024-25.pdf>
The Highland Council. Highland Outcome Improvement Plan. <https://highlandcpp.org.uk/about-hcpp/highland-outcome-improvement-plan/>
Skills development Scotland. Modern Apprenticeships <https://www.skillsdevelopmentscotland.co.uk/publications-statistics/statistics/modern-apprenticeships>

Median gross weekly pay

1) by area, over time

● Highland ● Scotland



Latest year

2024

Median weekly pay,
Highland, latest year

£590.5

Median weekly pay,
Scotland, latest year

£614.3

Rationale

This indicator focuses on pay from employment, which is closely linked to financial security, access to resources, and mental health. Employment is a key driver of health, but low-paid and insecure jobs can undermine wellbeing through increased stress and reduced ability to engage in health-promoting behaviours. Low pay and insecure employment therefore contribute to health inequalities.

Highland Inequalities

The median gross weekly pay in Highland is consistently below the Scottish average (1). The difference in median gross weekly pay between Highland and Scotland is greater for all employees than it is for either full-time and part-time pay separately (2). This reflects the higher share of part-time roles in Highland, consistent with a labour market with higher employment in sectors such as tourism, retail, and care. Rural labour markets tend to have fewer large employers and more seasonal or flexible jobs, contributing to the prevalence of part-time work.

Sources

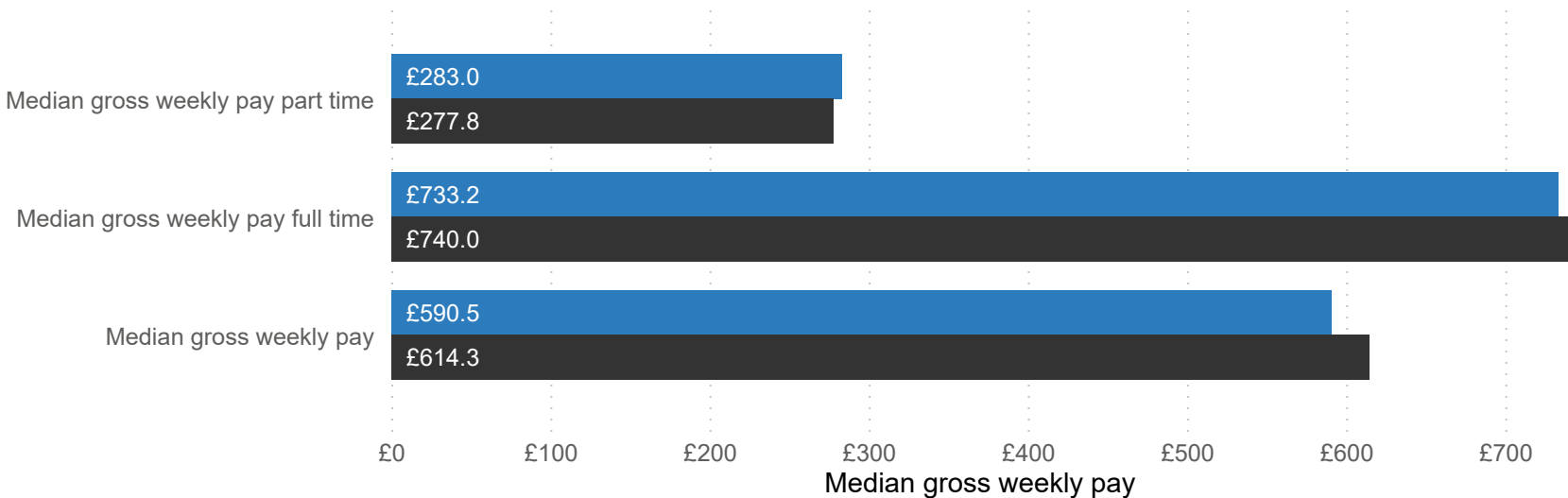
1,2) Nomis. Annual Survey of Hours and Earnings - residents analysis www.nomisweb.co.uk

Further information

Highlands and Islands Enterprise. Annual Report and Accounts 2023/24
<https://www.hie.co.uk/media/ej4n30kz/annual-report-2023-24.pdf>
Scottish Government. Scotland's Labour Market Insights: Rural and Regional Employment Trends
<https://www.gov.scot/publications/scotlands-labour-market-insights-april-2025/>
Nomis. Local authority profile: Highland
<https://www.nomisweb.co.uk/reports/lmp/la/1946157421/report.aspx?town=highland>

2) by area, latest year

● Highland ● Scotland



4. Ensure a healthy standard of living for all

Overview: Ensure a healthy standard of living for all

Living without sufficient income to support health and wellbeing is a major driver of health inequalities. Deprivation is strongly linked to poorer health outcomes. People with low incomes face barriers accessing safe housing, nutritious food and essential services, limiting their ability to control their life circumstances and maintain healthy behaviours. Poverty is stressful and undermines physical and mental health.

In Highland, fuel poverty is more prevalent due to rurality and housing stock. Homelessness and use of temporary accommodation are bad for health and disproportionately affect children and vulnerable adults.

Addressing income deprivation and ensuring a healthy standard of living for all requires action across employment, social security, housing, and public health systems.

Examples of effective actions include:

- A minimum income for healthy living
- Income maximisation and an effective welfare system
- Affordable housing and energy
- Specialist housing and support for vulnerable individuals

Indicators

Two estimates of low income are presented and two which are indicators of poorer living standards.

- **Percentage of people income deprived**
- **Percentage of the population in relative poverty after housing costs**
- **Fuel poverty rates**
- **Homelessness** and use of **temporary accommodation**

Further reading

Institute of Health Equity. Evidence to Action Reports. Ensure healthy standard of living for all

<https://www.instituteofhealthequity.org/taking-action/evidence-to-action-reports/ensure-healthy-standard-of-living>

Scottish Government. Poverty and Income Inequality in Scotland 2021–24 <https://data.gov.scot/poverty/>

Public Health Scotland. Cost of Living and Health Inequalities <https://publichealthscotland.scot/population-health/social-and-economic-impacts-on-health/economy-and-poverty/poverty-and-health/cost-of-living-and-health/>

Eiser, D., Congreve, E., Crummey, C. & Catalano, A. 2022, Health Inequalities in Scotland: Trends in the Socio-economic Determinants of Health in Scotland, Fraser of Allander Institute. <https://strathprints.strath.ac.uk/85236/>

Scottish Government. Understanding the health outcomes of experiencing poverty in the early years: evidence review 2025

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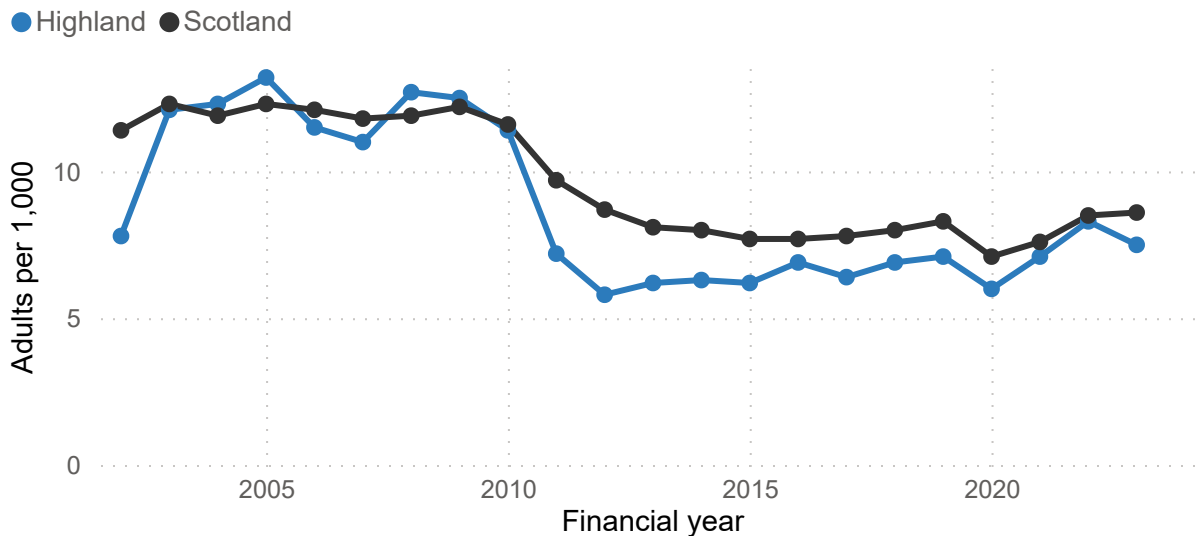
Scottish Government. Poverty in rural Scotland: evidence review 2022 <https://www.gov.scot/publications/poverty-rural-scotland-review-evidence/>

Public Health Scotland. Population health impacts of the rising cost of living in Scotland - A rapid health impact assessment. 2022 <https://publichealthscotland.scot/publications/population-health-impacts-of-the-rising-cost-of-living-in-scotland-a-rapid-health-impact-assessment/population-health-impacts-of-the-rising-cost-of-living-in-scotland-a-rapid-health-impact-assessment/>

Public Health Scotland. Economy and poverty <https://publichealthscotland.scot/population-health/social-and-economic-impacts-on-health/economy-and-poverty/>

Adults assessed as homeless

1) by area, over time



Latest year:

2023/24

Number of adults, Highland, latest year:

1,436

Rate of adults, Highland, latest year:

8.6

Rationale

Poor health can be both a cause and a consequence of homelessness. Homelessness is associated with significantly poorer health outcomes, including premature mortality, chronic illness, and increased use of emergency healthcare services. Only a small proportion of those experiencing homelessness sleep rough. The majority live in temporary accommodation such as hostels or bed and breakfasts, in overcrowded households, or stay informally with others (e.g. sofa surfing).

Highland Inequalities

Highland has had a lower rate of homelessness compared to the Scottish average over the past ten years (1,2). Around 50% of people assessed as homeless in Scotland have an identified support need, including mental health, addiction, or physical health needs.

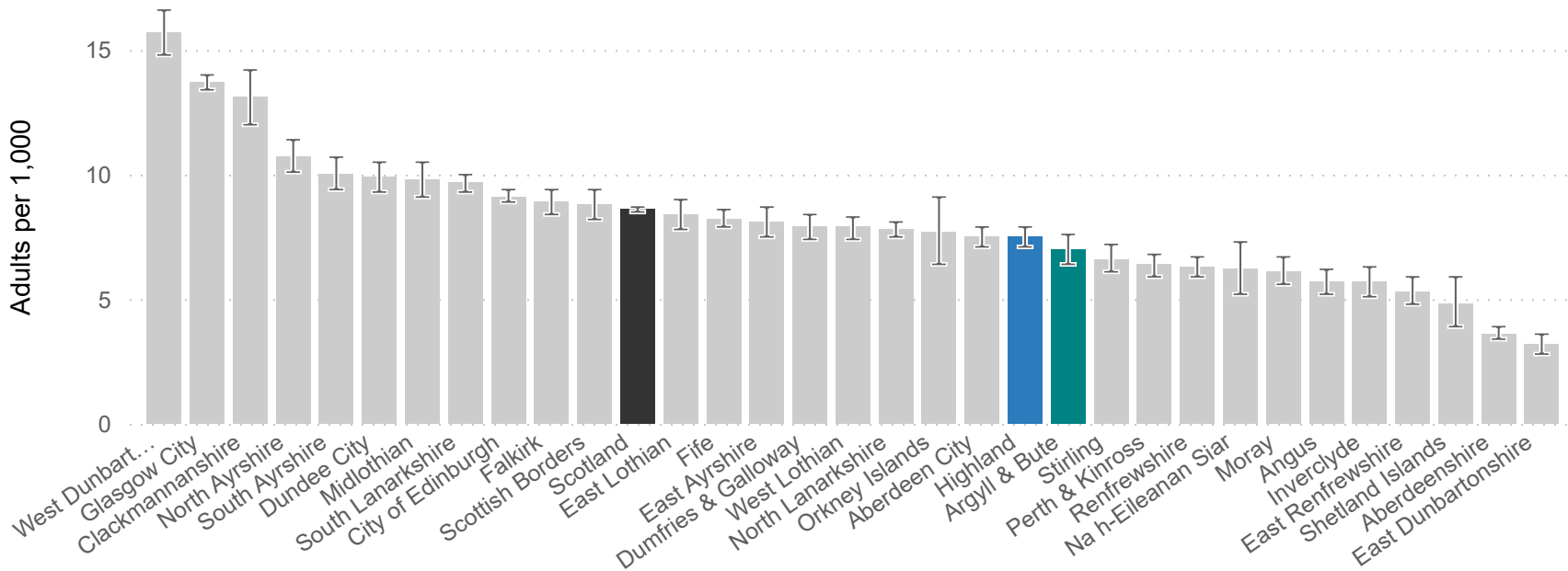
Sources

1,2) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/
 Data includes those threatened with homelessness.

Further information

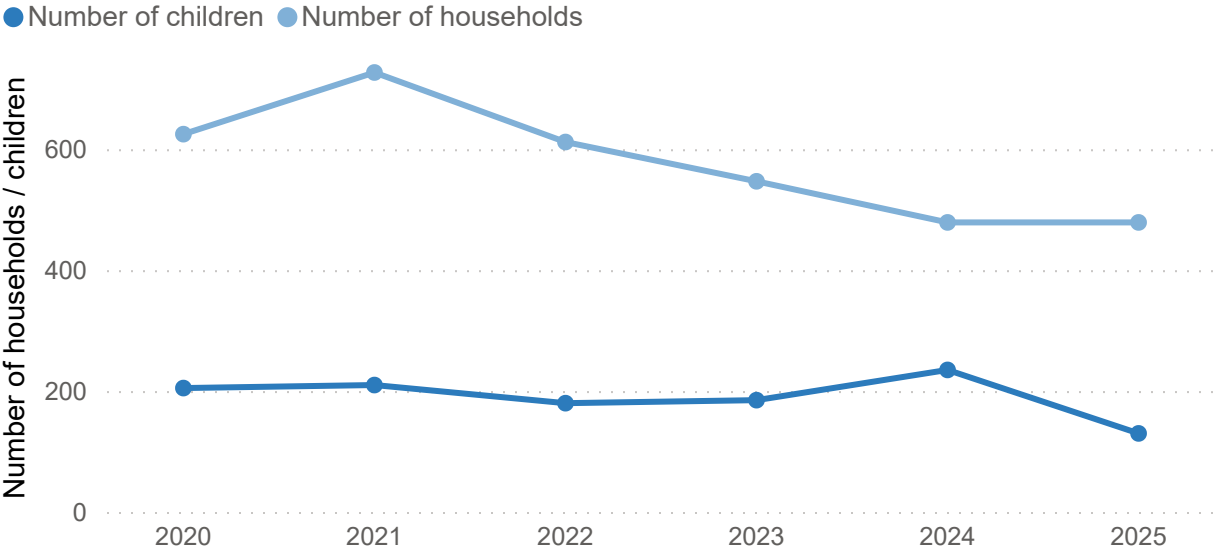
Scottish Government. Homelessness in Scotland
<https://www.gov.scot/collections/homelessness-statistics/>
 Public Health Scotland. Taking a public health approach to homelessness prevention
<https://publichealthscotland.scot/our-blog/2024/april/taking-a-public-health-approach-to-homelessness-prevention/>
 Public Health Scotland. Why the housing crisis is also a public health emergency
<https://publichealthscotland.scot/our-blog/2024/april/why-the-housing-crisis-is-also-a-public-health-emergency/>
 Scottish Public Health Observatory. Homelessness
<https://www.scotpho.org.uk/wider-determinants/homelessness/>
 Public Health Scotland. Health and homelessness: evidence summary
<https://publichealthscotland.scot/population-health/social-and-economic-impacts-on-health/equity-and-justice/homelessness/overview/>

2) by local authority, latest year



Households with temporary accommodation

1) number of households and children, over time



Latest year

2025

Number of households with temporary accommodation in the latest year in Highland

479

Number of children in temporary accommodation in the latest year in Highland

130

Rationale

Living in temporary accommodation is associated with significantly poorer health outcomes. Individuals and families in these settings often face instability, overcrowding, and unsuitable living conditions, which contribute to physical and mental health deterioration. Public Health Scotland has identified housing insecurity as a public health emergency. Evidence shows that children in temporary accommodation are more likely to experience developmental delays, emotional distress, and poor educational outcomes. Households in temporary accommodation can also face prolonged stays, with families with children typically staying longer, potentially compounding health risks and delaying access to permanent housing and support services.

Highland Inequalities

The number of households in temporary accommodation in Highland has decreased since 2020 (1). 130 children were living in temporary accommodation in Highland at March 2025.

Highland has a lower rate of households in temporary accommodation than the Scottish average (2).

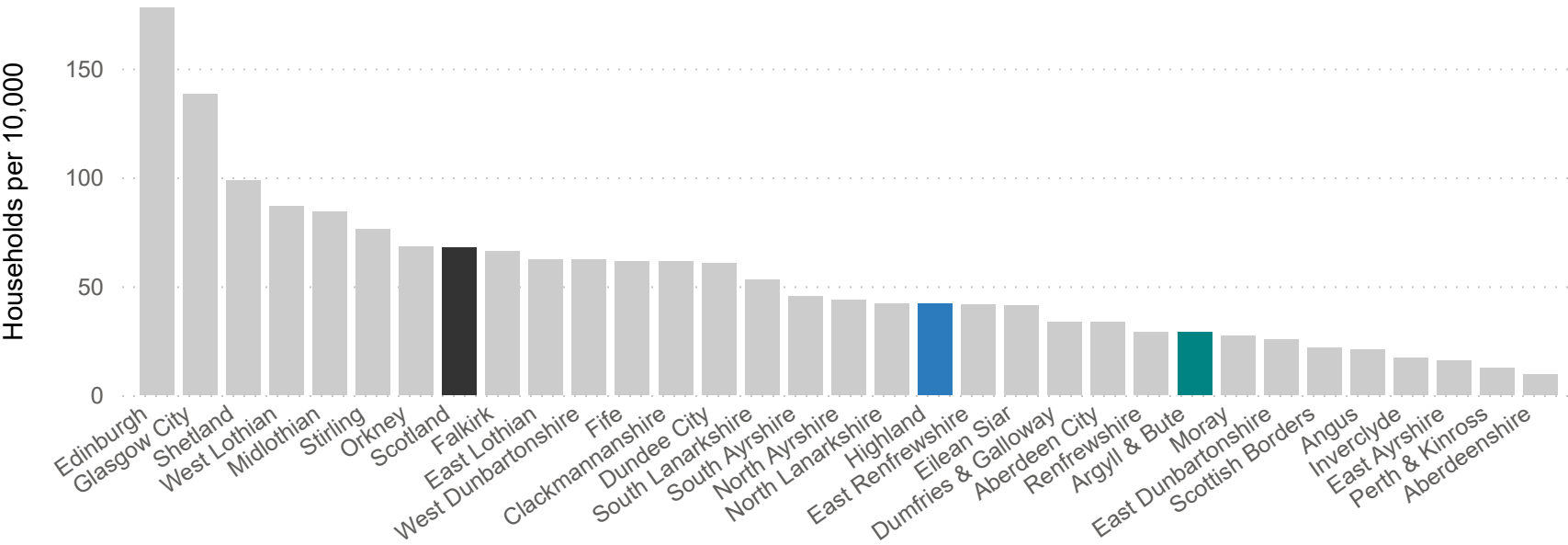
Sources

1,2) Scottish Government. Homeless statistics <https://www.gov.scot/collections/homelessness-statistics/> Data at 31 March.

Further information

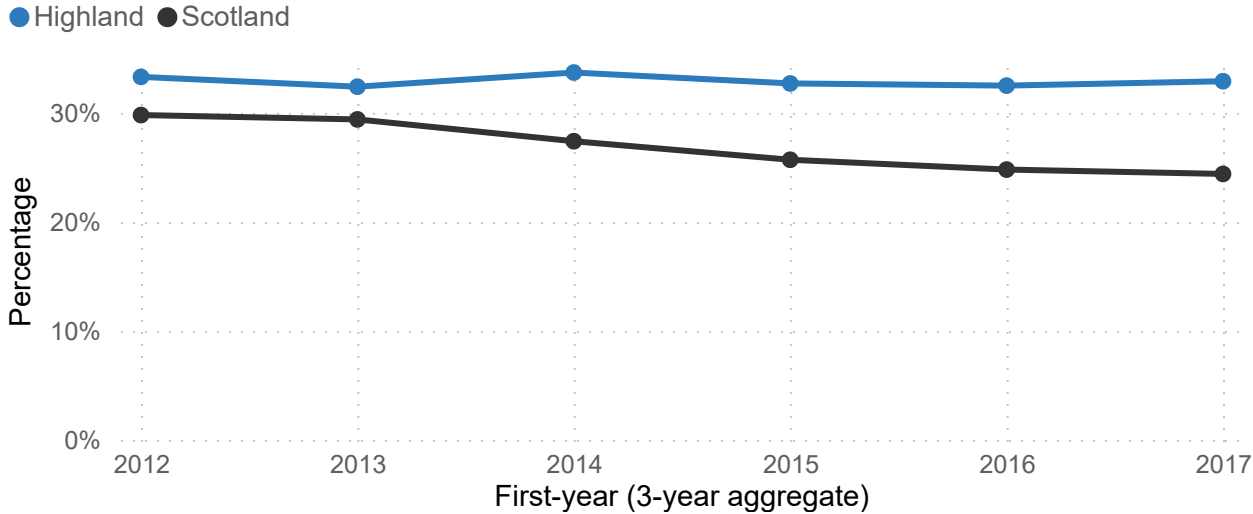
Public Health Scotland. Health and homelessness: evidence summary <https://publichealthscotland.scot/population-health/social-and-economic-impacts-on-health/equity-and-justice/homelessness/homelessness-and-health-inequalities/> Scottish Government. Homelessness in Scotland <https://www.gov.scot/collections/homelessness-statistics/> Public Health Scotland. Why the housing crisis is also a public health emergency <https://publichealthscotland.scot/our-blog/2024/april/why-the-housing-crisis-is-also-a-public-health-emergency/> Scottish Public Health Observatory. Homelessness <https://www.scotpho.org.uk/wider-determinants/homelessness/>

2) rate of households by local authority, latest year



Households living in fuel poverty

1) by area, over time



Latest period

2017-2019; 3-year aggregates

Highland, latest period

32.9

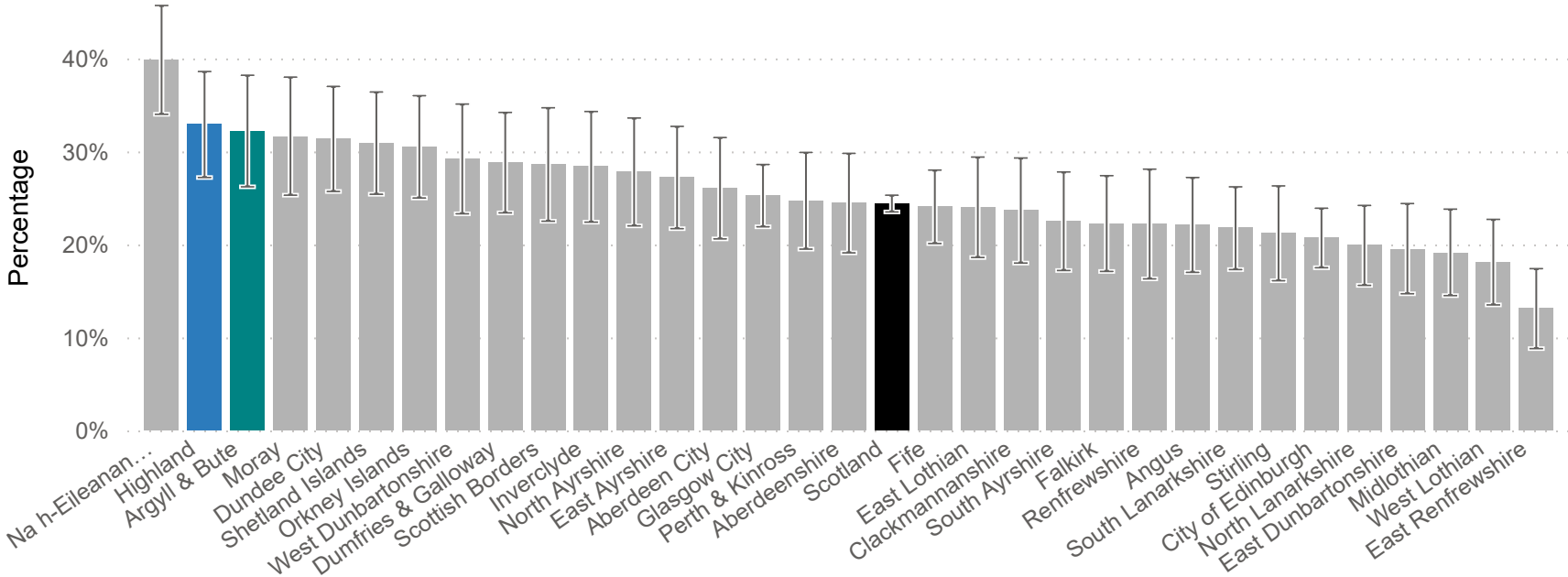
Scotland, latest period

24.4

Rationale

Fuel poverty is a significant public health issue in Scotland. It is defined under the Fuel Poverty (Targets, Definition and Strategy) (Scotland) Act 2019 as occurring when a household spends more than 10% of its net income on fuel and is left with insufficient income to maintain an acceptable standard of living. The Act sets a statutory target that no more than 5% of households should be in fuel poverty by 2040. Fuel poverty reflects key inequalities in income, housing quality, and energy access. It disproportionately affects low-income and rural households, contributing to poor health and reduced wellbeing. Living in fuel poverty is associated with a range of adverse health outcomes, including respiratory illness, cardiovascular disease, and poor mental health. Cold homes contribute to excess winter deaths and exacerbate existing health conditions, particularly among older adults, children, and people with disabilities.

2) by local authority, latest period



Highland Inequalities

The proportion of households in fuel poverty in Highland is higher than the Scottish average (1). Highland has one of the highest percentage of households living in fuel poverty in Scotland (2).

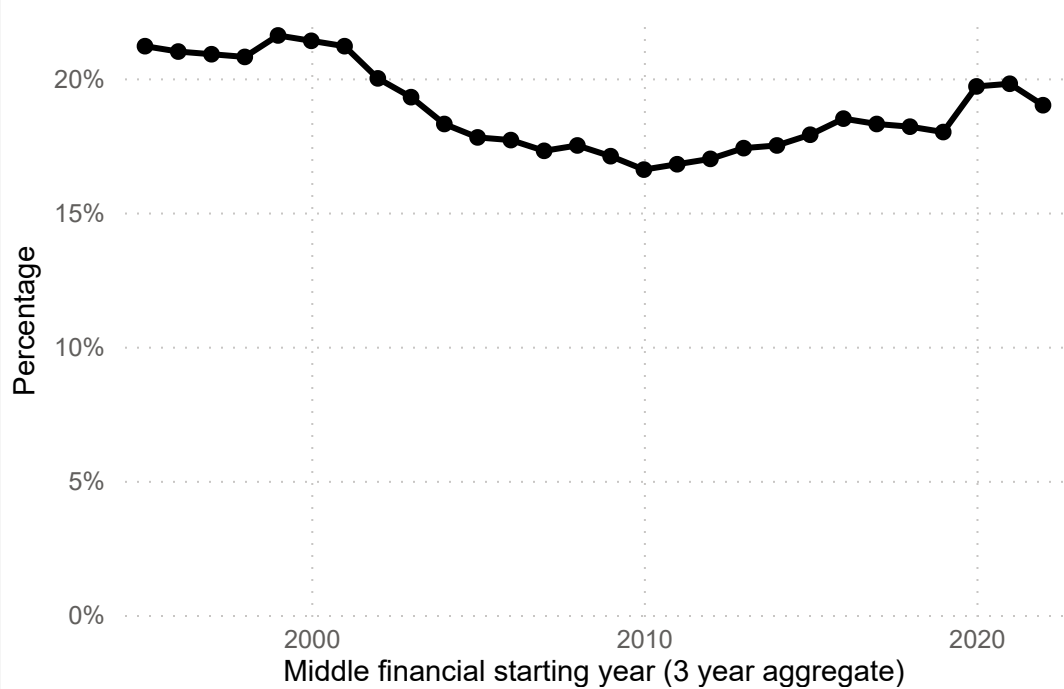
Sources

1,2) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/

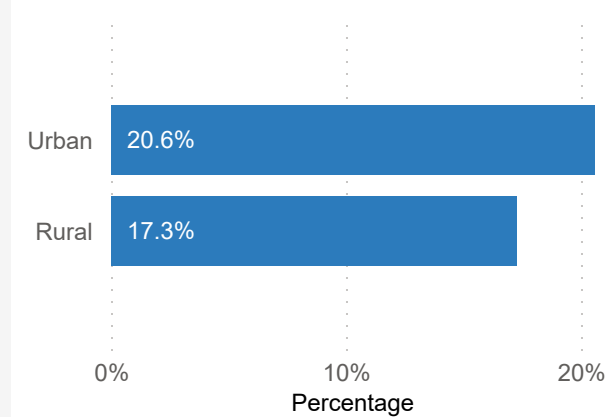
Further information
Public Health Scotland. Housing and health: evidence summary
<https://publichealthscotland.scot/publications/housing-and-health-inequalities-report/>
Fuel Poverty (Targets, Definition and Strategy) (Scotland) Act 2019
<https://www.legislation.gov.uk/asp/2019/10/enacted>
Scottish House Condition Survey: 2023 Key Findings
<https://www.gov.scot/publications/scottish-house-condition-survey-2023-key-findings/>

Individuals in relative poverty (after housing costs)

1) Scotland, adults, over time



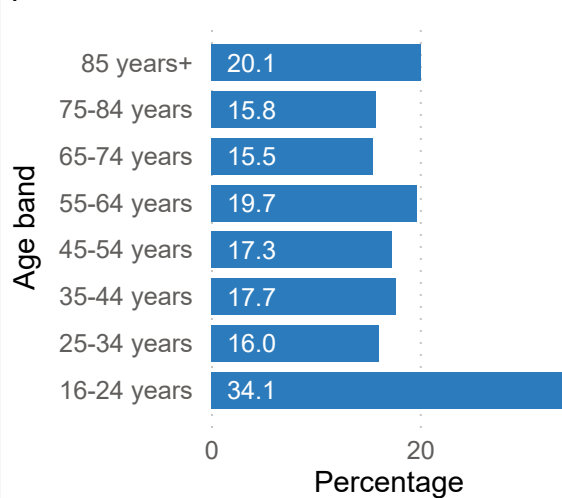
2) Scotland, all people, by rurality, latest period



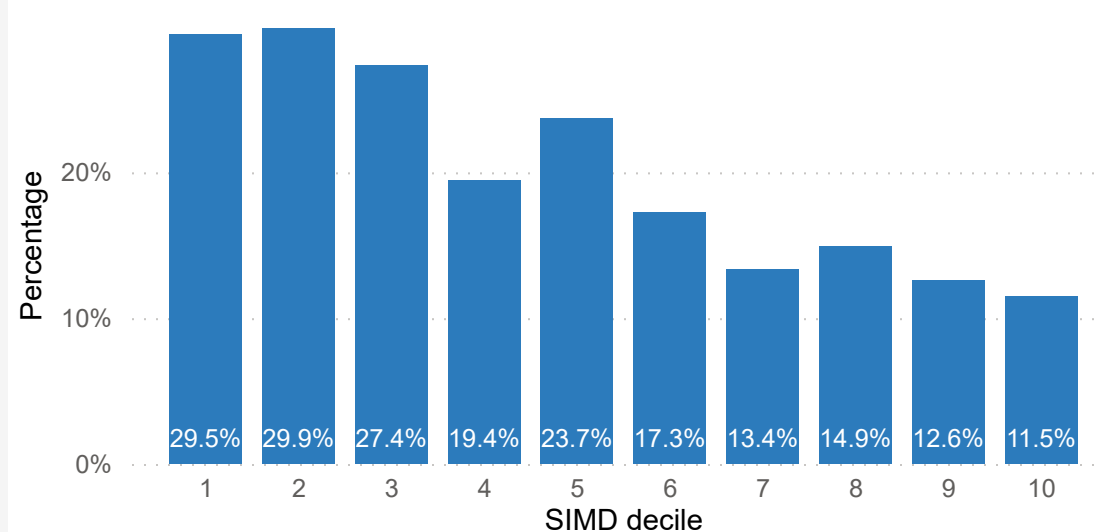
Latest period
2021/22-2023/24

Scottish
average, latest
period
19.0%

3) Scotland, adults, by age, latest period



4) Scotland, all people, by Scottish SIMD decile, latest period



Rationale

Relative poverty measures whether low-income households are keeping pace with middle income households. This indicator is relative poverty after housing costs, defined as being below 60% of median UK income, adjusted for housing expenses. This better reflects actual living standards by accounting for housing expenses, which can significantly reduce disposable income. People in poverty are more likely to experience chronic illness, mental health issues, and reduced life expectancy and poverty limits access to factors which enable health e.g. nutritious food and safe housing.

Inequalities

Relative poverty has increased in Scotland over the past decade (1). Those living in rural areas experience lower relative poverty than in urban areas (2), but face higher living costs. Young adults (16-24 years) are consistently more likely to be living in relative poverty than other age groups (3). People living in the most deprived areas in Scotland are more likely to be in relative poverty than those living in the least deprived (4).

Poverty rates are higher among people with disabilities, minority ethnic groups, single parents, and LGBTQ+ individuals. These groups often face intersecting barriers to employment, education, and social support.

Sources

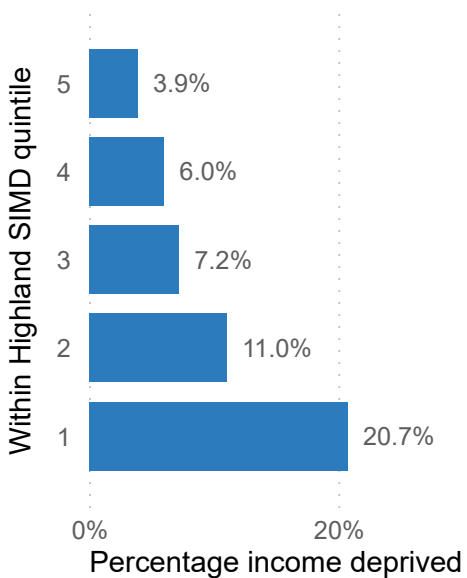
1,3) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/
2,4) Scottish Government, Poverty and Income Inequalities in Scotland 2021-24, Official Statistics Publication for Scotland <https://data.gov.scot/poverty/>

Further information

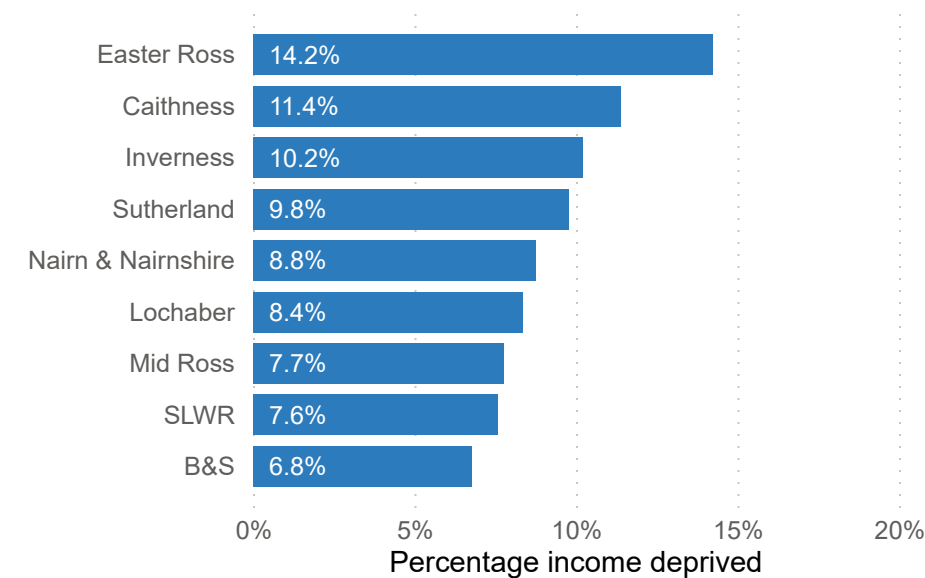
Scottish Government. Poverty in rural Scotland: evidence review <https://www.gov.scot/publications/poverty-rural-scotland-review-evidence/>
Public Health Scotland, Poverty and health <https://publichealthscotland.scot/population-health/social-and-economic-impacts-on-health/economy-and-poverty/poverty-and-health/>

Income deprivation

1) by SIMD quintile



2) by Community Partnership area



SIMD

2020v2

Scotland

12.1%

Highland

9.7%

Highland

22,916

Rationale

Income is a fundamental determinant of health. Adequate income supports basic needs such as safe housing, nutritious food, transportation and energy for heating and cooking, but also enables access to digital services, social participation and independence. Insufficient income is associated with chronic stress, reduced life expectancy, and higher rates of physical and mental illness. Scottish Index of Multiple Deprivation (SIMD) measures income deprivation using administrative data on means-tested benefits and/or tax credits. It is important to note that SIMD 2020 (the most recent) is based on pre-pandemic data and does not reflect changes due to the rollout of Universal Credit, the COVID-19 pandemic, and the cost-of-living crisis.

Highland Inequalities

Those living in SIMD quintile 1 (most deprived areas) in Highland are most likely to be income deprived. However, income deprivation exists in all quintiles, and not all individuals in quintile 1 are income deprived. Easter Ross is the Highland Community Partnership Area with the highest proportion of people who are income deprived (2). Compared to the Scottish average, Highland has a lower percentage of people income deprived (3), but this does not consider higher cost of living in rural areas.

Sources

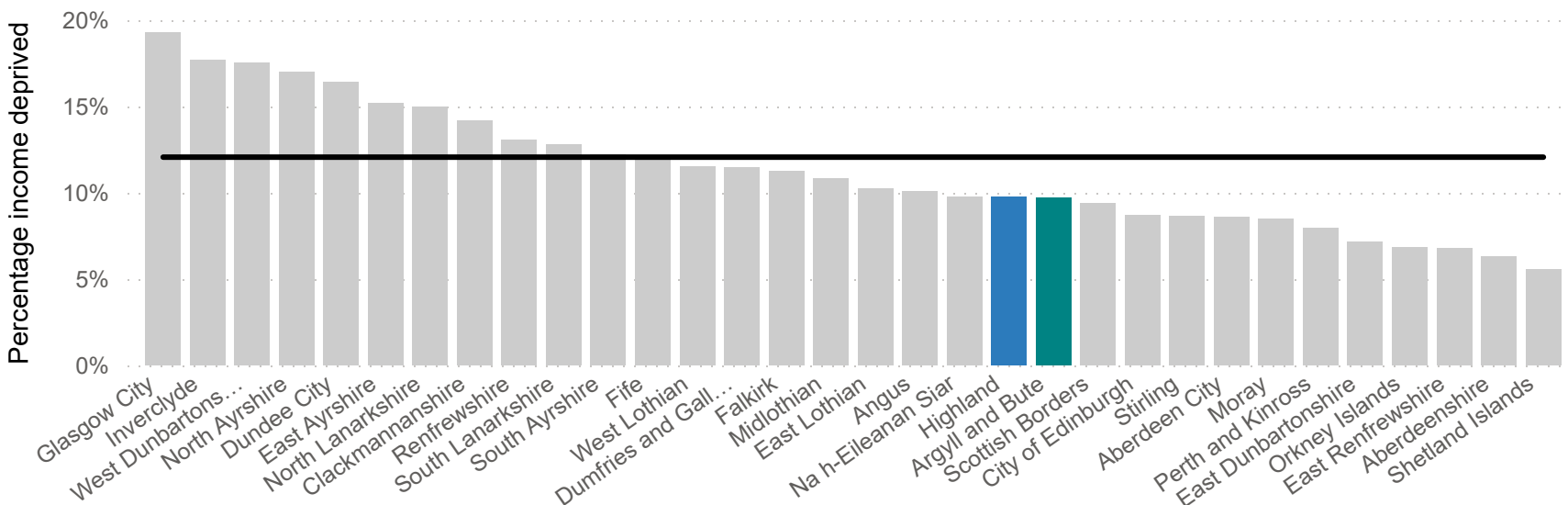
1,2,3) Scottish Government. SIMD 2020v2.
<https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/>
 2) Public Health Scotland. Sub-HSCP geographies
<https://www.opendata.nhs.scot/>

Further information

Highlands and Islands Enterprise. Minimum Income Standards <https://www.hie.co.uk/research-and-reports/our-reports/2016/november/30/a-minimum-income-standard-for-remote-rural-scotland-a-policy-update/>
 Scottish Government. Poverty in rural Scotland: evidence review <https://www.gov.scot/publications/poverty-rural-scotland-review-evidence/>

3) by local authority

● Council area ● Scotland



5. Create and develop healthy and sustainable places and communities

Overview: Create and develop healthy and sustainable places and communities

The places and communities people live in directly impact on their health. Differences between neighbourhoods in **safety**, **infrastructure** and **access to services** contribute to health inequalities. Neighbourhoods that lack safe spaces or active travel routes make it harder to make healthier choices. In contrast, well-designed places can support health and wellbeing by enabling social connection, physical activity and access to nature.

Highland includes urban centres, towns and an extensive remote and rural geography. Achieving equity of access across this landscape requires tailored, place-based approaches. These may include:

- Investments in transport and digital infrastructure
- Community-led service models
- Flexible service delivery e.g. grouping appointments to minimise travel and rescheduling when travel conditions are poor

Examples of effective actions include:

- Access to outdoor spaces and play spaces
- Safe walking and cycle routes
- Traffic calming schemes
- Locally accessible services

Indicators

Indicators were selected which reflect place-based factors influencing health in Highland.

- **Active travel to school**
- **Crime rate**
- **Adults rating neighbourhood as a very good place to live**
- **Access deprivation**
- **Access to open space**

Further reading

Public Health Scotland. Health inequalities policy review <https://publichealthscotland.scot/publications/health-inequalities-policy-review/>

Public Health Scotland. Environmental health impacts <https://publichealthscotland.scot/population-health/environmental-health-impacts/>

Public Health Scotland. Place principle. <https://publichealthscotland.scot/population-health/environmental-health-impacts/place-principle/>

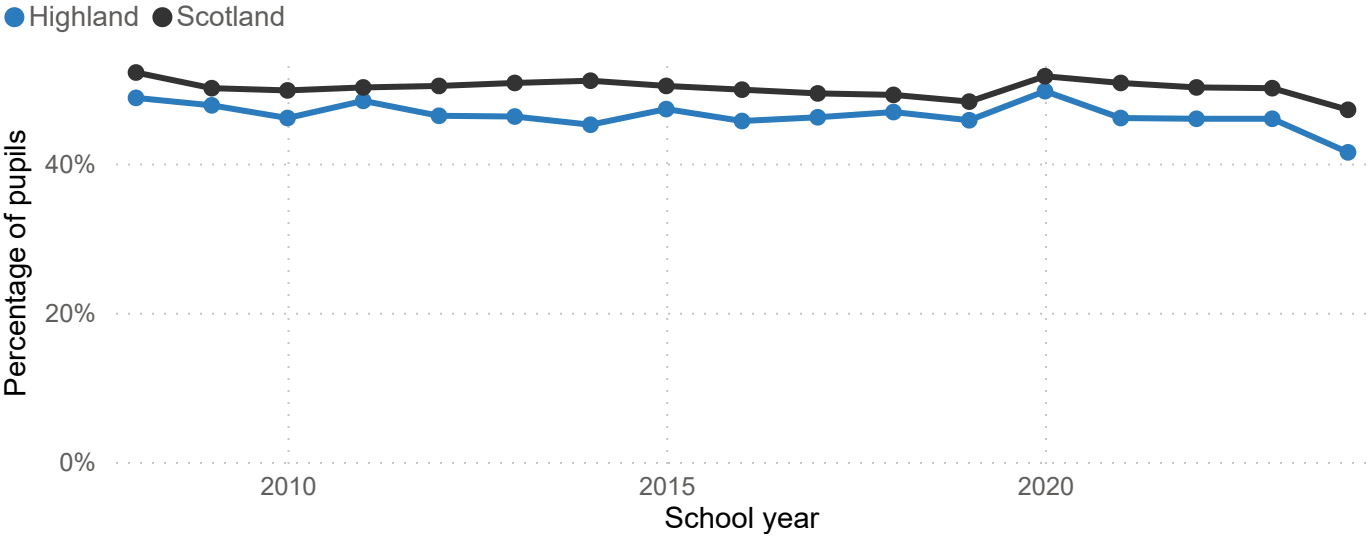
Scottish Government. Place Principle: Shared understanding to improve outcomes and reduce inequalities. <https://www.gov.scot/publications/place-principle-introduction/>

Highland Council The Place-based Approach in Highland <https://engagehighland.co.uk/the-place-based-approach-in-highland>

Highland Community Planning Partnership Highland Outcome improvement plan <https://highlandcpp.org.uk/about-hcpp/highland-outcome-improvement-plan/>

Active travel to school

1) by area, over time



Latest year

2024/25

Highland, latest year

42%

Scotland, latest year

47%

Rationale

Regular physical activity is strongly linked to a reduced risk of morbidity and mortality. It also plays a role in reducing symptoms of anxiety and depression, enhancing sleep quality, and boosting self-esteem and concentration. Active travel is defined as walking, cycling, or other forms of non-motorised transport and offers benefits for physical and mental health and well as contributing to environmental sustainability. Inequalities in active travel are known to be influenced by factors such as gender, age, income, and disability.

Highland Inequalities

The proportion of pupils using active travel to school is consistently lower in Highland than the Scottish average (1,2). The dispersed settlement pattern and long travel distances in rural Highland mean that many pupils rely on motorised transport, including buses and private vehicles, to reach school.

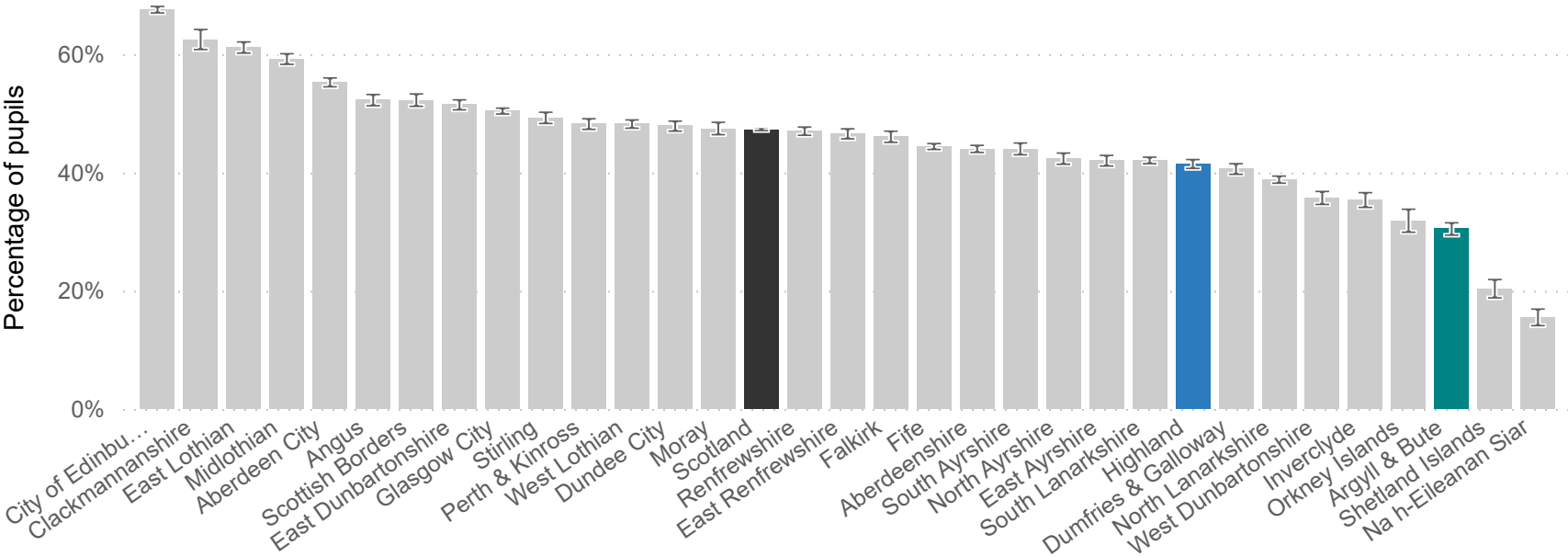
Source

1,2) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Further information

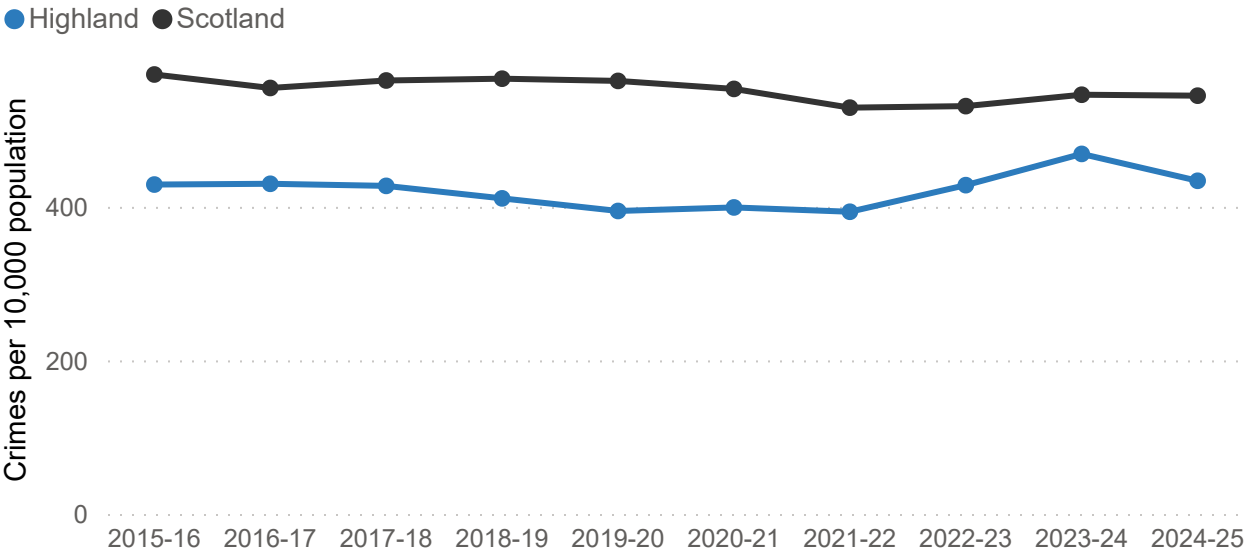
Public Health Scotland. Health Impact Scoping of Active Travel Strategy Guidance.
<https://publichealthscotland.scot/media/17878/health-impact-scoping-of-active-travel-strategy-guidance-feb23.pdf>
Gale A, Teuton J. Place and Well-being Outcomes Briefing: Movement Theme.
https://www.improvementservice.org.uk/_data/assets/pdf_file/0024/51873/Place-and-Wellbeing-Outcomes-Briefing-Movement.pdf
Scottish Public Health Observatory. Physical activity.
<https://www.scotpho.org.uk/risk-factors/physical-activity/key-points/>
World Health Organization. Physical activity.
<https://www.who.int/news-room/fact-sheets/detail/physical-activity>

2) by local authority, latest year



Crime rate

1) total crime by area, over time



Latest year

2024-25

Highland, latest year

434.0

Scotland, latest year

544.8

Rationale

Crime affects health both directly and indirectly. Violent crime can lead to physical injury, long-term disability, and psychological trauma. Exposure to violence, particularly in childhood, is associated with increased risk of mental illness, substance misuse, chronic diseases, and social problems such as poverty and further violence. Non-violent crime, such as anti-social behaviour, can significantly impact mental health and well-being. Victims and witnesses often report fear, anxiety, sleep disturbances, and avoidance behaviours, which can reduce quality of life and community cohesion. Fear of crime can lead to reduced physical activity, social isolation, and lower trust in institutions, all of which are linked to poorer health outcomes. These impacts are often more severe in deprived areas and among individuals with existing health conditions.

Highland Inequalities

Overall, Highland has consistently lower rates of recorded crime than the Scottish average (1). Rates of recorded crimes of dishonesty (which includes theft and fraud) were notably lower in Highland compared to Scotland (2). However, rates of sexual crimes and violent crimes were similar to the Scottish average (2).

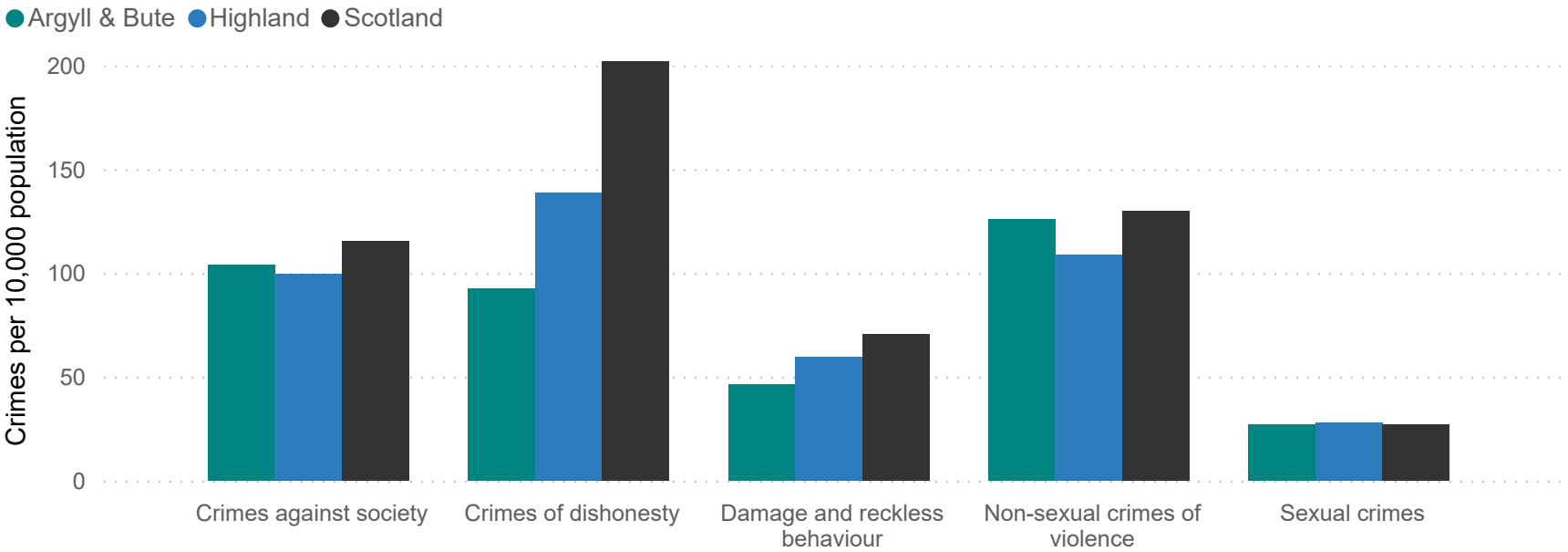
Source

1,2) Scottish Government. Recorded Crime in Scotland <https://www.gov.scot/collections/recorded-crime-in-scotland/>

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World Health Organization. Violence and health. <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>

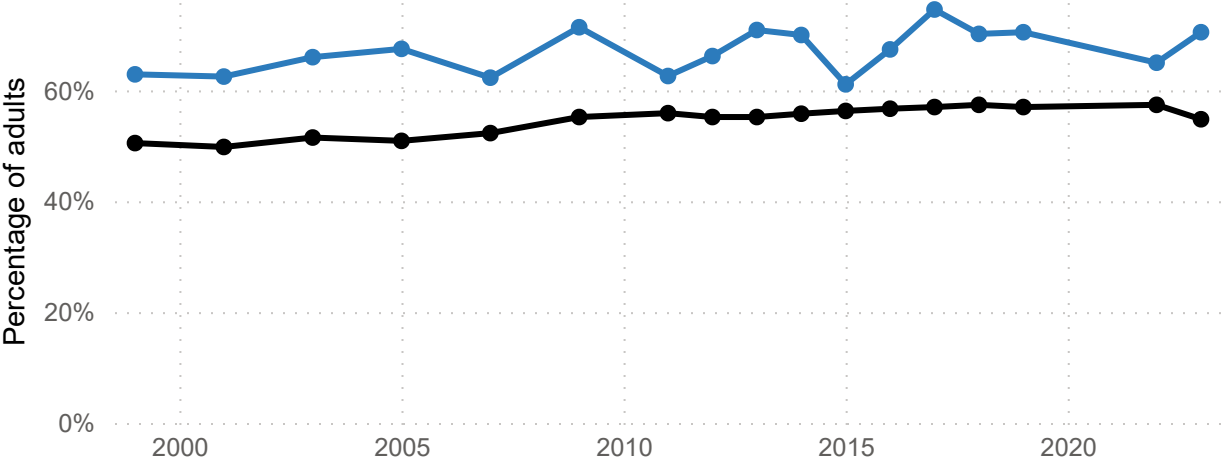
2) by area and crime group, latest year



Adults rating neighbourhood as a very good place to live

1) by area, over time

● Highland ● Scotland



Latest year

2023

Percentage adults,
Highland, latest year

70.5%

Percentage adults,
Scotland, latest year

54.8%

Rationale

The neighbourhoods in which people live have a profound impact on health and well-being. The Scottish Government's place-based policy approach recognises that improving the quality of places can reduce health inequalities and support healthier lives. Neighbourhoods that lack safe walking routes, accessible services, or green spaces are associated with lower levels of physical activity, poorer mental health, and reduced social interaction. These environmental deficits disproportionately affect low-income and marginalised groups, contributing to a gradient of health disadvantage across Scotland.

Highland Inequalities

In Highland, adults are more likely than the Scottish average to rate their neighbourhood as a very good place to live (1,2).

Data published for Scotland shows that people living in the most deprived quintile are less likely to rate their neighbourhood as a very good place to live.

Sources

1,2) Scottish Household Survey data provided via Scottish Public Health Observatory

https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Further information

Scottish Government. Scottish Household Survey 2022

<https://www.gov.scot/publications/scottish-household-survey-2022-annual-report/>

Scottish Government. Place Principle: Shared understanding to improve outcomes and reduce inequalities.

<https://www.gov.scot/publications/place-principle/>

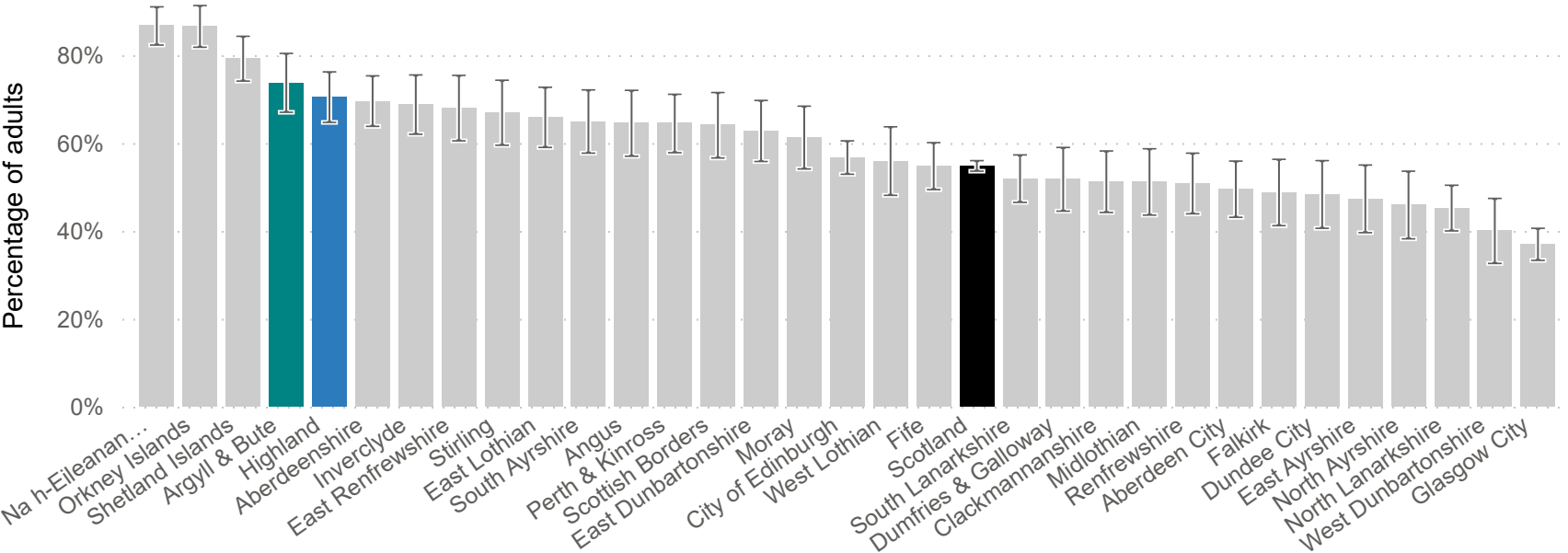
Scottish Public Health Observatory. Community Wellbeing.

<https://www.scotpho.org.uk/archive/community-wellbeing/data/data-introduction/>

Scottish Government. Local living and 20 minute neighbourhoods: planning guidance

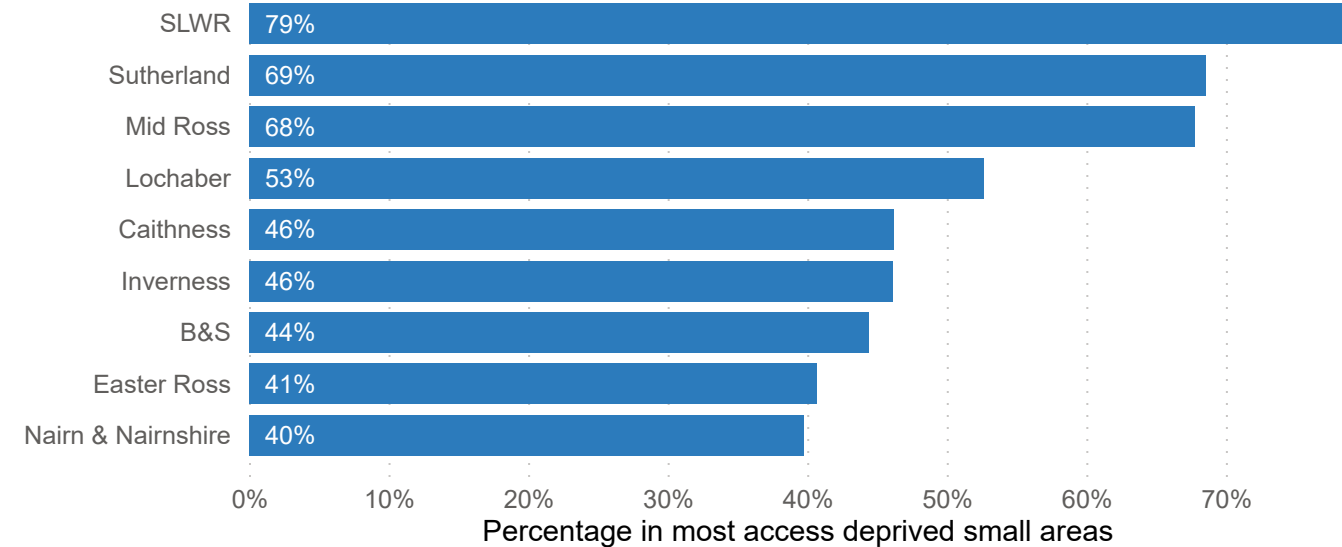
<https://www.gov.scot/publications/scottish-government-planning-guidance-local-living-20-minute-neighbourhoods/pages/1/>

2) by local authority, latest year



Access deprivation

1) by Community Partnership Area



SIMD

2020v2

Highland

52%

Scotland

22%

Rationale

Access to essential services is an important determinant of health and wellbeing. The Scottish Index of Multiple Deprivation (SIMD) includes an "Access" domain that measures drive and public transport times to key services including GP practices. In rural areas geographic isolation, dispersed settlements and limited infrastructure significantly affect service accessibility. Higher transport costs contribute to higher costs of living and rural poverty. The Scottish Government recognises the contribution of local living (within 20 minute neighbourhoods) to reducing health inequalities. This indicator measures the percentage of people living in areas within the most access deprived quintile in Scotland.

Highland Inequalities

Skye, Lochalsh and Wester Ross is the Community Partnership Area with the highest proportion of people in the most access deprived areas (1). However, all Community Partnership Areas in Highland have a higher proportion of the population living in access deprived areas than the Scottish average. Highland has a far higher proportion than average of its population living in areas classified as the most access deprived (2).

Sources

1,2) Scottish Index of Multiple Deprivation (SIMD) 2020v2 <https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/> (within Scotland access deprivation quintile) and National Records of Scotland 2022 mid-year population estimates via Public Health Scotland open data <https://www.opendata.nhs.scot/>

1) Public Health Scotland. Sub-HSCP geographies <https://www.opendata.nhs.scot/>

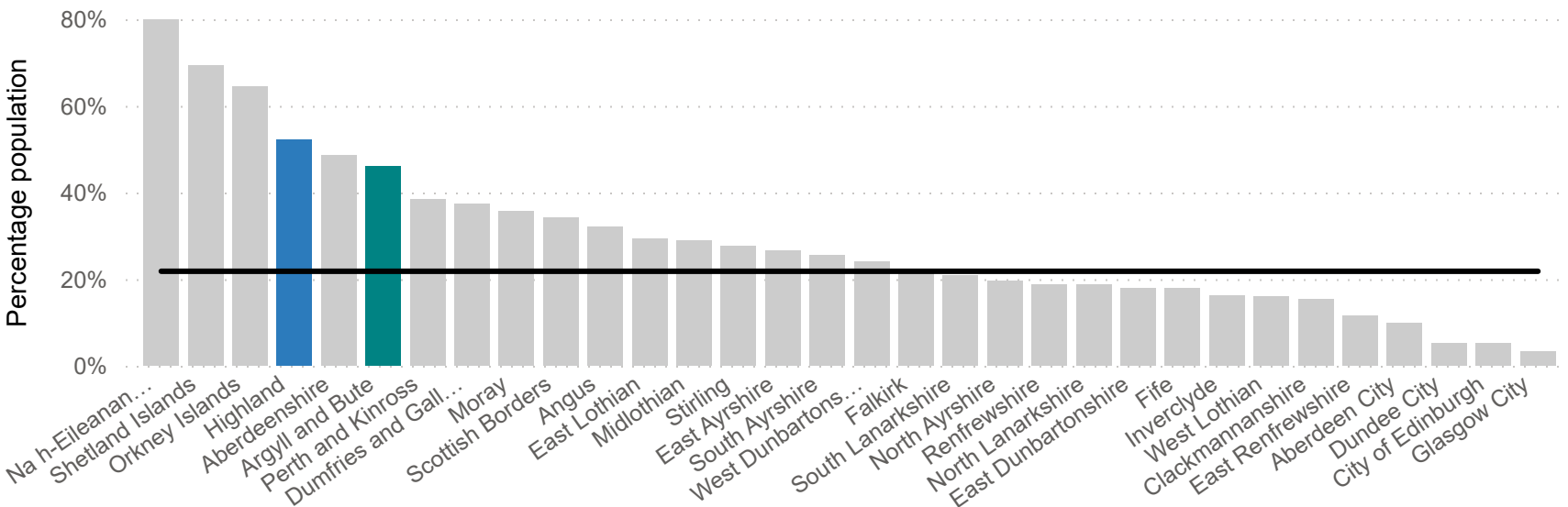
Further information

Scottish Government. Poverty in rural Scotland: evidence review <https://www.gov.scot/publications/poverty-rural-scotland-review-evidence/>

Scottish Government. Local living and 20 minute neighbourhoods: planning guidance <https://www.gov.scot/publications/scottish-government-planning-guidance-local-living-20-minute-neighbourhoods/pages/1/>

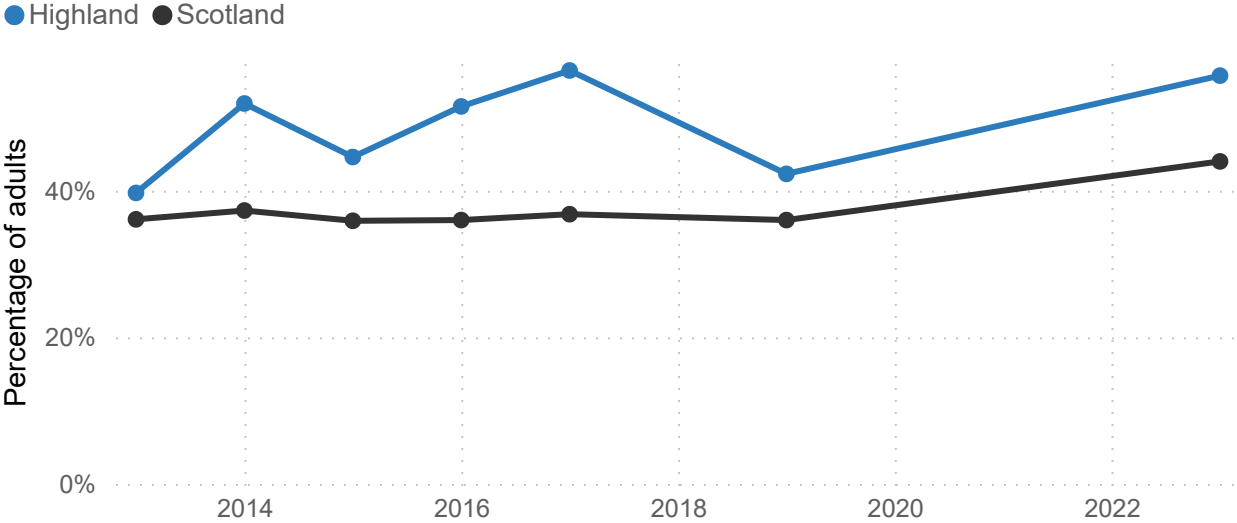
2) by local authority

● Council area ● Scotland



Access to open space

1) by area, over time



Latest year

2023

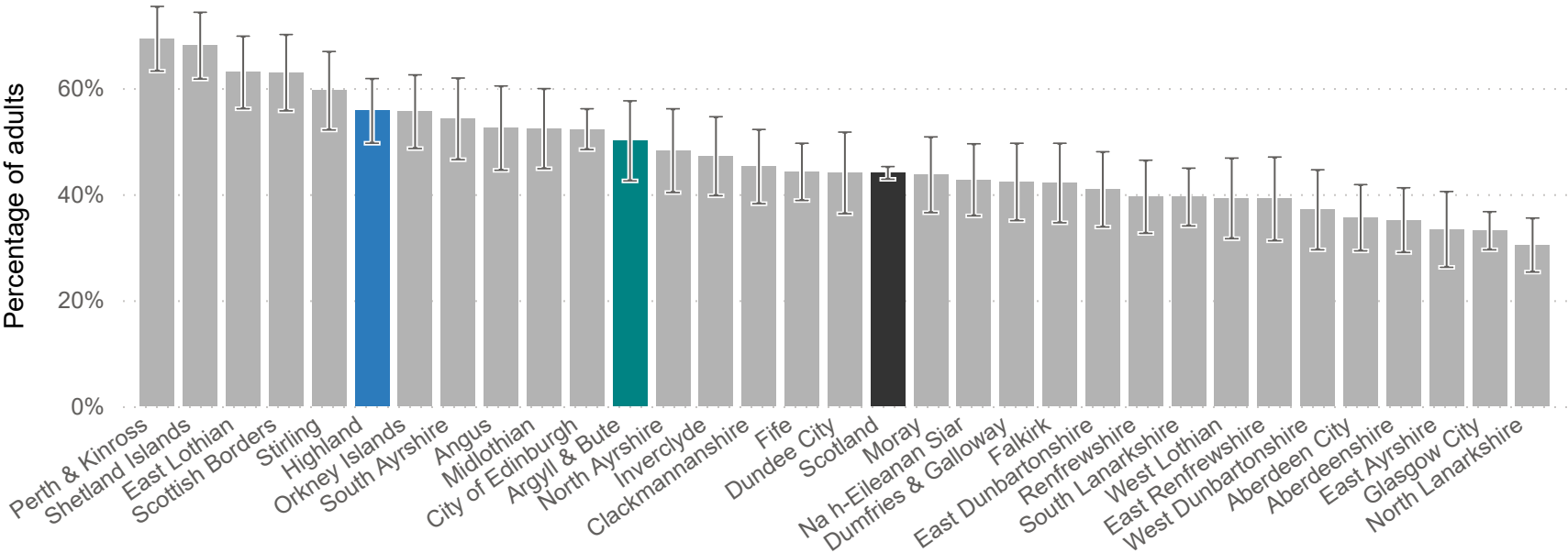
Percentage adults in Highland, latest year

55.7%

Percentage adults in Scotland, latest year

44.0%

2) by local authority, latest year



Rationale

Access to open space is a key determinant of both physical and mental health. Regular interaction with green and blue spaces is associated with reduced stress, improved mood, increased physical activity, and enhanced social cohesion.

The Highland Outcome Improvement Plan (HOIP) highlights the role of place in shaping well-being. The plan commits to improving access to green spaces and active travel routes, particularly in areas of deprivation and rural fragility. This indicator is based on survey data. Respondents are asked how far they live from public green, blue or open space and then how often they use or pass through this space. Regular use of open space was defined as more than once a week.

Highland Inequalities

Adults in Highland report higher regular use of open space than the Scottish average (1,2), but many adults in Highland do not regularly access open space. Scottish Health survey data shows that, in Scotland, those in the most deprived SIMD quintiles were least likely to regularly use open spaces.

Source

1,2) Scottish Health Survey via Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Further information

Scottish Public Health Observatory. Physical environment.
<https://www.scotpho.org.uk/wider-determinants/physical-environment/introduction-and-policy-context/>
Public Health Scotland. Place and Well-being Outcomes Briefing: Movement Theme.
https://www.improvementservice.org.uk/_data/assets/pdf_file/0024/51873/Place-and-Wellbeing-Outcomes-Briefing-Movement.pdf

6. Strengthen the role and impact of ill health prevention

Overview: Strengthen the role and impact of ill health prevention

Health-related behaviours such as smoking, harmful use of alcohol and drugs, poor nutrition and physical inactivity are major contributors to the development of chronic diseases. These behaviours follow a social gradient with higher rates in more deprived communities.

Universal health promotion activity can unintentionally widen health inequalities when they are more easily accessed or more effective for some groups than others. For example, people with poor literacy skills, learning disabilities or facing social disadvantage may struggle to engage with health messaging or attend screening appointments. To address this, the principle of proportionate universalism is key. This means that interventions are universal so that all can benefit but they are delivered with intensity and support according to need. Those facing greatest disadvantage receive additional help to overcome barriers.

Prevention of ill health is not solely the responsibility of Public Health. All sectors and settings have a role in supporting healthier choices.

Examples of effective actions include:

- Restrictions on unhealthy food advertising
- Minimum unit pricing for alcohol
- Smoking cessation support
- Targeting service delivery based on need

Indicators

Six indicators related to health-related behaviours in Highland were selected. These all show a clear social gradient and positive change in these, especially where need is greatest, would improve population health and reduce health inequalities.

- Alcohol-specific deaths
- Drug-related deaths
- Bowel screening uptake
- Smoking
- Adult healthy weight
- Probable suicide deaths

Further reading

Institute of Health Equity. Evidence to Action. Strengthen the role and impact of ill health prevention

<https://www.instituteofhealthequity.org/taking-action/evidence-to-action-reports/strengthen-the-role-and-impact-of-ill-health-prevention>

Institute of Health Equity. Fair Society Healthy Lives Report <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/>

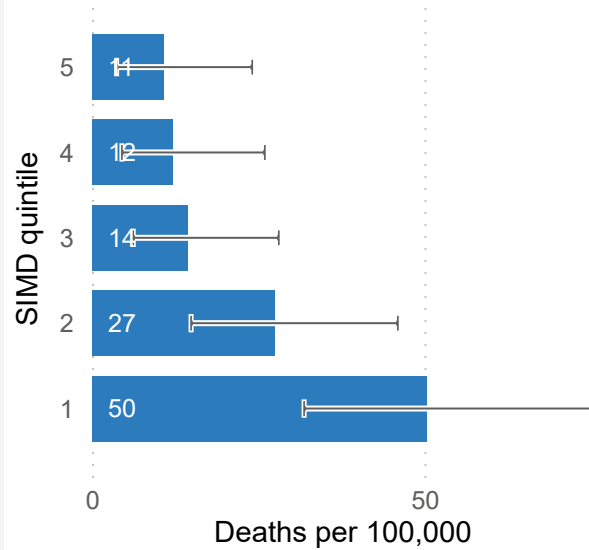
Public Health Scotland. Health inequalities policy review <https://publichealthscotland.scot/publications/health-inequalities-policy-review/>

Public Health Scotland. Improving Scotland's health <https://publichealthscotland.scot/population-health/improving-scotlands-health/>

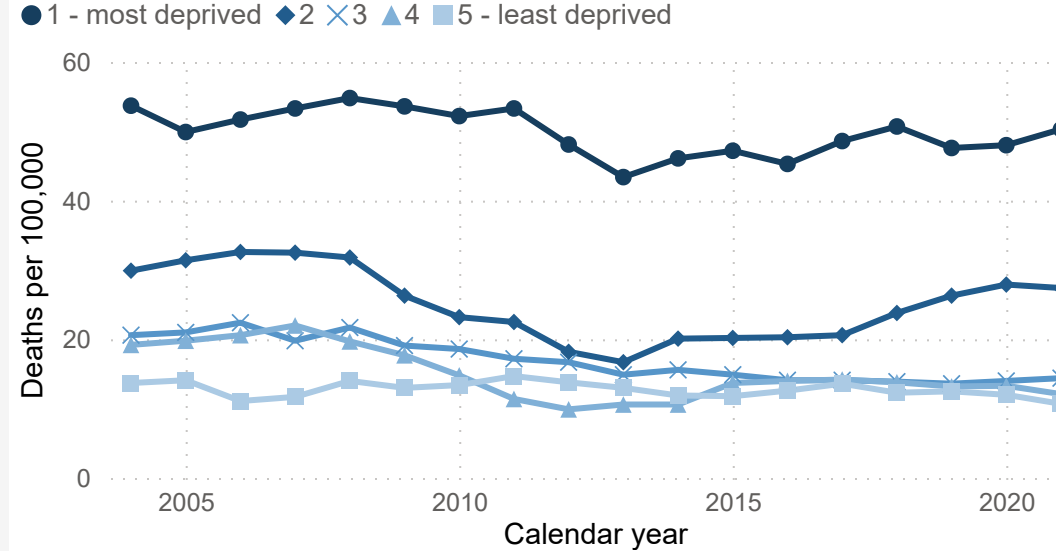
Public Health Scotland. Public mental health <https://publichealthscotland.scot/population-health/public-mental-health/>

Alcohol-specific deaths

1) by SIMD quintile, latest period



2) by SIMD quintile, over time



Rationale

The harmful use of alcohol is a major driver of health inequalities. Harms due to problem alcohol use include reduced quality of life, hospitalisations, early deaths, and social harms such as violence and domestic abuse. Harmful use of alcohol impacts upon individuals, children, families and communities. Alcohol-specific deaths are those where the cause of death is considered wholly attributable to alcohol.

Highland Inequalities

Alcohol-specific deaths occur across all deprivation quintiles and are consistently higher in the most deprived areas (1,2). Rates of alcohol-specific deaths are higher in males than in females (3). Rates also vary by more than two-fold across Highland CPP areas. These differences should be interpreted with caution due to the wide confidence intervals and relatively small numbers of deaths (4).

Sources

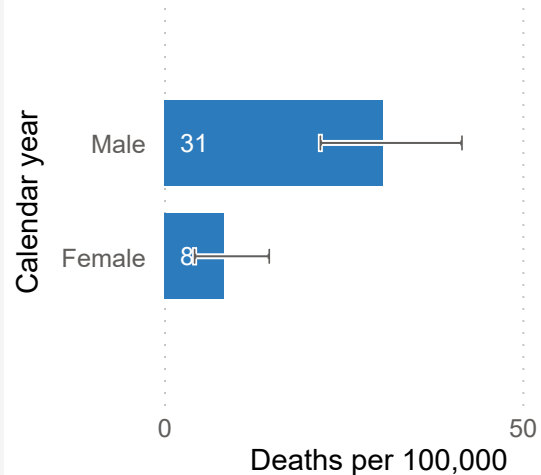
1,2,4) Scottish Public Health Observatory https://scotland.shinyapps.io/ScotPHO_profiles_tool/
 3) Public Health Scotland. Alcohol consumption and harms. <https://publichealthscotland.scot/publications/alcohol-consumption-and-harms-dashboard>
 Year relates to year of death registration.

Further information

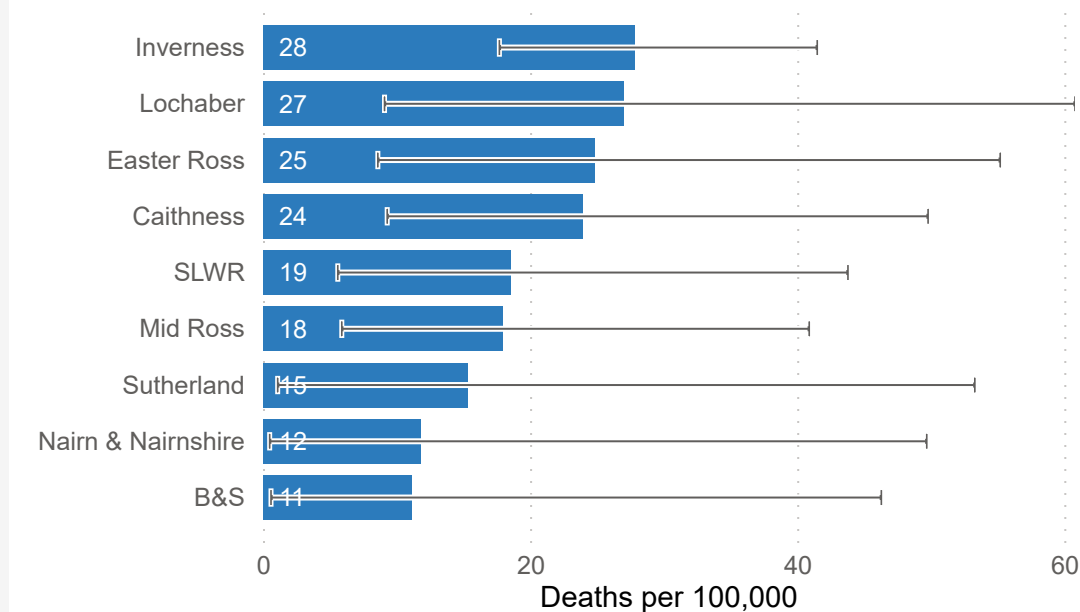
National Records of Scotland. Alcohol-specific deaths. <https://www.nrscotland.gov.uk/publications/alcohol-specific-deaths-2023/>
 Alcohol Focus Scotland. Alcohol harm profiles. <https://www.alcohol-focus-scotland.org.uk/harm-profiles/>

Latest period
2019-2023

3) by sex, 2023

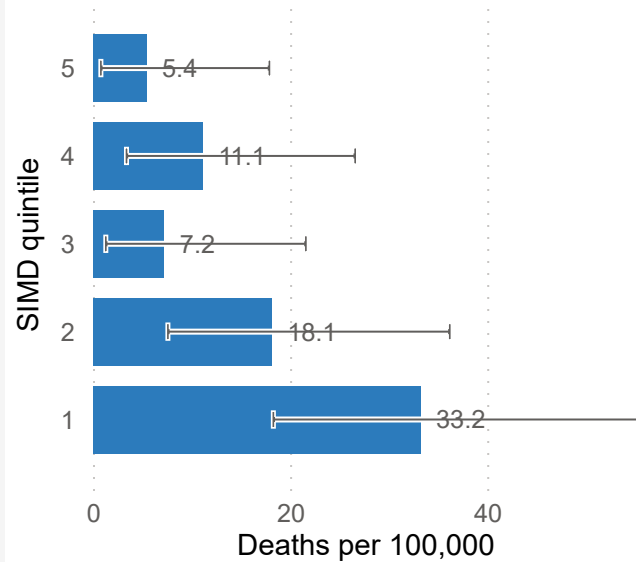


4) by Community Partnership area, latest period



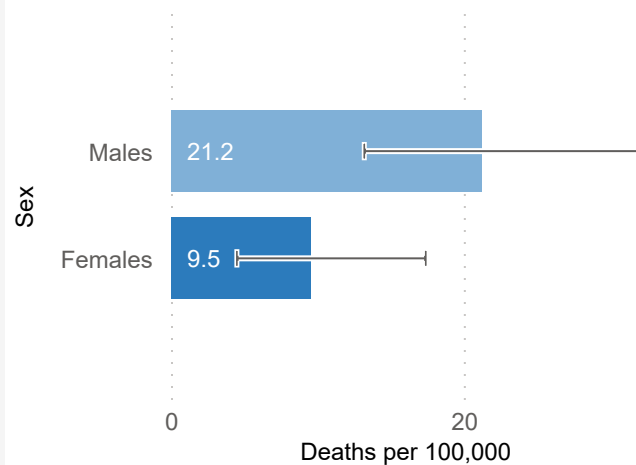
Drug-related deaths

1) by SIMD quintile, latest 5-year period

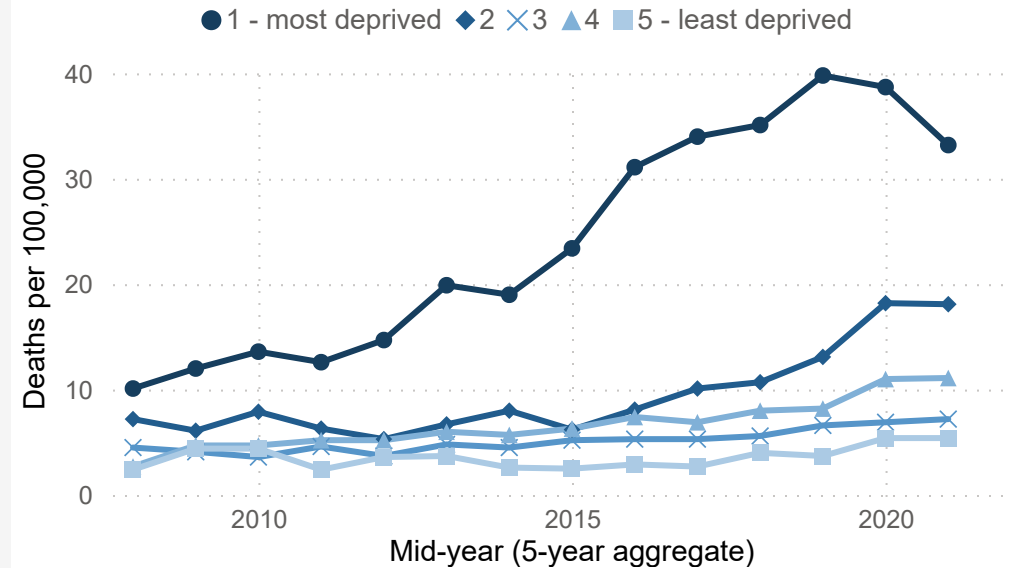


Latest period
2019-2023

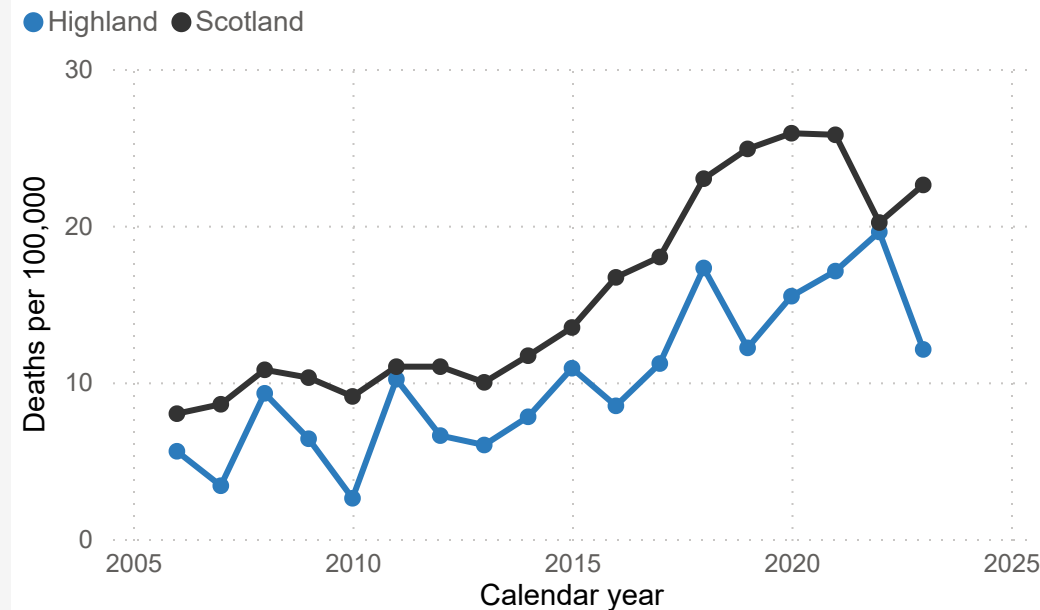
3) by sex, latest 5-year period



2) by SIMD quintile over time



4) by area, by calendar year



Rationale

Problematic use of drugs and other substances is a significant issue in Highland and across Scotland. A National Mission was announced by the Scottish Government in 2021 to reduce deaths and improve lives impacted by drugs. Evidence highlights that multiple disadvantage (early years trauma, poor housing, crime, poverty) contributes to substance use, which in turn contributes to further disadvantage.

Highland Inequalities

Drug-related deaths occur across all socioeconomic groups but are disproportionately concentrated in the most deprived areas in Highland (1,2). Rates of drug-related deaths are consistently higher in males than in females (3). Rates of drug-related deaths have increased since 2005, although recent data suggest a small decline. Highland's rates remain below the Scotland average (4). National data show that the majority of deaths occur among people aged 35–54, often reflecting long-term substance use and complex health needs.

Source

1,2,3,4) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/
 Rates are age-sex standardised. Year relates to year of death registration.

Further information

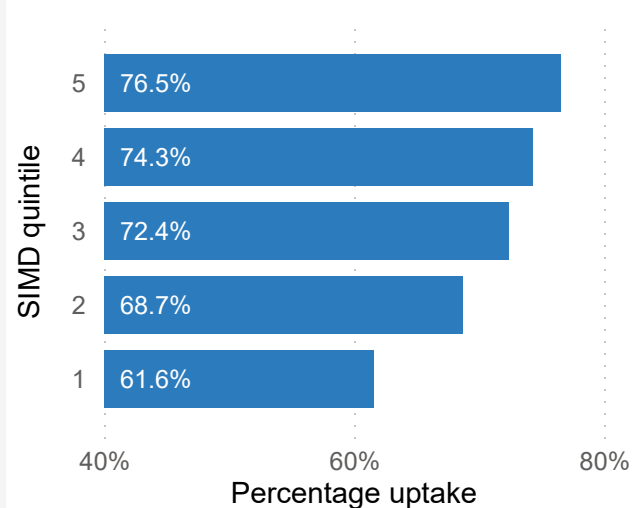
National Records of Scotland. Drug-related deaths
<https://www.nrscotland.gov.uk/publications/drug-related-deaths-in-scotland-in-2023/>
 Scottish Government. National Drugs Mission Plan: 2022-2026. <https://www.gov.scot/publications/national-drugs-mission-plan-2022-2026>
 Public Health Scotland. Substance use and multiple disadvantage: evidence summary 2023
<https://publichealthscotland.scot/population-health/improving-scotlands-health/drugs/>

Bowel screening uptake

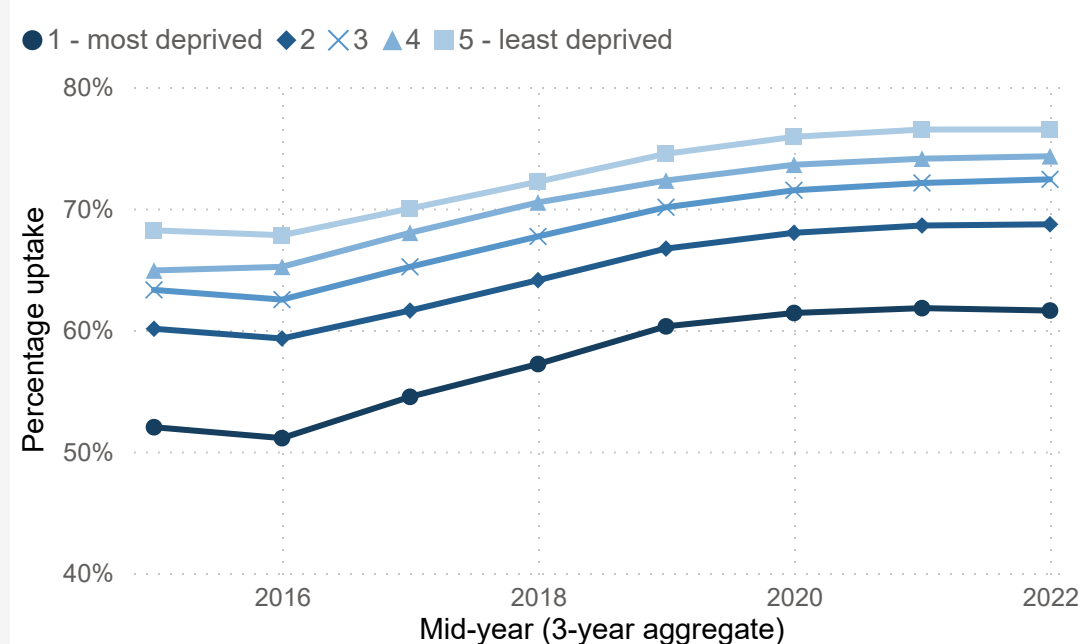
Latest period

2021-2023

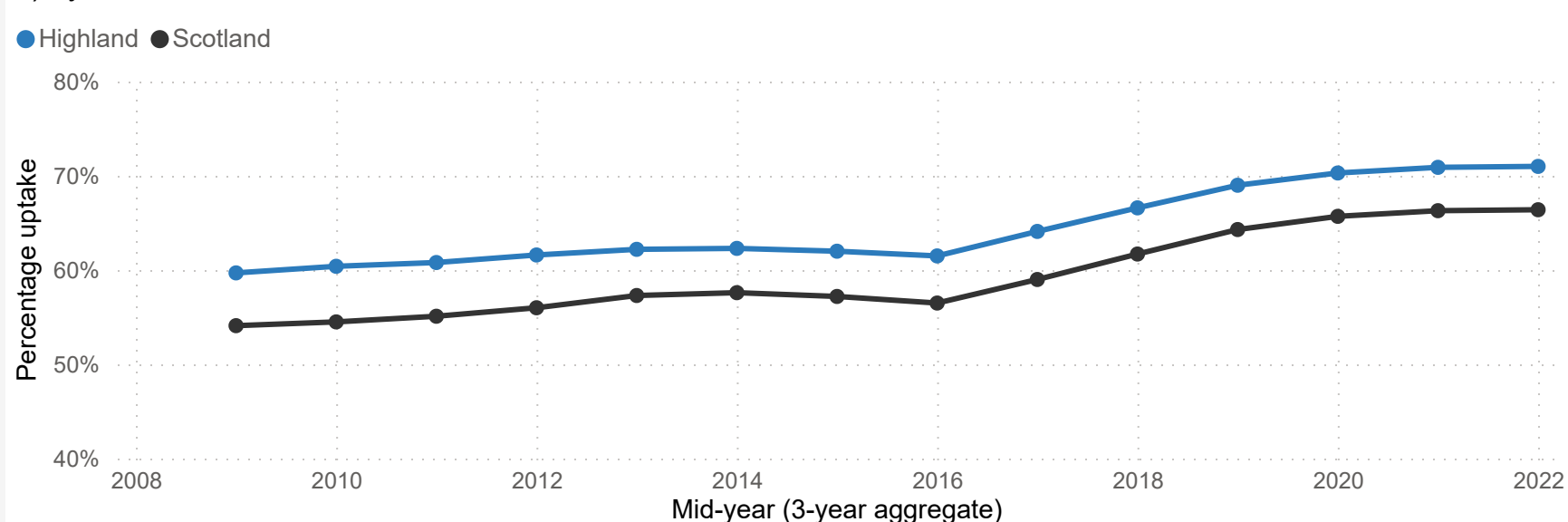
1) by SIMD quintile, latest 3-year period



2) by SIMD quintile over time



3) by area, over time



Rationale

Bowel screening is a key form of secondary prevention aimed at detecting cancer early, when treatment is more likely to be effective. Early detection through screening significantly improves survival rates and reduces the need for more intensive treatment.

In Scotland, the national bowel cancer screening invites those aged 50-74 to participate every two years. The introduction of the faecal immunochemical (FIT) test in 2017 improved acceptability and uptake, particularly among men. Barriers to bowel screening include low health literacy, cultural beliefs and stigma.

Highland Inequalities

Uptake of bowel cancer screening for bowel cancer is not equal across the NHS Highland area. People living in the most deprived SIMD quintile are consistently less likely to participate in screening compared to those in the least deprived areas (1,2).

Overall uptake in NHS Highland has improved since the introduction of FIT and has stabilised around 70% in recent years, which is higher than the Scotland average (3).

Source

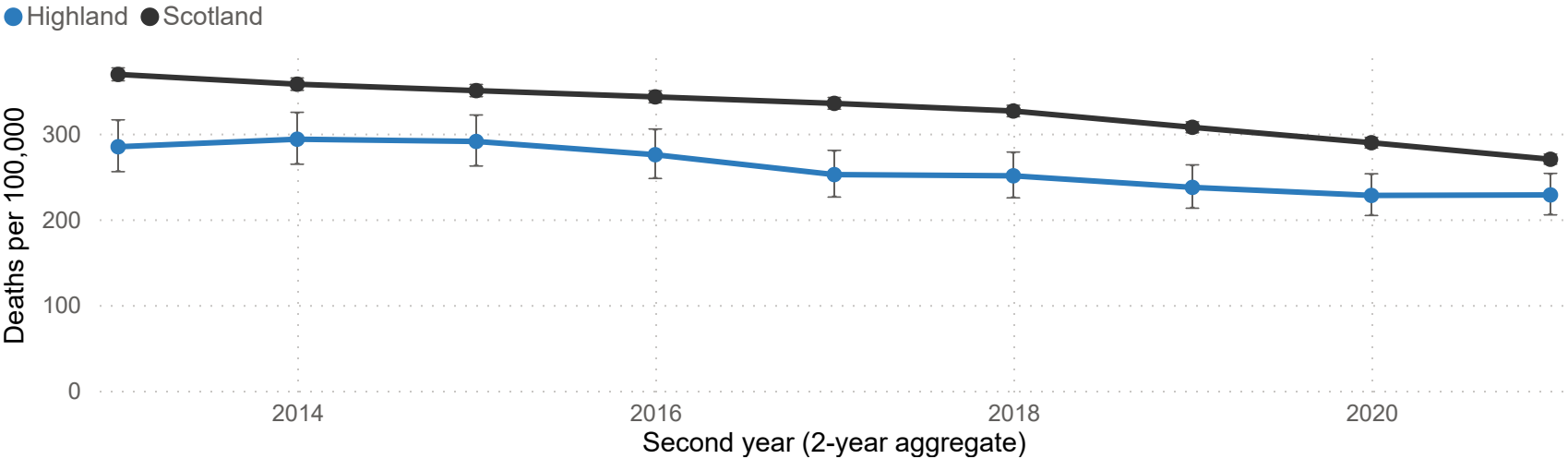
1,2,3) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Further information

Public Health Scotland. Scottish bowel screening programme statistics.
<https://publichealthscotland.scot/publications/scottish-bowel-screening-programme-statistics/>
 Scottish Government. Scottish Equity in Screening Strategy 2023–2026. <https://www.gov.scot/publications/scottish-equity-screening-strategy-2023-2026/>

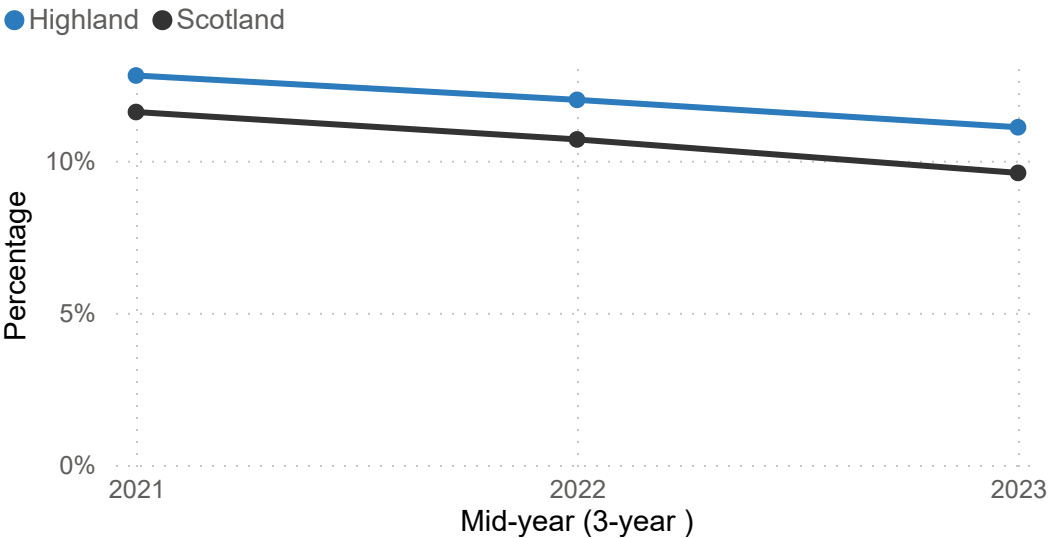
Smoking attributable deaths

1) smoking attributable deaths by area, over time

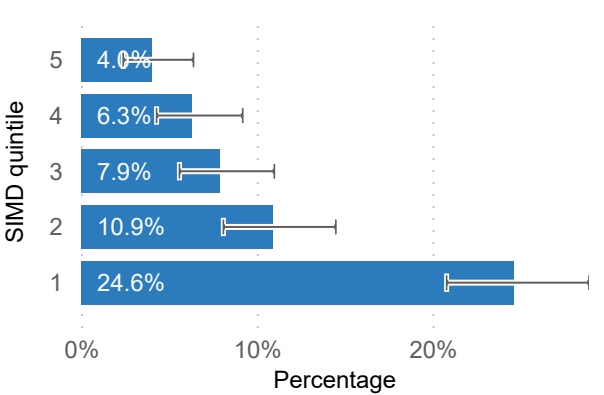


Women smoking in pregnancy

2) women smoking in pregnancy over time



3) Women smoking in pregnancy by SIMD quintile, latest 3-year period



Rationale

Tobacco smoking remains the leading preventable cause of ill health and early death in Scotland. It is estimated that half of all people who smoke regularly will die early because of smoking-related diseases. Tobacco use is one of the largest drivers of health inequalities, with the highest rates of smoking and smoking-related illness found in the most deprived communities. Smoking harms extend beyond the individual. Children in lower socioeconomic households are more likely to be exposed to second-hand smoke at home, even after smoke-free legislation. Tobacco smoking in pregnancy is a significant preventable risk of harm to pregnant women and their babies.

Highland Inequalities

Smoking attributable death rates are lower in Highland than Scotland and have fallen over time (1). In Scotland, rates of smoking attributable deaths were over four times higher in the most deprived quintile than in the least deprived quintile.

Smoking in pregnancy is more common in Highland than Scotland and is highest in the most deprived areas (2,3). Smoking also drives further inequalities in other groups of society, with some of the highest smoking rates seen among people with mental health conditions and LGBTQ+ communities.

Source

1,2,3) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/

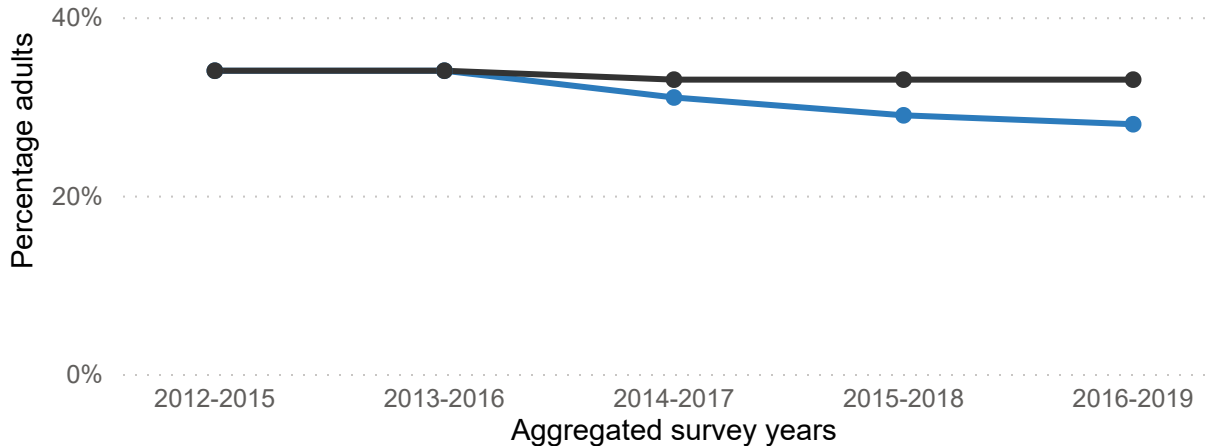
Further information

Scottish Government. Tobacco and vaping framework.
<https://www.gov.scot/publications/tobacco-vaping-framework-roadmap-2034>
ASH Scotland. Smoking in Scotland.
<https://ashscotland.org.uk/briefing/smoking-in-scotland/>
Scottish Public Health Observatory. Tobacco Use
<https://www.scotpho.org.uk/risk-factors/tobacco-use/key-points/>

Adult healthy weight

1) by area, over time

● Highland ● Scotland



Latest period

2016-2019

Percentage healthy weight,
Highland, latest period

28%

Percentage healthy weight,
Scotland, latest period

33%

Rationale

Improving healthy weight is a key evidence-based priority in Scotland's Population Health Framework. The framework recognises that a whole system approach to improve food environments and access to a healthy balanced diet is needed to improve population levels of healthy weight.

Obesity is recognised both as a complex disease and as a risk factor for health conditions including type 2 diabetes, cardiovascular diseases, cancer and dementia. Overweight and obesity are strongly linked to deprivation.

Highland Inequalities

Highland has a lower percentage of adults of healthy weight than Scotland, although this difference is not statistically significant (1). Around two thirds of adults do not have a healthy weight.

Adult healthy weight data are sourced from a national population survey and are limited breakdowns are available by council area. In Scotland, the least deprived areas consistently had the highest percentage of the population of healthy weight (2,3). Males are less likely to be of healthy weight than females.

Source

1,2,3) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/

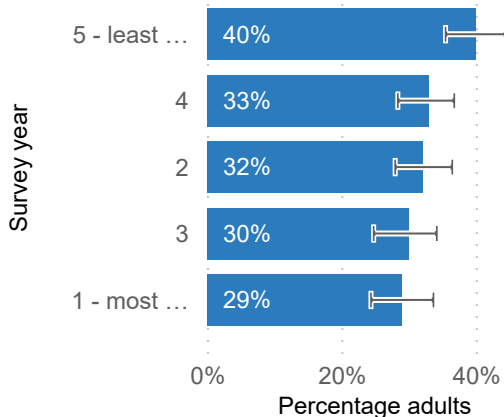
Scottish Health Survey data from 2020 are excluded due to changes in survey methods during the COVID-19 pandemic. SIMD quintiles are within Scotland.

Further information

Scottish Government. Scotland's Population Health Framework
<https://www.gov.scot/publications/scotlands-population-health-framework/>
Scottish Government. Scottish Health Survey
<https://www.gov.scot/collections/scottish-health-survey/>

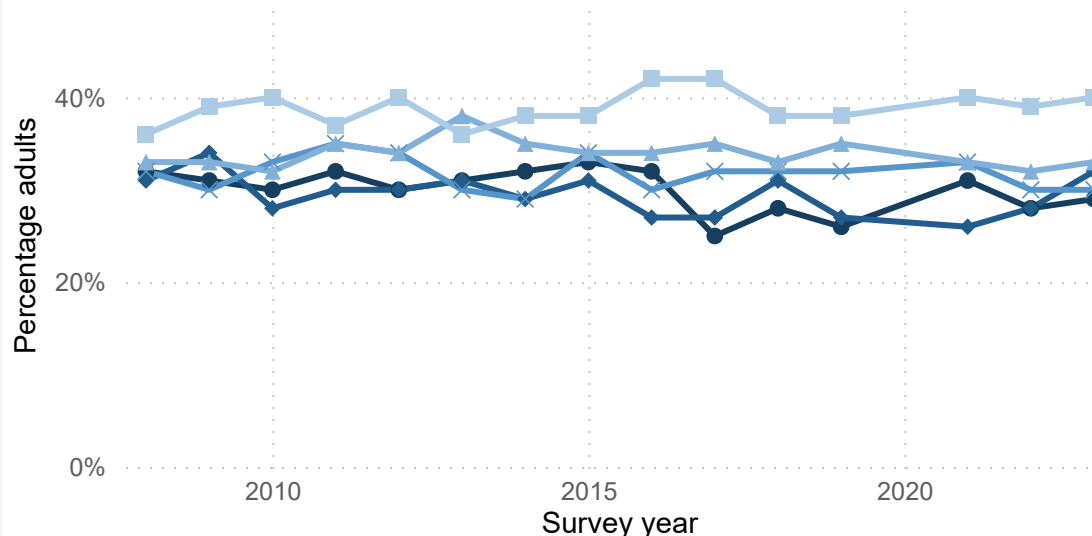
Latest single year 2023

2) Scotland, by SIMD quintile, latest single year



3) Scotland, by SIMD quintile, over time

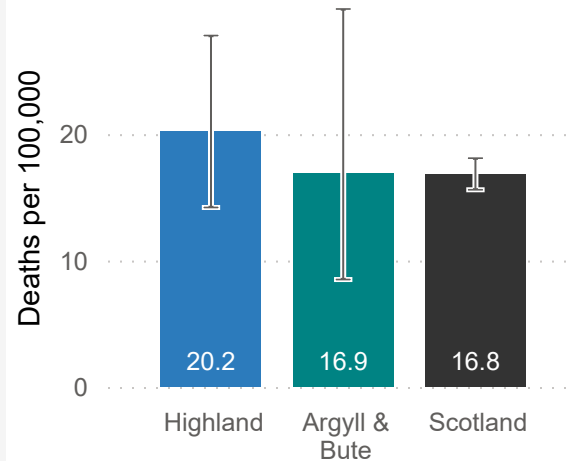
● 1 - most deprived ◆ 2 × 3 ▲ 4 ■ 5 - least deprived



Probable suicide deaths

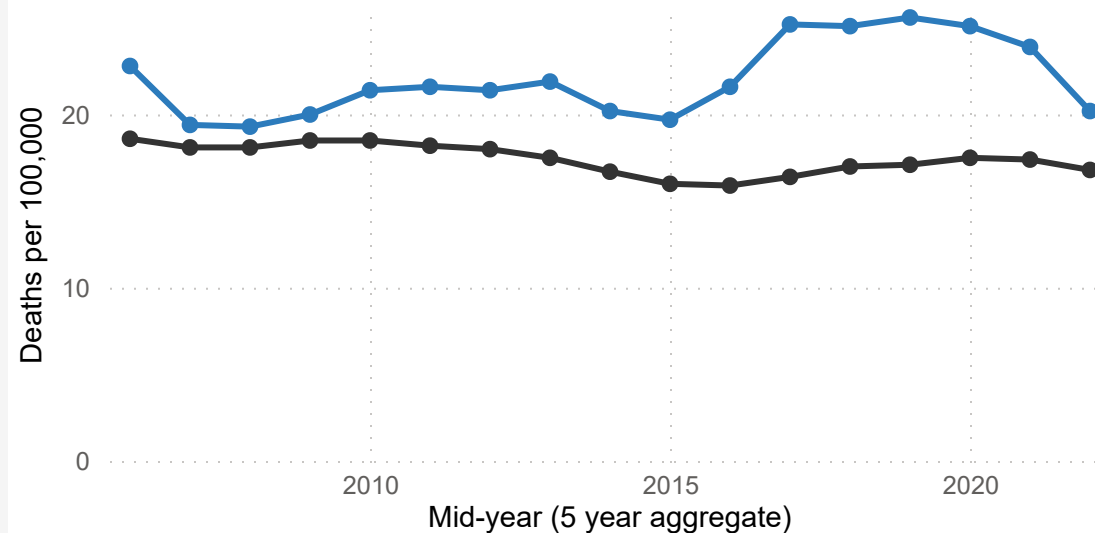
Latest period
2020 - 2024

1) by area (latest 5-year period)

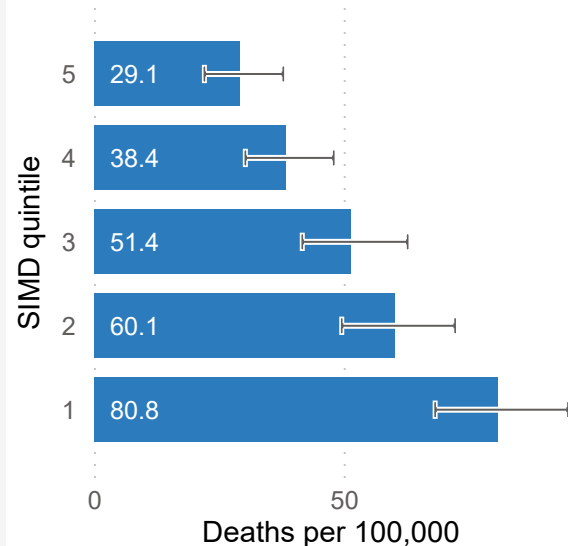


2) by area, over time

● Highland ● Scotland

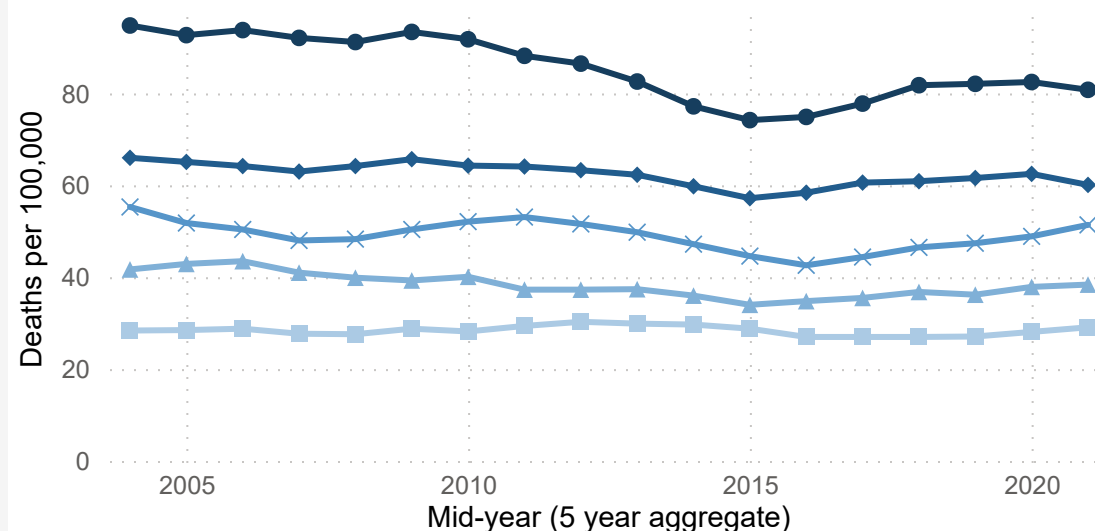


3) Scotland, by SIMD quintile, latest 5-year period



4) Scotland, by SIMD quintile, over time

● 1 - most deprived ◆ 2 × 3 ▲ 4 ■ 5 - least deprived



Rationale

Suicide is a significant public health concern in Scotland. There is no single explanation of why people die by suicide and suicide affects all age groups and communities. There are very substantial socio-economic and socio demographic inequalities in suicide risk. Demand for mental health services continues to rise, driven by wider societal pressures and increased awareness and reduced stigma around mental health issues. Suicide prevention requires a coordinated, collaborative and integrated approach across all partners in Highland.

Highland Inequalities

In 2023, Highland had the second highest suicide rate in Scotland. Suicide rates in Highland have been consistently higher than the Scotland average (1,2).

Nationally, suicide is more common among people living in the most deprived areas compared to those in the least deprived (3,4). While men are more likely to die by suicide, suicide rates among women have also increased.

Sources

1,2,3,4) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/

SIMD quintiles are within Scotland. Rates are age-sex standardised. Year relates to year of death registration.

Further information

National Records of Scotland. Probable Suicides
<https://www.nrscotland.gov.uk/publications/probable-suicides-2023>
Scottish Government. Creating Hope Together: Scotland's Suicide Prevention Strategy 2022–2032.
<https://www.gov.scot/publications/creating-hope-together-scotlands-suicide-prevention-strategy-2022-2032/>

7. Tackle racism, discrimination, and their outcomes

Overview: Tackle racism, discrimination, and their outcomes

Discrimination, including racism, ableism, sexism and other biases, is a major driver of health inequalities. It generates stress, undermines individual control and contributes to poorer physical and mental health. Bias within services, including healthcare, can result in unequal access, poorer experiences and worse outcomes for marginalised groups. Tackling racism and discrimination is essential to ensuring fair service delivery and for improving experiences and the health of affected groups.

This Marmot principle is **cross-cutting**, influencing all other domains of health inequality. Promoting inclusion requires action across sectors to remove barriers, challenge bias, and ensure services are responsive to diverse needs.

Examples of effective actions include:

- Workforce training to be culturally sensitive and reduce unconscious bias
- Inclusive service design and delivery
- Targeting services in line with need
- Active engagement with communities experiencing discrimination

Indicators

Three indicators were selected to reflect experiences of discrimination and inequality in Highland. Data on ethnicity or race are often limited, inconsistent or unpublished due to small counts, creating a gap in local intelligence.

- **Adults experiencing discrimination in the past year**
- **Gender pay gap**
- **Domestic abuse**

Further reading

Institute of health equity. Evidence to action reports. Tackle discrimination, racism and their outcomes

<https://www.instituteoftheequity.org/taking-action/evidence-to-action-reports/tackle-discrimination-racism-and-their-outcomes>

Public Health Scotland. What-causes-health-inequalities

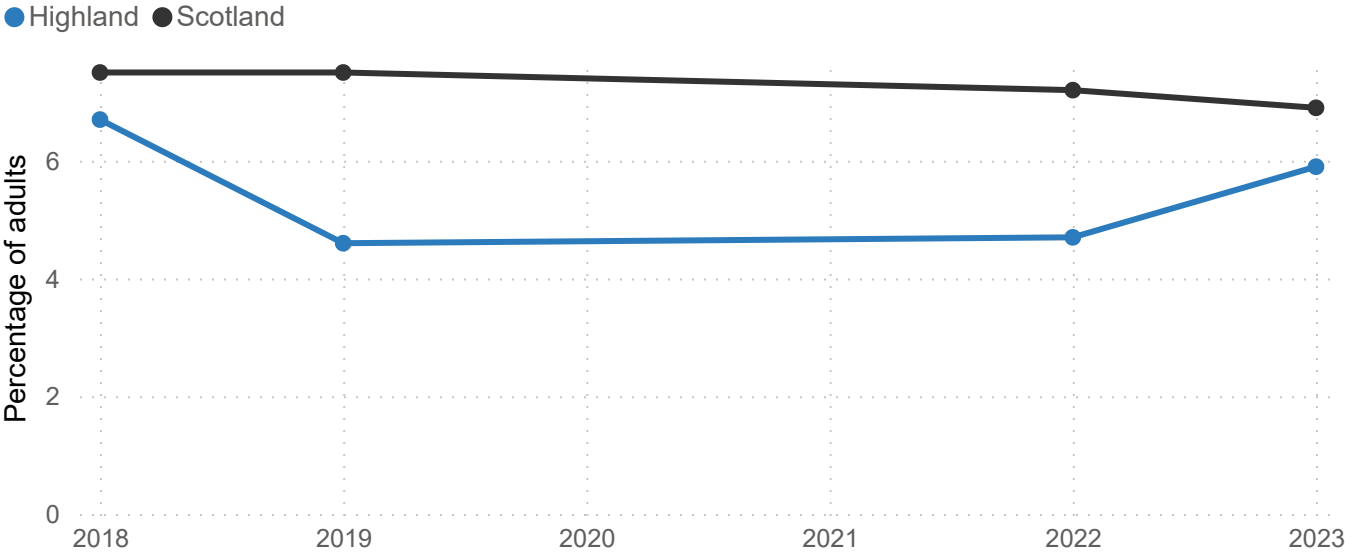
<https://publichealthscotland.scot/population-health/social-and-economic-impacts-on-health/equity-and-justice/health-inequalities/what-causes-health-inequalities/>

Highland Violence Against Women Partnership <https://hvawp.scot.nhs.uk>

Public Health Scotland. Health inequalities policy review <https://publichealthscotland.scot/publications/health-inequalities-policy-review/>

Adults experiencing discrimination in the past year

1) by area, over time



Latest year

2023

Adults experiencing discrimination, Highland, latest year

5.9%

Adults experiencing discrimination, Scotland, latest year

6.9%

Rationale

Discrimination has both immediate and lasting impacts of health. It can affect access to services, increase exposure to trauma, and contribute to chronic stress, all of which are associated with poorer physical and mental health outcomes. Discrimination undermines trust in institutions, reduces help-seeking behaviour, and can lead to social isolation and economic disadvantage.

Highland Inequalities

Adults in Highland are less likely to report experience of discrimination than the Scottish average (1,2). This may partly reflect the area's lower proportion of ethnic minority residents. National data from the Scottish Household Survey shows that certain groups are significantly more likely to experience discrimination, including ethnic minorities, disabled people, gay, lesbian or bisexual individuals and young people aged 16 to 24. Discrimination is also more commonly reported, nationally, by those living in the most deprived SIMD quintile.

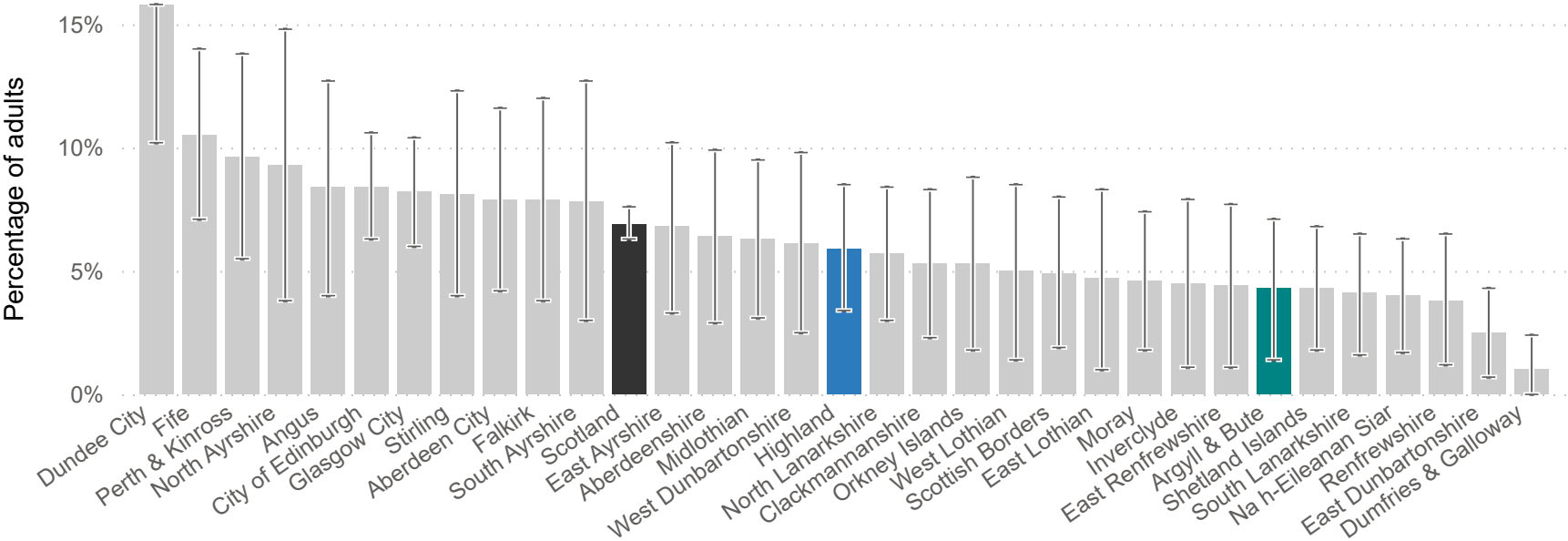
Source

1,2) Scottish Household survey data via Scottish Public Health Observatory https://scotland.shinyapps.io/ScotPHO_profiles_tool/ Data from 2020 and 2021 are excluded due to changes in methodology during the COVID-19 pandemic.

Further information

Scottish Government. Scottish Household Survey <https://www.gov.scot/publications/discrimination-and-harassment-in-scotland-results-from-the-2023-scottish-household-survey/> Marmot M. Health equity in England: the Marmot review 10 years on. BMJ. 2020;368:m693. <https://www.bmj.com/content/368/bmj.m693>

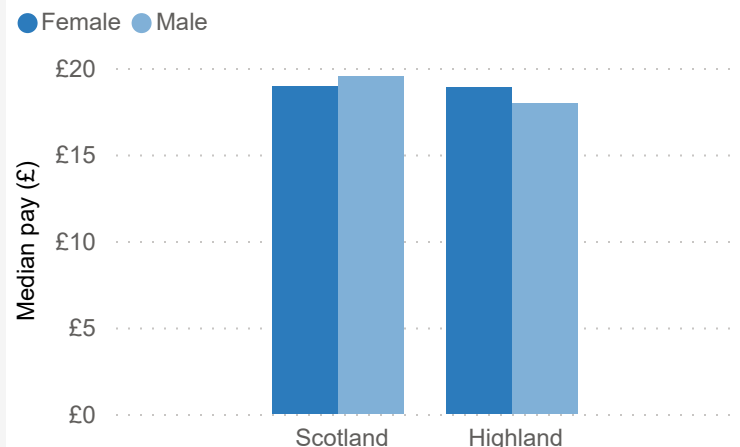
2) by local authority, latest year



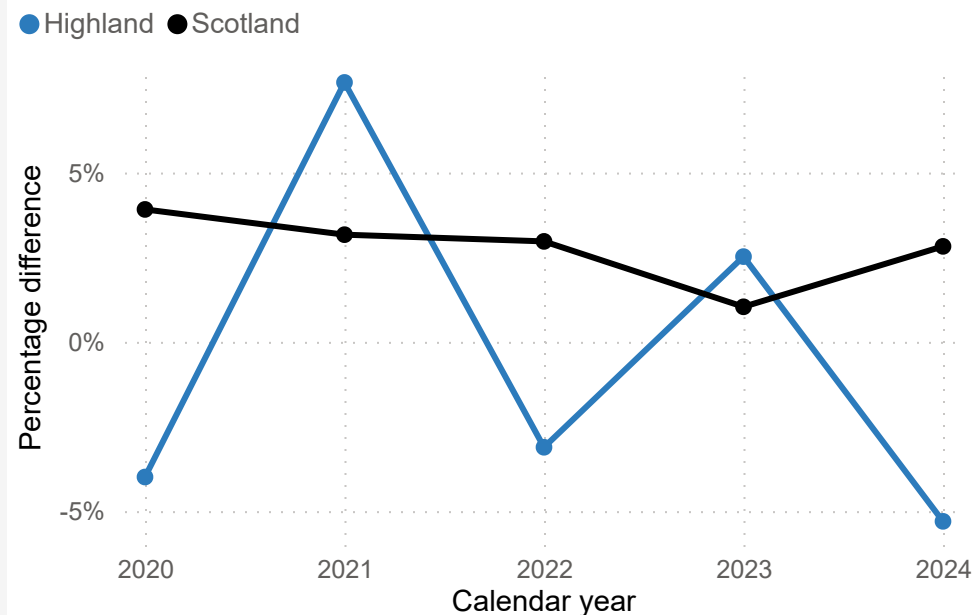
Gender pay gap

Latest year
2024

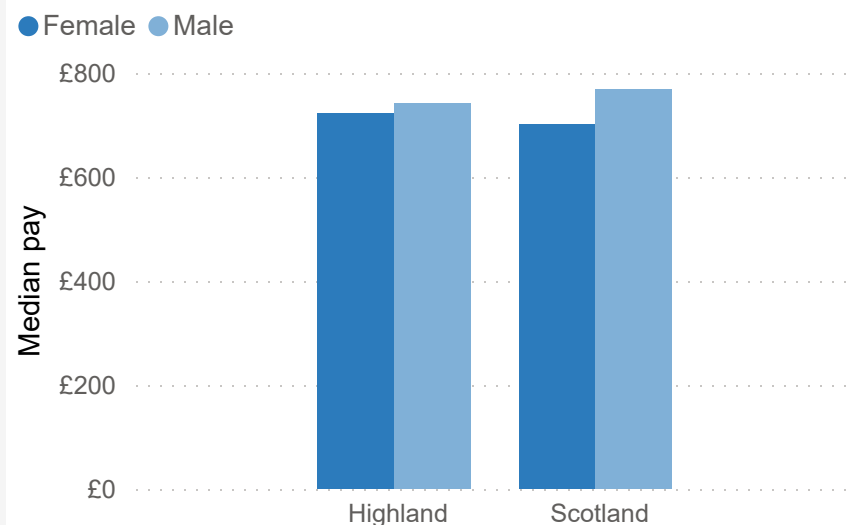
1) hourly full-time weekly pay by area and sex, latest year



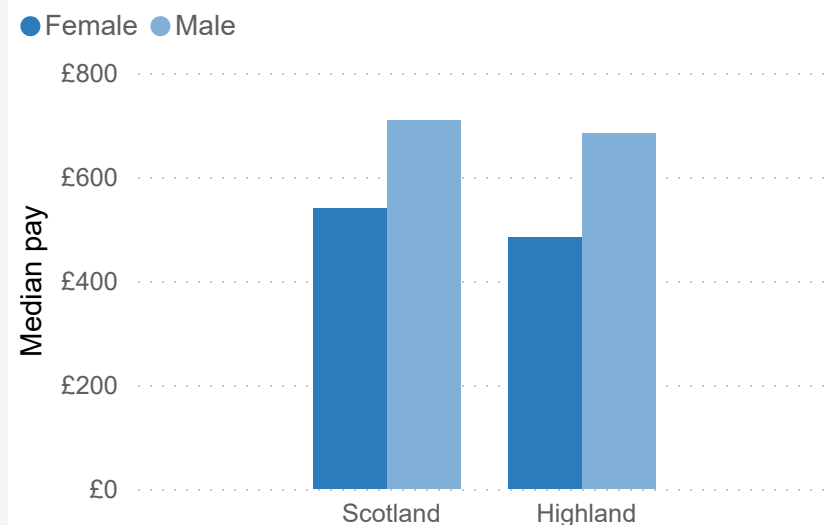
2) gender pay gap by area, over time



3) median full-time weekly pay by area and sex, latest year



4) median total weekly pay by area and sex, latest year



Rationale

The gender pay gap reflects a persistent and unfair difference in average earnings between males and females, with significant implications for health equity. Income and employment conditions are key social determinants of health. The Fairer Scotland Duty places legal responsibility on public bodies to actively consider how they can reduce root causes of health inequalities, including the gender pay gap.

The gender pay gap is defined as the difference in average full time hourly pay between men and women, expressed as a percentage of male earnings. Positive values indicate higher average pay for men and negative values higher average pay for women.

Highland Inequalities

In Scotland, men are paid more than women on average (1,2). Variation in the gender pay gap from year to year is likely to be an artefact of the smaller survey sample for Highland (2).

The Office for National Statistics report that the gender pay gap has decreased over time in all UK nations. It widens for those earning higher incomes, those aged over 40, for those in skilled trades occupations and in England compared to other UK nations.

Females are more likely to work part time or fewer hours and the difference in average weekly pay between men and women is higher than for those working full-time (3,4).

Source

1,2,3,4) Nomis. Annual Survey of Hours and earnings
<https://www.nomisweb.co.uk/>

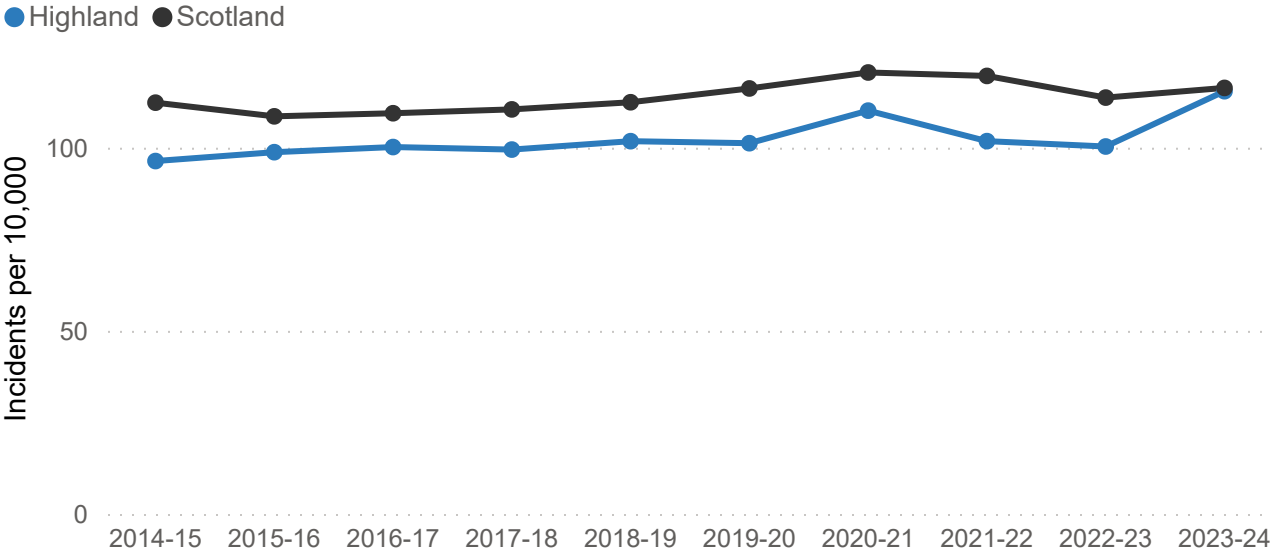
Further information

Office for National Statistics. Gender gap in the UK.
<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/genderpaygapintheuk/2024>

Scottish Government. Fairer Scotland Duty: guidance for public bodies <https://www.gov.scot/publications/fairer-scotland-duty-guidance-public-bodies/>

Domestic abuse

1) by area, over time



Latest year

2023-24

Rate in Highland, latest year

115.4

Rate in Scotland, latest year

116.3

Rationale

Domestic abuse has profound and lasting effects on both physical and mental health. Victims often experience trauma, anxiety, depression, and physical injuries, with long-term consequences for well-being. The impact extends beyond the direct victim to others in the household, particularly children, who may experience emotional harm, developmental disruption, and increased risk of future victimisation or perpetration. Domestic abuse is a leading concern for those on the child protection register and is recognised as a key adverse childhood experience (ACE) that contributes to poorer health outcomes across the life course.

Highland Inequalities

In the most recent year, the rate of domestic abuse recorded by Police Scotland in Highland was similar to the Scottish average (1,2). Domestic abuse disproportionately affects women and children, with around eight out of ten recorded incidents involving a male perpetrator and female victim. Women living in more deprived areas are more likely to experience domestic abuse and face greater barriers to accessing support services, safe housing, and financial independence.

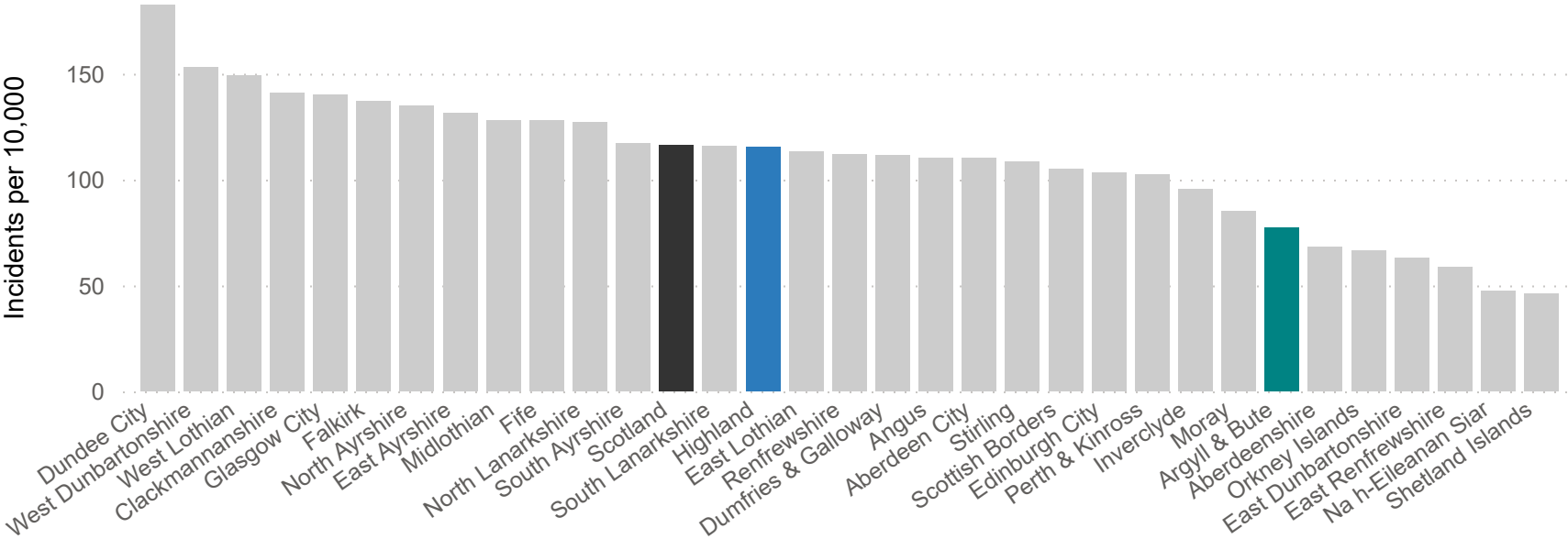
Source

1,2) Scottish Government
<https://www.gov.scot/publications/domestic-abuse-statistics-recorded-police-scotland-2023-24>

Further information

Highland Violence Against Women Partnership
<https://hvawp.scot.nhs.uk/>
Scottish Government. Equally Safe: Scotland's strategy for preventing and eradicating violence against women and girls
<https://www.gov.scot/policies/violence-against-women-and-girls/equally-safe-strategy/>
Public Health Scotland. Gender-based violence: a public health issue. <https://publichealthscotland.scot/population-health/social-and-economic-impacts-on-health/equity-and-justice/gender-based-violence/>

2) by local authority, latest year



8. Pursue environmental sustainability and health equity together

Overview: Pursue environmental sustainability and health equity together

Climate change poses growing health risks, particularly for those who experience deprivation, live in vulnerable communities or have existing health conditions. Changes in temperature, flooding and air quality are most likely to adversely affect those with limited resources, for example people living in poor-quality housing or without the means to adapt to extreme weather. Heat-related stress occurs at a lower temperature in Scotland, which has a relatively cool climate, with excess deaths occurring predominantly in summer months due to heat.

Environmental factors also impact on mental health, especially in communities facing repeated disruption or uncertainty from climate-related events. Anxiety regarding impacts of climate change disproportionately impacts younger people, those with existing health conditions, farming communities and those whose livelihoods depend on the land.

Tackling environmental sustainability is a cross-cutting across all other domains of health inequality. It requires coordinated action across sectors to reduce environmental harm while promoting health equity.

Examples of effective actions include:

- Controls on outdoor and indoor air pollution
- Investment in flood resilience and sustainable housing
- Integration of climate adaptations into service planning
- Community-led environmental initiatives

Indicators

One environmental indicator was selected due to data availability.

- **Particulate matter in the air**

While local data within Highland was not available, air quality is likely to be worse in more urban and built up areas, contributing to health inequalities. Flood risk and climate vulnerability in coastal and rural Highland communities are recognised as a data gap.

Further reading

Institute of health equity. Evidence to action reports. Pursue environmental sustainability and health equity together

<https://www.instituteofhealthequity.org/taking-action/evidence-to-action-reports/pursue-environmental-sustainability-and-health-equity-together>

Institute of Health Equity. Fair Society Healthy Lives Report <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/>

Institute of Health Equity. Marmot review 10 years on <https://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on/>

Public Health Scotland. Climate emergency <https://publichealthscotland.scot/population-health/environmental-health-impacts/climate-emergency>

UK Health Security Agency 2025 Climate change and mental health: thematic assessment report

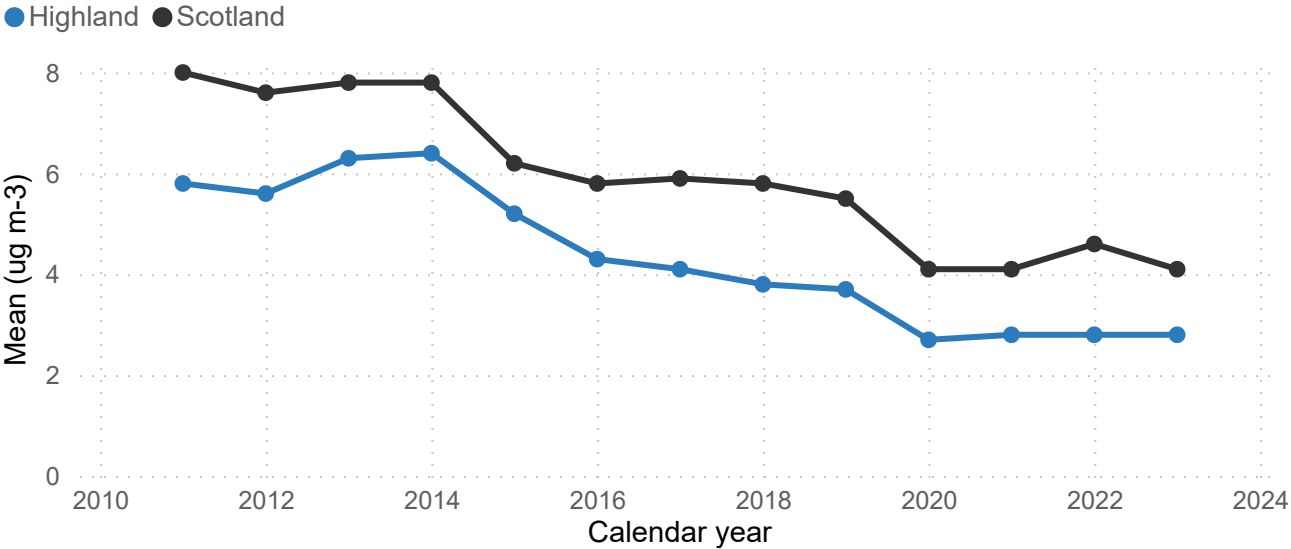
<https://assets.publishing.service.gov.uk/media/69146cc3db01ecfc96fc825/climate-change-and-mental-health-full-report.pdf>

Public Health Scotland. 2025 Heat impacts on health in Scotland: Deaths 2005-2024

<https://publichealthscotland.scot/publications/heat-impacts-on-health-in-scotland/heat-impacts-on-health-in-scotland-28-october-2025/>

Air quality (Particulate matter)

1) by area, over time



Latest year

2023 calendar year

Highland concentration, latest year

2.80

Scotland concentration, latest year

4.10

Rationale

Exposure to particulate matter (PM), especially fine particles of 2.5 um or less) may harm health through entry to the bloodstream and be transportation to vital organs. It is associated with respiratory conditions (such as asthma), cardiovascular disease (CVD), and lung cancer as well as dementia, low birth weight and type 2 diabetes. The young, elderly and those with respiratory problems are most vulnerable to these effects. Human activity in the UK is estimated to contribute to around half the PM in the air e.g. through burning wood, brake and tyre wear, industrial processes and reactions between pollutants in the air.

Highland Inequalities

Improvement (reductions) in PM have stalled following an improvement since 2011 (1). Highland has one of the lower mean PM concentration in Scotland with only the island boards having lower concentrations (2). Socioeconomically disadvantaged communities often experience higher exposure levels due to proximity to major roads, industrial sites, and poor housing quality, compounding existing health inequalities.

Source

1,2) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/ Data are population weighted.

Further information

Department for Environment, Food and Rural Affairs
https://uk-air.defra.gov.uk/data/pcm-data#population_weighted_annual_mean_pm25_data
Air quality in Scotland. About air quality
<https://www.scottishairquality.scot/air-quality>
Environmental Standards Scotland
<https://environmentalstandards.scot/our-work/our-monitoring-and-analytical-work/particulate-matter-in-scotland-an-assessment-of-the-evidence-ambition-and-prospects/>
Public Health Scotland. Outdoor air pollution and health
<https://www.publichealthscotland.scot/population-health/environmental-health-impacts/outdoor-air-pollution-and-health/overview/>

2) by local authority, latest year

