# Perth and Kinross Health Inequalities Plan 2017 – 2020

"Health inequalities are **unfair** because they don't occur randomly or by chance, but are socially determined by circumstances largely beyond an individual's control. They are often a result of socioeconomic factors such as income, education and employment which can disadvantage people and limit their chance to live a longer, healthier life.[1]"

---

[1] Equalities and health inequalities

# Contents

---

1.  Introduction

---

1.1 This **Health Inequalities Plan** sets out our ambition to reduce health inequalities in Perth and Kinross. This is a key priority area for the Perth and Kinross Community Planning Partnership which aims "*to encourage and support people to look after their own health and wellbeing, resulting in more people living in good health for longer with reduced health inequalities*". Through early intervention and prevention we believe there is much we can do to develop an environment which supports healthier lifestyles and reduces inequality.

1.2 The plan has been shaped and influenced by communities, partners in health, social care, housing, and the third sector and as a key priority will be refined as local planning structures develop. In 2017 the current Community Plan for Perth and Kinross will evolve into a Local Outcomes Improvement Plan (LOIP). The intention is to bring together the various plans that exist across the Community Planning Partnership into one shorter and more accessible framework. The Health Inequalities Plan, along with findings from the Fairness Commission, is well placed to ensure addressing health inequalities as a key part of the LOIP.

1.3 **Putting the community at the centre of planning and delivering services**

1.4 In 2010 NHS Tayside worked with a range of partners to produce "Communities in Control" a Health Equity Strategy[2]. This document influenced the actions to address health inequalities within the Single Outcome Agreement for Perth and Kinross. Six years later the recommendations from "Communities in Control" are still relevant with health equity remaining a priority for Perth and Kinross Council, NHS Tayside, third sector partners and the Health and Social Care Integrated Joint Board.

1.5 In order to localise "Communities in Control" and deliver actions in a way that sits with our locality planning model we have worked in partnership with a range of stakeholders to draw up this health inequalities plan for Perth and Kinross which will run from 2017 – 2020.

1.6 **Perth and Kinross Health & Social Care Strategic Commissioning Plan**

1.7 Reducing inequalities is a priority at the heart of the Joint Strategic Commissioning Plan[3] for the Perth and Kinross Health and Social Care Partnership. This Health Inequalities Plan will be one element which contributes to the Integration Joint Board's equality outcomes.

1.8 A key part of the Strategic Plan is to plan and deliver services locally. Through integration of Health and Social Care, services are arranged in 3 localities – North, South, and City. Services will work with local communities to focus on early intervention and prevention using GP practices, community pharmacies, dentistry, third sector providers and statutory health and social care providers.

1.9 Locality Planning structures are evolving in all three areas. As integrated locality teams for service delivery evolve they will further develop locality working with communities to take action which actively addresses health and care inequalities and also improves health and wellbeing, life circumstances and lifestyles.

---

2

http://www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/idcplg?IdcService=GET_SECURE_FILE&dDocName=DOCS_049058&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1
[3] Perth & Kinross Council - Health and Social Care Integration

## 2.    Local Community Planning

2.1 The Community Empowerment (Scotland) Act 2015 places new statutory powers on Community Planning Partnerships to address inequalities and specifically to develop, publish and implement Local Outcome Improvement Plans (LOIP) setting out how community planning partners will tackle stubborn inequalities across the area. This LOIP will be the SOA delivery document and the timely drafting of a Health Inequalities Plan for Perth and Kinross will ensure an inequalities focus running through from locality planning level to the strategic level.

2.2 Local Action Partnerships involve community representatives in setting out strategic priorities which will tackle local inequalities. Five locality action areas have been identified and the process of partnership working to develop Local Action Plans is in the very early stages. The main focus is to tackle inequalities where they persist locally and set out how they can addressed within the local area.

2.3 Over the next two years developments in locality planning in both these areas should complement the other through Health and Social Care representation from each of the 3 locality planning groups in the corresponding areas for Community Planning.  Voluntary sector involvement is crucial in tackling local inequalities at both the strategic and operational level. Community lead organisations are already key to delivery of a range of services that are in touch with and address local needs.

## 3.    Perth and Kinross Fairness Commission

3.1 In spring 2016 the Perth and Kinross Community Planning Partnership invited independent experts to set up a "Fairness Commission"[4] for Perth and Kinross. The Commission is a group of independent experts who gather facts and people's stories about inequality - unfair differences - and then recommend changes to improve things.

3.2 The Commission has spent the last year meeting with, listening to and learning from a range of local people who feel they haven't been able to get fair housing, healthcare, access to transport, fair work or pay – or who wanted to share the experience of poverty in their lives. The Commission has gathered facts and people's stories about inequality and will use these to make recommendations for changes to improve things. The Commission will produce recommendations in 2017 for the Community Planning Partners. We anticipate that some of the recommendations will be about ways to address health inequalities in some of our localities and for some of our population.

3.3 The Health Inequalities Plan for Perth and Kinross gives continued emphasis to the importance of addressing unavoidable and unfair health inequalities which persist in our local area. It is a resource for locality planning both for Health and Social Care and Community Planning more widely.

## 4    Consultation

4.1 Following discussion at Housing and Health Committee in May 2016 the DRAFT Health Inequalities Plan was agreed for wider consultation with stakeholders.  People expressed their views on the suggested priorities though an online survey, feedback by e-mail, in meetings and by phone. Several recurring themes emerged

---

[4] Fairness Commission - Perth & Kinross Council

from the consultation responses and these are reflected, along with others, in the priorities set out in the document.  Themes which emerged from the consultation are available at Appendix 2.

4.2 The plan has been developed as locality planning for health and social care begins to develop across Perth and Kinross. The level of engagement through the consultation process and the wider locality planning developments across Perth and Kinross provide an opportunity for this strategy to be an active resource which will change according to locally determined action planning.

---

## 5.   Current context

5.1 Health inequalities are caused by **differences in money, power and resources.**  In Scotland today, there is evidence of significant health inequalities in terms of mortality, physical illness, mental health and wellbeing, lifestyle behaviour associated with ill health and access to and use of health services. Inequalities are also evident according to gender, age, education, ethnicity, sexual orientation and the presence of disability or mental health problems -  Bridging the Gap : A Health Inequalities Learning Resource

*5.2* Poverty is defined relative to the standards of living in a society at a specific time. People live in poverty when they are denied an income sufficient for their material needs and when these circumstances exclude them from taking part in activities which are an accepted part of daily life in that society[5].

5.3 NHS Scotland's *Bridging the Gap: a health inequalities learning resource[6]* **identifies health inequalities as a result of inter relating and overlapping factors**, notably social economic factors, which are highlighted below.

Access and opportunity are inextricably linked to money and essentially to purchase power. Low income, whether due to unemployment, reliance on benefits or low paid work, limits access to adequate housing, education (including attainment, opportunities, attendance) and other services or facilities, as well as to essentials such as food, fuel and clothing.

Socio-economic disadvantage impacts on opportunities for involvement, participation and contribution; and can result in feelings of hopelessness and despair. In turn this can emphasise and reinforce social exclusion, affecting not only individual but families and community health.

Poverty does not exist in isolation. It is associated with other factors, such as:

- having a family to provide for
- being unable to work due to incapacity or illness,
- living on a low income
- being geographically isolated from services or supports
- as a young person leaving the care system
- being a single parent
- living in sub-standard housing or experiencing homelessness
- lacking skills (such as literacy & numeracy or computer skills) or qualifications (Get Heard, 2006).

---

[5] What you should know about Tackling Poverty | Employability in Scotland
[6] Bridging the Gap : A Health Inequalities Learning Resource

**5.4** Adverse socio-economic circumstances have a cumulative effect throughout the life course. For example, low birth weight, which has a strong association with socio-economic deprivation - results in health and social disadvantage not only **in childhood but also in adult life.**

**5.5** Having multiple adverse childhood experiences, such experiencing abuse or witnessing domestic violence, is strongly associated with poorer socio-economic deprivation[7]. These adverse childhood experiences can increase an individual's risk of developing health harming behaviours (e.g. smoking, high risk drinking and illegal drug use)[8] in adulthood, and are associated with poorer physical and mental health[9].

**5.6** The built and social environment that children born into poverty and deprivation live in can also affect their ability to make healthier 'choices' or progress in education.

**5.7** Low levels of literacy and numeracy are strongly linked to socio-economic status and employability, while low levels of health literacy impact on the ability to access appropriate services, including preventative health programmes, both of which result in poorer health outcomes.

**5.8** Other characteristics, such as sensory, physical or learning disabilities, mental health problems or race can also accelerate health and social inequalities.

**5.9 Feelings of powerlessness** (which may be real, perceived or a combination of the two) to be able to exercise some control over and manage our lives and our health are strongly associated with disadvantage and closely correlate with higher levels of stress.

**6. Health improvement as part of addressing health inequalities**

**6.1** NHS Health Scotland's Delivery Plan for 2015 -16 (summary for local government stakeholders)[10] reminds us that traditional health improvement initiatives are important to improve health but are not enough on their own to reduce health inequalities. At a local level we know that work to reduce smoking, substance misuse and obesity are important but we will remain aware that **health behaviour is influenced by the circumstances and environments where people live** and so on their own these initiatives will not reduce health inequalities.

**6.2** Health Inequalities are compounded by poor access to services and social exclusion. We also know that:
- **Minority ethnic populations** can face greater difficulties when trying to access services, often as a result of lack of knowledge and differences in language and cultural expectations
- The **Gypsy/Traveller population** has some of the poorest health outcomes in Scotland
- There is clear evidence that those with **chronic physical illnesses** are more likely to suffer from mental health problems, particularly depression, and that those with co-occurring chronic physical health problems and mental health needs have poorer outcomes.

[7] Bellis, M, Lowey, H, Leckenby, N, Hughes K, Harrison D (2014) Adverse childhood experiences: retrospective study to determine their impact on adult health behaviours and health outcomes in a UK population. Journal of Public Health, 36: 81-91

[8] Bellis M, Ashton K, hughes K, Ford K, Bishop J, Paranjothy S (2015) Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh population. Public health Wales NHS Trust

[9] E.g. Felitti VJ, Anda RF. The relationship of adverse childhood experiences to adult medical disease, psychiatric disorders and sexual behaviour: Implications for healthcare. In Lanius RA, Vermetten E, Pain C, eds. The impact of early life trauma on health and disease: the hidden epidemic. (2010). Cambridge: Cambridge University Press, p.77-87

[10] http://www.healthscotland.scot/media/1114/delivery-plan-2015-16-summary-for-local-government-stakeholders.pdf

- There are stark health inequalities faced by people with **learning disabilities** significantly shorter life expectancy, increased risk of accompanying sensory and physical impairments, poorer physical and mental health than the general population. For example, the average number of health co-morbidities in the population of people with LD at age 20 is the same as for the general population at age 50 [11]
- **Homeless people** are also at risk of greater health inequalities, with mental ill health and drug and alcohol misuse often prevalent, as well as poorer life expectancy
- **Those who live with a physical disability or sensory impairment** have poorer health outcomes that the general population. Deaf people are often under diagnosed and under treated for chronic conditions putting Deaf people at risk of preventable ill health [12]
- **Those who live with mental ill health** support needs will typically die between 15 years (for woman) and 20 years (for men) earlier than someone without [13]
- Research suggests that discrimination has a negative impact on the health of **LGBT people** in terms of lifestyle, mental health and other risks with many people reluctant to disclose their sexual orientation to services because they fear discrimination or poor treatment.

6.3 It is clear, therefore, that any plan to reduce the inequalities people face and improve their health and well-being, needs to include actions to address all the socio and economic factors mentioned above. This is not solely a health issue. This paper attempts to draw some key elements together, emphasising the need for initiatives to be better connected and coordinated and focused on working with and within local communities as far as possible.

---

7.  Deprivation and Poverty in Perth and Kinross.

---

7.1 We know that Perth and Kinross is considered to be an affluent area but there are many people living in poverty. Poverty is often defined as a household having less than 60% of the median net income in a financial year.

7.2 The Perth and Kinross Council Anti-Poverty Evidential Base 2015 [14] reminds us that "the inability to afford a haircut, clothes for an interview and the cost of travelling to it, school clothes, a winter jacket, suitable shoes or simply a "play piece" are all direct consequences of the state of being poor". People in poverty who survive on the basic necessities may not be able to afford essential utilities such as electricity or be able to choose and cook healthy foods, to access public transport or purchase new school clothes for their children. They often live day to day with no savings or reserves for times of crisis and are more likely to fall into debt. They risk being exploited and forced into illegal situations. They are unable to participate in normal social and recreational opportunities such as going to the cinema or sports events, buying presents for family members. They are excluded from most of the benefits and opportunities of wider society.

---

[11] http://www.gov.scot/resource/0042/00424389.pdf
[12] Access all Areas? - Action On Hearing Loss: RNID
[13] Re: Mental health should be given as much weight as physical health, BMA says | The BMJ
[14]
http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0ahUKEwijy9ryx6HSAhUGB8AKHZdrAGsQFggdM
AA&url=http%3A%2F%2Fwww.pkc.gov.uk%2Fmedia%2F34480%2FAnti-Poverty-Evidential-Base%2Fpdf%2FAnti-
Poverty_Evidential_Base_updated&usg=AFQjCNHJ8IZdnBO5-papL4vTbvjyav55pQ&bvm=bv.147448319,d.d24

7.3 The End Child Poverty Report[15] published in November 2016 estimates that 18% of children in the Perth & Kinross Council area are living in relative poverty (after housing costs) rising to 27% in Perth City North ward.

**7.4** Although Perth and Kinross has relatively low levels of deprivation compared to other parts of Scotland, it has key areas of deprivation. The 2016 Scottish Index of Multiple Deprivation[16] identifies that parts of Perth City and Rattray are amongst the 10% most deprived areas in Scotland. Approximately 85% of the most deprived residents live in **Perth City,** with the remainder living in North Perthshire.

**% population income, employment deprived in Perth and Kinross and Scotland**

| Type of deprivation | Perth and Kinross | Scotland |
|---|---|---|
| % population **income** deprived (2014) | 8% | 12% |
| % working age population **employment** deprived (2014) | 7% | 11% |

**Scottish Index of Multiple Deprivation extracted November 2016**

**7.5** Life expectancy in Perth and Kinross for men and women decreases as levels of deprivation increase and this is particularly marked for men. Inequalities in health between the most and least deprived people are evident, with the male life expectancy ranging from 75-81 years and female life expectancy ranging from 80-84 years depending on where people live. Many of the people suffering the greatest negative health effects relating to mental health, obesity and long term disease are those experiencing poverty and social disadvantage.

7.6 **Impact -** deprivation accounts for a significant element of the increasing demand on public services. There is a proportionately greater use of acute hospital services by people from deprived communities, but conversely the health and social care spend on an individual classed as least deprived is almost always higher that the most deprived, sometimes up to 4 times higher.

7.7 In **rural areas** poverty can be less concentrated and also hidden due to lower population density and diverse communities. Typical household goods can cost rural communities 20% – 30% more and transport costs can be up to £40 per week more expensive due to longer distances to vital services and the higher cost of fuel. In Perth and Kinross an estimated 21,400 households (33%) are not connected the gas network, much greater than the Scottish average of 17%.

7.8 It is estimated that around 40% of **public service spending** is accounted for by interventions that could have been avoided by intervening earlier and preventing later problems from arising. The Perth and Kinross Health and Social Care Strategic Commissioning Plan (2016-2019) highlights this and recommends the need to look more closely at equality issues, including how the most deprived populations access health and social care services.

7.9 Through the action set out in this plan we should reduce health inequalities in Perth and Kinross. Through early intervention and prevention we believe there is much we can do to promote healthier lifestyles and reduce the inequality associated with the issues highlighted in the plan. Access to data which is as up to date as possible and at locality level will help to make planning and decision making more robust. Localised data will also assist with community engagement and co-production of actions. As locality planning develops we

---

[15] Poverty in your area 2016 | Improving the lives of children and families
[16] SIMD (Scottish Index of Multiple Deprivation) 2016

will continue to work with partners, such as NHS Tayside Public Health Directorate, in order to produce meaningful and timely data to help local communities identify priorities relevant to their areas.

| 8. | Physical Inactivity |
|---|---|

8.1 Physical inactivity is one of the five main behavioural and lifestyle risk factors that contributes to 90% of the total burden of disease in high income populations. Regular physical activity of at least moderate intensity provides general health benefits across a range of diseases and across all ages. In particular, there is strong evidence that the greatest health benefits happen when the least active people become moderately active. It is a cross cutting priority that is linked to the prevention and addressing of other inequalities issues and priority needs including early years' development, educational attainment, mental health, obesity, drug and alcohol recovery and community cohesion.

8.2 The amount of physical activity a person does is influenced by a number of factors including age; gender; ethnicity; disability; where a person lives; whether they have a job and if so what it involves. In Perth and Kinross we know that[17] around half of all pupils from least deprived backgrounds take part in at least one Active Schools activity per term, but this drops to less than a third for those most deprived.

8.3 Physical activity levels in Scotland [18]
- An estimated 37% of adults (aged 16 years and over) do not meet the guideline to do at least 150 minutes moderate or 75 minutes vigorous activity (or an equivalent combination of these) (2014).
- Men were significantly more likely than women to meet physical activity guidelines in 2014 (68% and 59%, respectively).
- An estimated 24% of children (aged 2-15 years) in Scotland do not meet the physical activity guideline for children when including activity done at school. Boys (79%) were more likely than girls (73%) to meet the guideline. (2014)

8.4 The Scottish Health Survey also highlights [19]:
- as area deprivation increases the proportion of men and women meeting the physical activity recommendations decreases
- activity levels are associated with age for both men and women: younger adults are generally more likely than those in older age groups to meet the physical activity guidelines
- For children and young people activity levels generally decrease with increased age, but particularly for girls. 82% of girls aged 5-7 met the guideline, compared with 53% of those aged 13-15
- Inequalities in physical activity.

8.5 The Scottish Government report 'Active Scotland Outcomes: indicator equality analysis' highlights:

- increased walking is reducing inequalities but differences still exist, particularly for disabled people
- excluding school-based activity such as PE, the inequality in sports participation by deprivation in children is widening
- retirement and the transition from primary to secondary school are key moments to influence physical activity in old age and children respectively

---

[17] PKC Raising Attainment Strategy 2016 - 2019
[18] http://www.gov.scot/Resource/0050/00509155.pdf
[19] http://www.gov.scot/Resource/0050/00505798.pdf

- inequality by gender in physical activity has narrowed substantially between teenage boys and girls since 2008, largely driven by girls becoming more active.

The report concludes that work to address inequality is required on all fronts, with effort particularly focused on ensuring initiatives are well targeted to ensure maintenance of activity through life and into old age

and suitable measures are taken to ensure those with limiting conditions want to and can take up physical activities and remain active.

### 8.6 Addressing physical inactivity

Active Scotland strategic framework[20] states key outcomes to respond to address inactivity levels as follows:

- We support wellbeing and resilience in communities through physical activity and sport
- We encourage and enable the active to stay active throughout life
- We encourage and enable the inactive to be more active
- We develop physical confidence and competence from the earliest age
- We improve opportunities to participate, progress and achieve in sport
- We improve our active infrastructure – people and places

8.7 At a local level the Active Perth and Kinross Plan[21] sets the strategic priority to increase participation in local opportunities for those who are inactive as well as supporting people to maintain their activity levels throughout life. This will be achieved by:

- Delivering health and wellbeing programmes to key target groups and increasing participation in these programmes.
  - Older adults
  - Areas of highest deprivation
  - Women and teenage girls
  - Long term conditions
- By working with Community Planning Partners to develop shared physical activity outcomes which address health inequalities and long-term conditions.
- Active Schools increasing the number and diversity of children and young people who participate and compete in school sport.
- Through Swim Success, a targeted intervention programme, increase the number and diversity of children who can swim by the time they leave primary school.
- Maintaining participation levels by delivering a programme of activities and opportunities across all life stages.
- By increasing participation in cycling, walking and community greenspace activities.
- By increasing use of our natural environment (mountains, core pathways, water) and promoting active volunteering to maintain these assets for everyone.
- We will continue to deliver support the delivery of 2 hours quality Physical education in all our schools

## 9   Obesity and overweight in Perth and Kinross

9.1 One of the biggest threats to the health of Scotland's population is obesity.  After smoking, obesity is the biggest underlying cause of ill health.  It can lead to high blood pressure, heart disease, stroke, diabetes,

---

[20] Active Scotland Outcomes Framework
[21] Perth & Kinross Council - Strategic priorities for sport

cancer and early death.  It also increases immobility and can make any other disability more severe than it would otherwise be.  Obesity data shows a strong link with socio economic deprivation [22], particularly for women and children and there is particular concern about increasing levels of Type II diabetes and the impact on short and long term health of both mothers and babies following obesity in pregnancy.
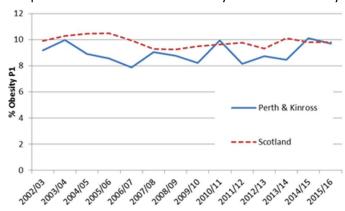
9.2 Perth and Kinross has a higher prevalence of people who are either overweight or obese (69%) than are in either Tayside (65%) or Scotland (62%).

Prevalence of obesity in Scotland, Tayside, and Perth & Kinross

| BMI Score | Classification | Scotland | Tayside | Perth & Kinross |
|-----------|----------------|----------|---------|-----------------|
| <18.5 | Underweight | 2% | 2% | 2% |
| 18.5 to <25 | Healthy Range | 34% | 32% | 28% |
| 25 to <30 | Overweight | 37% | 39% | 42% |
| 30 to <40 | Obese | 25% | 26% | 27% |
| >40 | Morbidly Obese | 2% | 2% | 2% |

Source: Scottish Health Survey 2012, extracted November 2016

The prevalence of children in Primary 1 at risk of obesity is currently similar to the Scottish average.



Source: ScotPHO Profiles, ISD. Extracted March 2017

However, when looking at the childhood obesity in P1 data for 2015/16 more closely [23] we can see at a local level that rates range from over 20% in Crieff South, 14% in Letham to 4% in Stanley and Murthly, data attached at Appendix 3. We might expect the link between deprivation and obesity to be strong but this doesn't always appear to be the case. A report to the Children, Young People & Families Partnership in 2016[24] heard that there is a cultural element to understanding and acceptance of childhood obesity. Many parents find it difficult to acknowledge their child is overweight and a multi-agency approach is required to address the complex issue of child healthy weight.

---

[22] https://www.isdscotland.org/Health-Topics/Child-Health/Publications/2016-10-25/2016-10-25-Breastfeeding-Report.pdf
[23] https://www.isdscotland.org/Health-Topics/Child-Health/Publications/2016-12-13/2016-12-13-P1-BMI-Report.pdf
[24] Children & Young People's Partnership February 2016

**Addressing obesity**

9.3 At a local community planning and locality planning level in Perth and Kinross there are several recommendations within the 2015 National Obesity Route Map (ORM)[25] review which are relevant:

- Focus on inequalities in local communities, with an emphasis on the environment e.g. availability of high sugar drinks around schools
- Create and take opportunities provided by health and social care integration for coordinated action, monitoring and reporting to tackle the obesity epidemic locally
- Increase physical activity and reduce sedentary behaviour for all with a focus on the inactive and overweight

9.4 Locality planning will allow this type of work to connect and progress through both health and social care locality teams and community planning teams.

**9.5 Under-nutrition and older people**

9.6 Whilst there is focus on obesity, we also understand that malnutrition (under nutrition), is often, but not exclusively an issue with older people. As more people are supported to live independently at home into older age there are increased nutritional risks associated with loneliness and isolation which can be addressed with actions around food access and early interventions around nutritional care. The Tayside Nutrition Managed Clinical Network (MCN) has a focus on malnutrition will be well placed to inform actions to address malnutrition beyond hospital and care settings.

## 10 Breastfeeding and deprivation

10.1 In 2011 the Scottish Government Launched the "Maternal and Infant Nutrition: Framework for   Action (MIN)". This emphasised the desire to ensure that all children have the best possible start to life, are ready to succeed and live longer, healthier lives[26]. Breastfeeding is a core component of the MIN programme and is associated with health benefits for both mother and child.

There is a clear association between breastfeeding and deprivation. Throughout Scotland in 2015/16 mothers in the least deprived areas were nearly three times as likely to breastfeed at 6 -8 weeks compared to mothers in the most deprived areas[27].

10.2 In Perth and Kinross an update on current breastfeeding trends, activity, gaps and challenges was presented to a sub group of the Children and Young People's Strategic Forum in late 2016. The gaps and challenges from that report have been included in the Health Inequalities Plan as a starting point for Locality Action Groups in developing actions to increase breastfeeding rates.

## 11 Dental Health in Perth & Kinross

[25] http://wwww.obesityactionscotland.org/images/pdfs/ReportCardA5Final.pdf
[26] http://www.gov.scot/Resource/Doc/337658/0110855.pdf
[27] https://www.isdscotland.org/Health-Topics/Child-Health/Publications/2016-10-25/2016-10-25-Breastfeeding-Report.pdf

11.1  Tooth decay and gum disease are two of the commonest diseases in the world, and there are marked inequalities present particularly in many of the groups identified in this Health Inequalities Plan:
- Minority ethnic populations
- Gypsy/Traveller population
- Those who have learning disabilities
- People experiencing homelessness
- Those who live with a physical disability or sensory impairment
- Those who live with mental ill health

11.2  Those with poor oral health suffer with pain, infection, poorer quality of life and adverse impacts on employability.  Yet most oral diseases are preventable and have the risk factors common with other major health problems i.e. poor diet and nutrition, smoking and alcohol consumption.

11.3  The Public Dental Service is active in delivery of programmes of prevention and treatment to most of the groups noted above. In addition they provide treatment for the prison population and are supporting the piloting of "health coaching" in collaboration with the University of Dundee at Perth Prison.

11.4  NHS Tayside has agreed an Oral Health Equity Strategy and an implementation plan is currently being developed.  This plan will support many of the themes highlighted in this document.

11.5  The "Child Smile" tooth-brushing programme is available to all primary schools in Perth and Kinross with funding targeted at schools with the poorest levels of oral health.

## 12  Substance misuse, including Blood Borne Viruses (BBV)

12.1.1  We know that although substance misuse (including alcohol) is found across society, people living in deprived areas are more likely to suffer serious health problems as a result of their or another's substance use[28].

12.1.2  The Perth and Kinross Alcohol and Drug Partnership (ADP) worked with NHS Tayside to produce a profile of the substance misusing population in[29]found that deprived areas had higher levels of alcohol harm, substance use and mental ill health than the more affluent areas of Perth and Kinross. A follow up alcohol scoping assessment of alcohol provision highlighted clustering of alcohol outlets in Perth City.

12.2  Other statistical findings are important:
- Accident & Emergency attendances with an alcohol-related condition - a considerably higher rate from people from more deprived areas

- Deaths from alcohol conditions - 20.1 per 100,000 died from alcohol conditions in 2009-13 (Scotland 23.8 per 100,000).  Perth City had around twice as many alcohol related deaths as the other two localities, with 30.4 per 100,000 - more than the national average.

**12.3  Addressing substance misuse**

---

[28] http://www.audit-scotland.gov.uk/docs/health/2009/nr_090326_drugs_alcohol.pdf
[29] Perth & Kinross Council - Perth & Kinross Alcohol and Drug Partnership

12.3.1 The Alcohol & Drug Partnership (ADP) Strategy & Delivery Plan 2015 – 2020[30] sets out the priorities and actions needed to address the current and anticipated challenges caused by the adverse impact of alcohol and drug use in Perth and Kinross.  The core theme of the strategy is Recovery – putting the individual at the centre of care and treatment and developing routes to recovery for them and their carers.

12.3.2 Recovery is about individuals improving their personal strengths and abilities to help them "live well" through both the good times and the hard times. Within the alcohol and drug field, Recovery is about an individual's journey beyond a life that is defined by substance use. Recovery is driven by the individual but based within their family and community. Recovery is most effective when families and communities support this process.

## 13   Blood Borne Viruses (BBV)

13.1.1 BBV – hepatitis B, hepatitis C and HIV, remain a major public health challenge.  There is a strong association between BBV, poor sexual health and social deprivation.  In Scotland , 90% of all new HCV transmissions are in people who inject drugs (PWIDS).  In Tayside, the prevalence in PWIDs is 40% ,which contributes to the established health inequalities affecting injectors.  People who inject drugs also experience increased stigma and discrimination and find it harder to access mainstream healthcare. Whilst the rates of HIV transmission in PWIDs is extremely low (accounting for less than 6% of all transmissions across Scotland 2010-2014) , the 2015 outbreak in Glasgow highlights the need for continued vigilance, provision of IEP and regular testing  in this population and in particular effective pathways with drug treatment and homeless services.

### 13.2   Addressing Blood Borne Virus
13.2.1 Prevention, reducing transmission increasing diagnosis, treatment and support around BBV are the key outcomes in the Scottish Government's Sexual Health & Blood Borne Virus Framework 2015-2020.  The NHS Tayside Sexual Health and BBV Managed Care Network (MCN) have responsibility for ensuring the necessary partnerships are in place to achieve the outcomes in Tayside.  Whilst there is a comprehensive whole systems approach in place, there is inequity across Tayside focussed in more rural areas.  In addition, there are gaps in Perth & Kinross in access to clean injecting equipment and harm reduction interventions, and more limited access to BBV testing as well as supporting women who inject drugs to access sexual and reproductive healthcare.  Access to treatment once diagnosed is good for both HIV and HCV and cure rates for HCV are almost 100%.  The MCN continues to work with Community Planning Partners to improve preventative and harm reduction interventions.  There are associated actions and indicators within the action plan section of this document.

## 14   Smoking and Tobacco

14.1.1 Cigarette smoking remains the leading cause of preventable poor health and premature death globally. Males are more likely to smoke than females and this is true in Perth and Kinross. Locally smoking prevalence mirrors the national trend with those from the poorest areas being more likely to smoke than those from wealthier areas.

14.1.2 Tobacco use is highly determined by social and economic pressures rather than lifestyle choices. Smoking rates in the poorest communities are generally four times higher than in the richest. Almost half of adults who are permanently sick or disabled or who are unemployed and seeking work use tobacco. Smoking rates

---

[30] http://www.scottishrecoveryconsortium.org/assets/files/Perth%20%26%20Kinross%20ADP%20Strategy.pdf

are particularly high amongst people with mental health issues, the prison population and children in care. In every one of those groups most of those who smoke say that they want to stop.[31]

14.2  Smoking in Pregnancy in Perth and Kinross

14.2.1  Continuing to smoke during pregnancy has well-documented risks to health for both expectant mothers and unborn babies including increased risk of stillbirths and babies being born prematurely.. The percentage of women smoking whilst pregnant decreases with deprivation levels in both Perth and Kinross and Scotland. There is considerable variation between the localities, with over 10% more pregnant women smoking in Perth City than in South Perthshire. Whilst the percentage of expectant mothers who smoke whilst pregnant is lower in Perth and Kinross than the national average Perth City is higher.

Prevalence of expectant mothers smoking during pregnancy (2010/11-2012/13)

|  | Scotland | Perth & Kinross | North Perthshire | South Perthshire | Perth City |
|---|---|---|---|---|---|
| Expectant mothers smoking during pregnancy | 20.0% | 19.5% | 17.5% | 13.5% | 23.8% |

ScotPHO Health and Wellbeing profiles 2015

Addressing smoking and tobacco control

14.2.2  The NHS Tayside Tobacco Control Plan 2015 – 2018 recognises that cessation support is important in localities and this is delivered through the network of **community pharmacies**. A renewed focus is being given to smoking prevention, particularly with children and young people. By working to prevent children and young people taking up smoking in the first place the aim is to more effectively reduce the number of people who suffer tobacco's ill effects. Protecting people, especially children and vulnerable adults, from the second hand harm from tobacco smoke is also a priority with partnership work ongoing to identify opportunities to do this.

14.3  There are already initiatives aimed at reducing tobacco use, some of which are mentioned below:
- The Stop Smoking in Schools Trial (ASSIST) is being piloted in ten Perth and Kinross Schools. This partnership with NHS Tayside works with young people who act as peer supports / influencers and focus on the benefits of staying tobacco free.
- Trading Standards staff will support the work of HMRC in gathering intelligence about illicit tobacco and deliver a programme of test purchasing to reduce underage sales**.**
- **Give it up for Baby (GIFB)** Women who smoke during their pregnancy can take advantage of Give It Up For Baby, a smoking cessation incentive scheme where successful quitters can access £50 per month of shopping vouchers during their pregnancy. Around 40% of pregnant smokers in Perth City currently take advantage of the scheme.
- Quit4U (smoking cessation incentive scheme) operates via community pharmacies in Perth & Kinross and targets smokers from the 40% most deprived postcodes.

The Tayside Tobacco Control Strategy gives locality planning structures an outline for starting to look at tobacco use and how it impacts upon health inequalities.

---

[31] http://www.ashscotland.org.uk/media/5753/tobacco_and_inequalities_july_2013.pdf

## 15 Inequalities in mental health & wellbeing

15.1 Good mental health is more than just the absence of mental health problems, it consists of two dimensions:
- positive mental wellbeing – for example life satisfaction, positive relationships with others, and
- purpose in life; and the presence or absence of mental health problems (e.g. depression and anxiety)[32]

15.1.1 Poor mental health and wellbeing are associated with an increased likelihood of poor physical health. In Scotland in 2006, people who had a low household income or reported it was difficult to manage on their household income had on average lower scores on a scale of mental wellbeing than those with a higher household income or who reported finding it easy to manage on their income[33].

**15.1.2 Further findings show:**

- In Scotland **twice as many suicides** occur among people from the most deprived areas
- UK-wide, only 24% of adults with long-term mental health problems are in work - the **lowest employment rate** for any of the main groups of disabled people.
- One in four tenants with a mental health problem has serious rent arrears and is at risk of losing their home
- People with mental health problems are nearly **three times more likely** to be in debt.
- Poverty, unemployment and social isolation are associated with higher **prevalence** of schizophrenia, and **rates of admission** to specialist psychiatric care (for people with schizophrenia) are highest among those from deprived areas [34]

15.2 A higher proportion of people living in the most deprived areas are clients of the Community Mental Health Teams. The pattern is the same in all three localities. The % of the population who are clients of hospital mental health services are also highest for those in the most deprived areas of Perth and Kinross.

15.3 In Perth and Kinross a wide range of third sector mental health services and support groups work closely with community members and statutory agencies to ensure that a broad spectrum of mental health and wellbeing needs are addressed. This ranges from developing support tools and resources for family and friends of those killed by suicide to providing training and awareness raising around anxiety and stress in young people, for staff in schools.

15.4.1 An evaluation of the Perth and Kinross Mental Health and Wellbeing Strategy ( March 2016) will report in 2017. Initial findings along with direction from the multi-agency Mental Health Steering Group and the national refreshed Mental Health Strategy for Scotland will help to set the direction for the refreshed Perth and Kinross Mental Health & Wellbeing Action Plan for 2017 – 2020. At this point locality planning groups will become involved in shaping actions relevant to their area.

## 16 Minority Ethnic Communities

[32] Perth & Kinross Council - Mental health and wellbeing strategy
[33] http://www.gov.scot/resource/doc/229649/0062206.pdf
[34] http://www.gov.scot/Resource/Doc/76169/0019049.pdf

16.1    Minority ethnic groups in general have lower mortality than the general population, but may have health problems specific to ethnicity e.g. the South Asian population have higher rates of heart disease and diabetes[35]. Certain minority ethnic groups, both those born abroad and those born in the UK, have a higher prevalence of blood borne viruses (hepatitis b, hepatitis C and HIV), than the indigenous UK population and the majority of those with HBV are infected at birth or an early age are leading to long-term chronic infection resulting in serious adverse health effects such as chronic cirrhosis, liver cancer and AIDS[36]. We also know that the Gypsy/Traveller population has some of the poorest health outcomes in Scotland.

16.2    It is also known that
- In the last ten years the minority ethnic population in Perth and Kinross has expanded considerably. Scotland's Census 2011 [37]shows a prevalence of 10% for people identifying as ethnic minority in Perth and Kinross and local agencies such as PKAVS would estimate this figure to have grown in the last five years.
- The main ethnic minority ethnic communities living and working in Perth and Kinross are Eastern European, Chinese, South Asian and Gypsy / Travelling communities.
- Perth City has the highest prevalence of people identifying as white Polish, at 2.8%. This is twice as high as in North Perthshire (1.4%) and over three times the rate in South Perthshire (0.8%).
- Of all three localities Perth City has the most diverse ethnic composition.
- National research carried out in 2016 [38] tells us that there have been significant changes in the needs and profile of Scotland's minority ethnic communities with major themes being increasing numbers of older people and changes in the social and educational profile of new migrant groups.

**16.3    Addressing health inequalities in ethnic minority communities**

16.4    We know that one of the challenges facing ethnic minority communities, including recent migrants, is language based. Others would include racism and discrimination. People from the Chinese, Eastern European and South Asian communities use the local PKAVS Minority Community Hub project for language support. This is frequently to provide assistance in understanding the health care system with lack of interpreting support being a common challenge. Translated materials are helpful for some people but there is also a need to think about how to get information to those where English is not their first language and those who have lower literacy levels.

16.5    PKAVS Minority Community Hub provides a range of support services to the minority ethnic community in Perth and Kinross. Based on their experience, the organisation has identified the following priority areas when addressing health inequalities experienced in our minority ethnic community:

- Mental Health – Access to culturally aware mental health services
                    Access to translation services
                    Access to Counselling Services for emotional support
                    Befriending to address social isolation (lack of culturally aware service to provide this)

---

[35] Ethnic minorities: key points - ScotPHO
[36] **Blood Borne Viruses and Minority Ethnic Groups-A Baseline Needs Assessment, 2012, Dr Lynn Hamilton**
[37] http://www.scotlandscensus.gov.uk/documents/censusresults/release2a/StatsBulletin2A.pdf
[38] http://www.pkavs.org.uk/Mind the Gap Report 2016

- Violence against women – access to culturally aware services and access to translation services
- Housing – access to translation services and understanding of the social housing system
- Vulnerable and isolated older people – access to culturally aware care and support services

**16.6** We know there are barriers to planning health and social care services for the ethnic minority community in Perth and Kinross. Improving cultural understanding amongst health and social care staff, addressing language barriers, increased forums for minority ethnic communities to contribute and work to change attitudes in local communities will be necessary to enable meaningful engagement for ethnic minority communities in the locality planning process.

## 17  Unpaid Carers including Young Carers

17.1   Across Scotland it is estimated that 1 in 8 of the population are providing some level of unpaid care to friends or family members[39].  Partners who support carers in Perth and Kinross agree the levels are similar in Perth and Kinross.

17.2   In 2016[40] around 6000 carers across the UK shared their experiences as part of the Carers UK annual survey. The following areas were high-lighted:

- 1 in 5 (20%) of those providing 50 hours or more of care each week are receiving no support with their caring role
- 3 in 4 (74%) of working age carers did not feel that the support to juggle care with work was sufficiently considered
- 48% of those caring for 35 hours or more struggle to make ends meet – leading to cutting back on essentials like heating and food
- In the next year, half (54%) of carers expect their quality of life to get worse, while only 6% think it will get better.

17.3   Although the annual survey highlights issues for all carers across the UK , it is likely that there are similarities in the experiences of carers in Perth and Kinross.

17.4   The local Perth and Kinross Joint Strategy for Adult Carers 2015 - 2018[41] tells us that Carers can be anyone of any age, from all walks of life and their caring roles will be wide and varied. It also highlights that the number of older people living in Perth and Kinross is expected to rise and that we can expect the number of older people with dementia to rise significantly. As the number of older people is projected to rise above the national average in Perth and Kinross, the numbers of people caring for them may also rise above the national average – including those in paid employment trying to manage a working with their caring role.

17.5   The  Carers' UK 2016 Annual Survey summarises carers expectations and priorities as follows:
- Improve financial support so that carers and their families do not suffer financial hardship as a result of caring
- Ensure that new legal rights for carers have funding behind them
- Improve carer's health – Carers UK are encouraging NHS services to become carer friendly
- Strengthen rights for carers who want and need to juggle work with care

[39] Carers' strategy - Carers UK
[40] State of Caring 2016 - Carers UK
[41] http://www.pkavs.org.uk/uploads/Joint%20Adult%20Carers%20Strategy%20(2015-2018).pdf

17.6    At a local level there are separate multi agency adult and Young Carers Strategies (2015 – 2018). Both are driven by a multi-agency partnership with PKAVS taking the lead role in maintaining a focus on service improvement. PKAVS are well placed to ensure key actions to address health inequalities for carers  are strongly embedded within locality planning.

## 18  Early Years

18.1    During the pre-birth and first three years of life, a child's brain is developing its emotional and social structure, which is then largely set for life[42].

18.2    Having multiple adverse child hood experiences, such experiencing abuse or witnessing domestic violence, is strongly associated with poorer socio-economic deprivation[43]. Having multiple adverse childhood experiences increases an individual's risk of developing health harming behaviours (such as smoking, high risk drinking and illegal drug use)[44] in adulthood, and is associated with poorer physical and mental health[45].

18.3    We know that a child's likelihood of poor health, social, educational and emotional outcomes are greater for children from less advantaged backgrounds and that children will be affected by family income, housing situation and the environment where they live, (*Growing up in Scotland 2010*).  In Perth and Kinross we are addressing health inequalities for children by putting in place interventions which address the circumstances and inequalities experienced by their parents and the wider community.

18.4    Evidence shows that **effective interventions** to support parents, their infants and children in the early years include:
- Pre and post-natal home visiting for vulnerable children and their families led by suitably skilled professionals.
- In Perth and Kinross the 'Family Nurse Partnership' (FNP) scheme is offered to all pregnant young women who are aged under 20 and intend to keep their baby. Intensive one to one support is offered to the mother and surrounding family, until the child is 2.
- FNP is an internationally validated intensive family support programme for vulnerable, young, first time mothers.

18.5    **High quality early years childcare and education**. The government has committed to providing 600 hours of free Early Learning and Childcare for eligible two years olds whose parents meet certain benefits' criteria. In Perth and Kinross we are calling these **Strong Start** places.

18.6    **Targeted specialist programmes** – group-based parenting programmes effective for secondary and tertiary prevention. In Perth and Kinross the Strengthening Families Programme and the Incredible Years Programme are targeted in areas identified as part of the Evidence to Success – Dartington programme.

---

[42] Early Intervention: The Next Steps. (2011) Graham Allen. HM Government

[43] Bellis, M, Lowey, H, Leckenby, N, Hughes K, Harrison D (2014) Adverse childhood experiences: retrospective study to determine their impact on adult health behaviours and health outcomes in a UK population. Journal of Public Health, 36: 81-91

[44] Bellis M, Ashton K, Hughes K, Ford K, Bishop J, Paranjothy S (2015) Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh population. Public health Wales NHS Trust

[45] E.g. Felitti VJ, Anda RF. The relationship of adverse childhood experiences to adult medical disease, psychiatric disorders and sexual behaviour: Implications for healthcare. In Lanius RA, Vermetten E, Pain C, eds. The impact of early life trauma on health and disease: the hidden epidemic. (2010). Cambridge: Cambridge University Press, p.77-87

18.7    The need to address cycles of poverty, inequality and poor outcomes in and through the early years are addressed in a range of actions in the Perth & Kinross Integrated Children's Services Plan 2013 - 2018[46]. These actions cross over with other strategic areas such as maternal and infant health, parenting and mental health and wellbeing. Locality planning will be able to learn from this well established community planning area and ensure relevant actions are included in each area.

## 19  Violence Against Women and Girls

19.1    Equally Safe – Scotland's Strategy for preventing and eradicating violence against women and girls[47]was published in 2014 and refreshed in 2016. It recognises that violence against women and girls damages health and wellbeing limits freedom and potential and is a violation of the most basic human rights. Despite progress in recent decades Equally Safe recognises that much more needs to be done with a focus on prevention being an overarching priority coupled with continuous service improvement to ensure any women or girls at risk of or experiencing violence and abuse receive joined up and effective services – both mainstream and specialist.

19.2    Locally the Violence Against Women multi agency partnership will draft terms of reference and actions based on the four national outcomes by April 2017.

## 20  Teenage Conception and Early Parenthood

20.1    We know that conception at a young age and early parenthood are both potential outcomes of living with poor educational outcomes, poor employment opportunities or experiencing the Care System and causes of poverty and poor life outcomes for both parent and child.

20.2    In Perth and Kinross our rates of teenage conception are declining, in line with the rest of Tayside and Scotland. However, there are areas in Perth City and Rattray where teenage conception rates continue to be higher than the Tayside and Dundee City rate.

20.3    In April 2016 the Scottish Government published a Pregnancy and Parenthood Young People Strategy[48] which gives local areas a set of recommendations. The Perth and Kinross Sexual Health, Relationships and BBV Strategy will be re-drafted during early 2107 to ensure the  recommendations are addressed and coupled with local stakeholder intelligence.

20.4    We work with partners in NHS Tayside to have local, quarterly data on both teenage conception and terminations, for planning purposes and annual data on rates by SIMD and broken down by locality. As locality planning partnerships mature their use of the data, alongside other health intelligence such as Dartingon or E2C (Evidence to Success)[49] findings and Alcohol and Drug Partnership profile,  will allow more targeted work in communities with the greatest need.

20.5    Local work to ensure accessible and effective relationships, sexual health and parenting (RSHP) education takes place in all schools. A shared resource has been developed across Tayside to ensure constant standards and quality in delivery of RSHP and this is being used as a basis to develop a national resource for use across Scotland. Skills around self-esteem, developing relationships, negotiating and risk taking are all developed at a range of points throughout a young person's school life.

---

[46] Perth & Kinross Council - Integrated Children's Services Plan
[47] http://www.gov.scot/Resource/0049/00498256.pdf
[48] http://www.gov.scot/Resource/0049/00495068.pdf
[49] Perth & Kinross Council - Evidence2Success

20.6     Sexual and Reproductive Health Services designed for young people are offered on a weekly basis at Drumhar Health Centre in Perth City. The service offers a full range of specialist sexual and reproductive care - contraceptive advice and provision, including emergency hormonal contraception (EHC ) and sexually transmitted infection (STI) testing and treatment. Community pharmacies across Perth and Kinross all offer EHC to young people and free condoms as part of the Condom Distribution Scheme. A free condom (C Card scheme) is available to anyone aged 13 – 25 who signs up for the scheme. If a user is under 16 different protocols are followed each time they request condoms. A C card app is currently being developed by NHS Tayside which will allow even greater reach of the scheme.

20.7     Termination of pregnancy (TOP) remains high in women of all ages – with women aged 25 to 34 accounting for the highest rate. Improving access and uptake to Long Acting Reversible Contraception (LARC) is an important intervention in reducing rates of unintended pregnancy.  Coverage in General Practice is good in Perth & Kinross, but needs to be sustained and provision in of contraception post-TOP is high, but we need to increase opportunities to access LARC as part of ante-natal and post-natal care.

20.8     Young women who become pregnant and decide to continue the pregnancy are offered support from the Family Nurse Partnership. This licensed programme provides intensive support for the mother and her child until its second birthday.

## 21  Sexual Health

21.1     In addition to the inequalities highlighted in relation to teenage conception and unintended pregnancy, poor sexual health is also associated with deprivation and particular population groups, including: young people aged under 25;  Looked After and Accommodated Young;  people with Learning Disabilities and other vulnerable individuals.  Men who have Sex with Men (MSM) remain at the highest risk of STI and HIV transmission and account for the largest proportion of people living with HIV in Scotland.  MSM continue to experience stigma and discrimination which contributes to higher rates of poor mental health and wellbeing, drug and alcohol problems as well acting as a barrier to accessing health and social care.

21.2     The Perth and Kinross Sexual Health and BBV Strategy Group work in partnership to develop local actions for Perth and Kinross using the NHS Tayside Sexual Health and BBV MCN Workplan as a guide. During 2017 a new plan will be developed with a focus of being a reference document for locality planning.

## 22  Health inequalities for people  in the criminal justice system

22.1     Health inequalities experienced by people in contact with the criminal justice system are well above the average experienced by the general population.  This includes people in prison, as well as those serving community sentences, in the community on licence and those in contact with the criminal justice system on suspicion of committing a criminal offence. Evidence shows that this group who have or are at risk of offending often have **multiple and complex health issues** including mental and physical health problems, learning difficulties, substance misuse, blood borne viruses (hepatitis B, hepatitis C and HIV) and poor life expectancy. These underlying health issues are often compounded by difficulties in accessing the full range of health and social care services available in the local community.

22.2     Examples of current work to address health inequalities for those in the criminal justice system, and their families, include specialised primary care services delivered by the NHS Tayside Community Health and

Wellbeing Team. This encompasses Central Healthcare, Keep Well and the Healthy Communities Collaborative. The team is in the process of being reorganised into localities and will continue to target and work specifically with vulnerable people and communities living with deprivation.

Key points:

- Scotland has one of the highest imprisonment rates in Western Europe
- The prison population is at an all-time high
- Prisoners in Scotland are predominantly young, male, white and from disadvantaged backgrounds
- Three quarters (73%) of prisoners have an Alcohol Use Disorder, with 36% possibly alcohol dependent
- 73% tested positive for illegal drugs on admission to prison and 17% tested positive on release
- 76% of prisoners smoke
- 1 in 5 are estimated to be Hepatitis C Positive[50]

22.3    Current actions to address health inequalities for those in the criminal justice system include:
- NHS Tayside review of prisoner health care during 2016/17.
- Improved access to testing, treatment and care for blood borne viruses (BBV) – opt out testing was introduced in 2016
- Prison protocol – review of preparation for release with support from Housing & Community Care Services
- Scottish Mental Health First Aid – adapted sessions delivered in Perth Prison to those who are already trained as "listeners"

---

## 23   Housing and health inequalities

23.1    Where and how people live has an important bearing on their mental and physical well being.  The Commission on Housing and Wellbeing document "A blueprint for Scotland's future June 2015" reminds us that good housing offers a stable foundation from which to build a home, and does so through providing shelter, security and space for family life and activities, privacy, personal identity and development. It underlines the centrality of good housing by stating that the home provides us with a sense of belonging and connection to where we live and acts as a springboard to develop other aspects of our life.

23.1    In terms of health and education we are reminded that housing which is secure, adequately heated and free of serious condensation and dampness and which provides space as well as supporting independent living is important for good physical and psychological health and positive educational outcomes.

23.1.1  The Perth and Kinross Local Housing Strategy (LHS) 2016 – 2021 is the overarching plan for all aspects of housing. Actions in the LHS to address health inequalities and housing include :
- Homelessness - reduce the use of temporary accommodation
- Reducing Fuel Poverty – staff training to raise awareness about fuel poverty, energy efficiency improved in all social rented housing stock.
- Income Maximisation – work with partners such as CAB to assist households to maximise their incomes and qualify for any grants or schemes which may be available.
- Use of technology to support independent living – increase the availability of telecare packages for frail and vulnerable people
- Rent Bond Scheme to allow access to private rented housing for households that would normally be excluded due to low income or reliance in benefits

---

[50] Prisoners: key points - ScotPHO

**24    Homelessness**

24.1    Being homeless is much more than being out on the street with only a small proportion of people  who are homeless in Scotland sleeping rough. In Scotland anyone assessed as being unintentionally homeless is entitled to settled accommodation and the main reasons for being homeless include relationship breakdown and being asked to leave the home. Homelessness can happen to anyone at any stage in their live and often appears very late, following contact with non-housing services such as mental health, substance misuse and criminal justice[51].

24.2    Homelessness and, particularly repeat homelessness, can be an extreme form of social exclusion and inequality; the visible iceberg of a much larger issues of complex disadvantage below the waterline[52]. People who are homeless, especially those how sleep rough, have a much higher risk of early death from a range of causes than the general population. A retrospective five year study in Glasgow found that being homeless increases the risk of death from drugs by seven times, trebles the risk from chest conditions and doubles the risk from circulatory conditions. Many of the health conditions that homeless people develop in their 40s and 50s are more commonly seen in people decades older. The average age of death for a homeless male person is 47 compared to 77 in the general population[53].

24.3    In Perth and Kinross every opportunity is taken by a range of partners to prevent homelessness by understanding the routes and key transition points into and out of homelessness. As set out in the Perth and Kinross Local Housing Strategy, during 2017 the Home First programme will become the standard way  of ensuring people who are homeless are provided with suitable, good quality accommodation and where possible move directly into a permanent tenancy. Where it is necessary Home First provides housing support which increases the chance of a successful transition to becoming a successful tenant[54].

24.4    In terms of preventative actions to prevent homelessness and to address health inequalities the following are key priorities:
- Provide specialist supported accommodation for homeless people and people with a range of support needs
- Preventative "floating" housing support services to a wider range of people, including older people, homeless people, people with disabilities, people with mental ill-health and those with substance misuse issues to enable them to live at home.

25    LGBT Health Inequalities

25.1    Lesbian, gay, bisexual and trans (LGBT) people experience a number of health inequalities. Research suggests that discrimination has a negative impact on the health of LGBT people in terms of lifestyle, mental health and other risks. Many people are reluctant to disclose their sexual orientation to health or social services because they fear discrimination or poor treatment[55]. Professionals commonly assume that LGBT people's health needs are the same as those of heterosexual people, unless their needs are related to sexual health. We know that LGBT people can be younger, older, bisexual, lesbians, gay men, trans, from minority ethnic communities and be

[51] http://www.healthscotland.scot/media/1251/health-and-homelessness_nov2016_english.pdf
[52] http://www.scotphn.net/wp-content/uploads/2015/10/Restoring-the-Public-Health-response-to-Homelessness-in-Scotland-May-2015.pdf
[53] Homelessness as an independent risk factor for mortality: results from a retrospective cohort study. - PubMed - NCBI
[54] Perth & Kinross Council - Local housing strategy
[55] http://uktrans.info/attachments/article/42/intro.pdf

living with physical or learning disabilities and work takes place locally and nationally to change any assumptions that they are a homogenous group.

25.2    Studies have found higher rates of depression among gay men, lesbians, people who are bisexual or transgender than the general population. A study in Glasgow suggested that young LGBT people may be particularly vulnerable to depression and anxiety [56]. In Schools all staff are offered LGBT awareness raising and a dedicated internet site is being developed for staff which will contain resource materials and FAQs. The Bullying Strategy for schools will also be reviewed during 2017 and homophobic bullying will be included.

25.3    Locally Perth and Kinross Council supports the Stonewall Scotland's Diversity Champions programme. This leads to an increasing focus on opportunities to support awareness raising and training. Examples include:
- PKC offering an e-learning equalities module which includes material from Stonewall and Pink Saltire
- Stonewall Allies and Role Model training being available
- Perth Playhouse showing the film "Pride" during LGBT History Month

## 26  Employment

26.1    We know that lack of work, particularly "good" work is bad for your health.  Being in paid employment can protect health and reduce health inequalities both by increasing income and by providing important social contact. Key messages about the importance of employment to health include:
- Good work provides a decent income, widens social networks and gives people purpose. The health benefits of good work extend beyond working-age adults to their children.
- For working age adults, not having a paid job is bad for health, increasing the risk of premature death by more than 60% and increasing the risk of illness, especially poor mental health.
- Not all work is good for health. Up to one-third of jobs fail to lift families out of poverty and can increase workers' risk of illness, injury or poor mental health. For some people, working in these jobs may be no better for their health than being unemployed[57].
- Locally we have several structures where employability, economic development, procurement   policies and small business development are considered.

26.2    The Perth and Kinross Employability Network is a multi-agency partnership with representation from statutory, voluntary and "not for profit" agencies. It was established in 2012 to provide targeted support for people facing particular challenges in accessing meaningful training and employment opportunities and continues to provide this service. The Network uses the nationally recognised 5 Stage Employability Pipeline which moves from supporting individuals into regular activity and positive routines at Stage 1 to Supporting individuals to maintain and progress within the workplace at Stage 5.

26.3    Current actions which address employment and health inequalities include:

- **The Perth & Kinross Health and Social Care Academy** supports people who unemployed and interested in a career in care to find out more about what is involved, gain the skills and induction level qualifications they need to apply for entry level posts, and get support with job applications or interview skills. The Academy is supported by a partnership involving NHS Tayside, Perth & Kinross Council, Perth College, Job Centre Plus and Skills Development Scotland.

---

[56] http://www.nes.scot.nhs.uk/media/513573/lgbt_companion_feb09.pdf
[57] http://www.healthscotland.scot/media/1256/inequality-briefing-2-good-work-for-all_sept2016_english.pdf

- **The Hub** : The focus is on enabling "Job Ready" clients to boost their employability skills to enable them to gain sustainable employment. One-to-one support with CV building, letter writing, completing application forms, telephone techniques and mock interviews as well as any other assistance is available.
- **Growbiz** is a community-based enterprise support service covering Eastern and Highland Perthshire. Growbiz provide support to anyone thinking of becoming self-employed, or starting (or growing) a small business or social enterprise. There is no age limit either upper or lower, and they work right across the community including people from all backgrounds, and those with health issues or disabilities.
- **Modern Apprenticeships** are offered by many employers throughout Perth and Kinross. This structured programme offers young people aged between 16 – 19 years practical experience whilst working towards a Scottish Vocational Qualification at level 2 or 3.
- **Perthshire Business and Enterprise Group** has representation from the Federation of Small Business, Perth College UHI, Perth Chamber of Commerce, The Business Gateway and Perth and Kinross Council. Amongst others. They provide networking, support and training opportunities for a wide range of businesses and those considering business start-up or self-employment.
- **Minority Community Hub – Work Club**. MCH support ethnic minority communities to be job ready through a work club.

Locality planning will allow a greater focus on employment and business development challenges and opportunities across all localities.

---

## 27 Cross cutting actions we need to consider as locality planning develops:

27.1 To help mitigate the effects of inequality, we can :
- Learn from the Fairness Commission as it reports in 2017 and maintain a focus on poverty and low income
- Provide training to ensure that our workforce is sensitive to all social and cultural groups, to build on the personal assets of service users.
- Improve links between services for vulnerable or high risk individuals
- Provide specialist outreach and targeted services for particularly high risk individuals (e.g. looked after and accommodated children, homeless people).
- Ensure that services are provided in locations and ways which are likely to reduce inequalities in access (i.e. link to public transport routes; avoid discrimination by language).
- Maintain a culture of service that is collaborative and seeks to co-produce benefits, including health and wellbeing, through work with service users

27.2 Environmental actions that impact on health will include universal public services of the type universally available in Perth and Kinross. For example :
- The availability of high quality, safe green and open spaces across Perth and Kinross.
- Drink-driving regulations and lower speed limits set by central government.
- Restrictions on unhealthy food and alcohol advertising.
- Provision of high quality early childhood education and adult learning.

---

## 28 Our Priorities

28.1    The issues set out in this strategy demonstrate that tackling health inequalities is challenging: they are influenced by a wide range of factors, including low household income, access to education, employment and good housing, equitable access to healthcare and individual circumstances and behaviour.

28.2    Early intervention and preventative approaches, alongside environmental changes which support healthier lifestyles, will help to address the health inequalities that exist between different groups and communities in Perth and Kinross.   We need to work together with local communities to introduce interventions that support healthier lifestyles and prevent disease through early detection and screening.

28.3    Through the process of developing and consulting on this Health Inequalities Plan for Perth and Kinross the following key areas for action have been identified:

| Overweight (including underweight and breastfeeding) | Tobacco Control | Substance Misuse & BBV | Employment including income maximisation |
|---|---|---|---|
| Carers (including young carers) | Keys to Life (learning disability) | Violence against women and girls | Physical inactivity |
| Sexual health – including teenage conception and young parents | Independent Living – physical and / or sensory impairment | Minority ethnic communities | Those in the criminal justice system |
| Housing and homelessness | Mental health and wellbeing | LGBT | |

28.4    Key theme 4 in the Health and Social Care Partnership Strategic Commissioning Plan is to reduce health inequalities and unequal health outcomes and promote healthy living. A  number of priorities have been agreed:

- Targeting high risk individuals.
- Providing intensive, person centred tailored support
- Making structural changes to services
- Redistributing resources.
- Mitigating the impact of welfare reform
- Providing affordable and accessible housing.
- Working together with communities

28.5    Locality action partnerships are evolving. As they develop, they will be supported to define what health inequalities look like in their local area. Local plans may not identify actions for all the priority areas but this Health Inequalities Plan will act as a lens for local action partnerships to consider those identified.

## 29   Addressing health inequalities in local areas

29.1    Work has begun to develop locality plans for Perth City, North Perthshire and South Perthshire & Kinross. Participatory budgeting has been piloted in several geographic areas and with a group of carers, empowering communities to agree and fund particular initiatives.  This type of initiative will be expanded, empowering communities and local people to agree and fund initiatives to support the priorities of their local area.

29.2    Locality planning and local community planning will support agencies and communities to work in partnership to achieve outcomes which reduce health inequalities.  We will know we have made a difference when we can measure the following:

- Reduced inequalities in individual health related behaviours e.g. smoking, alcohol and drug misuse and mental ill health.
- Reduced inequalities in outcomes for children e.g. literacy levels and school leaver destinations
- Reduced inequalities in economic conditions and work environments e.g. child poverty, low income, financial inclusion and unemployment
- More equitable access to basic resources and services e.g. adequate and affordable housing, neighbourhood satisfactions, reduced crime rates and opportunities for active travel
- Increase in uptake of welfare rights and money advice services
- Increase in people registering for a Credit Union Budget Account

29.3    In summary, working to reduce health inequalities is challenging and needs robust partnership working with supported and resourced local communities at the centre. The new locality planning models for Perth and Kinross will be well placed to ensure ownership of initiatives as key to addressing health inequalities.

## 30   Health Inequalities Planning Context.

A summary of the current health inequalities planning context for Perth and Kinross is attached at **Appendix 1.**

A summary of headline actions from local, regional and national documents which impact on reducing health inequalities are included below. These will allow Locality Action Partnerships to consider which priorities are most relevant for their area when developing locality plans.

Perth and Kinross Health & Social Care Joint Strategic Commissioning Plan 2016 – 2019 contains a range of actions with the aim of reducing health inequalities.
**Perth and Kinross Health & Social Care Strategic Commissioning Plan 2016 - 2019**

| Key Actions from NHST Healthy Weight Strategy (to be reviewed during 2017) | Timescale | Lead | Funding |
|---|---|---|---|
| PKC TES will work with local communities<br>• To further develop the role of the PKC Food Safety Team in producing fat, sugar and salt advice for take away premises as part of their "committed to healthier choices" project.<br>• To Increase the availability of healthy and affordable food outwith the home by working in **localities** to deliver the benefits of NHS Health Scotland "Healthy Living" Award Scheme for small food outlets. | 2016/17/18 | PKC TES | PKC TES budget |
| NHS Tayside will<br>• Work in local communities throughout Perth and Kinross to deliver their adult weight management programmes.<br>• Continue to commission the Winning Weigh programme (delivered by LAL) for delivery in localities throughout Perth and Kinross | 2016/17/18 | NHST Adult Weight Management Services | NHS Tayside AWMS |
| NHS Tayside will work in local communities throughout Perth and Kinross to deliver the POST service for children and families. | 2016/17/18 | NHST Paediatric Overweight Service | NHST POST |
| Perth and Kinross Health & Social Care Partnership will develop opportunities in local communities for using the "Community Cook It" approach. | 2016/17/18 | P&K H&SCP | PKC HCC funding |
| P&K H&SCP and PKC will work to Increase uptake of Healthy Start vouchers in all localities. Healthy Start | 2016/17/18 | P&K H&SCP / HCC Welfare Benefits Team | Healthy Start – Scottish Government funding. |
| NHS Tayside will ensure all pregnant women with a BMI of 30 or over receive support from their midwife to manage their weight gain in pregnancy. | 2016/17/18 | NHST | optiMUM provision – NHST Maternity Services |
| Live Active Leisure will work with local communities to increase the number of older adults and those with physical disabilities taking part in the "No Limits programme".<br>LAL will work with local communities to increase the number of targeted physical activity opportunities for priority groups across all localities. | 2017/18 | Live Active Leisure | |

| ** Key actions for increasing breastfeeding in Perth & Kinross (from NHST Infant Nutrition Co-ordinator and NHST Consultant Midwife paper to P&K CPP – based on National MIN Framework) | Timescale | Lead | Funding |
|---|---|---|---|
| NHST Infant Nutrition Co-ordinator will work with P&K H&SCP in local communities throughout Perth and Kinross to increase availability of breastfeeding support groups, increase knowledge of Breastfeeding Welcome Scheme and increase availability of breastfeeding training opportunities. | 2017/18/19 | P&K H&SCP / NHST Infant Nutrition Co-ordinator | |
| PKC ECS Early Years Team will consider working towards Baby Friendly accreditation (UNICEF UK Baby Friendly Initiative in maternity, health visiting, neonatal an children's centre services) | 2017/18/19 | PKC ECS Early Years Team | |
| **Key actions from Tayside Tobacco Plan 2015 - 2018** | **Timescale** | **Lead** | **Funding** |
| P&K H&SCP will work in local communities on a range of actions to enable smoking cessation including:<br>• Increase uptake of Give it Up for Baby (GIUFB) for relevant clients smoking during pregnancy & QUIT4U for clients who live within the relevant postcode area.<br>• Use "raising the issue around smoking" to have a conversation with patients and clients within all care settings<br>• Support Community Pharmacies to provide smoking cessation services across all three P&K localities & increase the numbers of people accessing community pharmacies to quit smoking. | 2017/18 | P&K H&SCP / Community Pharmacies | NHSTayside |

| ** Perth and Kinross Alcohol and Drugs Partnership Strategy and Delivery Plan 2015 - 2020 | Timescale | Lead | Funding |
|---|---|---|---|
| The ADP will work with local communities and agencies to develop a Recovery Oriented System of Care (ROSC) Pilot within Perth and roll out to all localities | 2017/18 | ADP Redesign Group | |
| A range of actions for addressing substance misuse and health inequalities in local areas are contained within both the Health and Social Care Strategic Commissioning Plan Perth & Kinross Council - Health and Social Care Integration and the Perth and Kinross ADP Strategy & Delivery Plan 2015 – 2020 Perth & Kinross Council - Perth & Kinross Alcohol and Drug Partnership | 2017/18 | P&K H&SCP / ADP | |
| **Perth and Kinross Mental Health and Wellbeing Strategy and Action Plan has been reviewed and published as a new Strategy and Action Plan in 2017** | **Timescale** | **Lead** | **Funding** |
| PKAVS will work with the P&K Mental Health & Wellbeing Strategy Group to ensure actions translate to local action plans in local communities. | 2017/18/19 | PKAVS | |
| **Key actions from Perth and Kinross Local Housing Strategy 2016 – 2021 and other associated strategic housing documents** | **Timescale** | **Lead** | **Funding** |
| PKC will work with partners and local communities to deliver actions in all localities from the LHS which impact on health inequalities (including homelessness)  Perth & Kinross Council - Local housing strategy | 2016/17/18/19 | PKC | |
| Promote and link to PKC Welfare Benefits Team wherever possible. Welfare Benefits Team will consider providing outreach services wherever a need can be demonstrated on both a geographical and interest group level Welfare Rights within our Communities - Perth & Kinross Council | 2016/17 2017/18 | PKC HCC Welfare Benefits | PKC HCC Core budget |
| **Key Actions from the Perth and Kinross Employability Network** | **Timescale** | **Lead** | **Funding** |
| The Perth and Kinross Employability Network will work with all communities across Perth and Kinross to develop its role. This includes supporting locality based enterprises and delivery of an employability pipeline targeting social exclusion, poverty and health inequalities. Greater detail of these actions can be found here Home Perth & Kinross Employability Network | 2016/17 2017/18 | PKC  / Employability Network | ESF 2014 - 2020 |
| ** Key Actions from the P&K Joint Strategy for Adult Carers 2015 – 2018 | Timescale | Lead | Funding |
| Perth & Kinross Council - Carers strategies P&K H&SCP will work in all localities and with local communities to deliver a range of actions contained within the Perth and Kinross Strategy for Adult Carers and the Perth and Kinross Strategy for Young Carers. | September 2017 | P&K H&SCP / PKAVS | |
| ** Key actions from the Keys to Life in Perth and Kinross Action Plan 2016 - 2019 | Timescale | Lead | Funding |
| Perth & Kinross Council - The keys to life strategy group P&K H&SCP will work with local communities to deliver actions from the Keys to Life Action Plan. | 2017/18 | P&K H&SCP | |
| PKAVS will work in all localities to increase the opportunity for people with learning disabilities to volunteer within their community. | 2016/17 2017/18 | PKAVS Development Officer, Volunteer Hub | |
| P&K H&SCP will Continue to provide specialist advice to people with learning disabilities, their carers and families regarding smart technology, phone apps and other available technology to support people, including those with dementia and epilepsy to remain independent in their community. | 2016/17 2017/18 | P&K H&SCP | |

| ** Key actions from Equally Safe: Scotland's strategy for preventing and eradicating violence against women and girls 2016 | Timescale | Lead | Funding |
|---|---|---|---|
| The Perth and Kinross Violence Against Women Partnership are currently drafting terms of reference and actions based on the 4 national outcomes, which will require to be implemented across Perth and Kinross and will work with local communities to develop locally appropriate interventions. http://www.gov.scot/Resource/0045/00454152.pdf | 2017/18/19 | PKC Criminal Justice | |
| ** Key actions from Active Perth and Kinross 2016 – 2021 (still in development, PKC & LAL). Working with partners and local communities, LAL fund and support sport and physical activity right across Perth and Kinross. | **Timescale** | **Lead** | **Funding** |
| Live Active Leisure and partners will work with local communities to deliver key actions from Active Perth and Kinross 2016 – 2021 Perth & Kinross Council - Strategic priorities for sport. | Delivery 2017 - 2021 | Live Active Leisure | |
| ** The Perth and Kinross Sexual Health, Relationships and Blood Borne Virus Action Plan is currently being refreshed and will be consulted upon in 2017. Actions below follow the Tayside SH & BBV Managed Clinical Network Plan 2015 – 2020. | **Timescale** | **Lead** | **Funding** |
| P&K H&SCP along with Community Pharmacies, PKC and PKAVS will work with local communities to prioritise a range of actions which address health inequalities. Areas which communities need to consider include:<br>• Contraception, including Long Acting Reversible Contraception (LARC) made freely available in community pharmacies in a choice of locations.<br>• A range of injecting equipment provision (IEP) services is provided throughout Perth & Kinross in a choice of localities.<br>• Those at higher risk of acquiring Hepatitis B are offered the opportunity to be vaccinated in a timely manner, in their local area.<br>• Reduction in unplanned pregnancy – women choosing to undergo termination of pregnancy can access quality services in their local area with minimal delay, followed by contraceptive advice, provision and psychological support.<br>• Sustainable links are made with local minority ethnic groups to allow the development of culturally competent services for sexual and reproductive health / BBV.<br>• SRHS Services are inclusive of LGBT people and staff understand the specific needs of LGBT people: the stigma and discrimination people experience and how this can impact on their access to experience of services. | 2016/17 2017/18 | P&K H&SCP / NHST / Community Pharmacy | |

| ** Teenage Conception and Early Parenthood – local actions to address the national "Pregnancy and parenthood in young people Strategy 2016 – 2026" are being developed and will be part of the P&K Sexual Health, Relationships & BBV Action Plan which will be published in 2017. | Timescale | Lead | Funding |
|---|---|---|---|
| http://www.gov.scot/Resource/0049/00495068.pdf<br><br>The P&K SH & BBV SG will develop local actions which can be used in local communities and for locality planning with a focus on the following areas:<br>• Young people have a better understanding of what healthy, safe, consensual and equal relationships are<br>• Young people have increased knowledge of nurture, attachment, preconception and parenthood<br>• Young people have increased knowledge and skills around contraception and sexual negotiation<br>• Young people make early and informed choices following conception<br>• Young parents have increased knowledge about local services and are confident using them<br>• Young parents are supported to stay in education, training or employment | 2017 onwards | P&K CPP / P&K SHSG | NHST Speakeasy until 2018/19<br><br>NHST Making Choices Keeping Safe until 2018/19<br><br>Cair Scotland until 2019/2020 |
| ** Key Actions to address low income – PKC HCC Welfare Rights | Timescale | Lead | Funding |
| Work with locality planning partnerships to ensure provision of specialist welfare rights and money advice services within and throughout Perth and Kinross with a focus on :<br>• Continue to promote, maintain and develop the PKC Welfare Rights Teams' comprehensive online information on welfare benefits in order to provide 24/7 access to benefits information.<br>• Continue to deliver welfare rights advice as widely as possible via social media<br>• Promote the NHS Tayside "Money Worries" mobile app as a signposting resource in emergency and crisis situations.<br>• Promote the enhanced weekly Welfare Rights Service for people with Cancer at Cornhill Macmillan Centre, PRI. Macmillan Welfare Rights service - Perth & Kinross Council<br>• Promote the enhanced Welfare Rights Service for people who live with mental health problems<br>• Promote the enhanced Welfare Rights Service every two weeks at PKAVS minority communities Hub (MEAD)<br>• Strengthen links with midwives and health visitors to ensure families with children are aware if local welfare rights and money advice support<br>• Support Kinship Carers to ensure all are in receipt of the correct income<br>• Limit the impact of expensive credit by promoting the Perth and Kinross Credit Union for affordable lending in all communities | 2016/17 2017/18 | PKC Welfare Rights Team | Core PKC HCC Welfare Rights Budget |

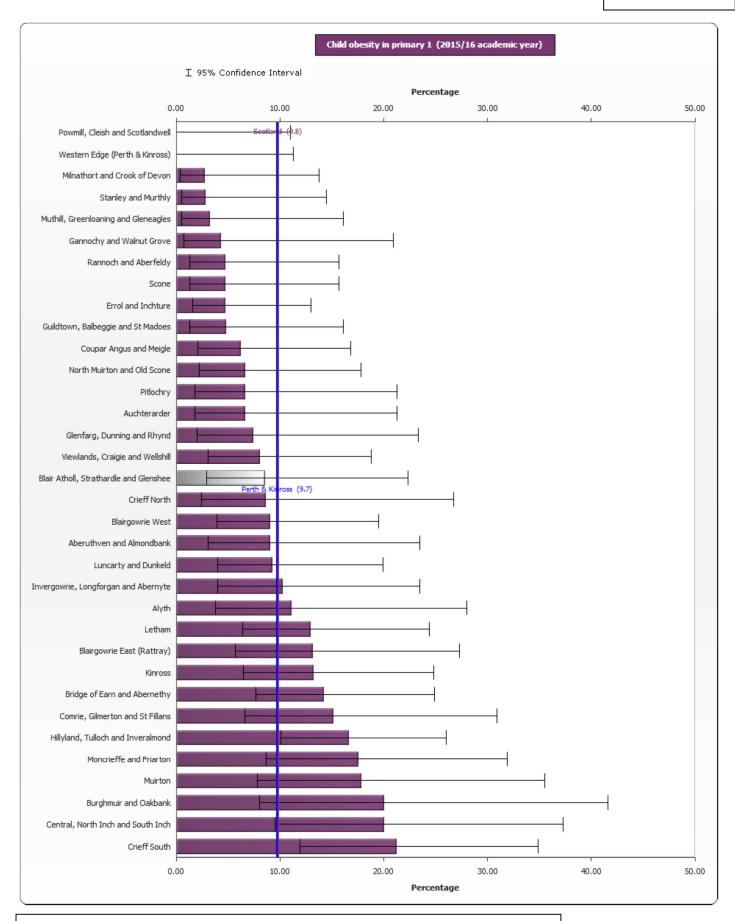| ** Key actions from the P&K Joint Strategy to support Independent Living 2014 - 2017 | Timescale | Lead | Funding |
|---|---|---|---|
| The agencies which make up the P&K Joint Physical Disability Strategy Group will develop actions which can be delivered in partnership with local communities under the following headings:<br>• Housing e.g. Increase year on year the availability of telecare packages for frail and vulnerable people (telecare and community alarms)<br>• Communication e.g. Reach out to individuals from Ethnic Minority communities who have sensory loss and make support services more accessible to this group.<br>• Employability e.g. Ensure people with a sensory impairment who are being supported into work also receive welfare rights and money advice information<br>• Accessible Environment e.g. Publicise in localities the range of businesses / premises / venues who have been audited by DisabledGo and have their accessibility information on the website.<br>• Accessible Transport e.g. Continue to work in localities with local taxi & Wheelchair Accessible Vehicle providers in terms of training and awareness raising for drivers | 2017/18/19 | PKC / VisionPK/CILPK | |
| ** Actions to address health inequalities for Ethnic Minority Communities in Perth & Kinross | Timescale | Lead | Funding |
| PKAVS will work with locality planning partnerships to develop the following actions which impact on the health inequalities of ethnic minority communities:<br>• Increase the reach of work with existing services (Local Authority / NHS and services they commission) to increase the cultural awareness of front line staff.<br>• Develop and pilot a holistic improvement model which can be used with any service / agency to become a culturally and ethnically accessible service.<br>• Increase the reach of holistic cultural awareness training with as many agencies and services as possible in Perth and Kinross.<br>• Support local services to build capacity in order to effectively support new migrants (less than 3 years in the UK) to Perth and Kinross. | 2017/18/19 | PKAVS | |
| ** Actions to address health inequalities for those in the criminal justice system | Timescale | Lead | Funding |
| Undertake healthcare needs assessment across the prison establishments and review / redesign prisoner healthcare | 2017/18 | P&K H&SCP | |

## Summary of consultation Responses

- **Poverty and low income** – although perceived as an affluent area there are pockets of poverty in Perth and Kinross and many families living on a low income. Access to good quality money advice services is one action that can take place relatively easily in all our localities.
- **Carers** – with a growing older population many people are becoming carers and remaining so well into old age. Increasing signposting to available services for carers can make a big difference to their health and wellbeing.
- **Partnership working**, particularly with the third sector – as agencies working on a daily basis with members of communities in most local areas, the third sector needs to be engaged and involved at all levels of addressing health inequalities.
- **Learning Disability** – members of our community with a learning disability do not enjoy the same health outcomes as the rest of the population. Making sure we put into place actions from "Keys to Life" (the Learning Disability Strategy) , in our locality planning will help to address this.
- **Mental Health** – We know that a new Mental Health and Wellbeing Strategy for Perth and Kinross is currently in the early stages of development. Locality planning groups will be engaged in the process of developing the action plan to ensure it is relevant to all three areas.
- **Physical inactivity –** The Active Perth and Kinross Strategy 2016 – 2021 is currently being developed. Lead partners are Live Active Leisure and Perth and Kinross Council. Priority actions need to be developed around increasing physical inactivity and Local Action Partnerships will help to ensure key target groups are identified.
- **Teenage conception and being a young parent –** we know that teenage conception can be both a cause of health inequality and also an outcome. Whilst rates of teenage conception are falling in Perth and Kinross there remain areas where the rates are stubbornly higher than both the Perth and Kinross and Tayside average. Having localised data will help to focus work with relevant areas and communities.
- **Rural areas –** Perth and Kinross has large rural and isolated areas which we have to consider when locality planning. Rural poverty and deprivation often hinges around access to employment and greater cost of transport, food and fuel as well as access to support and services which are mainly situated in larger towns.
- **Minority Ethnic Communities** – many of our local minority ethnic communities experience multiple disadvantage and health inequalities are often compounded by lack of culturally aware services. National research commissioned by PKAVS [58] "Mind the Gap" was published in February 2016 and gives locality planning partnerships useful background information for improving the accessibility and acceptability of services.

---

[58] http://www.pkavs.org.uk/Mind the Gap

Child obesity in primary 1 (2015/16 academic year)

ISD, BMI of P1 Scottish children school year 2015/16 extracted March 2017.