Perth and Kinross Health Inequalities Strategy 2016

Draft for Consultation

"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."

www.healthscotland.com › Equalities › Policy and legislation

1. Introduction

1.1 Health inequalities are the result of **poverty and discrimination.** '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 [*Scottish Government, 2008a*].

'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. [*Scottish Poverty Information Unit*]

1.2 NHS Scotland's *Bridging the Gap: a health inequalities learning resource* [NHS Education for Scotland] **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.

- And poverty does not exist in isolation, being associated with other factors, such as:
  - having a family to provide for
  - being unable to work due to incapacity or illness,
  - 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).
- 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.**

- In turn children born into poverty and deprivation are less likely to make healthier 'choices' or progress in education.
- 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
- Other characteristics, such as sensory, physical or learning disabilities, mental health problems or race can also potentiate health and social inequalities.
- **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.

1.3 Health improvement as part of addressing health inequalities

NHS Health Scotland's Delivery Plan for 2015 -16 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, alcohol 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.

Working with local communities and agencies to address obesity and underweight, as well as alcohol misuse, are priorities for NHS Tayside and a range of voluntary sector partners and are highlighted in both the NHS Tayside Director of Public Health Annual Report 2014/15 and the Perth and Kinross Alcohol and Drugs Partnership Strategy and Delivery Plan 2015 – 2020.

1.4 Health Inequalities 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.
- 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. ('*The Keys to Life: ten-year strategy'*)
- **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 physical health
- **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 (*Action on Hearing Loss: access all areas*)
- **Those who live with mental ill health** support needs will typically die earlier than someone without, and mental health problems are the largest single source of disability in the UK. (*www.bma.org.uk/healthparity*, 2014)

1.5 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.

1.6 The **NHS Tayside Health Equity Strategy, Communities in Control 2010,** refreshed 2016. This paper supports the current process across Tayside which has key stakeholders, including Perth and Kinross

Council, working to "re-energise" the strategy and to agree key actions which will be developed as follows:

- Learn from and replicate initiatives that have had, or are having, a positive impact on the health of the residents of Tayside
- Work with the evolving integrated health and social care partnerships to use local health profiles more effectively and share understanding of the nine health and wellbeing outcomes to identify gaps then future direction
- Include a series of actions that will influence the health equity agenda but with particular focus around disease prevention, childhood poverty, financial inclusion and the impact of welfare reform.

1.7   This strategy will inform and be informed by the new **Fairness Commission for Perth and Kinross** whose aim is to build consensus across public organisations, employers and communities of the need to tackle poverty and stubborn inequality to transform people's lives.

1.8   The Commission will collect evidence on the key factors associated with poverty, including through calls for evidence, public meetings, policy roundtables and other forms of research, and will take evidence in various localities around Perth and Kinross. Evidence will also be heard in the form of reports and presentations from both local and national speakers around early years, education attainment and positive destinations, health inequalities, employability and skills, housing and income.

1.9   Following the collation of evidence, a report will be brought to the Council and the Community Planning Partnership in Spring 2017 outlining findings and recommendations.

2.   What is the situation in Perth and Kinross?

2.1   Although Perth and Kinross has relatively low levels of deprivation compared to other parts of Scotland, it has key areas of deprivation. The Scottish Index of Multiple Deprivation (SIMD 2012) states that parts of Muirton are amongst the 5% most deprived areas in Scotland and parts of Rattray and Letham are within the 15% most deprived areas of Scotland.

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

Type of deprivation	Perth and Kinross	Scotland
% population **income** deprived	9%	13%
% working age population **employment** deprived	8%	13%
% population **access** deprived (2013)	31%	15%

Scottish National Statistics, 2011

2.2   85% (7,235) of the most deprived residents live in **Perth City,** with the remaining 15% (1,290) living in North & Eastern Perthshire.

Table 1 Distribution of Perth and Kinross locality population by SIMD (Scottish Index of Multiple Deprivation)
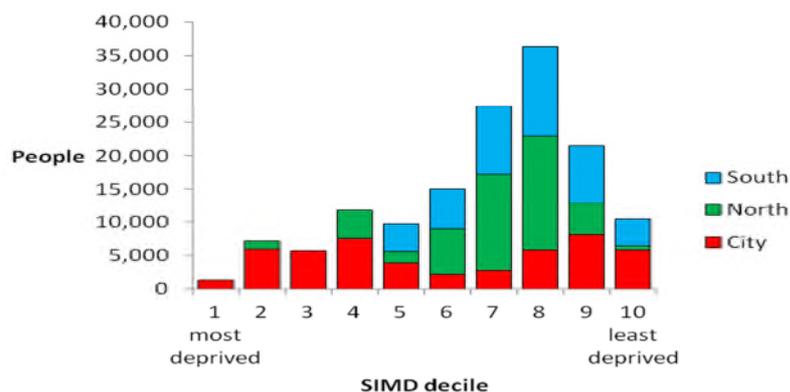
2.3   Life expectancy in Perth and Kinross for men and women decreases as levels of deprivation increase and this is particularly marked for men. Inequalities in health between the most and least deprived people are evident, with the male life expectancy ranging from 75-81 years and female life expectancy 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.

2.4   **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.

2.5   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.

2.6   This **draft Health Inequality Strategy** 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*". Reducing health inequalities, prevention and early intervention are priorities for the new health and social care partnership and set out in the Strategic Commissioning Plan (2016-2019). Through early intervention and prevention we believe there is much we can do to promote healthier lifestyles and reduce inequality.

2.7   Our health profiles and data tells us that our key priorities to be addressed include:

- Key areas, such as Perth City, Letham Hillyland, Rattray
- Obesity
- Alcohol abuse
- Smoking
- Mental illness
- Black and minority ethnic population
- Gypsy travellers

- Homeless people
- Early years
- Those in the criminal justice system
- Those living with physical disabilities

We know that having 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 also assists with community engagement and co-production of actions. As locality planning develops we will continue to work with partners who provide data, such as NHS Tayside Public Health Directorate, in order to produce meaningful and timely data.

3   Obesity and overweight in Perth and Kinross

3.1   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, cancer and early death. It also increases immobility and makes any other disability more severe than it would otherwise be. Obesity data shows a strong link with inequalities, particularly for women and children. Overweight and obesity are major contributors to ill health and there is particular concern about increasing levels of Type II diabetes within the population and the impact on short and long term health of both mothers and babies following obesity in pregnancy.

3.1 Perth and Kinross has a higher prevalence of people who are either overweight or obese (42%) than are in either Tayside (39%) or Scotland (37%).

Prevalence of obesity in Scotland, Tayside, and Perth & Kinross (Source: Scottish Health Survey, 2012)

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%

3.2   The prevalence of children in Primary 1 at risk of obesity is lower in Perth & Kinross than in Scotland. However, across the 3 localities South Perthshire and Perth City have higher levels of childhood obesity risk than North Perthshire.

Prevalence of P1 children at risk of obesity in Scotland, Perth and Kinross, and each locality (2013/14)

	Scotland	Perth & Kinross	North Perthshire	South Perthshire	Perth City
Primary 1 children at risk of obesity	10.1%	8.5%	6.5%	9.2%	8.9%

3.3   This picture of childhood obesity is interesting as South Perthshire and Kinross is our least deprived community and the expectation might be that childhood obesity would be lowest here. However, these results mirror those found in other countries where the picture of deprivation and childhood obesity is counter intuitive.

3.4   Recent data from ISD (Information Services Division, Scottish Govt, Feb 2016) on Perth and Kinross-wide BMI distribution in primary 1 school children shows that the % children **receiving a review** whose weight fell within the healthy weight range reduced from 85.1% in 2005/6, to 84.7% in 2014/15; and that % children **receiving a review** in the combined overweight/obese/severely obese category increased from 14.6% in 2005/6, to 15.2% in 2014/15. Note these were based on 1,387 children in 2005/6 and 1,441 children in 2014/15. The next stage will be to further analyse these by locality.

Addressing obesity

3.5   There are already projects and initiatives aimed at reducing obesity, some of which are mentioned below and the detail of which is included in the action plan:
- 'Healthier Choices Project' where Environmental Health staff work with small and medium takeaway premises encouraging reduction in salt, fat and sugar in meals
- Active Communities: which is an Integrated Care Fund project with Live Active Leisure which aims to develop and deliver physical activity provision for adults with long term conditions, with disabilities or at risk of poor metal wellbeing.

Priority needs to be connecting this work and progressing it though health and social care locality teams/community planning teams.

3.6   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) review which are relevant:
- Focus on inequalities in local communities, with an emphasis on the environment e.g. availability of carbonated (and high sugar) soft 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

3.7   **Underweight**
Whilst having a focus on obesity, we understand that health inequalities have an impact on underweight and malnutrition, often, but not exclusively with older people. As more people are supported to live independently at home into older age there are increased risks of loneliness and isolation which can both be addressed with actions around food and nutritional care. Public Health Nutrition colleagues in NHS Tayside held an event in February 2016 to consider actions on malnutrition and underweight and locality planning across Perth and Kinross will be well placed to develop actions to address underweight beyond hospital and care settings.

4   Alcohol misuse

4.1   We know that alcohol misuse underlies many of the worst symptoms of inequality. 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 other's substance use. (*Audit Scotland 2009 ,Drug and Alcohol Services in Scotland*)

4.2 When the Perth and Kinross Alcohol and Drug Partnership (ADP) co-ordinated by Alcohol Scoping Exercise 2015 it found that our deprived areas had higher levels of alcohol harm than the more affluent areas of Perth and Kinross.

4.3 Other statistical findings are important:

- Accident & Emergency attendances with an alcohol-related condition - a considerably higher rate from people from more deprived areas, although their alcohol consumption was less.
- Deaths from alcohol conditions - 20.1 per 100,000 died from alcohol conditions in 2009-13 (Scotland 23.8 per 100,000). Within this authority average there were areas with much higher alcohol related deaths than others.

Addressing alcohol misuse

The ADP Strategy 2015-2020 identified a number of actions to address alcohol misuse focussing on prevention, early intervention and treatment. These include a whole population approach to respond to those adults and young people who are drinking outwith safe government guidelines and to localised, specific projects focusing on recovery including:

- Stepping Stones: is an Integrated Care Fund Project which enables people with chaotic lifestyles affected by alcohol and substance misuse to take up a placement on an accredited college course where they will learn to use and maintain machinery. These skills will allow participants to volunteer, as a route to employment, in structured work placements.
- Homeless Boxing: is also an Integrated Care Fund Project which enables people who are experiencing homelessness, and often substance and alcohol misuse, to have opportunities to take part in safe and purposeful activities that will improve their physical health and mental well-being.

5 Smoking and Tobacco

5.1 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.

- 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 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.

[Source: Scottish Tobacco Control Alliance – tackling inequalities through breaking the link between smoking and poverty. February 2016]

Smoking in Pregnancy in Perth and Kinross

5.2 Continuing to smoke during pregnancy has well-documented risks to health for both expectant mothers and unborn babies. 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. In addition, the percentage of expectant mothers who smoke whilst pregnant is greater in Perth and Kinross than the national average across all SIMD quintiles.

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

5.3   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 and work is ongoing to identify opportunities to do this.

There are already projects and initiatives aimed at reducing tobacco use, some of which are mentioned below and the detail of which is included in the action plan:
- 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**.**

6   Inequalities in mental health

6.1   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). (*Perth and Kinross Joint Mental Health and Wellbeing Strategy 2012 – 2015*)

6.2   Poor mental health and wellbeing are associated with an increased likelihood of poor physical health. In Scotland in 2006 (*Equally Well: Report of the ministerial task force on health inequalities, Scottish Government 2008*) 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.

6.3   Some further findings show:
- In Scotland **twice as many suicides** occur among people from the most deprived areas
- For women and men in Scotland, rates of poor self-reported health are higher in the most deprived areas compared with the most affluent areas.

- For both men and women the risk of developing a mental health problem is greater among those in 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.
- 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

[The Equal Minds (Myers et al., 2005]

6.4 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.

Actions to address poor mental health & wellbeing:

There are already projects and initiatives aimed at improving mental health and wellbeing, some of which are mentioned below and the detail of which is included in the action plan:

- Social Prescribing Project: social prescribing opportunities are being developed across all three health and social care localities in Perth and Kinross. Social Prescribing involves a range of ways of connecting people to a variety of non-medical services which may help address their mental health problems and is developed ('co-produced') with community members.

- TullochNet: This is an Integrated Care Fund Project which works in the Perth City locality and has a focus on improving mental health and wellbeing which are at the centre of many activities, including establishing a "listening service". Local residents have attended training on "Introduction to listening" and then been able to offer the service to community members.

7 Ethnicity / Black and Ethnic Minority Communities (BME)

7.1 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 disease. (*ScotPHO ethnic minorities key points*). We also know that the Gypsy/Traveller population has some of the poorest health outcomes in Scotland.

7.2 It is also known that
- In the last ten years the minority ethnic population in Perth and Kinross has expanded considerably.
- 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, with 3.2% of residents self-reporting to be non-white, compared to just 2.0% for Perth and Kinross.

Addressing health inequalities in the BME community

7.3 We know that many of the challenges facing the BME community, including recent migrants, are language based. People from the Chinese, Eastern European and South Asian used the local MEAD project for language support. This was frequently to provide assistance in understanding the health care system, with lack of interpreting support being a common challenge.

7.4 Improving cultural understanding and addressing language barriers and collecting good quality data will be necessary to enable meaningful engagement for BME communities in the locality planning process.

8 Early Years

8.1 Health inequalities experienced pre conception, during pregnancy, birth and during the early years often have a negative impact on health of parents and children. This can impact on long term health, happiness and general engagement in society.

8.2 We know that a child's likelihood of poor health, social, educational and emotional outcomes are greater for children from less advantaged backgrounds (*Growing up in Scotland 2010*) and that children will be affected by family income, housing situation and the environment in which they can afford to live. 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.

8.3 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 aged 2 years.
- FNP is an internationally validated intensive family support programme for vulnerable, young, first time mothers.

8.4 **High quality early years childcare and education**. The Scottish 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 call these **Strong Start** places.

8.5 **Targeted specialist programmes** – these are 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.

8.6 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. 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.

9	Health inequalities for those in the criminal justice system

9.1   Health inequalities experienced by people in contact with the criminal justice system are well above average experienced by the general population. This includes those in prison, as well as those serving community sentences, those who are in the community on licence and those in contact with the criminal justice system on suspicion of committing a criminal offence. Evidence shows us 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 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.

9.2   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 which encompasses Central Healthcare, Keep Well and Healthy Communities Collaborative. The team is in the process of being realigned into locality models and will be continue to target and work specifically with vulnerable people and communities affected by deprivation.

Key points

- Scotland has one of the highest imprisonment rates in Western Europe
- Prisoners in Scotland are predominantly young, male, white and from disadvantaged backgrounds
- Three quarters (73%) of prisoners have an Alcohol Use Disorder
- 73% tested positive for illegal drugs on admission to prison and 17% tested positive on liberation

[ScotPHO: prisoners key points, updated January 2015]

Current actions to address health inequalities for those in the criminal justice system include:

- NHS Tayside review of prisoner health care during 2016/17.
- 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"

10.	Health Literacy

10.1   The term 'health literacy' refers to people having the appropriate skills, knowledge, understanding and confidence to access, understand, evaluate, use and navigate health and social care information and services. Levels of health literacy are also influenced by the provision of clear and accessible health and social care services and information for all (service responsiveness).

10.2   Limited health literacy is linked with unhealthy lifestyle, such as poor diet, smoking and a lack of physical activity and is associated with an increased risk of morbidity and premature death. People with limited health literacy are less likely to use preventive services and more likely to use emergency services, are less likely to successfully manage long-term health conditions and as a result incur higher healthcare costs.

10.3 An individual's health literacy tends to be related to their social circumstances. Educational attainment strongly predicts good health literacy and people with limited financial and social resources are more likely to have limited health literacy. In turn, limited health literacy limits opportunities for vulnerable and disadvantaged people to be actively involved in decisions about their health and care over the life course. This can then undermine their ability to take control of their health and the conditions that affect their health.

10.4 Efforts to improve health literacy can have a range of benefits. They can increase health knowledge and build resilience, encourage positive lifestyle change, empower people to effectively manage long-term health conditions and reduce the burden on health and social care services.

[Local action on health inequalities: Improving health literacy to reduce health inequalities, Practice resource: September 2015, Public Health England & UCL Institute of Health Equity]

11. Housing and health inequalities

11.1 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. 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.

The Perth and Kinross Local Housing Strategy (LHS) 2016 – 2021 is the overarching plan for all aspects of housing. Locality planning will provide an opportunity for much greater community involvement in decision making and planning as the three localities all have very different housing needs.

Actions in the LHS to address health inequalities and housing include:
- Homelessness – move people more quickly into settled, permanent accommodation and reduce the use of temporary accommodation.
- Reduce fuel poverty – continue the programme to improve energy efficiency of housing stock, as well as staff training to raise awareness about fuel poverty, energy efficiency improved in all social rented housing stock.
- Income Maximisation – work with partners such as Citizen's Advice Bureau to help households maximise their income and qualify for any available grants or schemes.
- Use technology to support independent living – increase the availability of telecare packages for frail and vulnerable people
- Continue with the 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

12. Employment

12.1   We know that lack of work, particularly "good" work is bad for your health. It is understood that 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, however. Up to one-third of jobs fails 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.

NHS Health Scotland Inequality Briefing – Good Work for All - August 2015.

12.2   Locally we have several structures where employability, economic development, procurement policies and small business development are considered.

One example is the Perth and Kinross Employability Network which 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.

Locality planning will allow a greater focus on employment and business development challenges and opportunities across the three health and social care localities in Perth and Kinross.

Current actions which address employment and health inequalities include:

- The Perth & Kinross Health and Social Care Academy supports people who are experiencing unemployment 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.

- **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. Anyone using the centre also has access to computers and newspapers for job searches, and other free resources to help them apply for vacancies. Individuals requiring support are welcome to drop in anytime between 9.30am and 4.30pm Monday to Friday. On the first visit, experienced staff will assist clients to complete a job readiness assessment this will highlight any barriers to employment individuals may face.
- **Growbiz** is a community-based enterprise support service covering Eastern and Highland Perthshire providing 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.

- **Stepping Stones**: is an Integrated Care Fund Project which enables people with chaotic lifestyles affected by alcohol and substance misuse to take up a placement on an accredited college course where they will learn to use and maintain machinery. These skills will allow participants to volunteer, as a route to employment, in structured work placements.
- **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.

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

13.1 There are things that we can do to help mitigate the effects of inequality, including:

- o   Integrate all the initiatives and work to make sure they connect better and are the focus of integrated locality /locality community planning activity
- o   Training to ensure that our workforce is sensitive to all social and cultural groups, to build on the personal assets of individuals and communities.
- o   Link services for vulnerable or high risk individuals
- o   Provide specialist outreach and targeted services for particularly high risk individuals (e.g. children, homeless people).
- o   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).
- o   Maintain a culture of service that is collaborative and seeks to co-produce benefits, including health and wellbeing, through work with service users

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

14 Our Priorities

14.1   This document demonstrates that tackling health inequalities is challenging: they are influenced by a wide range of factors, including access to education, employment and good housing, equitable access to healthcare and individual circumstances and behaviour.

14.2   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.

14.3 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 and a number of priorities have been agreed:

- **Targeting high risk individuals.**
  - Focus and re-design health improvement interventions for those who are most at risk of health inequalities and furthest away from mainstream service engagement.
  - Work with local communities to co-produce better outcomes for those who are obese / overweight, who smoke, who are at risk of under nutrition, who have poor oral health, who are at risk through alcohol use, drug use, poor sexual health, who are at risk of loneliness, isolation and depression and who are at risk of violence or anti-social behaviour.
- **Providing intensive, person centred tailored support**
  - Develop and support 'recovery models' of care in which change is initiated and driven by the individual and supported by family and community.
- **Making structural changes to services**
  - Broaden the role of community pharmacy technicians to increase pro-active engagement with patients, community pharmacists, locality pharmacists and GPs.
  - Increase knowledge and skills in all services and agencies to provide services which support those with a learning disability.
- **Redistributing resources.**
  - Develop health and wellbeing hubs in all three areas, in partnership with local communities, reviewing and reusing existing space, such as community hospitals.
- **Mitigating the impact of welfare reform**
  - Perth & Kinross Employability pipeline is used and understood in all localities, income maximisation and welfare advice is regularly accessible in all areas and Perth & Kinross Credit Union is involved in health and wellbeing hub development.
  - Ensure that food availability and food preparation skills are considered as part of locality planning.
- **Providing affordable and accessible housing.**
  - Create more affordable homes and manage existing stock to create homes of the right size, type and location in areas people want to live and work
- **Working together with communities**
  - Embed community development teams in all three localities to support individuals, groups and communities to work as partners in planning and delivering services and ensuring that these have an inequalities focus.

15 Addressing health inequalities in local areas

15.1 Work has begun to develop locality plans for Perth City, North Perthshire and South Perthshire & Kinross and these will evolve over time. Participatory budgeting has also been piloted with a group of carers, empowering them 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.

15.2 Locality planning and local community planning will also allow 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 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
- Reduced inequalities in individual health related behaviours e.g. smoking, alcohol and drug misuse and mental ill health.

Many of these outcomes are currently captured in the Community Plan for Perth and Kinross and locality planning will enable a wider spread of these key areas of work to address inequalities.

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 Equity Statement for Perth and Kinross will ensure inequalities focus running through from locality planning level to the strategic level.

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 to address health inequalities is key and they need to coordinate and connect activities, targeting and focusing on priorities to enable greatest impact.

15   Action Plan

A first DRAFT Action Plan is attached as an Appendix.

This is a draft document for consultation

Please submit comments and suggestions on this draft strategy **by Friday 1st July 2016** to:

Rhona Pollok
Policy & Planning Officer
Perth and Kinross Council
Pullar House, 35 Kinnoul Street,
Perth PH1 5GD
RMLPollok@pkc.gov.uk

Appendix 2: Action Plan

Actions across all three localities

National Health & Wellbeing Outcome	Key Action from Health and Social Care Strategic Commissioning Plan 2016-19 with key theme to reduce inequalities	Timescale	Lead
5	○ Develop health interventions for people who are at the highest risk of ill health, to prevent illness and reduce health inequalities		
5	○ Work with partners to help achieve the Scottish Government aims of having a higher proportion of people in a normal weight range. ○ Develop initiatives to reduce obesity		
5	○ Develop health interventions for people who are at the highest risk of ill health, to prevent illness including Smoking; Alcohol and drug use; Oral health; Sexual health; Obesity; Multi morbidities		
5	○ Reduce health inequalities for people who have a learning disability through the development of a SMART Action Plan ○ Increase take up of Health Screening & Health promotion activities for people with learning disabilities. ○ Prepare information for other agencies to inform them of the specific needs of people with learning disabilities e.g. health inequalities agenda/ accessible information agenda etc.)		
5	○ Roll out the use of community pharmacy technicians and develop care pathways to enable engagement between patients, community pharmacists, locality pharmacist and general practitioner		
5	○ Embed recovery models of care in mental health and substance misuse, including the development of mutual aid groups within each of the 3 the localities		

National health & wellbeing outcome	North Perthshire Key action from Strategic Plan with key theme to reduce inequalities	Timescale	Lead
1	Embed social prescribing model to support change in culture and increase referrals to mainstream services in the community		
	Identify a range of community champions and deliver support to enable them to help people self-manage and find the support they needs		
	Develop and embed role of 'link workers/ super conductors in GP surgeries. Roll out across all GP practices		

	Timescale	Lead
North Perthshire Key action from Strategic Plan with key theme to reduce inequalities		
Promote prevention and a self-reliant culture through education in schools and other community spaces		
Through development of technology enable care strategy, develop app for accessing info / services		
Ensure information is provided in accessible formats		
Develop specific strategies for health promotion, made relevant to local communities		
Look to develop a health and well-being 'hub' in Pitlochry		
Examine capacity of drop in services to improve access for people living in rural areas		
Review issues of access and transport including scope for services to be delivered locally		
Identify sub localities issues for health and social care in terms of community engagement		
Improve use of technology enabled care to compliment support for carers and to reduce the need for care at home where this is appropriate		
South Perthshire Key action from Strategic Plan with key theme to reduce inequalities		
Increase access to Technology enabled care; including the development of wellbeing self- help apps		
Embed social prescribing model to support change in culture and increase referrals to mainstream services in the community		
Encourage Community resilience e.g. upskill volunteers to support people at home and signpost to other services		
Explore the development of a community wellbeing centre including mobile options		
Develop one-stop health and social care wellbeing centre		
Improve awareness of the use of pharmacy services and broaden range of services / referrals that can be made by community pharmacy		
Increase engagement with community independent providers		
Map local services and pathways to reduce duplication		
Perth City Key action from Strategic Plan with key theme to reduce inequalities		
Enhanced Community Support teams to be rolled out across Perth city		
Develop Integrated Care teams linked to zones using existing premises in the City e.g. Letham Centre		
Invest in Community in sub localities. For example men's sheds		

National health & wellbeing outcome	Timescale	Lead
National health & wellbeing outcome	Timescale	Lead
1		
5		
National health & wellbeing outcome	Timescale	Lead
2		

	Develop community engagement and learn from good practice elsewhere e.g. Aberfeldy consultation as a model	
	Develop role of Community pharmacy in relation to prevention and early intervention	
	Develop support structure for GPs to divert people to other resources in the community	
2	Explore options to improve GP coverage in the Letham area	

National Health & Wellbeing Outcome	Obesity / overweight and under-nutrition	Key actions from NHST Healthy Weight Strategy (NHS Healthy Weight Strategy is being reviewed during 2016)	Timescale	Lead
1,2,5	Under-nutrition / malnutrition	Develop **locality actions** to address under nutrition following the stakeholder event "Tackling Undernutrition – how can we do it better?" held in February 2016.		NHST
1,6,9,5	Technology for weight management	NHST have applied for "Scot Tech" funding for a small pilot project in Perth and Kinross which will look at the use of technology for weight management for those who cannot leave their home for a range of reasons. If successful this will be explored as part of locality working.		NHST
1	Regulation of premises which provide food	Further develop role of the PKC Food Safety Team in fat, sugar and salt advice for take away premises as part of their "committed to healthier choices" project. Small to medium sized takeaway premises are targeted for the project. In order for the takeaway to be part of the project they require to commit to taking small steps in reducing the amount of salt, fat and sugar in meals that they produce. This information is provided through free support and advice by officers and through work carried out in conjunction with MEAD. To date 22 out of 85 targeted premises have committed to the scheme via completion of a questionnaire and have been issued with a certificate. The project is ongoing with a specific focus this term on the reduction of saturated fats. Increase availability of healthy and affordable food outwith the home by exploring in **localities** benefits of the NHS Health Scotland "Healthy Living" Award Scheme for small food outlets.		PKC
1,2,4,5	Adult Weight Management	NHS Tayside delivers adult weight management programmes in Perth and Kinross. In P&K groups take place across the area and referral is by a healthcare professional. Groups are		NHST

National Health & Wellbeing Outcome	Obesity / overweight and under-nutrition	Key actions from NHST Healthy Weight Strategy (NHS Healthy Weight Strategy is being reviewed during 2016)	Timescale	Lead
	Services (AWMS funded by Scottish Government)	for those with a BMI or 30 and over along with a co-morbidity such as asthma or type 2 diabetes or those with a BMI of 35 and above. Locality working will increase access to both participants and community venues. NHST will continue to commission the Winning Weigh programme (delivered by LAL). This is a twelve week activity based weight loss programme for those who have Diabetes type 2 or at risk of developing Diabetes Type 2. These are open access sessions with no need for a referral and are suitable both for those who are underweight and overweight. Locality working will increase access to the winning weigh programme.		
1,2,4,5	Child Healthy Weight (POST funded by Scottish Government)	The NHS Tayside Paediatric Overweight Service Tayside (POST) delivers 1:1 clinical sessions on a weekly basis in Perth and Kinross. Sessions are for children under 16 who are overweight and their parents / carers must agree to also take part. Staff help the family work through positive work lifestyle changes that can become routine behaviours in terms of diet and exercise. On behalf of POST Mytime Active sessions are being piloted in Perth and Kinross during Spring 2016. Mytime Active coaches will deliver "Mind Exercise Nutrition Do-it" MEND family group sessions in Perth and Blairgowrie and sessions are open to any families with a concern about their child's weight. Sessions are programmed by age group. POST also refer young people and their families to Liveactive for a physical activity programme. At the end of the 6 week programme the young person receives free access to Liveactive venues and the family receive reduced entrance fees.	ongoing

April – June 2016 | NHST |
1,5	Healthy weight – children and young people	Local implementation of "Beyond the school gates" recommendations, if locality planning groups feel that the food environment around schools should be examined.		PKC ECS
1,5	Healthy weight – children and young people	Develop a programme with schools to make an impact on childhood obesity. Locality planning groups will add value to this programme with mapping food availability etc.		PKC ECS
	Food skills for	Continue to train staff / volunteers to develop food skills with vulnerable families and		NHST/

National Health & Wellbeing Outcome	Obesity / overweight and under-nutrition	Key actions from NHST Healthy Weight Strategy (NHS Healthy Weight Strategy is being reviewed during 2016)	Timescale	Lead
1,2,5	vulnerable adults & fams	homeless adults using the Community Cook It Coaching approach. Develop opportunities for using the Community Cook It approach in localities.		PKC
1,5	Parenting	Increase uptake of Healthy Start vouchers in all localities. Healthy Start provides weekly vouchers to low income families with children under the age of 4, as well as pregnant women, to spend on cow's milk, fresh or frozen vegetables and infant formula. It is underpinned by ongoing advice and information on subjects like breastfeeding and healthy eating. A range of retailers including all major supermarkets are registered for Healthy Start. Work in partnership in localities to increase the availability and uptake of Healthy Start vitamin supplements (Free to those eligible for Healthy Start and available at a reduced cost to others)		NHST / PKC
1,5	Weight management in pregnancy	• All pregnant women with a BMI of 30 or over will receive support from their midwife to manage their weight gain in pregnancy. This optiMUM programme ensures a structured programme of information about the importance of healthy eating and physical activity in pregnancy as well as being encouraged and supported to make sustainable changes to their lifestyle. • Locality working will allow greater links to local healthy food and exercise opportunities for pregnant women. • NHS Tayside commission Weight Watchers to offer postnatal women who have gone through then optiMUM programme giving access to their classes for 12 weeks free of charge. • Locality working will give opportunities for expansion of these options for pregnant women.		NHST
1,5	Breastfeeding	Breastfeeding support is provided across Perth and Kinross but levels for young women and those living in deprived areas remain lower than the rest of the area. (Support is provided to eligible young mothers by the Family Nurse Partnership) Increase support to vulnerable groups and individuals across localities.		NHST
1,2,4,5	Physical activity for older adults	• Increase the number of older adults and those with physical disabilities taking part in the "No Limits programme" across all localities. • Increase the number of targeted physical activity opportunities for priority groups		Live Active Leisure

National Health & Wellbeing Outcome	Obesity / overweight and under-nutrition	Key actions from NHST Healthy Weight Strategy (NHS Healthy Weight Strategy is being reviewed during 2016)	Timescale	Lead
		across all localities.		
1,2,5	Food in the community for older adults	Pilot the Meal Makers project during 2016/17 (ICF funded project) in targeted areas.	ICF funded project 2016/17	PKC / ICF project board
1,2,5	Food Poverty / Food Security	Work with localities to examine and map accessibility of affordable quality food.		NHST / PKC

National Health & Wellbeing Outcome	Smoking / Tobacco Control	Key actions from Tayside Tobacco Plan 2015 - 2018	Timescale	Lead
1,2,5	Protect children, young people & vulnerable adults from Second Hand Smoke	Support and promote second hand smoke interventions such as Smoke Free Homes.		NHST
	Smoking Cessation	Increase the numbers of people accessing community pharmacies to Quit Smoking. Develop "raising the issue around smoking" being an ongoing conversation with patients and clients within all care settings		NHST
	Smoking Cessation	Increase numbers using Nicotine Replacement Therapy, Varenicline and electronic nicotine devices		NHST / Community pharmacy
	Smoking Cessation	Support Community Pharmacies to provide smoking cessation services across all three P&K localities. Provide regular training events and shop centred training on brief intervention and behaviour change. Increase numbers accessing the smoking cessation service Increase number of clients still quit at 12 weeks		NHST / Community pharmacy

National Health & Wellbeing Outcome	Alcohol / Substance misuse	Key actions from Perth and Kinross Alcohol and Drugs Partnership (ADP) DRAFT Strategy & Delivery Plan 2015-2020	Timescale	Lead
1,2,5		Examine the effectiveness of current work in addressing health inequalities linked to alcohol in terms of locality working e.g. "Change is a Must" project for families who: • Have complex and multiple needs and where the parenting of one or both parents is adversely affected by substance use • Have children who are ante-natal – eight years **and** • The children's names are on the Child Protection Register **or** they are assessed as being at significant risk of harm and registration is being actively considered. This will include unborn babies identified as at risk of harm through the Unborn Baby Protocol. Criminal Justice Service, Tayside Intensive Support Service Barnardos Hopscotch (Children affected by Parental Substance Misuse) Health care in criminal justice system (NHS Tayside Community Health and Wellbeing Team) PKC Homeless Service and CATH Boxing Project (ICF £) Community "Cookit" food skills / healthy eating project (NHS Tayside & PKC)		
National Health & Wellbeing Outcome	Mental Health & Wellbeing	**Perth and Kinross Mental Health and Wellbeing Strategy and Action Plan are currently being refreshed and will be consulted upon during late 2016.**		
1,2,5		Deliver a social prescribing project in Perth City, North Perthshire & Sought Perthshire and Kinross. Social Prescribing is a range of mechanisms for connecting people to a variety of non-medical services which may help address their mental health problems	Choose Life Funding 2016/17	PKC HCC
		Work in localities to replicate elements of the Health & Wellbeing week programme of events		PKC HCC
		Continue to deliver SMHFA and SMHFA for young people courses in both targeted and open to the public across all localities e.g. SMHFA for school guidance staff, SMHFA in Perth Prison.	Choose Life Funding 2016/17	PKC HCC
		Continue to offer a range of suicide prevention awareness raising and training opportunities in all localities e.g. Safe Talk	Choose Life Funding	PKC HCC

National Health & Wellbeing Outcome	Housing for vulnerable people	Key actions from Perth and Kinross Local Housing Strategy 2016 – 2021 and other associated strategic documents	2016/17	
1,2,5	Food skills for vulnerable adults & families	Continue to train staff / volunteers to develop food skills with vulnerable families and homeless adults using the Community Cook It Coaching approach. Develop opportunities for using the Community Cook It approach in localities.		NHST/ PKC
	Homelessness	Reduce the use of temporary accommodation for those who present as unintentionally homeless Complete a review of floating housing support provision Complete a review of hostel accommodation Continue to provide a range of services (statutory and voluntary sector) which provide intensive support to initiate and maintain secure tenancies		PKC HCC
	Reduce number of households living in Fuel Poverty	Continue to offer a range of staff training to raise awareness of fuel poverty and sign posting opportunities for receive held and support. Ensure training in available in all localities.		PKC HCC
	Income maximisation	Work with partners such as Citizen's Advice Bureau (CAB) to assist households to maximize their incomes and qualify for any grants or schemes which may be available.		PKC HCC
	Independent Living	Continue to explore the use of technology to support independent living – increase the availability of telecare packages for frail and vulnerable people.		PKC HCC / NHST
	Rent Bond Scheme	Continue the Rent Bond Scheme to allow access to private rented housing for households that would normally be excluded due to low income or reliance on benefits.		PKC HCC
National Health & Wellbeing Outcome	**Employability**	**Key Actions**		
1,2,5		Continue to develop the role of the Perth and Kinross Employability Network – multi agency partnership which provides targeted support for people facing particular challenges in accessing meaningful training and employment opportunities. Locality planning partnerships may want to engage with the Network to develop the locality focus.		PKC HCC
	Social Enterprise	Engage with locality based enterprises such as Growbiz to provide accessible, local support for anyone thinking about becoming self-employed or setting up a small		

		business.
	Long term unemployed Young People Low income households	Through the European Social Fund operational programme (2014-2020), Perth & Kinross Council has been awarded £4.6 million for an Employability Pipeline and £1 million for Social Inclusion and Poverty, over the six year period from 2015 to 2020. PKC and Partner organisations need to bring match funding of 60% of total eligible project costs as ESF will only provide 40%. ESF beneficiaries must have at least 2 barriers to employment. PKC acts as the Lead Partner on behalf of Perth and Kinross Community Planning Partnership (CPP). The programmes will target the following groups as follows: **Adult** • People aged over 25 claiming ESA in the Work Related Activity group for more than 1 year • Long term unemployed (claimant count) and short-term unemployed people who face multiple barriers and are most at risk of becoming long-term unemployed particularly those aged 50-64. • Other priorities: Skills gaps in key growth industries for Perth and Kinross. Pockets of deprivation in Perth and Blairgowrie **Young People** • School leavers most at risk of failing to achieve a positive destination are a) those who are statutory summer or winter leavers and b) those from schools out with Perth. • Other priorities: Skills gaps in key growth industries for Perth and Kinross. Pockets of deprivation in Perth and Blairgowrie. **Health Inequalities** • Intervention for those with severe barriers including mental health issues **Social Inclusion/Poverty** • Workless, lone parent or low income households in 5 wards Ward areas - Strathmore and Highland Blairgowrie Perth City and Perth City North.
		Actions to address health inequalities for Gypsy Travellers and the BME community Actions will be reviewed and develop with a range of partners and stakeholders as part of the consultation process in June and July 2016.

Actions to address health inequalities in the early years	**Actions to address health literacy**	**Actions to address health inequalities in the criminal justice system**
Actions will be reviewed and develop with a range of partners and stakeholders as part of the consultation process in June and July 2016. The Perth and Kinross Early Years collaborative will feed into the consultation process.	Actions will be reviewed and develop with a range of partners and stakeholders as part of the consultation process in June and July 2016.	Actions will be reviewed and develop with a range of partners and stakeholders as part of the consultation process in June and July 2016.