

NHS Highland



Meeting: Highland Health & Social Care Committee

Meeting date: 5 March 2025

Title: Director of Public Health Annual Report: Health Inequalities

Responsible Executive/Non-Executive: Tim Allison, Director of Public Health & Policy

Report Author: Tim Allison, Director of Public Health & Policy

1 Purpose

This is presented to the Board for:

- Awareness and Discussion

This report relates to a:

- Legal requirement

This report will align to the following NHS Scotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	
Care Well		Live Well		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well		Progress well		All Well Themes	X		

2 Report summary

2.1 Situation

The Annual Report of the Director of Public Health for 2024 is presented.

2.2 Background

Directors of Public Health are required to produce an annual report concerning the state of health of their local population. There is no set format for the report and in recent years the reports have tended to focus on individual themes rather than acting as a repository for population health intelligence.

2.3 Assessment

The report for 2024 is brought to the Highland Health and Social Care Committee along with a presentation. A link is provided for the full report.

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

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input checked="" type="checkbox"/>	Moderate	<input type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

Comment on the level of assurance

There is substantial assurance that the requirement for the publication of the report is met. Other elements of public health reporting will continue to need further work as will implementation of the recommendations from the report.

3 Impact Analysis

3.1 Quality/ Patient Care

Tackling health inequalities is an important part of both quality improvement and patient care. It is vital that health inequalities remain a major aspect of NHS Highland strategy and service delivery.

3.2 Workforce

It is important that the board's staff members are aware of the impact of health inequalities and the need to act to reduce their effects. A focus on employability

and inequalities is also important both to support the community and strengthen the workforce.

3.3 Financial

There are no direct financial implications from the paper. Tackling health inequalities will entail costs but there are also possibilities for savings. Addressing health inequalities is a fundamental part of the work of the board and its partners, for example through community planning.

3.4 Risk Assessment/Management

Risks are managed in line with NHS Highland's policy.

3.5 Data Protection

No personally identifiable information is involved.

3.6 Equality and Diversity, including health inequalities

The focus of the report is on health inequalities; these include inequalities relating to protected characteristics.

3.7 Other impacts

No other impacts to note.

3.8 Communication, involvement, engagement and consultation

The principles of public and user involvement and engagement are embedded in public health actions.

This is an independent report from the Director of Public Health.

3.9 Route to the Meeting

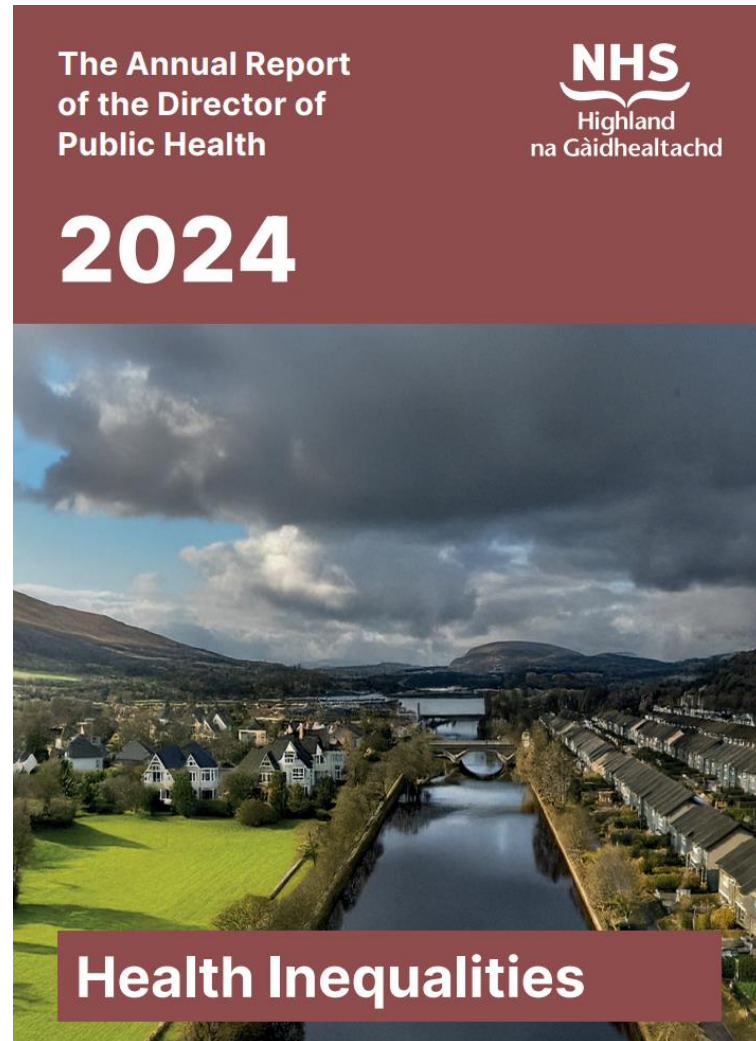
This is an independent report from the Director of Public Health. Considerable work has been undertaken within the Public Health Directorate to produce the report. The Report was presented to NHS Highland Board on 28 January and the Board accepted the recommendations in the report and asked for six-monthly reports on implementation of the recommendations.

4 Recommendation

Highland Health and Social care Committee is asked to note and discuss the 2024 Director of Public Health Annual Report.

4.1 List of appendices

The full report is provided separately as an appendix.



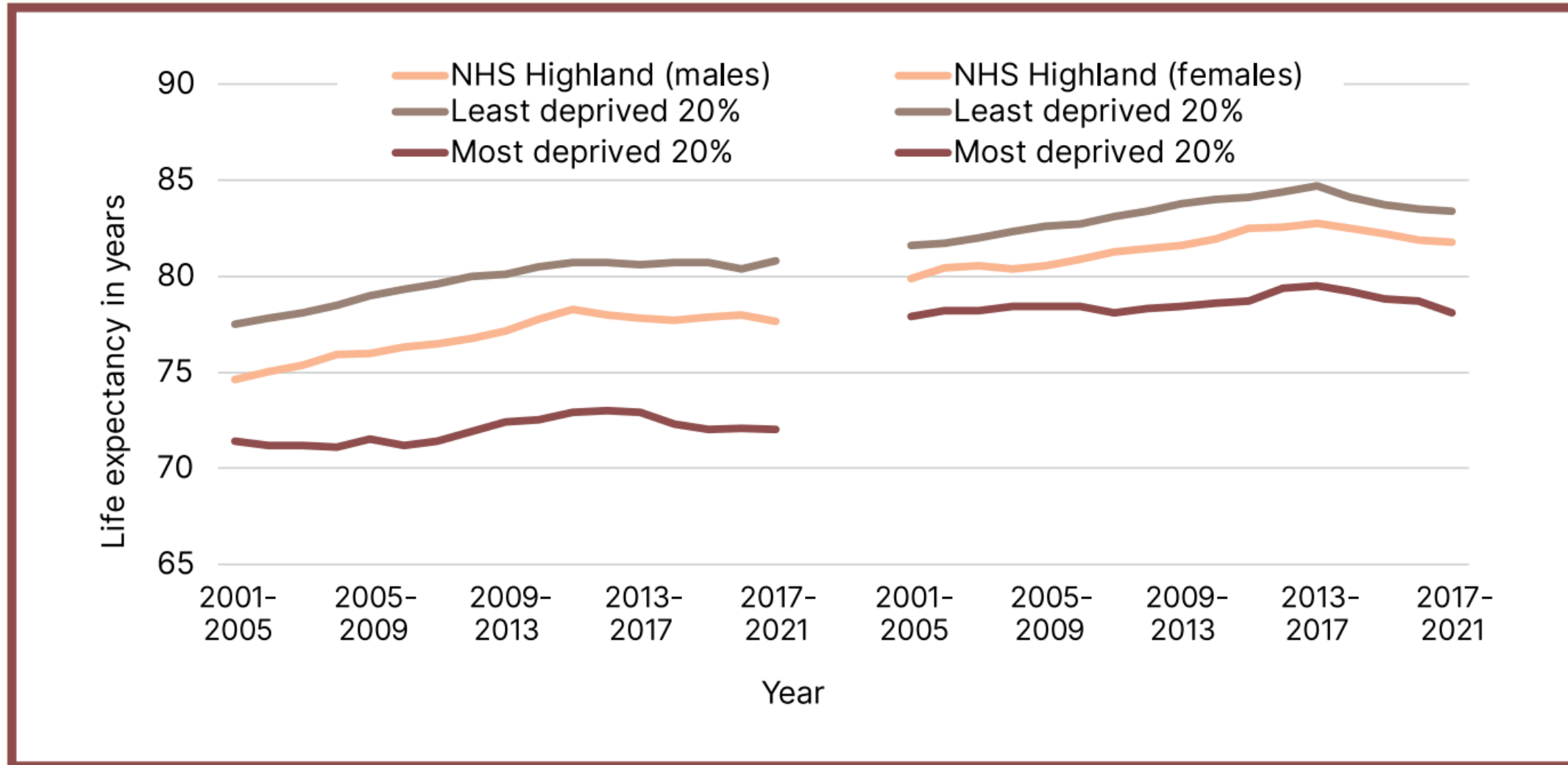
DPH Annual Report 2024

Jennifer Davies

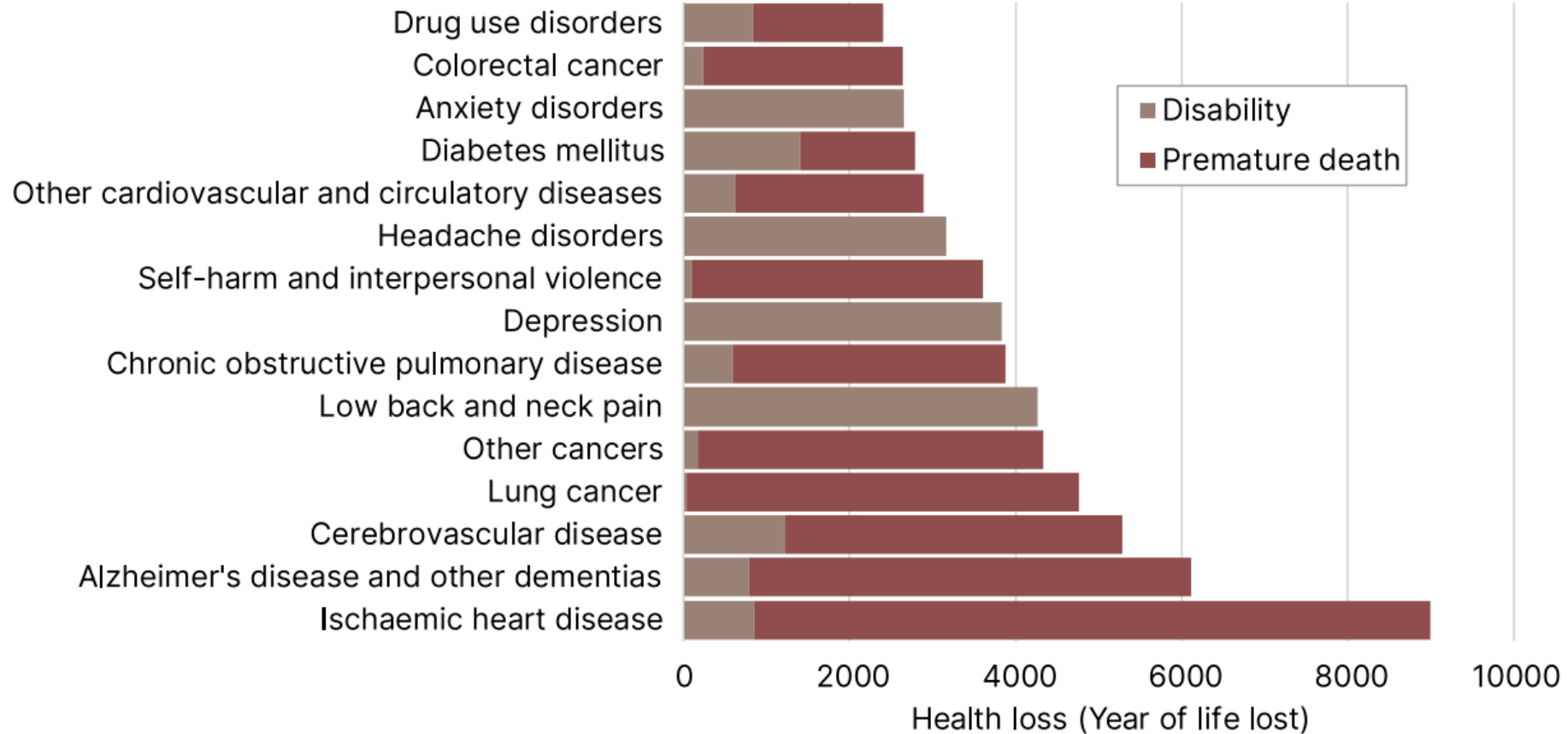
Deputy Director of Public Health

- Patient: “Doctor, I have come to see you because I am suffering from a terrible health inequality.”
- Doctor: “Well then, you had better move to somewhere with a higher life expectancy.”

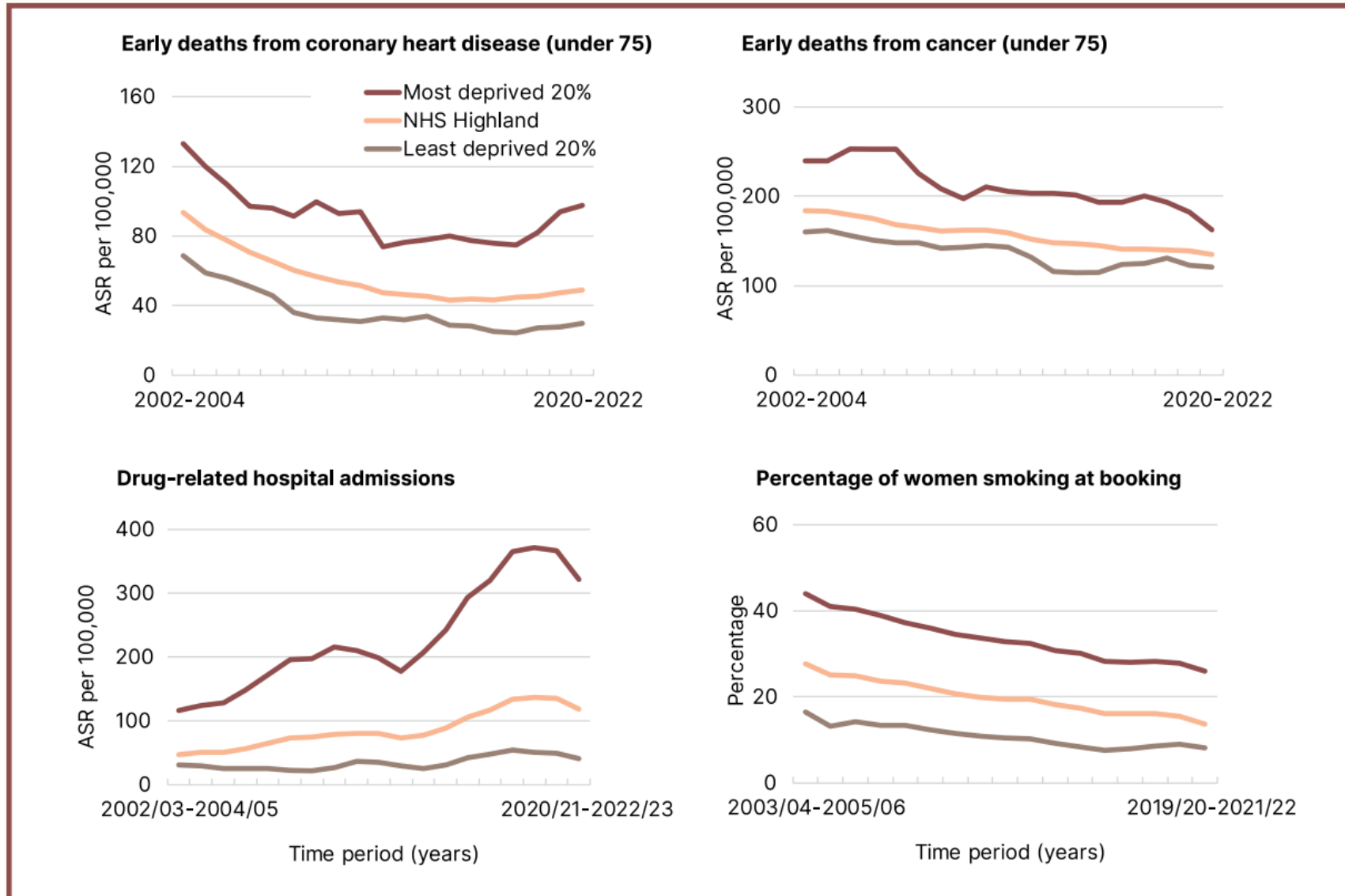
Life Expectancy and Inequalities



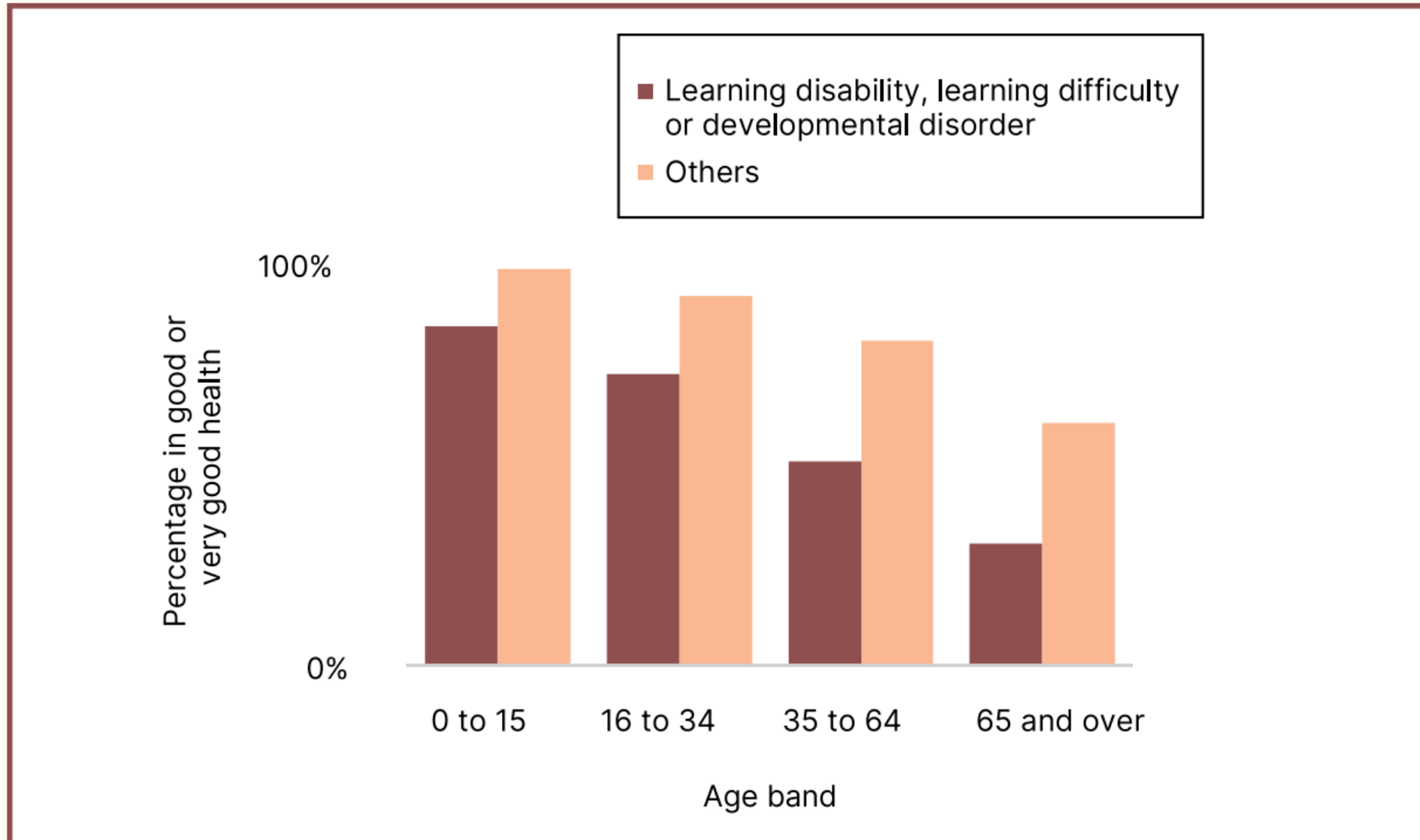
Leading Causes of Health Loss in NHSH



Trends in some Health Inequalities

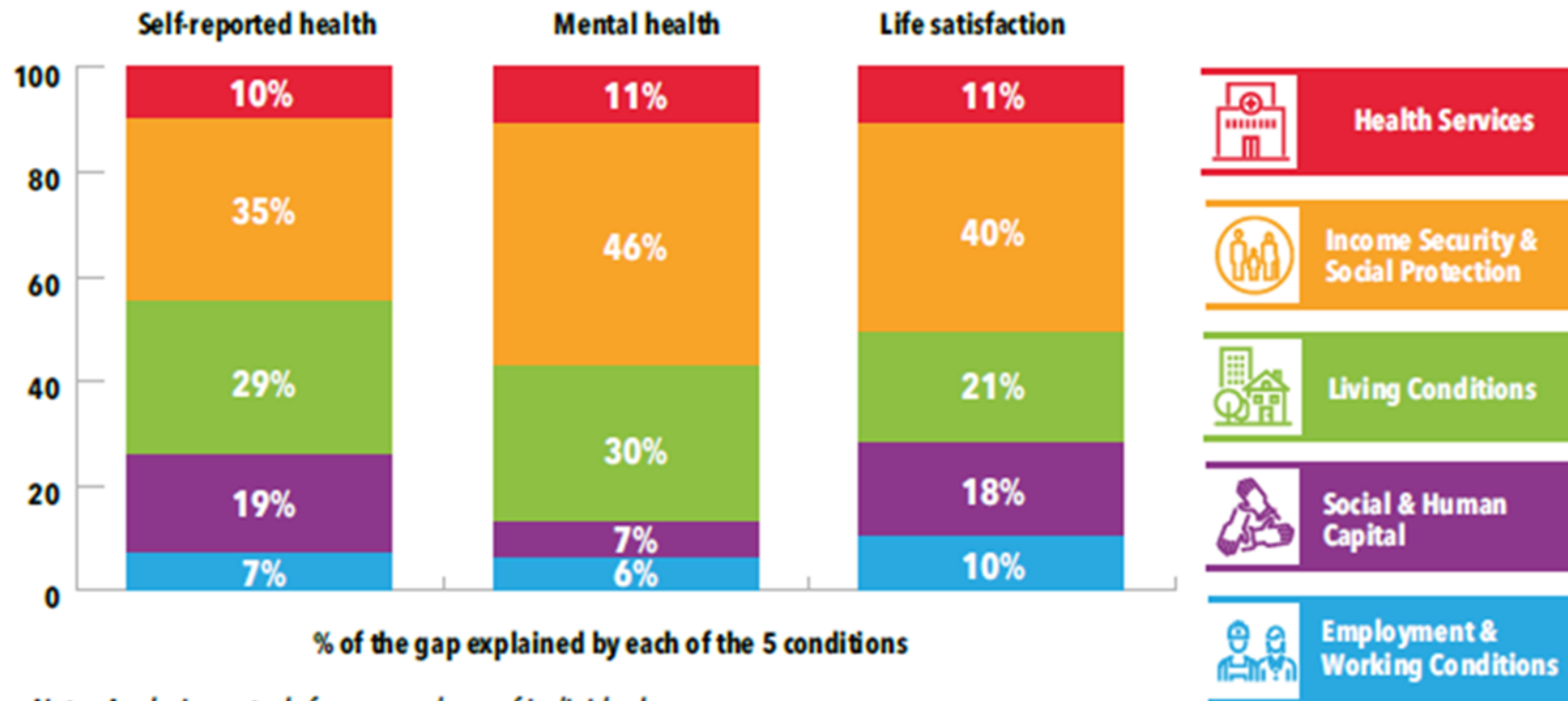


Health Inequalities: Learning Disability



- National or international comparison
 - Population group comparison e.g. by wealth
 - Risk factor comparison e.g. alcohol
 - Comparison of outcomes for a given condition
 - Comparison of ease of access to treatment
 - Consideration of different ways to tackle inequalities
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- We need to consider all these

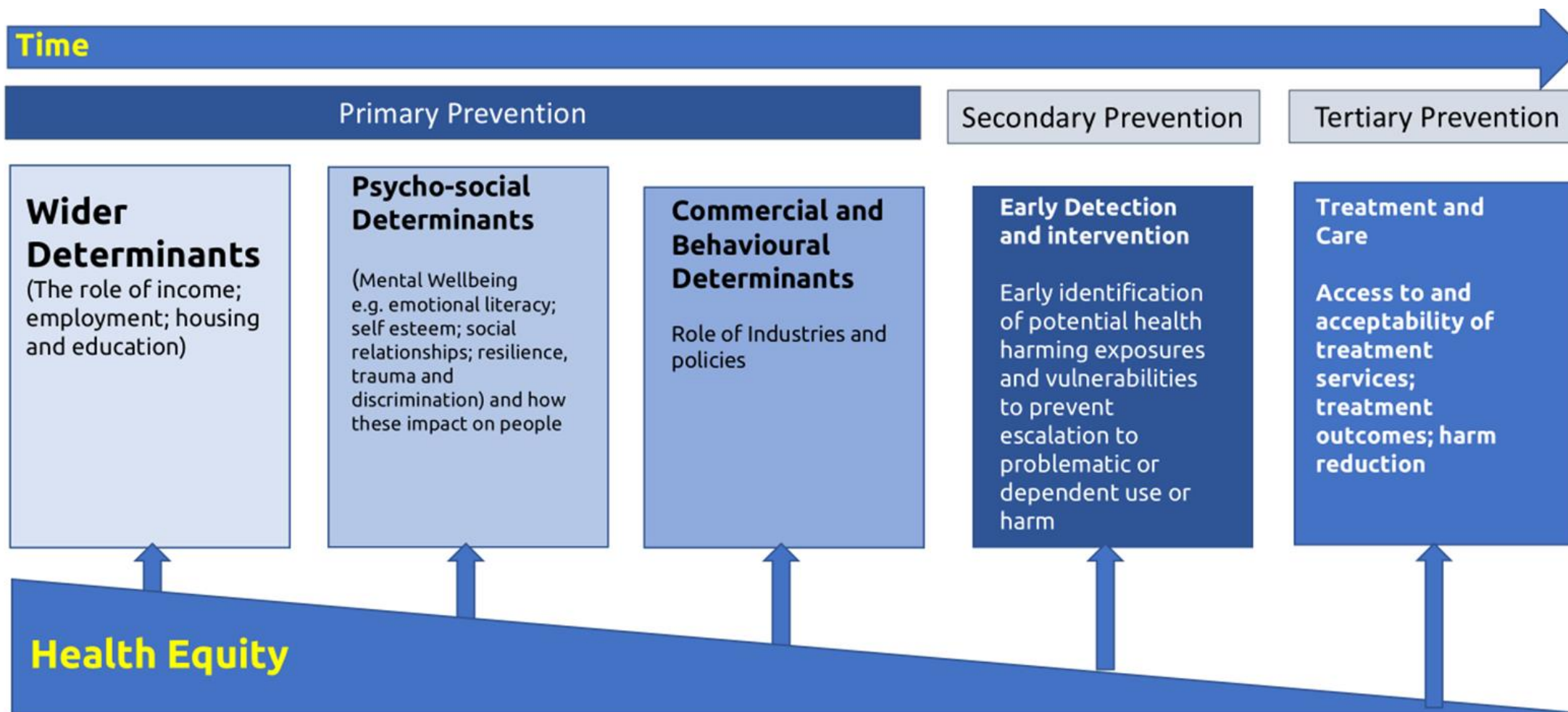
Fig 12. The five conditions' contributions to inequities in self-reported health, mental health and life satisfaction (EU countries)



Note: Analysis controls for age and sex of individuals
Source: based on 2003-2016 data from the EQLS

Adapted from 'WHO Europe Five Essential Conditions Underlying Health Inequities' <https://www.who.int/europe/publications/i/item/9789289054256>

Prevention Pathway



- At the heart of the NHS
- Crucial for the work of NHS Highland
- Clear at a population and an individual level
- At the foundation of future work for the Board
- Many causes, including access to care
- Fairness

Some of the Recommendations



- NHS Highland and its partners should regularly review and monitor progress in reducing health inequalities
- Highland and Argyll and Bute Community Planning Partners should consider the best ways to tackle local health inequalities and how to learn from models such as Collaboration for Health Equity and place-based approaches
- Public sector organisations in Highland and Argyll and Bute should acknowledge the poor health experienced by underrepresented groups and address the inequalities with help from the skills and resources of the groups. This includes building strong collaborative relationships with those in position of trust within communities.
- NHS Highland should ensure that health inequalities are actively monitored as part of cancer management and across all services
- NHS Highland should address health inequalities across the entire cancer pathway from prevention to rehabilitation.

Questions