



Tayside Inequalities Strategy:

Improving Health

Perth & Kinross	T A Y S I D E
Dundee	
Angus	

Health Inequalities

Taking up the Challenge

August 2003

This document was produced by multiagency Inequalities Strategy Group. The Group includes representation from throughout Tayside:

- NHS Tayside
- Community Planning Partnership
- Local Health Care Co-operatives
- Local Authorities

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1. INTRODUCTION

Health Inequalities are the differences found in various aspects of health between different groups, especially between those who are best off and those who are worst off in society.

“With deprivation comes a higher burden of disease, poorer uptake of services and worse outcomes of care”

Chief Medical Officer 2002.

Evidence clearly shows that the major causes of health inequalities are poverty, unemployment, lack of educational opportunities, poor housing and homelessness. There are also issues associated with remoteness of health facilities and difficulties in accessing services. These inequities can be made worse when coupled with race and gender discrimination.

The White Paper *Partnership for Care* states that whilst Scotland’s health is improving, it remains poor compared to the rest of Europe. There is an unacceptable health gap between the richest and poorest communities. The White Paper *Improving Health in Scotland: The Challenge* puts a particular focus on the social groups most at risk. It identifies tobacco, alcohol, low fruit and vegetable intake, physical activity levels and obesity as risk factors and early years; teenage transition, work place and communities as areas/target populations. The recommended indicators of inequality identified in appendix A of *Improving Health in Scotland: The Challenge* are entirely consistent with the data analysis in the Tayside Population Profile which informs this Strategy. To support this work the Scottish Executive are developing health inequality indicators that will assist in targeting local action designed to reduce health inequalities.

The areas identified in *Improving Health in Scotland: The Challenge* are consistent with those identified in local discussions between the Health Inequalities Steering Group and the Community Planning Partnerships:

- homelessness;
- promoting good mental health;
- developing health promoting schools, new community schools and healthy living centres; refocusing school nursing;
- enhancing Scotland’s Health at Work Scheme to focus on drugs and alcohol, smoking and exercise.
- community-led health improvement initiatives closely linked to the development of joint health improvement plans with CPP that target disadvantaged groups in both rural and urban settings.

2. BACKGROUND – UNDERSTANDING THE HEALTH OF THE POPULATION

Phase 1

This document represents the work in phase 1 of an Inequalities Strategy for Tayside. It draws on existing sources of reliable information and sets out SMART objectives (Specific, Measurable, Achievable, Realistic with a Timescale) for action. The information contained is therefore a reflection of the reliable data, which was available up to the end of February 2003. This document also highlights areas where more work is required to obtain reliable data. These areas will be addressed where possible as part of phases 2 and 3 of the inequalities work.

This document highlights the areas that need to be tackled and proposes action to address inequalities.

The evidence set out in this document has been derived from a number of sources. The main sources are:

- **The Tayside Population Profile**

This has been compiled from a number of reliable sources including the work of the three Community Planning Partnerships, Phase 2 of the Child Health Population Profile, The Inequalities Toolkit and a range of national published data. The Community Planning Partnerships have worked together to make this information available via the Tayside Economic Research Council.

- **Best Practice and Evidenced Intervention in Inequalities**

This has been developed by the Specialist Public Health Service and Planning in Tayside NHS Board. It focuses on the 6 health behaviours that will have the greatest impact on reducing inequalities in health (Smoking, Diet and Nutrition, Sexual Health, Substance Misuse, Exercise and Mental Wellbeing). This paper assesses the interventions in these areas and makes recommendations about their relative effectiveness. The evidence from this document has determined the proposed actions set out in this strategy

Phase 2

Phase 2 will be carried out from April 2003 to March 2004. This involves rerunning phase 1 work using the 2001 census information, which becomes available in March 2003. This information will in future be provided at natural community level. This data will be used to produce an updated Inequalities Strategy by September 2004, which will include an update on the SMART objectives set out in this document and revise action in light of new data.

Phase 3

Phase 3 will take place from April 2004 to March 2005 and will expand the level of information at natural community level and is likely to include survey work in areas where there is a concentration of inequalities.

3. CONTEXT

Social Justice and tackling inequalities is at the heart of the work of the Scottish Executive and has underpinned many of the policy initiatives for the whole of the public sector in Scotland. The Social Justice Policy 1999 set milestones to address poverty and injustice and related health inequalities. The recent “Local Government on Scotland Act” provides local authorities and their partners with a power to promote the general well being of their populations, through the introduction of a duty of community planning.

Reducing inequalities cannot be achieved by any single organisation working on its own but must be a partnership between statutory, voluntary agencies and local communities. NHS Tayside needs to expand its role within Community Planning Partnerships and work more closely with local communities to identify ways we can together improve health choices and life circumstances. It is not enough just to address disease.

In many of the areas of health, there are inequalities within Tayside or between Tayside and Scotland. However, the health status of the general population in Scotland does not compare favourably with other countries and tackling health inequalities needs to include the implementation of a population approach where appropriate, in order to improve the health of all, including those most deprived.

This Strategy is the start of a more focused approach to tackling the differences in health status and outcome in the population. It sets initial targets that will evolve through joint working over the next 18 months into a comprehensive health inequalities strategy for the citizens of Tayside.

The Evans and Stoddart Model used for the Population Profile assesses the health status of the population according to the five determinants of health.

- Individual behaviour
- Social relationships
- Physical environment
- Economic status
- Access to health care

This approach, which has been adopted by the Public Health Institute of Scotland (PHIS), is a radical change that challenges us to improve our health intelligence systems to collect comprehensive data on the wider aspects of health, which will enable us to begin to really influence the health of our communities.

The Think Tank *Healthy Tayside* led by Canon Kenyon Wright on Patient Focus and Public Involvement sets out the following aims that should underpin how we address inequalities:

- To develop a *health culture* in which people take greater ownership and responsibility for their own life and health and that of their natural communities.
- To find ways in which people can participate more effectively in the development of policy and in social.
- Economic and political decision making that impacts on their health.
- To identify changes in “culture, behaviour patterns and genuine partnership philosophy” within health and other providers.

NHS Tayside will take forward this new approach by a commitment to reducing inequalities in health:

- between the different communities within Tayside particularly between those living in the most deprived communities and the most affluent.
- between Tayside and the rest of Scotland.
- between Tayside and the rest of the UK and Western Europe.
- by making investment relating to inequalities rather than on the Arbuthnott formula. This means investing in services for those in greatest need and with the poorest health outcomes.

It is recommended that in future NHS Tayside will make decisions about how to prioritise investment to tackle inequalities based on priorities identified through the Inequalities Strategy. This means targeting geographical areas and population groups where there is evidence of poorer health status and outcomes. This will replace the resource allocation for inequalities based on a locally applied Arbuthnott formula.

NHS Tayside is committed to:

- working with the three Community Planning Partnerships to identify and tackle health inequalities.
- developing its health intelligence information and share this information with partner agencies.
- disseminating good practice and information on evidence based interventions.
- targeting communities in greatest need, as well as developing interventions on the major causes of ill-health for example smoking, nutrition, alcohol and drugs, exercise and mental well being.

4. TAYSIDE POPULATION PROFILE FOR INEQUALITIES STRATEGY

The method used for this work is the Evans and Stoddart model. The Evans and Stoddart Model provides a socio-ecological model of health, which acknowledges the complex interaction among factors which influence health and includes a broader range of health outcomes than just disease. A more detailed explanation is set out in the population profile. The model uses the following categories which you will see also used in this document: population dynamics, prosperity, disease, health and social service use, wellbeing, individual responses and behaviours and social environment.

KEY ISSUES ARISING FROM POPULATION PROFILE

The following areas show outcomes in health that are worse in parts of Tayside than for the region as a whole, worse than Scotland or where targets are unlikely to be met based on current outcomes.

Population Dynamics

- Life expectancy of men in Dundee is three years less than in Angus and almost four years less than men living in Perth and Kinross.
- Life expectancy of men throughout Tayside is considerably lower than the life expectancy of women.

Prosperity

- Children living in poverty – over 50% of children living in Dundee live in deprived areas.
- Health outcomes in more deprived communities are worse than in more affluent areas of Tayside and Scotland.
- Targeting should include those also experiencing rural deprivation.

Disease

- Residents in Tayside who live in the most deprived areas (Dundee) are 1.6 times more likely to have type II diabetes than those who are least deprived as well as an increased body mass index.
- A high prevalence within the ethnic minority communities of a range of specific health related conditions, in particular CHD, hypertension and diabetes.
- Considerably higher death rates from lung cancer in Dundee City than the rest of Tayside.
- Within Tayside Dundee has higher death rates for CHD and there are variations in death rates from stroke.

Whilst CHD and Stroke rates in Tayside are better than for Scotland as a whole, we still do not compare well with England and other Western European nations.

Health and Social Service Use

- Access to services for people living in deprived communities as well as in remote and rural areas.
- People in more deprived communities present later to health services (population profile to provide supporting data).

- Culturally sensitive services that provide better access to services for ethnic minority communities.

Wellbeing

- Higher death rates from suicide and self inflicted injury.
- Higher rate of women aged 25 to 44 consulting GPs for depression and anxiety.
- Depression is in the top five reasons for all adult women consulting a GP.

Individual Responses/Behaviours

- The rate of teenage pregnancies in 13 – 15 year age group in Dundee City and Angus are much higher than the comparable rate for the rest of Scotland and for Perth and Kinross.
- The level of abortions in Tayside is higher than in the rest of Scotland. Dundee is the highest in Tayside.
- The rate of new episodes of sexually transmitted infections is higher in Tayside than in Scotland as a whole.
- The rate of low birth weight babies in Dundee City is considerably higher than the rate in Tayside and the rest of Scotland.
- The proportion of mothers in Tayside smoking at antenatal booking has remained at 30% over the last seven years with rates in Dundee considerably higher at 38%.
- Breastfeeding rates vary considerably between the deprived and affluent areas, rates are particularly low in Dundee City both on discharge from hospital and at six weeks. The proportion of Tayside mothers still breastfeeding at six weeks has dropped year on year since 1997.
- The percentage of five year olds who are free from dental caries is considerably lower in Angus than in the rest of Tayside and Scotland. Rates throughout Tayside are well below the national target of 60%.
- 15% of all 13-15 year olds smoke tobacco; smoking is twice as prevalent in the deprived communities of Tayside as in the more affluent areas.

Social Environment

- The number of new cases of reported domestic abuse is higher in Tayside than the rest of Scotland.

Information

- Tackle the gaps in the information, which needs to be collected by NHS Tayside and its partners if we are to successfully identify the areas and causes of inequalities.
- Further work needs to be undertaken to explore the significance of the data on the admissions to hospital with asthma related symptoms in 0-19 year olds in Angus and Dundee. This will include looking at prevalence and day to day management of asthma.
- Further work needs to be undertaken jointly with Angus Community Planning Partnership, to explore emerging evidence about the increasing problems related to drugs and alcohol in Angus.

5. THE EVIDENCE

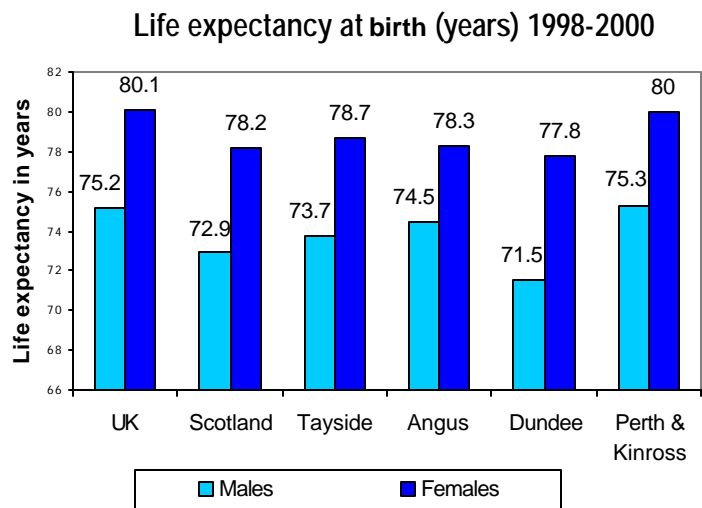
Policies aimed at changing individual behaviour will only have limited success amongst deprived groups unless backed by economic and structural change to create supportive environments. Change is likely to require long-term commitment to policies. The greatest effects are likely to result from policies that provide adequate support for those in poverty and promote increased economic activities and opportunities in relation to education and training.

Population Dynamics

Life Expectancy

Within Tayside, males in Dundee City can expect to live 3 years less than males in Angus and almost 4 years less than males in Perth and Kinross.

Throughout Tayside there is a considerable difference between the life expectancy of men and women.



Source: Health Statistics Quarterly, 13, Spring 2002

Prosperity

The proportion of children living in each deprivation category within Tayside is shown in the table. Over half of the children in Dundee City live in areas of high deprivation.

	Angus	Perth & Kinross	Dundee City
1&2 (affluent)	24%	39%	17%
3,4,5 (average)	76%	61%	27%
6&7 (deprived)			56%

1991 Census Based Population by council area and deprivation category (Carstairs and Morris) (approx.) – children. Note: 1991 data, 2001 Census data may alter the above proportions

Rural deprivation is not accounted for using the Carstairs and Morris Index of Deprivation.

Disease

Respiratory Disease

More 0–9 year olds in Dundee are admitted for asthma compared to other areas in Tayside. In Angus more 0–4 year olds and 10–14 year olds, the rates are highest in Angus compared to other areas in Tayside.

Rate of admissions per 100,000 population for asthma. Tayside residents under 20 (1998/99 - 2001/02)

Further work needs to be undertaken to explore the significance of the data on the admissions to hospital with asthma related symptoms in 0-19 year olds in Angus and Dundee. This will include looking at prevalence and day to day management of asthma.

Area	Ages				
	0-4	5-9	10-14	15-19	0-19
Tayside	220.49	74.29	59.39	87.79	107.9
Angus	243.50	72.42	50.00	131.13	120.06
Dundee	338.80	130.75	118.32	112.09	169.82
Perth & Kinross	69.67	15.53	5.85	24.59	27.43

Source: SMRO1; GRO mid-year population estimates 1998-2001

Diabetes

In Tayside there are more obese, diabetic patients in deprived areas than in affluent areas. Research (Evans et al.) to establish the prevalence of diabetes in relation to socio-economic status has shown that residents in Tayside who live in deprivation category 6 or 7 areas are 1.6 times more likely to have type 2 diabetes than those who are least deprived. It was also found that there was an increase in BMI with increasing deprivation in Type 2 diabetes.

Illnesses with Higher Prevalence in Ethnic Minority Communities

The UK literature identifies a number of health problems that are more prevalent in the different Ethnic Minority Communities. These are renal failure, non-insulin dependent diabetes, coronary heart disease, hypertension, haemoglobin disorders, mental health problems associated with accumulative stress, as well as suicide in Asian women.

Chronic Illness in Older People

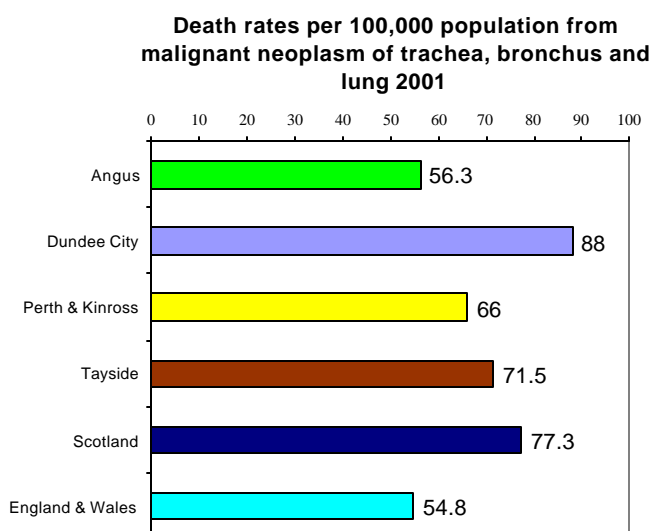
A large proportion of chronic illness in the over 85's is musculoskeletal, circulatory, respiratory and sensory. Dementia and stroke are particularly common causes of disability and a common reason for staying in long term care.

Causes of Death (Mortality)

The major causes of death for people in Tayside are cancer, coronary heart disease and stroke. The three most frequently diagnosed cancers in people aged 75 and over are lung, breast and prostate. These account for 50% of all cancers.

Lung Cancer

2001 figures show deaths from lung cancer are higher in Dundee City than in the rest of Tayside. While the Tayside rate compares favourably with the Scottish rate, both rates are considerably higher than England and Wales.



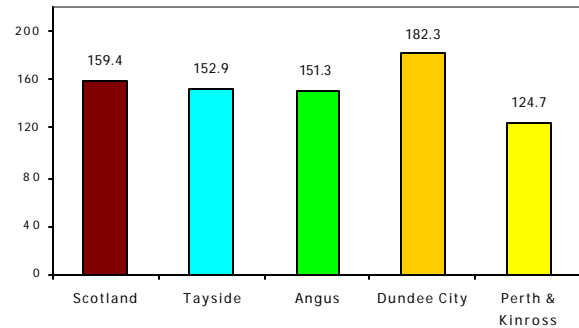
Source: GRO; Office for National Statistics

Coronary Heart Disease and Stroke

In 2000, 156.2 per 100,000 population died of heart disease in Tayside, compared with 172.9 per 100,000 in Scotland. In those aged 75+, 2023.3 per 100,000 died of heart disease, compared with the Scottish figure of 2095.

80 per 100,000 population died of stroke in Tayside in 2000, compared with 87.3 per 100,000 in Scotland. In those aged 75+, 1365.2 per 100,000 died of stroke, compared with the Scottish figure of 1484.4.

Deaths per 100,000 population (all ages)
From Coronary Heart Disease 2001



Source: Skipper; GRO

Health and Social Service Use

Rural Factors

There are undoubted health inequalities in Tayside that are related to rurality, and in particular to relative isolation from services. These include:

- Lack of and difficulty in accessing services and healthy life style choices in remote parts of Tayside, especially for the elderly.
- The fear of stigmatisation and concerns over anonymity and confidentiality.
- Lack of access to both private and public transport including increased fuel costs

Ethnic Minorities

There are a range of cultural issues, which affect Ethnic Minority Communities use of health care services. These include a lower use of dental services, primary care and preventative programmes by the Chinese community and the use of Haram ingredients in medicines

Wellbeing

Suicide

Death rates from suicide and self-inflicted injury are higher in Tayside than in Scotland.

Individual Responses/Behaviours

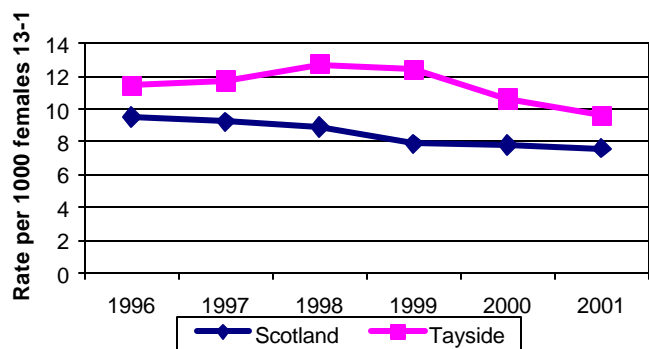
Teenage Conceptions

In Tayside the teenage conception rate is 9.6 per 1000 females aged 13 – 15 years for 2001, compared to a Scottish rate of 7.6.

Within Tayside there is a wide variation in teenage conception rates. From provisional figures from 2001, for the 13 – 15 year age group, Dundee has a rate of 12.7 per 1000, while the Angus rate is also high at 11.4 per 1000. Perth and Kinross has a conception rate of 5.2 per 1000. There is an association between

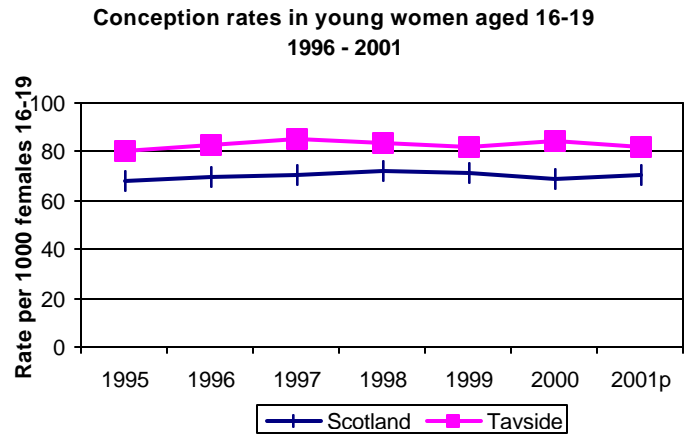
deprivation and teenage conception rate. In Tayside in 2000 the teenage conception rate for females aged 16 – 19 years was 84.6 per 1000 compared to a Scottish rate of 68.9 per 1000. (Source: ISD Scotland).

Conception rates in young women aged 13-15
1996 - 2001



Source: ISD Scotland

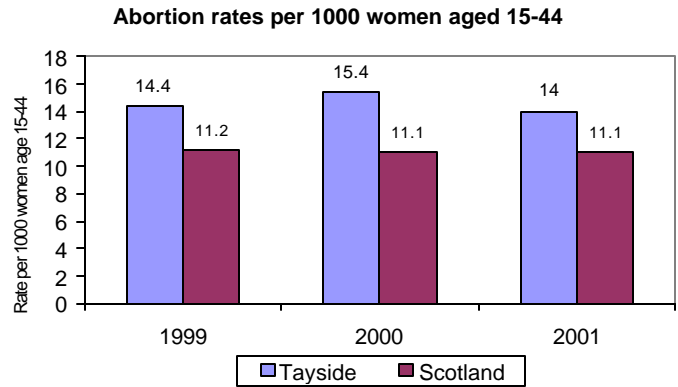
Within Tayside there is a wide variation in conception rates in this age group also. From provisional figures for 2001, Dundee has a conception rate of 100.9 per 1000 women in the 16-19 age group, while the Angus rate is 75.1 per 1000 and Perth and Kinross has a rate of 67.7 per 1000. It is unclear what proportion of these pregnancies were unwanted.



Source: ISD Scotland

Abortion

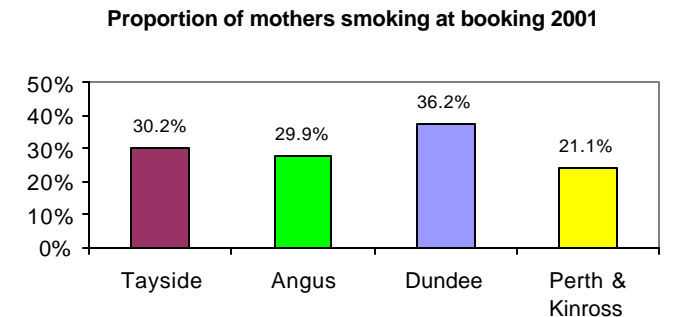
Abortion rates over the three years shown have been consistently higher in Tayside than in Scotland. In 2001 the abortion rate in Tayside was 14 per 1000 women compared to 11.1 per 1000 women in Scotland.



Source: ISD Scotland

Ante-natal

The proportion of women smoking at booking in Tayside was 30.2% in 2001. There is an association between deprivation and maternal smoking. There has been very little variant in these rates over the last 7 years.

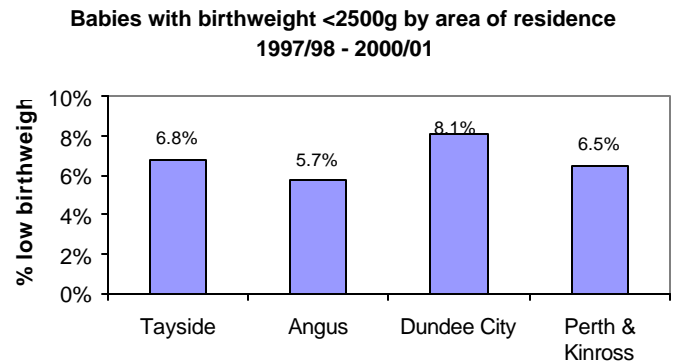


Source: SMR 02

Low Birth Weight

The percentage of babies born weighing less than 2500gms in Tayside in 2001 was 5.1% compared with a Scottish rate of 5.6

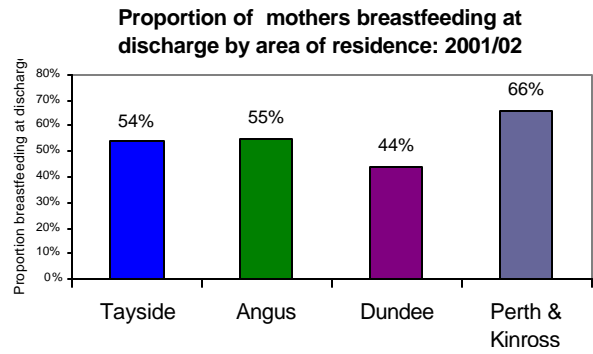
Average rates over the period 1997/1998–2000/2001 show variations within Tayside, with Dundee having a significantly higher rate of low birth weight babies than elsewhere in Tayside.



Source: SMR 02

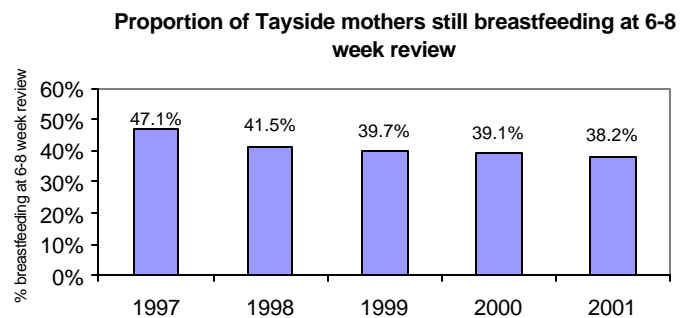
Breastfeeding

54% of Tayside mothers were breastfeeding their babies on discharge from maternity units in 2001/02 (44% in Dundee, 55% in Angus and 66% in Perth & Kinross). Breastfeeding rates on discharge from hospital vary from 29.4% in the most disadvantaged to 68.2% in the more affluent. Breastfeeding rates improve as the age of the mother increases.



Source SMR 02

In 2001 only 38.2% of Tayside mothers were still breastfeeding their babies at 6 weeks. This is considerably lower than the target of more than 50% of mothers to still be breastfeeding at 6 weeks by 2005.

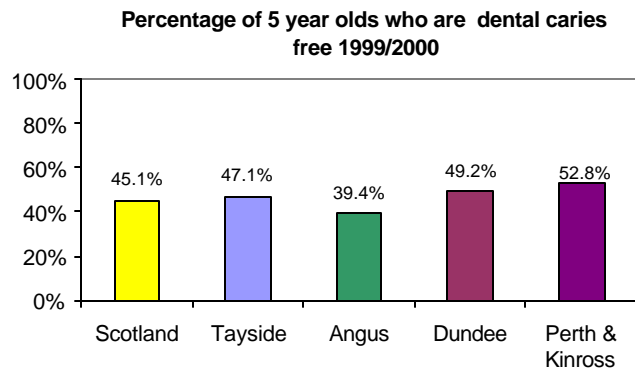


Source: CHSP-PS ISD Scotland

Dental Health

45% of 5 year olds in Tayside have no evidence of dental caries (i.e. no cavities, fillings or extractions). This is well short of the national target of 60% by 2010. (Scottish Health Boards' Dental Epidemiological Programme 2001/2002).

Figures from 1999/2000 show variations within Tayside with Angus having a lower rate than the Scottish average and than the other two areas.



Source: SHBDEP 1999/2000

Smoking

Smoking is almost twice as prevalent in deprived Tayside communities as it is in better off areas.

The Tayside school children's smoking survey (1995) reports that approximately 15% of 13 – 15 year olds in Tayside smoke tobacco (9% in 11- 15 year olds).

Drugs

The Scottish Drug Misuse Database in 1999 reported 86 registered drug users under the age of 19 in Tayside.

21.3% of S1 – S4 pupils in Angus, 31.1% in Dundee and 24% in Perth and Kinross had tried an illegal drug as reported in a 1999 survey.

Further work needs to be undertaken jointly with Angus Community Planning Partnership, to explore emerging evidence about the increasing problems related to drugs in Angus.

Alcohol

One in five S1 pupils in Dundee and 27% in Angus reported being drunk on at least one occasion. In S4, 68.4% in Dundee and 78% in Angus reported being drunk on at least one occasion (1994).

The national target is to reduce the frequency and level of young people (12-15 years old) drinking alcohol from 20% to 18% between 1995 and 2005 and to 16% by 2010.

Further work needs to be undertaken jointly with Angus Community Planning Partnership, to explore emerging evidence about the increasing problems related to alcohol in Angus.

Diet

Deprived populations in Tayside consume just over half the amount of fresh fruit and vegetables than better off populations

The prevalence of childhood obesity has increased in the UK to 11% of 6 year olds and 17% in 15 year olds, and it is expected to be even higher in Scotland.

Access

Inequalities of access to services and/or appropriate treatment may be associated with geographical location (particularly in rural areas), deprivation, ethnic background or life circumstances. The population profile has highlighted several areas where there is evidence of inequalities of access and this requires further exploration.

6. PRIORITIES FOR ACTION ACROSS TAYSIDE

The priorities for action are derived from an analysis of the key issues arising from the population profile and the review of best practice and evidence.

Smoking

Smoking is a major contributor to illness and death. It causes 1 in 3 cancer deaths in the UK and accounts for 84% of all lung cancers deaths. It is also a cause in many other serious conditions such as heart disease, stroke, diabetes, chronic obstructive lung disease (COPD), asthma and other respiratory diseases, peripheral vascular disease and osteoporosis. Smokers are also at an increased risk of type-2 diabetes.

Women who smoke during pregnancy are at greater risk of giving birth to preterm and/or low birth weight babies. Smoking during pregnancy can also increase risk of disease such as diabetes in later life. Smoking during pregnancy is the single largest preventable cause of disease and death in the foetus and infants and accounts for a third of all perinatal deaths.

Smoking rates in deprived communities are considerably higher than other communities. Smoking rates are five times higher among women and three times higher among men in the most disadvantaged groups. Recent studies have shown that smoking levels have remained virtually unchanged among the poorest groups in society.

By reducing the level of smoking, especially in more deprived communities, we will impact on the following *key issues identified in the Population Profile*:

- Life expectancy of men throughout Tayside and particularly in Dundee
- Targeting deprived communities
- Asthma admissions (Dundee & Angus)
- Lung cancer in Dundee
- Coronary Heart Disease and Stroke
- Health of 13-15 year olds, all areas
- Ante natal smoking and low birth weight, all areas but with particular reference to Dundee

Action we have already taken

In addition to mainstream health services, NHS Tayside and the Community Planning Partnerships have already begun to take action that addresses the level of smoking within our communities. Some of the key elements in this work include:

- Smoking cessation services
- Providing training courses for staff
- A smoking helpline
- Initiatives through the Health Promoting Schools and New Community Schools
- No-smoking at work policies, including support for staff to give up
- Support for National No-Smoking Day as part of our programme to raise awareness
- Supporting the Healthy Living Initiative in Dundee

We have been successful in obtaining funding in 2003 through ASH to further develop services to tackle smoking among pregnant women in Dundee. We have also applied for funding from the New Opportunities Fund that will allow us to address smoking prevention in young people.

What we need to do next

- NHS Tayside will provide a specialist smoking cessation service for pregnant women their partners and families who do not currently access main stream services (about 1000 women per year) by December 2003.
- NHS Tayside will provide recurrent funding for population-wide smoking cessation services as well as additional resources that will target communities where there is a high level of smoking by March 2004.
- NHS Tayside will support initiatives to reduce smoking in young people.
- NHS Tayside will sponsor an award scheme which will reward schools that show progress towards locally agreed targets and/or support activities designed to reduce smoking. This scheme, which will reward schools that make greatest progress in reducing smoking, will be in place by March 2004.

Diet and Nutrition

The Scottish diet is high in fat, salt and sugar and low in fruit and vegetables. Next to smoking our diet is the single most significant cause of Scotland's poor health. Diet plays a fundamental role in the development of Coronary Heart Disease (CHD) and a number of other important chronic conditions such as stroke, type-2 diabetes, obesity and poor oral health. Death in middle age in Scotland is twice as likely as in many Western European countries. Our poor eating habits are a significant factor in many of these premature deaths.

Obesity is a major and growing cause for concern, it impairs health and is a contributing factor to heart disease, several cancers, stroke, and type-2 diabetes.

Diet in early years is a very important influence on health in later life. Early childhood experiences strongly influence dietary preference and good eating habits. Breastfeeding can reduce risk of sudden infant death, a wide range of infections, such as asthma and eczema, reduce risk of diabetes, and enhance immunity as well as reduce the risks of breast cancer and ovarian cancer in women who breastfeed.

There are inequalities in diet between those on higher and lower incomes. The most striking difference is that people living in the poorest communities tend to eat 50% less fruit and vegetables than professional groups. The numbers of overweight and obese people increase with social deprivation. Breastfeeding rates are also linked with deprivation.

By improving diet, especially in more deprived communities, we will impact on the following ***key issues identified in the Population Profile:***

- Obesity
- Type 2 diabetes
- Life expectancy of men in Dundee
- Targeting deprived communities
- The prevalence of type 2 Diabetes (Dundee)
- Coronary Heart Disease and Stroke
- Low Birth Weight, especially in Dundee
- Dental Caries, particularly in Angus but across Tayside as a whole
- High prevalence of specific conditions in Ethnic Minority Group
- Breastfeeding at 6 weeks, in all areas but particularly Dundee

Action we have already taken

In addition to mainstream health services, NHS Tayside and the Community Planning Partnerships have already begun to take action that will improve diet, access and consumption of healthy foods within our communities. Some of the key elements in this work include:

- Supporting food co-ops
- Supporting the Healthy Living Initiative in Dundee
- Introduced nutrition guidelines for older people.
- Schools across Tayside have set up healthy tuckshops, breakfast clubs and introduced healthy options for school meals.
- A Breastfeeding Co-ordinator.
- In Angus, providing free toothpaste and toothbrushes for pre-school children.
- Encouraging healthy food choices in the workplace (SHAW).
- NHS Tayside runs a healthy choice award scheme for catering outlets.

What we need to do next

- NHS Tayside will support the development of food co-operatives associated with cookery skills programmes, to improve access to healthy foods and support people living in areas of greatest deprivation in Tayside in making healthier choices. There will be at least one new or expanded food co-operative set up in each Perth and Kinross and Angus and two in Dundee City by March 2004.
- NHS Tayside should explore with partners to support community cafes
- NHS Tayside will develop an action plan designed to meet national standards for nutrition in the elderly people who are cared for in hospitals and care homes by March 2004
- NHS Tayside will work with local communities to set up peer support groups to encourage and support breastfeeding amongst women living in the most deprived communities.
- NHS Tayside will sponsor an award scheme which will reward schools that show progress towards locally agreed targets and/or support activities designed to improve diet. This scheme, which will reward schools that make greatest progress in improving access and take up a healthier diet, will be in place by March 2004.

Exercise

A physically active lifestyle is important for health. Lack of exercise is linked to a number of serious illnesses. People who do not take the recommended level of exercise are: at twice the risk of heart disease, almost four times more likely to get cancer of the colon, and more likely to suffer from higher blood pressure, and be overweight. Exercise can improve self-esteem, reduce anxiety, contribute to a longer life, reduce disease and contribute to overall well being.

Evidence shows that the proportion of sedentary adults in the lowest socio-economic groups is double that of those from highest socio-economic groups.

By increasing the amount of exercise people take, especially in more deprived communities, we will impact on the following *key issues identified in the Population Profile*:

- Obesity
- Type 2 diabetes
- Life expectancy of men in Dundee
- Coronary Heart Disease and Stroke
- Depression
- Mental Well Being

Action we have already taken

In addition to mainstream health services, NHS Tayside and the Community Planning Partnerships have already begun to take action that will encourage and enable people to take regular exercise. Some of the key elements in this work include:

- Exercise referral schemes are operating in Dundee and Perth and Kinross and will soon be implemented in Angus
- Initiatives through the Health Promoting Schools and New Community Schools
- In Angus schools there is daily 20 minutes exercise classes for children in primary classes 4 to 7
- Supporting the Healthy Living Initiative in Dundee
- Supporting Scotland's Health at Work Schemes

What we need to do next

- NHS Tayside will work with community planning partnerships to support initiatives designed to increase the number of adults who take 30 minutes of moderate exercise and children who take one hour of moderate activity on most days. This will focus on increasing the level of brisk walking and will include community based fitness initiatives.
- NHS Tayside will sponsor an award scheme which will reward schools that show progress towards locally agreed targets and/or support activities designed to improve levels of physical exercise. This scheme, which will reward schools that make greatest progress in improving levels of physical activity, will be in place by March 2004

Alcohol and Drugs

Drugs and alcohol misuse has a wide ranging and highly damaging effect on the quality of life for individuals, families and communities. One in four adults in the UK are drinking hazardously. Alcohol misuse is a causative factor in a number of cancers and other disorders. The misuse of alcohol can also lead to violence.

There is also a strong link to deprivation, which in turn ties into other behaviours such as smoking, poor diet and criminal activity. Men living in the most deprived areas (Deprivation Category 7) are seven times more likely to die an alcohol-related death than those in least deprived areas. People living in the most deprived areas are seven times more likely to be admitted to an acute hospital with an alcoholic related diagnosis. Alcohol problems often underlie or exacerbate homelessness.

Children living with alcohol problems within the family are more likely than others to experience physical and sexual abuse, family relationship problems, truanting and other school problems such as under-achieving and bullying. Children who drink frequently themselves are more likely to report drug use.

By tackling the level of alcohol and drugs misuse, especially in more deprived communities, we will impact on the following *key issues identified in the Population Profile*:

- Life expectancy of men in Dundee
- Targeting deprived communities
- High levels of drugs and alcohol in Dundee and Angus, particularly among young people
- Teenage pregnancies in 13-15 year olds, with particular reference to Dundee
- Domestic abuse

Action we have already taken

In addition to mainstream health services, NHS Tayside and the Community Planning Partnerships have already begun to take action that will reduce drugs and alcohol misuse in our communities. Some of the key elements in this work include:

- Setting up the DAATs in each local authority area to develop strategies for prevention, as well as treatment and care for people with drugs and alcohol problems
- Health education programmes in schools
- Drop-in facilities for young people
- Supporting the Healthy Living Initiative in Dundee
- Supporting SHAW

What we need to do next

- NHS Tayside will work through the three Drug and Alcohol Action Teams to develop action plans by March 2004 that tackles inequalities relating to the use of drugs and alcohol. This is likely to focus on education and prevention, as well as care and treatment by working with health promoting schools and community resource centres.
- NHS Tayside will work with community planning partnerships to reduce the availability of alcohol to underage people and access to drugs as well as working with identified vulnerable groups

Sexual Health

Unintended pregnancies, especially in young teenage girls and sexual infection can have a long-term effect on people's lives. Sexually active individuals are at risk of a range of sexually transmitted infections (STI), of which Chlamydia trachomatis is the most prevalent bacterial infection. Genital chlamydial infection and untreated gonorrhoea can cause considerable short and long-term ill health, which can result in pelvic inflammatory disease (PID), ectopic pregnancy and infertility in women and men.

Poor sexual health is commonly associated with poverty and social exclusion. In Tayside, of prime concern is the pregnancy rate among 13-15 year olds, particularly in areas of deprivation where rates are the highest in Europe. Teenage mothers are more likely to have low birth weight babies, be dependent on state benefits, have a poor knowledge of child development.

By improving sexual health and wellbeing, especially in more deprived communities, we will impact on the following *key issues identified in the Population Profile*:

- Teenage pregnancies in 13-15 year olds, with particular reference to Dundee
- Sexually transmitted infections
- The level of abortions
- Mental wellbeing
- Deprived communities

Action we have already taken

In addition to mainstream health services, NHS Tayside and the Community Planning Partnerships have already begun to take action that will improve sexual health. Some of the key elements in this work include:

- Supporting the Corner in Dundee to provide drop-in facilities and information on sexual wellbeing for young people
- Developing young-people friendly services in Angus and Perth and Kinross
- Angus LHCC have created a Youth Worker to work with young people on sexual health issues
- Sexual health programmes in schools
- Set up Child Health at NHS Tayside (CH@NT), a website aimed at providing accessible information for children and young people
- The Condom Initiative to provide free and easily accessible condoms
- Needle Exchange Services
- Education and outreach services for gay men

What we need to do next

- NHS Tayside should produce a Sexual Health Strategy by March 2004. This will include proposals to address high levels of teenage pregnancy and sexually transmitted infections as well as access, especially for disenfranchised groups (young people, ethnic minorities, people living in rural areas and members of the gay men, lesbian, bisexual and transsexual community). The Strategy will improve service integration and promote general sexual wellbeing.
- NHS Tayside should continue to work with partners to increase young people friendly services and facilities, which will provide sexual health advice and extend the range of direct access services.
- NHS Tayside should explore, with partners, how we effectively promote messages for target groups about prevention and treatment of STIs, especially chlamydial infection.
- Opportunities should be taken to deliver education in a wide variety of non-health care settings e.g. youth clubs, community centres, schools. Education about STIs should be integrated with other sexual health education and condom promotion initiatives

Promoting Mental Wellbeing

In Scotland depression is the most common reason for women aged 25 to 44 to consult their GP, followed by anxiety. Depression ranks in the top five reasons for women of all ages to consult their GP. Mental wellbeing is also linked to other health behaviours such as smoking, substance misuse and poor sexual health.

Life circumstances and lifestyle have a profound influence on mental health and wellbeing. Social disadvantage, emotional strain and family disruption can lead to mental health problems in childhood, adolescence and early adulthood. Children living in poverty are at particular risk, as are looked after children. The recent Child and Adolescent Mental Health Needs Assessment (2002) found the highest proportion of children with any mental disorder (13%) was found amongst families living in areas classified as *striving*. This was about two and a half times the proportion found in more affluent areas. Suicide rates are also linked to deprivation.

Initiatives which aim to promote mental well-being also need to address stigma; effects on women and families, mental health in schools; stress at work and mental health in communities for 'hard to reach' groups.

By promoting mental wellbeing, especially in more deprived communities, we will impact on the following **key issues identified in the Population Profile**:

- Life expectancy of men in Dundee
- Targeting deprived communities
- Mental health and behavioural disorders, particularly in Dundee
- Depression
- Suicide and self inflicted injury
- Domestic abuse

Action we have already taken

In addition to mainstream health services, NHS Tayside and the Community Planning Partnerships have already begun to take action that will improve mental wellbeing. Some of the key elements in this work include:

- Supporting the Corner in Dundee
- Initiatives through the Health Promoting Schools and New Community Schools
- In Angus we have appointed a Mental Health Promotion Worker through *Sure Start*
- Set up, Child Health @ NHS Tayside (CH@NT) a website aimed at providing accessible information for children and young people
- Supporting the Healthy Living Initiative in Dundee
- Implementing the Mental Health promotion Framework
- Setting up of the Explore Project in Dundee
- Prevention of Suicide and Self harm conference hosted by NHS Tayside in 2002 which produced an action plan

What we need to do next

- NHS Tayside will work with community planning partnerships to improve self esteem in all sectors of the population with particular emphasis on children, young people, and vulnerable groups. This work will include initiatives designed to reduce the stigmatisation of people with mental illness.
- NHS Tayside will host a conference to explore issues affecting mental well-being and encourage local debate about the contribution of communities to a socially inclusive society that supports people with mental health problems
- NHS Tayside will seek to improve the data on mental health with particular reference to relative health inequalities.

Access and Health Intelligence

Health is determined by a complex interplay of factors. The way people access and make use of health services has potential implications for their health status and outcomes.

Studies that have looked at the availability of services in different geographical areas show clear differences in provision. Transport difficulties to GP surgeries also appear to have a deterrent effect on use of primary care services.

There is evidence that people in lower occupational classes make less use of preventive services for themselves and their children. Lower service use has also been shown for screening and health promotion services, attendance at assessment clinics for pre-school children, frequency of attendance for dental services, attendance at well-women, well-man and cervical cytology clinics. There is an association between deprivation and late presentation with illness.

There is also evidence that classes I and II are more likely to be referred to specialist services by their GP than people in IV and V. This coupled with the delays in seeking treatment may be an additional contributor to poor health outcomes for social classes IV and V.

There are also inequalities that are related to rurality and in particular to isolation to services. Members of the ethnic minorities often face additional barriers in accessing and making use of health services.

By improving access to health care, especially for the more deprived communities, we will impact on the following *key issues* identified in the Population Profile:

- Access to services for people living in deprived communities and remote and rural areas
- People in more deprived communities present later to health services
- Health outcomes in the more deprived communities
- Life expectancy, especially of men living in Dundee
- Culturally sensitive services that provide better access to service for ethnic minority communities
- High levels of specific conditions in Ethnic Minority Groups

Action we have already taken

- Work on taking forwards the *Hierarchy of Care* model will bring more services into local communities. This should help begin to address some of the access issues highlighted above.
- NHS Tayside has invested in new, purpose-built primary care facilities to support and extend the range of services available to people living in the more deprived communities of Tayside. We are also piloting *Advanced Access in Primary Care* in 18 practices across Tayside. The scheme aims to provide 90% of patients with a 'same-day' appointment and so far it has resulted in more than a 30% reduction in the time to see a GP and/or practice nurse.
- The *Fair for All Action Plan* completed in March 2003 identifies a number of actions that will begin to address issues of race equality in relation to service access and use.
- The recommendations of the Tayside Child Health Strategy were based on a self-assessment of local services and Phase 1 of the Child Health Population Profile. The second phase of this work reported in February 2003 and includes not only a Tayside analysis but postcode data in each of the local authority areas.

What we need to do next

- Through the implementation of the Oral Health Strategy NHS Tayside will put in place initiatives that reduce the levels of tooth decay in 0-5 year olds and address the inequalities in dental health within Tayside.
- NHS Tayside will put in place appropriate education and training for staff which will improve our ability to provide culturally competent services.
- In the workplace the **Scotland's Health at Work (SHAW) Initiative** should continue to be rolled out with an emphasis on venues which have workforces from lower socio-economic groups.
- NHS Tayside should review its provision of information and produce action plans to make sure that there is equal access to information for citizens in all social, educational, cultural and ethnic backgrounds.
- NHS Tayside should work with the Community Planning Partnerships to improve the data on health status of people living in remote and rural areas and issues around their access and uptake of services.
- NHS Tayside will seek to improve the data on older people's health with particular reference to relative health inequalities.
- NHS Tayside should put in place a system to routinely collect ethnic minority monitoring information, including postcodes in the SMR datasets.
- NHS Tayside should undertake jointly with Angus Community Planning Partnership, a project to explore the emerging evidence about the increasing problems related to drugs and alcohol in Angus.
- NHS Tayside should ensure that guidelines are in place for prescribing statins to make sure that prescribing standards are equally applied across all communities in Tayside. As part of this NHS Tayside should work with the Tayside Centre for General Practice (TCGP) to monitor areas where the prescribing of statins has been shown to be consistently lower.
- NHS Tayside should work with the TCGP and the Community Planning Partnerships in Dundee and Angus to explore the significance of the data on the admissions to hospital with asthma related symptoms in 0-19 year olds in Angus and Dundee. This will include looking at prevalence and day to day management of asthma.
- NHS Tayside should explore with clinicians working in secondary care the implications of the inequalities strategy on the pattern of provision within Tayside and consider how the particular needs of people living in more deprived communities can be more appropriately met.

7. COMMUNITY ACTION

The communities in which people live can have a major impact on their health. This may be due to poverty, poor housing, lack of facilities or lack of access to healthy choices and services.

The involvement of communities in implementing the recommendations to address the identified indicators of inequality is vital in promoting ownership and tailoring services and initiatives to local need. The community development approach works with communities to build capacity and empower those within the community to share responsibility for their health. Such initiatives are more likely to be taken up because they address shared priorities and are more sustainable because of the empowerment of the community to take them forward.

Target Populations

- Children living in poverty
- Ethnic minorities
- Frail elderly people (dependant on the supporting evidence)
- Homeless people
- Looked After Children and Runaways
- Pregnant women
- Three to five year olds for oral health
- Young people 11 – 15 year age group
- Potential victims of domestic abuse
- Geographical areas where people have poorer health status and outcomes.

Action we have already taken

- Supporting the Healthy Living Initiative in Dundee
- Developed Tayside Racial Equality Team (Fair For All)
- Bids submitted to Changing Children's Services fund for work with Looked After Children
- Phase 1 of Oral Strategy being implemented
- Public Health practitioners appointed in each of the 3 localities

What we need to do next

- The Research and Intelligence Network will be asked to identify up to eight marker conditions/health indicators that will act as a proxy for poor health outcomes.
- Phase 2 will assess each of the natural communities within Tayside against these criteria to identify geographical areas where people have poorer health status and outcomes.
- NHS Tayside and the Community Planning Partnerships will undertake a community audit in these areas that will look at how current resources can best be deployed to address the inequalities identified in these communities to support this work.

8. FINANCIAL PLAN

A separate paper setting out the financial consequences of the inequalities strategy is currently in draft. It contains:

- A record on funding which has already been identified including Changing Children's Services fund, and the NHS Tayside Financial Plan.
- Identifies action for which funding remains to be identified.
- SMART objectives within the Inequalities Strategy, which do not require additional funding.
- Information about current and potential funding streams.