

# Health & Social Care Integration Planning Localities – North Isles –

Version 6.0

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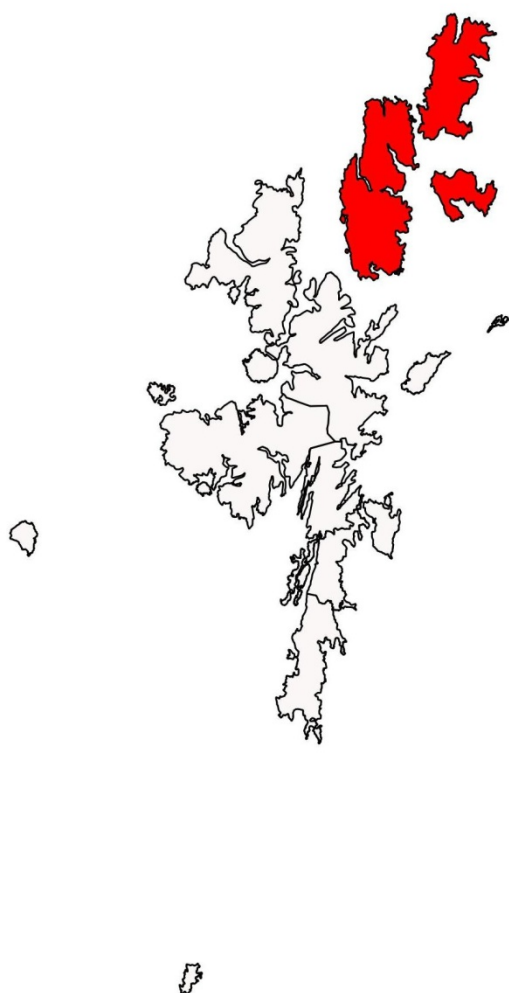
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## Introduction

This report presents a profile of data about health, care and wellbeing in the North Isles. It is produced from available data, and is designed to be used for work within Locality Planning. Data sources available at locality level are developing rapidly as the work on Health and Social Care Integration and on Community Planning at locality level develops, so the profile will be updated as new information becomes available. This version is mainly based on data held at GP practice level, so has a focus on the diseases commonly seen in primary care. Data will become available from the newly introduced Health and Social Care Dataset (which will include data such as hospital, community health and care service usage and cost, and analysis for a range of care groups such as dementia, substance misuse, last 6 months of life), and this will be added to the profile.

The North Isles locality is made up of two general practice areas: Unst and Yell. Some of our data is presented separately for each practice (e.g. where there are significant differences between the practices), and some is presented for the whole area.



Map of Shetland with the North Isles locality highlighted.

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## Age Profile of the North Isles Population

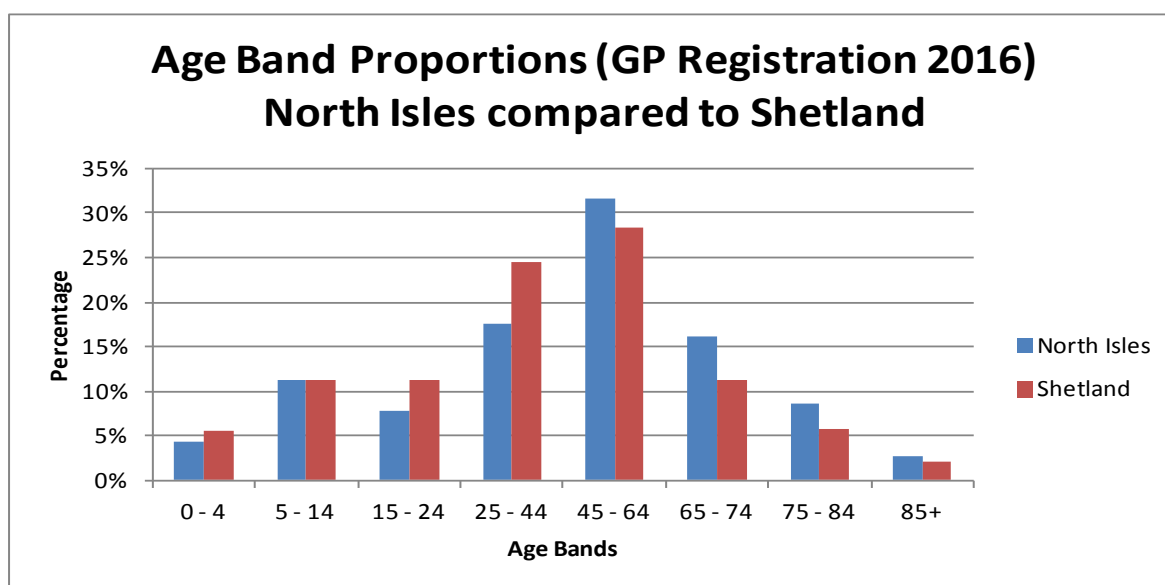
The information below is based on GP practice registrations for 2016. It shows the number of people registered with the Unst and Yell practices within a number of different age groups, and compare these figures with the rest of Scotland. Note that the Yell practice catchment includes Fetlar.

### North Isles Practice's Patients Registrations

Age Group	0 - 4	5 - 14	15 - 24	25 - 44	45 - 64	65 - 74	75 - 84	85+	Total
North Isles	71	186	130	292	525	267	143	44	1658

### Patient Registrations by Age Group and Practice

	0 - 4	5 - 14	15 - 24	25 - 44	45 - 64	65 - 74	75 - 84	85+	Total
Bixter	90	140	132	278	309	131	70	17	1167
Brae	146	252	318	627	751	273	96	29	2492
Hillswick	59	77	86	198	212	95	32	19	778
Lerwick	436	962	1078	2263	2495	944	538	178	8894
Levenwick	128	323	286	592	815	321	164	48	2677
Scalloway	248	456	346	993	949	338	156	72	3558
Unst	28	70	37	100	178	118	49	18	598
Walls	46	94	85	160	199	86	52	24	746
Whalsay	59	132	122	251	274	139	97	32	1106
Yell	43	116	93	192	347	149	94	26	1060
Total	1283	2622	2583	5654	6529	2594	1348	463	23076

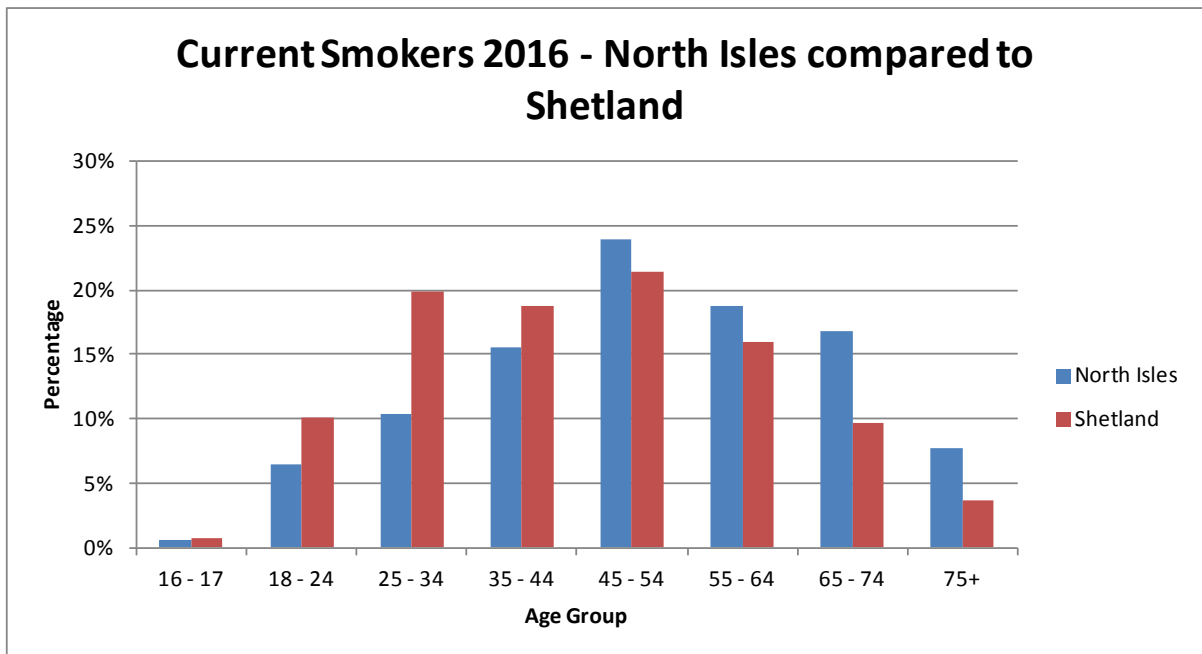


The graph below shows that the age profile of the patients registered with the Unst and Yell in 2016 is slightly different to the rest of Shetland with fewer young people and adults in the 15-44 age group and then more in all the older age groups, compared to Shetland as a whole. There are some differences between the age profiles in the Unst and Yell population, but the actual numbers are small. Having a slightly larger population of older people and a slightly smaller population of working age people could mean that the implications of an aging population for the provision of health and care services in the North Isles could be even more marked in this area compared to the rest of Shetland. The data above is from 1st July 2016.

## Smoking Prevalence

These figures are taken from GP records of the smoking status of patients for 2016.

The North Isles has 155 patients recorded as current smokers. This gives a rate of 9.3%. Compared to the rest of Shetland there are higher rates of smoking in the North Isles from the age of 45+ and lower rates up to the age of 44. This means that smoking cessation resources might be best targeted at these older age groups, rather than focusing on young people and working age adults, which we might do in other parts of Shetland.



Smoking is a risk factor for a number of chronic conditions including chronic lung disease, heart disease, stroke and cancers, which are described in more detail below.

## QOF - Obesity Prevalence

Obesity is a term used to describe people who are extremely overweight with too high a proportion of body fat. Body mass index (BMI) is used as a formula to measure and classify people. It is not foolproof as it may consider those with very high muscular proportion as overweight or obese.

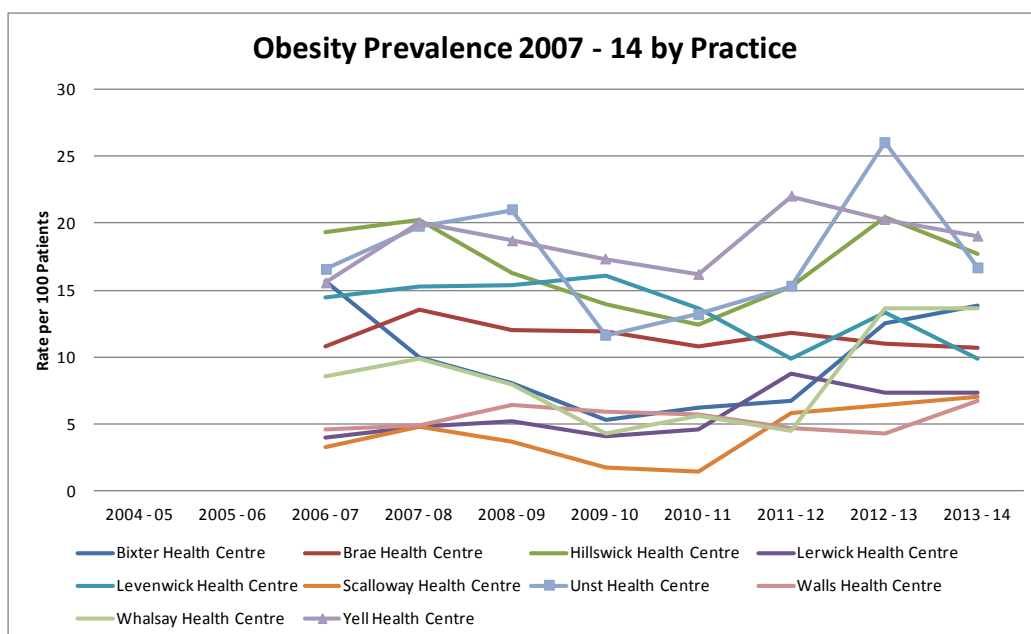
Overweight people are classified as follows: -

- Overweight – BMI = 25 – 29.9
- Mildly obese – BMI = 30 – 34.9
- Moderately obese – BMI = 35 – 39.9
- Morbidly obese – BMI = 40+

Obesity is caused by taking in more calories (fuel) through eating than what you burn off through activity. The excess fuel is stored as fat in the body. To avoid or reduce obesity, eat a healthy balanced diet and exercise more. Weight will be lost when you are burning more calories than you are consuming. Obesity causes other risks to your health such as type 2 diabetes, coronary heart disease, breast cancer, bowel cancer and stroke.

The information below is based on GP practice records (**QOF<sup>1</sup>**) for 2014 – 15. The Unst practice had 97 patients recorded as being obese, and the Yell practice had 205. This gives obesity rates of 16.6% and 19.3% respectively.

The graph below shows how these numbers compare with the rest of Shetland over time, using rate per 100 so that populations of different sizes can be compared. Yell has had a consistently higher rate of obesity compared to the rest of Shetland since 2006, and Unst has also had a higher rate although slightly less than Yell usually. Although rates do fluctuate over time, mainly due to small numbers, they are consistently higher than other practices. However this does not necessarily mean that there are higher levels of obesity in the North Isles, as it may be that the Unst and Yell practices are better at identifying and recording patients who are obese.



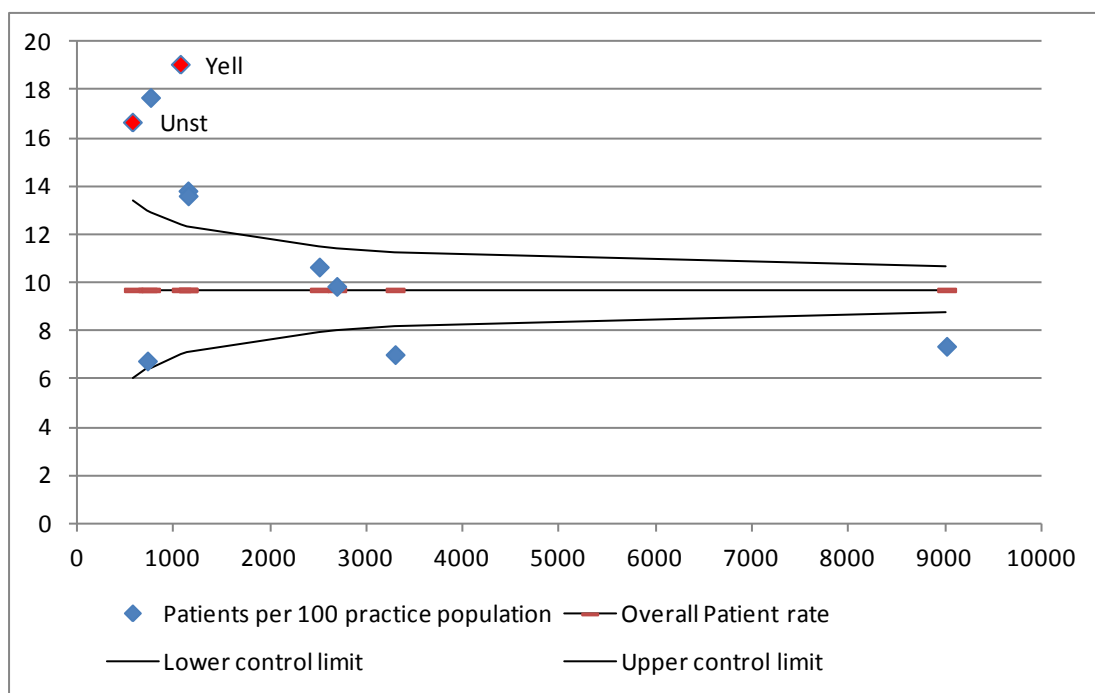
<sup>1</sup> QOF (Quality Outcomes Framework) is the system used in general practice to measure activity and fund GPs for a range of services that focus on prevention and early intervention to improve the health of patients.

## Obesity Prevalence Funnel Plot

Because we are looking at relatively small numbers, within small populations, it can be difficult to see if differences between practices are due to a real difference in the prevalence of obesity between the populations, or due to a natural fluctuation in the figures over time with the underlying rate being the same. A funnel plot takes the small numbers into account. Any practice population that falls 'within' the funnel is considered as having a similar rate to the other practices. Practices that fall above the top line have a higher rate, and those below the bottom line have a lower rate.

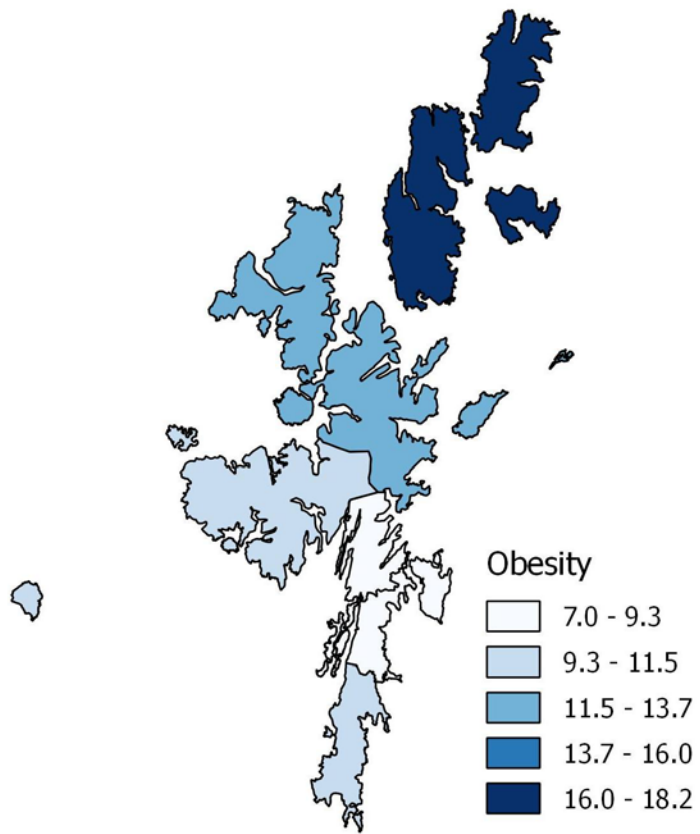
All the funnel plots in this document show data from 2014-15 except for obesity, which was not measured in 2014 - 15.

The graph below shows that Yell has the highest proportion of patients who are obese, and Unst the third highest compared to the rest of Shetland.



This map is another way of showing obesity prevalence across Shetland. Because the figures are averaged out across geographical areas, it shows that Shetland splits into three broad areas in relation to obesity. With the Northern Isles having the highest rates - with about one fifth of all adults being obese, the North and South having a lower rate (about one sixth) and central, west and Lerwick having the lowest rates overall (less than one in ten).

All maps in this document show QOF data for 2014 – 15 with the exception of obesity, which is for 2013 – 14 as obesity was not measured in QOF 2014 – 15 .



Rate per 100 patients



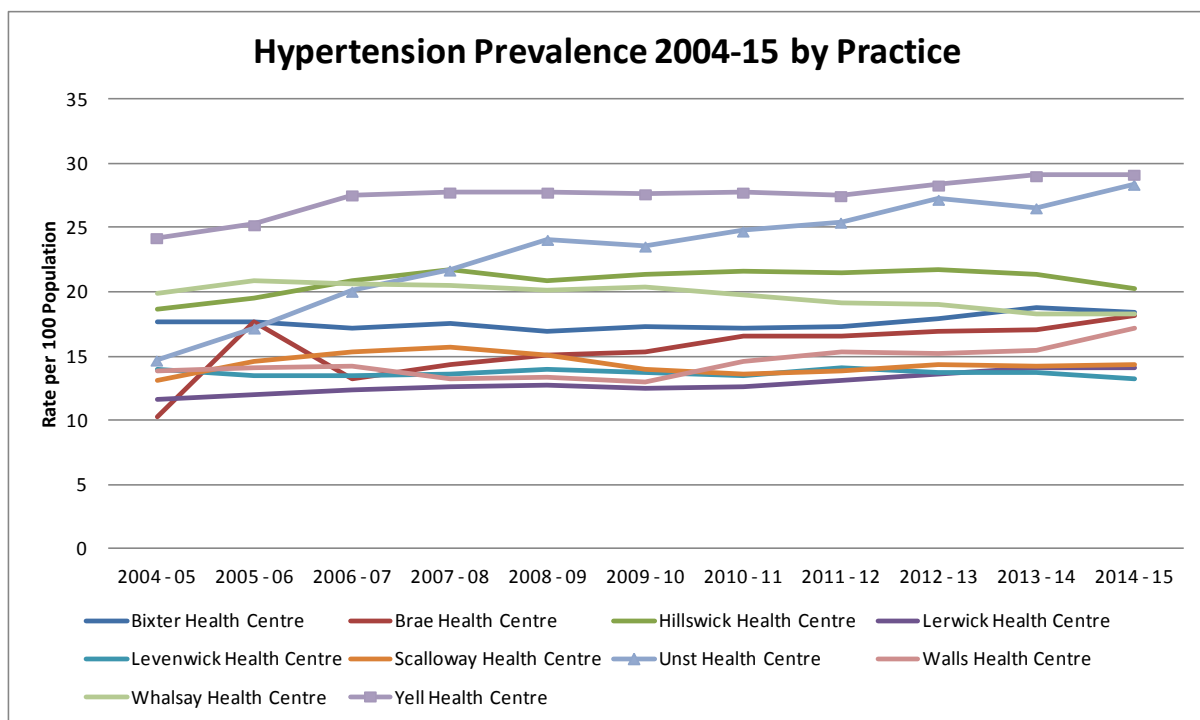
## QOF - Hypertension Prevalence

Hypertension is also known as high blood pressure, which is recorded as the systolic (the blood pressure when the heart beats) 'over' the diastolic (the blood pressure when the heart rests). Generally blood pressure is said to be high if the reading is over 140 / 90. Hypertension is more common as you get older and can be reduced by eating healthily, including eating less salt and drinking less coffee, exercising regularly, maintaining a healthy weight and limiting alcohol intake. People of African or Caribbean background are more at risk of hypertension due to genetic factors.

The information below is based on GP practice records (**QOF**) for 2014 - 15

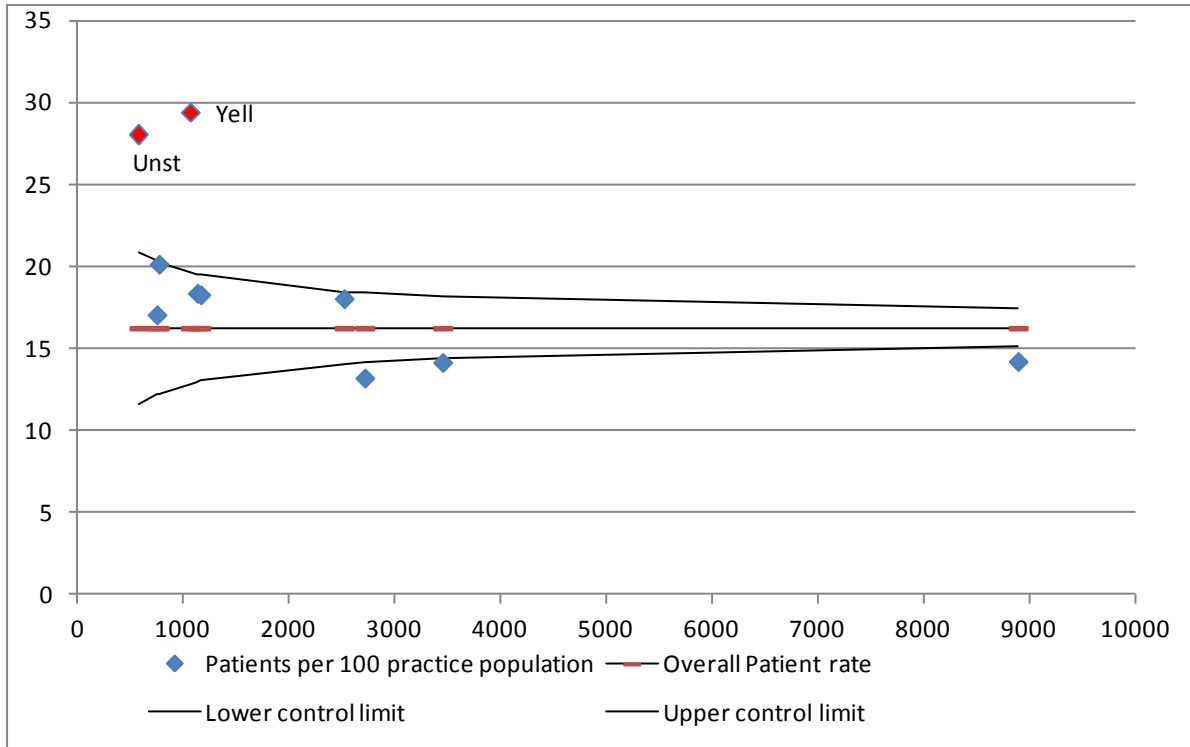
The Unst practice currently had 161 patients recorded as having high blood pressure, and the Yell practice had 311.

The graph below shows how these numbers compare with the rest of Shetland over time, using rate per 100 so that populations of different sizes can be compared. Yell consistently has the highest rate, which has not changed much over time. Unst has the second highest rate since 2007, that has an increasing trend. As above, this could be due to better case finding, though the pattern nationally is of an increasing problem due to rising risk factors such as obesity.



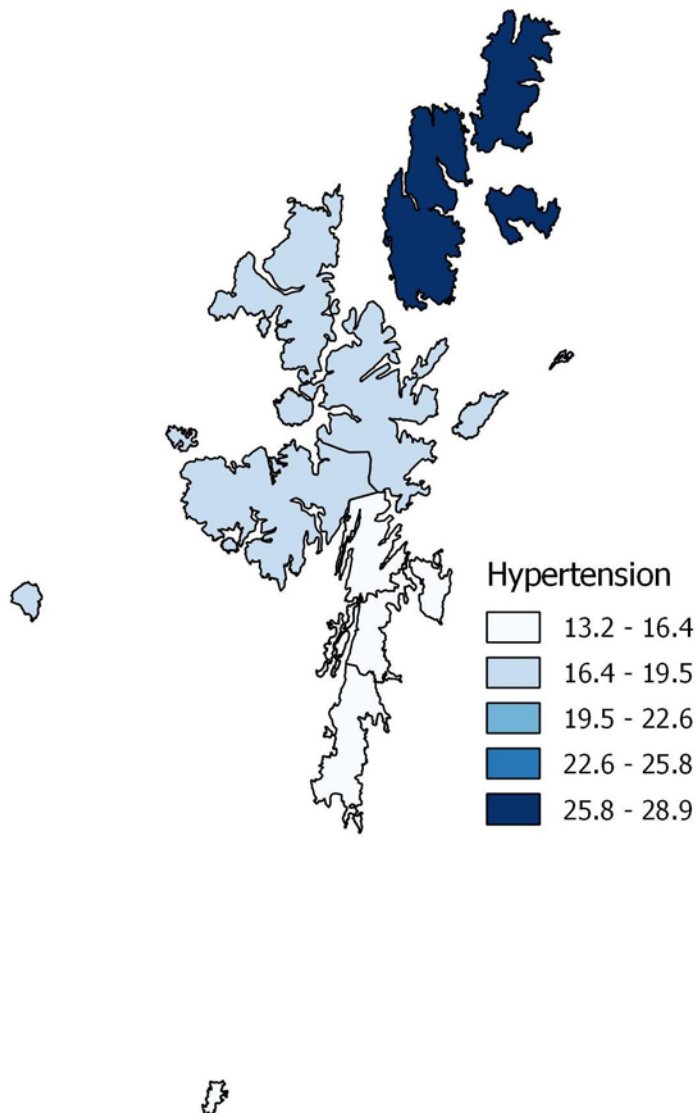
### QOF - Hypertension Prevalence Funnel Plot

The graph below shows that the populations registered with the Unst and Yell practices have a significantly higher than rate compared to the rest of Shetland.



This map is another way of showing hypertension prevalence across Shetland. Because the figures are averaged out across geographical areas, it shows that Shetland splits into three broad areas in relation to high blood pressure. With the Northern Isles having the highest rates - about one quarter of the adults there have high blood pressure ; the North and West having a lower rate (slightly less than a fifth) and central, south and Lerwick having the lowest rates overall (about a sixth of all adults have high blood pressure).

Rate per 100 population.



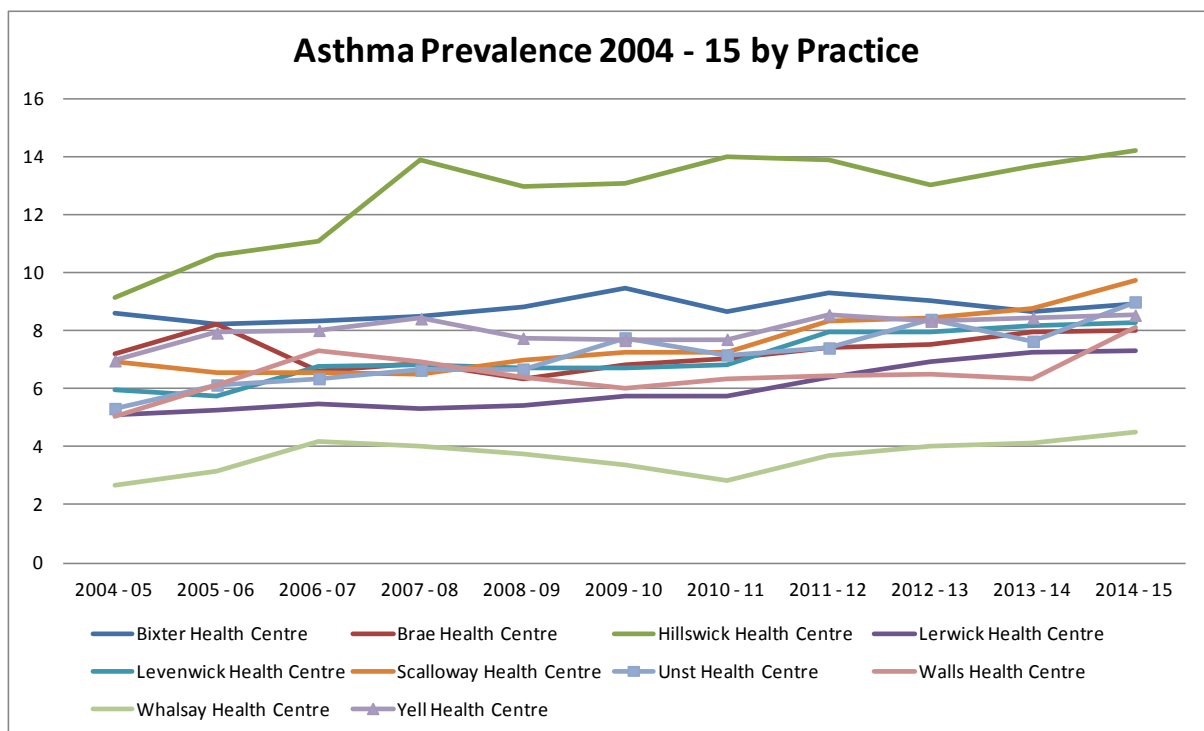
## QOF - Asthma Prevalence

Asthma is a common respiratory disorder that can affect all age groups although childhood asthma may disappear through the teenage years, but could return later in life. The reasons for asthma are not known, but each person will have one or more triggers such as cigarette smoke, dust mites, exercise etc. These triggers will cause a constriction of the airways. Asthma is normally treated by two types of inhaler: preventers containing steroids, or relievers containing chemicals to open up the restricted airways. Once people with asthma learn what their triggers are they generally avoid them if possible.

The information below is based on GP practice records (**QOF**) for 2014 - 15

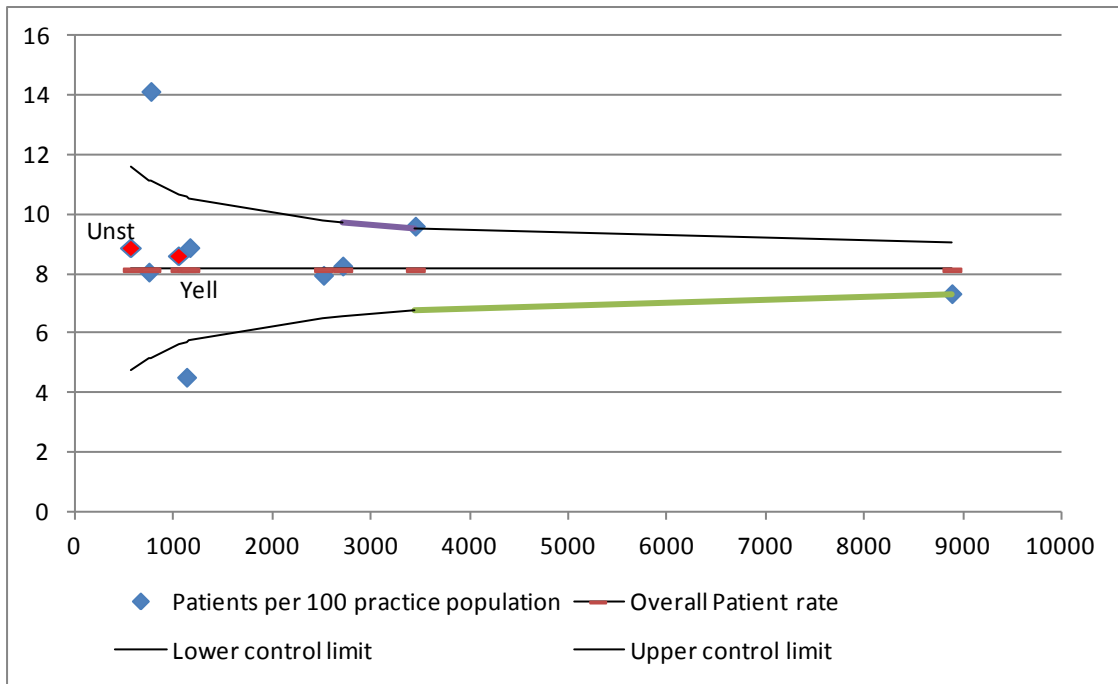
The Unst practice had 51 patients diagnosed with asthma, and the Yell practice had 91.

The graph below shows how these numbers compare with the rest of Shetland over time, using rate per 100 so that populations of different sizes can be compared. Unst and Yell have similar percentages of patients with asthma, which are consistent over time. There are two practices with higher rates, and two or three others with similar rates to the North isles practices.

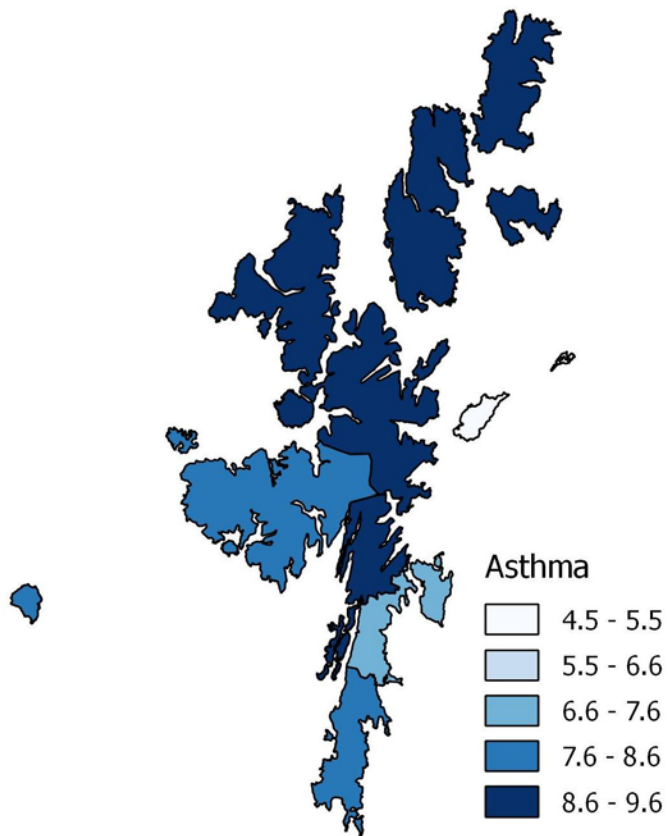


### Asthma Prevalence Funnel Plot

The graph below shows that the populations registered with the Unst and Yell practices have similar rates of asthma compared to the other practices, not significantly different.



This map is another way of showing asthma prevalence across Shetland. Because the figures are averaged out across geographical areas, all it shows is that the lowest rate is in Whalsay, followed by Lerwick and everywhere else, including the North Isles, is fairly similar.



Rate per 100 patients

## QOF - COPD Prevalence

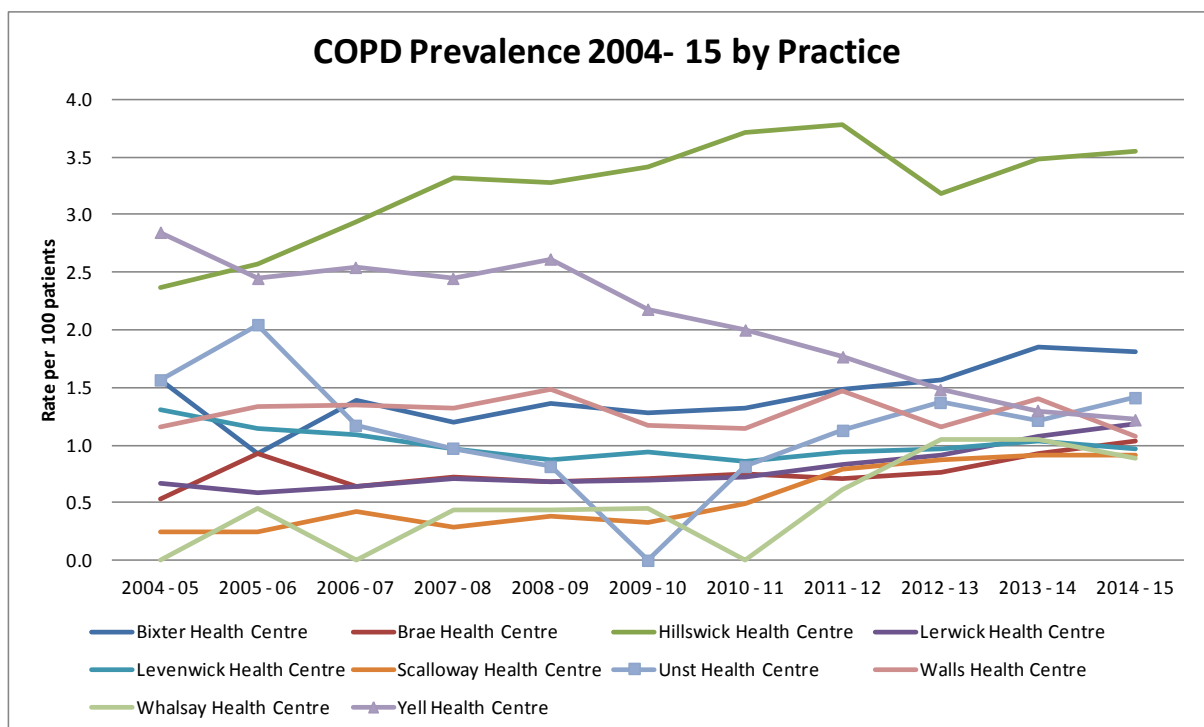
Chronic obstructive pulmonary disorder (COPD) is one of the most common respiratory disorders in Scotland, usually affecting people over 35, and more commonly males than females as historically, smoking rates have been higher among the male population. That trend has started to reverse as more men quit smoking, whilst more women take up smoking and continue to smoke. COPD is usually caused by smoking, (though other factors including air pollution and some work place exposures may contribute), and the more and longer that someone smokes, the more likely they are to develop the disease. It can also be caused by passive smoking. You can reduce COPD risk by giving up smoking. Smoking cessation services along with nicotine reduction therapy (NRT) medicines help people to give up at a rate 4 times more successful than if you try on your own.

The damage that has been done by COPD cannot be reversed, though treatment can help with symptoms. COPD is usually diagnosed in people in their fifties or sixties.

The information below is based on GP practice records (**QOF**) for 2014 - 15

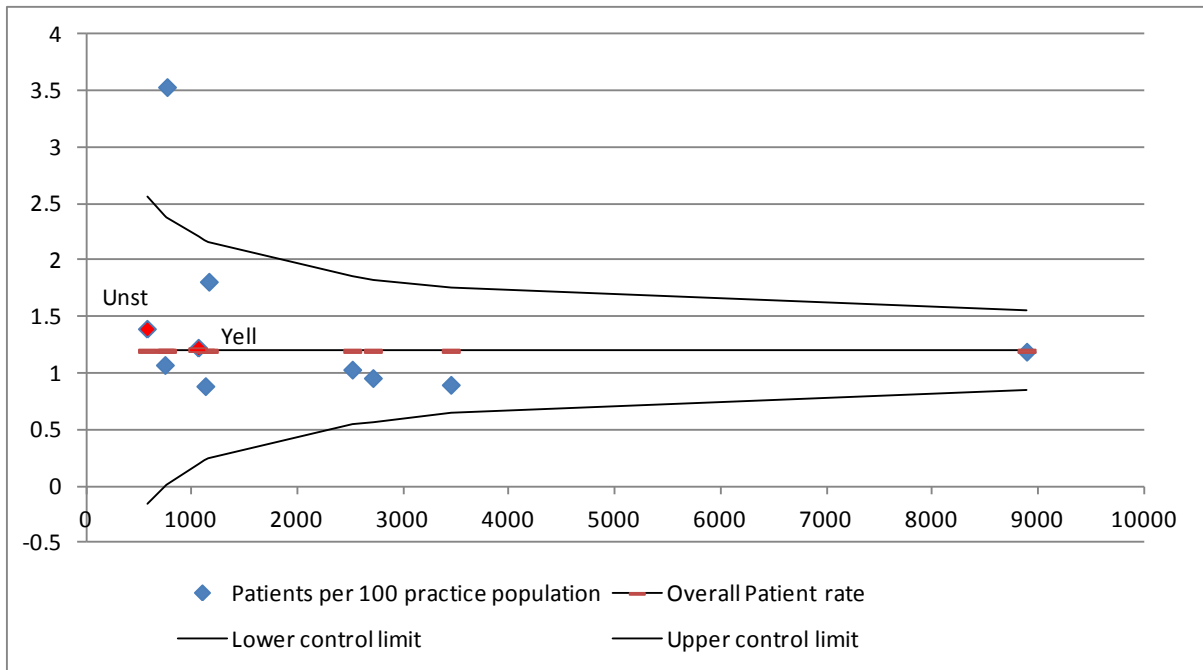
The Unst practice had 8 patients diagnosed with COPD, and the Yell practice had 13.

The graph below shows how these numbers compare with the rest of Shetland over time, using rate per 100 so that populations of different sizes can be compared. The rate of COPD in Unst has varied considerably over time, because of the small numbers. The rate in Yell has usually been higher than all the other practices apart from Hillswick.



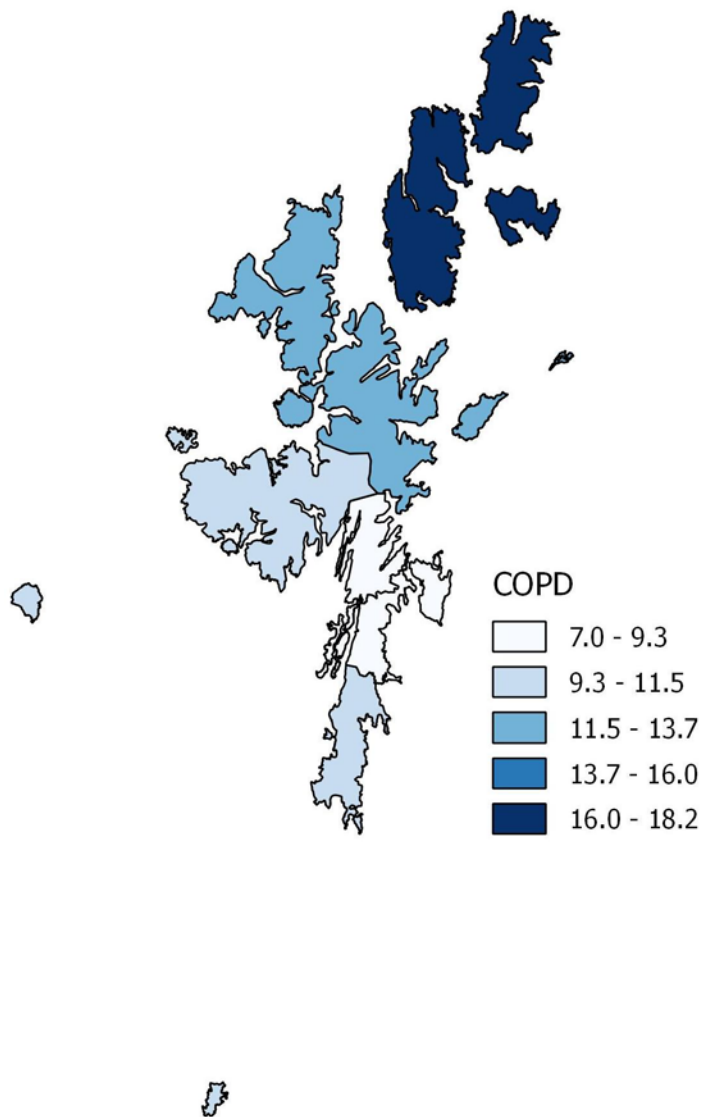
### COPD Funnel Plot

The graph below shows that the populations registered with the Unst and Yell practices have similar rates of COPD in 2015 - 15 compared to the other practices, not significantly different.





The map below shows that the rates of COPD in 2014 - 15 in the North Isles are roughly average.



Rate per 100 patients

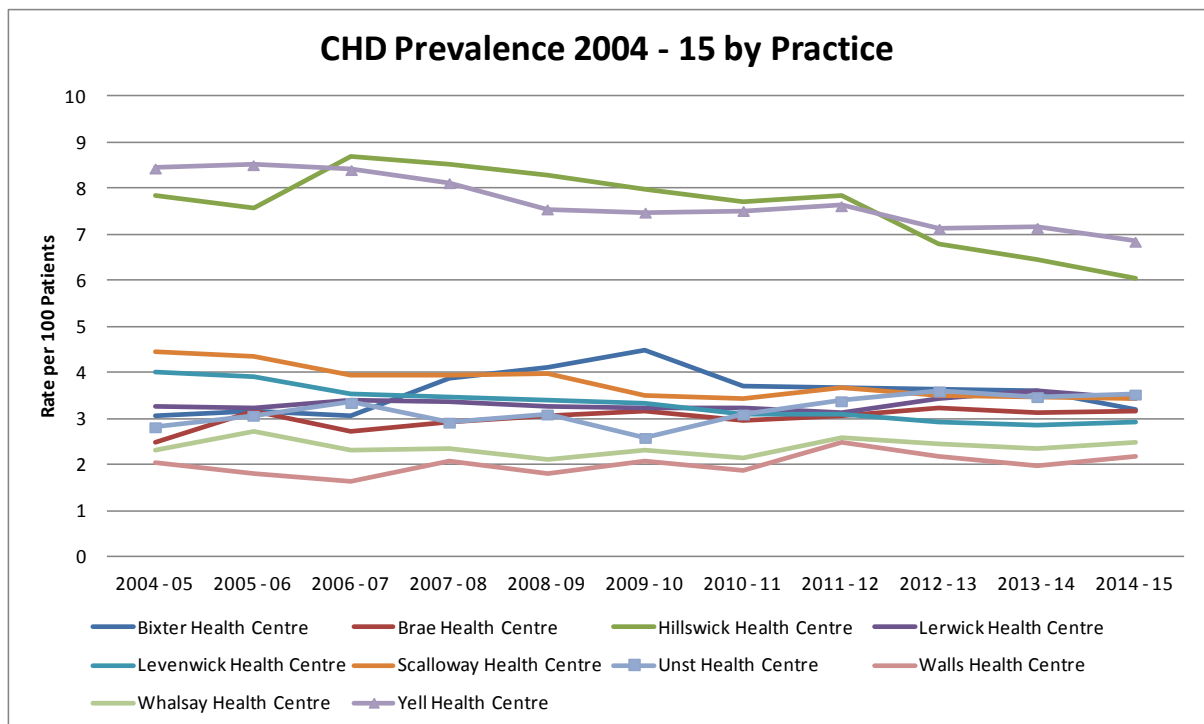
## QOF - Coronary Heart Disease Prevalence

Coronary heart disease (CHD) kills more people in Scotland than any other disease, generally affecting men more than women. The disease is caused by fatty deposits building up in the coronary arteries, usually from lifestyle choices such as smoking, lack of exercise and poor diet, though in some people there is a strong genetic component. CHD is a long term condition though may present as a very acute problem (e.g. heart attack or angina), and may be prevented or stopped from worsening by stopping smoking, taking more exercise, choosing a better diet, and treated through surgery and medications. Symptoms are usually chest pain, heart attacks and heart failure. CHD is more common in the over 50s, although becoming more common in younger people due to increasing obesity.

The information below is based on GP practice records (**QOF**) for 2014 - 15

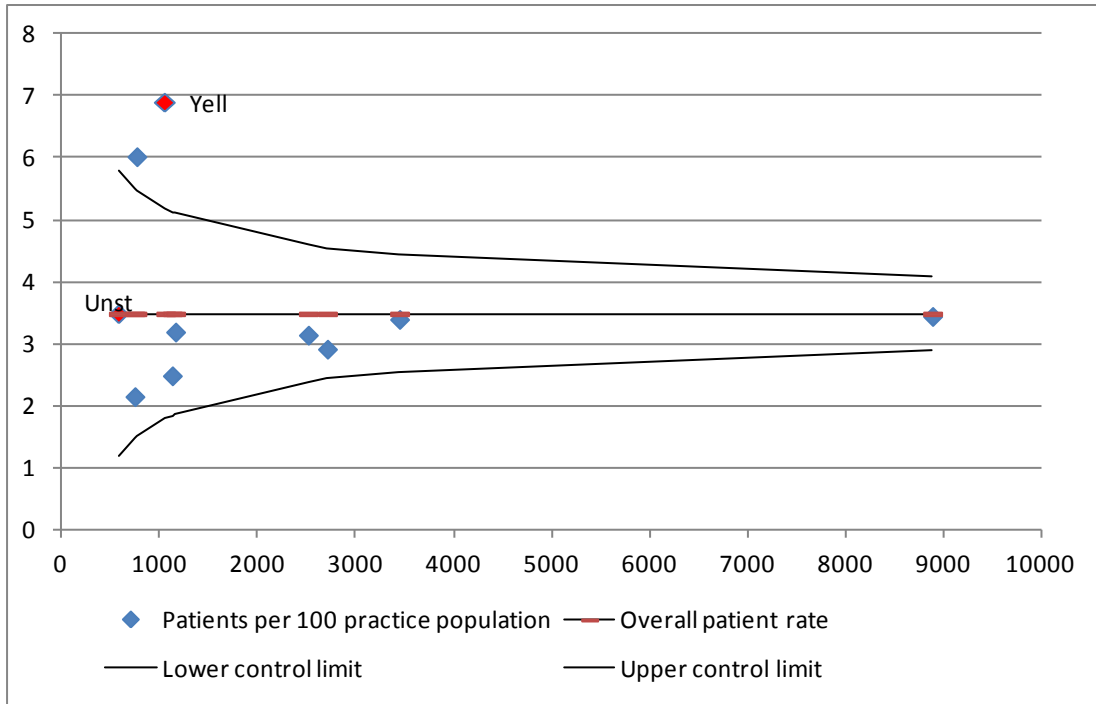
The Unst practice had 20 patients diagnosed with CHD, and the Yell practice had 73.

The graph below shows that Yell (and Hillswick) have consistently much higher rates of CHD compared to all the other practices.

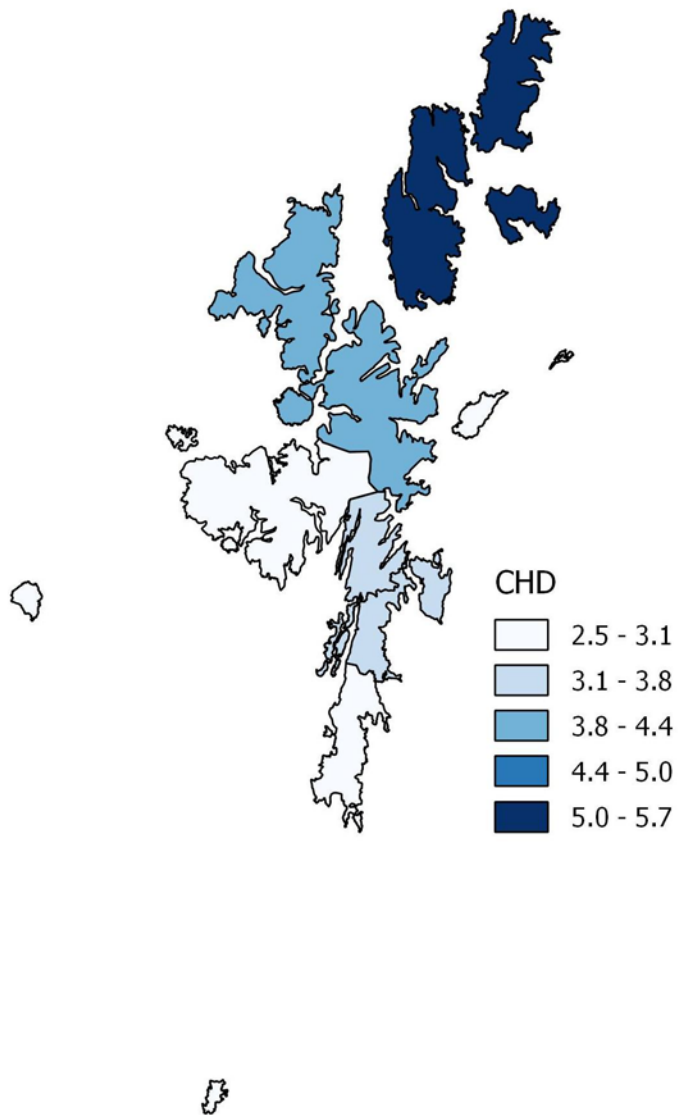


### CHD Funnel Plot

The funnel plot also shows that the rates of CHD in Yell are significantly higher than the other practices, taking into account small numbers.



The map below shows that the CHD rates in the North Isles are higher than elsewhere, due to the high rates in Yell.



Rate per 100 patients

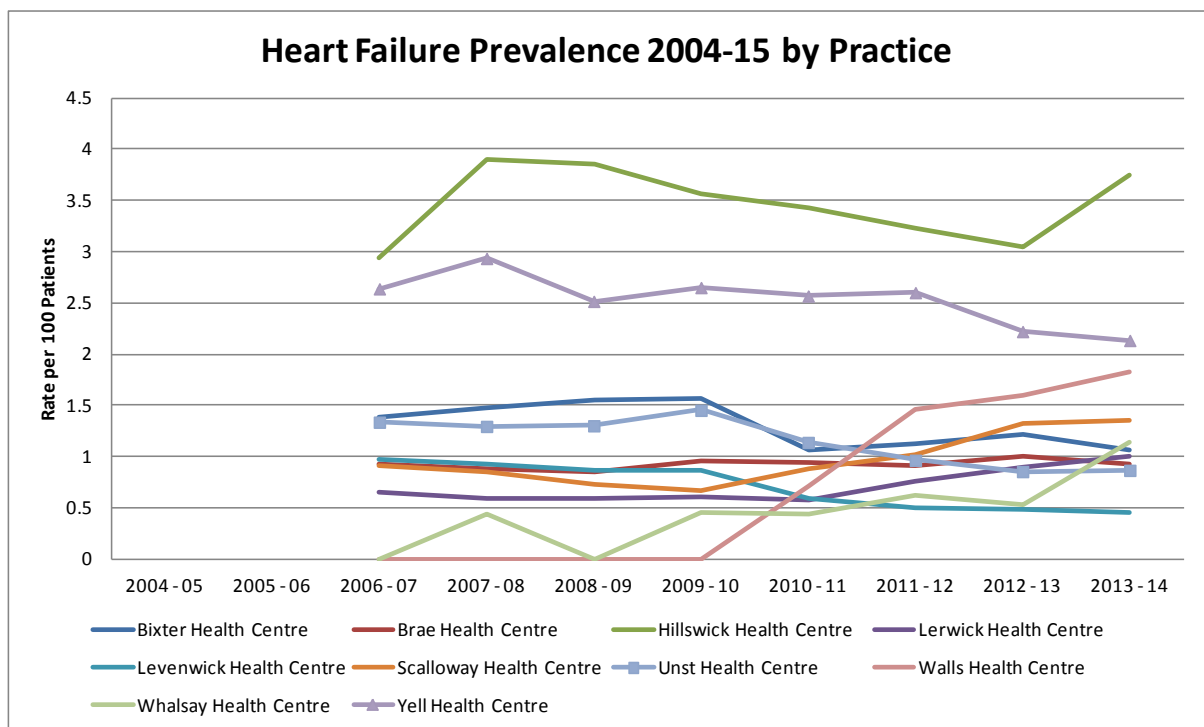
## QOF - Heart Failure Prevalence

Heart failure is usually caused by a number of risks at the same time including any two or more of the following: high blood pressure, coronary heart disease, heart muscle weakness, heart rhythm disturbance or heart valve disease. Heart failure is a long term condition, but the situation may be improved by lifestyle changes, medications or surgery, such as heart valve replacement. To keep the heart healthy we should stop smoking, exercise regularly, eat healthily, limit alcohol intake, manage cholesterol levels and keep our blood pressure within healthy guidelines through exercise and diet.

The information below is based on GP practice records (**QOF**) for 2014 - 15

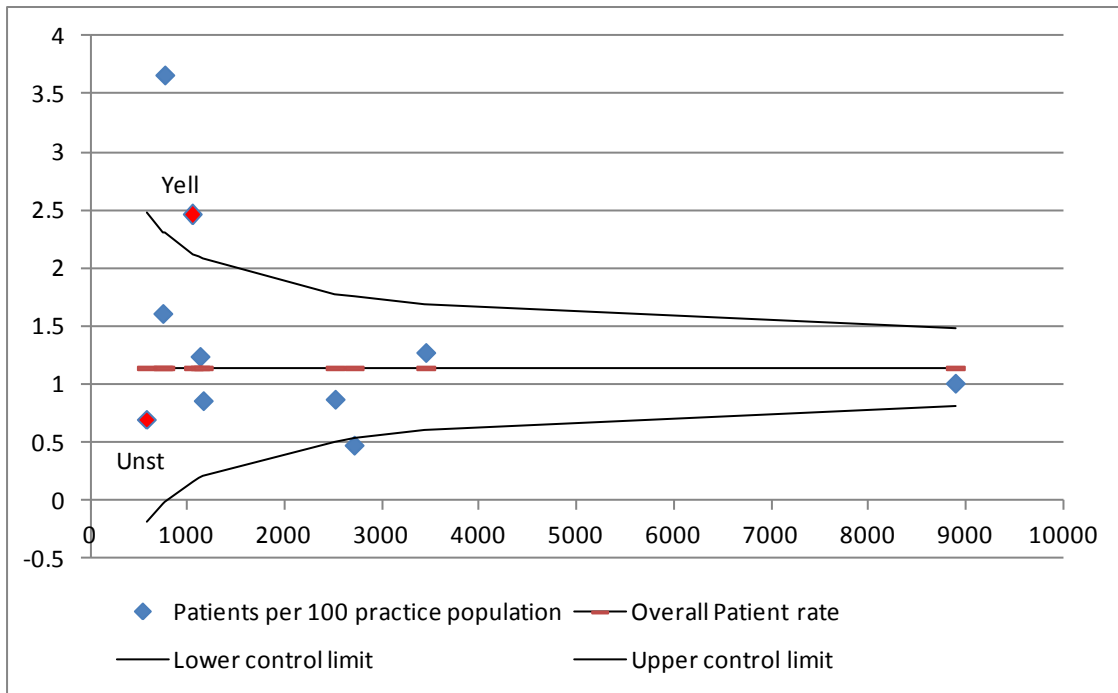
The Unst practice had 4 patients diagnosed with COPD, and the Yell practice had 26.

The graph below shows that the rate of heart failure in the Yell practice is higher than the other practices in Shetland, other than Hillswick. The Unst practice has a lower rate, similar to the other practices.



### Heart Failure Prevalence Funnel Plot

This shows that the Yell practice has a slightly higher rate compare to the other practices, except Hillswick, taking into account small numbers, and the Unst practice has an average rate.



## QOF - Diabetes Prevalence

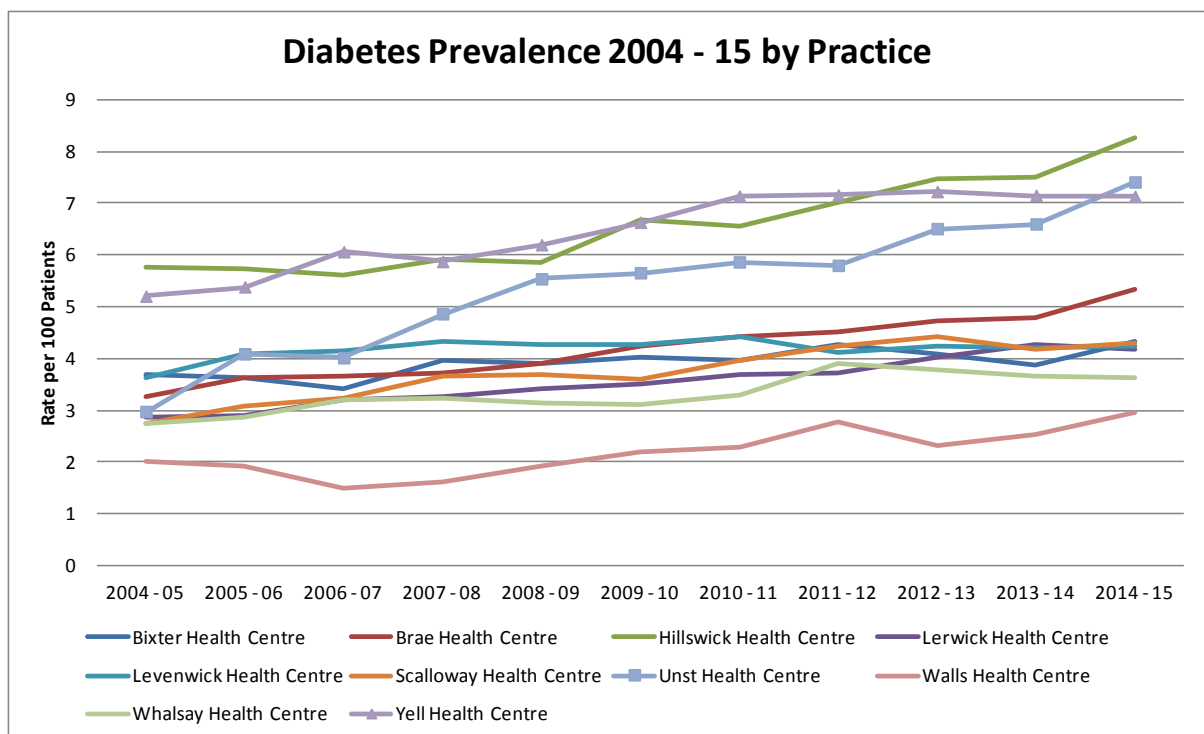
There are two variations of diabetes: type 1 and type 2. Type 1 diabetes is caused by the immune system killing the cells that produce insulin. This is incurable and results in needing to take insulin injections for the rest of your life along with blood glucose monitoring and having a healthy diet. Type 2 diabetes is largely caused by lifestyle factors though there is a genetic component. People who are overweight or obese are significantly more likely to develop type 2 diabetes, and its effects can be limited, and often the disease itself managed by diet and weight loss. Sometimes people also need medication to control the disease. We are seeing an increase in type 2 diabetes generally in the adult population because of a rise in obesity. The split of type 1 to type 2 is 10% to 90% respectively.

The information below is based on GP practice records (**QOF**) for 2014 - 15

The Unst practice had 42 patients diagnosed with diabetes, and the Yell practice had 76.

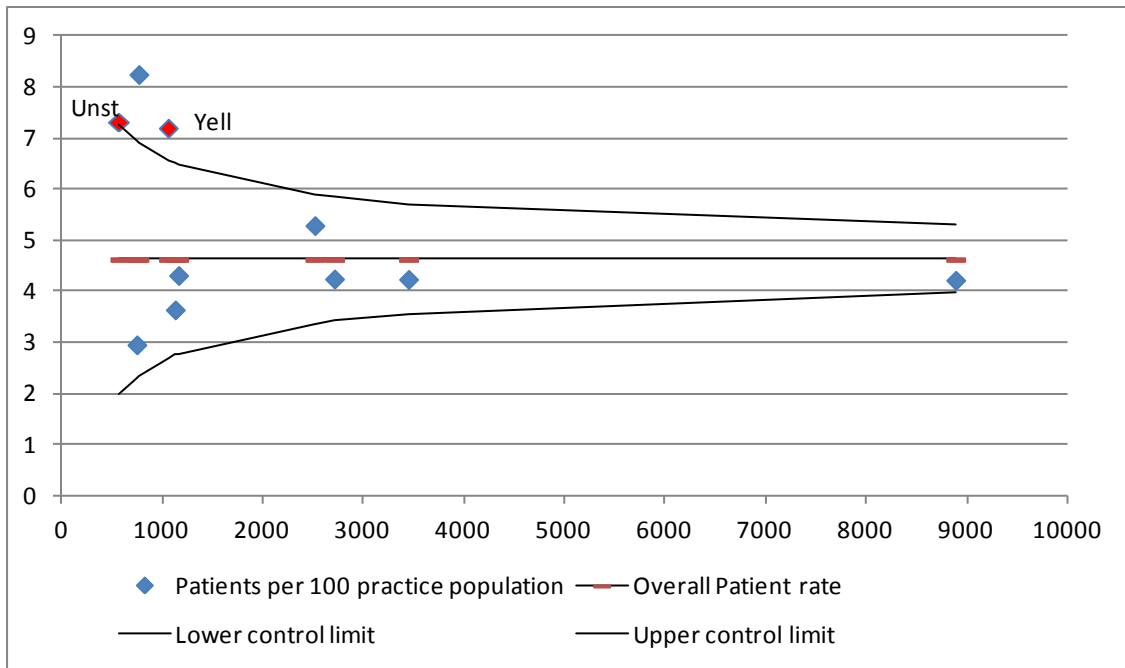
The graph below shows that both Unst and Yell practices have high rates of diabetes compared to the other practices, and they have been increasing over time.

The key risk factor for type 2 diabetes is weight and diet, and these figures tie in with the high rates of obesity noted above.



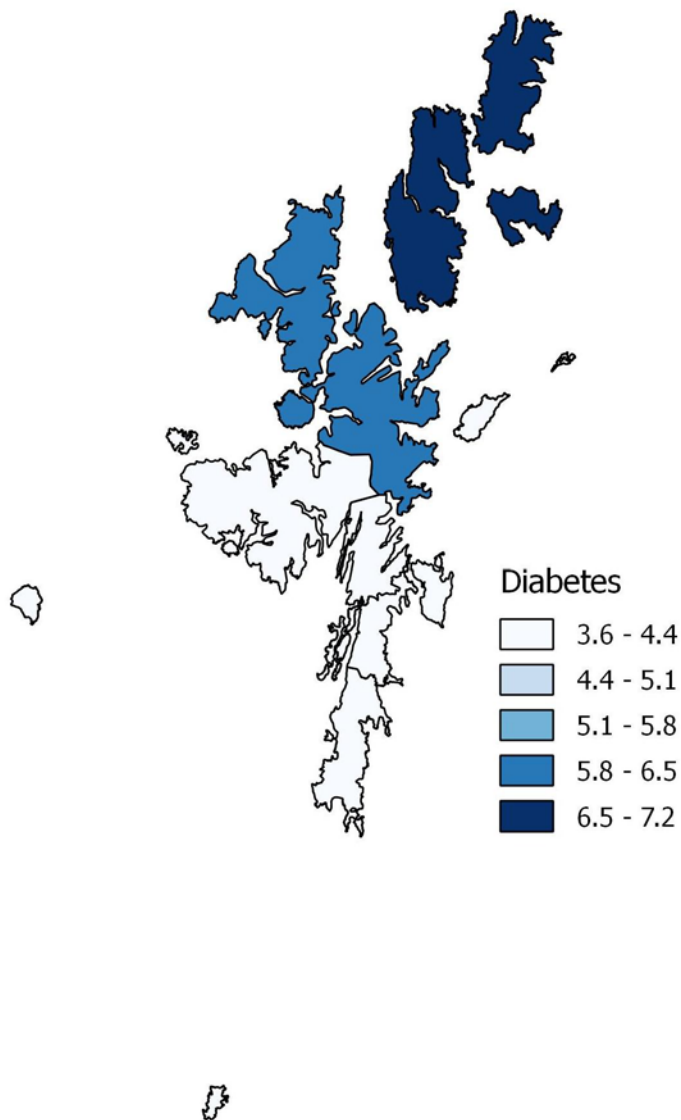
### Diabetes Prevalence Funnel Plot

The funnel plot show that Yell has a significantly higher rate of diabetes when taking into account small numbers, and the Unst practice is just inside the expected range.





The map shows that, combined, the North Isles have the highest rates of diabetes in Shetland.



Rate per 100 patients

## QOF – Stroke/TIA Prevalence

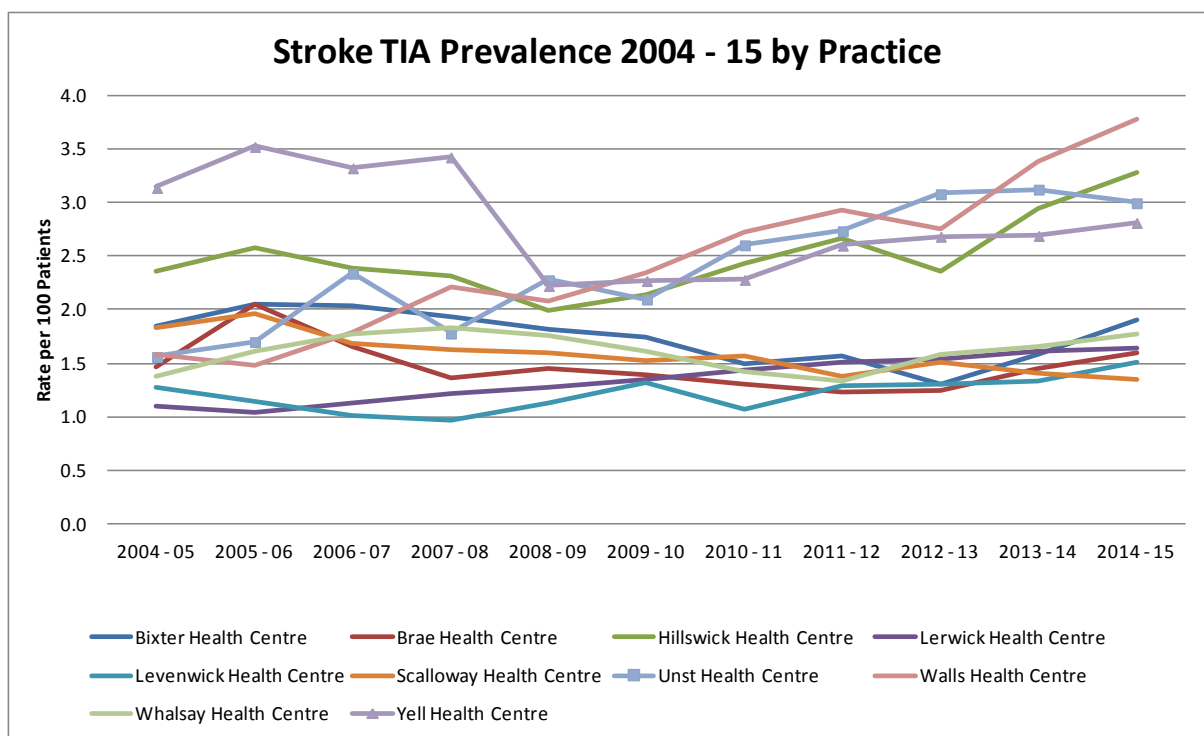
Strokes and transient ischaemic attacks (TIAs) are caused by a blood clot or bleed from blood vessels in the brain that causes loss of brain function, often one-sided weakness or paralysis affecting the face, arm or leg. Strokes can be fatal, and urgent action can help people survive acutely. A TIA is when blood supply to the brain is reduced temporarily and can be a warning sign of underlying disease. They are more likely to occur with older age, and in people who have uncontrolled high blood pressure. Smoking, being overweight, lack of exercise and a poor diet and diabetes are also risk factors for stroke. Stroke is the third most common cause of death in the UK, after heart disease and cancers, and the major cause of long term disability, so a focus on prevention is really important.

The information below is based on GP practice records (**QOF**) for 2014 - 15

The Unst practice had 17 patients who have had a stroke or TIA, and the Yell practice had 30.

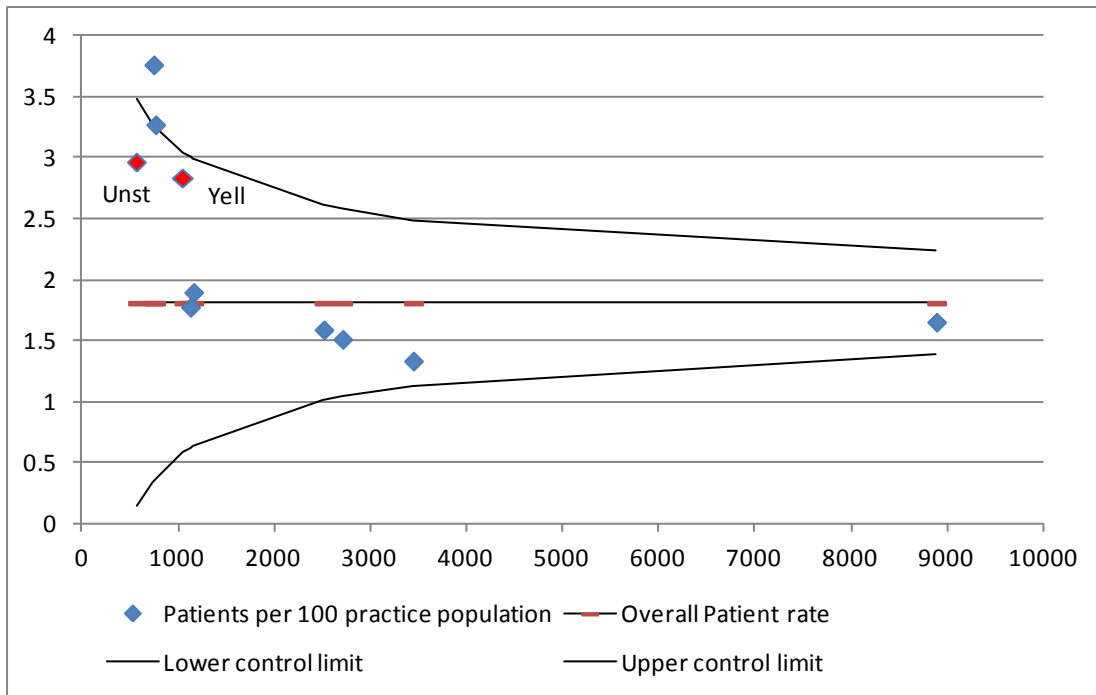
The graph below shows that the Yell practice has a high rate of stroke and TIA compared to the other practices, and the Unst practice rate is increasing.

A key risk factor for stroke is hypertension, and these figures tie in with the high rates of hypertension noted above.



### Stroke TIA Prevalence Funnel Plot

The funnel plot below shows that both the Unst and Yell practices have a higher an expected rate of stroke and TIAs. They are within the expected range, taking small numbers into account.



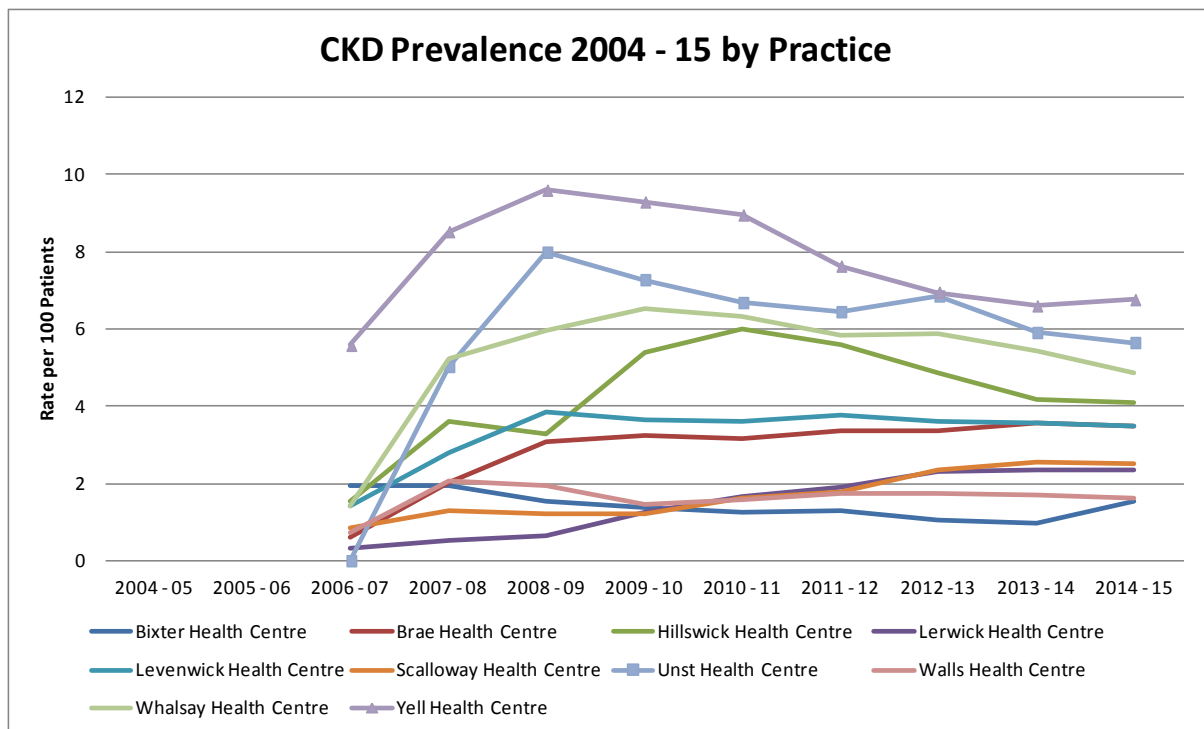
## QOF - Chronic Kidney Disease Prevalence

Chronic kidney or renal disease (CKD) and is another disease for which GPs keep a register of patients so they can make sure that long term treatment is provided or risk factors that might prevent deterioration are managed where possible. CKD can be associated with high blood pressure and with diabetes.

The information below is based on GP practice records (**QOF**) for 2014 - 15

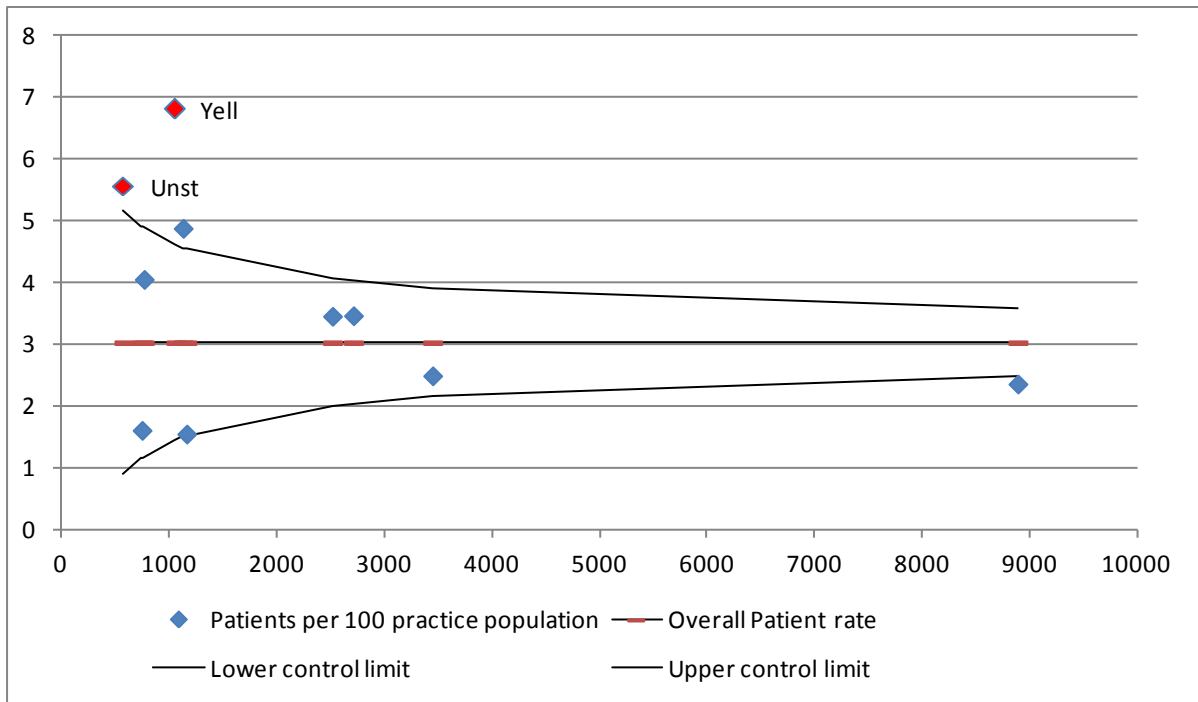
The Unst practice had 32 patients diagnosed with CKD, and the Yell practice had 72.

The graph below shows that both Unst and Yell practices have high rates of CKD compared to the other practices.

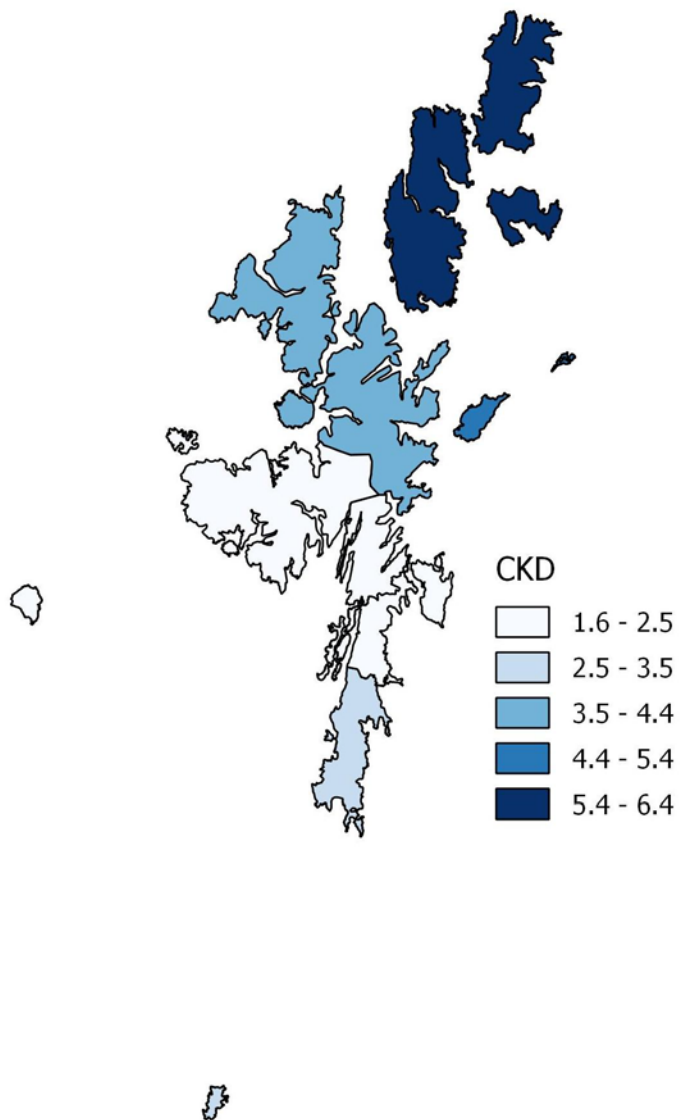


### CKD Prevalence Funnel Plot

The funnel plot shows that both Unst and Yell practices have higher than average rates of CKD when small numbers are taken into account.



The map below confirms the high rates of CKD in the Unst and Yell practices.



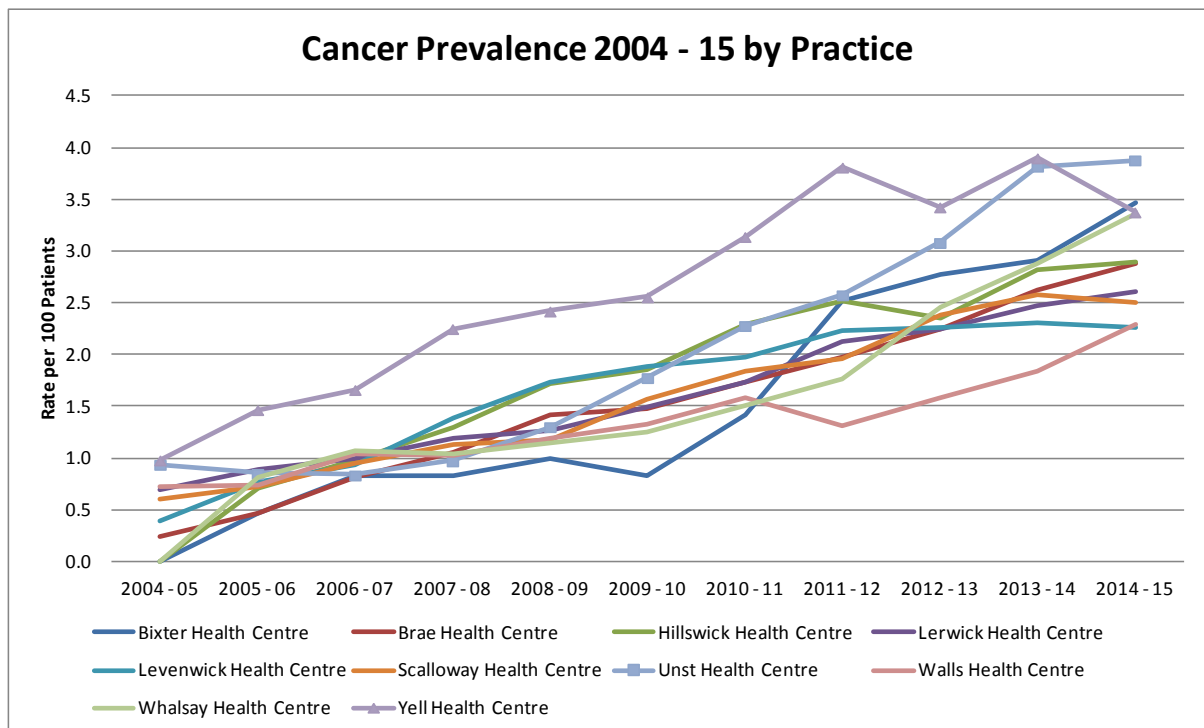
## QOF - Cancer Prevalence

Cancer is a condition where cancerous cells multiply in the body, invading and destroying healthy tissue and organs. This is a common condition that 1 in 3 people in Scotland will contract in their lifetime. Rates of most cancers continue to increase due to people living longer and having more available lifetime in which to contract this condition. The most common cancers are lung, breast and bowel cancers. Treatment of cancer is type dependant and includes chemotherapy, radiotherapy and surgery. People can reduce their chances of developing cancer by taking regular exercise, eating healthily and not smoking.

The information below is based on GP practice records (**QOF**) for 2014 - 15

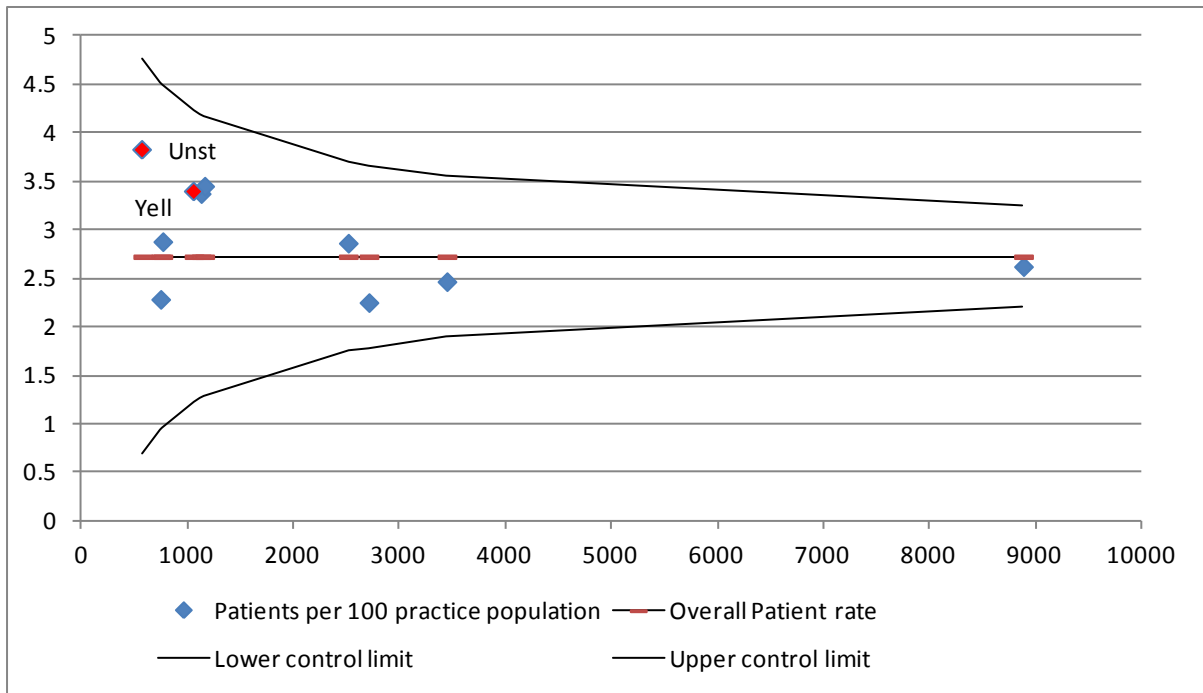
The Unst practice had 22 patients who have been diagnosed with cancer, and the Yell practice have 36.

The graph below shows Unst and Yell practices as having higher rates of cancer as compared to other practices in Shetland, and the rates are increasing for all practices in line with national trends.



### Cancer Prevalence Funnel Plot

However, the funnel plot, which takes into account small numbers, shows that the rate of cancer is within the expected limits compared to the rest of Shetland





Figures below are given for one type of cancer – prostate cancer, and show the small numbers occurring in any one locality.

**Prostate cancer by practice by year per 1000 patients.**

Health Centre	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
BIXTER	0	0	0	0.9	2.6	0.9	2.6	0.0	1.7
BRAE	0	0.4	0.8	0	0.4	0.4	1.2	1.2	0.0
HILLSWICK	0	0	1.4	0	1.4	2.9	0	4.1	0.0
LERWICK	0.4	0.2	0.6	0.7	0.6	0.8	0.7	0.7	0.6
LEVENWICK	0	1.1	0.4	1.1	0.4	1.1	0	0.7	0.4
SCALLOWAY	0.9	1.2	0.6	1.2	1.6	1.2	0.3	1.2	0.0
UNST	0	0	0	0	0	3.4	0	0.0	0.0
WALLS	0	0	0	0	0	0	1.4	2.9	0.0
WHALSAY	0.9	0	0	0	0	0	0.9	0.0	4.4
YELL	0.9	0	0	0.9	1.8	1.8	0	3.7	0.0

**Actual numbers of prostate cancer diagnosis by practice by year**

Health Centre	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	Total
BIXTER	0	0	0	1	3	1	3	0	2	10
BRAE	0	1	2	0	1	1	3	3	0	11
HILLSWICK	0	0	1	0	1	2	0	3	0	7
LERWICK	4	2	5	6	5	7	6	6	5	46
LEVENWICK	0	3	1	3	1	3	0	2	1	14
SCALLOWAY	3	4	2	4	5	4	1	4	0	27
UNST	0	0	0	0	0	2	0	0	0	2
WALLS	0	0	0	0	0	0	1	2	0	3
WHALSAY	1	0	0	0	0	0	1	0	5	7
YELL	1	0	0	1	2	2	0	4	0	10
SHETLAND	9	10	11	15	18	22	15	24	13	137

**Rates of death from Cancer for under 75s by Locality and Year per 100 Patients**

	2011-12	2012-13	2013-14	2014-15
North Isles	0.12	0.48	0.24	0.18
North Mainland	0.40	0.34	0.12	0.06
West Mainland	0.11	0.33	0.21	0.21
Central Mainland	0.66	0.41	0.39	0.12
South Mainland	0.15	0.33	0.6	0.26
Lerwick & Bressay	0.56	0.3	0.34	0.17
Whalsay & Skerries	0	0.35	0.17	0

The death rate due to cancer, amongst under 75s, varies, due to small numbers but appears to be similar or lower in the North Isles compared to most other parts of Shetland over these three years.

There are three cancer screening programmes which aim to identify cancers that benefit from very early diagnosis and treatment. These are bowel: cancer, breast cancer and cervical cancer. There is also a national 'Detect Cancer Early programme' which aims to encourage earlier presentation of worrying symptoms and cancer diagnosis at an early stage.

### **Care Homes**

In the North Isles locality there are two care homes, Nordalea Care Centre, Baltasound, Unst, ZE2 9DX, and Islehavn Care Centre, Mid Yell, Yell, ZE2 9BT. They are both run by the SIC and have 17 beds and 16 day support places between them.

## QOF - Prevalence of Mental Health Problems

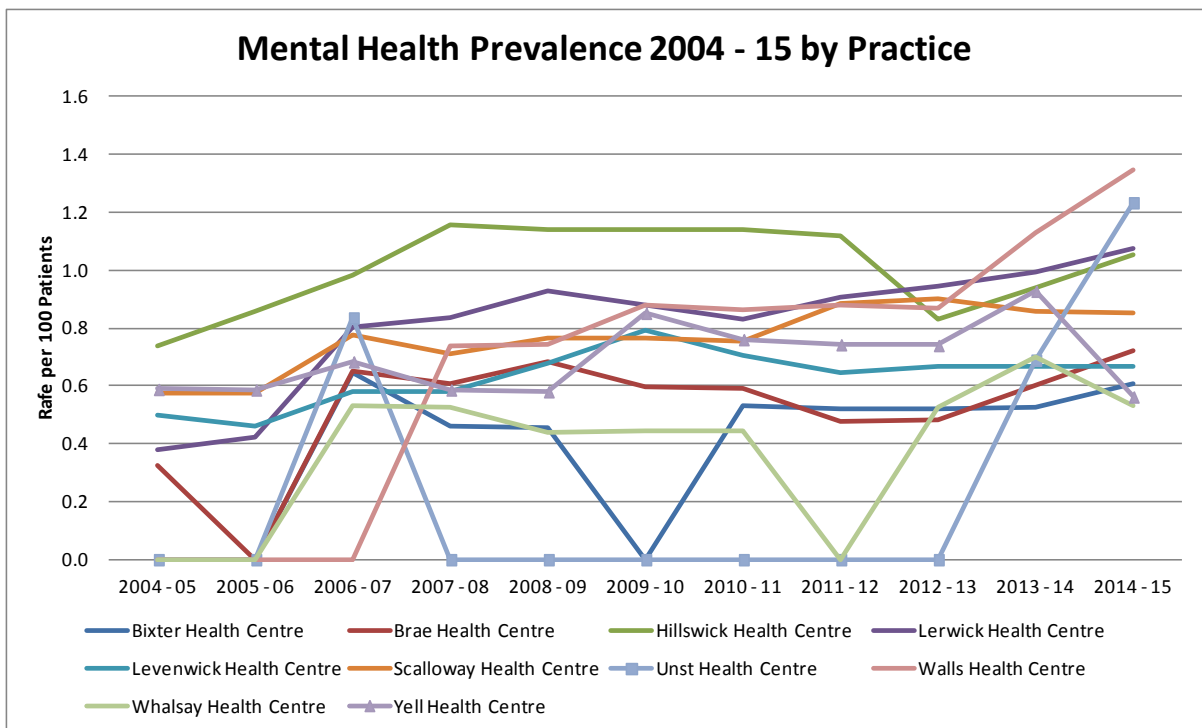
GPs record the number of people attending with a range of mental illness that includes depression, and the severe and enduring illnesses of schizophrenia, bipolar disorders (such as manic depression) and other psychoses. These severe illnesses usually need treatment with medication, though talking therapies (psychological treatments) are increasingly used effectively to help people with depression. The numbers of people living with these conditions as recorded by their GPs is shown on the following graphs.

There are a range of other mental health problems such as anxiety and stress related problems that account for a lot of attendances in general practice. Increasingly we understand how to help people help themselves to deal with these problems, and how to prevent repeat episodes, and sometimes also use talking therapies such as Cognitive behavioural therapy (CBT) or medication.

The information below is based on GP practice records (**QOF**) for 2014 - 15

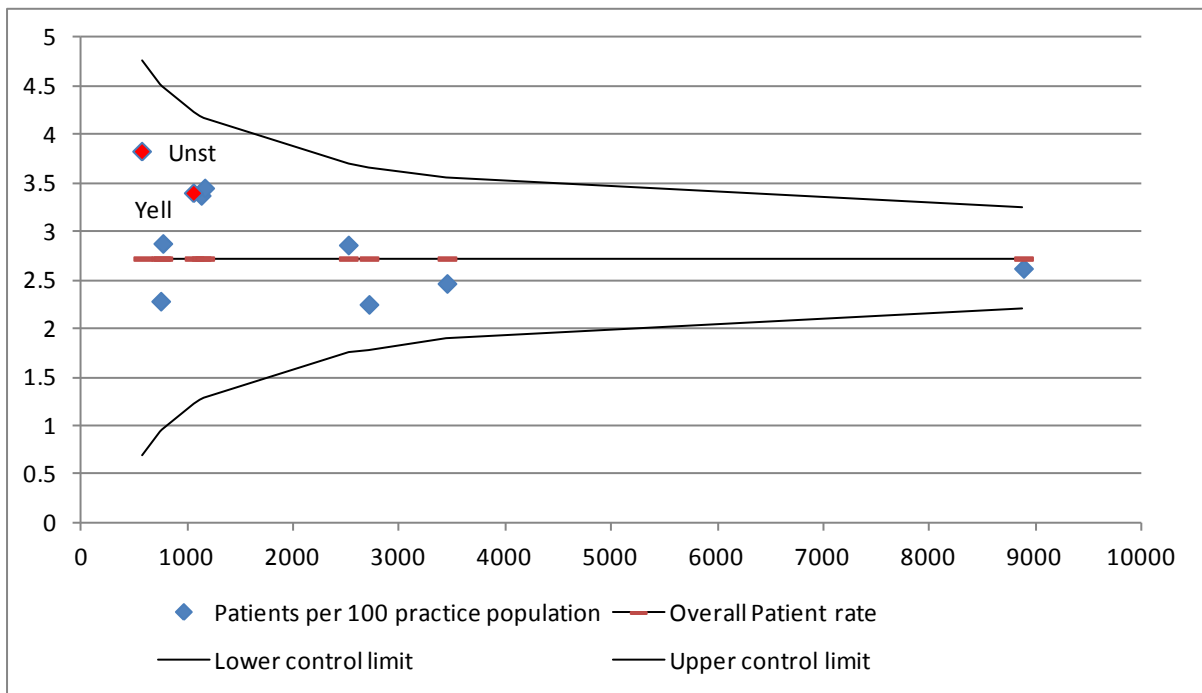
The Unst practice currently had 7 patients diagnosed with severe mental illness and the Yell practice had 6.

The graph below shows that in every year except one, there were no patients recorded on the QOF register in the Unst practice, which may be a recording issue rather than there being no people with severe mental illness amongst the Unst patients. The Yell practice has an average rate compared to the rest of Shetland.



### Mental Health Prevalence Funnel Plot

The funnel plot shows that the rates for the two practices are within the expected range.



### Dementia

2016	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
North isles	18	17	15	16	16	16	15	16	16	16	17	17

The above table shows the number of patients diagnosed with dementia each month in 2016. The population in North Isles at the end of 2016 was 1,686.

## QOF - Depression - Incidence (new diagnosis)

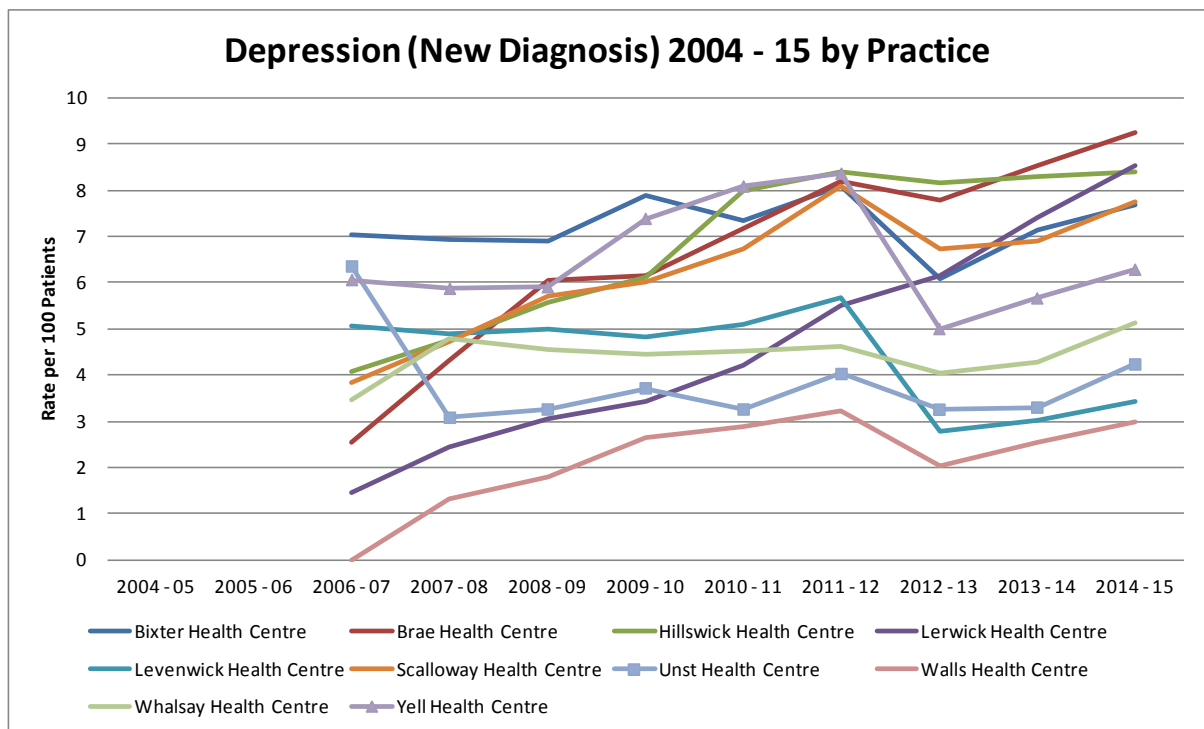
We can also look at specific types of mental illness e.g. depression, these figures show new diagnosis as opposed to prevalence which is the number of people living with a condition.

Depression is a mental illness where someone feels a persistent sadness / deep melancholy and inability to live a normal life over weeks and months. It affects people of all ages and both genders. The scale of illness is wide, from feeling perpetually unhappy to feeling suicidal. Treatments for depression include talking therapies and prescribed medicines, although exercise, reducing alcohol intake and eating more healthily can help a person to recover.

The information below is based on GP practice records (**QOF**) for 2014 - 15

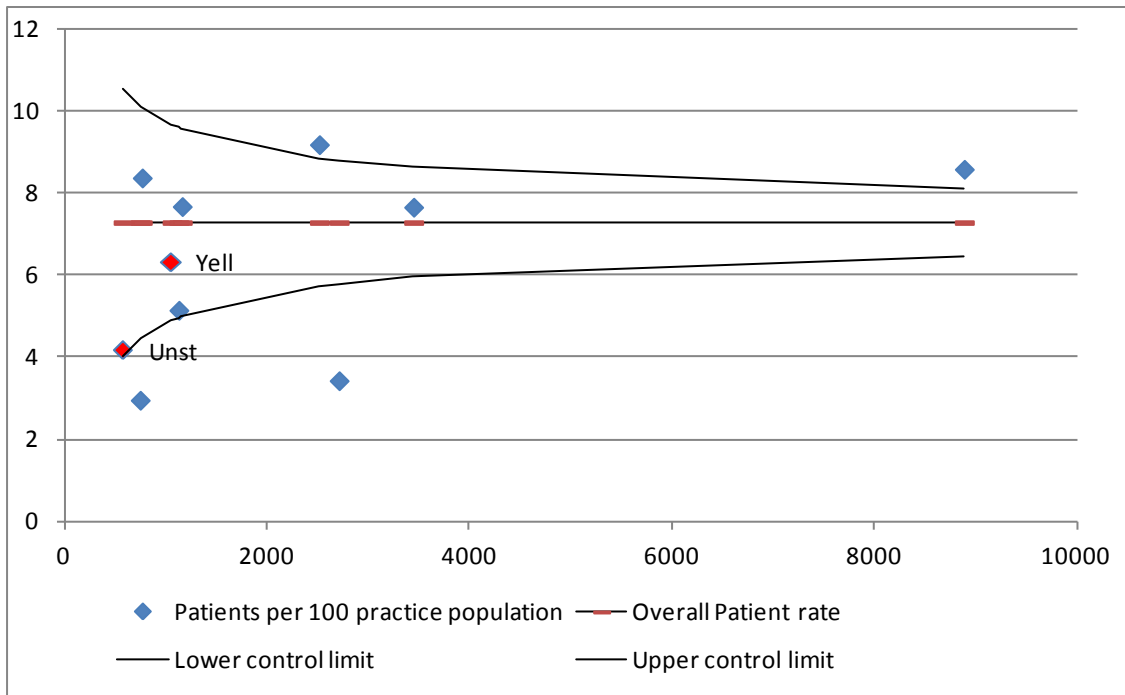
The Unst practice had 24 patients with a new diagnosis of depression and the Yell practice had 67. These figures are not included in the register of severe mental illness described above.

The graph below shows that there is a wide variation between the practices, and variation year on year.



### Depression – New Diagnosis Funnel Plot

The graph shows that the rates of new diagnoses of depression are within the expected range in the Unst and Yell practices compared to the rest of Shetland, taking into account small numbers.



### Dementia

There are currently 16 patients on the dementia register in the North Isles.

## Hospital Admissions 2013 - 14

### Total Admissions

	Elective	Emergency	Maternity	Total
Unst	24	10	1	35
Yell	33	22	2	57
Total	57	32	3	92

The balance of planned (elective) admissions and emergency admissions is to be expected – more people have planned admissions for surgery than are admitted as emergencies. Emergency admissions are more common as people get older, and one of the challenges we have is whether we can prevent some hospital admissions particularly in older people and those with chronic conditions, by different care in the community closer to home or by prevention.

For most people a hospital stay is short, but for some people their stay ends up being prolonged, sometimes because of severe illness and the need for rehabilitation, but more often because of delays in getting the right care set up in their own home or a care setting. No one from the north isles currently in hospital has had a very prolonged length of stay.

### Max of Length of Stay (days)

	Elective	Emergency	Maternity
Unst	22	32	2
Yell	12	30	2

We also know that, as people get older, they are more likely to be admitted to hospital more frequently, and we can see from the table below that about 30% of the admissions to hospital from the north isles are people admitted more than once.

### Patients with >1 Admission (no of admissions)

	Elective	Emergency	Total
Unst	11	1	12
Yell	8	6	14
Total	19	7	26

The number of admissions for individuals from a locality for individual conditions are small in any one year, which shows some of the difficulties of analysing data down to locality level – these numbers will vary from year to year without any significance just because the numbers are so small.

### Condition and Type of Admission (no of admissions)

		Elective	Emergency	Total
Unst	Heart Attack	0	0	0
Yell	Heart Attack	0	0	0
Unst	Stroke	0	0	0
Yell	Stroke	0	0	0
Unst	CHD	0	1	1
Yell	CHD	0	2	2

### Premature Mortality

As well as hospital admissions, we can analyse deaths from individual causes, but again the numbers are small at locality level (and even smaller at practice level).

We know that since 2010 there has been no suicide or death of undetermined intent in the North Isles. (Suicide is categorised together with deaths of undetermined intent because it is often difficult to determine the motivation of intentional suicide in a sudden death).

We can also look at premature deaths from causes that are potentially preventable, which links to the earlier data on how common these diseases are in the area, and the prevalence of risk factors, to give a sense of the number of early deaths that might be avoided. Premature death is defined as at age less than 75.

### Early Deaths (<75)

		2012 - 13	2013 - 14	2014 - 15	Total
Unst	Cancer	1	3	0	4
Yell	Cancer	0	1	2	3
Unst	CVD	2	0	0	2
Yell	CVD	0	0	0	0
Unst	CHD	2	0	0	2
Yell	CHD	1	0	1	2
Unst	Respiratory	0	0	0	0
Yell	Respiratory	0	0	3	3

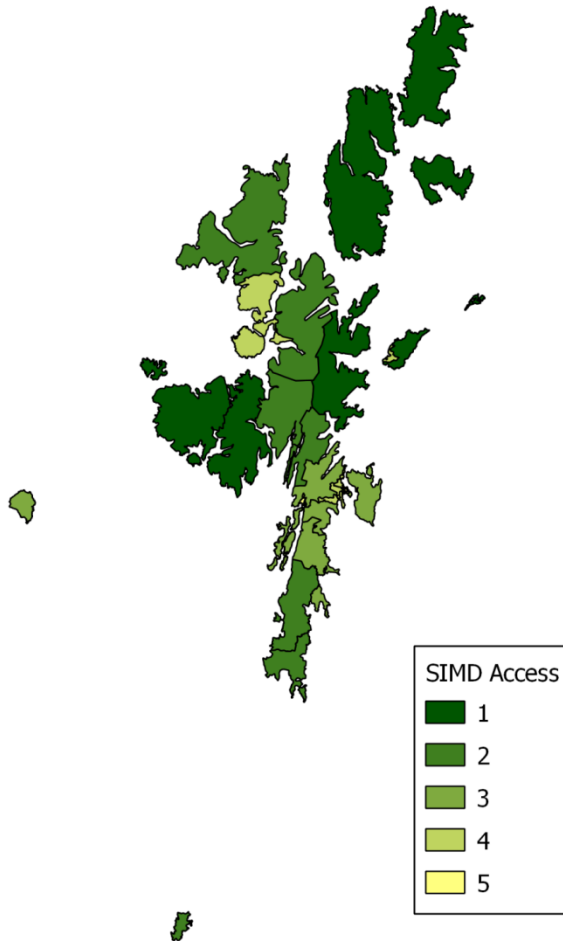


## Deprivation - SIMD Classifications

The Scottish Index of Multiple Deprivation (SIMD) is a measure used nationally to describe the features and amount of deprivation in households, combining individual measures on employment, income, crime, housing, health, education and access. This is usually shown as quintiles – the whole distribution is divided into 5, so we see the areas with the best and worst 20%, and those in the middle.

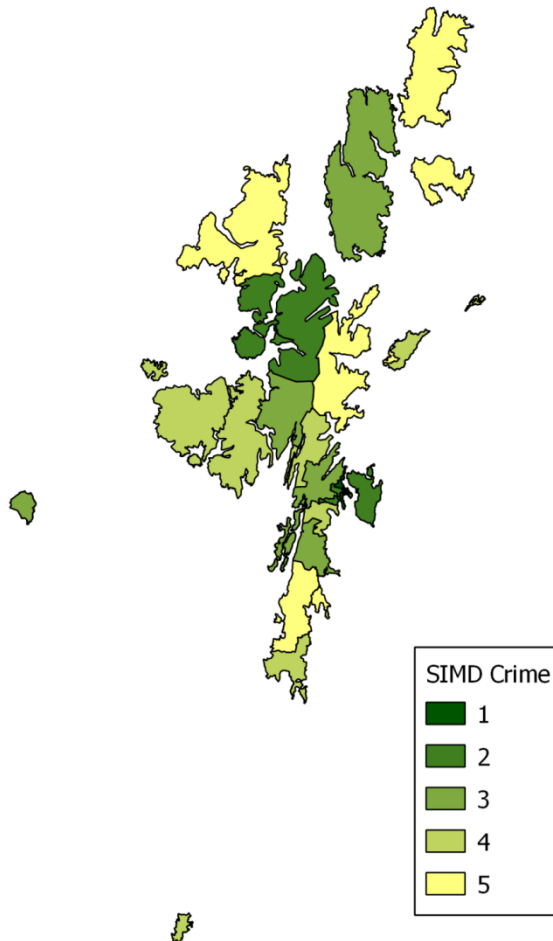
The following maps show the 5 quintiles within Shetland for each separate domain and finally for the combined index. Nationally there are also 5 quintiles, as you would expect, however no area of Shetland is within the lowest two national quintiles. The quintiles are from 1 (most disadvantaged) to 5 (least disadvantaged).

**Access** is measured as a combination of drive time to key facilities such as GP, petrol station, schools, post office; and public transport to GP, retail centre and post office. Unsurprisingly, the more remote parts of Shetland are worse, including the North Isles, and the population centres around Lerwick and Brae show as best.



**Crime** - this shows recorded crime rates for:

- Domestic house breaking
- Drug offences
- Common assault
- Crimes of violence
- Vandalism
- Sexual offences

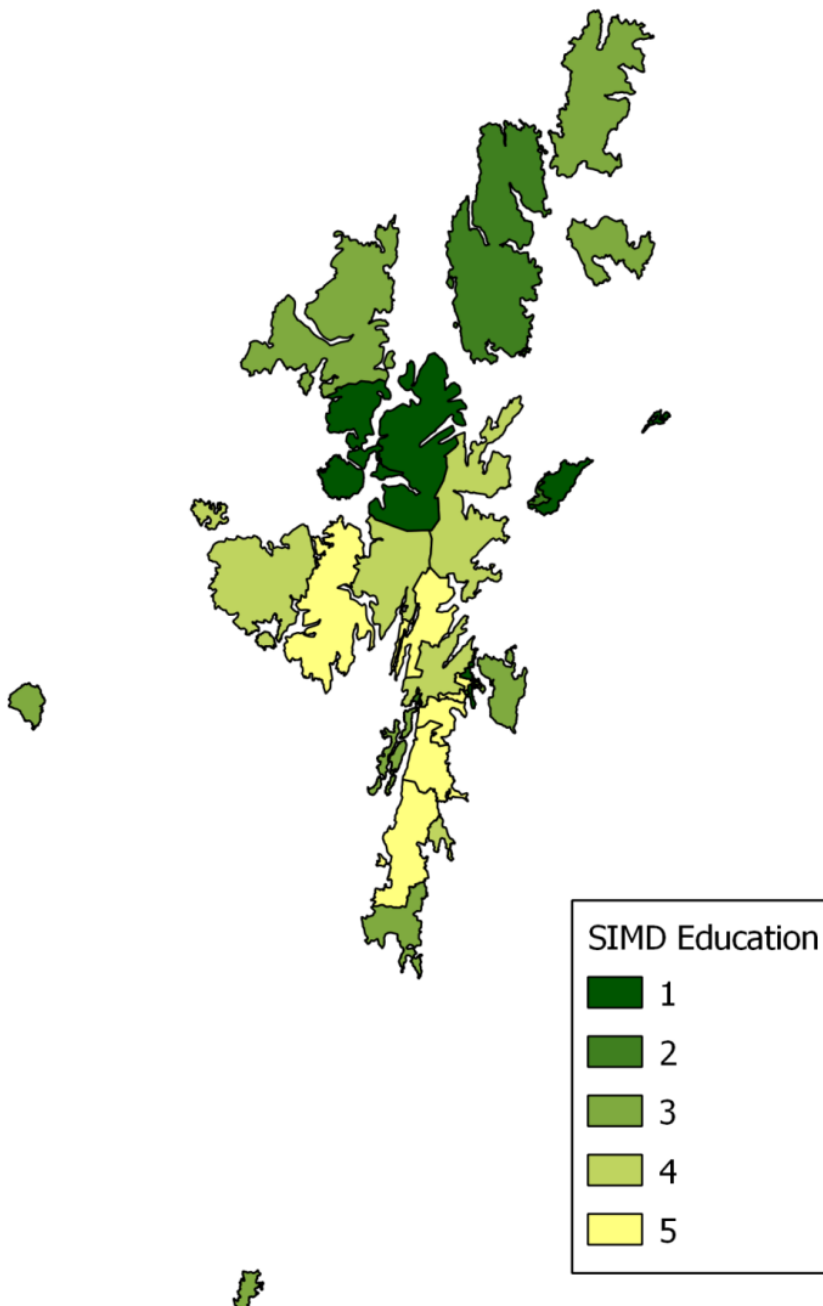


Unst and Fetlar have very low levels of crime, but it is higher in Yell.

**Education** - shows:

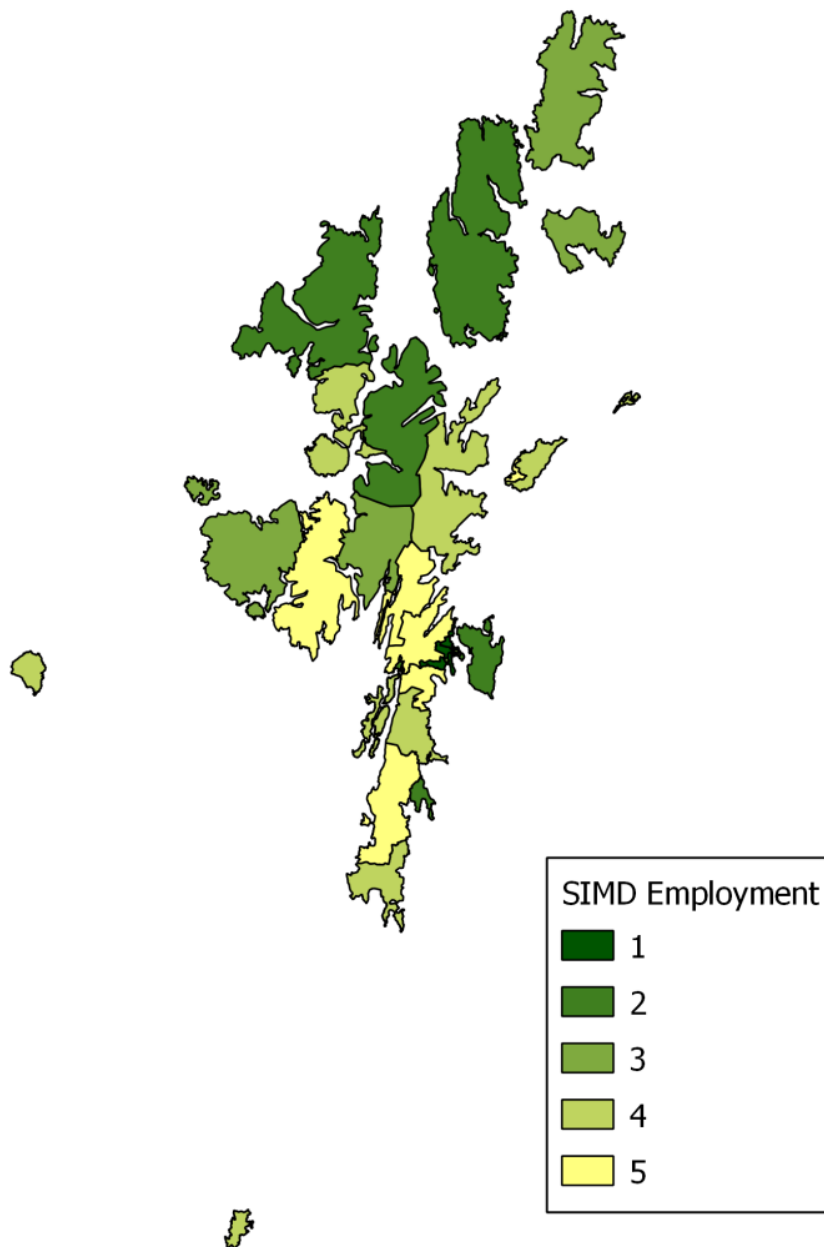
- School pupil absences
- Pupil performance on SQA at stage 4
- Working age people with no qualifications
- 17-21 year olds enrolling into full time higher education
- School leavers aged 16-19 not in education, employment or training

The data is made up from the postcode of pupil's homes within each datazone – which are areas smaller than wards, so shows variation within a locality.

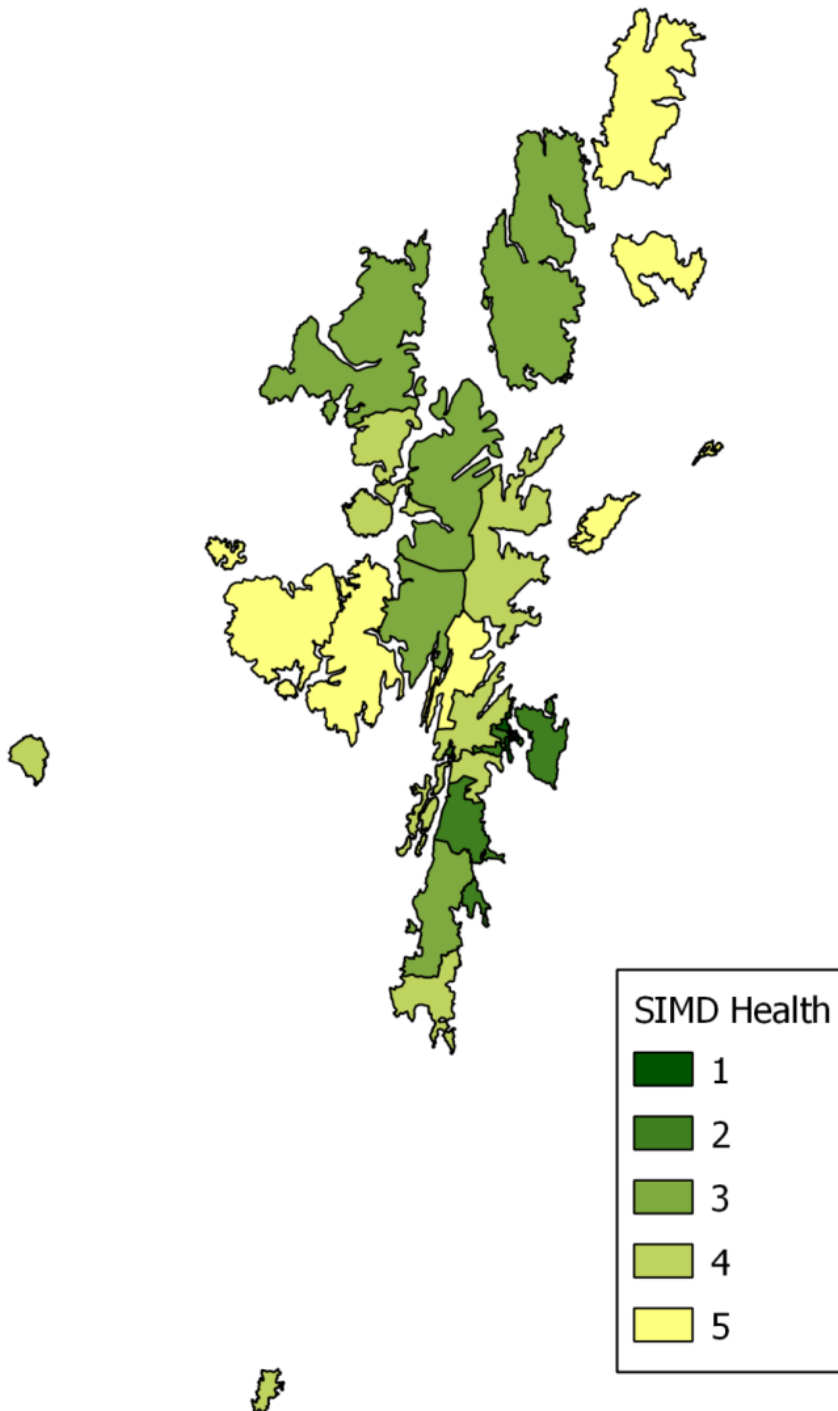


For Education, the North Isles and North Mainland appear to be worse off compared to the central, south and west parts of Shetland.

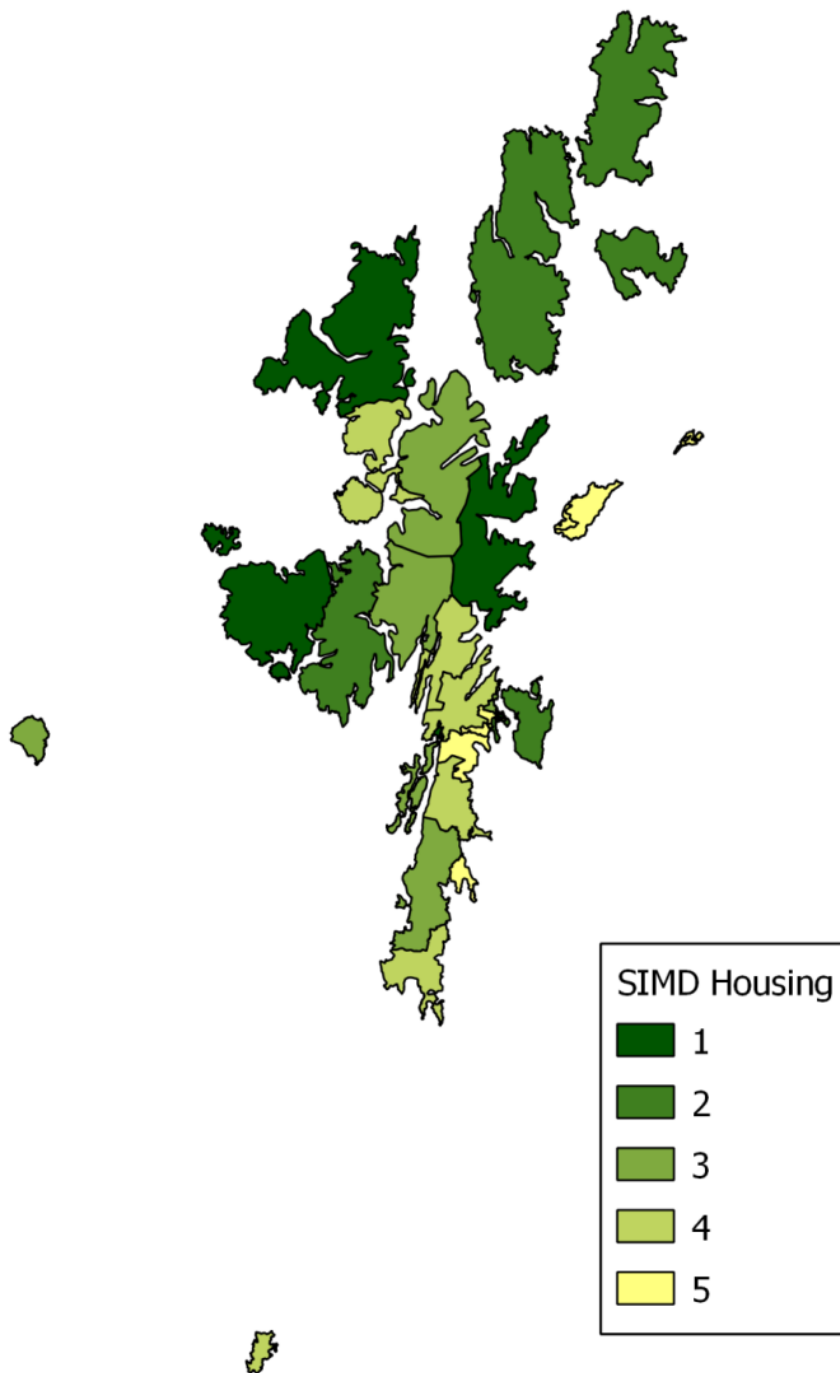
**Employment** - this is made up of unemployment figures and related benefits: Incapacity Benefit, Employment Support Allowance and working age Severe Disablement Allowance recipients. Again , the North Isles are worse off compared to most of the south and west parts of Shetland.



**Health** - the health domain is made up of a combination of mortality data, hospital stays related to alcohol and drug misuse, emergency stays in hospital, an estimated proportion of population being prescribed drugs for anxiety, depression or psychosis and low birth weight babies which are all signs of deprivation at a population level. (This does not mean that every individual experiencing these things is living in deprivation, but you are more likely to experience these things if you are living in poverty and less likely if you are well paid, in employment, have a permanent home etc.) According to the SIMD figures for health, Unst and Fetlar tend to experience good health, Yell less so.



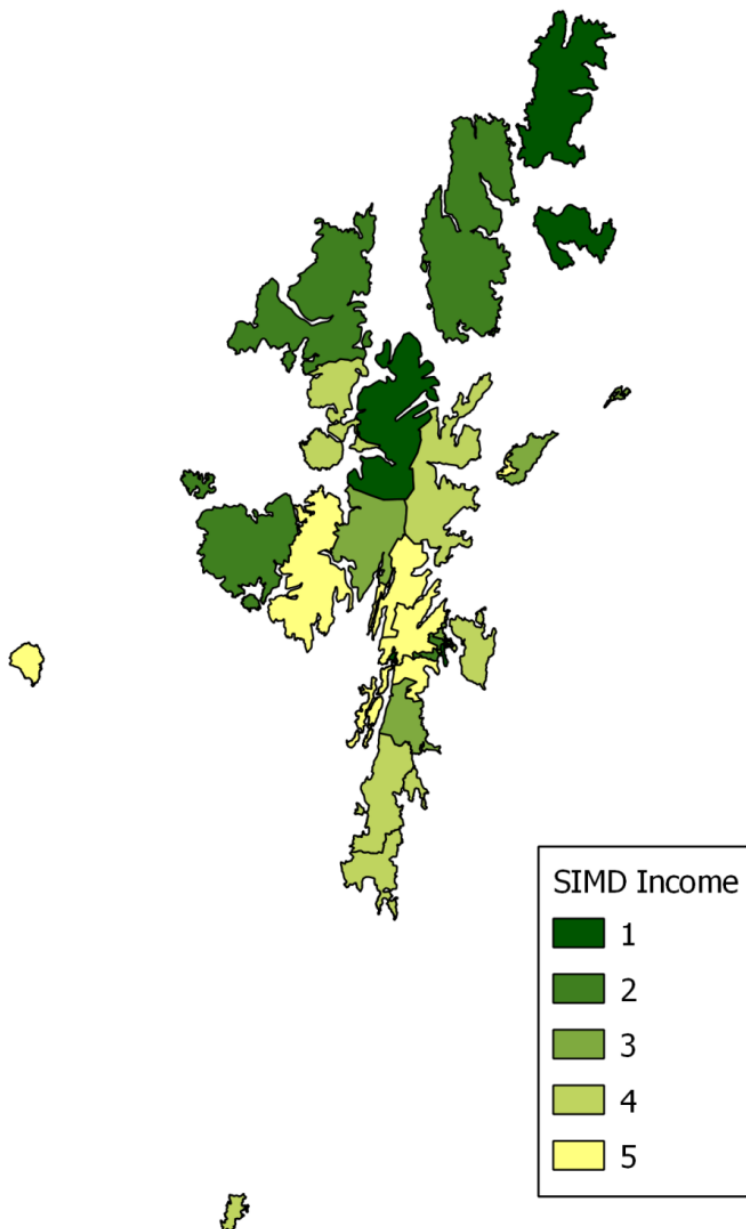
**Housing** - measures people living in overcrowding, and those living without central heating as a measure of deprivation. Fuel poverty is a well established indicator that is overall high in Shetland (and highest in the more remote parts of Shetland) and in other remote and rural areas compared to Scotland as a whole.



**Income** - the index measures a number of specific benefits related to low income:

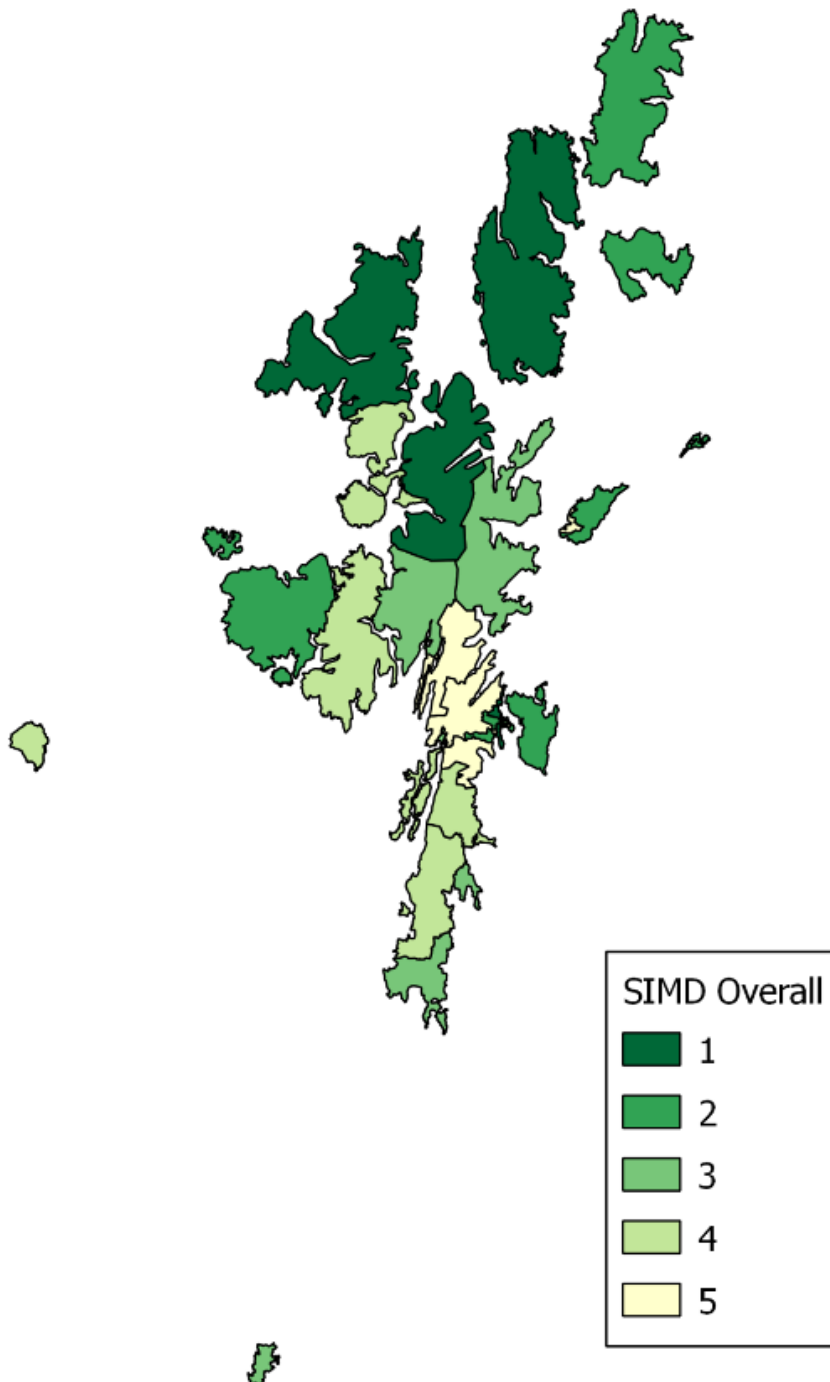
- Adults and children in Income Support or Income-based Employment Support Allowance households
- Adults in Guarantee Pension Credit Households
- Adults and children in Job Seekers Allowance households
- Adults and children in Tax Credit Families

Low income appears to be a particular problem in Unst and Fetlar, less so in Yell.





**Overall** - these measures are combined with a weighting to make an overall SIMD indicator that is used to compare local areas across Scotland. Shetland has no areas in the worst two quintiles for Scotland, but this map shows the overall variation across Shetland. As with most of the measures, Yell fares slightly worse than Unst, and is worse off compared to the rest of Shetland apart from parts of the North Mainland.



## Fuel Affordability Report

In November 2015 a Domestic Fuel Affordability Survey was sent out to all Shetland homes, 10,800 in total. 2425 were returned for processing, a 22% return. The results confirm that the fuel poverty level in Shetland in 2015/16 is 53%, with the North Isles having the highest level of poverty with a rate of 64%. This was an increase of 10% since 2010 and demonstrates that more than half of all Shetland homes are now living in fuel poverty.

The detailed analysis breakdown of data has been undertaken to try and understand the factors contributing to Fuel Poverty in Shetland and develop a more proactive action plan to address it.

In summary, people are more likely to be in fuel poverty: -

- due to low incomes, especially below £16,500 pa
- if they are in receipt of benefits
- if they live in social housing
- if their homes are heated by solid fuel or electricity
- if their water is heated by electricity
- if their home is of solid wall or cavity wall construction
- if their property was built before 2012
- if their property had less than 100mm of loft insulation
- if the property is under-occupied
- if they paid for their electricity on a payment card
- if the residents are over 65

The full report is available and further related documentation is [here](#)