Health & Social Care Integration Planning Localities
– North Mainland –

Version 6.0

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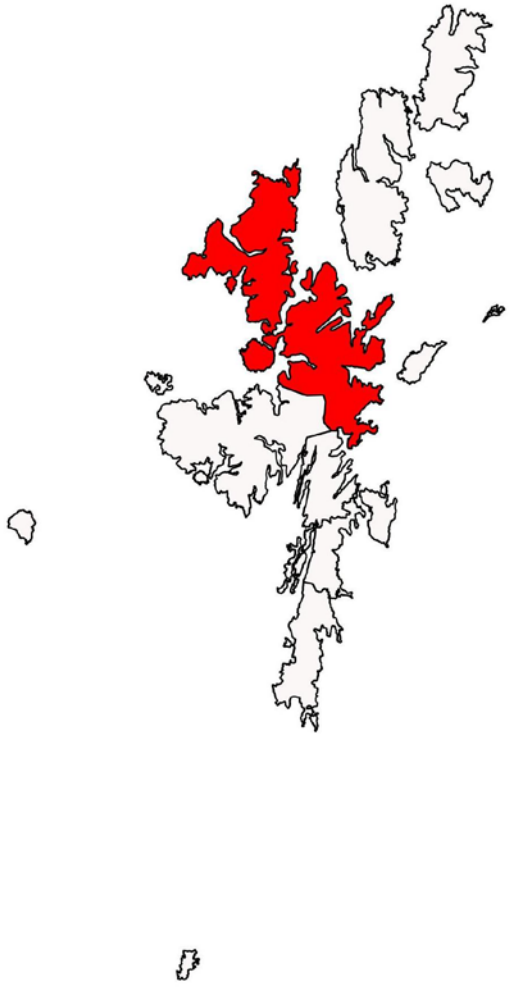
Introduction

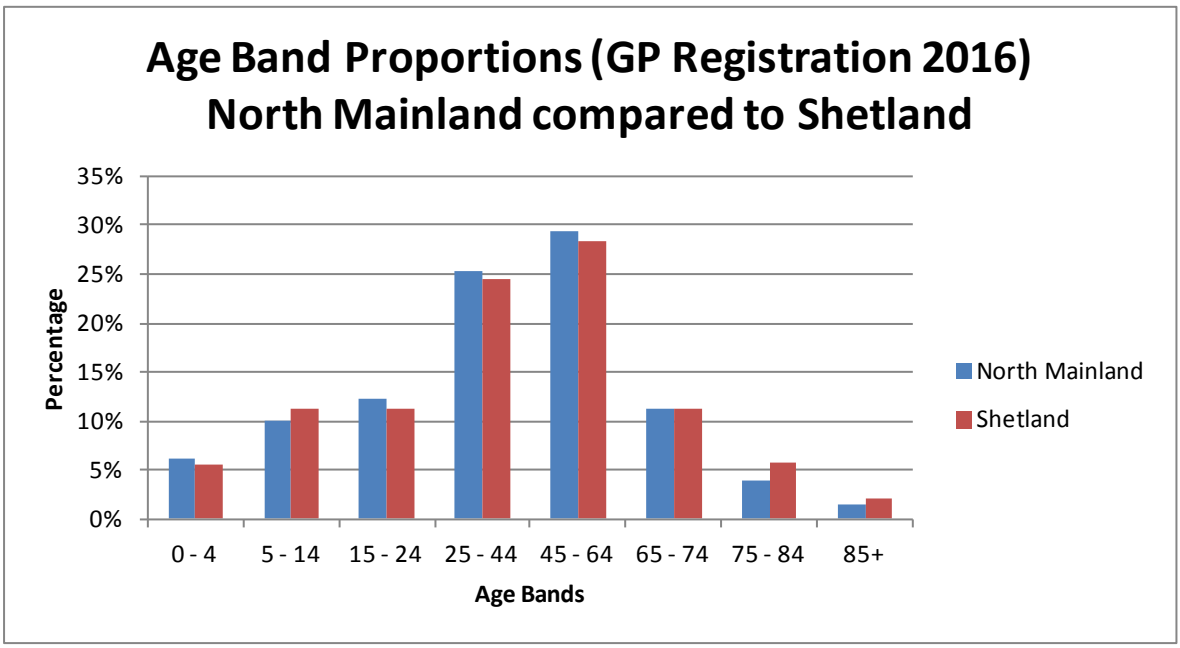
This report presents a profile of data about health, care and wellbeing in the North Mainland of Shetland. It is produced from available data, and is designed to be used for work within Locality Planning. Data sources available at locality level are developing rapidly as the work on Health and Social 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 Mainland locality is made up of two general practice areas: Hillswick and Brae. 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 Mainland locality highlighted.

Age Bands



North Mainland Practices Patient Registrations

Age Group	0 - 4	5 - 14	15 - 24	25 - 44	45 - 64	65 - 74	75 - 84	85+	Total
North Mainland	205	329	404	825	963	368	128	48	3270

North Mainland overall has roughly the same age distribution as Shetland, with slight differences – slightly more 15-64 year olds and slightly fewer 75 year olds and older. However, the differences are small scale (1 or 2%).

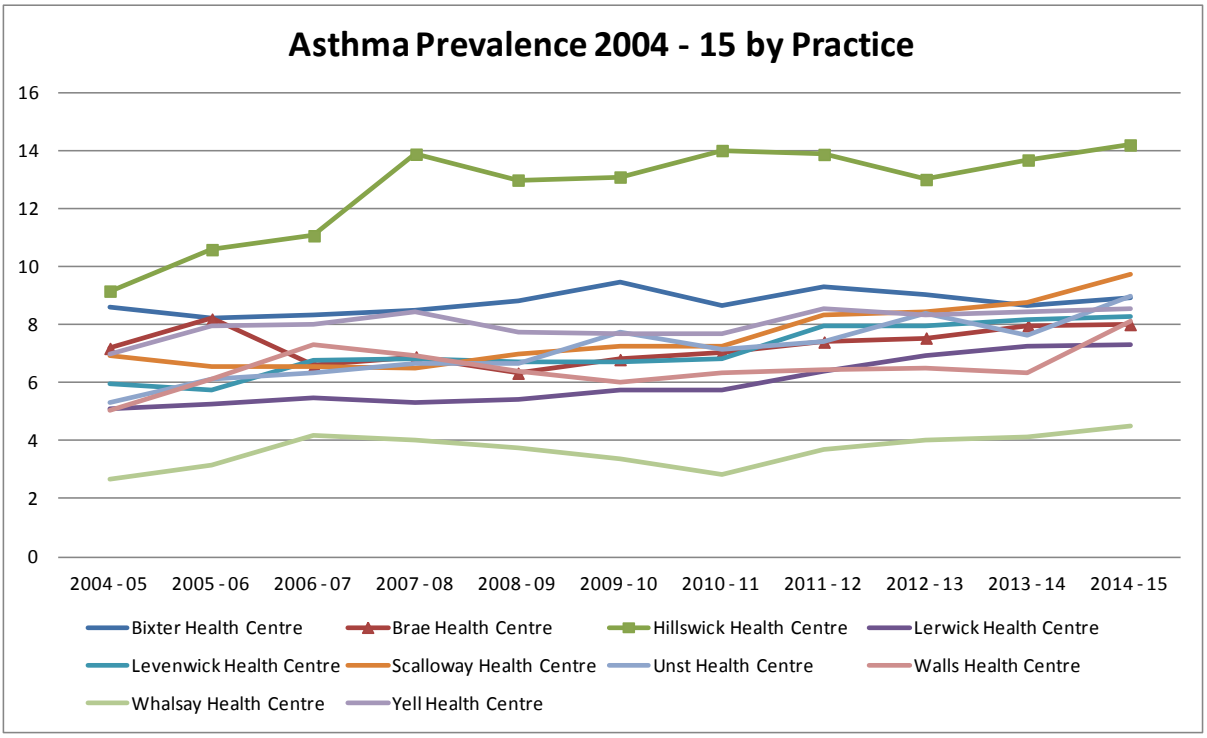
Shetland Practice's Patient Registrations

	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

This table shows all of the practice populations to show the spread of population in the different age groups across Shetland. The above data is from 1st July 2016.

QOF[1] – 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 a combination of genetic and environmental, and each person will have one or more triggers such as cigarette smoke, dust mites, exercise etc. These triggers cause a constriction of the airways resulting in symptoms. Asthma is normally treated by two types of inhaler: preventers usually containing steroids, or relievers containing chemicals to open up the restricted airways. Once asthmatics learn what their triggers are they can generally avoid them where possible.

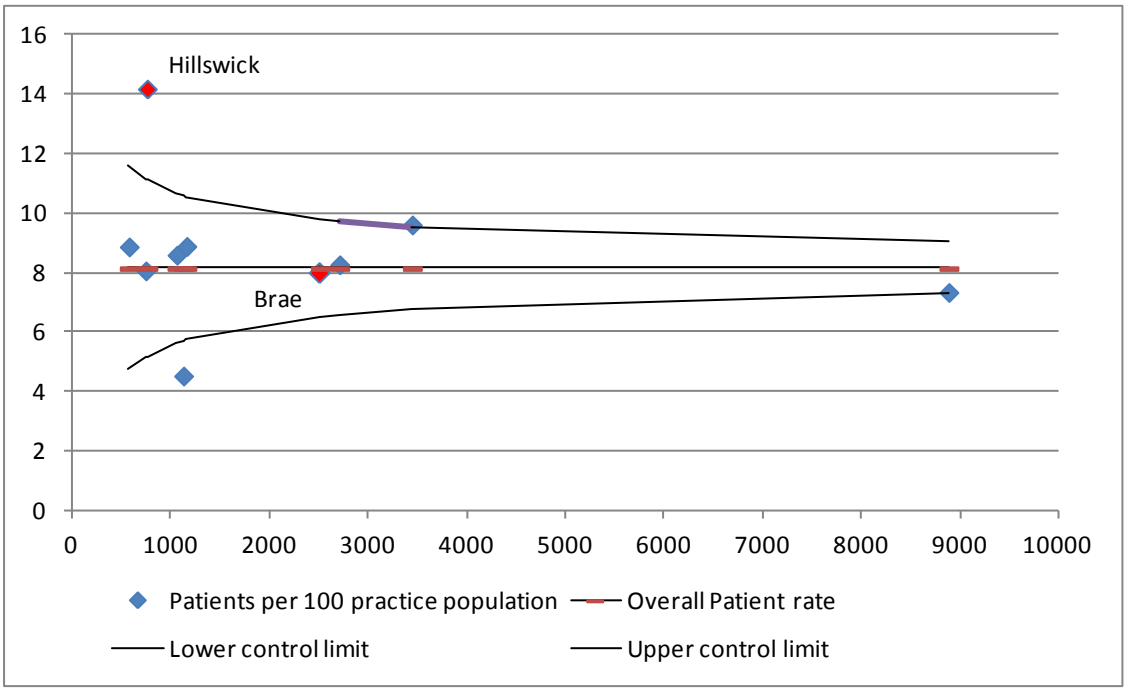


Hillswick has a higher number of people with asthma compared to other practices, and the chart below shows that this is statistically significant (i.e. a real finding and not just a reflection of the small numbers in each practice and the normal variation in a population). Brae has an average number of patients diagnosed with asthma.

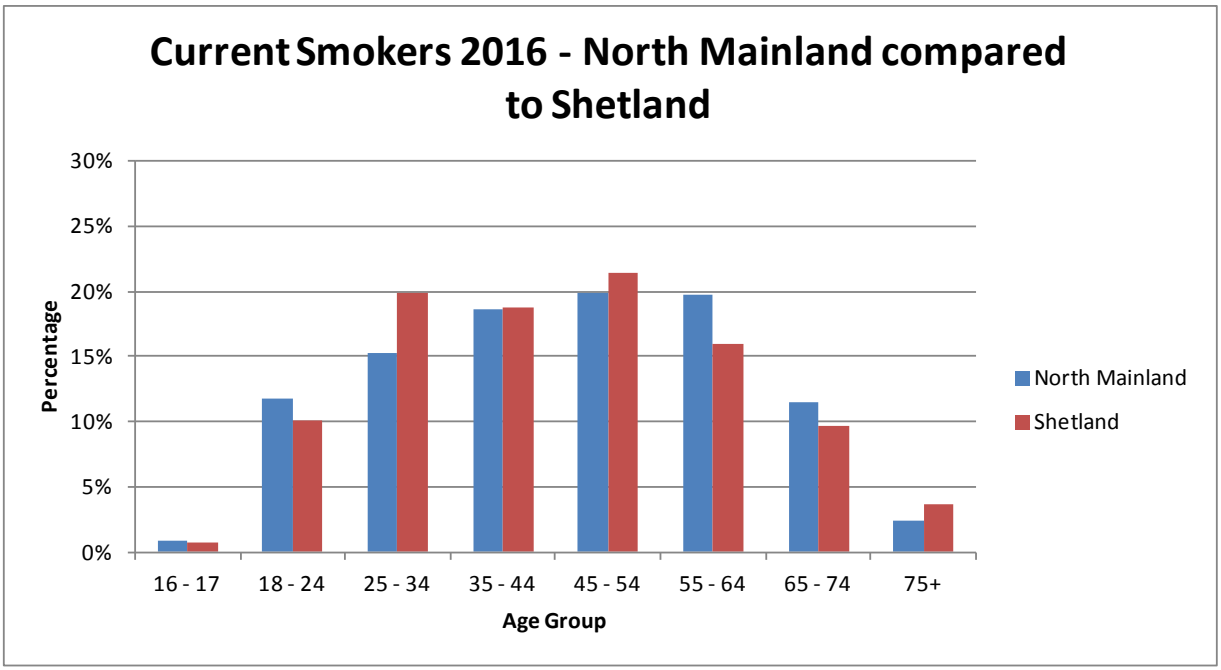
[1] QOF (Quality Outcomes Framework) is the system used in general practice to measure activity and fund GPs for a range of services that focus on prevention and early intervention to improve the health of patients.

Asthma Prevalence Funnel Plot

All funnel plots in this document contain data from 2014 – 15, unless noted otherwise.



We can also look at the amount of risk factors such as smoking, which might help us understand disease patterns and also where we might focus our efforts on prevention.

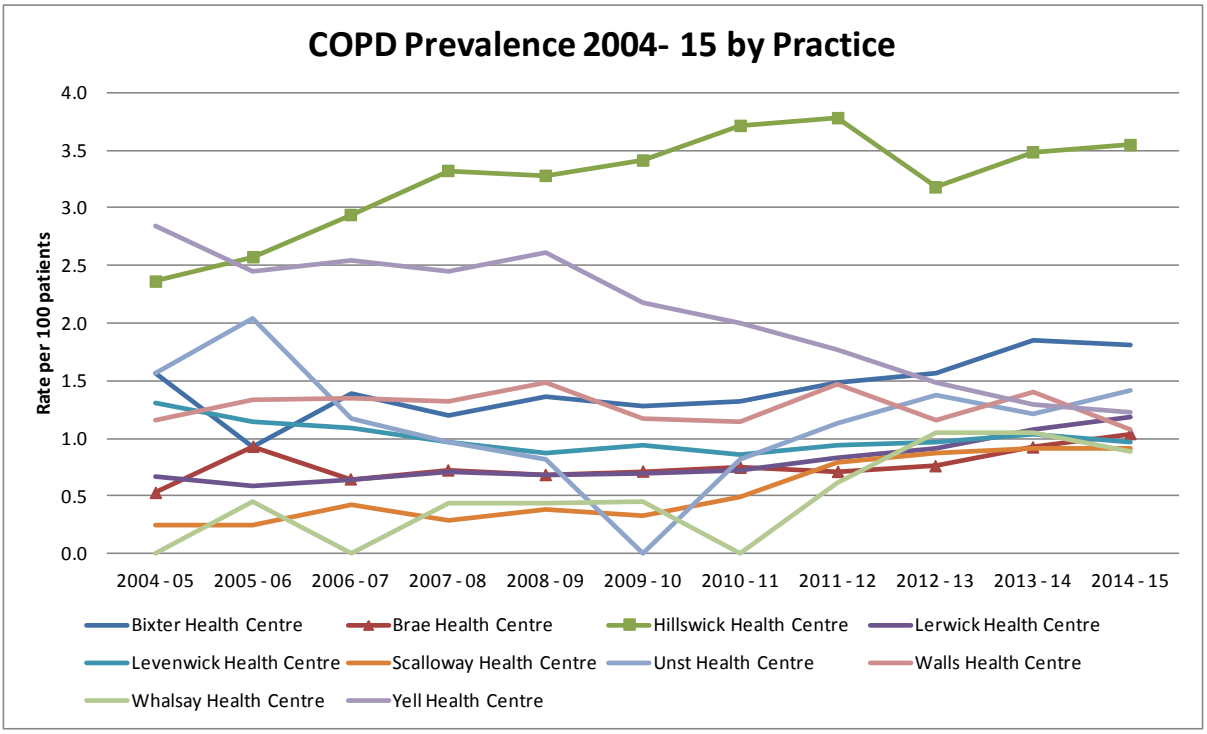


Looking at the total figures for the locality, North Mainland has slightly more smokers in the 18-24 age group, and fewer in the over 25-34 age group, compared to Shetland overall. This breakdown might help us target smoking cessation work in the locality.

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 you smoke, the more likely you are to contract the disease. It can also be caused by passive smoking. You can reduce COPD risk by giving up smoking, and 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.

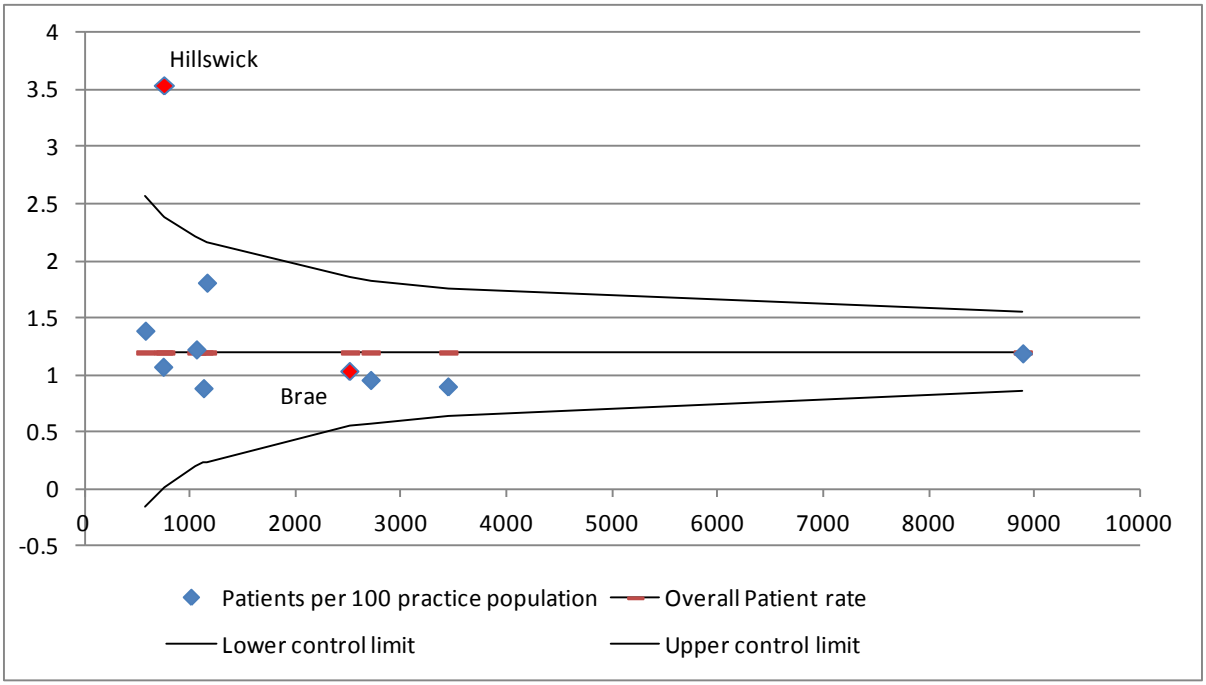
The damage that has been done by COPD can't be reversed, though treatment can help with symptoms. COPD is usually diagnosed in people in their fifties or sixties.



Hillswick has a statistically higher rate of COPD in its practice population than the Shetland average, and Brae has an average rate.

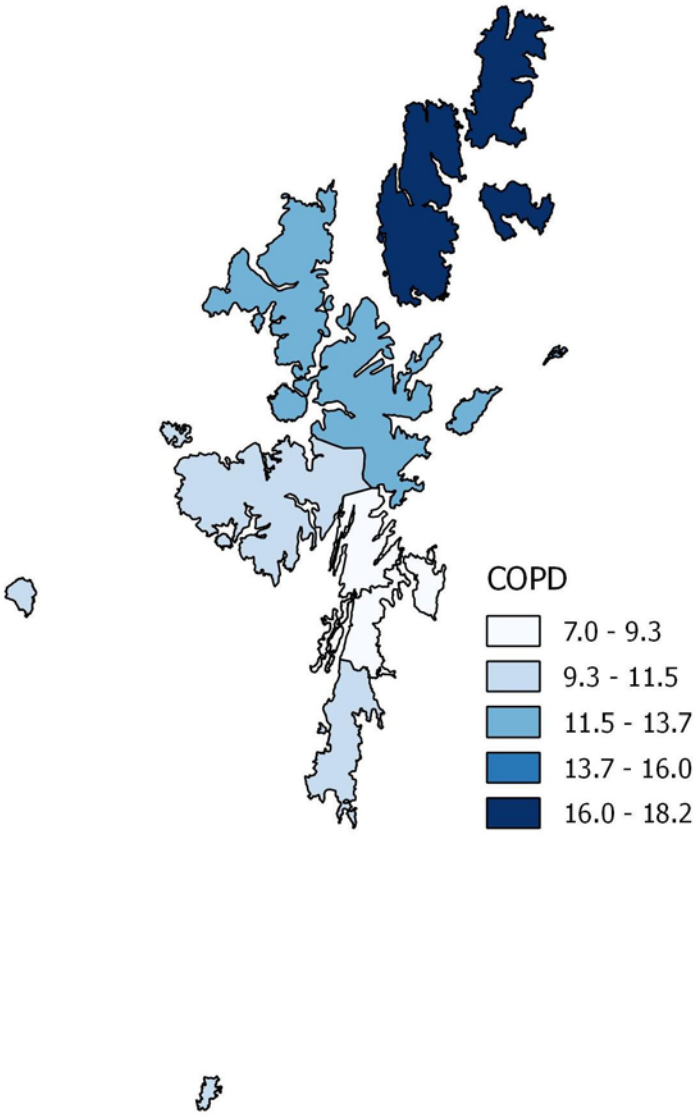
This is also shown in the funnel plot graph below, which shows the same data as the graph above, but adds a method of showing whether any variation is statistically significant. The upper and lower lines are the limits within which any variation is the 'normal' range, any data sitting outside these lines is statistically high (above) or low (below the line).

COPD Funnel Plot



We can also show data on a map – below, where the rates are grouped to show variation across the different localities in Shetland. The data is averaged across the locality, and shows that overall, North Mainland has a high level of COPD compared to other parts of Shetland, so we lose the differences between the two practice areas within the locality.

This shows one of the problems of how we present and analyse data – it is often more helpful to see data broken down into smaller areas such as practice populations, and some of our data such as smoking rates is available from practice data so is available at this level, but when you get to small numbers such as later graphs on rates of disease or deaths, the small numbers will vary year on year and become harder to interpret. So then it might make more sense to show data for larger areas, and if we are working with localities for planning, then we need to decide whether it is best to talk about the whole area, or smaller areas within the locality. All of these are of course artificial boundaries, and may or may not relate to the natural communities that we live and work in. We should use the data to help our understanding of the issues we want to deal with, but it is only one part of the picture.

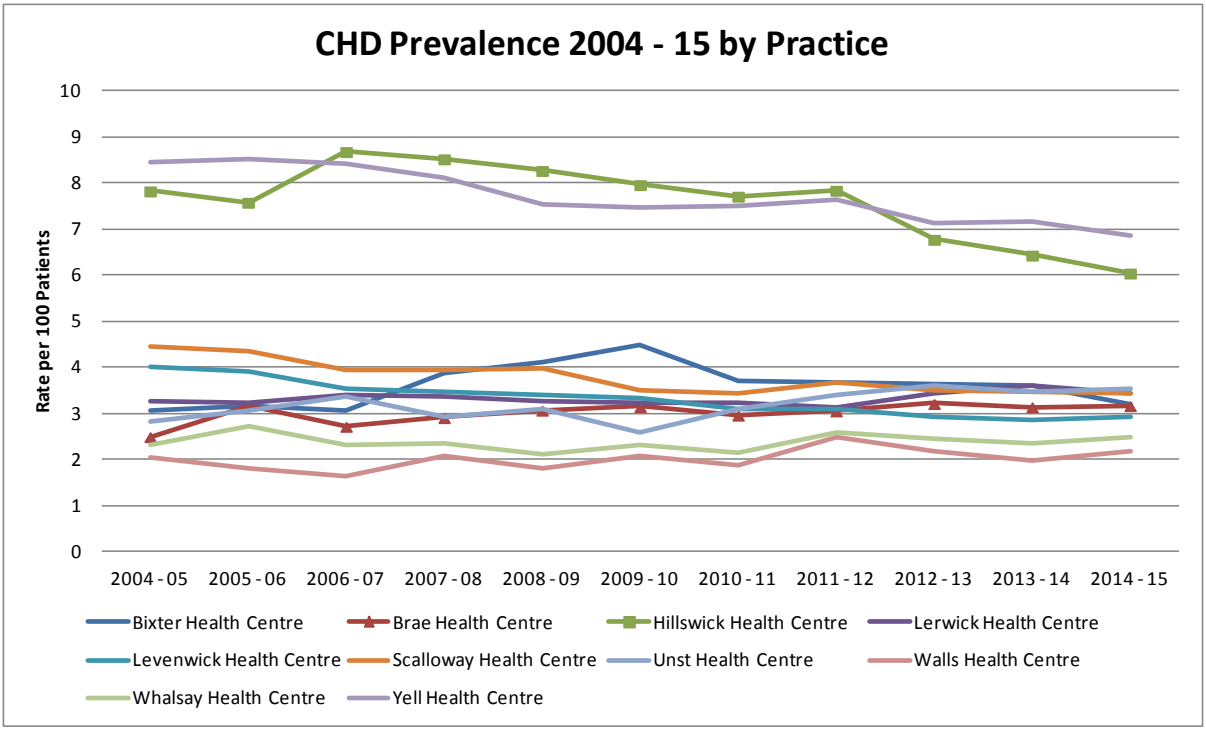


Rate per 100 patients

All maps in this document show QOF data for 2014 – 15, except where noted.

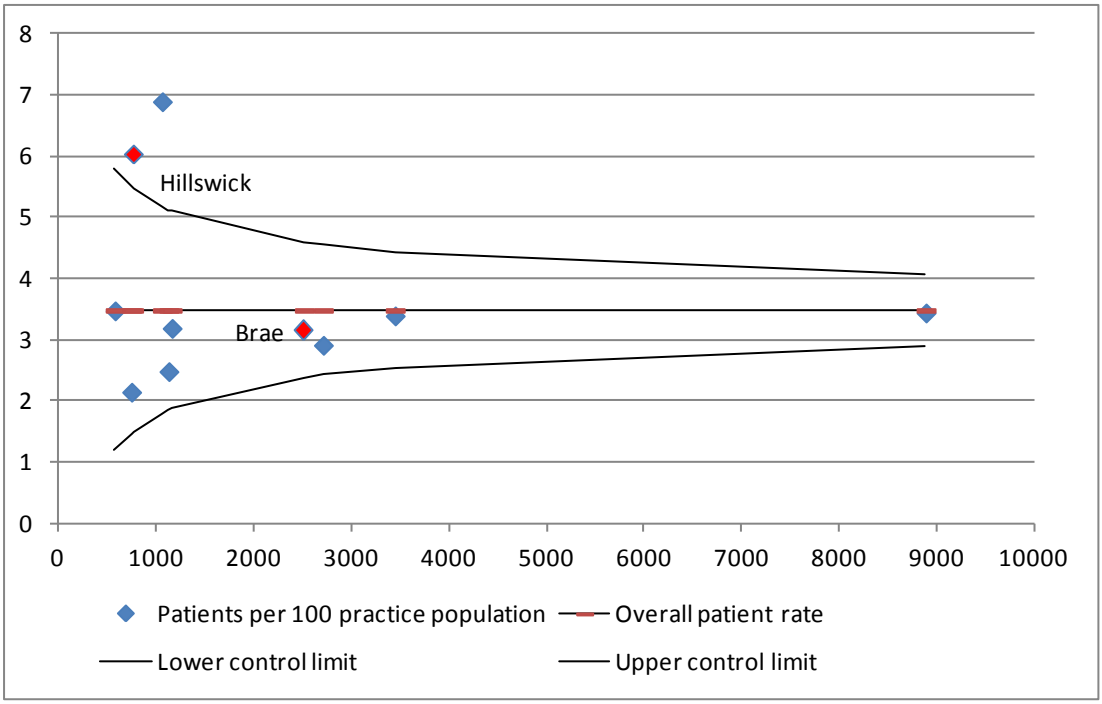
QOF – CHD Prevalence

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.



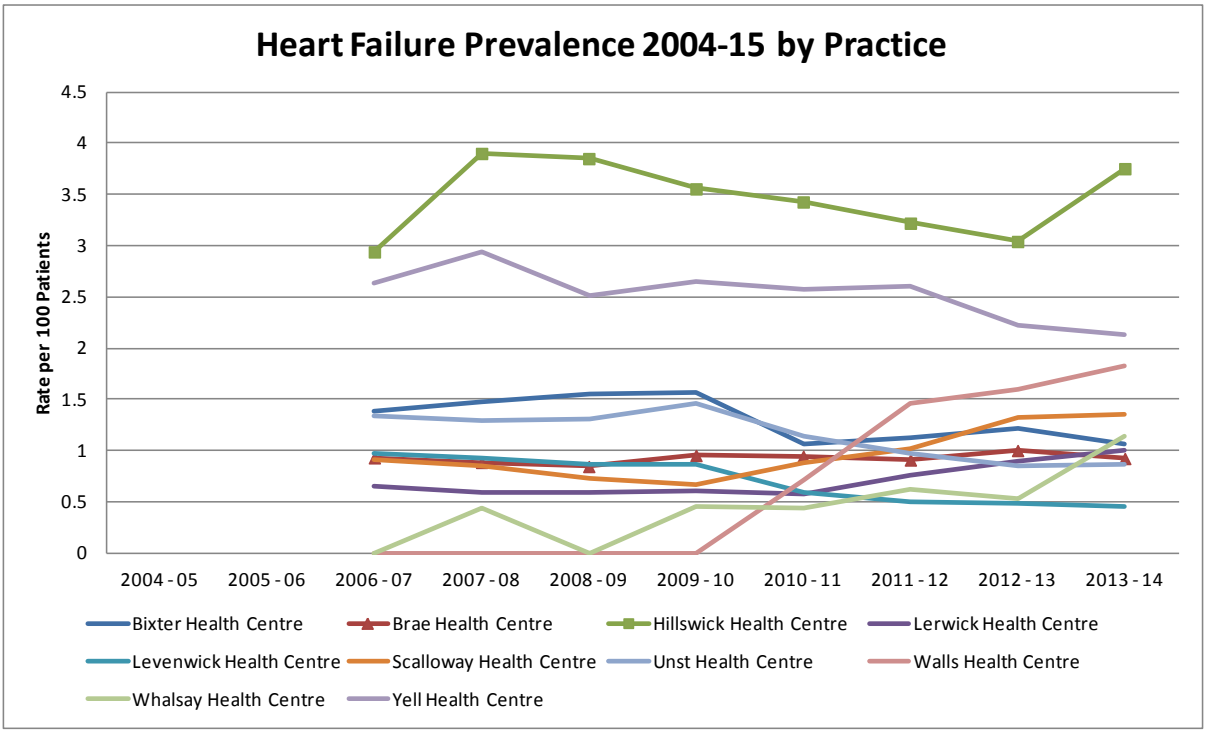
Hillswick has a high prevalence of CHD, though the trend appears to be declining, and Brae has a relatively low level compared to Shetland as a whole, though not significantly less.

CHD Funnel Plot



QOF – Heart Failure Prevalence

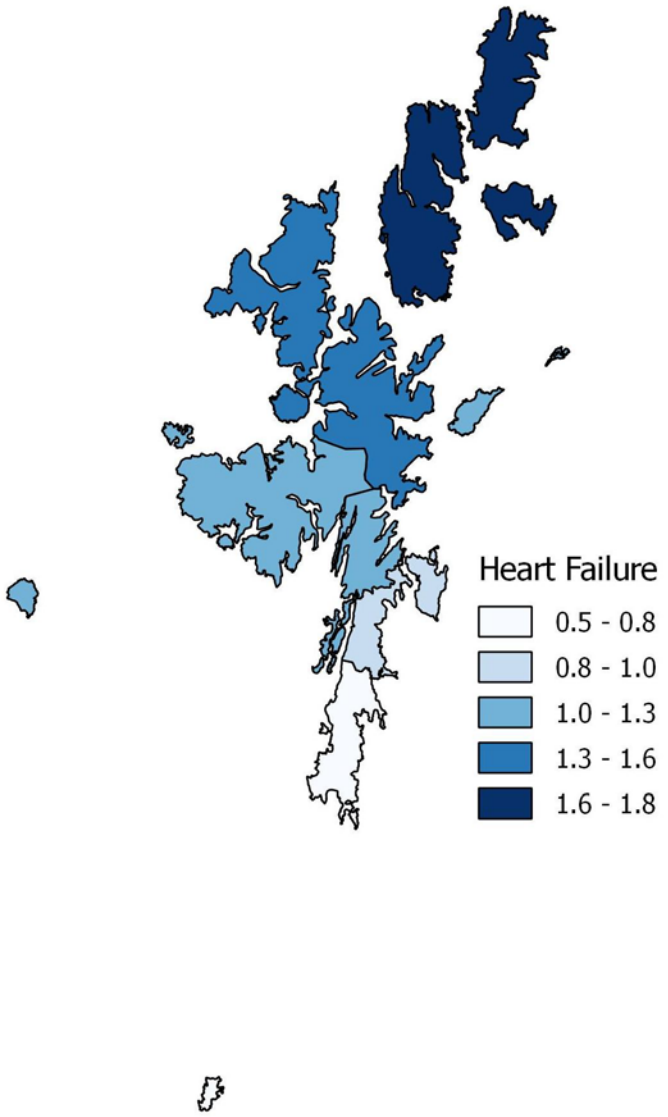
Heart failure is usually caused by a number of risks at the same time including any two or more of the following: high blood pressure, coronary heart disease, heart muscle weakness, heart rhythm disturbance or heart valve disease. Heart failure is a long term condition, but the situation may be improved 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.



Again, Hillswick has a higher rate of heart failure in its population, and Brae is about the same as Shetland as a whole.

There is a similar picture for hypertension (high blood pressure), which is a risk factor for heart failure and stroke disease.

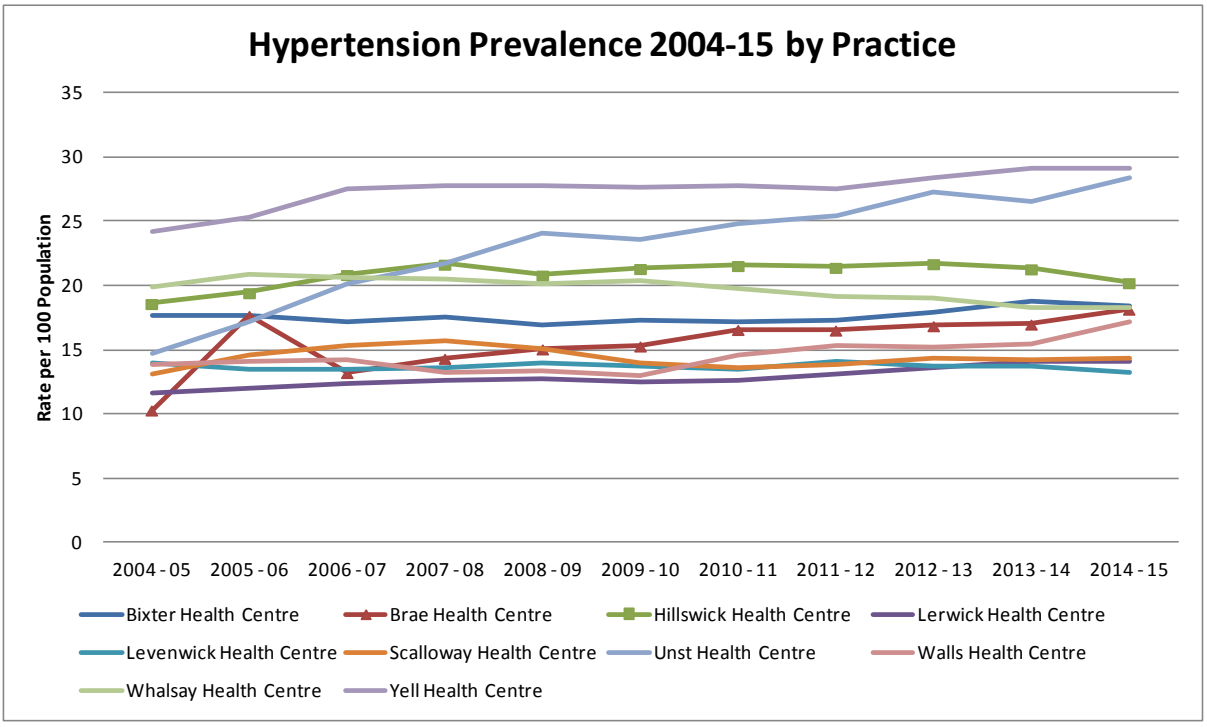
The map show how the higher rate in Hillswick has lifted Brae into a higher group when practice rates are combined into a locality.



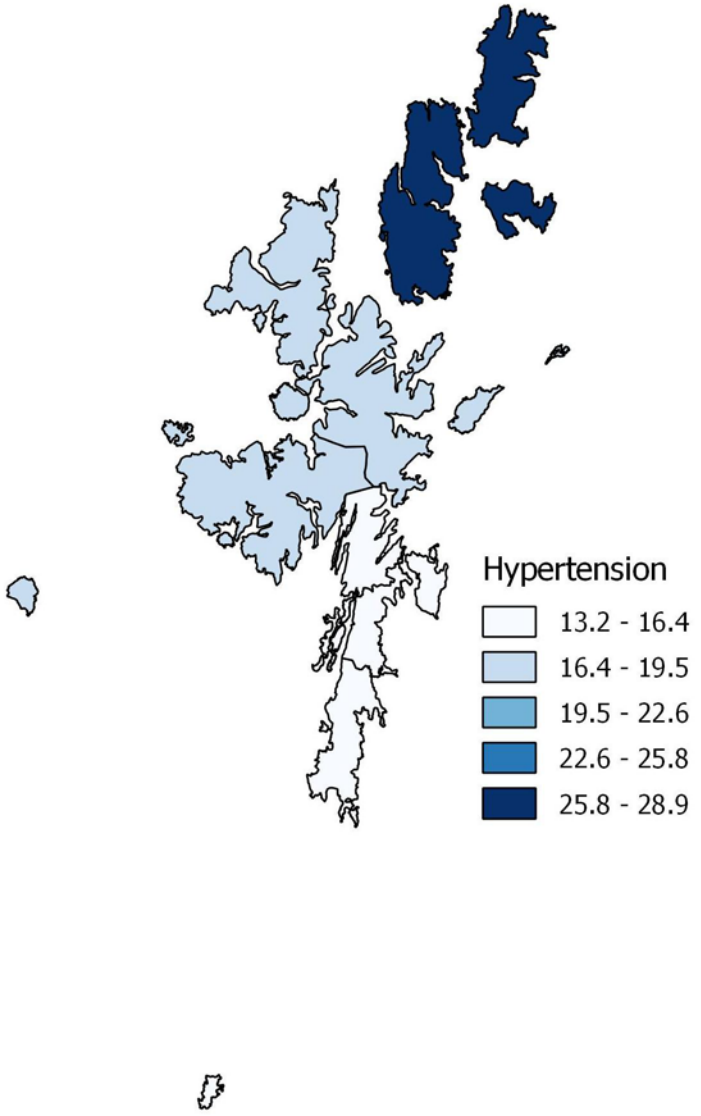
Rate per 100 patients

QOF – Hypertension Prevalence

Hypertension is also known as high blood pressure, which is measured as systolic – the blood pressure when the heart beats, and diastolic – the blood pressure when the heart rests. Generally blood pressure is said to be high if the reading is over 140 / 90. Hypertension has a higher prevalence 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. As an African or Caribbean born person you are more like to have hypertension due to a genetic disposition.



Though rates of hypertension in the north mainland are not the highest in Shetland, we can see that the trend is upwards, so this is an increasing problem, and one that is linked to both the common risk factors – smoking and obesity, and benefits from early diagnosis and treatment to prevent complications such as stroke.

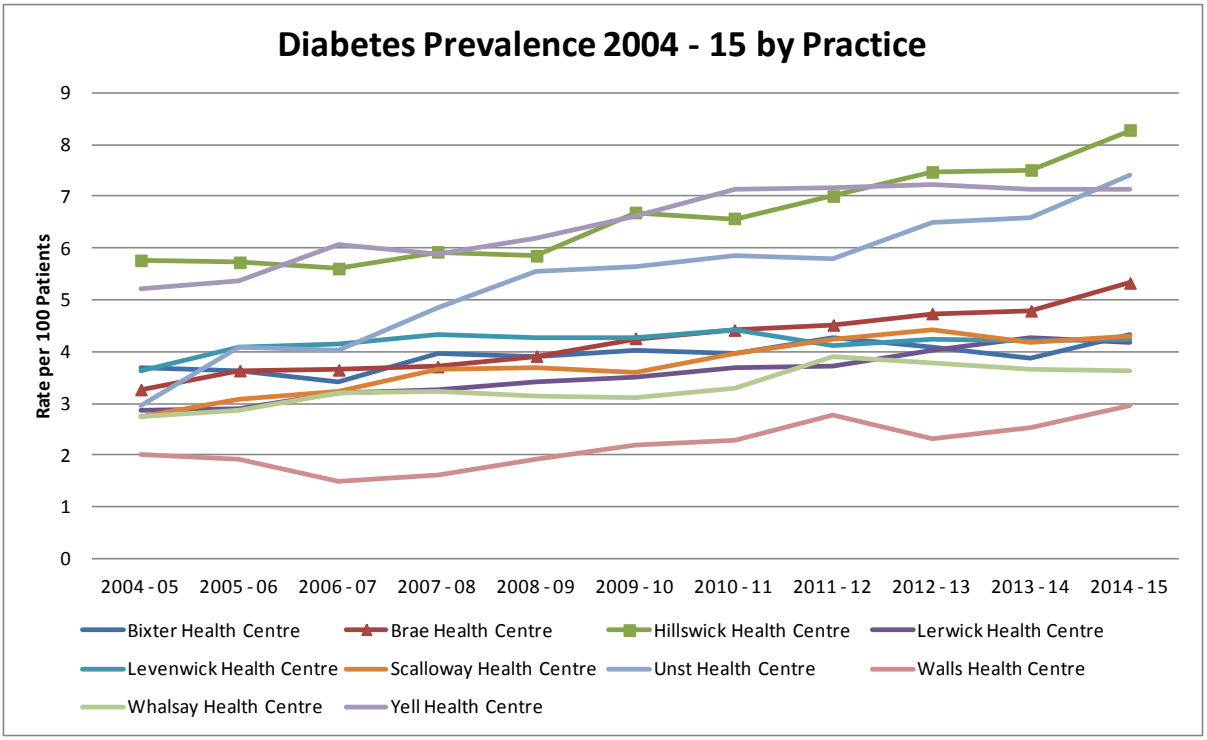


Rate per 100 patients

Further work done in Hillswick as part of a needs assessment project has shown a higher number of people with these chronic conditions and higher rates of smoking in patients with these chronic diseases, but not in the population as a whole. This project found that there are a group of people in that area with a number of related chronic conditions, where a focus on prevention and dealing with risk factors could make a big difference to their health.

QOF – Diabetes Prevalence

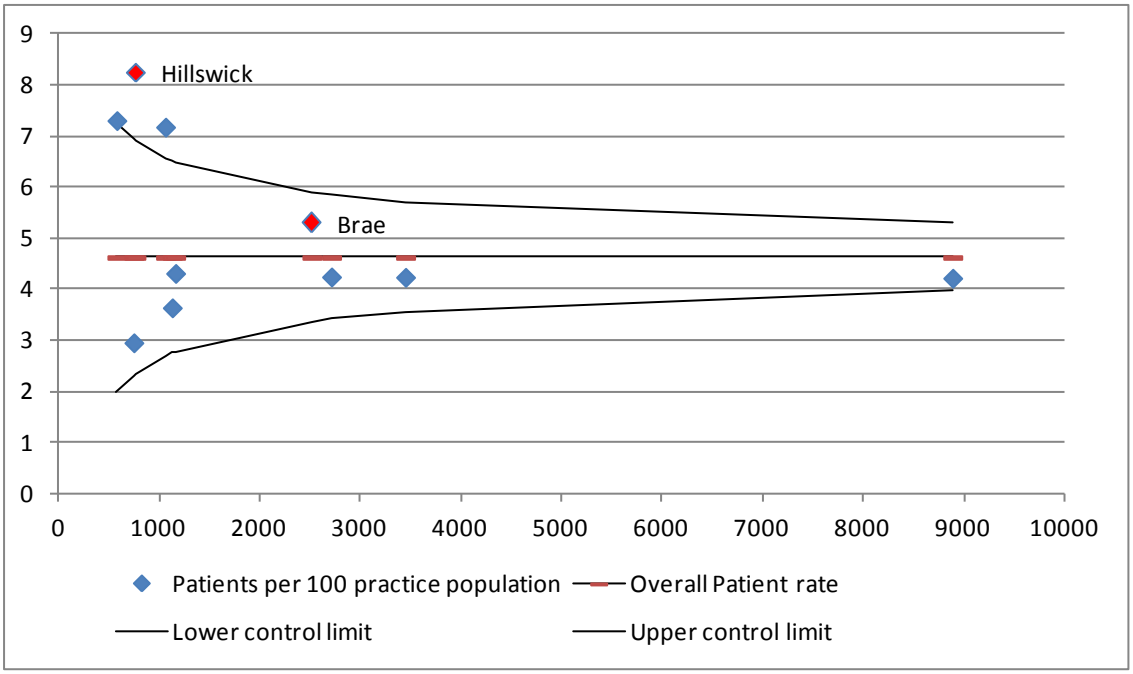
There are two variations of diabetes: type 1 and type 2. Type 1 diabetes is caused by the immune system killing the cells that produce insulin. This is incurable and results in needing to take insulin injections for the rest of your life along with blood glucose monitoring and having a healthy diet. 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.

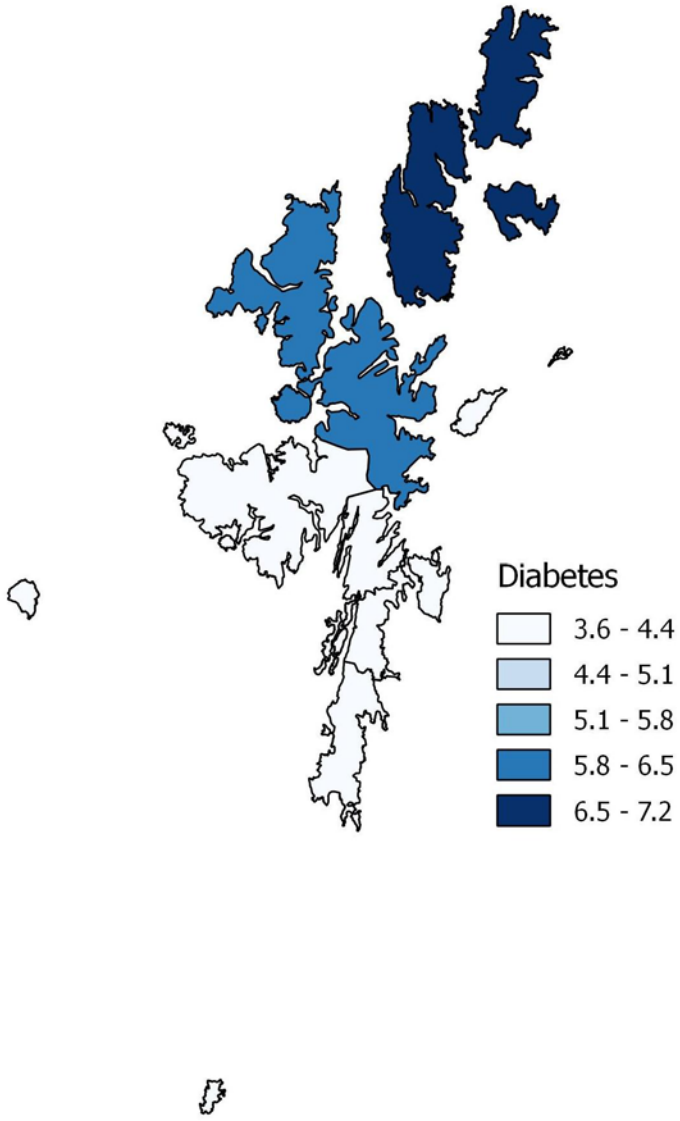


Hillswick and Brae both have higher rates of diabetes than the Shetland average, though in Brae this is not statistically significant. In actual numbers, there are currently 207 patients in the north mainland with type 2 diabetes.

The key risk factor for type 2 diabetes is weight and diet, so it is interesting to look at levels of obesity in the area as recorded in general practice.

Diabetes Prevalence Funnel Plot





Rate per 100 patients

QOF – Obesity Prevalence

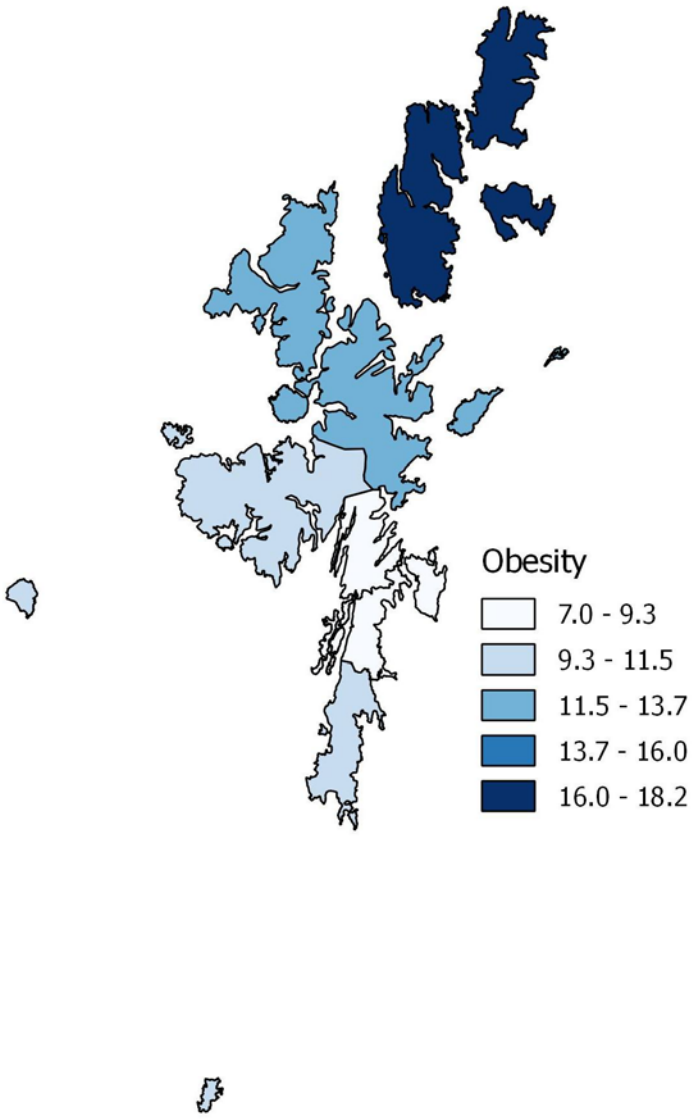
Obesity is a term used to describe people who are extremely overweight with too high a proportion of body fat. Body mass index (BMI) is used as a formula to measure and classify people. It is not foolproof as it may consider those with very high muscular proportion as overweight or obese. Overweight 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 cause by expending fewer calories through activity than are being consumed by 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.

Obesity was not measured in QOF 2014 – 15.

North mainland has more people identified as obese than the average for Shetland, and the levels in Hillswick are higher, which matches the pattern for diabetes. This is one problem where it might be a priority for prevention because of the absolute number of people with the problem, regardless of whether it is higher or lower than the average, since we know that obesity and diabetes are rising problems across Scotland and the UK, and the overall trend in Shetland is also increasing.



Rate per 100 patients

Obesity was not measured in QOF 2014 – 15. The map shows data from 2013 – 14.

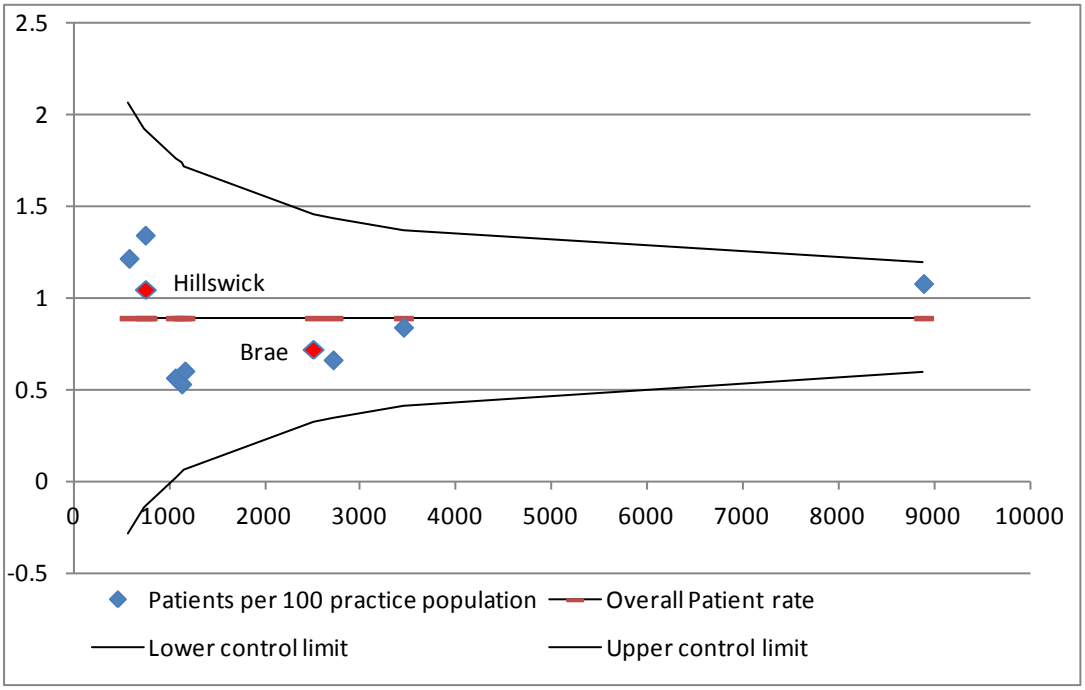
QOF – Mental Health Prevalence

GPs record the number of people attending with a range of mental illness which 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.

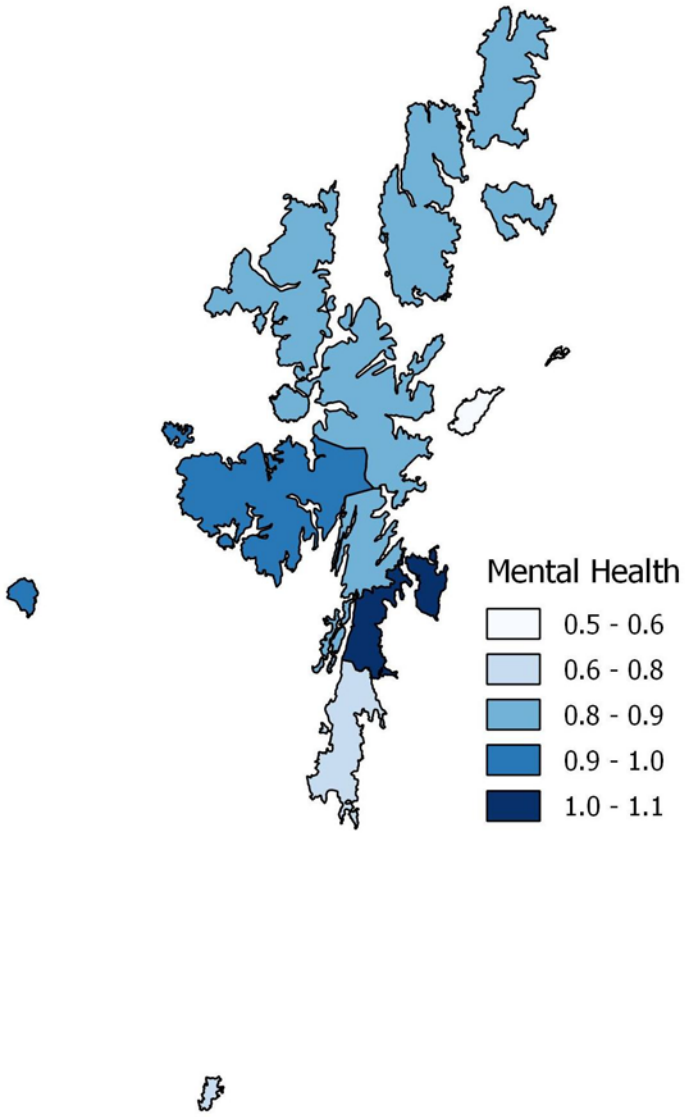
There are a range of other mental health problems such as anxiety and stress related problems that account for a lot of attendances in general practice. Increasingly we understand how to help people help themselves to deal with these problems, and how to prevent repeat episodes, and sometimes also use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

The graph below shows the prevalence of the severe mental psychosis illnesses by practice.

Mental Health Prevalence Funnel Plot



North mainland appears to have a low to average amount of severe mental illness, though this is still a large burden in the quality of life of people who suffer with mental ill-health, and on the services in place to help them.



Rate per 100 patients

Dementia

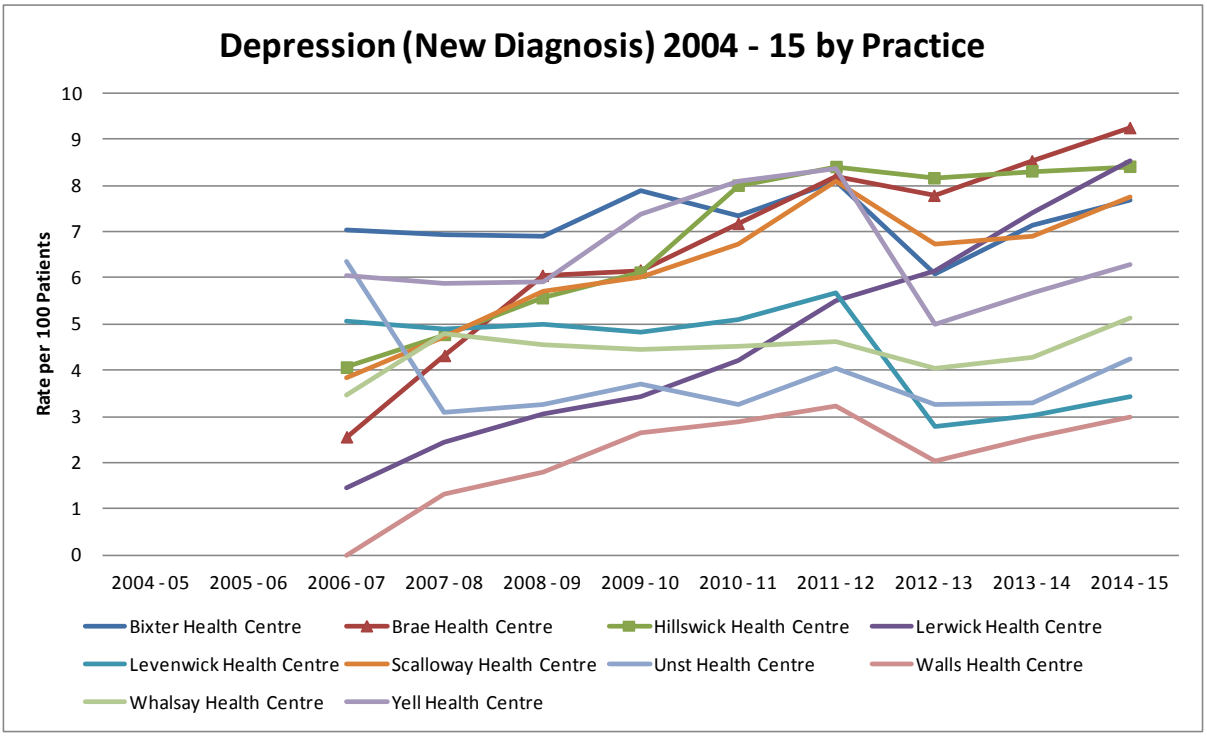
2016	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
North Mainland	18	16	15	14	14	15	15	15	15	17	17	18

The above table shows the number of patients diagnosed with dementia each month in 2016. The population in North Mainland at the end of 2016 was 3,277.

QOF – Depression (New Diagnosis) Prevalence

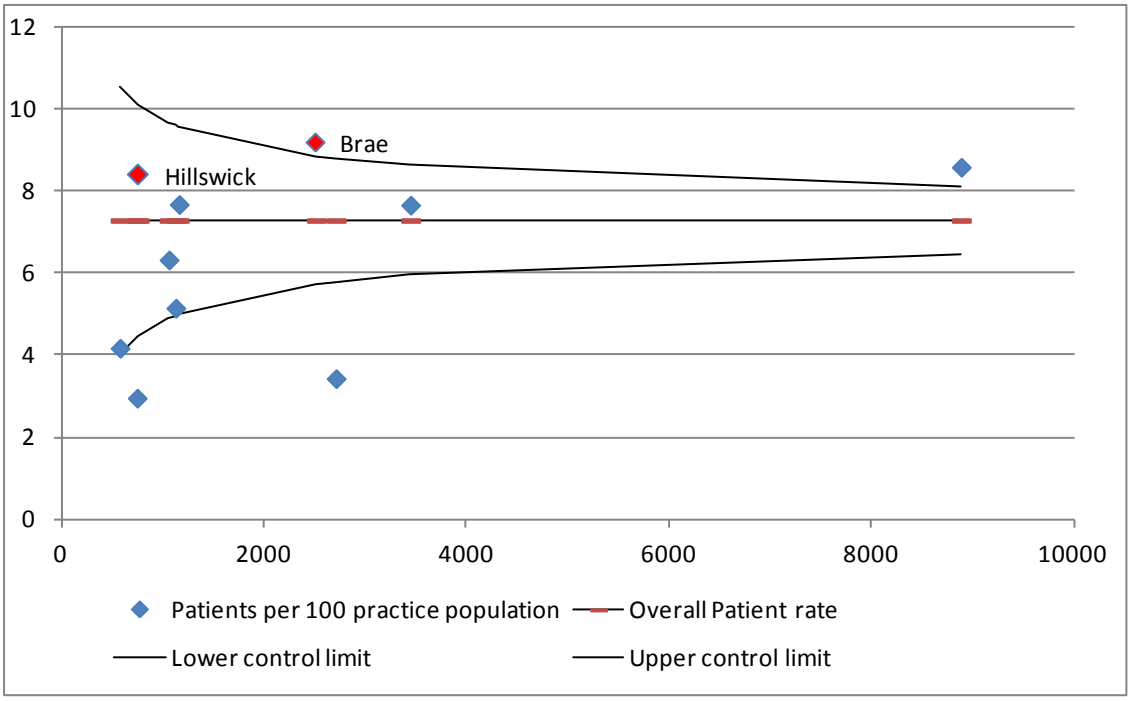
We can also look at specific types of mental illness e.g. depression, which shows a lower than average level in the south mainland compared to Shetland as a whole (this is of new diagnosis as opposed to prevalence which is the number of people living with a condition).

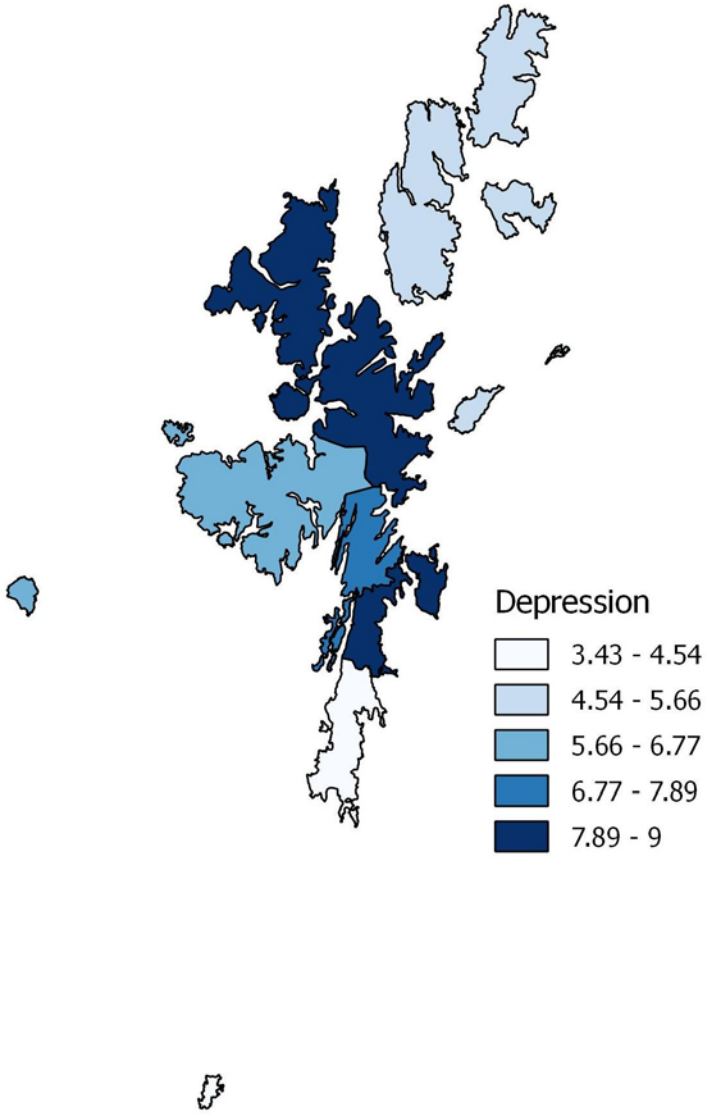
Depression is a mental illness where someone feels a persistent sadness / deep melancholy and inability to live a normal life over weeks and months. It affects people of all ages and both genders. The scale of illness is wide, from feeling perpetually unhappy to feeling suicidal. Treatments for depression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



Both Hillswick and Brae have higher than average levels of depression compared to the other practices in NHS Shetland.

Depression (New Diagnosis) Prevalence Funnel Plot





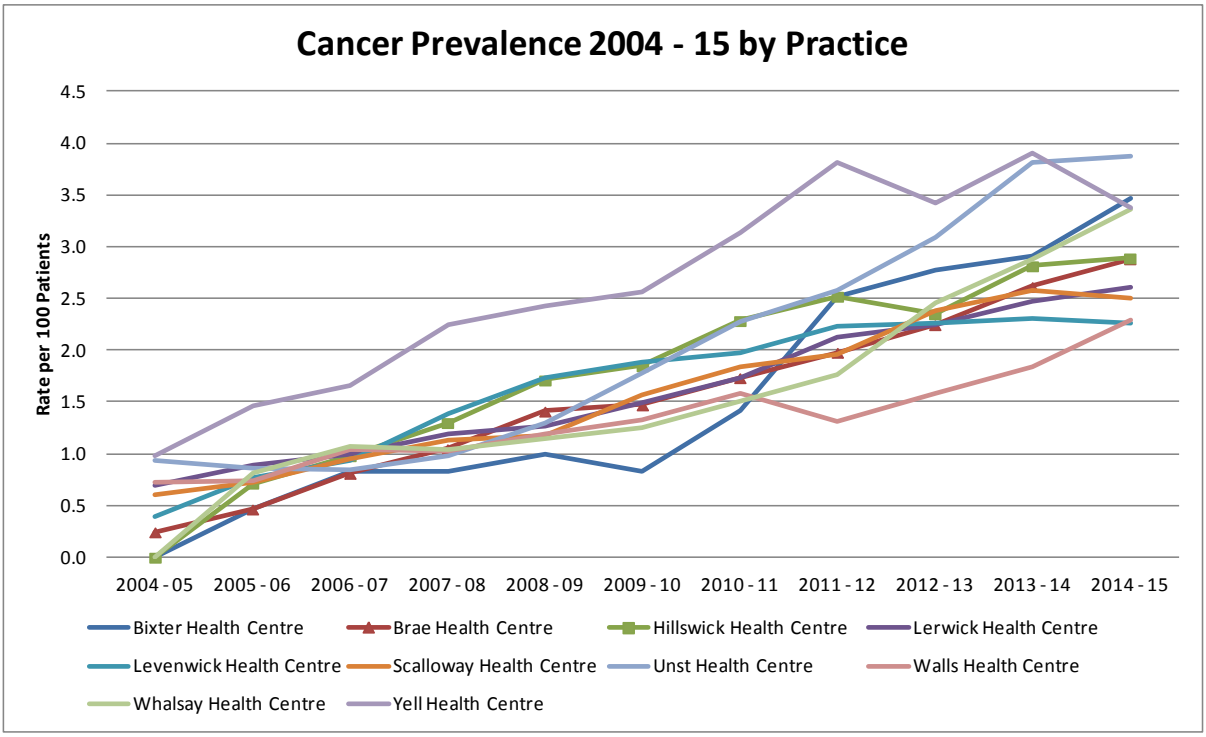
Rate per 100 patients

The North Mainland has higher than average levels of depression presenting to general practice.

QOF – Cancer Prevalence

Cancer is a condition where cancerous cell 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. Early detection through screening and new treatments have led to great improvements in survival for many types of cancers over the last 10 to 15 years. People can reduce their chances of developing cancer by taking regular exercise, eating healthily and not smoking.

It is more helpful to show cancer numbers as a rate rather than the actual number, since that takes account of the number of people living in a practice population. Because of the small numbers involved, numbers in any individual practice area will vary year on year, but when you plot them on a trend graph you can see the pattern of general increase over the years.



Brae and Hillswick have an average amount of cancers in its practice population.

With individual cancers the numbers are even smaller so vary a lot from year to year. The pattern of cancers occurring across Shetland is related to the size of the population living in different areas.

The trend in cancer diagnosis is increasing in all practices, probably due to longer life expectancies.

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

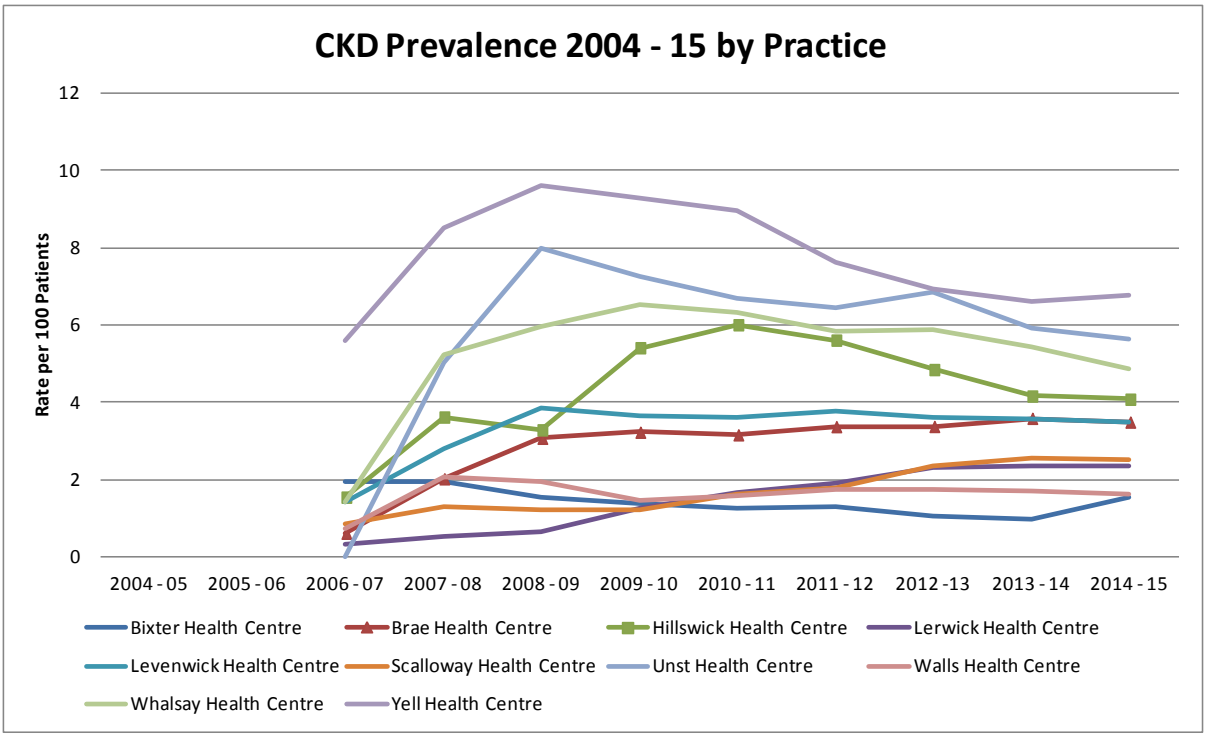
Screening programmes tend to focus on cancers that can be prevented or benefit from early diagnosis and treatment, usually affecting younger people, and there is a national programme to detect cancer early to encourage people into early treatment to reduce premature deaths (counted as deaths in under 75s).

Care Homes

In the North Mainland locality there is one care home, North Haven Care Centre, Brae, ZE2 9TY. This is run by the SIC and has 15 beds and 12 day support places.

QOF – CKD Prevalence

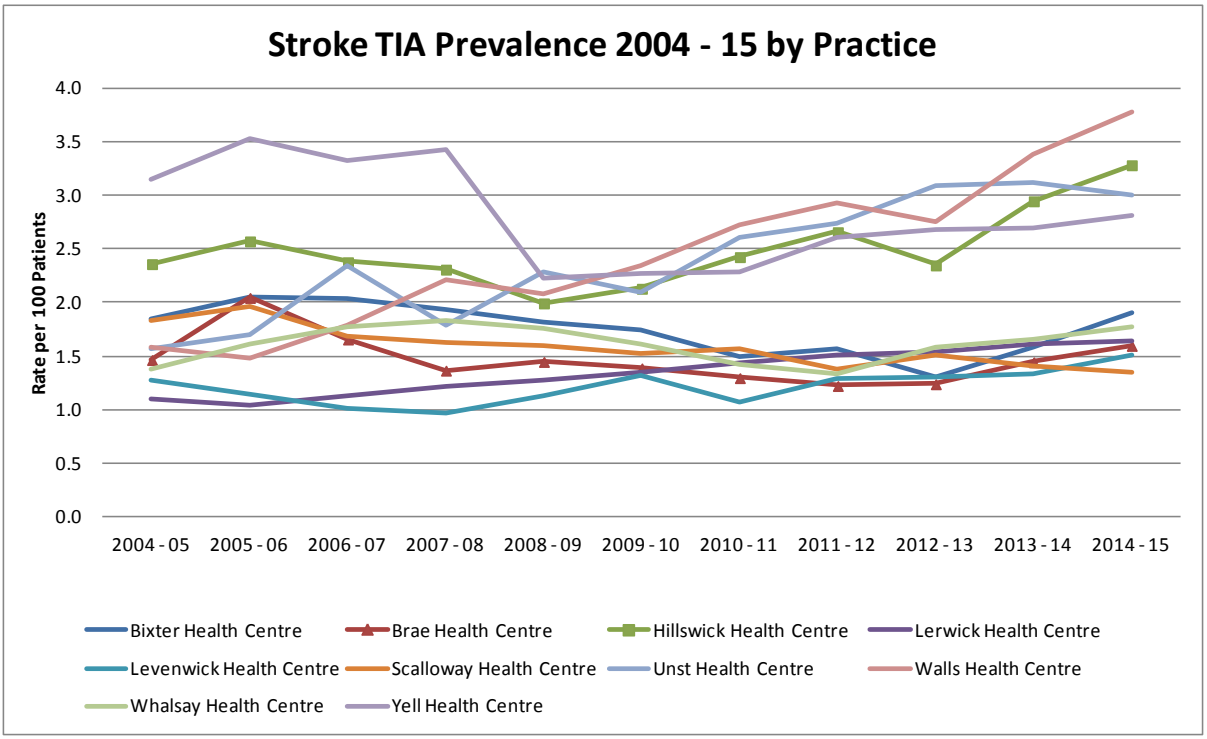
CKD stands for chronic kidney or renal disease and is another disease for which GPs keep a register of patients so they can make sure that long term treatment is provided or risk factors that might prevent deterioration are managed where possible.



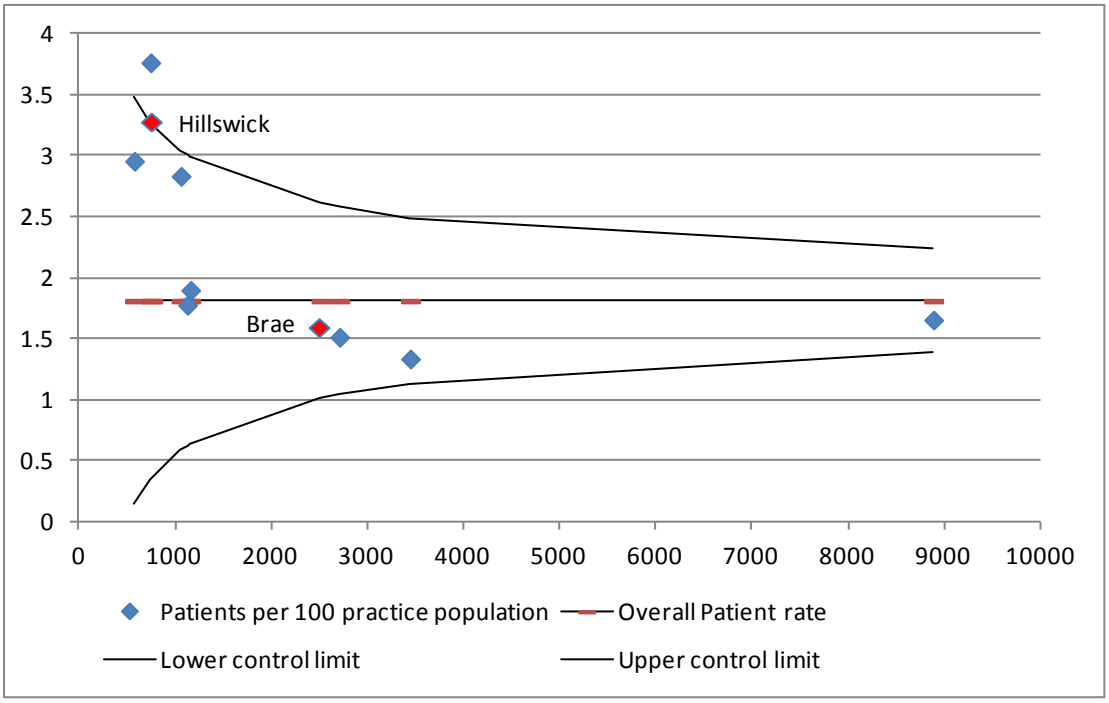
Figures for the north mainland show average levels of chronic kidney disease.

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.



Stroke TIA Prevalence Funnel Plot



There appear to be about average numbers of strokes / TIAs in north mainland, for Brae - slightly lower than the Shetland average, and a slightly higher number in Hillswick, but neither statistically significant.

We also have data on some service activity: here we show figures of hospital admissions for people living in the north mainland, which gives some sense of the workload in hospital coming from the area.

Hospital Admissions 2013 - 14

Total Admissions

	Elective	Emergency	Maternity	Total
Brae	70	46	9	125
Hillswick	29	19	4	52
Totals	99	65	13	177

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. We can see that there are individuals who have been in hospital for over 5 months and in one case nearly a year.

Max of Length of Stay (days)

	Elective	Emergency
Brae	19	353
Hillswick	159	15

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

Patients with >1 Admission (no of admissions)

	Elective	Emergency	Maternity	Total
Brae	24	11	0	35
Hillswick	10	5	2	17

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
Brae	Heart Attack	1	0	1
Hillswick	Heart Attack	0	0	0
Brae	Stroke	0	3	3
Hillswick	Stroke	0	1	1
Brae	CHD	2	3	5
Hillswick	CHD	1	1	2

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).

However, some of them mean a lot in their own right, for instance looking at death from suicide, we know that since 2010 there has been 3 suicides or deaths of undetermined intent in the north mainland. (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.

Early Deaths (<75)

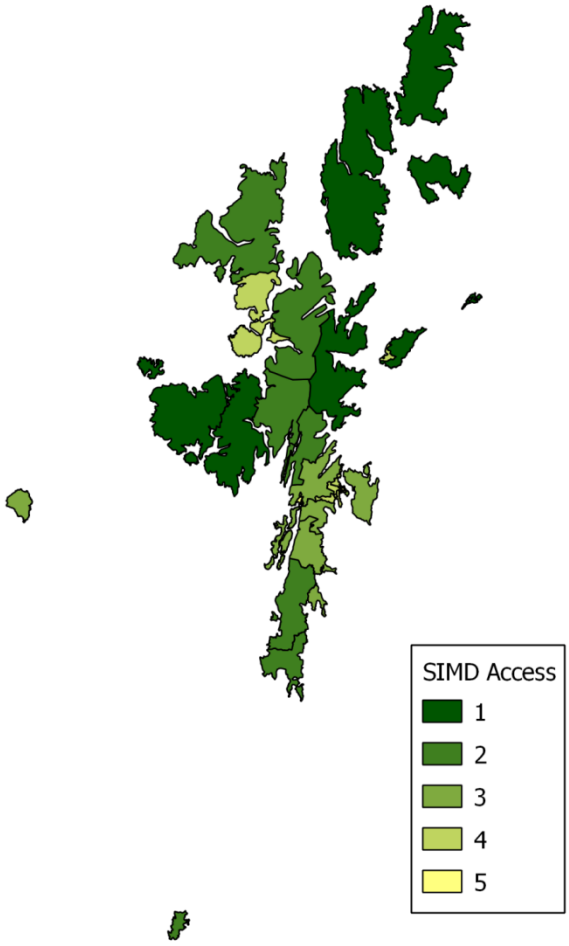
		2012 - 13	2013 - 14	2014 - 15	Total
Brae	Cancer	4	3	2	9
Hillswick	Cancer	1	2	0	3
Brae	CHD	1	0	2	3
Hillswick	CHD	0	0	0	0
Brae	Stroke	0	0	0	0
Hillswick	Stroke	0	0	0	0
Brae	Respiratory	1	0	2	3
Hillswick	Respiratory	0	0	0	0

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.

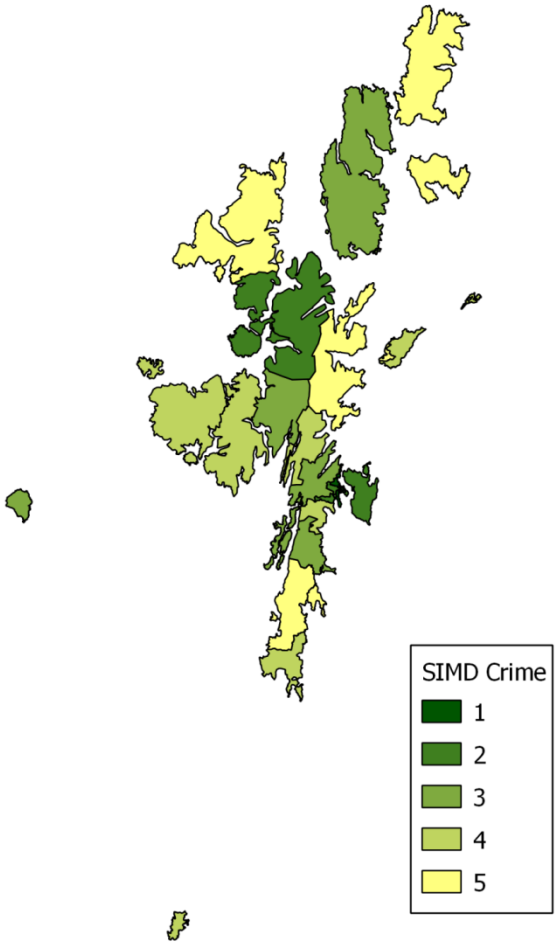
The following maps show the 5 quintiles within Shetland for each separate domain and finally for the combined index. Nationally there are also 5 quintiles, as you would expect, however no area of Shetland is within the lowest two national quintiles. The quintiles are from 1 (most disadvantaged) to 5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

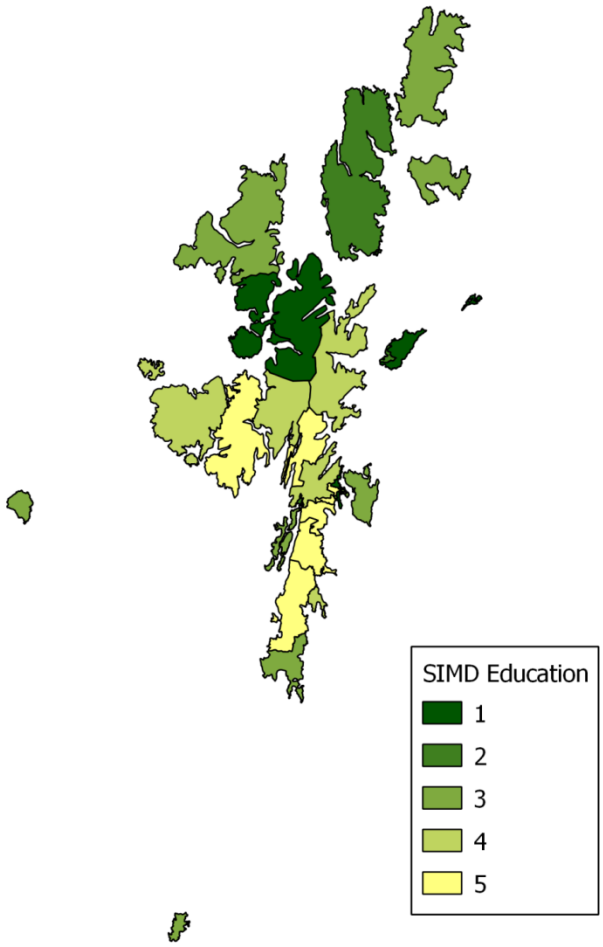


Again, areas around population centres tend to be worse, so Brae has a higher figure than the more remote parts of north mainland.

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

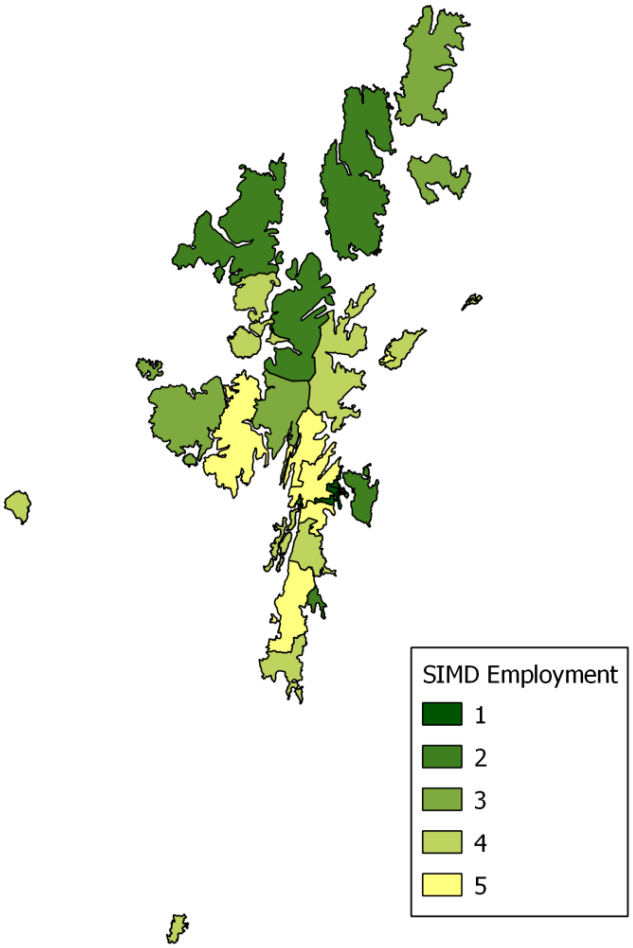
The data is made up from the postcode of pupil's homes within each datazone – which are areas smaller than wards, so shows variation within a locality.



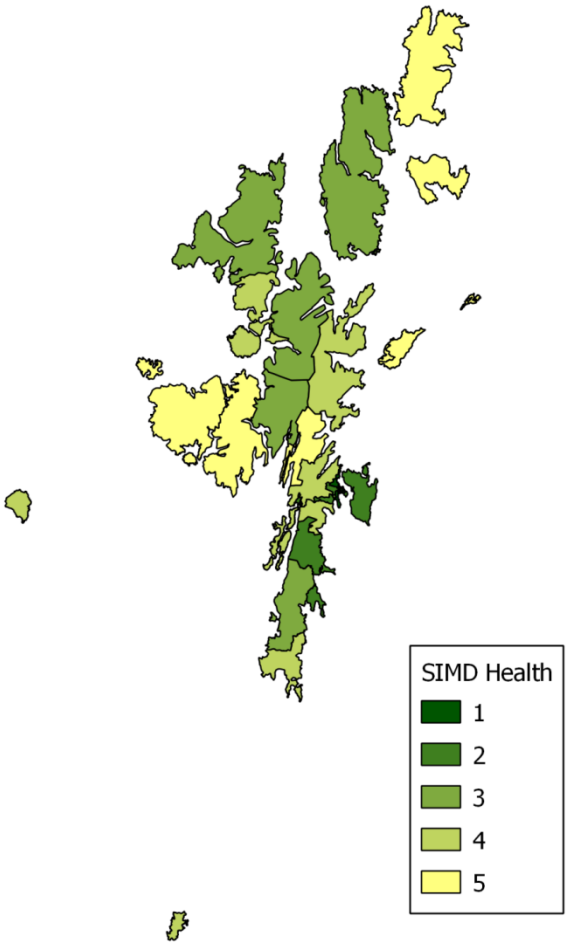
All of these domains show characteristics that we know are linked to social and economic deprivation.

Employment - this is made up of unemployment figures and related benefits: Incapacity Benefit, Employment Support Allowance and working age Severe Disablement Allowance recipients.

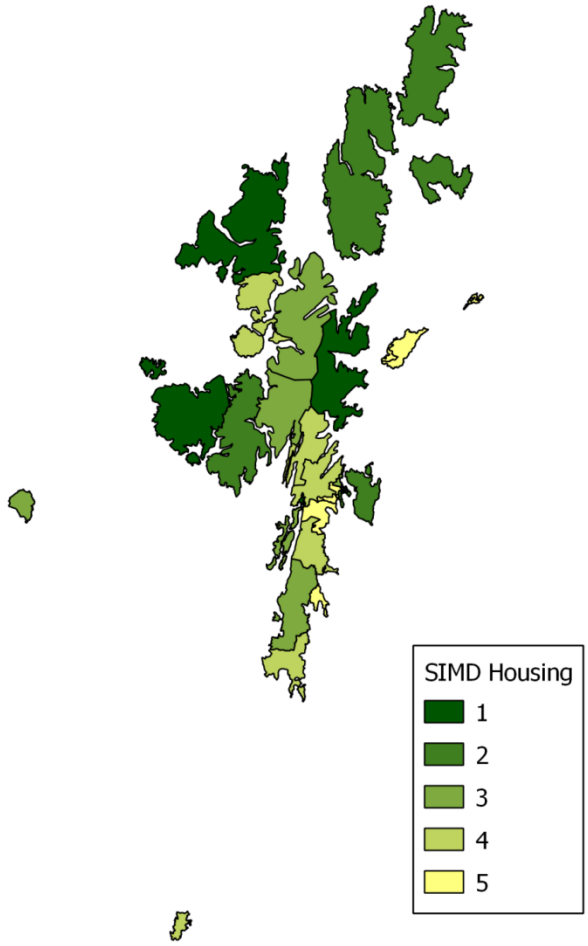
The data again shows a mixed picture across the north mainland area.



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.)

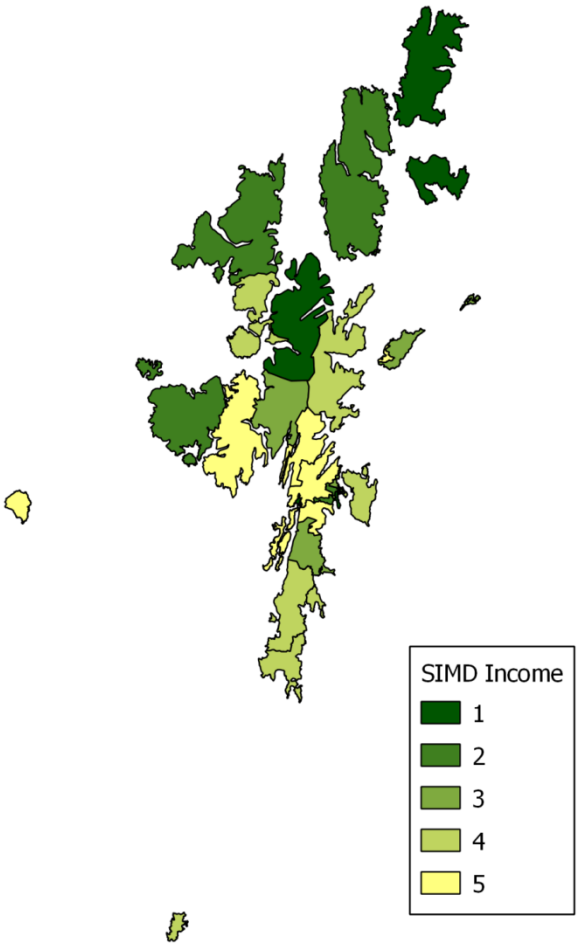


Housing - measures people living in overcrowding, and those living without central heating as a measure of deprivation. Fuel poverty is a well established indicator that is overall high in Shetland (and highest in the more remote parts of Shetland) and in other remote and rural areas compared to Scotland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

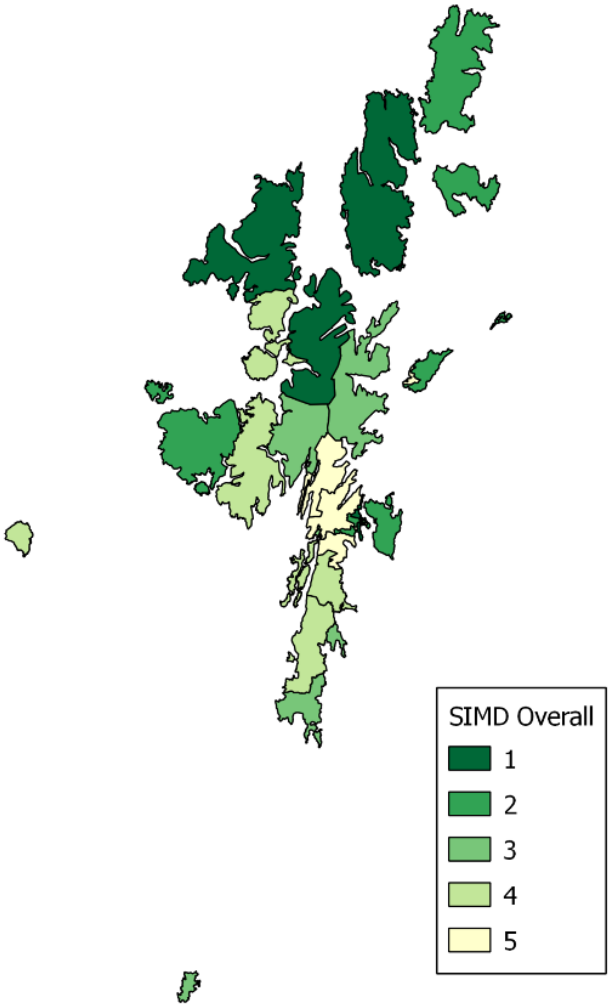


Income - the index measures a number of specific benefits related to low income:

- 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



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. North mainland has some of the biggest variation within it, and overall some of the worst areas, which fits with the distribution of the individual domains.



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