

Health & Social Care Integration Planning Localities – South Mainland –

Version 6.0

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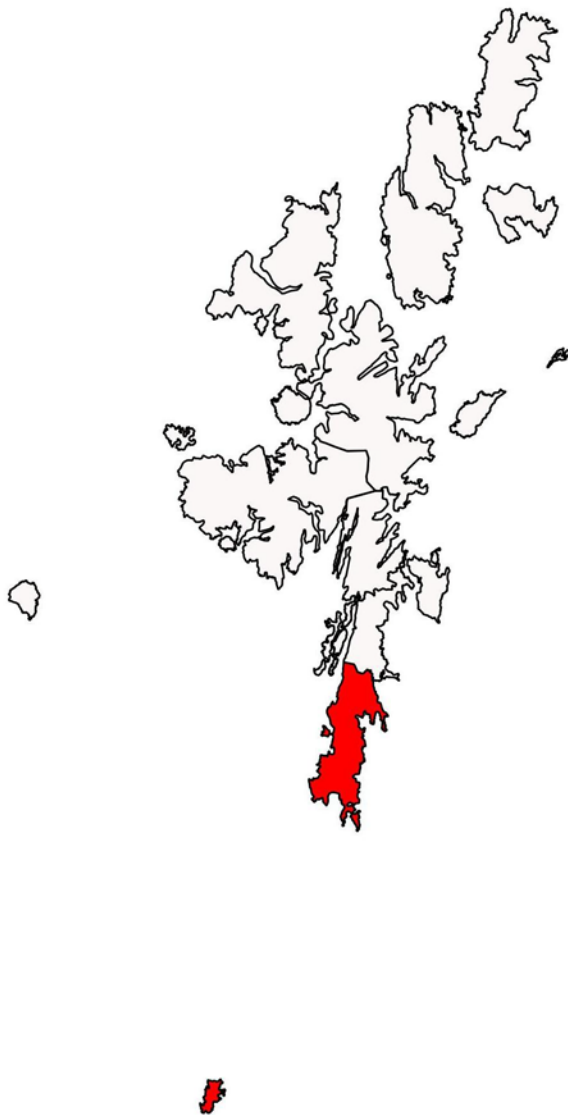
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Introduction

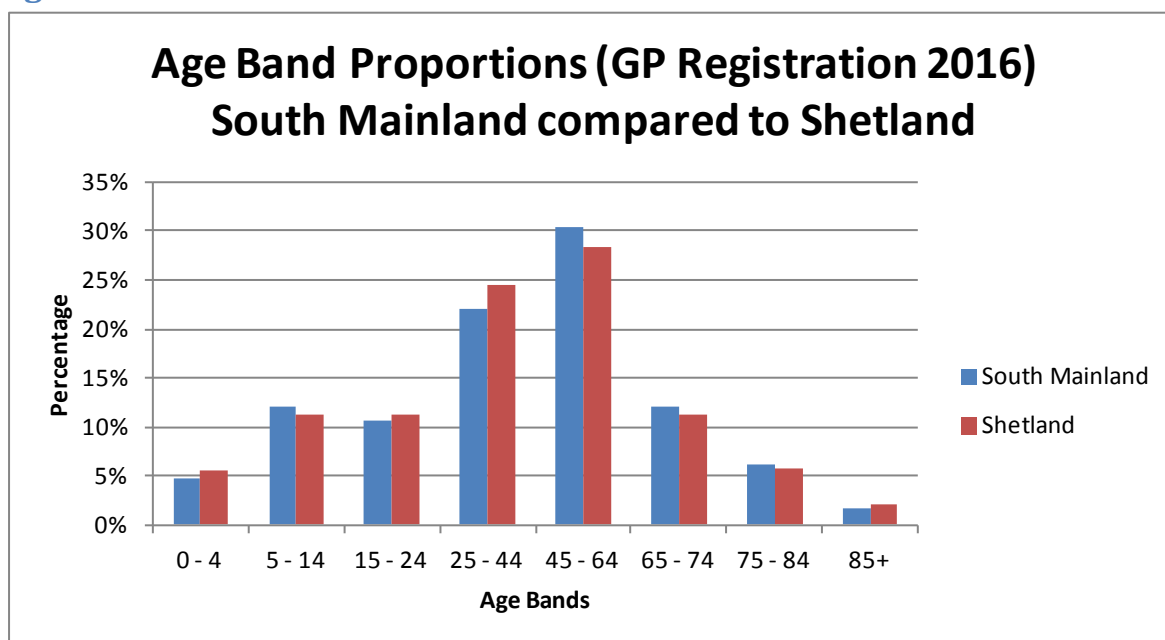
This report presents a profile of data about health, care and wellbeing in the South Mainland of Shetland. It is produced from available data, and is designed to be used for work within Locality Planning. Data sources available at locality level are developing rapidly as the work on Health and Social Care Integration and on Community Planning at locality level develops, so the profile will be updated as new information becomes available. This version is 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.



Map of Shetland with the South Mainland locality highlighted.

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Age Bands



South Mainland Practices Patients Registrations

South Mainland has slightly more people in the 45-64 age group, and slightly fewer in the 25-44 age group, compared to Shetland as a whole, but overall the age distribution is similar to Shetland.

Age Group	0 - 4	5 - 14	15 - 24	25 - 44	45 - 64	65 - 74	75 - 84	85+	Total
South Mainland	128	323	286	592	815	321	164	48	2677

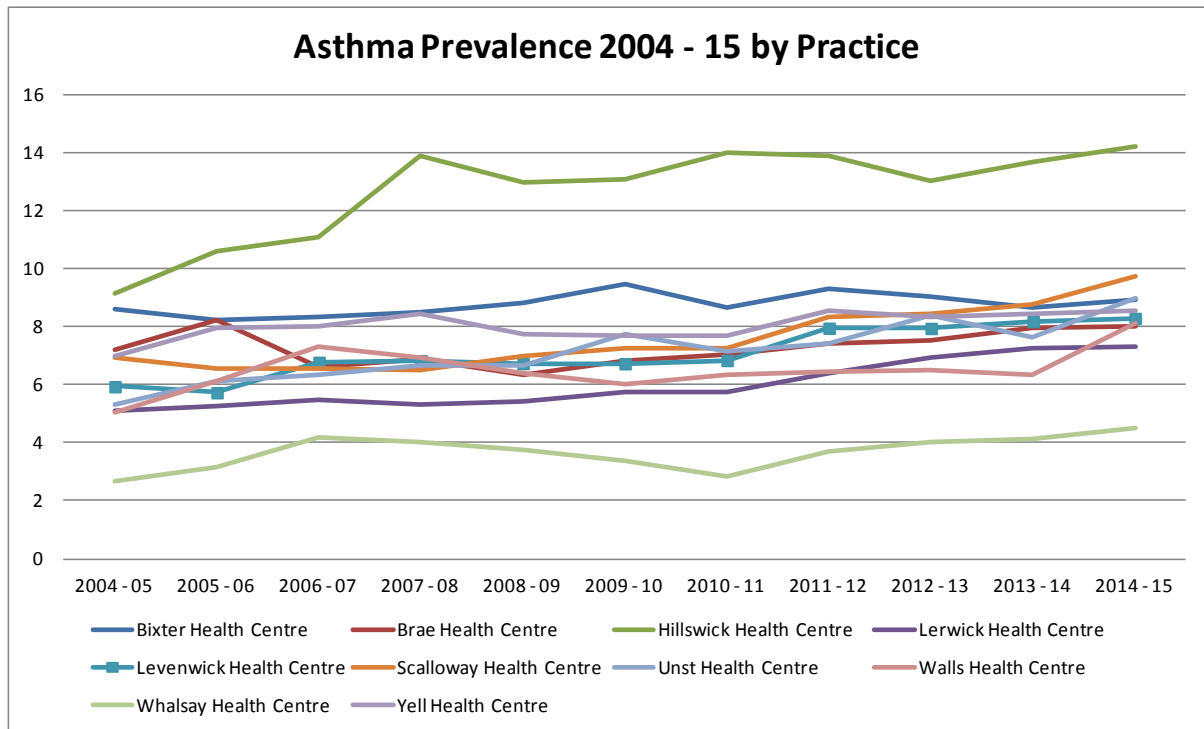
Shetland Practice's Patient Registrations

	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.

QOF¹- Asthma Prevalence

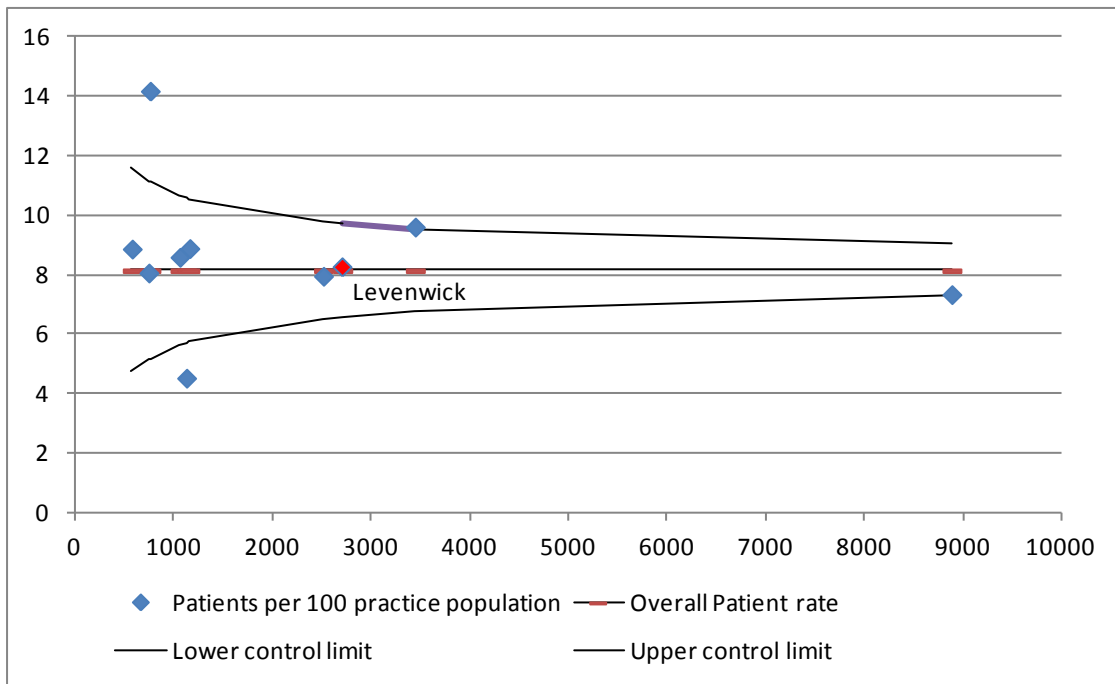
Asthma is a common respiratory disorder that can affect all age groups although childhood asthma may disappear through the teenage years, but could return later in life. The reasons for asthma are a combination of genetic and environmental, and each person will have one or more triggers such as cigarette smoke, dust mites, exercise etc. These triggers will cause a constriction of the airways. 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 generally avoid them where possible.



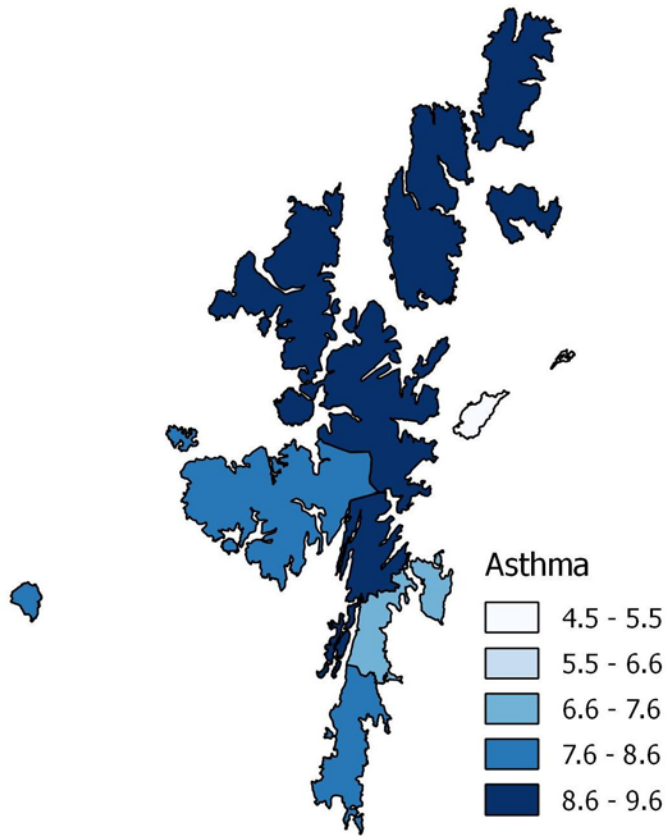
Levenwick has an average amount of asthma compared to Shetland as a whole.

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



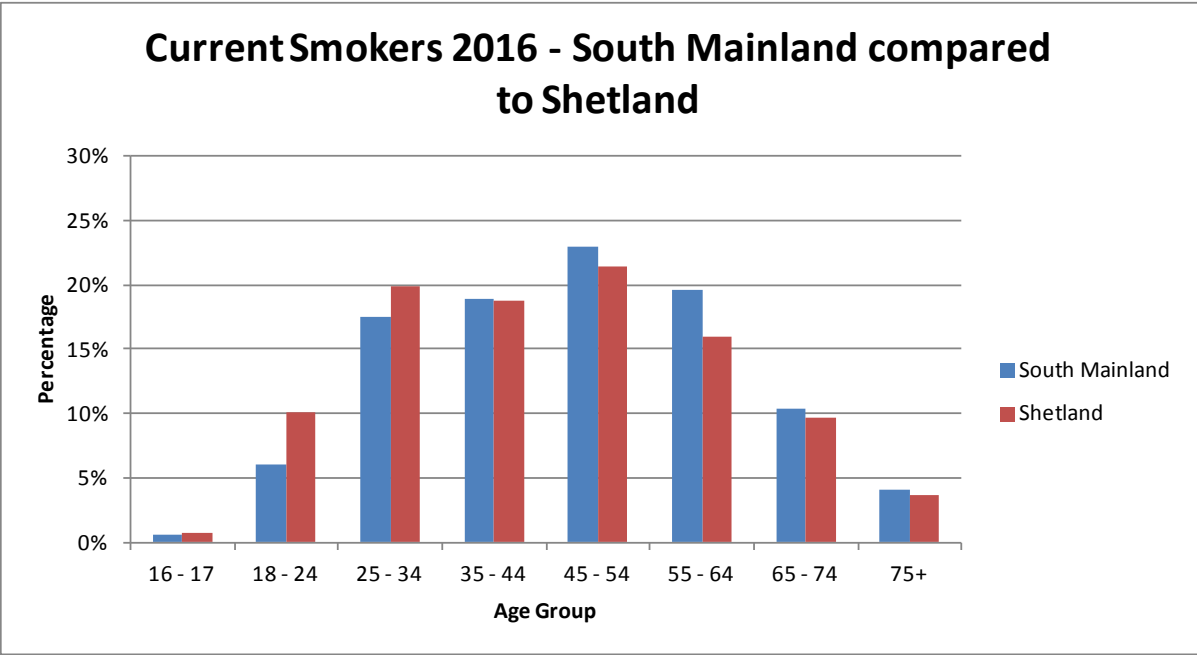
We can also show data on a map, showing the rates in the different planning localities in Shetland.



Rate per 100 patients

South mainland has an average amount of asthma compared to Shetland as a whole.

All maps show QOF 2014 – 15 data unless otherwise stated.



South mainland has about average numbers of smokers compared to the Shetland average, but more in the 45-75+ age group, which might be a focus for targeted smoking cessation work.

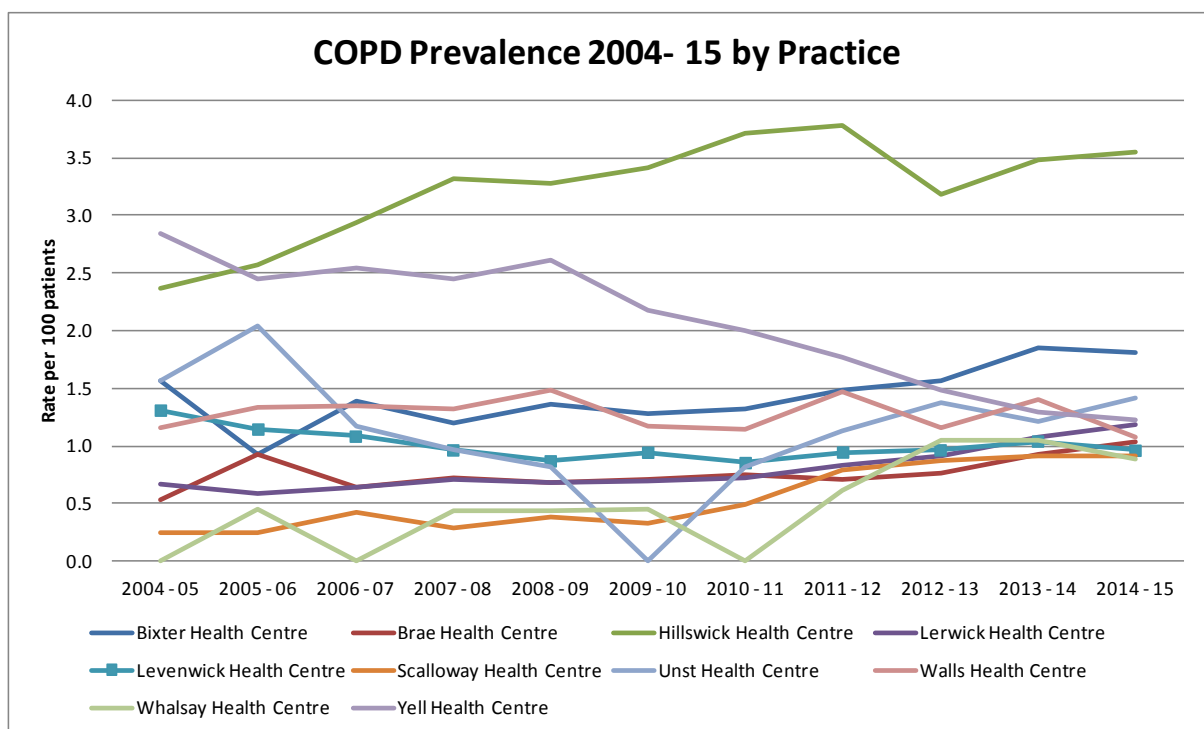
These figures are taken from GP records of the smoking status of patients.

Smoking is a risk factor for a number of chronic conditions so the next few graphs show how common a number of these conditions are in the locality.

QOF – COPD Prevalence

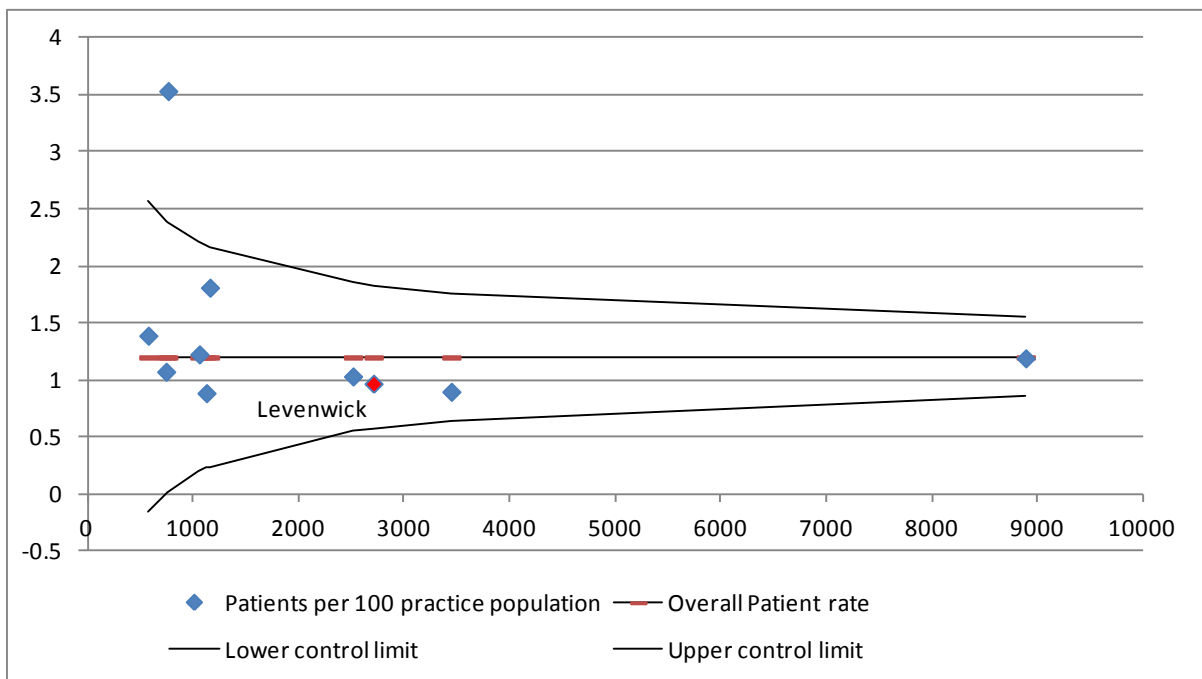
Chronic obstructive pulmonary disorder (COPD) is one of the most common respiratory disorders in Scotland, usually affecting people over 35, and more commonly males than females as historically, smoking rates have been higher among the male population. That trend has started to reverse as more men quit 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 you are likely 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.



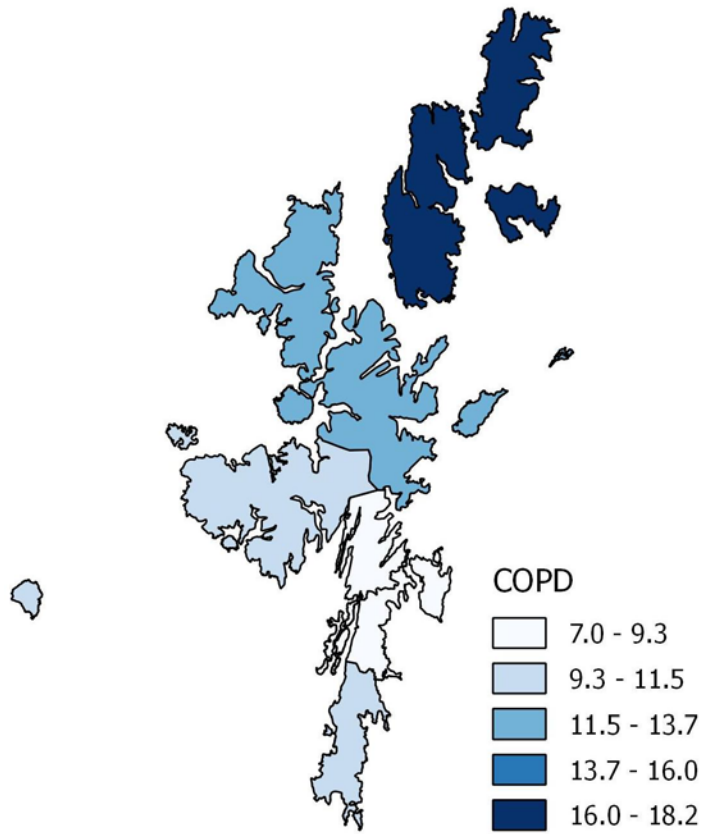
Rates of COPD prevalence in Levenwick have remained stable, and with the increase of rates of COPD prevalence across other areas of Shetland, Levenwick has moved from average rates to below average rates since 2004 – 05.

COPD Funnel Plot



Rate per 100 patients

The funnel plot graph above shows the same data as the previous one, 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 would be statistically high (above) or low (below the line). In this case it confirms that Levenwick has a lower than average amount of chronic airways disease.

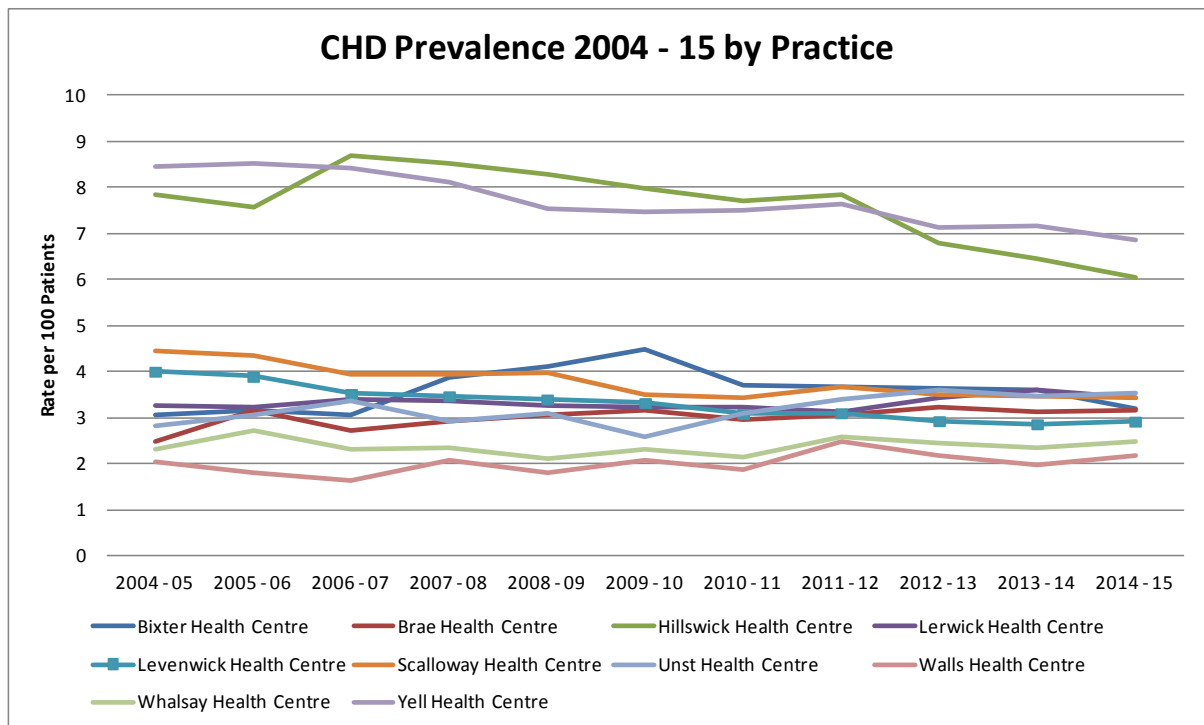


Rate per 100 patients

South mainland has lower than average amount of chronic obstructive airways (pulmonary) disease.

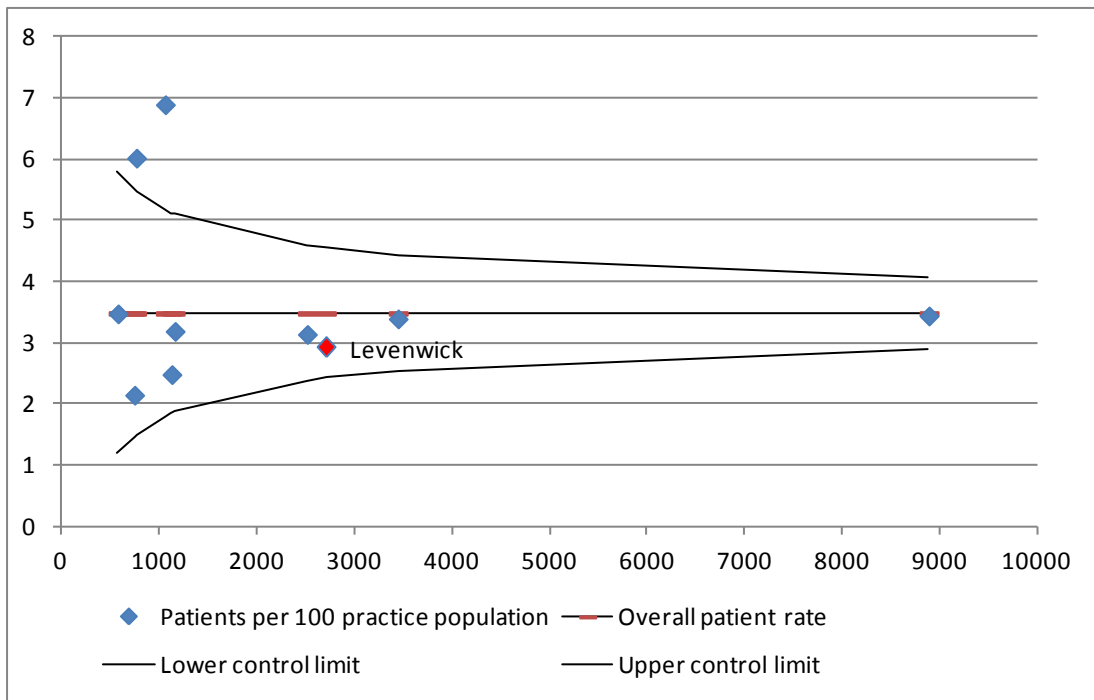
QOF – CHD Prevalence

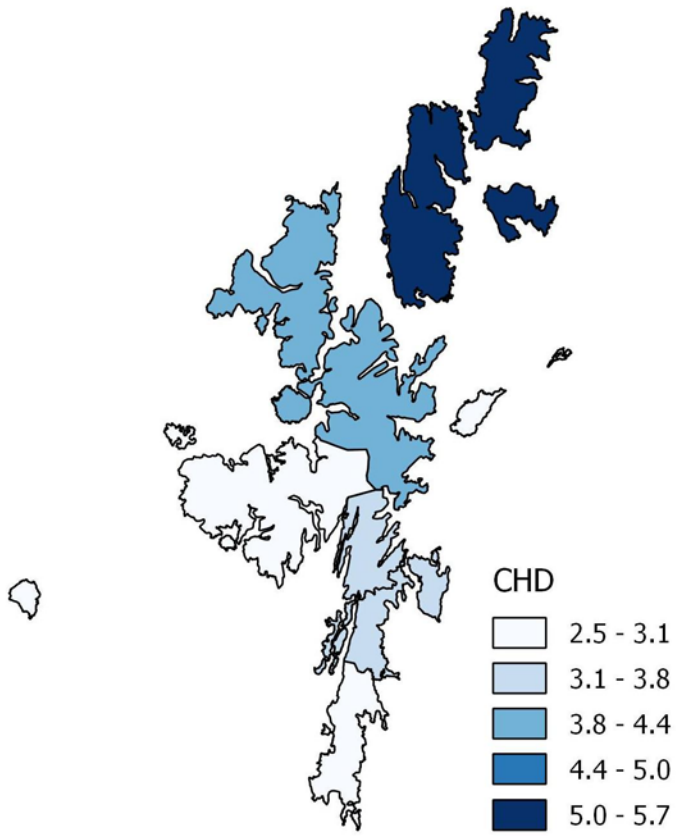
Coronary heart disease (CHD) kills more people in Scotland than any other disease, generally affecting men more than women. The disease is caused by fatty deposits building up in the coronary arteries, usually from lifestyle choices such as smoking, lack of exercise and poor diet, though in some people 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.



Rates of CHD prevalence in Levenwick have remained stable, and with the increase of rates of CHD prevalence across other areas of Shetland, Levenwick has moved from average rates to below average rates since 2004 – 05.

CHD Funnel Plot



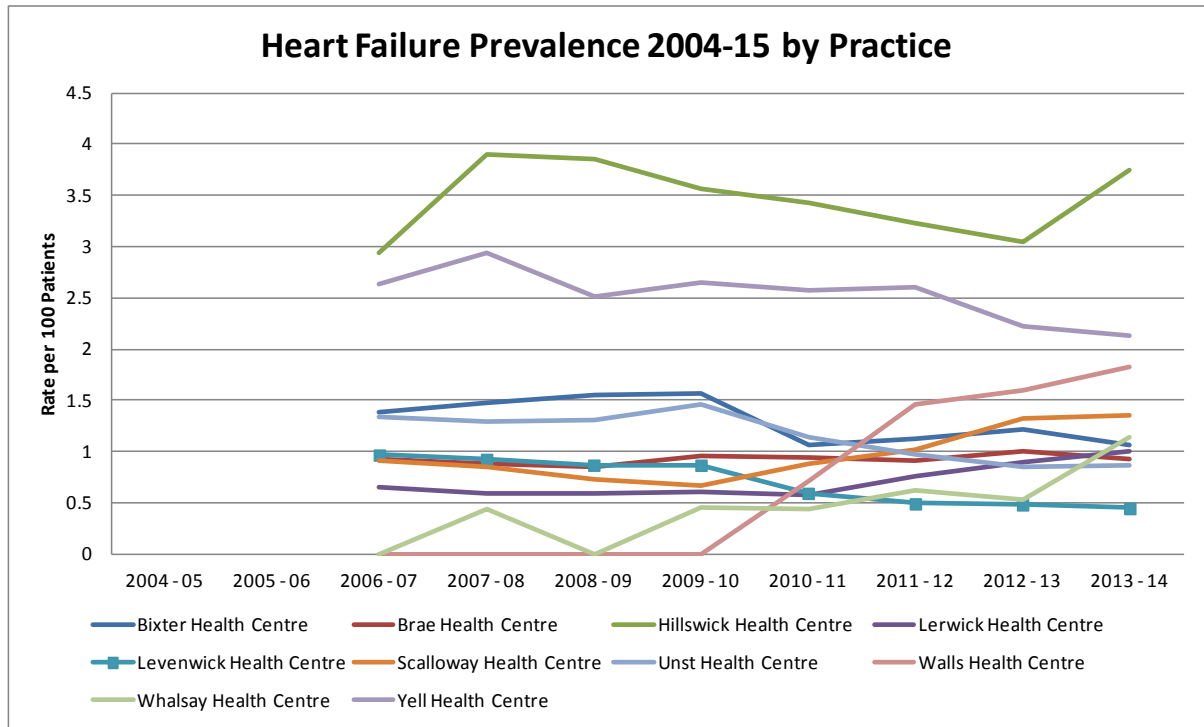


Rate per 100 patients

South mainland has relatively low levels of CHD.

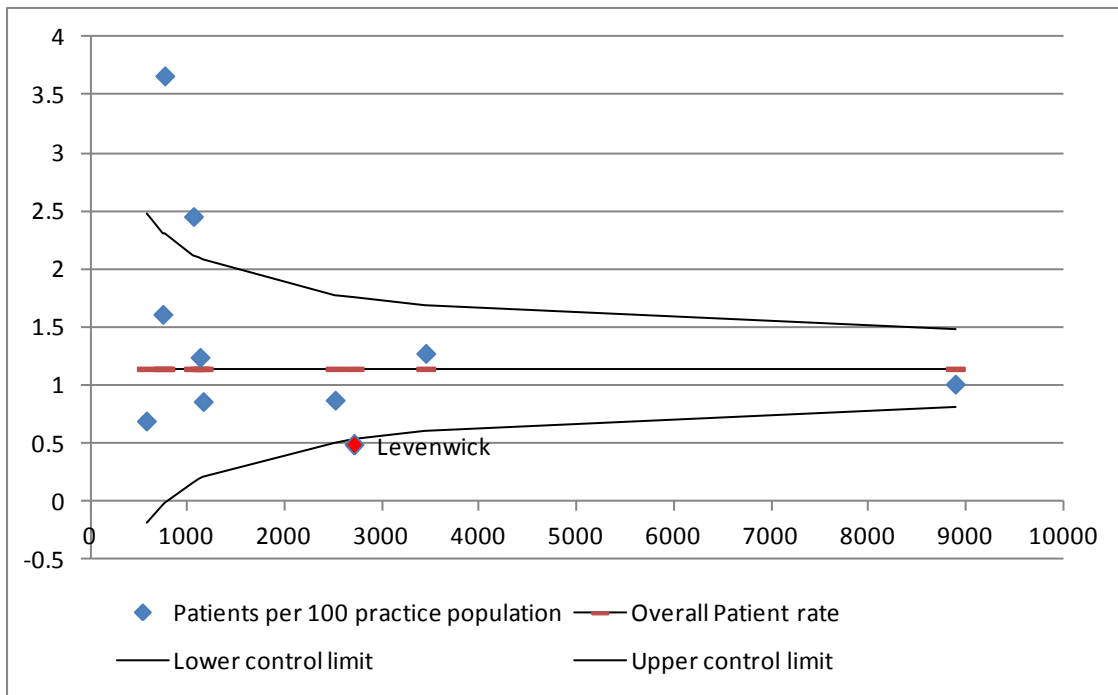
QOF – Heart Failure Prevalence

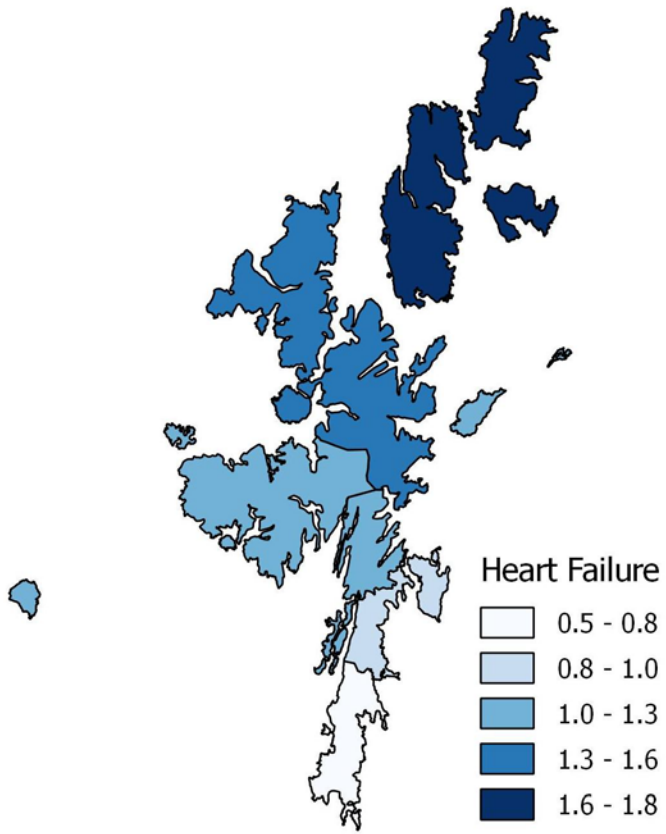
Heart failure is usually caused by a number of risks at the same time including any two or more of the following: high blood pressure, coronary heart disease, heart muscle weakness, heart rhythm disturbance or heart valve disease. Heart failure is a long term condition, but the situation may be improved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



Rates of heart failure prevalence in Levenwick have remained stable, and with the increase of rates of heart failure prevalence across other areas of Shetland, Levenwick has moved from roughly average rates to very low rates since 2004 – 05.

Heart Failure Prevalence Funnel Plot



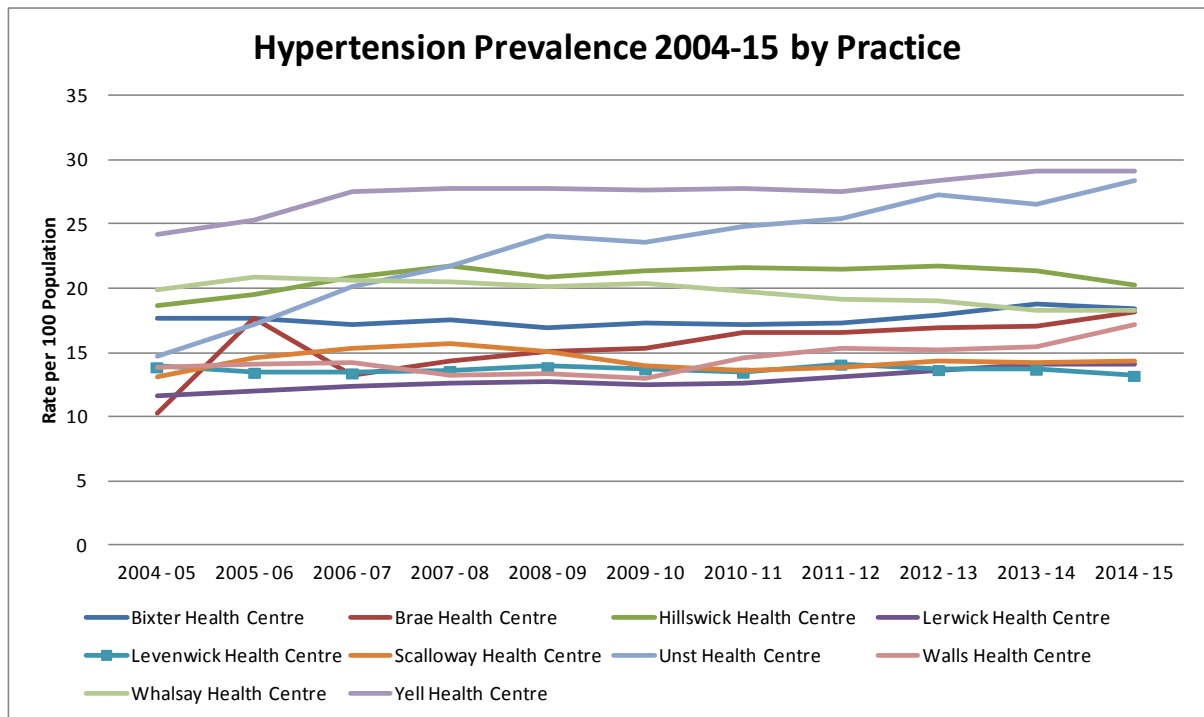


Rate per 100 patients

South mainland has a low level of heart failure.

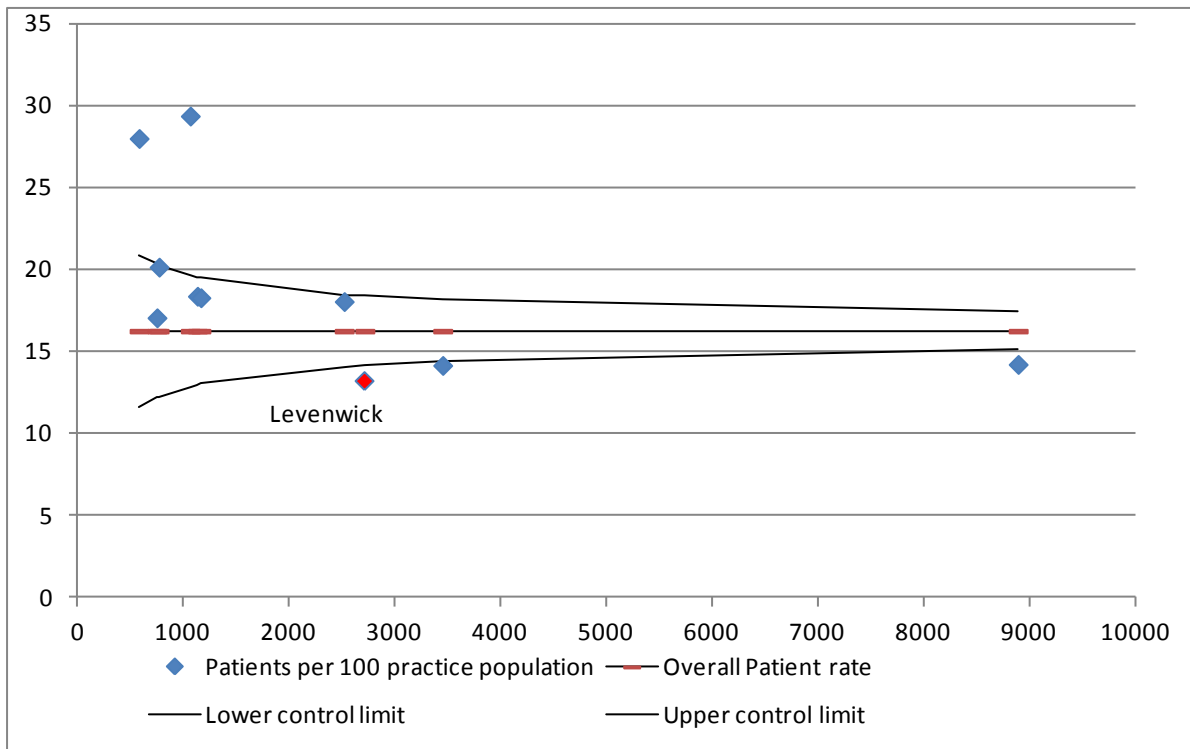
QOF – Hypertension Prevalence

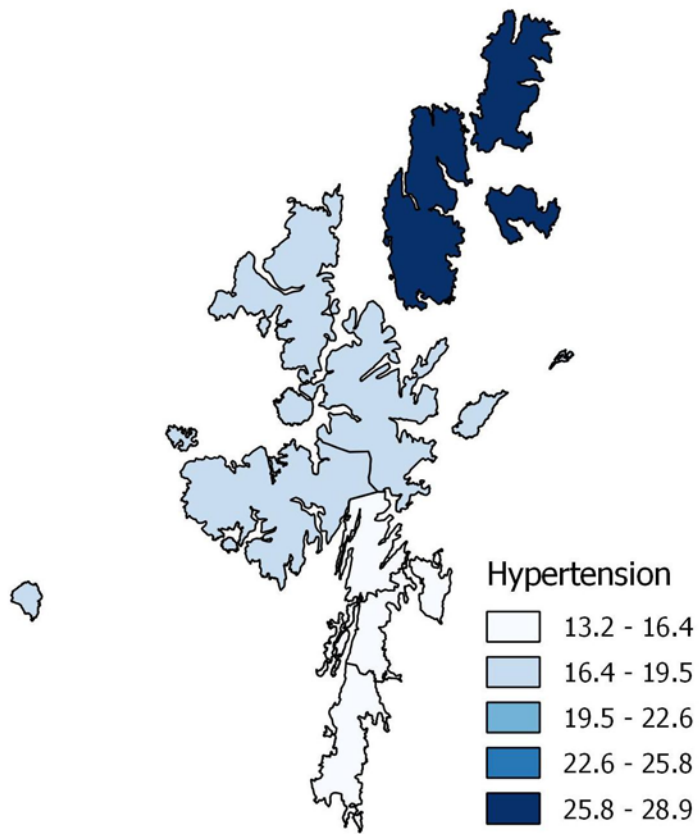
Hypertension is also known as high blood pressure, which is measured as systolic – the blood pressure when the heart beats, and diastolic – the blood pressure when the heart rests. Generally blood pressure is said to be high if the reading is over 140/90. Hypertension has a higher prevalence as you get 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.



Rates of hypertension prevalence in Levenwick have declined very slightly, and with the stable to slightly rising rates of hypertension prevalence across other areas of Shetland, Levenwick has moved from below average rates to low rates since 2004 – 05.

Hypertension Prevalence Funnel Plot



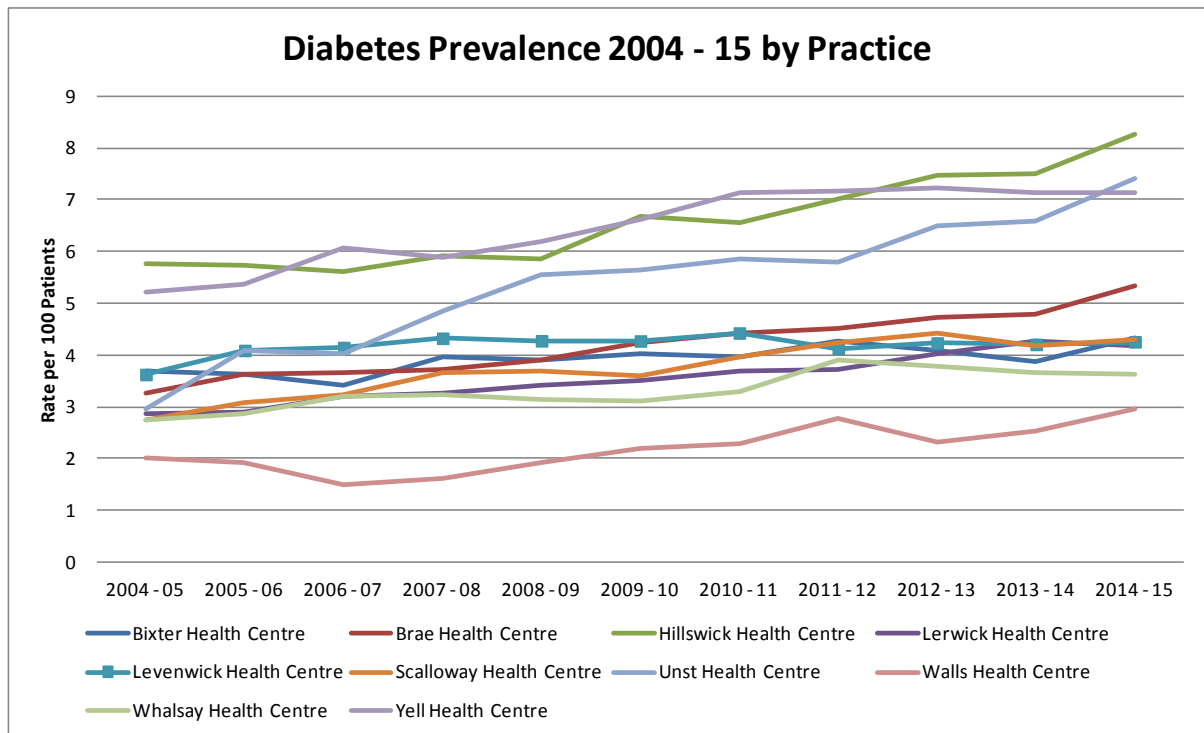


Rate per 100 patients

South mainland has a low level of hypertension compared to the rest of Shetland, which fits with a picture of relatively low levels of heart failure (where high blood pressure is often a contributing factor).

QOF – Diabetes Prevalence

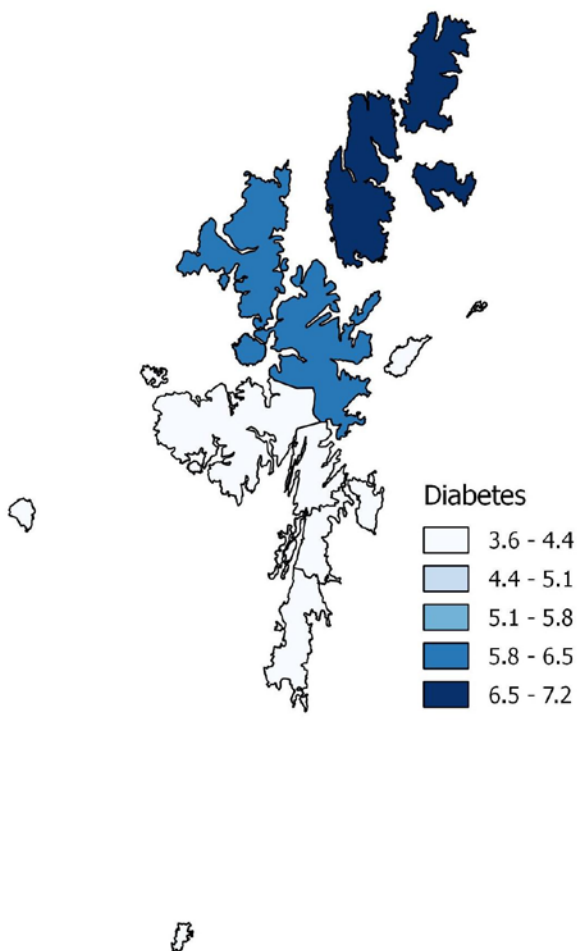
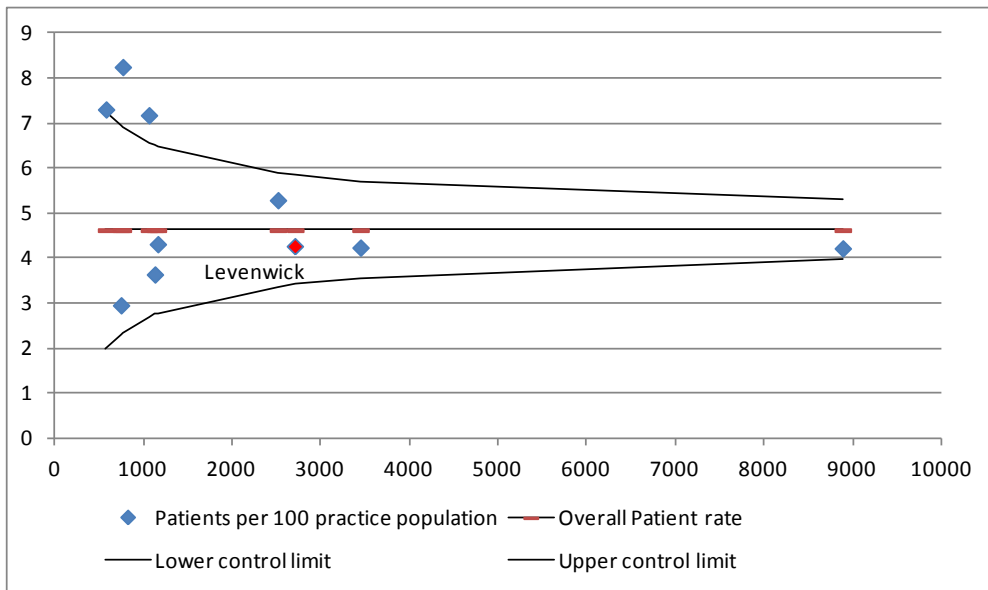
There are two variations of diabetes: type 1 and type 2. Type 1 diabetes is caused by the immune system killing the cells that produce insulin. This is incurable and results in needing to take insulin injections for the rest of your life along with blood glucose monitoring and having a healthy diet.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



Diabetes prevalence rate is currently below average in Levenwick and has remained roughly stable for 10 years.

There are currently 102 patients in the south mainland with type 2 diabetes, which is an average amount compared to the rest of Shetland.

Diabetes Prevalence Funnel Plot



Rate per 100 patients

The map shows below average levels of diabetes in south mainland.

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: -

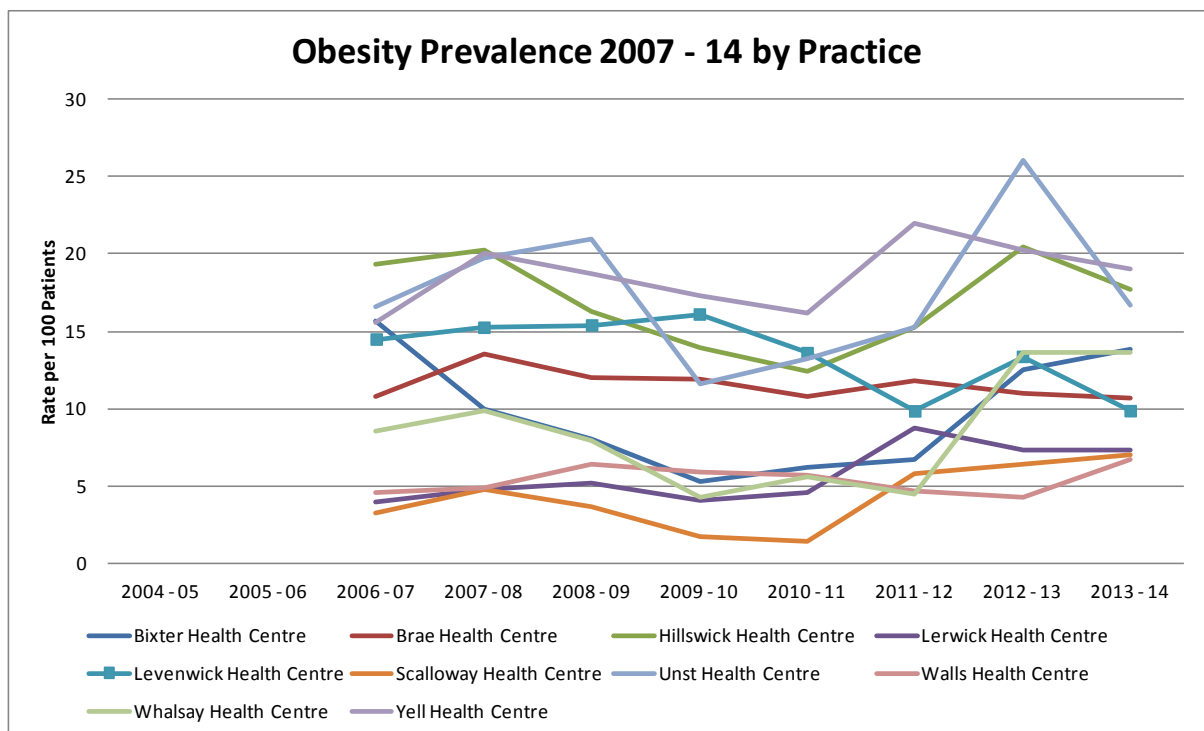
Overweight – BMI = 25 – 29.9

Mildly obese – BMI = 30 – 34.9

Moderately obese – BMI = 35 – 39.9

Morbidly obese – BMI = 40+

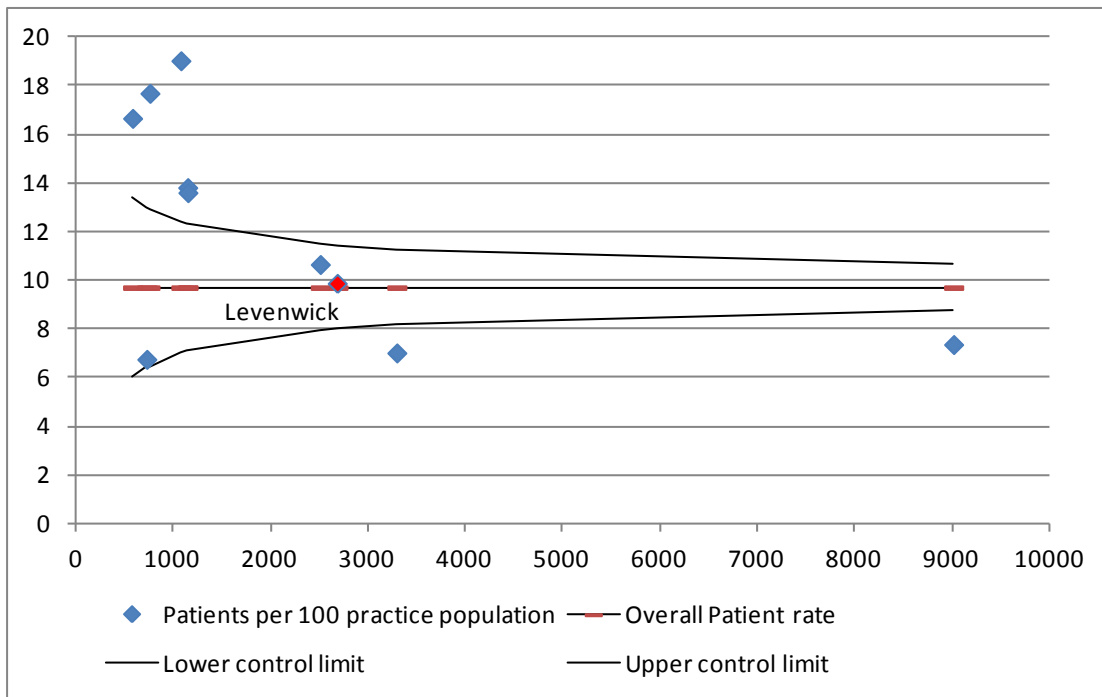
Obesity is caused by eating more calories than are used up through physical activity and exercise. To avoid or reduce obesity we need to eat a healthy balanced diet and exercise more. Weight will be lost when you are burning more calories than you are consuming. Obesity causes other risks to your health such as type 2 diabetes, and is a risk factor for coronary heart disease, breast cancer, bowel cancer and stroke.

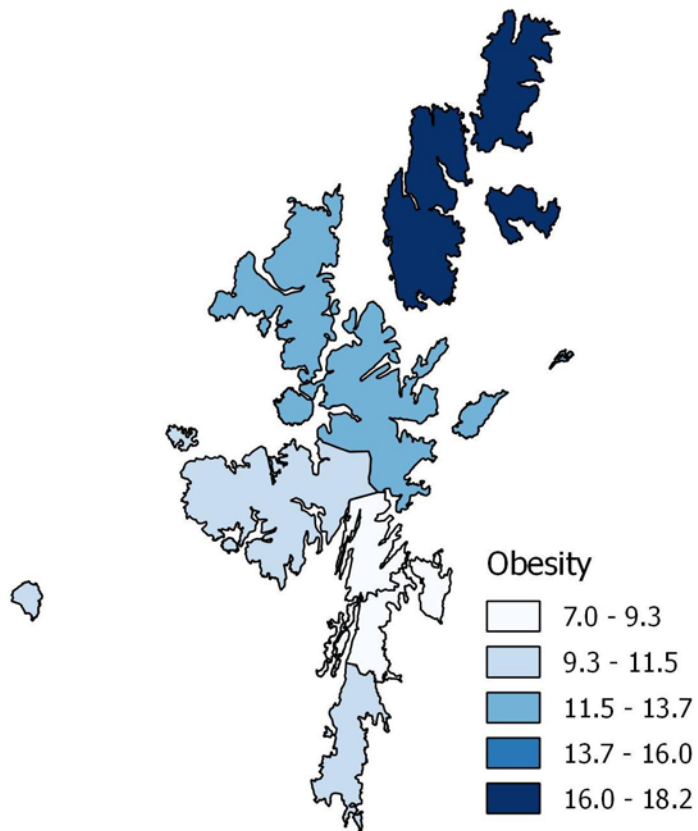


Levenwick has below average, and declining rates of obesity.

Obesity was not measured in QOF 2014 – 15.

Obesity Prevalence Funnel Plot





Rate per 100 patients

Obesity was not measured in QOF 2014 – 15.

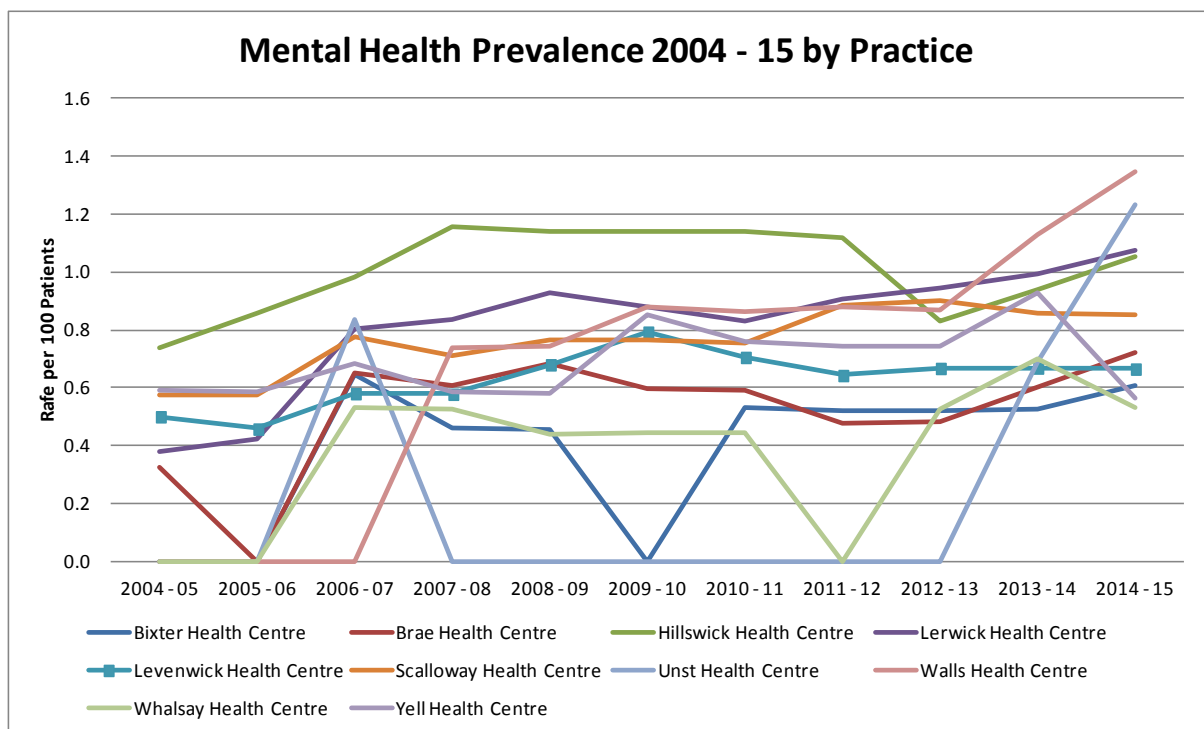
South mainland has less people identified as obese than the average for Shetland.

QOF – Mental Health Prevalence

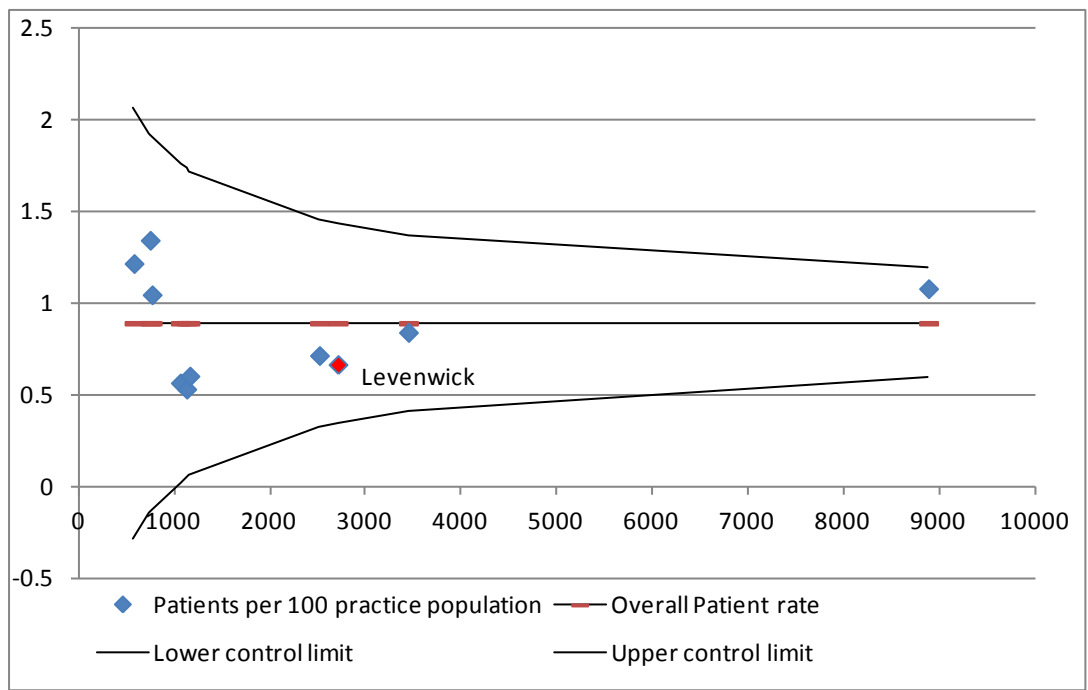
GPs record the number of people attending with a range of mental illness that includes depression, and the severe and enduring illnesses of schizophrenia, bipolar disorders (such as manic depression) and other psychoses. These severe illnesses usually need treatment with medication, though talking therapies (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.

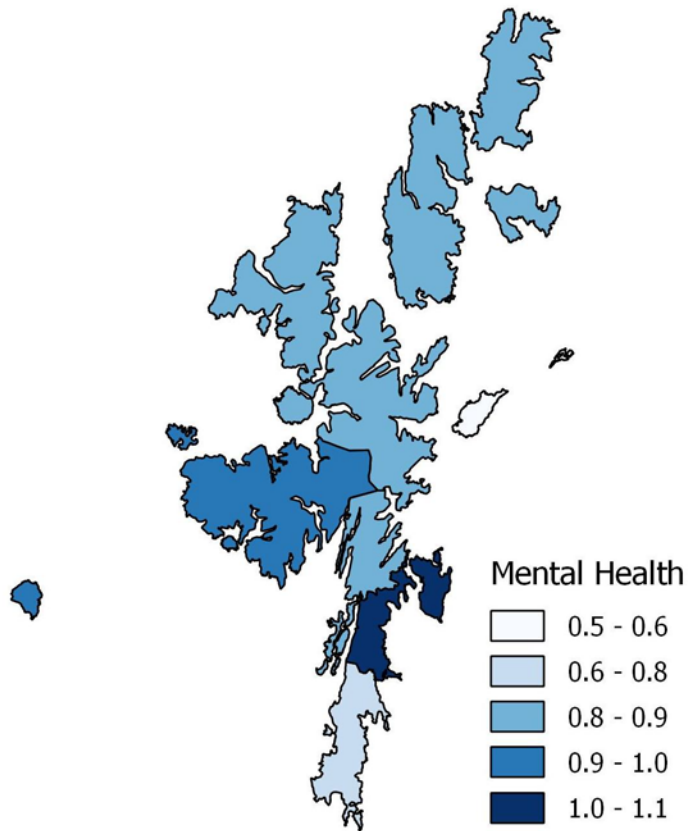
There are a range of other mental health problems such as anxiety and stress related problems that account for a lot of attendances in general practice. Increasingly we understand how to help people help themselves to deal with these problems, and how to prevent repeat episodes, and sometimes also use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

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



Mental Health Prevalence Funnel Plot





Rate per 100 patients

South mainland appears to have a slightly below 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.

Dementia

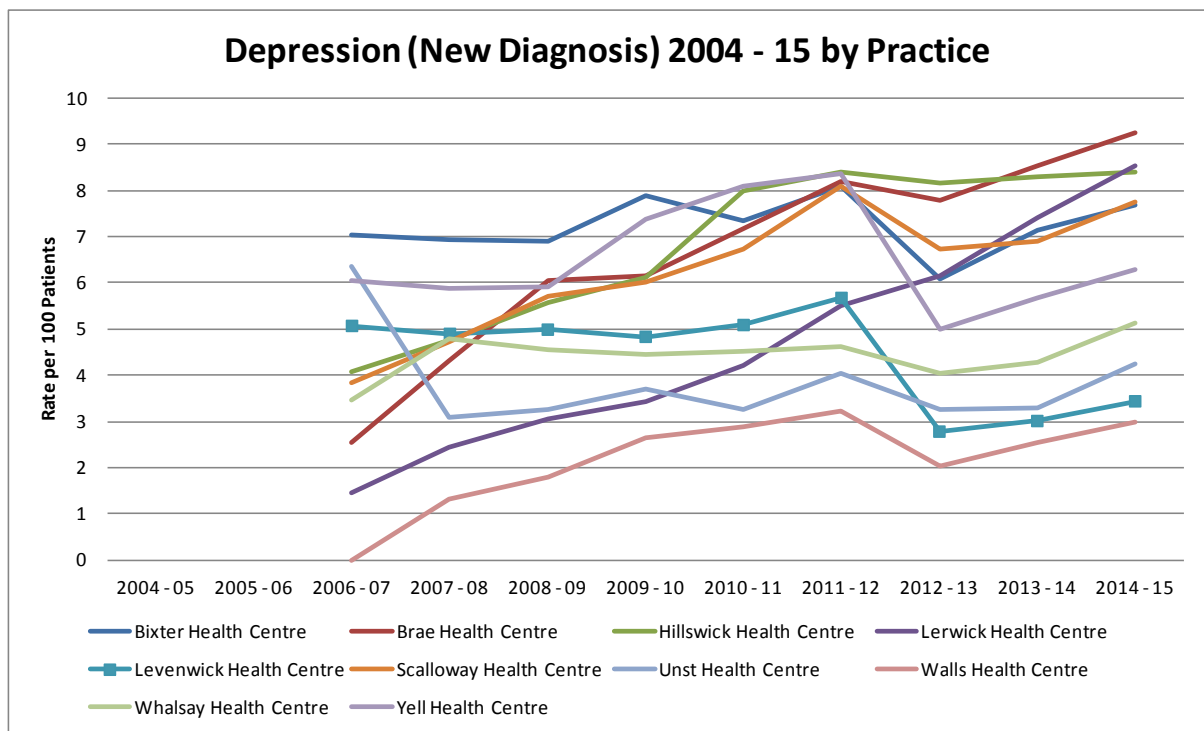
2016	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
South Mainland	14	14	14	12	12	11	11	12	11	11	12	12

The above table shows the number of patients diagnosed with dementia each month in 2016. The population in South Mainland at the end of 2016 was 2,678.

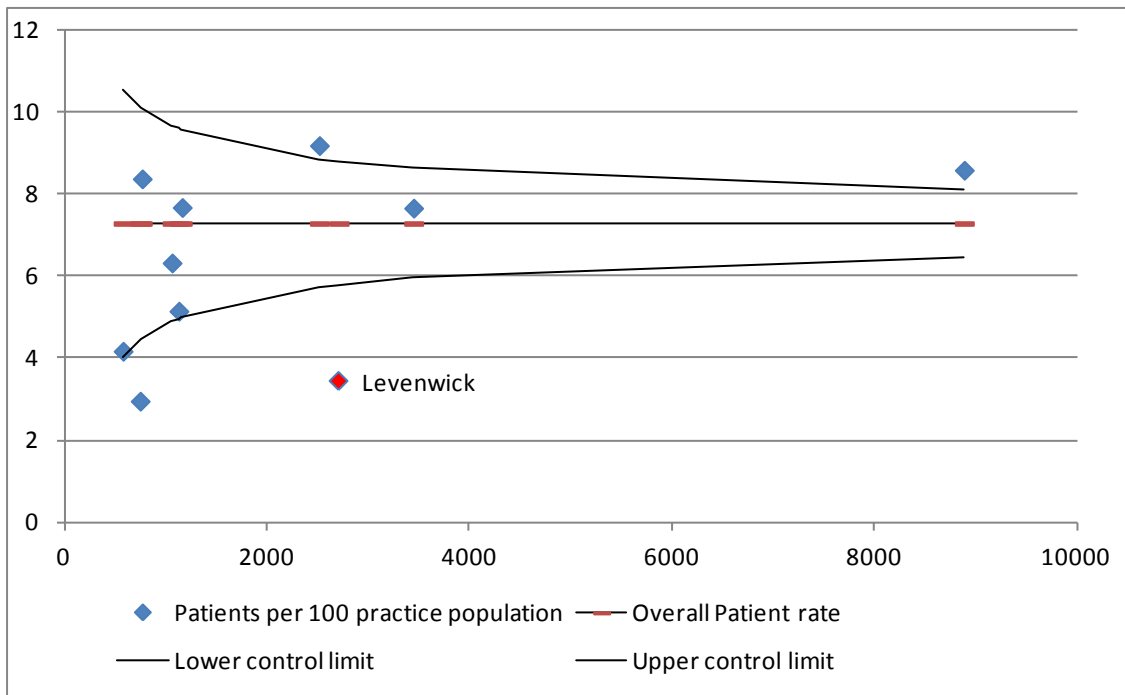
QOF – Depression (New Diagnosis) Prevalence

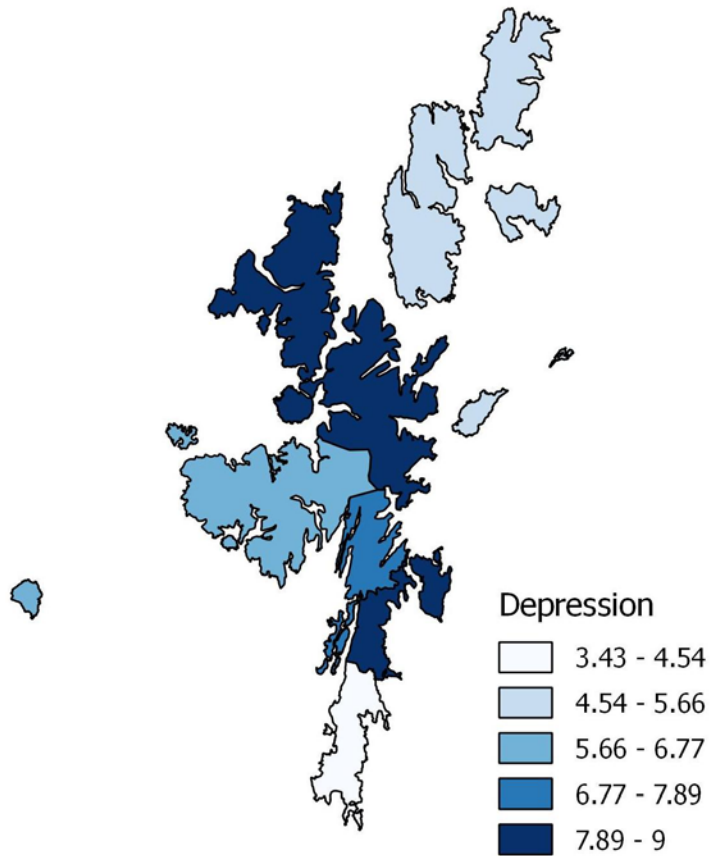
We can also look at specific types of mental illness e.g. depression, which shows a lower than average level in the south mainland compared to Shetland as a whole (this is of new diagnosis as opposed to prevalence which is the number of people living with a condition).

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.



Depression (New Diagnosis) Prevalence Funnel Plot





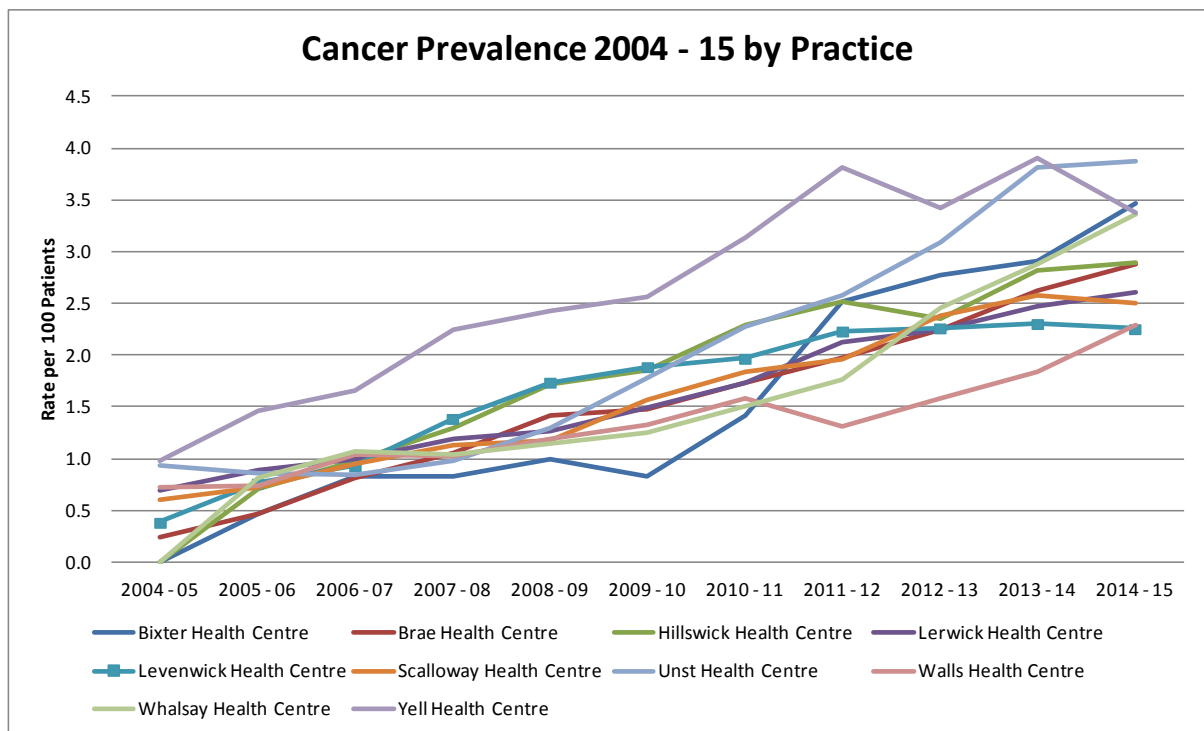
Rate per 100 patients

South mainland appears to have a lower than average level of depression as identified in general practice.

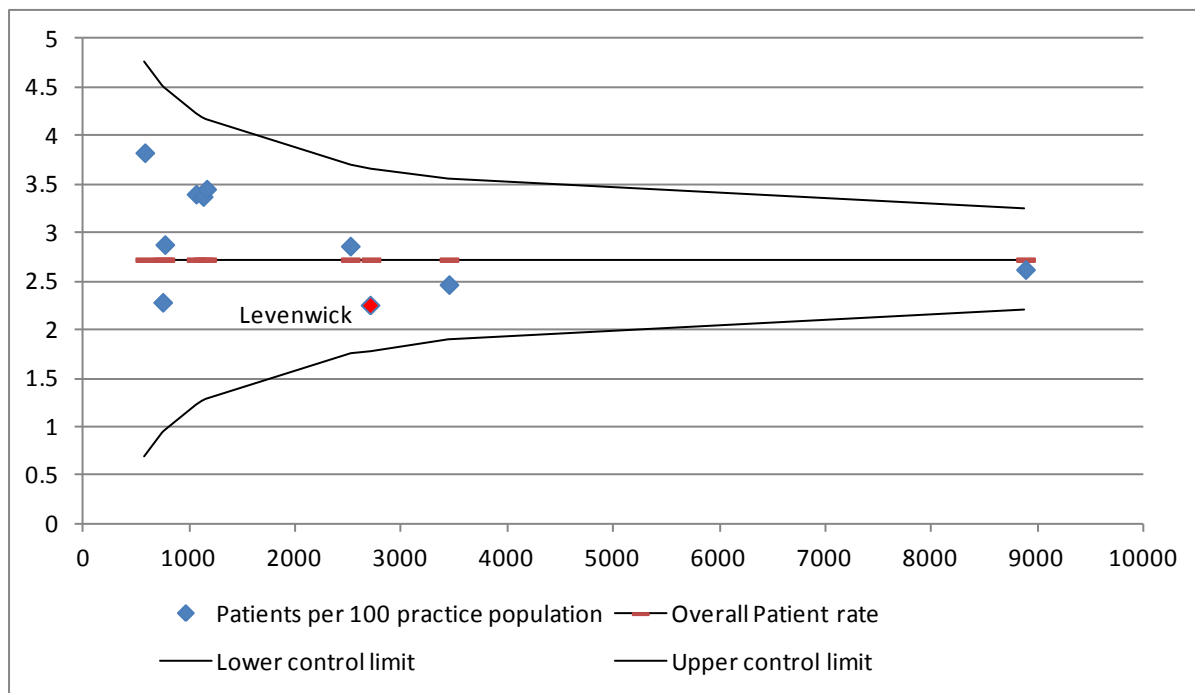
QOF – Cancer Prevalence

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 has 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 if general increase over the years.



Cancer Prevalence Funnel Plot



Levenwick has a below 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.

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

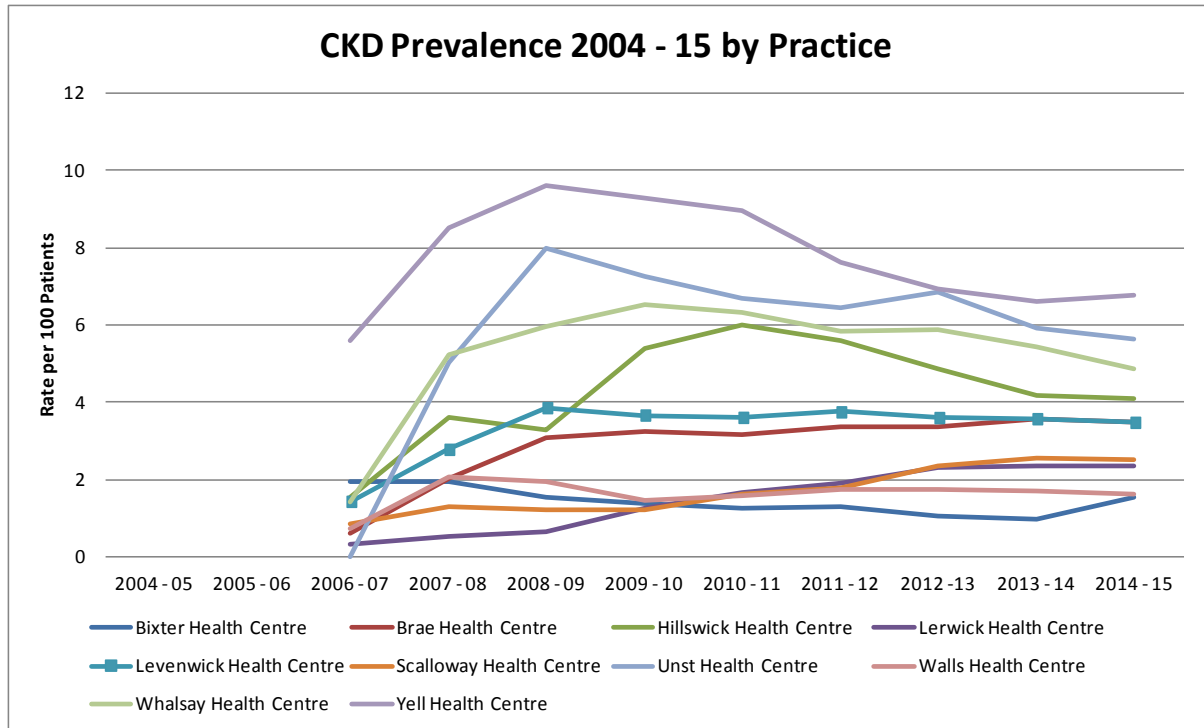
Screening programmes tend to focus on cancers that can be prevented or benefit from early diagnosis and treatment, usually affecting younger people, and there is a national programme to detect cancer early to encourage people into early treatment to reduce premature deaths (counted as deaths in under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

Care Homes

In the South Mainland locality there is one care home, Overtonlea Care Centre, Levenwick, ZE2 9HX. This is run by the SIC and has 15 beds and 12 day support places.

QOF - CKD Prevalence

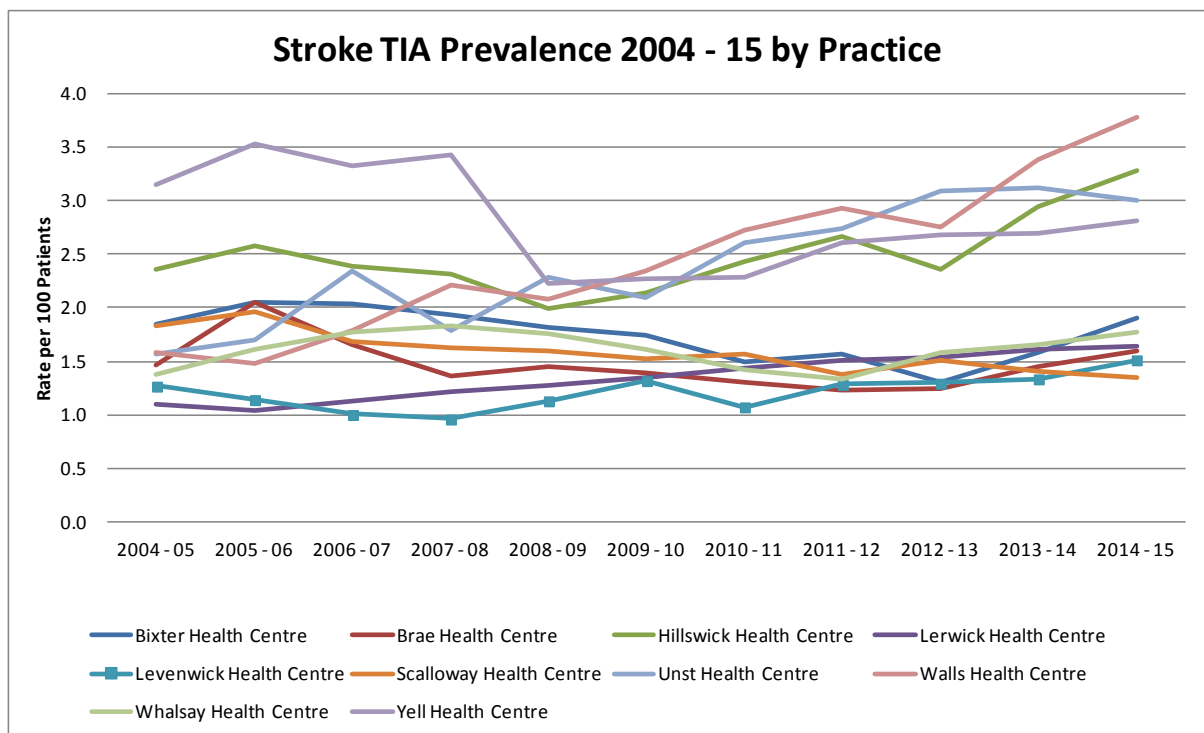
CKD stands for chronic kidney or renal disease and is another disease for which GPs keep a register of patients so they can make sure that long term treatment is provided or risk factors that might prevent deterioration are managed where possible.



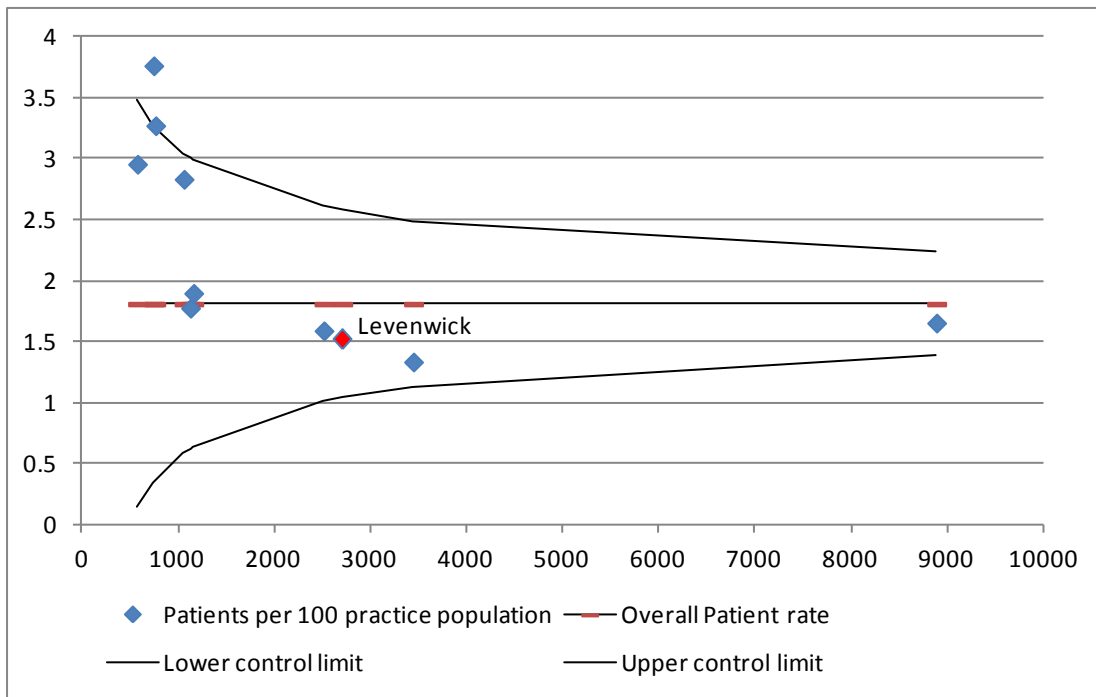
There is an average prevalence of CKD in the south mainland.

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 appears to be a slightly lower than average number of strokes / TIAs in south mainland.

Suicides

Since 2010 there have been 5 suicides or deaths of undetermined intent in the south mainland area.

Hospital Admissions

Total Admissions

	Elective	Emergency	Maternity	Total
Levenwick	73	46	9	128

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, or because of delays in getting the right care set up in their own home or a care setting. From south mainland the longest hospital stay is just over 3 months.

Maximum Length of Stay

	Elective	Emergency	Maternity
Levenwick	12	143	3

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 25% of the admissions to hospital from the south mainland are people admitted more than once.

Patients with >1 Admission and Type of Admission (no of admissions)

	Elective	Emergency	Maternity	Total
Levenwick	23	9	3	35

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
Heart Attack	0	1	1
Stroke	0	2	2
CHD	0	1	1

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 have been 5 suicides or deaths of undetermined intent in south mainland locality. (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)

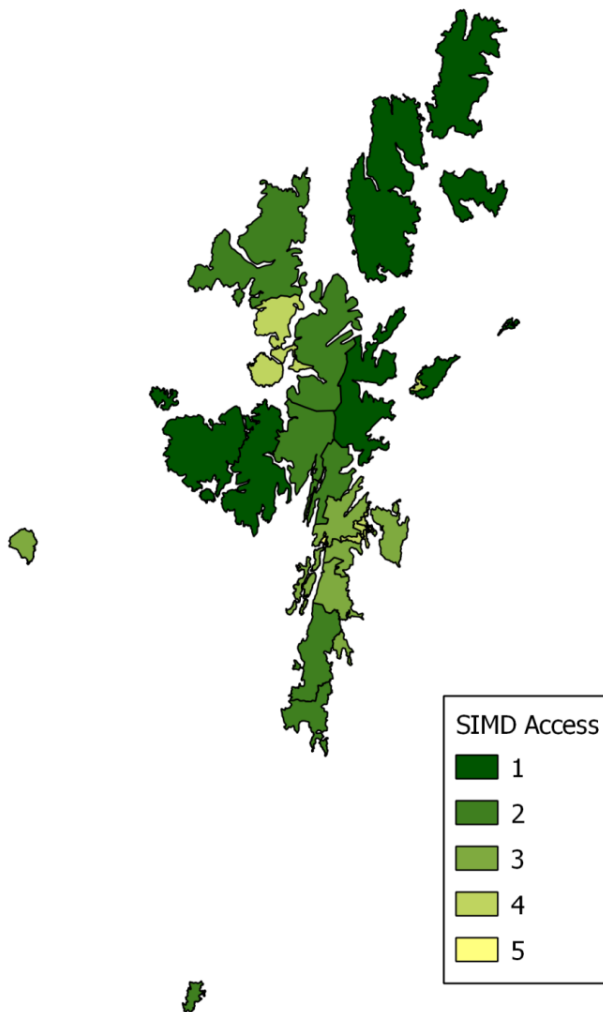
	2012 - 13	2013 - 14	2014 - 15	Total
Cancer	10	5	5	20
CVD	0	1	4	5
CHD	2	1	3	6
Respiratory	0	0	1	1

Deprivation - SIMD Classifications

The Scottish Index of Multiple Deprivation 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.

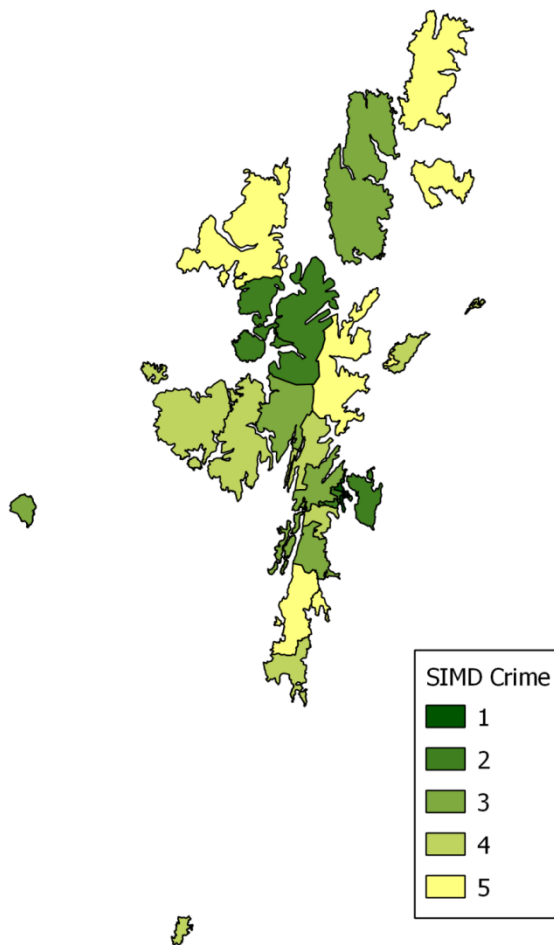
The following maps show the 5 quintiles within Shetland for each separate domain and finally for the combined index. Nationally there are also 5 quintiles, as you would expect, however no area of Shetland is within the lowest two national quintiles. The quintiles are from 1 (most disadvantaged) to 5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

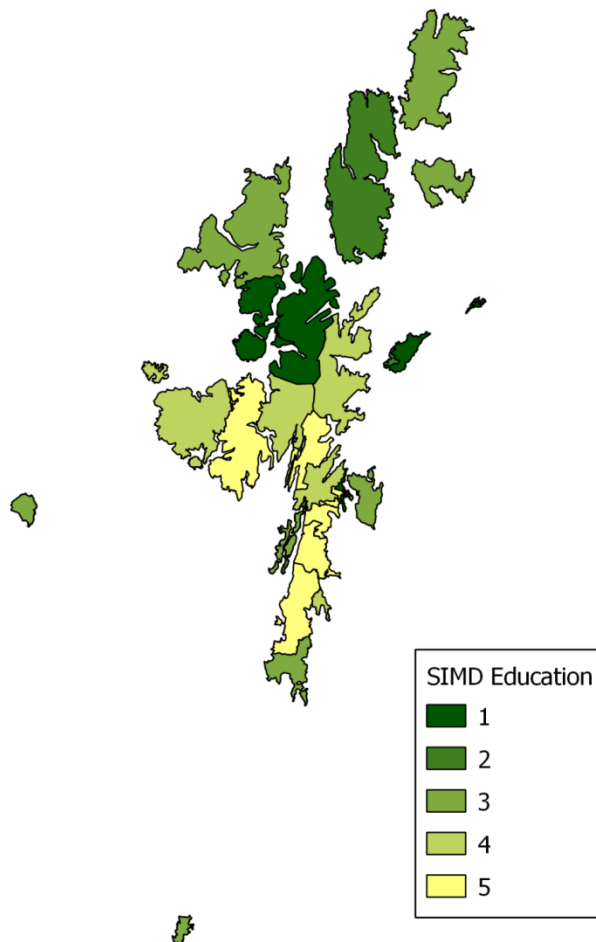
- Domestic house breaking
- Drug offences
- Common assault
- Crimes of violence
- Vandalism
- Sexual offences



Education - shows:

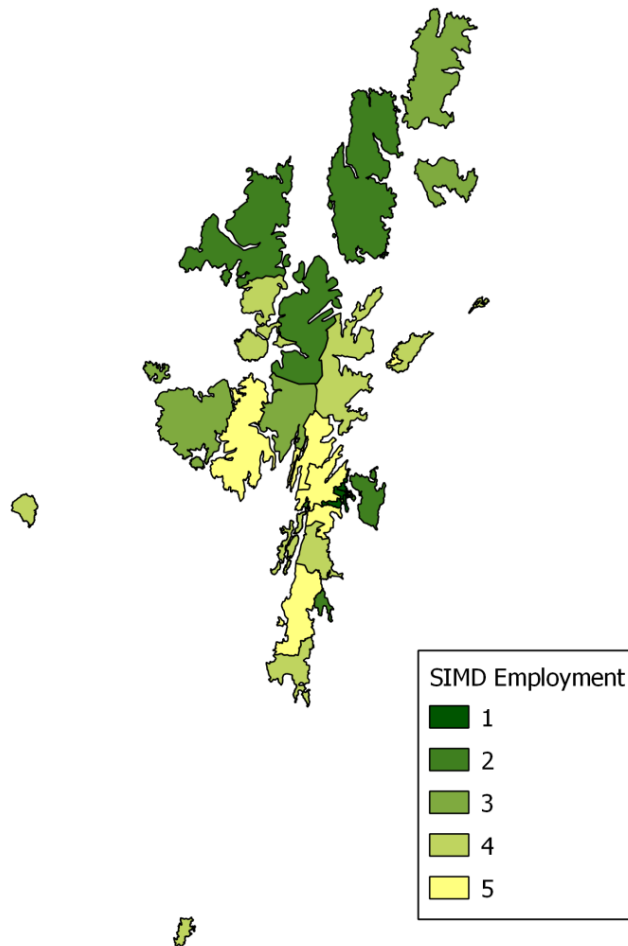
- School pupil absences
- Pupil performance on SQA at stage 4
- Working age people with no qualifications
- 17-21 year olds enrolling into full time higher education
- School leavers aged 16-19 not in education, employment or training

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

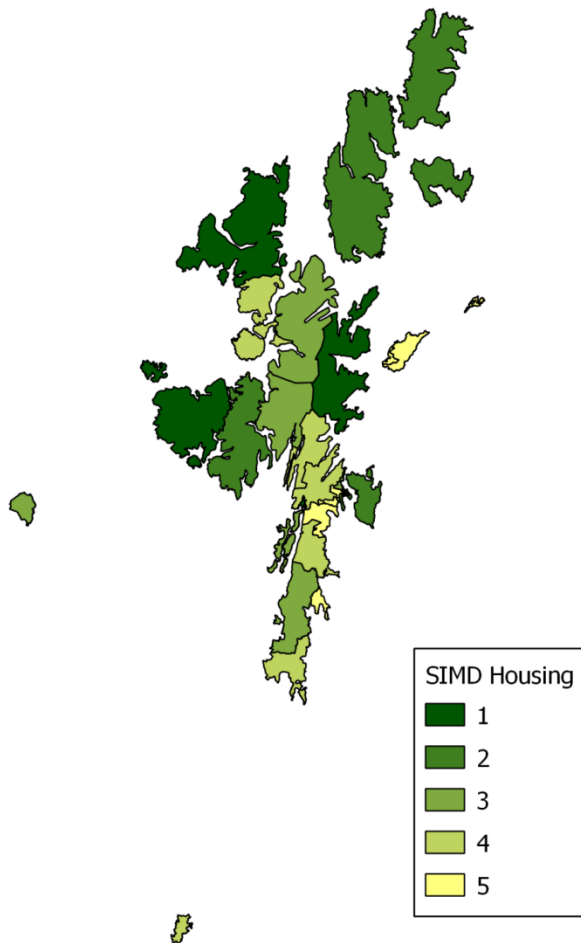


Employment - this is made up of unemployment figures and related benefits: Incapacity Benefit, Employment Support Allowance and working age Severe Disablement Allowance recipients.

The data shows a mixed picture across the south mainland area.

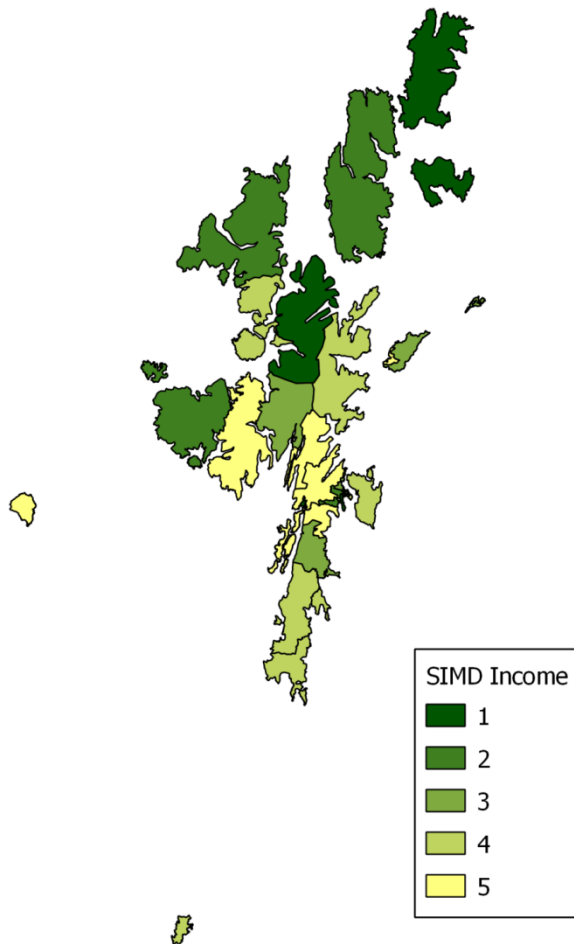


Housing - measures people living in overcrowding, and those living without central heating as a measure of deprivation. Fuel poverty is a well established indicator that is overall high in Shetland and other remote and rural areas compared to Scotland as a whole.

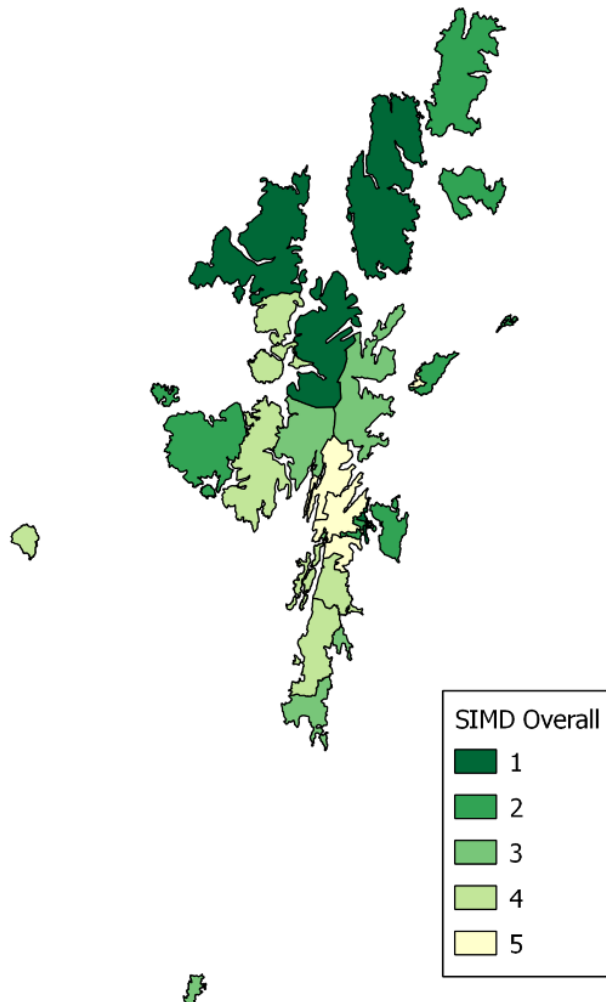


Income - the index measures a number of specific benefits related to low income:

- 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. South mainland has neither the best nor the worst of the variation, 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](#)