

Shetland Islands Health and Wellbeing Profiles – key indicators and overview

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Introduction

The ScotPHO Health and Wellbeing profiles (www.scotpho.org.uk/comparative-health/profiles/online-profiles-tool) provide a set of health and wellbeing indicators for Scottish local authority areas. The indicators are displayed in spine charts for each local authority and are measured in the same way in each part of Scotland. One of the key aims of the profiles is to allow comparisons between areas, and the data that are available demonstrate the inequalities in outcomes between areas.

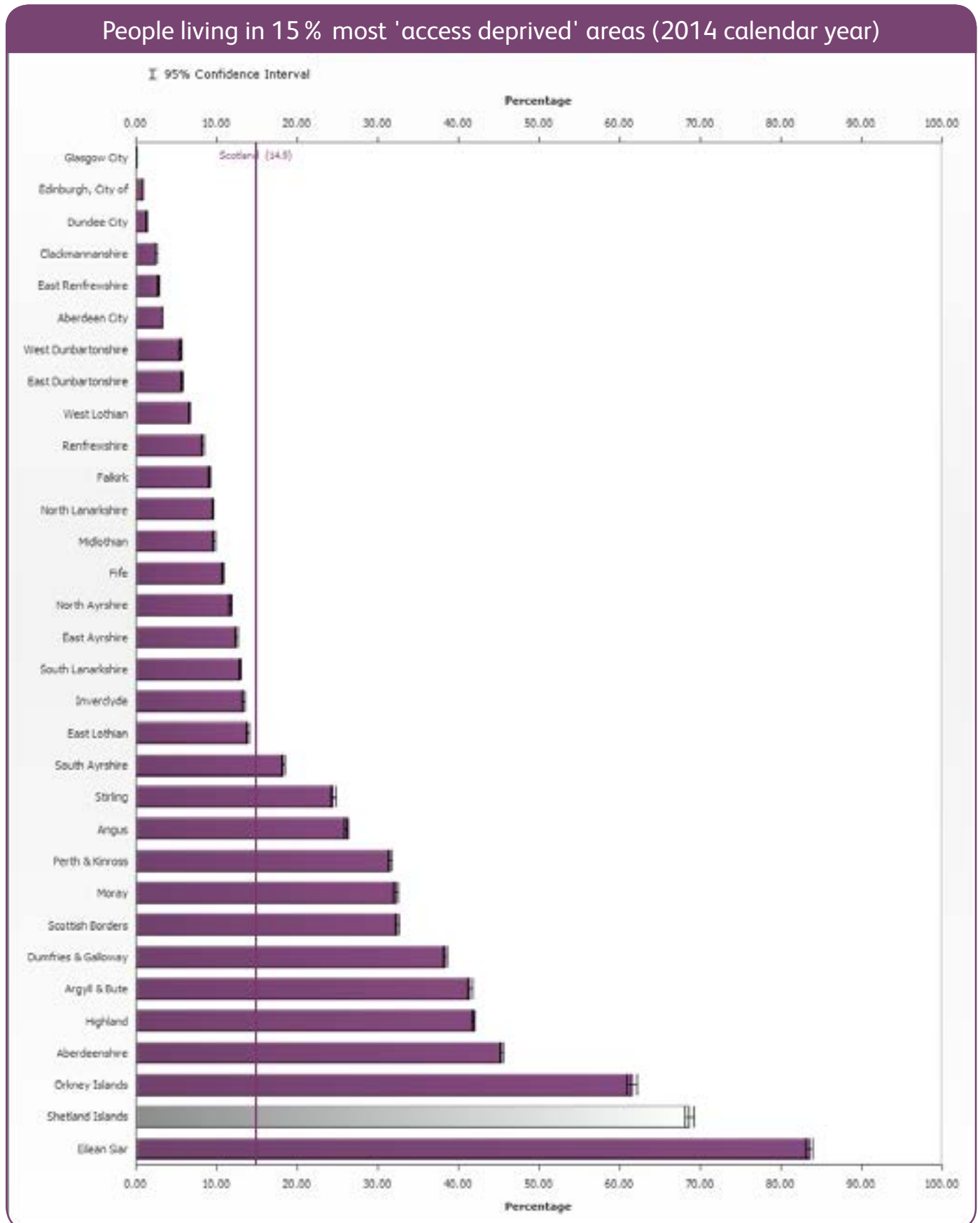
Feedback shows that some people find using the online profiles tool daunting, therefore this report will provide key points without the need to go into the tool. For further details or up-to-date figures see the final section of this report, which explains how to use the tool.

The featured spine chart compares the local and national position for each indicator. Also included – for the worst key indicator locally – are a trend chart, showing changes over time in comparison with Scotland, and a rank chart, showing how your local authority compares with the other 31 local authorities. These charts can be accessed online by clicking on an individual indicator name in the spine chart.

Throughout this report we refer to the European Age Standardised Rate (EASR), which is the rate per 100,000 population adjusted for the different age balances. Unless the indicator is given for one sex only, the EASRs adjust for both differing age and sex balance. Crude rates are the rates before any adjustment. Unless specified as crude, 'rate' always means the EASR in this report.

Key differences from Scotland in health and wellbeing indicators for Shetland Islands

The 'worst' indicators, ranked locally are reported below in the key differences summary. The aim is to provide an indication of which areas might be considered as priorities for improvement.



Methods

Indicators are highlighted only when it is considered that the difference between the local and national figure is not just due to random variation (in other words the difference is statistically significant). Figures were ordered from the worst to the best, then the six worst were selected and compared to the Scottish averages. This information may be of use in health improvement planning, but must be considered in a local context.

The information in this report is a snapshot taken on a particular date (25 February 2016). The indicators are updated continuously, and therefore more up-to-date information may be available online. To avoid disclosure as a result of small numbers, many indicators use aggregated figures where necessary, for example over a three- or five-year period, such as 2012–14. The data can be collected for a calendar year, such as 2012, or a financial year, such as 2012/13.

Key indicators for Shetland Islands

For Shetland Islands in 2014, the percentage of people living in 15% most 'access deprived' areas was 69%, which was 359% higher than the Scottish level of 15%.

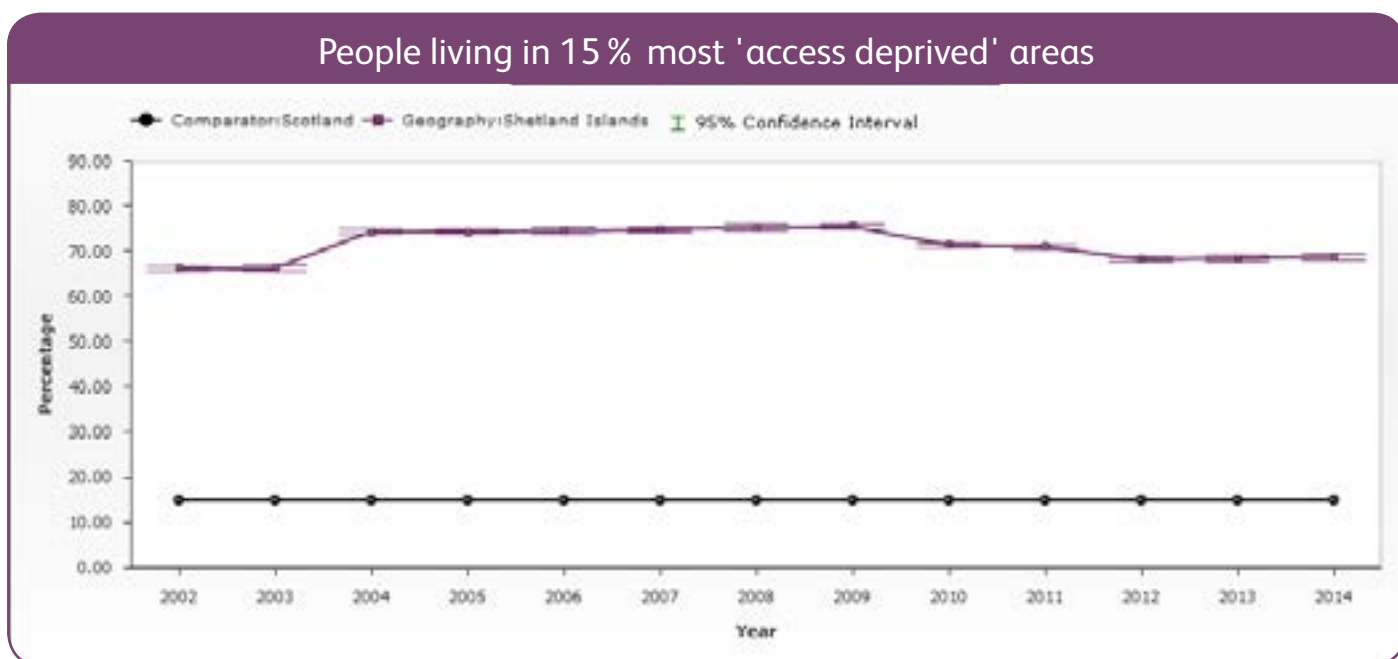
In 2012–2014, the percentage of immunisation uptake at 24 months – MMR was 90%, which was 5% lower than the Scottish level of 95%.

In 2014/15, the crude rate of violent crimes recorded was based on numbers too small to report, but was lower than the Scottish level of 12/10,000.

In 2010/11, the percentage of secondary school attendance was 93%, which was 2% higher than the Scottish level of 91%.

In 2011–2013, the rate for patients (65+) with multiple emergency hospitalisations was 4359/100,000, which was 16% lower than the Scottish level of 5159/100,000.

In 2011–2013, the percentage of bowel screening uptake was 66%, which was 17% higher than the Scottish level of 56%.



Health & Wellbeing Profiles (Shetland Islands)

Domain	Indicator	Period	Number	Measure	Type	National Average	'Worst'	Scotland Comparator	'Best'
Life Expectancy & Mortality	1 Male life expectancy ¹⁸	2011	n/a	77.4	yrs	76.6			
	2 Female life expectancy ¹⁸	2011	n/a	81.3	yrs	80.8			
	3 Deaths all ages ¹²	2013	209	1,054.5	sr4	1,169.8			
	4 All-cause mortality among the 15-44 year olds. ¹²	2013	10	121.6	sr4	100.5			
	5 Early deaths from CHD (<75) ¹²	2012	11	51.0	sr4	60.7			
	6 Early deaths from cancer (<75) ¹²	2013	36	154.1	sr4	154.7			
Behaviours	7 Estimated smoking attributable deaths ^{3,13,16}	2014	31	263.1	sr4	366.8			
	8 Smoking prevalence (adults 16+) ^{3,14}	2014	42	16.2	%	20.2			
	9 Alcohol-related hospital stays ¹⁵	2014	138	588.7	sr4	671.7			
	10 Deaths from alcohol conditions ¹⁷	2012	3	14.6	sr4	23.1			
	11 Drug-related hospital stays ^{12,15}	2013	19	83.6	sr4	122.0			
	12 Active travel to work ^{3,14}	2013	36	12.0	%	16.0			
	13 Patients registered with cancer ¹²	2012	147	701.4	sr4	634.1			
	14 Patients hospitalised with chronic obstructive pulmonary disease (COPD) ^{12,15}	2012	72	365.1	sr4	659.9			
	15 Patients hospitalised with coronary heart disease ¹²	2012	80	368.0	sr4	440.3			
	16 Patients hospitalised with asthma ¹²	2012	9	38.3	sr4	91.2			
Ill Health & Injury	17 Patients with emergency hospitalisations ¹²	2012	1,622	7,340.3	sr4	7,500.2			
	18 Patients (65+) with multiple emergency hospitalisations ¹²	2012	162	4,358.8	sr4	5,159.5			
	19 Road traffic accident casualties ¹²	2012	22	96.3	sr4	63.2			
	20 Population prescribed drugs for anxiety/depression/psychosis ³	2014	3,231	13.9	%	17.4			
	21 Patients with a psychiatric hospitalisation ¹²	2012	28	124.1	sr4	291.6			
	22 Deaths from suicide ¹⁷	2011	6	24.1	sr4	14.5			
Mental Health	23 Adults claiming incapacity benefit/severe disability allowance/employment and support allowance	2014	650	2.8	%	5.1			
	24 ³ People aged 65 and over with high levels of care needs who are cared for at home	2013	77	46.1	%	34.7			
Social Care & Housing	25 Children looked after by local authority ³	2013	25	4.8	cr2	14.4			
	26 Single adult dwellings	2014	3,326	30.4	%	37.5			
Education	27 Average tariff score of all pupils on the S4 roll ¹³	2012	n/a	210.0	mean	193.0			
	28 Primary school attendance	2010	1,710	95.2	%	94.8			
	29 Secondary school attendance	2010	1,387	92.9	%	91.1			
	30 Working age adults with low or no educational qualifications ³	2013	1,500	10.9	%	12.6			
Economy	31 Population income deprived	2014	1,475	6.3	%	13.1			
	32 Working age population employment deprived	2014	915	6.2	%	12.2			
	33 Working age population claiming Out of Work benefits	2014	840	5.7	%	12.0			
	34 Young people not in employment, education or training (NEET). ³	2014	60	5.5	%	6.5			

	35	Children Living in Poverty	2012	335	6.0	%	15.3	
	36	People claiming pension credits (aged 60+)	2014	275	4.8	%	6.9	
	37	Crime rate	2014	418	18.0	cr2	40.4	
	38	Prisoner population ^{3,13}	2012	18	94.4	sr4	171.2	
	39	Referrals to Children's Reporter for violence-related offences ³	2013			cr2	2.1	
	40	Domestic Abuse ³	2014	107	46.1	cr9	112.0	
	41	Violent crimes recorded ³	2014	10	4.3	cr9	11.9	
	42	Drug crimes recorded ³	2014	71	30.6	cr9	68.9	
	43	Population within 500 metres of a derelict site	2013	217	0.9	%	29.7	
	44	People living in 15% most 'access deprived' areas	2014	15,965	68.7	%	15.0	
	45	Adults rating neighbourhood as 'a very good place to live' ^{3,14}	2014	n/a	74.6	%	55.8	
	46	Teenage pregnancies ¹²	2012	21	30.2	cr2	41.1	
	47	Mothers smoking during pregnancy ¹²	2013	36	14.3	%	18.5	
	48	Low birth weight ¹²	2013	2	1.0	%	2.0	
	49	Babies exclusively breastfed at 6-8 weeks ¹²	2013	117	45.4	%	26.8	
	50	Child dental health in primary 1	2013	198	80.8	%	66.7	
	51	Child dental health in primary 7	2013	161	71.9	%	47.7	
	52	Child obesity in primary 1	2013	15	5.8	%	10.1	
	53	Breast screening uptake ¹²	2011	792	85.6	%	72.5	
	54	Bowel screening uptake ¹²	2012	2,467	65.8	%	56.0	
	55	Immunisation uptake at 24 months - 5 in 1 ¹²	2013	259	97.1	%	98.2	
	56	Immunisation uptake at 24 months - MMR ¹²	2013	241	90.4	%	95.3	
Crime								
Environment								
Women's & Children's Health								
Immunisations and Screening								

Key

Notes:

- Data available down to council (local authority) area only.
- Three-year average number, and 3-year average annual measure.
- Indicator based on HB boundaries prior to April 2014.
- Two-year combined number, and 2-year average annual measure.
- All 6 diagnosis codes used in the analysis; please see the technical report for more information.
- Two-year average number, and 2-year average annual measure
- Five-year average number, and 5-year average annual measure
- Three year average for health boards, local authorities and Scotland. Five year average intermediate geographies

Spine Chart

Key:

- % =percent
- cr2 =crude rate per 1,000 population
- cr9 =crude rate per 10,000 population
- mean=average
- sr4 =age-sex standardised rate per 100,000 population to ESP2013. Please see Appendix I in the technical report.
- ys =years

Spine Chart

Key:

- Statistically significantly 'worse' than National average
- Statistically not significantly different from National average
- Statistically significantly 'better' than National average
- Statistically significant difference compared to National average
- No significance can be calculated



See the detailed Definitions and Sources table for indicator information and Technical Report for further guidance on interpreting the spine.

Overview of the ScotPHO profiles for Shetland Islands

Introduction

This section provides an overview of the population in Shetland Islands and all the health and wellbeing indicators in the area. The 56 indicators are split into 13 themes (also called domains). For each theme, comparisons are made between what is observed locally and the national picture.

As we include all indicators in the overview summary, some of these differences may be due to random variation. The spine chart (page 4–5) can be used to examine this. The colour of the dot on the spine chart indicates whether the differences are considered to be due to random variation or are statistically significant. Note that an indicator shown as higher does not always mean worse; it could be better. This depends on what the individual indicator measures. Please note that in this overview we use 'similar' wherever a difference is not statistically significant.

Population structure

In 2014, 63% (14,689/23,230) of the population of Shetland Islands was of working age (16–64 years), lower than the national percentage of 65%. Children and young people (aged 0–15 years) made up 19% (4309/23,230) of the population, higher than the national 17%. Adults aged over 75 years comprised 7.6% (1768/23,230) of the population, lower than the national average of 8.1%. The population structure of Shetland Islands has more younger people, fewer older people, and fewer people of working age than the national average.

Life expectancy

Life expectancies in 2011, at 77.4 years for males and 81.3 years for females, were similar to the Scottish average of 76.6 years for males and similar to the Scottish female average of 80.8 years.

Mortality

In 2012–2014, the overall mortality rate among young adults (aged 15–44 years) was, at 122, similar to the Scottish rate of 101. Among those aged under 75 years, cancer mortality was 154, so similar to the Scottish rate of 155. For the same age group, for coronary heart disease, the mortality rate was 51, similar to the Scottish rate of 61.

Behaviours

In Shetland Islands the prevalence of smoking in adults in 2014 was, at 16%, similar to that in Scotland (20%). The rate for smoking-attributable deaths in 2013–2014, at 263, was similar to Scotland (367). The rate for alcohol-related hospital stays in 2014/15 was 589, similar to the rate for Scotland (672). The rate for drug-related hospital stays in 2012/13–2014/15, at 84, was similar to Scotland's 122. In 2010–2014, the rate for alcohol-related deaths, at 15, was similar to the Scottish rate of 23. The percentage of adults walking or cycling to work in 2012/2013, at 12%, was similar to the 16% who did so in Scotland overall.

Ill-health and injury

The rate for cancer registration in 2011–2013 was, at 701, similar to Scotland's overall rate of 634. The rate for patients hospitalised with asthma in 2011–2013, 38, was lower than the Scottish rate of 91. The rate for emergency hospitalisations in 2011–2013, at 7340, was similar to the rate for Scotland (7500). The rate for patients hospitalised for chronic obstructive pulmonary disease (COPD) in 2011–2013, at 365, was lower than the Scottish rate of 660. In 2011–2013, coronary heart disease rate was, at 368, similar to the Scottish level of 440. For road traffic accidents in 2011–2013 the rate was, at 96, similar to the Scottish rate of 63. The rate for adults aged 65 years and over with multiple hospital admissions in 2011–2013, at 4360, was lower than that in Scotland (5160).

Mental health

The percentage of people prescribed medication for anxiety, depression or psychosis in 2014/15 was, at 14%, lower than Scotland overall (17%). The rate for psychiatric hospitalisations in 2011–2013 was 124, which was lower than the Scottish rate of 292. The suicide rate in 2009–2013 was 24, which was similar to the Scottish rate of 15.

Social care and housing

In 2014, 2.8% of adults claimed incapacity benefit, severe disability allowance or employment and support allowance; this was lower than the Scottish figure of 5.1%. The percentage of those aged 65 years and over with high care needs cared for at home, at 46%, was higher than in Scotland overall (35%). The crude rate for children who were looked after by the local authority, at 5/1000, was similar to Scotland's rate of 14/1,000. The proportion of households occupied by single adults (30%) was similar to the 38% in Scotland as a whole.

Education

In 2012/13, the mean tariff score – which measures exam success rates – was 210, in comparison with the Scotland mean of 193. In 2010/11, the percentage attendance at primary school in Shetland Islands, at 95.2%, was similar to Scotland overall (94.8%) and the secondary school attendance of 93% was higher than Scotland's 91%. In 2013, some 11% of working-age adults had low or no educational qualifications, in comparison with 13% in Scotland.

Economy

Economic deprivation indicators mostly suggested that the level of deprivation in Shetland Islands was lower than the level for Scotland overall. In 2014, the percentage who were income deprived in Shetland Islands was 6% for all ages, lower than the 13% for all ages for Scotland. 6% were employment deprived, lower than the 12% for those employment deprived in Scotland. In 2014, the percentage who claimed out-of-work benefits, at 6%, was lower than the 12% across Scotland. In 2014, the percentage of young adults who were outside employment, education or training was 6%, which was similar to the 7% for Scotland. In 2012, the percentage of children living in poverty was 6%, and so was lower than the 15% for Scotland. The percentage of those aged 60 years and over who claimed pension credits in 2014, at 5%, was lower than the 7% for Scotland.

Crime

In Shetland Islands the crude population crime rate for 2014 was lower than Scotland at 18/1000 (Scotland: 40/1000) and the crude domestic abuse rate was lower than Scotland at 46/10,000 (Scotland: 112/10,000). The crude rate for recorded drug crimes was lower than Scotland's rate, at 31/10,000 (Scotland: 69/10,000), and the crude rate for referrals to the children's reporter for violence-related offences was similar to Scotland at 0/1000 (Scotland: 2.1/1000). The crude rate for recorded violent crimes was based on numbers too small to report, but was lower than Scotland (Scotland: 12/10,000). The rate for prisoner population, at 94, was lower than the Scottish rate of 171.

Environment

In 2013, the percentage of the population who lived within 500m of a derelict site in Shetland Islands was 1%, which was lower than that in Scotland (30%) and the percentage with access deprivation (i.e. within the 15% of the Scottish population who lived furthest away from local services) was, at 69%, higher than the 15% for Scotland. In 2014, the percentage of adults who rated their area as a very good place to live was, at 75%, higher than Scotland's 56%.

Women's and children's health

In 2011–2013, the crude rate for teenage pregnancy was 30/1000, so similar to Scotland's 41/1000. In 2012/13–2014/15, 1% of births were low weight, similar to Scotland at 2%. In 2013/14 the prevalence of childhood obesity in primary 1 was 6%, so lower than Scotland's 10%. The proportion of mothers smoking in pregnancy, at 14%, was similar to the 19% for Scotland in 2012/13–2014/15. The percentage of exclusive breastfeeding, at 45% in 2012/13–2014/15, was higher than Scotland's 27%. In 2013/14, 81% of children in primary 1 had good dental health, higher than Scotland at 67%. The dental health of children in primary 7, at 72% with no obvious decay experience, was higher than the Scottish average of 48%.

Immunisation and screening

For breast screening, the uptake of 86% in 2010–2012 was higher than the national average of 73%. For bowel screening, the uptake of 66% was higher than the 56% uptake for Scotland. The immunisation uptake for MMR (measles, mumps, rubella) by age 2 years was 90% in 2012–2014, lower than Scotland's 95%. The immunisation uptake for 5 in 1 (diphtheria, pertussis, tetanus, polio, Hib [meningitis]) by age 2 years in 2012–2014 was 97%, similar to Scotland's 98%.

Intermediate zones

Spine charts showing the data that are available for smaller areas within Shetland Islands (intermediate zones [IZs] – areas with approximately 10,000 individuals) are available via the online tool, but it is not possible to show these in the printed reports owing to the volume of the data (there are 1,235 IZs in Scotland). The IZs can be further investigated by selecting Intermediate Zone from the Geography drop-down menu in the 'Profiles update process' section within the tool. This will show a map initially featuring the IZs for Aberdeen City. Use the buttons provided to zoom in (+) or out (–) of the map. You can select any local authority from the drop-down menu to the top-right of the map. To access the spine, trend and rank charts about a particular IZ, choose one from the list in the left-hand drop-down menu. Some indicators, particularly those reliant on survey data or those which have a very small number of outcomes, are not available at this level.

Comparisons, time trends, other indicators and further data

Using the online ScotPHO profile tool (www.scotpho.org.uk/comparative-health/profiles/online-profiles-tool) it is possible to compare the outcomes between any NHS Board, local authority or IZ area. A wider range of outcomes data are also available in the tool, including alcohol and drugs profiles, older adults' profiles, diabetes profiles and mental health profiles.

In any of the ScotPHO profiles the extent to which any differences may be due to random variation or chance is indicated by the colouring of the dots. By clicking on each individual indicator in the online tool it is also possible to compare areas on a rank chart and view time-trend data. Where relevant, data are also presented as standardised rates (to balance and account for age differences between areas) and as crude rates (to reflect the actual number of individuals/events for a particular outcome for service planning). Data across the socioeconomic determinants of health and health topic areas are available on the ScotPHO website: www.scotpho.org.uk

To examine inequalities within local authority areas, use the ScotPHO deprivation profiles from the online tool. These provide data on the inequalities across the local populations broadly in line with the outcomes relevant to Single Outcome Agreements (economic recovery and growth, employment, early years, safer and stronger communities and health inequalities).

A technical report is available on the profiles gateway page (www.scotpho.org.uk/opt/Reports/HWP-2015-technical-report-13112015.pdf), giving more background on the indicators and how they were measured. A user guide for the online profiles tool is also available here.

Contact ScotPHO scotpho@nhs.net for further information.