NHS Shetland

Meeting:	**NHS Board Meeting**
Meeting date:	**23rd September 2025**
Agenda reference:	**Board Paper 2025/26/38**
Title:	**Director of Public Health Annual Report 2024-25**
Responsible Executive/Non-Executive:	**Dr Susan Laidlaw, Director of Public Health**

Report Authors: Public Health Directorate Staff

1 Purpose

This is presented to the Board/Committee for:

- Awareness

This report relates to:

- Population Health

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This report provides Board Members with information a key population health topic 'Aging well'; local demographics and health information and the population health activity of the Public Health Directorate during 2024-25.

2.2 Background

The core purpose of the Director of Public Health (DPH) is as independent advocate for the health of the population and system leadership for its improvement and protection. This independence is expressed through the DPH Annual Report – an important vehicle for providing advice and recommendations on population health to both professionals and public – providing added value over and above intelligence and information routinely available. Traditionally we have tried to use the Public Health Annual Report to focus on specific topics of relevance to Public Health – either a topic such as climate chnage, a setting such as workplace, or a

community of interest such as children or people within the community justice system. Last year's report focused on prevention.

2.3 Assessment

Longer lives are one of humanity's greatest achievements. However, we don't just want to add years to our lives -we also want to enjoy good health and well-being in later life. Today, too many people around the world experience worse health than they should because of unsupportive environments that prevent them from maximising their later years. In Shetland people often live longer compared to other parts of Scotland. However, we do not always experience good health and well-being in our later life.

Although growing older is an inevitable process, experiencing many years of ill health, frailty and cognitive decline is not. If we could improve the health of older people, we could prevent or delay the onset of such scenarios until a much later age. More people would be able to live in good health and wellbeing, with hopefully a short time in poor health until they come to the end of their life.

This report is split into four parts:

- Ageing well
- Population Health Data for 2024-25
- Summary of Public Health Directorate activity in 2024-25
- Appendices: Programme Specific Annual Reports

2.3.1 Quality/ Patient Care

The teams that deliver patient facing services or work with the general public undertake feedback and evaluation from the service users, some of which is included in the separate topic specific annual reports; and there are clinical governance processes in place for these services.

2.3.2 Workforce

We have undertaken some changes within the workforce in the Public Health Directorate and filled vacancies and now believe we have a more sustainable and stable workforce. However, some of the teams within the Directorate remain very fragile because they are small (sometimes single handed) and / or subject to short term funding and Scottish Government funding cuts.

In terms of the focus of this report, supporting older people to maximise health and wellbeing is not just the remit of the Public Health Directorate but of many teams and colleagues with NHS Shetland and across the health and social care partnership, and other partner organisations.

2.3.3 Financial

The Public Health Directorate remains within budget and year on year the teams have made savings usually because of vacancies. However as noted in the Report, wider investment in preventative work is required if we are to genuinely make a difference to population health.

2.3.4 Risk Assessment/Management

There is a major risk that the organisation will not have the capacity to manage future demand if there is not sufficient investment in preventative and population based work, to reduce ill health and inequalities, across all ages and communities.

2.3.5 Equality and Diversity, including health inequalities

Tackling inequalities is a theme which underpins and runs through our public and population health activity. The aim remains to protect and promote the health of the most vulnerable and disadvantaged within our community.

2.3.6 Other impacts

NA.

2.3.7 Communication, involvement, engagement and consultations

No communication and consultation has taken place prior to submission to the Board.

2.3.8 Route to the Meeting

This report was not considered by other NHS Shetland committees prior to submission to the Board.

2.4 Recommendation

- **Awareness**

3 List of appendices

The following appendix is included with this report:

- Appendix 1 : Public Health Annual Report 2024-25

NHS Shetland Director of Public Health Annual Report 2024-25

Getting Aald & Fairing Weel!

Ageing well in Shetland

Forward

This is my fifth Annual Report as Director of Public Health for Shetland and as in previous years, I have focused on a theme of public health significance – ageing well.

2025 marks the halfway point of the United Nation's Decade of Healthy Ageing (2021–2030). This is a global collaboration, aligned with the last ten years of the Sustainable Development Goals, to improve the lives of older people, their families, and the communities in which they live. This was highlighted in the Scottish Chief Medical Officer's Annual report for 2024-25, which has a chapter on Healthy Ageing. This chapter focuses positively on the contribution of older people to communities but also identified the risk of inequalities and of discrimination and ageism.

Longer lives are one of humanity's greatest achievements. However, we don't just want to add years to our lives -we also want to enjoy good health and well-being in later life. Today, too many people around the world experience worse health than they should because of unsupportive environments that prevent them from maximising their later years. In Shetland people often live longer compared to other parts of Scotland. However, we do not always experience good health and well-being in our later life.

While the overall population has remained fairly consistent in recent years, there has been a shifting demographic towards a higher proportion of older people in Shetland. This pattern is similar to that seen in mainland Scotland but in Shetland the change has happened sooner than in the rest of Scotland. From 2010 to 2022 the number of people aged 65-74 increased by 26%, while those aged 75+ increased by 46%. In Scotland these respective changes were 25% and 23%. In Shetland this meant supporting an estimated extra 1,300 people over the age of 65 in 2022 compared to in 2010. Although of course many people in their late 60s and 70s would not consider themselves as elderly, and may well be very healthy, active and working, caring for relatives or volunteering.

Although growing older is an inevitable process, experiencing many years of ill health, frailty and cognitive decline is not. If we could improve the health of older people, we could prevent or delay the onset of such scenarios until a much later age. More people would be able to live in good health and wellbeing, with hopefully a short time in poor health until they come to the end of their life.

This report is split into four parts:

- Ageing well
- Population Health Data for 2024-25 and a summary of our Joint Strategic Health Needs Assessment
- Summary of Public Health Directorate activity in 2024-25
- Appendices: Programme Specific Annual Reports

I hope you find this report informative and we welcome any feedback to help improve the next annual report.

Dr Susan Laidlaw
Director of Public Health, NHS Shetland

Acknowledgements

Thank you to the Public Health Directorate staff for their work on producing this annual report, it is very much a team effort. Particular thanks to Shelly Anderson, Nicola Balfour, Sarah Dempster, Lucy Flaws, Fiona Hall, Melanie Hawkins, Kathleen Jamieson, James McConnachie, Katie McMillan and Emma Ramsay for their contributions.

Acronyms

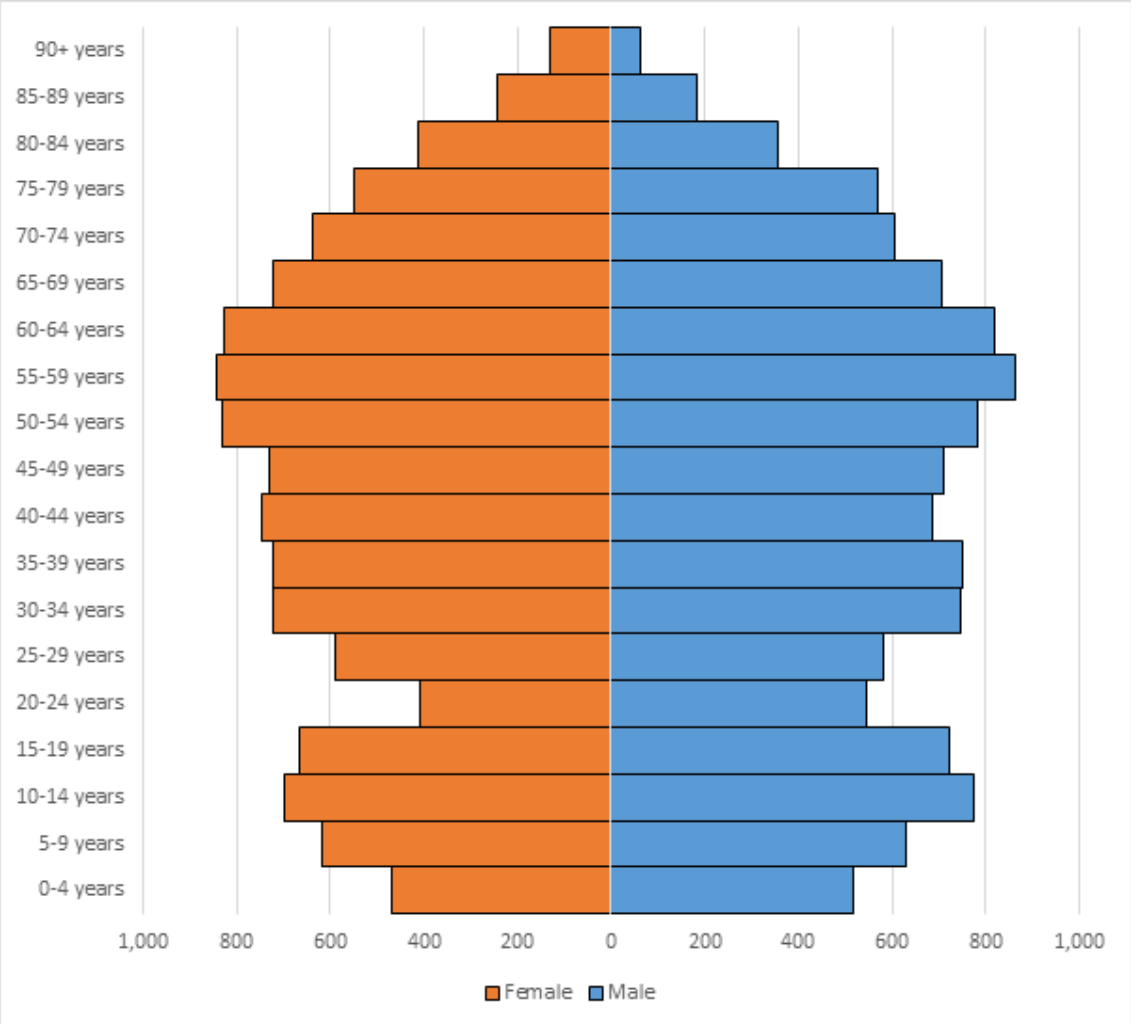
AAA	Abdominal Aortic Aneurysm
ABI	Alcohol Brief Intervention
ADP	Alcohol and Drugs Partnership
ANP	Advanced Nurse Practitioner
BBV	Blood Borne Virus
BCG	Bacillus Calmette-Guérin vaccine
BCP	Business Continuity Plan
BIA	Business Impact Assessment
BRAN	Benefits / Risks / Alternatives / (do) Nothing (Questions)
CBRN	Chemical Biological Radiological Nuclear (threat / incident)
CBT	Cognitive Behavioural Therapy
CGA	Comprehensive Geriatric Assessment
COPD	Chronic obstructive pulmonary disease,
CTAC	Community Treatment and Care
FAST	Fast Alcohol Screening Test
FPC	Falls Prevention Coordinator
GBH	Gilbert Bain Hospital
GI	Gastro-intestinal (infection)
HSCP	Health and Social Care Partnership
HIV	Human Immunodeficiency Virus
HLE	Healthy life expectancy
HPV	Human Papilloma Virus
HRT	Hormone Replacement Therapy
IEP	Injecting Equipment Provision
JESIP	Joint Emergency Services Interoperability Programme
JSNA	Joint Strategic Needs Assessment
LTC	Long-term Condition
MMR	Measles , Mumps,. Rubella vaccine
PCPIP	Primary Care Phased Investment Programme
RSV	Respiratory Syncytial Virus
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment
Strep A	Streptococcal A infection / bacteria
TB	Tuberculosis
SIC	Shetland Islands Council
SRT	Shetland Recreational Trust
STI	Sexually Transmitted Infection

Contents

Section 1 Ageing well

Longer lives are one of humanity's greatest achievements. However, we don't just want to add years to our lives - we also want to enjoy good health and well-being in later life. Today, too many people around the world experience worse health than they should because of unsupportive environments that prevent them from maximising their later years. In Shetland people often live longer compared to other parts of Scotland. However, we do not always experience good health and well-being in our later life.

As of 2024, the estimated population of the Shetland Islands was 23,190, with a relatively balanced distribution between males and females. A significant proportion of the population falls within the working-age range, indicating a mature demographic profile. While the number of individuals aged 70 and over is comparatively lower, this age group remains relatively stable. In contrast, the narrower base of the population pyramid, representing those aged 0–19 years, suggest a declining youth population.

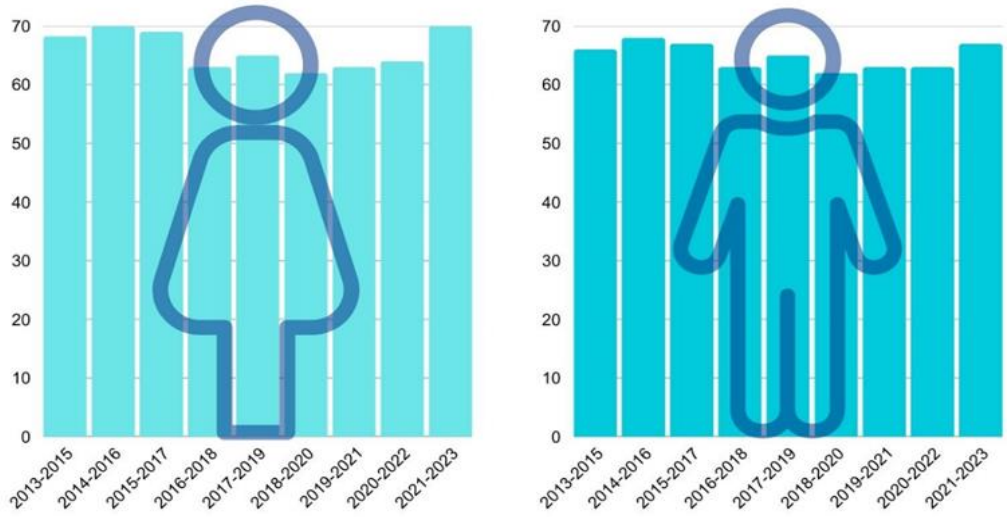


How long do people live for in Shetland?

Healthy life expectancy

Healthy life expectancy (HLE) at birth is the number of years that a newborn baby would live in good health if they experienced the death rates and levels of general health of the local population at the time of their birth, throughout their life. Whereas HLE at 65 years is number of years an adult aged 65 would live in good health if they experienced the death rates and levels of general health of the local population at that time. Looking at HLE can be useful for a number of reasons specifically that it provides a single summary measure of a population's health.

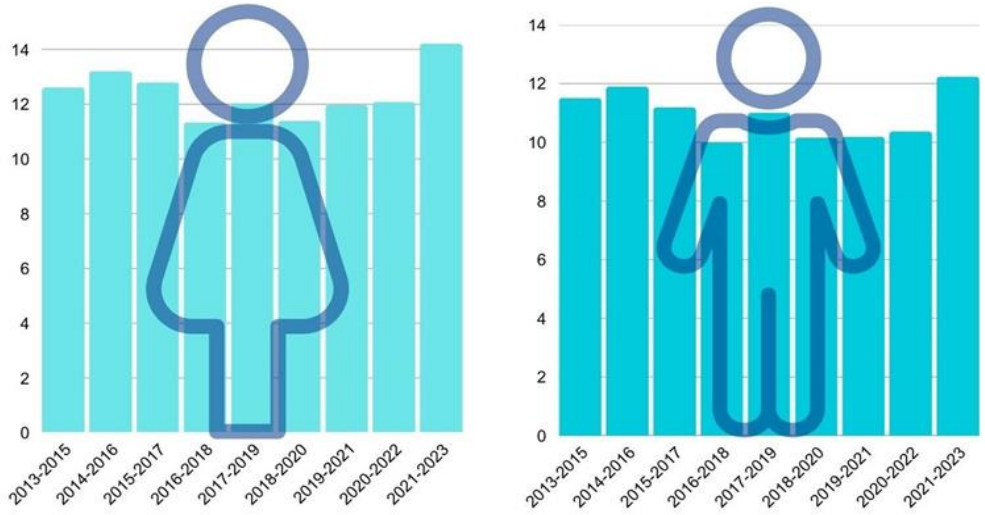
In the last few years healthy life expectancy (at birth) has increased for both males and females. Male life expectancy (at birth) in 2021 – 2023 was 67.21 years (±10.71)* and for females was 69.99 years (±11.46). Male life expectancy (at birth) saw a decrease of 4.03 years between 2013-2015 and 2018-2020, however since then male life expectancy (at birth) has been steadily increasing (4.82 years since 2018-2020). Similarly, female life expectancy (at birth) saw a decrease of 5.92 years between 2013-2015 and 2018-2020. This has been followed by an increase of 7.64 years between 2018-2020 and 2021-2023.



* *In this report, 95% confidence intervals are reported after the HLE estimate in brackets. So 61.3 (± 10.1) means that we are confident that the true value lies within 10.1 above or below 61.3. The wider the confidence interval, the less accurate the estimate is.*

Since the start of the time series in 2013-2015, HLE was highest for males in 2014-2016 and for females in 2021-2023.Since 2013-2015, HLE at birth has been higher for females than for males in all but one year (2018-2020). In 2021-2023, the gap between female and male HLE at birth was the widest recorded since the start of the time series.

In 2021-2023, healthy life expectancy at age 65 was 12.24 (± 5.31) years for males and 14.21 (±5.18) years for females. Both males and females experienced a decrease in healthy life expectancy at age 65 between 2013-2015 and 2018-2020, followed by an increase. However, the decrease was larger among males, 2.24 years compared to 1.22 years among females. The subsequent increase was also smaller among males, 1.51 years compared to 2.82 years among females.



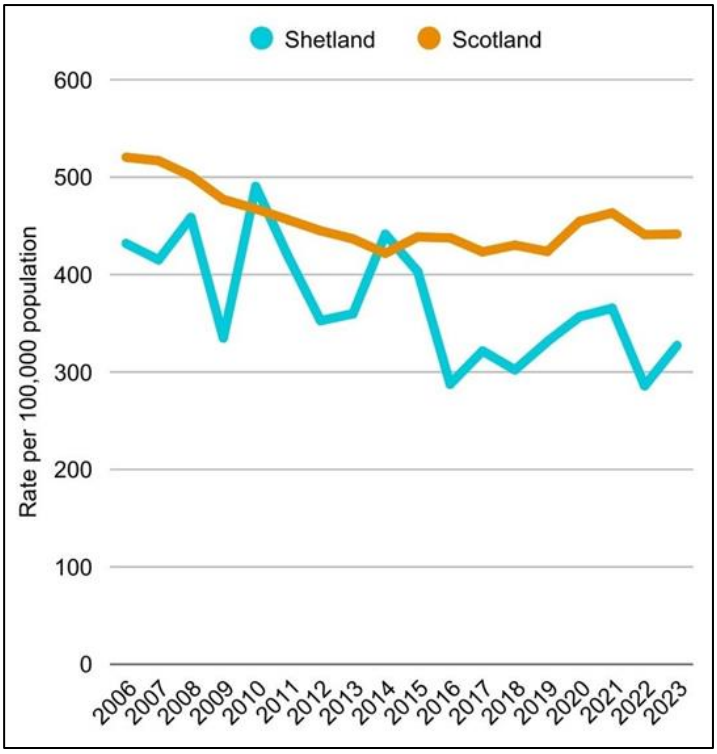
HLE for females aged 65-69 has been consistently higher than HLE for males in the same age group. In 2021-2023, the gap between female and male HLE at 65 was the widest recorded since the start of the time series.

Premature mortality

Premature mortality is defined as deaths that occur at an age that is younger than what we would typically expect. For the purpose of this report we have defined premature mortality as those deaths that occur before the age of 75 years. There are many factors that affect the rates of premature mortality such as socioeconomic status, geographic location, risk factors (such as smoking, diet, and exercise), environmental factors and access to healthcare. Higher rates of premature mortality can indicate underlying health issues and societal issues. Premature mortality can be reduced by reducing risk factors

and ensuring adequate access to preventative healthcare such as screening programmes which can aid in the early detection and treatment of diseases.

Over the same 18 year period – 2006 to 2023 -there was an average of 78 ‘premature deaths’ in Shetland each year. The number of deaths decreased from 79 in 2006 to 73 in 2023, and once we take account of the population size there has also been a decrease in the rate of deaths recorded within Shetland.



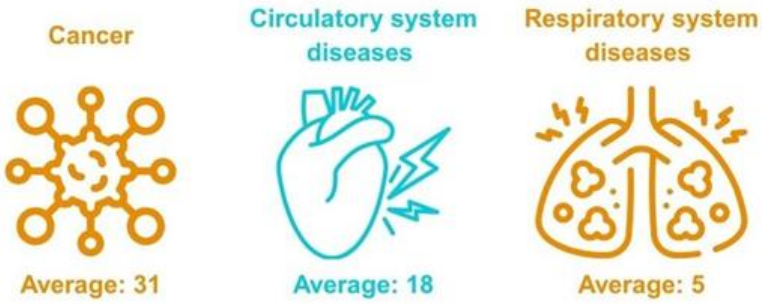
While the death rate has fluctuated over the period – peaking in 2010 at 490.4 per 100,000 population and reaching a low of 285.8 per 100,000 population in 2022 – there has been an overall decrease from 431.9 in 2006 to 327.1 per 100,000 population in 2023. The rate of deaths in Shetland has been lower than the national rate in 16 out of the last 18 years. Over the 18 year period from 2006 to 2023 the rate of premature mortality among males in Shetland fluctuated –ranging from 623.0 per 100,000 population in 2008 to 338.3 per 100,000 population in 2019.

However there has been an overall decrease in the period from 528.1 per 100,000 population to 426.7 per 100,000 population – a decrease of over 100 per 100,000 population.

Premature mortality rate also fluctuated among females over the same time period – ranging from 442.0 per 100,000 population in 2014 to 182.1 per 100,000 population in 2022. There has also been an overall decrease over the period from 331.5 per 100,000 population to 228.6 per 100,000 population. Again a decrease of over 100 per 100,000 population. While the rate of premature deaths has been higher among males than females, both have experienced a similar decrease in rates.

Cancer has been the main cause of premature mortality in Shetland over the 18 year period followed by circulatory system diseases (e.g. coronary heart disease, heart

attack) and respiratory system diseases (e.g. chronic obstructive pulmonary disease, COPD). While some years there were very few premature deaths due to respiratory system diseases there have been on average 31 premature deaths per year due to cancer and 18 due to circulatory system disease.



But there has been an overall downward trend in the rate of premature deaths due to these causes.

Life changes and transitions

We are always navigating changes in our lives, and depending on our ability to cope with these they can have an impact on our health and wellbeing. People's lives and circumstances are different, and changes that are positive for one person can be negative for another. Some of the changes many people experience as they age include managing emerging health conditions; children leaving home and becoming independent; menopause; caring for ageing parents; retirement or changes in work; arrival of grandchildren; bereavement or loss of family or friends.

Anticipating and preparing for these changes, and recognising how they are affecting you, is an important first step in managing any negative impacts they may have.

Menopause

In Scotland, menopause is increasingly being recognised not just as a biological milestone, but as a pivotal phase in a woman's life that intersects with broader themes of healthy ageing and wellbeing. NHS Scotland, through platforms like NHS Inform and policy initiatives from the Scottish Government, is working to shift the narrative from one of silent suffering to one of informed support and empowerment.

Menopause typically occurs between the ages of 45 and 55, though it can happen earlier due to medical treatments or surgery. It can bring a wide range of symptoms

including hot flushes, sleep disturbances, mood changes, and difficulties with memory and concentration, often called ‘brain fog’ ,that can significantly affect quality of life. NHS Scotland encourages women to view this transition as an opportunity to engage with their health proactively. Lifestyle changes such as regular physical activity, a balanced diet rich in calcium and vitamin D, and mental health support are all promoted as key strategies for ageing well.

Hormone Replacement Therapy (HRT) is presented as one option among many, with guidance tailored to individual needs and risks. Cognitive Behavioural Therapy (CBT) can be helpful for managing anxiety, depression, and sleep issues that may arise during this time. However it is important to recognise that menopause can affect women differently, with some having very few symptoms and others experiencing considerable discomfort, distress and major impacts on health and wellbeing.

Beyond clinical care, the Scottish Government has taken steps to embed menopause awareness into workplace culture—especially within NHSScotland itself. The Interim National Menopause and Menstrual Health Policy, introduced in 2023, aims to create compassionate, informed environments where staff experiencing menopause can access support and reasonable adjustments. This is part of a broader commitment to reducing health inequalities and improving retention in a workforce where the majority are women.

The national Women’s Health Plan (2021–2024) further reinforces this approach, positioning menopause as a priority area. It seeks to improve access to information, reduce stigma, and integrate menopause awareness into lifelong health engagement—from screening programmes to digital storytelling initiatives that amplify lived experience.

Together, these efforts reflect a growing understanding that menopause is not just a medical issue, but a social and cultural one—deeply connected to how women age, work, and thrive in Scotland today.

There is a fabulous local support group – Menopause Support Shetland - which anyone is welcome to attend to get support and meet others in a similar situation.

Retirement

Retirement marks a profound life transition—one that can bring both relief and uncertainty. For many people, the move from full-time work to retirement is no longer a sudden stop but a phased journey. Stopping work is a significant psychological and social shift and the impact this change has on people's wellbeing is now more widely recognised - the loss of work-related structure can affect mental wellbeing, self-esteem, and social connection.

The change in work can also bring money worries or financial uncertainty, both of which can have a significant impact on health and wellbeing. The connection between having enough money, and your health, is well established, and in recent years the Cost of Living crisis has increased the number of people impacted by money worries – this can be particularly stark for older people and there are concerns that money worries mean people cut back on essential and activities that will protect their health – for example limiting their diet, not being able to heat their homes appropriately, and limiting social activities.

There is a lot of support available through employers, Age UK, and local Citizens Advice Bureau (Shetland Islands CAB) to help with preparing and planning for retirement, understanding pensions, knowing what you are entitled to, and what the impact of retiring will be.

Mental Health in Later Life

Mental health is a vital component of overall wellbeing, enabling individuals to manage life's challenges, realise their potential, and maintain meaningful engagement in learning, work, and relationships. It encompasses life satisfaction, optimism, self-esteem, autonomy, purpose, and a sense of belonging.

Social isolation and loneliness are increasingly recognised as significant public health concerns, with strong associations to physical conditions such as cardiovascular disease and stroke. Preventative approaches that promote brain health and mental wellbeing include the importance of supporting people to live well, make choices, and engage in activities that matter to them as they grow older. Frailty can alter a person's sense of self and how they are perceived and treated by others, including health and care professionals. Feeling valued, respected, and able to participate in meaningful activity can help maintain quality of life and delay the onset of significant health or social care needs.

Engaging in mentally stimulating activities can reduce the risk of cognitive decline and neurodegenerative conditions such as dementia. Staying mentally active supports brain health, promotes independence, and enhances quality of life. Key protective factors include a healthy diet, regular physical activity, social connection, reduced alcohol intake, and adequate sleep. Social engagement, in particular, has a positive impact on cognition and may delay the onset of dementia.

Older adults living with frailty are at heightened risk of experiencing depression, loneliness, and reduced wellbeing. As people age, they may require support to adjust to changes in health and life circumstances. Declining physical health, pain, falls, fatigue, and memory loss can impact identity, purpose, and social engagement. Anxiety in older adults is often underdiagnosed or misinterpreted, despite its link to poorer health outcomes.

Dementia presents additional challenges to mental health, it is a progressive condition that affects memory, thinking, behaviour, and the ability to carry out everyday activities. Dementia is most common in older adults, with risk increasing significantly after the age of 65. Symptoms may include confusion, memory loss, mood changes, and difficulty communicating. Dementia can lead to social isolation and emotional distress, especially as cognitive decline progresses. Risk factors include age, genetics, cardiovascular disease, diabetes, poor diet, lack of physical activity, alcohol use, and social isolation. Preventative measures such as staying mentally and socially active, eating well, exercising regularly, and managing long-term health conditions can help reduce the risk and support brain health. Living with Dementia can make it more challenging to get the health and care support you need, particularly if communication

and behaviour are affected. This can also be particularly challenging for family and unpaid carers trying to support and advocate for their loved one, navigating the changes age and dementia can bring.

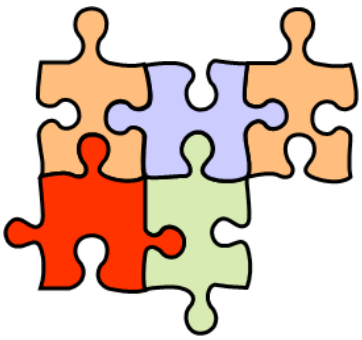
Long term conditions

As people age, they are more likely to live with multiple long-term health conditions, which can impact their independence, wellbeing and quality of life. Frailty often coexists with these conditions and increases vulnerability to sudden changes in health. Medicines play an important role in managing long-term conditions, but polypharmacy (taking multiple medications) can increase the risk of falls, delirium and other problems.

Regular medicine reviews, as well as long term condition reviews, are recommended to ensure treatments remain safe, effective and aligned with the principles of Realistic Medicine. People should be fully informed about their medicines and supported to make choices, including the decision not to take them. Continuity of access to medicines during transitions in care is essential to avoid harm. Integrated, person-centred care is vital to support older people with long-term conditions to live well and maintain independence.

Over the past year, NHS Shetland has made significant progress in addressing effective management of long-term conditions (LTCs), responding to the unique challenges posed by our ageing population and higher-than-average prevalence rates. Conditions such as hypertension, asthma, depression, and chronic kidney disease continue to affect a substantial portion of our community, with multi-morbidity impacting nearly 30% of those aged 65 and over

To meet this growing demand, NHS Shetland has embraced a system-wide approach that prioritises consistency, equity of access, and sustainability. As a demonstrator site for the Primary Care Phased Investment Programme (PCPIP), we have implemented several key innovations, to improve management, make the approach sustainable, and prevent future demand on other health and care services.



Pharmacotherapy: Annual medication reviews are now aligned with patients' birth months, improving recall efficiency and reducing missed reviews

Community Treatment and Care (CTAC): Standardised LTC monitoring and biometric data collection have enhanced care quality and reduced variation across practices

Workflow Optimisation: Remote access models and SOP standardisation have supported smaller practices and improved operational resilience, ensuring people have access to what they need, no matter where they live.

While these changes are not specifically targeted at older people, they have been implemented in a way to support those most at risk of complications, and this often includes older people. The approaches tested and rolled out align well the Ageing and Frailty Standards (2024).

Frailty

We know that healthcare need typically increases with age, and as people get older, it's common to have several health problems at the same time. Some of the most frequent conditions in later life include hearing loss, cataracts and eyesight problems, pain, osteoarthritis, lung conditions like COPD, diabetes, depression, and dementia.

Older age can also bring a number of more complicated health issues. These are usually caused by a mix of different factors and can include frailty. 'Frailty' is a term that is often used, but sometimes misunderstood. It describes someone's overall resilience to physical and mental stressors, and in turn their chances of recovering quickly following health problems. Frailty affects around 10% of people over age 65, and 50% of people over age 85. Frailty typically presents as one or more of five syndromes: falls, immobility, delirium, incontinence or medication-related harm. Frailty is not inevitable as we age, so with an increasing ageing population it is ever more important that people understand the risks and challenges of frailty, as well as how to stay resilient and avoid the associated health risks if possible. There are some key areas that impact risk of developing or worsening frailty, that all adults can work to impact throughout adulthood to remain well in older age. These are summarised below, and expanded in their respective section later in the report.

Stay Physically Active

Regular physical activity is one of the most effective ways to prevent frailty. Physical activity guidelines for adults and older adults suggest exercise to improve strength, balance, and flexibility, which helps reduce the risk of falls and maintain mobility.

Eat Well and Stay Hydrated

Malnutrition and dehydration are major contributors to frailty. Evidence suggests around 1 in 10 older people are affected by under-nutrition, which can lead to longer recovery times and increased hospital admissions. To avoid the risks of undernutrition, all adults and especially older adults should:

- Eat a balanced diet rich in protein, vitamins, and minerals.
- Drink plenty of fluids throughout the day.
- Get advice if they have unintentional weight loss

Prevent Falls

Falls are a leading cause of loss of independence in older adults. (see Falls Prevention section for more detail)

- Doing strength and balance exercises.
- Making the home safer by removing trip hazards.
- Using mobility aids if needed

Look After Mental Health

Mental health issues like depression and anxiety affect about 1 in 4 older people. These can contribute to frailty by reducing motivation and activity levels. [more detail below]

Manage Long-Term Conditions

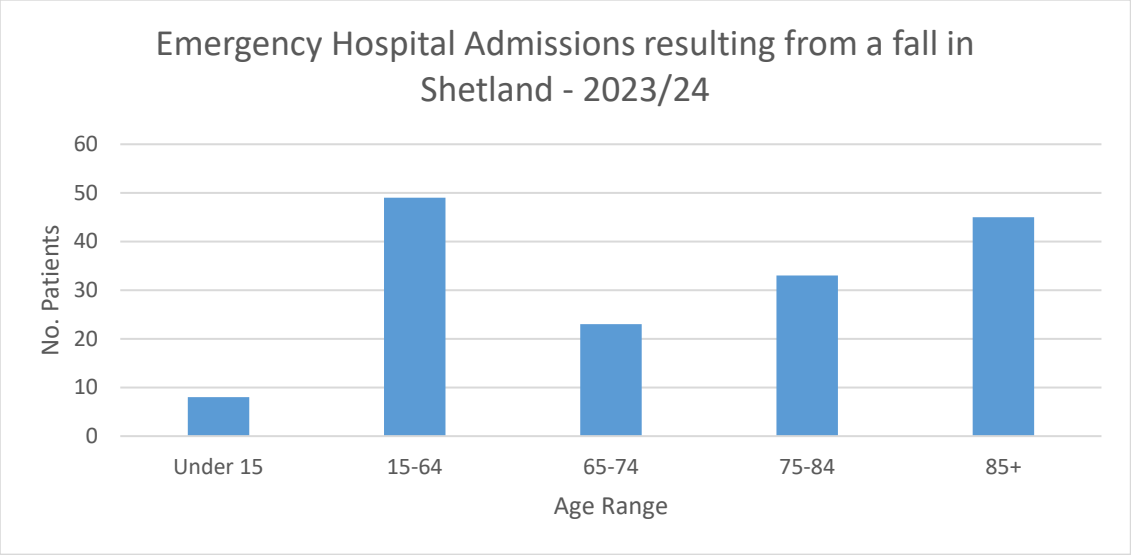
The worsening of existing long term conditions, or the complications that can come with them, can contribute to frailty and decrease people's resilience to illness. Attending regular Long Term Condition checks, and following advice from your healthcare professionals about how to best manage your condition can reduce the impact on your general health.

Social Engagement

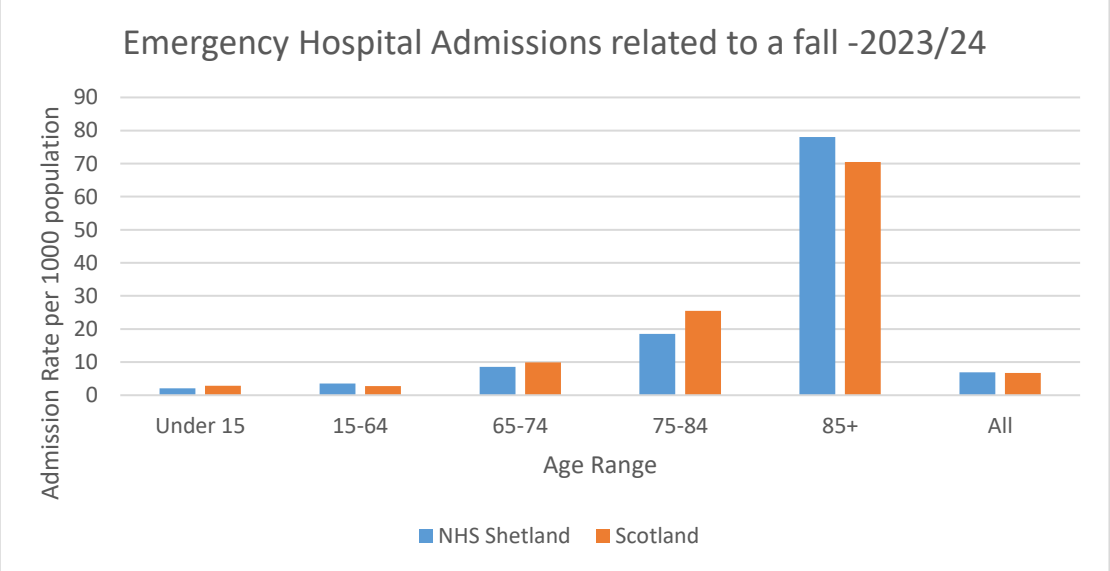
Loneliness and isolation are risk factors for frailty. Keeping in touch with friends, family and neighbours, and accessing local activities and groups can help – particularly when there has been a life change such as retiring from the workplace, or losing a partner or loved one.

Bone and Joint health

Bones do a lot for our body. They provide structural support, protect vital organs, and allow for movement. Keeping your bones healthy can also greatly reduce the chances of a fall causing serious damage. In 2023/24, there were 158 emergency hospital admissions related to a fall in Shetland. 101 of these were in those aged 65+, and 45 of those were aged 85+.



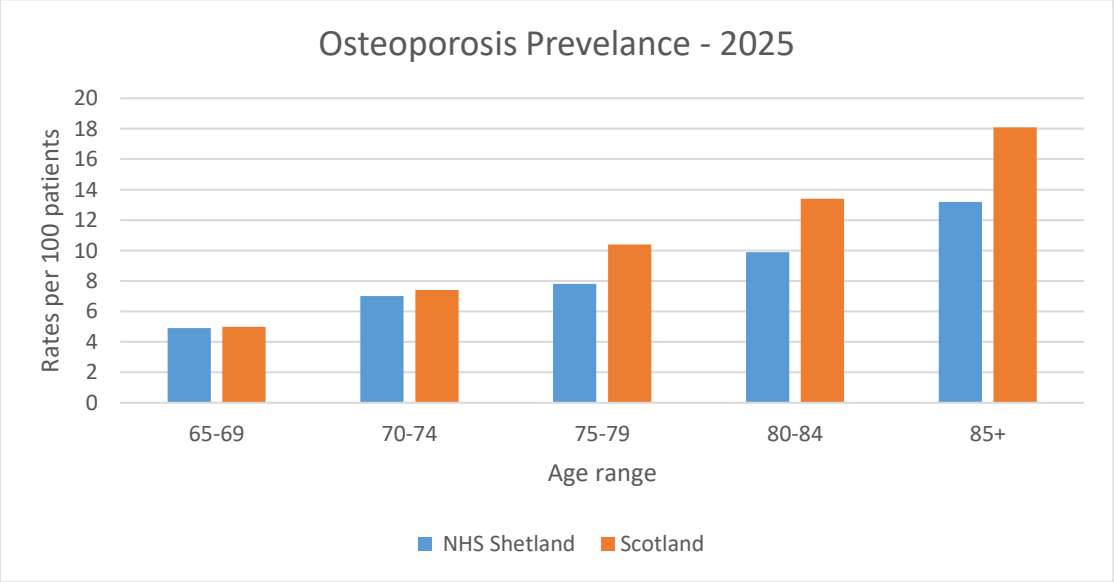
Per 1000 population, emergency hospital admission rates related to a fall increase alongside age in both NHS Shetland and Scotland.



While aging can have an impact on your bone and joint health, there are many things that you can do to maintain healthy bones and joints, and reduce the risk of having a fall related hospital admission.

Bone is a living tissue and new bones replaces old bones throughout the lifespan. As we get older, the cells that build old tissue can't replace bone tissue as quickly as the cells that remove bone tissue. This results in an overall loss of bone tissue. Some people lose bone tissue much faster than normal which can lead to osteoporosis. Osteoporosis affects over 3 million people in the UK. Over 500,000 people need hospital treatment every year for fragility fractures. These are caused by osteoporosis. Fragility fractures are fractures that occur from a standing height or less. Osteoporosis is not typically painful, and usually goes undetected until a fracture occurs. Osteoporosis is more prevalent in women compared to men. Women lose bone quickly in the first few years after the menopause. In men, the gradual decline of male hormone testosterone as they age can increase the risk of developing osteoporosis. Another risk factor is inactivity. A sedentary lifestyle reduces the mechanical stress on bones. When bones do not undergo weight-bearing activities, they do not receive the necessary signals to rebuild and strengthen, leading to bone loss.

The prevalence of osteoporosis within the patient population of Shetland shows a similar trend to that of Scotland, with rates increasing across age groups.



In a **joint,** bones do not directly contact each other, but are cushioned by a cartilage that lines the joints, membranes around the joint, and a lubricating fluid inside your joints. As you age, joint movement becomes less flexible because the lubricating fluid inside your joints decreases and the cartilage becomes thinner. This can lead to stiffer and more painful joint movement. As part of normal life, joints are exposed to a constant low level of damage. In a healthy joint, the body is able to repair the damage itself. However, in osteoarthritis, the protective cartilage within the joints breaks down, causing pain and swelling. Osteoarthritis is the most common type of arthritis in the UK. It is most likely to affect weight bearing joints, such as the knees and feet. Symptoms include having stiff and painful joints, and having a limited range of movement within the affected joint. The risk of developing osteoarthritis increases as you get older, and is more common in women than men. In addition, inactivity can result in decreased cartilage health, exacerbating pain and stiffness.

How can we maintain good bone and joint health as we age?

It was once thought that changes to bones and joints were unavoidable, and simply a consequence of ageing. However, we now know that there are many lifestyle changes we can make to slow these changes, and improve our bone health, even later in life.

One of the most beneficial interventions for slowing age-related changes to bone mass is physical activity. Research shows that exercise can make bones stronger and slow the rate of bone loss. Weight bearing exercise – where you support the weight of your body through your arms, legs and spine – works directly on the bones to help slow bone loss. This form of exercise can be either high-impact, such as running, or low-impact, such as tai chi or walking. Both high- and low-impact are great ways to maintain or improve bone strength, however high-impact may not be suitable for those with osteoporosis or who aren't used to exercising.

"If physical activity were a drug, we would refer to it as a miracle cure, due to the great many illnesses it can prevent and help treat."

UK Chief Medical Officers, 2019

Alongside weight-bearing exercise, muscle strengthening exercise 2x a week can help keep bones strong. This could look like lifting weights, using resistance bands, hill walking, or yoga. There are a wide range of activities that can support good bone health, many of which can be done from home. Similarly, you can support joint health through maintaining a healthy weight, and incorporating joint-friendly exercise activities into your routine, such as swimming, cycling, or walking. Stretching before and after exercise is also a great way to maintain joint flexibility.

Diet plays a critical role in maintaining bone and joint health as we age. Focus on eating foods high in calcium, such as dairy foods, nuts, soya beans and tofu. Try to avoid excessive amounts of caffeinated drinks and alcohol, as they prevent the body from absorbing calcium. In addition, try to spend at least 10 minutes a day outside to get enough Vitamin D, as this helps your body absorb calcium from the food you eat.

Research has also shown a direct relationship between tobacco use and decreased bone density, leading to an increased risk of developing osteoporosis. By giving up smoking, you can improve your bone health as well as your overall fitness and wellbeing. While we can't stop aging, there are several ways you can improve or maintain your bone and joint health later in life, and reduce the risk of a fall-related hospital admission.

Falls Prevention – the Otago Programme

Falls prevention is important to maintain and improve the health, wellbeing and independence of the older population. With an ageing population falls present a significant, and growing, challenge to individuals, families, and health and care services. In Scotland 1 in 3 people over 65 experience a fall at least once a year, and

over 18,000 older Scots are hospitalised annually due to falls. Falls also remain the most common reason for emergency ambulance calls involving older adults (NHS Infom). The impact of falls is significant on the individual, beyond physical harm, falls can erode confidence, restrict mobility, and trigger social isolation. Often setting off a trajectory of functional decline that affects individuals, families, and communities. (Up and about or Falling Short?). The injures caused by falls holds an economic burden on across NHS and Social Care which add further importance to address falls risk in a preventative manner.

Harm from falls and fear of falling is a prevalent part of the ageing community, however falls are not an inevitable apart of aging. At both a national and local level there has been a focus to try and reduce falls within hospital and community settings using evidence-based strategies at the heart of development. Falls are multi-factorial including lack of exercise and inactivity with strength and balance exercise programmes are proven to reduce falls. Within the Ageing and Frailty: Standards for the care of older people standard 4 on keeping active outlies that 'Older people living with frailty are supported to keep active to maintain and improve mobility, independence and function'. The rationale being that keeping physically active and mobile can reverse or prevent frailty and falls, for those who maintain their mobility may experience a higher quality of life as they age. The OTAGO programme which is run in partnership between NHS and Shetland Recreational Trust is an evidence-based strength and balance exercises class run throughout Shetland. The OTAGO programme has continued to be developed from the pilot study in Unst in 2016 and Yell in 2018 to now being available across Shetland. The Falls and Fracture Prevention Strategy for Scotland (2019-2024) states we still need to do more and offer opportunities to help older adults have longer, healthier lives, and to avoid or postpone the time at

which they may fall or sustain a fracture. This strategy has 4 ambitions and the OTAGO programme and falls prevention service in Shetland is working to address all four.

OTAGO is a 12 week programme has the same evidence-based structure consisting of group sessions of OTAGO strength and balance exercises and educational talks on a falls related topic. Since its pilot in 2016 the programme has progressed and developed, with the partnership working with SRT & SIC being a key to enabling this. The Falls Prevention Coordinator (FPC), which is a half time post within Health Improvement, triages and assess each referral. As part the continued prevention development of falls in Shetland in 2023/2024, SRT has developed a strength and balance class. This is now available for those to enter before needing OTAGO and functions as progress option for those after they have completed OTAGO.

Below is a case study which best describes the impact a falls prevention programme has on the individual, as well as meeting a recognised need in our health and social care demands it is more importantly making a lasting difference to the individual.

Patient had stroke, struggled with the strength in their legs. Couldn't get up from the floor. Wanted to get back to walking and improve sit to stands.		
Functional Test	Pre OTAGO	Post OTAGO
Confbal scale(confidence rating)	26	23
5 Chair rises	17.20 (1 chair rise)	4.38 (1 chair rise)
Up and go	30.71	14.12
4 stage balance test		Improved in all tests
Patient has got so much from the programme. They couldn't complete 5 chair rises when they first came but could easily do this now. They have lost 2 stone, getting out walking, doing exercises at home, they are more aware of their feet. Determined to keep improving, still adding exercises into their routine.		

The challenges that remain in delivering OTAGO are the barriers to attending the full programme. These include lack of transport, health conditions, chronic pain, other

operations such as knee and hip, change of circumstance/not the right timing e.g moving house/going away to family, and not interested at the time. There remains a high proportion of referrals to Lerwick based programme, this means splitting time equally between all areas is difficult for the FPC. Increased promotion in other areas to encourage more to undertake the programme requires support from all partners. OTAGO sees a relatively high early discharge rate, this can be at referral triage, during offering an assessment or that they have stopped attending during the programme, often due to the reasons above.

Falls prevention is not just about preventing accidents—it's about enabling older people in Shetland to age well, live independently, and stay connected to their communities, while easing pressure on local health and care services. The more services can work together to support Individuals to attend preventive classes in their preferred locality the greater the adherence and outcomes will be.



Screening and Vaccination Programmes for Older people

Screening Programmes

The risks of developing many cancers increases with age. For bowel cancer and breast cancer the risks increase significantly after the age of 50, and hence the screening programmes commence at that age. Whilst younger people can and do develop these cancers, the risk increases with age. It is important to attend screening appointments regularly when invited, in order to achieve the best chance of picking up any cancer as early as possible, when the prognosis and effectiveness of treatment is usually better.

Bowel screening is for men and women and involves a being sent a self test kit to do at home every two years. You take a very small sample of faeces and send it back to the central laboratory in Dundee. The sample is tested for microscopic blood, and if blood is found then the person is invited for a colonoscopy to look at the bowel and see if there is a cancer or anything else causing the bleeding.

Breast screening is just for women and consists of a mammogram every three years. If any abnormality is detected then the woman is referred for further investigation. Screening is offered from age 50 to 75, but women can request to continue screening after that age.

In contrast, the Abdominal Aortic Aneurysm Screening programme for men consists of a one off ultrasound scan at the age of 65. If someone has not developed an aneurysm by that age, they are very unlikely to. AAA screening is just for men as the risk of having an aneurysm is far lower in females.

Vaccination programmes

The risk of serious ill health due to some vaccine preventable infections increases with age. These infections are usually relatively mild and short lived in younger people, but can be very serious resulting in hospitalisation, and sometimes death, in older people and those who have a weakened immune system or certain other conditions.

A number of vaccines are now recommended at specific ages.

- Flu vaccine – offered every year to people aged 65 and over
- Covid vaccine - offered twice a year to people aged 75 and over
- Pneumococcal vaccine – one dose offered at age 65
- Shingles vaccine - two doses offered at age 65 (plus a catch up programme for older people)
- RSV vaccine – one dose offered at age 75

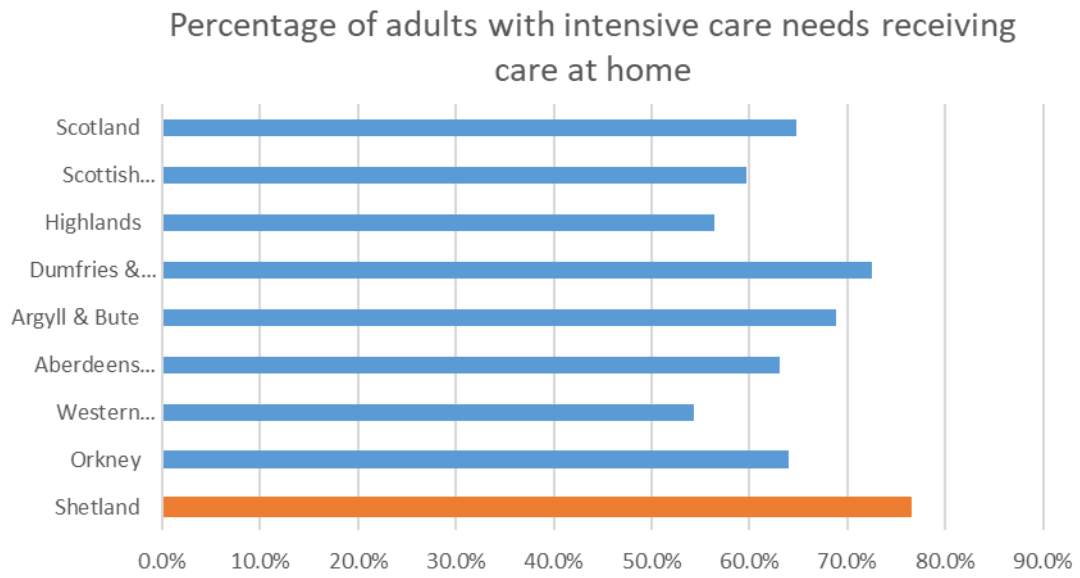
There is further information on the vaccination programmes on NHS inform.

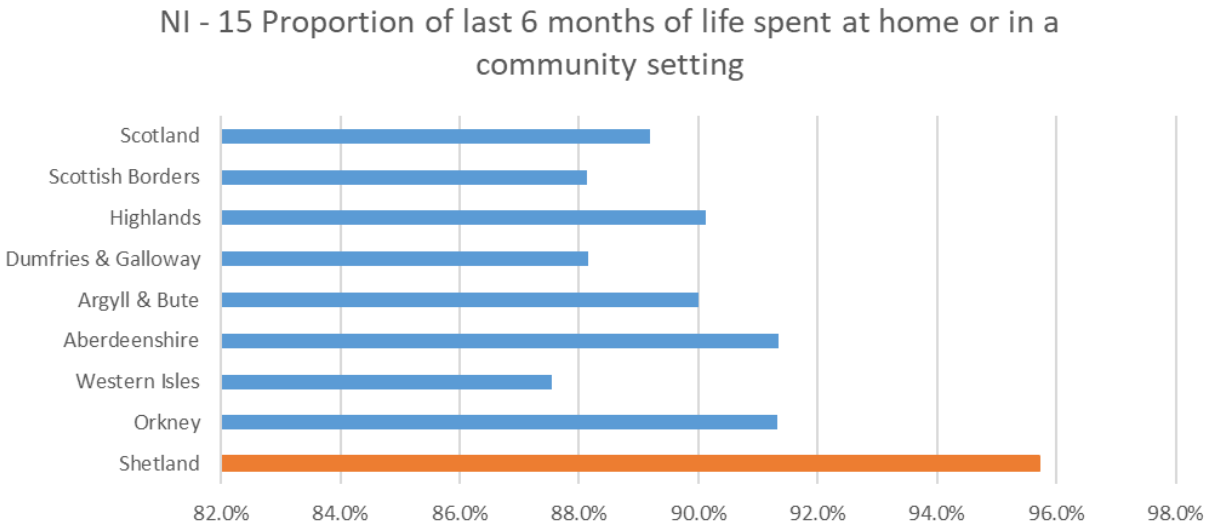
Future Care Planning and Dying Well in Shetland

As Scotland's population ages, the imperative to deliver coordinated, person-centred care for older people has never been greater. In Shetland, this challenge is being met through a proactive and integrated approach to future care planning, with the ReSPECT pilot being an important step in understanding how we can work better together to improve outcomes for people in their end of life stages.

We work together across our Health and Social Care Partnership (HSCP) to provide services that support independence and community living wherever possible; this means many people who require significant support are able to stay at home, and that almost everyone in Shetland spends their last six months at home or in a community setting like Residential Care. This change over the past 10 years has required a significant shift towards collaborative preventative care, anticipatory care and support, multi-agency coordination, and development of more advanced skillsets across our community teams. Some of these changes are reflected in our performance against the

Core Suite of Integration Indicators, designed nationally to understand progress towards integration of health and social care services. Two key measures are shared below, compared to our 'family group' of HSCPs:





In Shetland the ReSPECT project aimed to support teams to develop care plans that reflected individual goals and preferences while enabling realistic treatment choices. The project was led by Community Nursing colleagues, working in partnership with Acute and Social Care colleagues to develop a robust and practically manageable approach to Future Care Planning.

Ideally, planning for the future should begin as soon as frailty is identified as this can stop or slow escalation and minimise risk of poor outcomes. A Comprehensive Geriatric Assessment (CGA), recognised as best practice, offers a multidimensional view of an older person's capabilities and can reduce hospital admissions and length of stay by ensuring they are offered appropriate support at the earliest stage. In Shetland we do not currently have a shared process for initiating, completing or sharing a CGA, to connect people with the support they need. The ReSPECT process complements CGA, by facilitating structured conversations about emergency care preferences, especially when individuals may lose capacity to express their wishes – the process is more likely to take place when someone has moderate to severe frailty, or is approaching end of life.

The ReSPECT pilot, conducted from December 2023 to February 2024, focused on both acute and community settings. It enabled people in Residential Care to engage in meaningful discussions with GPs and District Nurses, resulting in care plans that were shared across disciplines. These plans are stored electronically and can be revised at any time, ensuring flexibility and responsiveness

Central to this approach is the belief that people should be involved in their care planning as much as they choose. Where this is not possible, decisions must reflect their best interests and values. Staff are supported to have open, honest conversations about future health changes, and a single integrated care plan ensures that information is accessible to all involved—patients, carers, and professionals alike.

The Shetland pilot demonstrated that such planning decreases inappropriate hospital admissions, improves communication across services, and enhances confidence among patients and families. Following a successful pilot, the ReSPECT approach is now being implemented across all Residential Care settings, and also with those who support people at home. ReSPECT is a good example of how we can lead meaningful change in our small system by working together.

Person centred care We used this example in last year's annual report focusing on prevention and make no apologies for using again as it illustrates well the difficulties faced by many older people, and what we can do as individual staff, services and an organisation to remove barriers and improve health and wellbeing.

Person with falls and developing frailty

78 year old woman

Previous fall requiring hospitalisation

Lives alone in her own house.

Received care after initial fall, no formal ongoing care in place, neighbours look in on her and help with shopping.

Grown up children who do not live nearby

Barriers to access/outcomes:

Dealing with multiple long term conditions

Waiting on hip replacement – in chronic pain.

Limited transport options

Money worries living on single pension

Social isolation/loneliness

Low confidence

Worried about safety and falling again

Struggles to pay for heating so keeps it off as much as possible

What YOU can do

Understand what is available to them to access, this may be a referral to a social support as well as medical.

Whole person approach, including asking about money and finances, then providing the individual with the information they need to make choices.

Understanding their circumstances will impact their health.

Provide appointments at a time and location that suits the patient, this may be aligning with other services they access or appointments they travel to so they can make fewer trips.

What a SERVICE can do

Understand the challenges faced by patients, be flexible and go at their pace.

Ensure that services offered meet best practice standards, when working with partner agencies having a shared learning and development agreement.

Support partner agencies, keeping the individual at the centre of activity, taking opportunities to understand and act on challenges, including with information sharing

Have information available in an accessible format.

What an ORGANISATION can do

Provide equitable services

Develop supportive and realistic information sharing agreements with partner agencies.

Be supportive of teams working in a person-centred way.

Be aware of the challenges faced by these groups and proactively engage to improve services.

Section 2 Population Health Data 2024-25

Demographics

Population estimates

The population of Shetland Islands is **23,190.**

This is an **increase of 0.8%** from 23,000 in 2023.

Population structure

The 0-15 year age band has seen the biggest decrease over the last 20 years, **-13.3%.**

The 75+ year age band has seen the biggest increase over the last 20 years, **62.9%.**

Life expectancy at birth

Life expectancy at birth in the Shetland Islands is higher for females than males

Male

78.6 years

Female

83.9 years

Over the last ten years life expectancy has **increased by 1.0%** among males and **1.8%** among females.

Healthy life expectancy at 65 years

Healthy life expectancy at 65 in the Shetland Islands is higher for females than males

Since 2015-2017 healthy life expectancy at 65 has **increased by 1.4 years** among females and **increased by 1.1 years** among males.

12.2 years

14.2 years

Births and deaths

*there is no update on this data since the previous annual report

The birth rate in the Shetland Islands is **7.2 per 1,000** population.

This is an **decrease** from 7.7 per 1,000 population in 2023.

The death rate in the Shetland Islands is **9.8 per 1,000** population.

This is a **decrease** from 11.0 per 1,000 population in 2023.

Premature mortaliity

The rate of premature mortality in the Shetland Islands **increased by 14.5%** to **327.2 per 100,000** population in 2023.

It has **increased by 8.9%** among males, and **by 25.5%** among females.

Cancer - premature mortality

The rate of premature mortality due to cancer in the Shetland Islands has **decreased by 1.0%** to 91.0 per 100,000 population in 2023.

Circulatory disease - premature mortality

The rate of premature mortality due to circulatory diseases in the Shetland Islands **decreased by 1.7%** to 69.2 per 100,000 population in 2023.

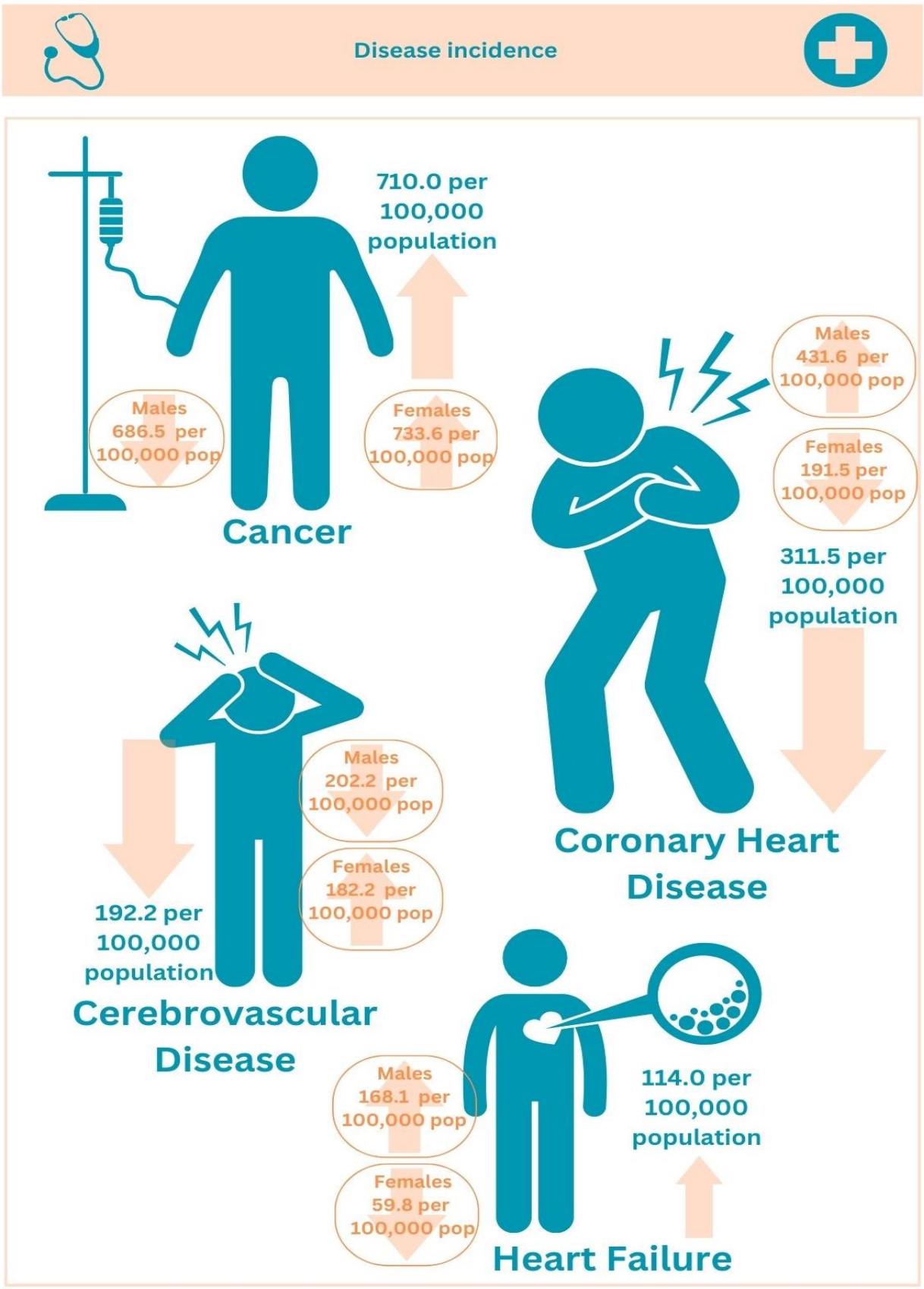
Respiratory disease - premature mortality

The rate of premature mortality due to respiratory diseases in the Shetland Islands has **almost trebled** to 34.3 per 100,000 population in 2023.

COVID-19 - premature mortality

The rate of premature mortality due to COVID-19 in the Shetland Islands has **increased by 60.0%** to 13.6 per 100,000 population in 2023.

Disease incidence



Children & Young people

Birth weight

The percentage of babies born in the Shetland Islands who were small for their gestational age was **1.5%**

The percentage of babies born in the Shetland Islands who were large for their gestational age was **13.8%**

Infant feeding

In the Shetland Islands the percentage of babies exclusively breastfed at their 6-8 week review **increased by 20.2%** to 57.8% in 2024/25

Pre-school reviews

13-15 months

97.2% have a review recorded. This is a **decrease** of 0.7%.

15.2% have a concern recorded against any developmental domain. This is an **decrease** of 25.9%.

27-30 months

96.6% have a review recorded. This is a **increase** of 2.7%.

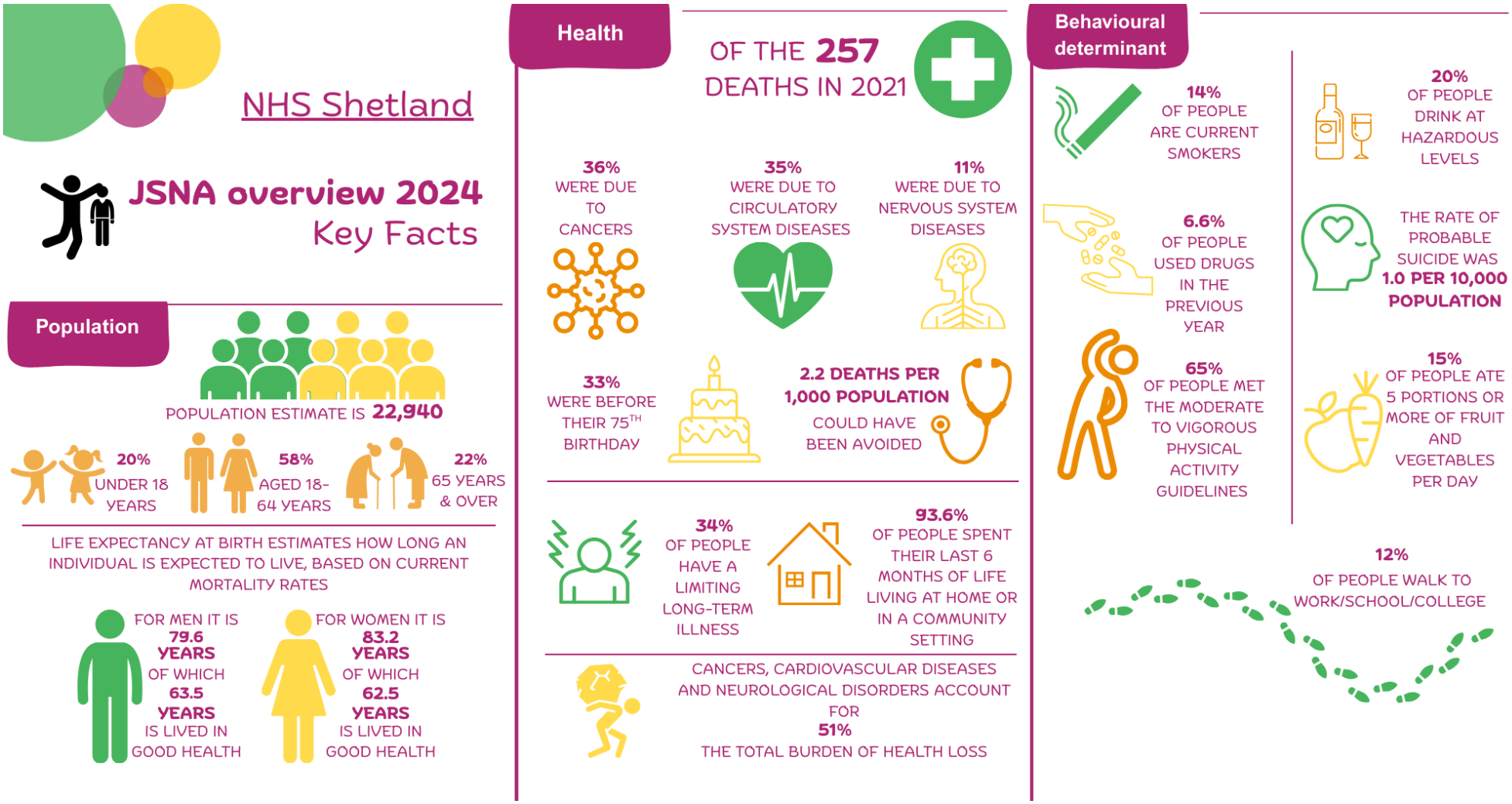
13.5% have a concern recorded against any developmental domain. This is a **decrease** of 32.5%.

4-5 years

90.5% have a review recorded. This is a **decrease** of 3.0%.

16.0% have a concern recorded against any developmental domain. This is an **increase** of 13.4%.

Joint Strategic Needs Assessment 2024 Summary



Social care

THE NUMBER OF LONG STAY CARE HOME RESIDENTS WAS **91**

THE COST OF RESIDENTIAL COSTS PER WEEK PER RESIDENT FOR PEOPLE AGE 65+ WAS **£1,206**

CARE HOME OCCUPANCY WAS **71%**

THE AVERAGE HOURLY RATE FOR HOME CARE WAS **£37**

THE AVERAGE NUMBER OF HOME CARE CLIENTS PER QUARTER WAS **392**

THERE WERE **675** CLIENTS WITH A COMMUNITY ALARM OR TELECARE PACKAGE

THE RATE OF COMMUNITY JUSTICE SOCIAL WORK REPORTS SUBMITTED WAS **52 PER 100,000 POPULATION**

THE RATE OF COMMUNITY PAYBACK ORDERS SUBMITTED WAS **20.5 PER 100,000 POPULATION**

Mental wellbeing

AVERAGE WARWICK-EDINBURGH MENTAL WELLBEING SCALE (WEMWBS) SCORES WAS **51.1**

192 PEOPLE HAD A DIAGNOSIS OF DEMENTIA

217 PEOPLE HAD A DIAGNOSIS OF BI-POLAR, PSYCHOSIS OR SCHIZOPHRENIA

2,494 PEOPLE HAD A DIAGNOSIS OF DEPRESSION

100 PATIENTS WERE ADMITTED TO HOSPITAL DUE TO MENTAL HEALTH DISORDERS

340 REFERRALS WERE MADE TO PSYCHOLOGICAL THERAPIES

THE RATE OF ANTI-DEPRESSANT PRESCRIBING WAS **161.9 DDDS PER 1,000 POPULATION**

THE RATE OF HYPNOTICS PRESCRIBING WAS **17.7 DDDS PER 1,000 POPULATION**

THE RATE OF PRESCRIBING OF DRUGS USED IN THE TREATMENT OF DEMENTIA WAS **21.9 DDDS PER 1,000 POPULATION**

THE RATE OF PRESCRIBING OF DRUGS USED IN THE TREATMENT OF PSYCHOSIS WAS **10.0 DDDS PER 1,000 POPULATION**

Expenditure & Workforce

NHS EXPENDITURE WAS **£57,623,000**

SOCIAL CARE EXPENDITURE WAS **£30,302,000**

THE RATE OF NHS WORKFORCE WHOLE TIME EQUIVALENT WAS **30.6 PER 1,000 POPULATION**

NHS WORKFORCE TURNOVER RATE WAS **9.8%**

THE RATE OF THE GP WORKFORCE WAS **1 PER 1,000 POPULATION**

THE RATE OF SOCIAL CARE WORKFORCE WAS **63.0 PER 1,000 POPULATION**

THE MAJORITY OF THE SOCIAL CARE WORKFORCE WERE AGED **55-64 YEARS**

Section 3 Population Health Activity 2024-25

Teams within the Public Health Directorate continue to co-ordinate and deliver health protection, population health, and health improvement functions, often working with other NHS Shetland teams as well as partner organisations. Areas of work include preventing and controlling communicable diseases, vaccination programmes, population screening, health intelligence, behaviour change and preventative services, business continuity planning and resilience work, and collaborative working with community planning partnership and other partners. We lead on Realistic Medicine and the Anchors Organisation Strategic Plan. However we no longer have the Managed Clinical Networks due to funding not being maintained.

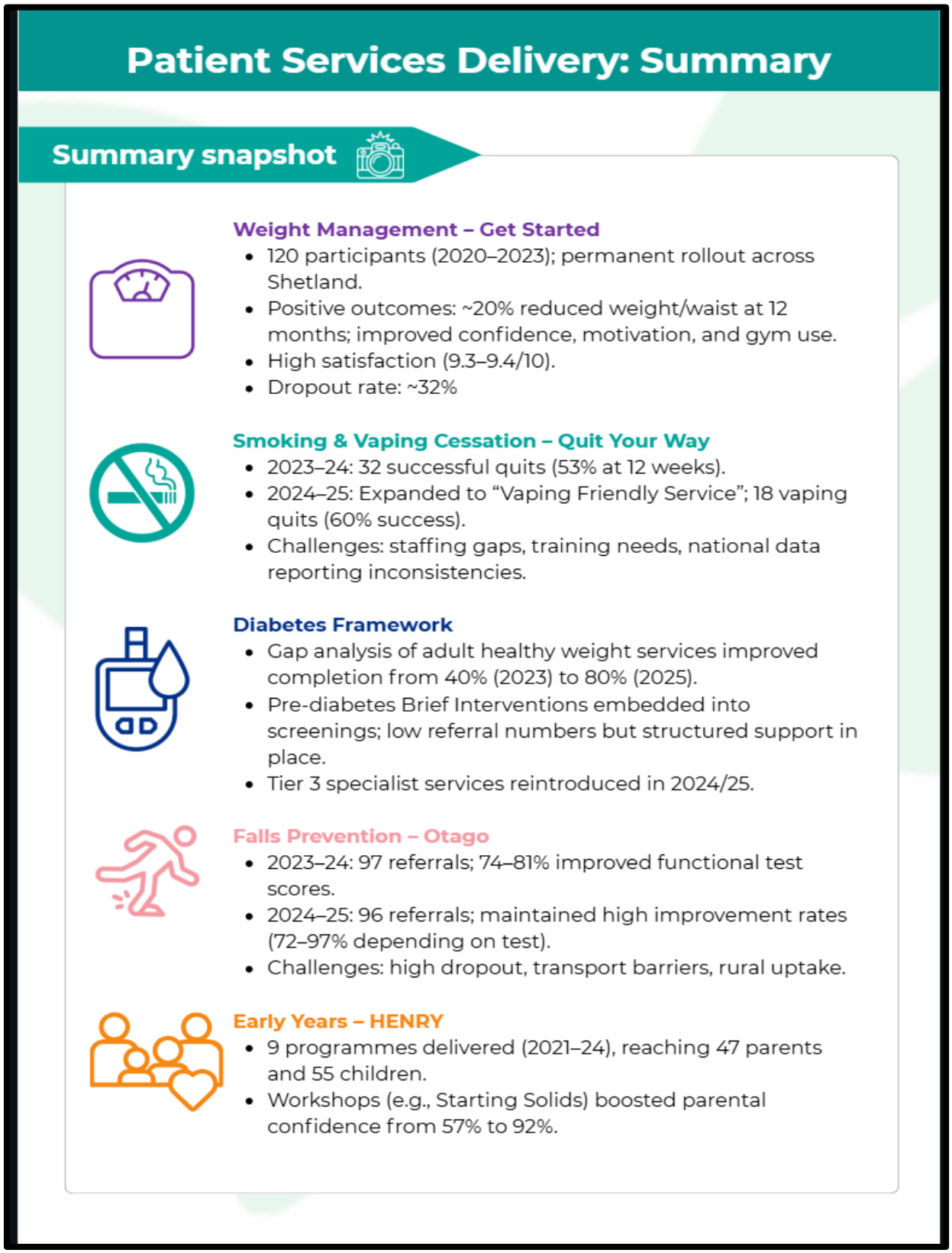
The Board's planning, performance management, programme management and information services teams also sit within the Directorate since April 2024.

Health Improvement Programmes

During 2024-25 the Health Improvement Team continued their work throughout Shetland to improve the health and wellbeing of individuals and communities. The team work to encourage healthy lifestyles, address health inequalities and influence policies. We work alongside partners to influence the wider environmental factors that help support positive health outcomes for our population, especially those in greatest need.

A full Health Improvement annual report has been compiled and can be accessed **online** and found in section 4 of this report. The full Annual Report contains work spanning 2023-2025 and is divided into two sections, section one is the patient facing work and details information and data about the wide array of services that are provided to patients. This includes supporting individuals to make changes to smoking and vaping habits, supporting adult healthy weight management, offering diabetes prevention and education, facilitating community link work, supporting active aging and falls prevention, and supporting families in the early years. The second section describes the work undertaken for population health focuses which details project-based work on areas identified to support us all to live longer healthier lives. This includes projects in physical activity, mental health and suicide prevention, poverty and

financial concerns, workplace health, alcohol use, and health literacy. Included in the following page are the snap short infographics from each section.



Population Health Projects: Summary

Summary snapshot

Physical Activity

- Active Shetland Strategy is undergoing refresh with an aim to publish by the end of 2025.
- Partnership working with sub-groups has enhanced initiatives.
- Walk da Rock groups have reduced from 2023 to 2025, however walker participation has stayed fairly strong. Walk leader availability, volunteer recruitment and admin processes have impacted growth of the project.

Alcohol Brief Interventions

- Training rolled out locally and nationally (147 trained).
- ABIs increased from 63 (2021–22) to 166 (2023–24) but dipped to 118 (2024–25).
- High proportion in priority health settings (90%+).

Mental Health & Suicide Prevention

- Local adaptation of "Ask, Tell, Respond" training; resource revisions ongoing.
- Priority to roll out skilled-level training on self-harm and suicide prevention in 2025–26.

Health Literacy

- Focused on improving BSL users' access to primary care.
- Roll out and promotion of Language Line InSight Service for remote BSL interpreting.

Workplace Health

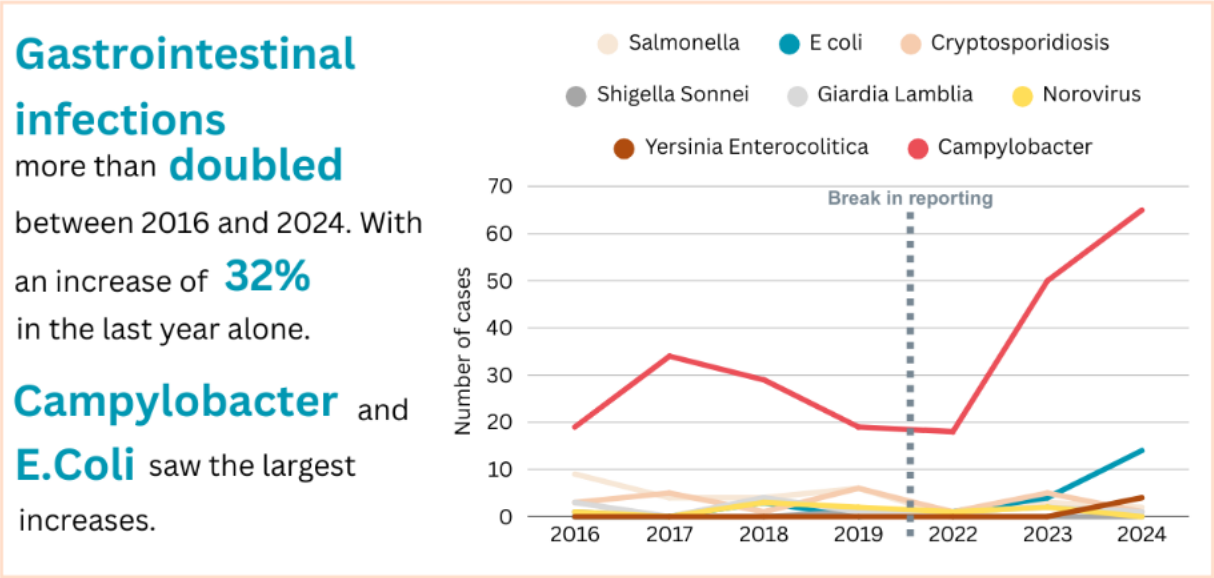
- Launched "Mentally Healthy Workplace" training.
- Promoted e-bike pool for staff.
- Continuing to use and promote "Deskercise" resources.

Money Worries

- Revised training to be delivered solely by HI team; aims to boost staff confidence to discuss and signpost financial concerns.

Health Protection

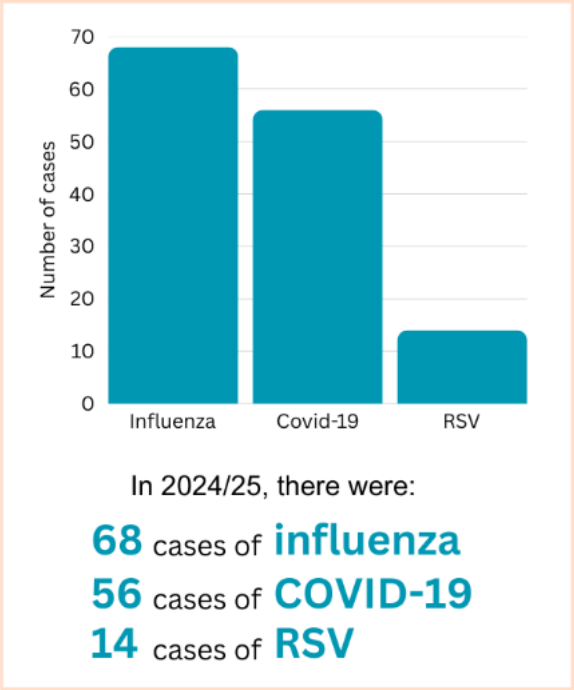
In Health Protection we received notifications of communicable diseases mostly through lab detections, we also receive notifications from clinicians when infectious illness is suspected or diagnosed. When we look at data over time, we can see changes and patterns in the detections. We report data by calendar year; no data is available for 2020 & 2021, and in 2022 there is only 9 months of data available due to pandemic activity.

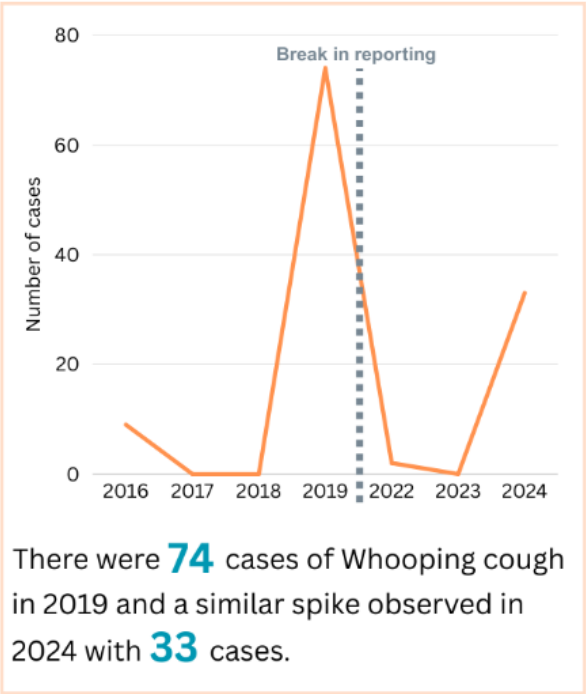


The increase in Gastrointestinal (GI) infections may be attributable to improvements in local lab capabilities; we are able to detect a broader range of GI infections and can do so quickly using modern methods. This allows us to be proactive in preventing spread of higher risk infections such as E. coli to vulnerable populations.

Lab testing for respiratory illness can detect Flu, Covid-19 and RSV (Respiratory Syncytial Virus). Flu detections have dominated this period, with both Flu A and Flu B viruses circulating. RSV is a condition that can pose a risk of severe lung infections to some.

Pertussis (commonly known as Whooping Cough) is a respiratory illness that usually we see a spike in cases, on average, every 3-4 years. We observed a spike in cases in 2019 and following some pandemic-related disruption to usual patterns we started to see a spike again in 2024 with cases on the increase.





Another condition of growing significance is Tuberculosis (TB) where there has been national interest in rising numbers of cases across the UK. In past years, up until 2022, the number of TB cases in Shetland averaged less than 1 per year. However, since 2023 we have noted an increase to 4 per year with the majority being latent TB detections picked up through occupational screening. We have driven the development of local clinical pathways for TB treatment, thus ensuring a local structure to support specialist treatment and intervention.

Other pieces of important work for this period included supporting several schools and nursery settings in managing outbreaks of scarlet fever, Strep A and GI illness. There have been no reported infectious outbreaks in Community Care homes or other residential settings during this period; a positive indication of the high standards in community infection prevention and control.

There is further detail on health protection work, and infection prevention and control work, in the NHS Shetland Control of Infection Committee Annual Report 2024-25.

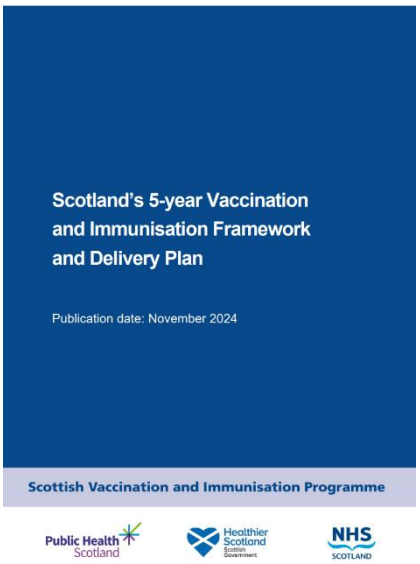
Vaccination and Immunisation

Vaccination is one of the most effective public health interventions to prevent ill health and premature mortality. The following programmes continued to be delivered during 2024–25: Spring Covid-19, Winter programme (Flu and Covid 19) pneumococcal and , shingles in the Vaccination centre and GP practices; baby and pre-school immunisations in GP practices; human papilloma virus (HPV) teenage boosters and meningitis vaccinations in schools; BCG for high risk individuals in child health; pertussis for pregnant women in maternity; HPV, Mpox, and hepatitis vaccination in the sexual health clinic; occupational vaccinations and travel vaccinations.

A new programme for RSV vaccination commenced in Autumn 2024, for people aged 75 and pregnant women (to protect newborn babies). Uptake at end April 2025 for older people was 76.8%, significantly higher than the Scottish rate of 67.5% .

There is more information on uptake rates in the infographic below. Further details on all vaccination programmes will be published in the Vaccination and Immunisation Annual Report 2024-25. Vaccination and immunisation work in the past year has also included audit, development of new processes to increase efficiencies, review of workforce, management of adverse events, training and considerable work on public communications.

In June 2024, we hosted a visit from the Public Health Scotland Vaccination and Immunisation Team and in November 2024, Scotland's 5-year Vaccination and Immunisation Framework and Delivery Plan was published. Local staff are involve in the development of new standards for the delivery of vaccination programmes.



Measles, Mumps and Rubella (MMR) vaccine

92.2% of children had the first dose of MMR vaccine by **24 months**

This is an **increase of 0.8%** from 91.5% in 202/24.

Uptake remains **lower** than the **Scotland rate** by approximately 0.6%.

Human Papillomavirus (HPV) immunisation

From 1 January 2023, the HPV vaccine moved to a one-dose schedule.

The proportion of completed doses in eligible **S2 pupils** was **higher** among **females** than **males.**

85.3%   **77.6%**

Overall uptake **decreased by 1.7%** to 81.2%.

COVID-19 vaccination

Uptake for the COVID-19 winter booster was **53.9%** This was over **6% higher** than across **Scotland.**

Uptake for the COVID-19 spring booster was **67.7%.** This was over **8% higher** than across **Scotland.**

Adult Flu vaccination

Uptake of the adult Flu vaccination was **58.2%.** This was one of the **highest** across **Scotland.**

Vaccine uptake in Shetland was **5% higher** than across **Scotland.**

Screening

Population health screening programmes are co-ordinated by the Public Health. The bowel and cervical cancer screening programme are ongoing, the Grampian AAA screening team visit three times a year and the mobile Breast Screening Unit every three years (currently in Shetland from April to June 2025). We also have a local diabetic retinopathy screening service, and pregnancy and newborn screening programmes. Uptake rates in Shetland are generally good -all the most recently published rates in the infographic below are the highest in Scotland.

Activities during 2024-25 have included:

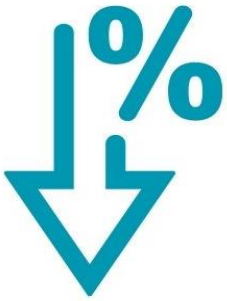
- An information stand at the Women's Health Event in August 2024
- Local publicity for the cancer screening programmes and the AAA screening programme.
- Two mobile breast screening units visited Shetland during the first half of 2025.
- A local project to identify women at Lerwick Health Centre who had not attended for cervical screening, with the aim of providing information and support to attend, including plans for Saturday clinics.

There is more information on screening uptake and progress in the past year in the Screening Programmes Annual Report 2024-25.

Abdominal Aortic Aneurysm (AAA) screening

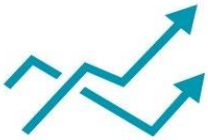
93.0% of the eligible population were tested before the age of 66 years and 3 months.

This is an **increase of 10.7%** from 84.0% in 2023/24.

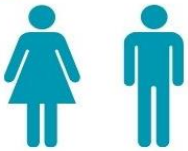


Bowel screening

Uptake in the period, 2022 - 2024, was **73.7%.** This is **higher** than the **Scottish rate.**

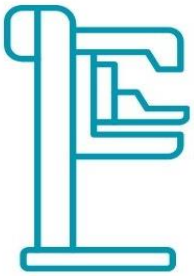


Uptake was **higher** among **females** than **males,** though both were **above** the **60% standard.**



Breast screening*

Over the three year period, 2020/21 to 2022/23, uptake was **86.2%.**



Over the last ten years uptake has consistently been **over 80%.** and at least **10%** higher than the **Scottish uptake rates.**

*there is no update on this data since the previous annual report

Cervical screening

The percentage of eligible women recorded as having attended cervical screening within the specified period was **73%.**

This is **0.8** percentage points **up** when compared to 2022/23 and still remains the **highest** across **Scotland.**

Drugs and Alcohol

The Shetland Alcohol and Drug Partnership (Shetland ADP) is tasked with supporting the delivery of 'Rights, Respect and Recovery' - Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths; and the 'Alcohol Framework 2018: Preventing Harm – next steps in changing our relationship with alcohol'. There are five priorities:

- A recovery orientated approach which reduces harms and prevents deaths
- A whole family approach
- A public health approach to justice
- Prevention, education and early intervention
- A reduction in the affordability, availability and attractiveness of alcohol

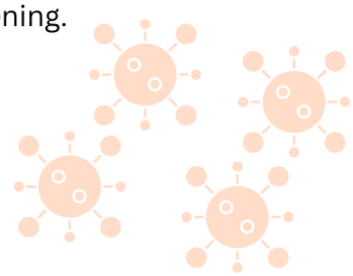
Local work in the past year has included:

- Extension of a pilot project with an ANP (Advanced Nurse Practitioner) providing outreach services at The Recovery Hub and acting as a link/champion between Primary Care/Hospital for people who find accessing healthcare difficult.
- A new dry blood spot BBV testing pathway has been established. This means that BBV testing is less invasive and is available in wider settings.
- IEP (Injecting equipment provision) outreach is now available from the NHS specialist service as well as The Recovery Hub.
- The provision of alcohol and drug services in police custody continues to expand and improve, led by NHS Shetland's Chief Nurse for Community.
- Shetland Partnership have appointed an officer to lead on "Compassionate Communities" with a specific focus on substance use and stigma.
- Shetland again marked International Overdose Awareness Day in August and Recovery Month in September 2024 , these help break down barriers and reducing stigma within our communities.
- A local Drug and Alcohol Health Needs Assessment has been undertaken and wil inform the development of a new local strategy and commissioning plan for the Partnership.
- ABI (Alcohol Brief Interventions) training continues to be provided. In 2024-25, 572 FAST (Alcohol) screenings were undertaken, resulting in 118 ABIs.

Sexual Health and Blood Borne Viruses

Our dedicated **Sexual Health Clinic** operates 9-10hrs per week in Lerwick, in addition to this, service is provided across Shetland at local GP practices. The clinic reports a wide age-range in attendees although the majority were **aged 18-35 years** old.

Sexual Health Clinic report **237** attendances and Primary Care **125** attendances with requests for STI screening.



In addition to this, opportunistic testing will account for a portion of the **12 cases** confirmed as having an **STI.**

Sexual Health Clinic prescribed **22 treatments** to STI cases and their contacts; others may be have been treated within primary care

There were **5 cases of Hepatitis C** detected this year. There has also been **increased testing activity.**

Substance Misuse and Recovery Service have **improved access** to testing for those at higher risk, meaning more people can access treatment, reducing the risk of infection transmission.

A small number of vaccinations were administered for protection against **Hepatitis A and B, HPV** and **MPox.**

The Sexual Health Clinic are now able to dispense **PrEP** to protect against **HIV** **20** prescriptions were issued with some people receiving multiple prescriptions.

The Sexual Health Clinic also provides long-acting reversible contraception.

They fitted **114** coils and **87** implants.

The number of terminations was low with an overall rate of **1.6 per 1,000 women** aged 15-44 years.

Realistic Medicine

Realistic Medicine is an approach to healthcare that aims to put the patient at the centre of decisions made about their care. It supports and empowers people, and their families, to discuss and consider their treatment options and the associated risks and benefits. Two of the six key principles are shared decision making and a personalised approach to care. The other principles are reducing harm and waste; reducing unwarranted variation; managing the risks associated with healthcare better; and championing innovation and improvement.

During 2024-2025 the local Realistic Medicine steering group worked on the following:

- We held a very successful Realistic Medicine Educational Symposium in March
- Continued to embed Realistic Medicine principles into Board strategies and plans
- Promoted Shared Decision Making and Value Based Health and Care training to NHS Shetland staff
- Produced articles for the monthly NHS Shetland Staff Newsletter
- Promoted the use of the BRAN questions in clinical settings to both staff and the public (It's OK to ask')
- Provided a case study for the Realistic Medicine Casebook developed by Scottish Government

Resilience and Business Continuity

Resilience has been a varied field during the past year with work progressing in several areas which are detailed in the Resilience and Business Continuity Annual Report 2024-25.

These include business continuity planning for all board teams; major incident preparedness including dealing with CBRN (Chemical, Biological, Radiological and Nuclear) incidents, supporting the Health Protection Team in planning for high consequence infectious diseases and pandemics; preventing and responding to terrorism and other security threats; planning for and mitigating weather related and climate change threats.

Specific areas of work have included:

- Development of a Business Continuity Management System Dashboard
- Major Incident Plan re-write
- Project to review transport and logistics, to improve efficiency and resilience
- Training of AHPs as Medical Incident Officers (MIMMS training)
- Development of ‘first-strike’ decontamination kits for GP practices and other publicly accessible locations.
- Planning for a fixed decontamination site at GBH
- Participation in a number of exercises including a local cruise ship incident scenario; national testing of the mass casualty plans and a cybersecurity exercise.
- Incorporating learning from incidents such as adverse weather events into business continuity and resilience plans
- Work with colleagues at a national level

Climate Change

We have continued to have a focus within the Directorate on climate change, which cuts across all our areas of work, both within the Health Board and working with partners, including raising awareness of the health impacts of climate change. We took part in the Shetland Climate Festival in June 2024, with our DPH giving a talk on the direct and indirect impacts of climate change on health. We have contributed to the Shetland Climate Change Strategy and Implementation Plan due to be published in autumn 2025.

The Waste and Reuse Portal (WARP IT) project led by the Business Continuity and Resilience Officer was launched internally. This aims to divert waste away from landfill sites and to cut procurement costs as well and carbon emissions. The project is now being expanded to include organisations across Shetland.

Anchors Strategic Plan

Our Anchors Plan (Anchor Organisation Plan) is being implemented including collaboration with Developing the Young Workforce to increase employment opportunities for young people at NHS Shetland. This has included an NHS Shetland presence at a number of careers events for young people and an engagement event in December for staff and young people to discuss how we can support them into NHS careers.

We are also looking at local procurement and the use of NHS premises and land for the benefit of the local community, for example community polycrubs at Levenwick, Hillswick and Walls health centres and at Montfield where there is one for staff use and one for the Food for the Way charity. This links with the wider programme of work on tackling and adapting to climate change and also Realistic Medicine work streams. There is further information in the Anchors Plan Annual Report 2024-25.

Health Intelligence

The Information Services Team became part of the Public Health Directorate in 2024-25, and continue to support NHS Shetland to fulfil their reporting requirements to Scottish Government as well as providing valuable data and intelligence to teams across the organisation.

Partnership working

The Public Health Directorate continues to be actively involved in multi-agency partnership working across Shetland with a focus on reducing inequalities, reaching the most vulnerable members of our community and prevention through tackling the underlying determinants of health.

Shetland Partnership

Specific partnerships include the Shetland Community Planning Partnership Management and Leadership Team (including work on climate change, tackling stigma, personalised care) ,Children's Partnership; Alcohol and Drug Partnership, Violence Against Women Partnership, Community Justice Partnership, Employability Partnership; Fairer Futures and the Community Health and Care Partnership.

We have continued to contribute the development and implementation of Shetland wide strategies and plans including Child Poverty, Climate Change, Suicide Prevention, Good Mental Health for All, Physical Activity and Good Food Nation. A key area of work for 2025-26 will be the implementation of the Scottish Government's 10 year Population Health Framework, published in June 2025, which will require partnership working and community engagement across Shetland if we are to make significant improvements in population health and wellbeing.

Section 4 Programme Specific Annual Reports

Anchors Institution Plan Report 2023-25 (link to be added)

Control of Infection Committee Annual Report 2024-25 (link to be added)

Health Improvement Report 2023-25 (link)

Realistic Medicine Annual Report 2024-25 (attached)

Resilience and Business Continuity Annual Report 2024-25 (attached)

Screening Programmes Annual Report 2024-25 (link to be added)

Vaccination & Immunisation Annual Report 2024-25 (link to be added)

NHS Shetland

Realistic Medicine

Annual Report 2024-2025

REALISTIC MEDICINE

Introduction

This 2024-2025 annual report highlights our achievements, challenges, and the ongoing efforts to integrate Realistic Medicine principles, enhance the efficiency and effectiveness of our services. The focus ocus remains on delivering Value Based Health and Care, which emphasises person-centred care, reducing harm and waste, and championing innovation and improvement.

Realistic Medicine

Realistic Medicine is an approach to healthcare that places the patient at the centre of decisions regarding their care. It empowers individuals and their families to discuss and consider their treatment options, along with the associated risks and benefits. The six key principles of Realistic Medicine include:

- **Shared decision-making**
- **A personalised approach to care**
- **Reducing harm and waste**
- **Reducing unwarranted variation**
- **Managing healthcare risks better**
- **Championing innovation and improvement**

In the most recent Realistic Medicine annual report, the Chief Medical Officer emphasises "enabling careful and kind care" and the importance of "understanding what matters to the people we care for."

Realistic Medicine is relevant to all health and social care professionals, and a multi-disciplinary approach is essential to ensure it becomes standard practice in Scotland. Additionally, there are cross-cutting themes of climate change and sustainability, reducing inequalities, prevention, and leadership to support staff in practising Realistic Medicine

Value Based Health and Care

More recently, the focus has been on delivering Value Based Health and Care in Scotland in order to build a more equitable and sustainable health and social care system in Scotland. Value Based Health and Care will be delivered by practising Realistic Medicine and focusing on the principles of person-centred care, reducing harm and waste, reducing unwarranted variation, managing the risks associated with healthcare better, and championing innovation and improvement.

In addition to these principles, Value Based Health and Care also emphasizes the importance of understanding and addressing the social determinants of health, such as housing, education, and employment. By taking a holistic approach to health and care, we can ensure that all individuals have the opportunity to achieve their best possible health outcomes. Furthermore, the integration of digital health technologies and data-driven decision-making will play a crucial role in enhancing the efficiency and effectiveness of health and social care services.

Key Achievements

During 2024-2025 the local Realistic Medicine steering group worked on the following:

- Continue to embed Realistic Medicine principles into Board strategies and plans
- Promoting Shared Decision Making and Value Based Health and Care training to NHS Shetland staff
- Producing an article for the monthly NHS Shetland Staff Newsletter
- Promoted the use of the BRAN questions in clinical settings to both staff and the public
- Held our local Realistic Medicine Educational Symposium
- Provided a case study for the Realistic Medicine Casebook developed by Scottish Government

Challenges

- Establishing developing an organisation level public engagement plan has been difficult as we do not have the same organisational processes as pre-pandemic .
- Increasing completion of national training and engagement with tools and resources is challenging because of staff capacity to do training.
- Continuation of the three MCNs has not been possible due to the removal of resource since fixed term funding for MCN Co-Ordinator concluded in March 2024 and lack of capacity elsewhere.

Embedding Realistic Medicine in NHS Shetland

Throughout the year the Shared Decision Making and Value Based Health and Care training available to staff was promoted regularly via the staff newsletter, heads of department and members of the local Realistic Medicine Steering Group. At the end of 2023-24, 41 people across NHS Shetland had completed the Shared Decision-Making training on Turas, this is an additional 2 from the years before. Options for making the training mandatory for staff in NHS Shetland were explored, however it was decided that this was not practical or necessarily the best way to encourage staff to complete the training. Without training being mandatory, it is difficult to incentivise already busy staff to complete the training.

Work has been ongoing throughout 2024-2025 to develop and maintain the Realistic Medicine staff intranet page with information and resources about Realistic Medicine and Value Based Health and Care.

Additionally, a Realistic Medicine article was produced for the monthly newsletter, focusing on promoting specific projects, staff training or information sharing on the different principles and priorities of Realistic Medicine and Value Based Health and Care with the wider workforce in an attempt to increase awareness across the organisation.

Local Realistic Medicine Educational Symposium

In our 2023-2024 Annual Report, our key focus for 2024-25 was to be on maintaining and building on staff engagement through a local Realistic Medicine Educational Symposium to enable staff from across the Health and Social Care Partnership to come together to hear examples of best practice, at a national and local level, and consider how they might apply the learning to their everyday practice and approach.

The *Building our Approach to Realistic Medicine in Shetland* symposium, held on 26th February 2025 at Mareel, was designed to raise awareness and staff understanding of Realistic Medicine and Value Based Health and Care, encourage networking, and explore local application of Realistic Medicine principles. Organised by the NHS Shetland Realistic Medicine Steering Group, the event attracted strong cross-sector attendance, with over 60 participants engaging in presentations and workshops. Additionally, 10 members of staff showcased Realistic Medicine aligned work via poster presentations.

Evaluation findings indicate the event was well-received, effectively met its learning objectives, and enhanced participants' awareness and enthusiasm for Realistic Medicine. Opportunities for improvement include enhancing workshop facilities, adjusting scheduling to increase accessibility, and involving a broader range of staff and patients in future events.

- 92% of attendees reported increased understanding of Realistic Medicine and Value Based Health and Care.
- Participants valued the opportunity to connect across disciplines and gain insight into organisational initiatives.
- Improvements needed in workshop spaces, event timing, and broader stakeholder involvement including patients.

Conclusion

In conclusion, the 2024-2025 Realistic Medicine Annual Report highlights our ongoing commitment to placing patients at the centre of healthcare decisions. By adhering to the principles of Realistic Medicine we aim to deliver person-centred care, reduce harm and waste, and foster innovation and improvement. Our efforts to address the social determinants of health and integrate digital health technologies are crucial steps towards building a more equitable and sustainable health and social care system in Shetland.

Priorities for 2025-26

Some focus areas identified in our 2025-2026 action plan include:

- Integrate a public engagement plan around the Realistic Medicine and Value Based Health and Care programme into a wider NHS Shetland PFPI framework/ engagement plan.
- Assess the use of Collaborate tool and potential alternatives with AHPs
- Develop a suite of Realistic Medicine audits /projects for resident doctors - with focus on unwarranted variation
- Review the use of procedures/ medicines of limited clinical value and explore opportunities to reduce.
- Implementation of RDS tool to support decision making and future care planning