NHS Shetland

Meeting:	Board
Meeting date:	22 September 2026
Agenda reference:	Board Paper 2026/27/34
Title:	Public Health Annual Report 2025-26: Supporting the Building Blocks of Health
Responsible Executive/Non-Executive:	Dr Susan Laidlaw, Director of Public Health
Report Author:	Lucy Flaws, Head of Planning and Dr Susan Laidlaw, Director of Public Health

1. Purpose

This is presented to the Board/Committee for:

- Awareness
- Discussion

This report relates to:

- Annual Operating Plan
- Government policy/directive

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

- Effective
- Person-centred

2. Report summary

2.1. Situation

The Public Health Annual Report 2025-26 considers how NHS Shetland can contribute to improving population health and reducing inequalities through Scotland's Population Health Framework. Rather than concentrating on a single health issue or population group as we have in previous DPH Annual Reports,, it considers the wider conditions in which people are born, grow, live, work and age, and the contribution required from public services, communities and individuals.

The report sets the national framework within Shetland's local context and describes the relationship between population health, prevention, service sustainability and public service reform. It identifies action already under way and the next steps required for NHS Shetland to continue developing as a population health organisation.

2.2. Background

Scotland's Population Health Framework is a ten-year strategy for improving health and reducing inequalities. It recognises five connected drivers of health and wellbeing:

- Places and Communities
- Social and Economic Factors
- Equitable Health and Care
- Enabling Healthy Living
- Prevention Focused System

For NHS Shetland, the Framework supports both its direct responsibilities as a healthcare provider and its wider role as an expert, influencer and partner. The report proposes that NHS Shetland should lead particularly on Enabling Healthy Living and Equitable Health and Care, while remaining an active partner in work relating to social and economic factors, places and communities, and prevention-focused systems.
The report is closely aligned with NHS Shetland's strategic objective to support the Building Blocks of Health. It presents prevention and improved population health as important routes to managing future demand and supporting the long-term sustainability of services.

2.3. Assessment

Shetland's population health context

Shetland performs well on many traditional measures of health. People generally live longer than the Scottish average, and communities benefit from strong social connections, participation and a sense of belonging. However, these averages can conceal significant differences in people's health, wealth and opportunities.

The population is changing, with an increasing proportion of older people and comparatively fewer children and young adults. This creates additional pressure on health and social care services, workforce supply and the sustainability of communities. Preventable conditions or those that can be delayed, including frailty, cardiovascular disease, diabetes, poor mental health and unhealthy weight, are increasingly important contributors to illness and service demand.

Although Shetland has relatively high employment, low unemployment and strong average household incomes, the report highlights less visible inequalities. These include the high cost of fuel, transport, housing and everyday essentials, together with food insecurity, fuel poverty, debt, poor housing, social isolation and barriers to accessing services. Disadvantage is often dispersed rather than concentrated geographically, making it harder to identify through traditional measures of deprivation.

Fairer Futures and partnership working

The report identifies Fairer Futures as an important local mechanism for supporting whole-system change. It brings together leadership and learning across health, social care, education, community planning, the third sector and public protection, with a focus on prevention, early intervention, whole-family support, shared responsibility and better coordination around people and communities.

The report notes that long-term improvement is unlikely to be achieved through adding further stand-alone projects, services or governance arrangements. The emphasis is instead on strengthening relationships, shared leadership, collective understanding and the ability of practitioners and leaders to solve problems together.

Initial national priorities

The Population Health Framework identifies two initial priorities for 2025 to 2027:

1. Embedding prevention in systems.
2. Improving healthy weight.

For NHS Shetland, embedding prevention will require prevention to be reflected in planning, governance, decision-making, investment and accountability. Existing activity includes the developing Population Health Group, Focus on Frailty, strengthened Health Intelligence capability and partnership work through Fairer Futures.
The principal challenge will be moving from successful pilots and short-term initiatives to a sustainable prevention-focused system. The report identifies the need for a longer-term shift in resources, organisational focus and time, supported by commissioning and performance arrangements that enable collaborative, outcomes-focused and inequalities-reducing work.
Healthy weight is connected to cardiovascular disease, diabetes, some cancers, musculoskeletal conditions and mental wellbeing. Relevant local activity includes healthy weight services, developing governance through the Population Health Group, diabetes prevention and remission work, cardiovascular risk management, physical activity and falls-prevention programmes.
Challenges include access to specialist expertise, equitable delivery across Shetland's geography, diseconomies of scale, limited Health Intelligence capacity, unconnected digital systems and competing priorities within small generalist teams.

2.3.1. Quality / patient care

A stronger focus on prevention, early identification and coordinated support should help people remain healthy, independent and connected for longer. The report specifically identifies work relating to frailty, cardiovascular risk, long-term conditions, diabetes and healthy weight as opportunities to prevent or delay illness and reduce avoidable demand.

The Framework also reinforces the need for equitable access to high-quality care and support targeted towards people with the greatest need and capacity to benefit.

2.3.2. Workforce

The report does not set out a quantified workforce impact. It does, however, recognise that Shetland's changing population and comparatively smaller working-age population create significant workforce and service-sustainability challenges.

Delivery will require leadership and capacity across NHS Shetland and partner organisations, including appropriate Health Intelligence capacity, access to specialist expertise and time for staff to develop preventative and collaborative approaches.

2.3.3. Financial

There are no specific financial costs identified within the Annual Report. The report makes clear, however, that NHS Shetland's current model of service delivery is not considered financially or operationally sustainable. It argues that prevention and improved population health are important mechanisms for reducing future demand and supporting sustainable public services.
Achieving this will require a long-term shift in resources, time and organisational focus towards prevention. Any future proposals arising from the report will require consideration through the Board's established planning, prioritisation and governance processes.

2.3.4. Risk assessment/management

Key risks identified in the report include:

- Immediate operational pressures continuing to displace preventative activity.
- Successful tests of change not becoming routine practice.
- Fragmented pathways, organisational boundaries and disconnected processes.
- Insufficient Health Intelligence capacity and unconnected digital systems.
- Difficulty providing equitable access to specialist support across a remote island geography.
- A proliferation of priorities within small, generalist teams.
- Failure to address hidden inequalities or target support effectively.

The developing Population Health Group is expected to strengthen oversight, alignment, accountability and governance of preventative work.

2.3.5. Equality and Diversity, including health inequalities

Reducing inequalities is central to the Annual Report. It highlights that differences in outcomes may be concealed by positive population averages and by the dispersed nature of disadvantage in Shetland. Financial hardship, exclusion, loneliness and unequal access to opportunities are associated with poorer health, reduced wellbeing and increased demand on services.
The report identifies the importance of using data and population insight to target resources towards people at greatest risk, while working with communities and partners to address the wider causes of poor health.

2.3.6. Other impacts

Any specific service changes or investment decisions resulting from the report should be subject to appropriate impact assessment as they are developed.

2.3.7. Route to the meeting

This report has not been considered at any other meetings.

2.4. Recommendation

The Board is asked to:

1. **Note** the Public Health Annual Report 2025-26 and its assessment of the population health challenges and opportunities facing Shetland.
2. **Recognise** the relationship between improving population health, reducing inequalities, public service reform and the sustainability of services.
3. **Support** the continued development of NHS Shetland as a ***Population Health Organisation,*** including embedding prevention within planning, governance and decision-making.
4. **Seek assurance** through appropriate governance arrangements on progress against the priorities and next steps identified in the report.

3. List of appendices

- Appendix 1: NHS Shetland Public Health Annual Report 2025-26: Supporting the Building Blocks of Health, The Population Health Framework in a Shetland Context.

NHS Shetland
Director of Public Health
Annual Report 2025-26

Supporting the Building Blocks of Health

The Population Health Framework in a Shetland Context

Foreword: why population health matters now

This is my sixth Annual Report as Director of Public Health for Shetland, and has a different focus to previous years. Rather than focusing on a single health issue, population group or area of public health activity, this report considers how NHS Shetland can contribute to improving health and reducing inequalities through Scotland's new Population Health Framework. The Framework provides a long-term vision for improving health across Scotland and recognises that health is created not only through healthcare, but through the conditions in which people are born, grow, live, work and age. It challenges us to think differently about our role in improving health and wellbeing, and about the contribution that public services, communities and individuals can make.

As Director of Public Health, I am often asked what public health actually means. For many people it is associated with vaccination programmes, screening, infectious diseases or health improvement initiatives. These remain important and valuable parts of our work. However, public health is also about ensuring that people have the opportunity to live healthy and fulfilling lives, regardless of their background, circumstances or where they live. It is about understanding why some people experience poorer outcomes than others and working together to address the causes of those inequalities.

This report comes at a time when public services across Scotland face significant challenges. Demand for services continues to increase, populations are changing, financial pressures remain significant and workforce shortages affect many sectors. In Shetland, we face additional challenges associated with our geography, demography and the sustainability of services. At the same time, we know that many of the conditions driving future demand can be prevented, delayed or reduced through earlier intervention, stronger communities, improved population health and more joined-up support.

The Population Health Framework provides an opportunity to bring together a range of local initiatives under a shared vision for health and wellbeing. It aligns closely with wider public service reform, the Shetland Partnership Plan, Fairer Futures, and NHS Shetland’s ambition to become a Population Health Organisation. Together, these approaches recognise that sustainable services and healthy communities are

inseparable. Improving population health is not only the right thing to do for individuals and families; it is fundamental to creating sustainable public services for future generations.

This report sets out what the Population Health Framework means for Shetland, the challenges and opportunities we face, and some of the work already underway to support healthier lives, reduce inequalities and create the conditions in which people and communities can thrive.

Improving population health is not the responsibility of the NHS alone. It requires collective leadership, partnership working and a shared commitment to prevention. By working together, we can build a healthier, fairer and more sustainable future for Shetland.

This report is split into four parts:

- The Population Health Framework
- Population Health Data for 2025-26
- Summary of Public Health Directorate activity in 2025-26
- 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 very much to the Public Health Directorate staff for their help producing this annual report, it is very much a team effort. Particular thanks to Lucy Flaws and Fiona Hall for all their work on this year's report, also Nicola Balfour, Melanie Hawkins, Wendy Henderson, Kathleen Jamieson, Dr Karandeep Nandra, James McConnachie and Katie McMillan and for additional content and the appendices.

Contents

Part 1 The Population Health Framework in a Shetland Context

A simple guide to the Population Health Framework

The Population Health Framework is Scotland's ten-year strategy for improving health and reducing inequalities. It reflects growing recognition that health is created not only through healthcare but through the conditions in which people are born, grow, play, live, work and age. The Framework therefore focuses on addressing the wider factors that influence health, prevention of ill health, and partners working together to achieve this.

The Population Health Framework recognises that improving health and wellbeing requires a collaborative approach. It brings together national and local government, public services, community organisations, businesses and communities themselves to address the wider factors that influence health. By working together, partners can tackle the root causes of poor health and health inequalities while supporting shared ambitions to reduce child poverty, deliver sustainable public services and achieve a just transition to net zero. While there are of course significant national influences and things that influence health which are out with our control, there are also a number of things that can be improved locally to ensure people have better health.

The framework has five connected drivers of health and wellbeing:

Social and Economic Factors
Improving education, employment, income and other factors that influence people's opportunities to live healthy lives.

Equitable Health and Care
Ensuring people can access high-quality health and care services when they need them and that support is targeted towards those who need it most.

Places and Communities
Creating environments, communities and neighbourhoods that support health, wellbeing and resilience.

Enabling Healthy Living
Making healthy choices easier and reducing exposure to factors that harm health.

Prevention Focused System
Ensuring public services prioritise prevention, invest upstream and work together to improve long-term outcomes.

What does this mean for NHS Shetland?

For NHS Shetland, these drivers provide a helpful framework for planning both our direct responsibilities as a health care provider, and our role as expert, influencer and partner within local partnerships. We know health is not built or made within health services – and while we can have a strong influence, and hold vital responsibilities, good health for Shetland cannot be achieved by the NHS in isolation.

All five drivers require a collaborative approach, and it is most appropriate for NHS Shetland to lead on Enabling Healthy Living, and Equitable Health and Care, while remaining a key partner in work on Social and Economic Factors, Places and Communities and Prevention Focused System which are being progressed through the Shetland Partnership (the local Community Planning Partnership).

Figure 1 (Dahlgren and Whitehead, 1991) is one interpretation of the factors which influence our health – as shown healthcare services are one small part of this, efforts to improve health from within the NHS, without support, cannot be successful.

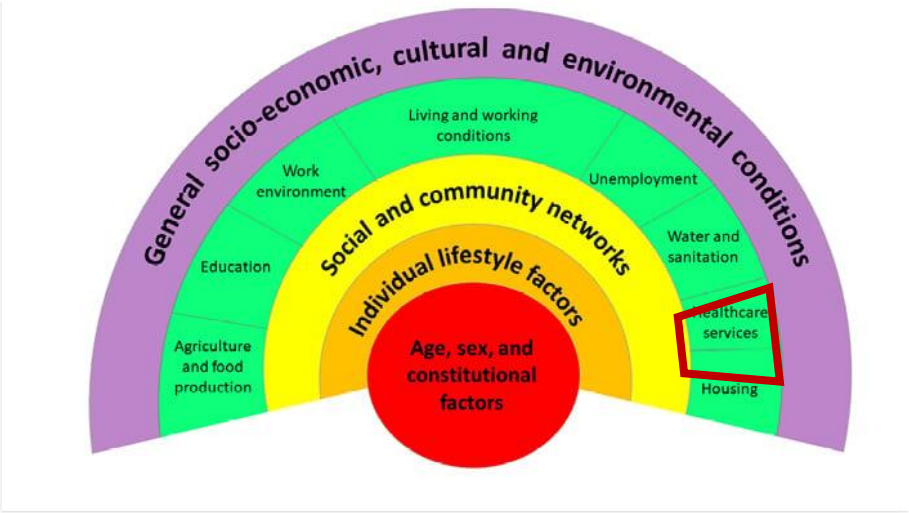


Figure 1The Dahlgren and Whitehead model maps the relationship between the individual, their environment, and health

In NHS Shetland we recognise the vital role the whole context of our lives plays in our health, and this is reflected in the organisational strategic objective to support the Building Blocks of Health. Prevention and supporting good population health is a key route to managing demand and ensuring our services are sustainable for future generations – not only is it the right thing to do for individual's health, it is vital to creating a sustainable system.

Shetland's Context

Shetland remains one of the healthiest places in Scotland by many traditional measures. People generally live longer than the Scottish average and many people in communities benefit from strong social connections, high levels of participation and a sense of belonging. However, averages can hide important differences and not everyone in Shetland has access to the same health, wealth and opportunities.

Our population is changing - like many island and rural communities we have an increasing proportion of older people and comparatively fewer children and young adults. These changes create opportunities but also place significant pressure on health and social care services, workforce supply and community sustainability.

Many of the conditions driving future health service demand are preventable or can be delayed. Long-term conditions, frailty, cardiovascular disease, diabetes, poor mental health and unhealthy weight are increasingly important contributors to illness and service demand. At the same time, wider determinants of health such as poverty, housing, transport, social isolation and community resilience continue to influence people's outcomes throughout life.

The challenge for Shetland is not about helping people live longer - it is helping people live more years in good health; and addressing the unfair differences we see in our communities.

Shetland Partnership Plan branding representing the four key priority areas: Participation, People, Place and Money

Understanding Inequalities in Shetland

At first glance, Shetland appears to be a prosperous and successful community. We have among the highest employment rates in Scotland, low unemployment, relatively high household incomes, low recorded crime and strong levels of volunteering and community participation. By many traditional measures, Shetland performs well compared to most other parts of Scotland.

However, these headline statistics can mask significant inequalities experienced by individuals, families and communities. Unlike many urban areas, disadvantage in Shetland is often dispersed rather than concentrated in specific neighbourhoods. This means poverty, exclusion and vulnerability can remain largely hidden, making them difficult to identify through traditional measures of deprivation.

One of the defining features of inequality in Shetland is the high cost of living. While average incomes are relatively strong, many households face significantly higher costs for fuel, transport, housing and everyday essentials than households elsewhere in Scotland. Research has shown that living costs in remote and island communities can be substantially higher than urban areas, meaning that income does not stretch as far. As a result, households can experience financial hardship despite being in employment or appearing financially secure on paper.

Evidence suggests that inequality affects a wide range of outcomes. Food insecurity, fuel poverty, debt, poor housing conditions, social isolation and barriers to accessing services continue to affect many Shetland households. Individuals experiencing disadvantage often report feelings of stigma and reluctance to seek support, particularly in a small community where privacy can feel limited and people may fear being judged or labelled.

Certain groups experience additional disadvantages. Young people report barriers relating to transport, opportunity and stigma. Older people identify challenges relating to accessibility, digital exclusion and isolation. Disabled people continue to face barriers to employment, services and participation. Experiences of discrimination and exclusion have also been reported by women, minority ethnic communities, religious groups, LGBTQ+ individuals and people who are new to Shetland.

The evidence also highlights that inequalities are not only a social justice issue but a population health issue. Financial hardship, exclusion, loneliness and reduced access to opportunities contribute to poorer physical and mental health outcomes, increased demand on public services and reduced wellbeing across the population. Addressing inequalities therefore benefits everyone, helping to create stronger communities, healthier populations and more sustainable public services.

While inequalities in Shetland may be less visible than elsewhere, they are no less real. Understanding and addressing these hidden challenges is central to improving population health, reducing avoidable differences in outcomes and ensuring everyone in Shetland has the opportunity to live a healthy, fulfilling life.

This understanding underpins both Scotland's Population Health Framework and local work through Fairer Futures, public service reform and partnership planning, all of which seek to tackle the root causes of poor outcomes rather than simply responding when problems arise.

For more detailed information about inequalities in Shetland see the recently published evidence paper produced to support development of the next Shetland Partnership Plan.

Shetland Partnership Plan branding showing development sessions related to the next plan: Scene setting; Inequalities; Population and Economy; Housing and connectivity; Climate and biodiversity; Public Sector Reform and communities; final session

Fairer Futures, System Change and Population Health

Scotland's Population Health Framework recognises that improving health and reducing inequalities cannot be achieved by healthcare services alone. Health is shaped by the wider conditions in which people are born, grow, live, work and age, and by the ability of organisations to work together around people's needs. Achieving the ambitions of the Framework therefore requires more than delivering individual projects or services. It requires sustained change in how public services operate, collaborate and support communities.

In Shetland, Fairer Futures (the Person-Centred Shetland project, under the Shetland Partnership) has emerged as an important vehicle for supporting this change. Fairer Futures forms part of the Scottish Government's action on child poverty, and locally seeks to improve outcomes through whole-system change rather than through the creation of additional services or stand-alone initiatives. While nationally the programme is linked to tackling child poverty, partners in Shetland have adapted the approach to reflect local priorities, using it to support a more person-centred, preventative and connected system that can reduce inequalities across generations.

Fairer Futures brings together senior leaders from health, social care, education, community planning, third sector organisations and public protection services. Rather than focusing on the performance of individual services, its purpose is to understand how the wider system operates, identify barriers that prevent people receiving the right support at the right time, and create opportunities for collaborative learning and improvement.

Learning over the past year has highlighted a striking consistency in the challenges identified by people working in public facing services. Common themes include the importance of prevention and early intervention, whole-family support, relational practice, shared responsibility for outcomes, and improved coordination around individuals, families and communities. At the same time, partners continue to identify

barriers including fragmented pathways, organisational boundaries, disconnected processes and reliance on individuals to navigate support systems.

These locally felt priorities and challenges closely mirror the ambitions of Scotland's Population Health Framework. The Framework places strong emphasis on prevention-focused systems, addressing the wider determinants of health, creating healthier places and communities, and ensuring that services are accessible, equitable and person-centred. Fairer Futures provides a practical mechanism for testing and implementing these principles locally, in a way that works for Shetland, by helping organisations learn together, align activity and remove barriers that contribute to poor outcomes and inequalities for people.

Importantly, Fairer Futures recognises that long-term improvement is unlikely to come from introducing ever more projects, boards or services. Instead, the focus has been on strengthening relationships, developing shared leadership, improving collective understanding of local challenges, and creating opportunities for practitioners and leaders to solve problems together, and work more closely together in delivering support. Recent work has included leadership development activity, practitioner learning, locality-based conversations, development of the GIRFEC (Getting it Right for Every Child) Refocus project, strategic alignment work and exploration of how learning from different partnerships can be connected and translated into meaningful change.

As NHS Shetland continues its work to implement the Population Health Framework, and become a Population Health Organisation, Fairer Futures provides an important bridge between population health improvement and public service reform. It offers a practical way of embedding prevention, reducing fragmentation, strengthening partnership working and creating a more person-centred system. In doing so, it supports not only the ambitions of the Population Health Framework, but also wider local aspirations for Person-Centred Shetland and sustainable public services capable of meeting the needs of current and future generations.

2025-27 – Initial Population Health Framework priorities

The Population Health Framework identifies two initial national priorities for 2025-2027:

- Embedding prevention in our systems.
- Improving healthy weight.

These priorities were selected because they have the potential to improve health outcomes across the whole population while also helping to address inequalities and reduce future demand on public services. For NHS Shetland, they align strongly with existing strategic priorities and programmes already underway across the organisation and with our partners.

Priority 1: Embedding Prevention in our Systems

For many years there has been broad agreement that prevention is better for people and more sustainable for public services than responding to illness after it develops. [*refer to NHS Shetland's DPH Annual Report for 2023-24*] Despite this, health and care systems often struggle to prioritise prevention because immediate operational pressures demand attention and resources. This is the context we see nationally and locally. In Shetland we know that our current service delivery is unsustainable – not only do we not have sufficient finances to continue delivering in the way we are, we do not have sufficient working age population, or appropriate skills to continue delivering - we also know that the current model is not delivering the outcomes we want it to.

The Population Health Framework calls for a deliberate shift towards prevention being embedded within planning, governance, decision-making, investment and accountability arrangements. It highlights the importance of partnership working, stronger local collaboration, improved governance, and ensuring prevention is considered in decisions taken across the public sector. This is a long held ambition, and there is a recognition that policy tensions and conflicting, and numerous priorities can make progress challenging.

NHS Shetland has already begun taking steps towards becoming a more prevention-focused organisation. The NHS Shetland Annual Delivery Plan 2026-27 places

prevention, reducing inequalities and supporting the building blocks of health at the centre of organisational planning. The Plan explicitly recognises the Population Health Framework and identifies becoming a ‘population health organisation’ as a strategic priority.

A number of programmes already support this ambition:

Establishment of a Population Health Group

A new Population Health Group is being established to provide oversight and coordination of preventative activity across NHS Shetland; it is hoped this will amplify and align existing activity, define priorities, and support robust governance of preventative work. The Group will support a Health in All Policies approach, strengthen accountability for prevention and inequalities, and improve alignment between NHS priorities and wider partnership activity.

Focus on Frailty

The Focus on Frailty programme aims to reduce avoidable demand on acute services by identifying frailty earlier, supporting people in the community, preventing crisis presentations, and reducing unnecessary admissions. This represents a significant shift towards anticipatory and preventative care; achieved through collaborative working and system learning.

Health Intelligence

NHS Shetland is strengthening its Health Intelligence function to make better use of data and population insight. This includes identifying people at risk of frailty and cardiovascular conditions, supporting long-term condition management, and reducing inequalities in access to care. This will support targeted use of resource towards those most at risk, and with most capacity to benefit, and with appropriate capacity, can also support robust decision making and prioritisation within the organisation.

Fairer Futures and Partnership Working

Through Fairer Futures, the Shetland Partnership and other multi-agency programmes, NHS Shetland continues to work with partners to improve outcomes for people experiencing disadvantage and inequality. This reflects the Framework's

emphasis on prevention through system-wide action rather than organisational action alone.

The challenges

There is a strong history, locally and nationally, of successful tests of change and pilots of different ways of working to support earlier intervention and prevention; and there is an abundance of evidence and learning about how to achieve prevention, improved population health and reduced inequalities. However, making these tests 'business as usual', or a priority within a busy health and social care system has been more challenging, and can add layers of confusion and complexity to a system which is already tricky to navigate for the people we are trying to support.

To progress from an initiative-based, short-term focussed approach to prevention, towards a robust and sustainable prevention focussed system will require a long term shift of resource, focus and time towards prevention – supported by a process of commissioning and performance monitoring and management that enables and encourages collaborative, outcomes focussed, inequalities reducing work, rather than the throughput and output focussed processes we currently have.

Priority 2: Improving Healthy Weight

Healthy weight has been identified nationally as an initial priority because excess weight is associated with a range of preventable health conditions, including cardiovascular disease, diabetes, some cancers, musculoskeletal problems and poorer mental wellbeing. The Population Health Framework recognises that improving healthy weight requires a whole-system approach involving services, communities, environments and public policy, and we recognise that NHS Shetland has a specific role both in influencing change in other areas, and in delivering adequate services for those requiring support or intervention for their weight, or associated risk factors or conditions.

Healthy weight is closely linked to wider priorities in Shetland including cardiovascular disease prevention, diabetes prevention and long-term condition management. NHS Shetland already delivers a range of activity that contributes to improving healthy weight, though access, coordination and targeting of these could

be improved. There are a number of interconnected pieces of work underway to support healthy weight:

Healthy Weight Services

These specialist services are delivered between the Dietetics and Health Improvement teams, in collaboration with the local recreational trust for some interventions. These services provide support for individuals to achieve and maintain a healthier weight, and have been developing over recent years to align to the national healthy weight service standards.

Weight Management Governance

The Annual Delivery Plan includes specific action to improve governance and oversight of local weight management services through the developing Population Health Group. This will help ensure services are aligned to national standards and local population need, identify and surface risks and challenges to delivery, and provide a collaborative structure to approach the growing complexity and demand in this area, particularly with the emergence of new anti-obesity medications.

Diabetes Prevention, Remission and Digital Diabetes

NHS Shetland continues to support diabetes prevention and self-management initiatives, including delivery of a type 2 diabetes remission programme and participation in Digital Diabetes developments which aim to improve access to support across Scotland and improve long-term outcomes for people living with diabetes.

Health Intelligence to improve Cardiovascular Risk Management

Work is underway to improve assessment and management of cardiovascular risk through more effective use of existing information, hypertension management and long-term condition reviews. This supports prevention of future illness and complications as well as management of existing conditions.

Physical Activity and Falls Prevention

Programmes such as OTAGO, active ageing initiatives and wider physical activity work help people remain active, independent and healthy throughout life. While these programmes are often discussed in relation to ageing well, they also contribute significantly to healthy weight and broader population health outcomes.

Challenges and Risks

The majority of NHS Shetland's activity in this area is in effective service delivery, and there are inherent challenges in delivering specialist support in a remote, rural, island setting. These include access to appropriate expertise, equitable delivery across challenging geography, diseconomies of scale in use of practitioner time and access to group delivery where peer support is a beneficial factor. There are particular local challenges around Health Intelligence capacity to support this work, unconnected digital systems making identification and targeting of resource challenging, and a proliferation of priorities within small generalist teams meaning a focus solely on Healthy Weight is unrealistic.

Looking Ahead

Although these are described as the Framework's initial priorities, they are not short-term projects and should not be considered stand alone initiatives. They represent the immediate steps towards improving population health and reducing inequalities.

For NHS Shetland, success will not be measured solely by the number of programmes delivered, but by our ability to create a system that consistently prioritises prevention, supports healthy living, and works with communities and partners to build the conditions that enable people to live longer, healthier and more fulfilling lives.

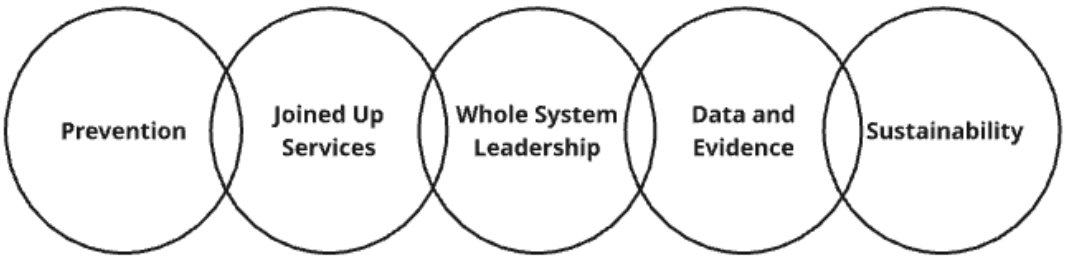
The Otago programme is a strength and balance exercise class with educational talks. This programme is held at local leisure centres throughout Shetland. The Otago programme has many benefits: it aims to reduce falls, keep you active, improve confidence and improve social connections.

Population Health as a mechanism for delivering Public Service Reform

Although Scotland's Population Health Framework and Public Service Reform Strategy have different immediate aims, they are closely connected. We know that prevention and improving population health is not only good for individuals and communities, but for systems and service providers too – achieving stronger population health is a key route to becoming a sustainable organisation.

The Public Service Reform Strategy calls for public services that are more preventative, more joined-up and more efficient. The Population Health Framework provides an important and accessible means of achieving those ambitions by focusing attention on the root causes of poor health, reducing inequalities and strengthening collaboration across organisations and communities. Many of the changes required to improve population health, including earlier intervention, partnership working, shared leadership, better use of evidence and investment in prevention, are the same changes required to deliver successful public service reform. For NHS Shetland, the Population Health Framework therefore represents not only a public health agenda, but an important mechanism for supporting the wider transformation and sustainability of public services in Shetland.

We must avoid being drawn into a focus on structural change within public services, losing sight of the people we are trying to support and the problems we are trying to solve. Instead we must focus on the principles, outcomes and behaviours that we need from public services to deliver better population health. The Public Service Reform agenda describes the outcomes and behaviours we need from Scotland's public services, and the Population Health Framework provides a practical way of delivering many of those ambitions locally by creating a shared focus on prevention, reducing inequalities, partnership working, community empowerment and better use of resources.



What needs to happen next

The Population Health Framework challenges all organisations to think differently. Improving health cannot be achieved simply through delivering more healthcare, or improving efficiency in what we already do. It requires prevention, partnership, community involvement and long-term investment in the conditions that create health.

For NHS Shetland, the next phase of work will focus on:

- Embedding prevention into planning and decision making.
- Strengthening health intelligence and use of data.
- Realising the benefits of the Population Health Group.
- Supporting delivery of the next Shetland Partnership Plan.
- Improving healthy weight and cardiovascular health.
- Reducing inequalities.
- Supporting health and care services to further develop prevention-focused approaches.
- Continuing to develop as a Population Health Organisation.
- If we are successful, we will not simply treat more illness. We will help more people stay healthy, independent and connected for longer.

Part 2 Population Health Data for 2025-26

Population estimates

The population of Shetland Islands is **22,710.**

This is an **decrease of 2.1%** from 23,190 in 2024.

Population structure

The 0-15 year age band has seen the biggest decrease over the last 20 years, **-16.3%.**

The 75+ year age band has seen the biggest increase over the last 20 years, **68.8%.**

Life expectancy at birth

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

Male

79.5 years

Female

83.9 years

Over the last ten years life expectancy has **increased by 2.2%** 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 1.8 years** among females and **increased by 1.9 years** among males.

13.1 years

14.6 years

Births and deaths

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

The birth rate in the Shetland Islands is **8.1 per 1,000** population.

This is an **increase** from 7.3 per 1,000 population in 2024.

The death rate in the Shetland Islands is **10.4 per 1,000** population.

This is a **increase** from 9.96 per 1,000 population in 2024.

Premature mortaliity

The rate of premature mortality in the Shetland Islands **decreased by 6.6%** to **305.5 per 100,000** population in 2024.

It has **decreased by 13.5%** among males, and **increased by 7.8%** among females.

Cancer - premature mortality

The rate of premature mortality due to cancer in the Shetland Islands has **increased by 16.8%** to 106.3 per 100,000 population in 2024.

Circulatory disease - premature mortality

The rate of premature mortality due to circulatory diseases in the Shetland Islands **increased by 26.5%** to 87.5 per 100,000 population in 2024.

Respiratory disease - premature mortality

The number of premature deaths due to respiratory diseases in the Shetland Islands has **fell** from **8 deaths** in 2023 to **5 deaths** in 2024.

COVID-19 - premature mortality

There were **0** premature deaths due to COVID-19 in the Shetland Islands in 2024.

Birth weight

The percentage of babies born in the Shetland Islands who were small for their gestational age was **2.7%**

The percentage of babies born in the Shetland Islands who were large for their gestational age was **17.8%**

Infant feeding*

In the Shetland Islands the percentage of babies exclusively breastfed at their 6-8 week review **increased by 5.2 percentage points** to 63.0% in 2025/26.

Pre-school reviews

13-15 months

97.8% have a review recorded. This is a **increase** of 0.6 percentage points.

12.4% have a concern recorded against any developmental domain. This is an **decrease** of 2.8 percentage points.

27-30 months

96.9% have a review recorded. This is a **increase** of 0.3 percentage points.

16.7% have a concern recorded against any developmental domain. This is a **increase** of 3.2 percentage points.

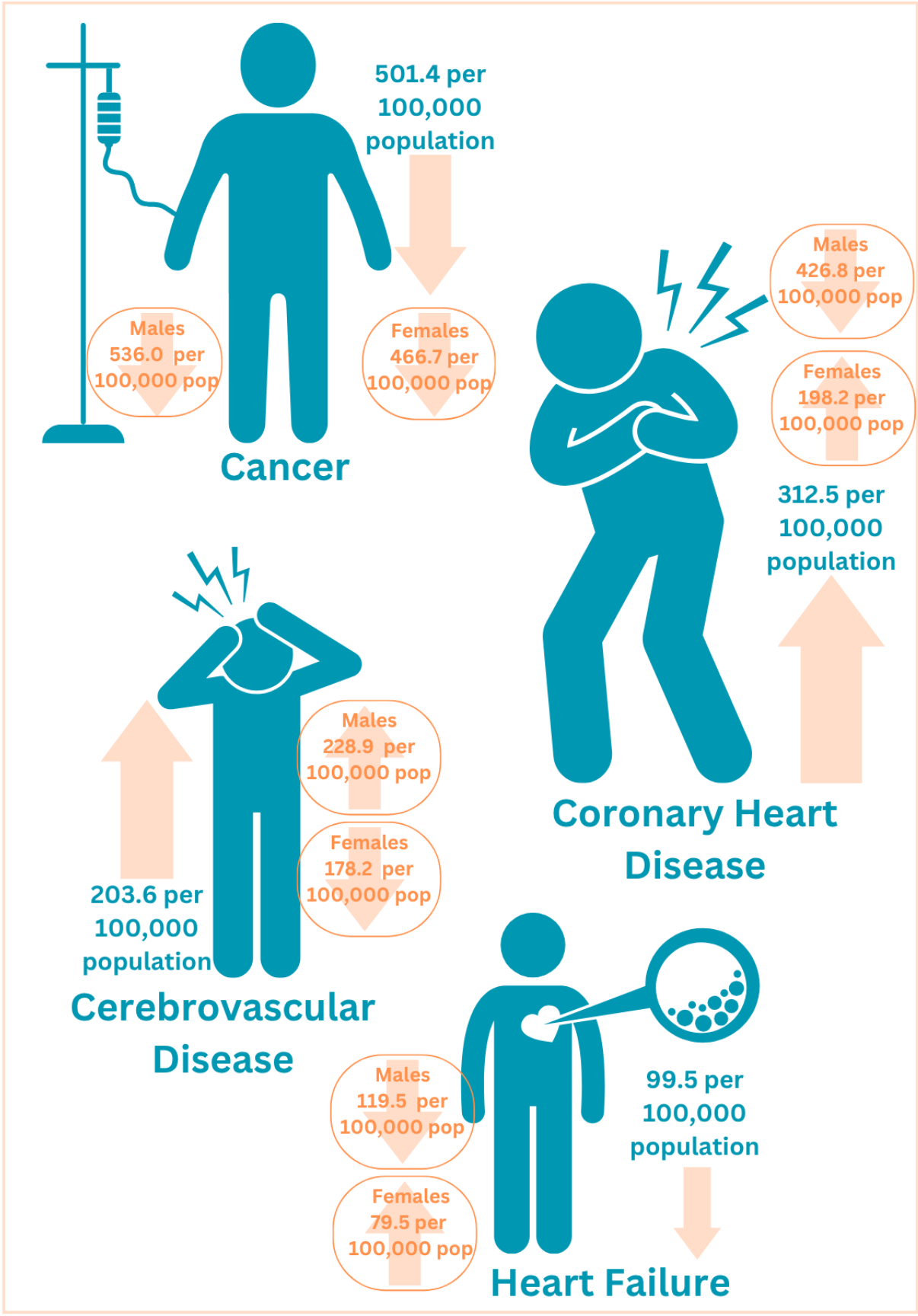
4-5 years

88.3% have a review recorded. This is a **decrease** of 2.2 percentage points.

16.3% have a concern recorded against any developmental domain. This is an **increase** of 0.3 percentage points.

*infant feeding data for 2025/26 is PROVISONAL

Disease incidence



Part 3 Summary of Public Health Directorate Activity in 2025-26

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 the Community Planning Partnership and other partners. We lead on Realistic Medicine and Value based Health and Care, and the Anchors Organisation Strategic Plan. The Board's planning, performance management, programme management and information services teams also sit within the Directorate since April 2024.

Population Screening

Population health screening programmes are co-ordinated by the Public Health Screening Lead, the Consultant in Public Health Medicine who has been in post since 2025. The bowel and cervical screening programme are ongoing, the Grampian AAA screening team visit three times a year and the mobile Breast Screening Unit every three years (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.

Programme	Time period (most recent published figures)	Shetland	Scotland	Notes
Bowel screening uptake	May 2023 - April 2025	73.6%	65.2%	Shetland was highest in Scotland
Cervical screening coverage	2024/25	63.4%	55.3%	Shetland was second highest in Scotland (Orkney was highest at 63.5%)
AAA screening uptake	2024/25	89.1%	84.8%	Shetland was third highest in Scotland (Orkney -90.9%, Grampian – 89.2%)

Abdominal Aortic Aneurysm (AAA) screening

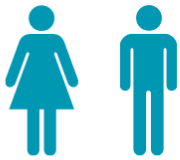
89.1% of the eligible population were tested before the age of 66 years and 3 months.

This is an **decrease of 3.9 percentage points** from 93.0% in 2023/24.

Bowel screening

Uptake in the period, 2023 - 2025, was **73.6%.** 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 **63.4%.**

This is **9.6** percentage points **down** when compared to 2023/24 and is the **2nd highest** in **Scotland.**

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 2025–26: Spring Covid-19, Winter Flu and Covid 19, respiratory syncytial virus (RSV), pneumococcal, shingles, routine childhood programme, human papilloma virus (HPV), teenage boosters and meningitis vaccinations in schools, BCG for high risk individuals, pertussis and RSV for pregnant women, HPV, Mpox, and hepatitis vaccination in the sexual health clinic, occupational vaccinations and NHS travel vaccinations.

There were significant changes to the routine childhood programme introduced in two phases during 2025-6 – an additional appointment added to the schedule at 18 months and the introduction of varicella (chickenpox) vaccine. In summer 2025 a vaccine was introduced for those at highest risk of coming into contact with gonorrhoea, this is delivered through the sexual health clinic.

Three half day training session were held in 2025-6 for those involved in vaccination services, along with dedicated session for the winter programme and for maternity, occupational health and child health teams.

Uptake rates will be published in the Vaccination & Immunisation Annual report but here are some example of uptake rates.

Programme	Time period	Cohort	Shetland	Scotland
RSV	2 June 2025 – 1 April 2026	Older adults	41.9%	38.3%
	August 2024 – February 2026	Pregnancy delivered	63.3%	53.5%
		Pregnancy – ongoing	63.2%	49.7%
COVID	Winter 2025	Total	69.3%	65.4%
Flu	Winter 2025	Adults	58.1%	55.5%
		Children	70.1%	58.4%

Measles, Mumps and Rubella (MMR) vaccine

88.6% of children had the first dose of MMR vaccine by **24 months**

This is an **decrease of 3.6** percentage points from 92.2% in 2024/25.

Uptake remains **lower** than the **Scotland rate** by approximately 3.4%.

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.**

90.8%   **75.2%**

Overall uptake **increased by 2** percentage points to 83.2%.

COVID-19 vaccination

Uptake for the COVID-19 winter booster was **69.3%.** This was almost **4% higher** than across **Scotland.**

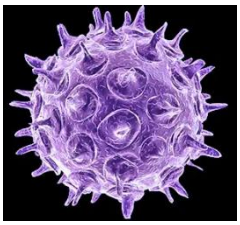
Uptake for the COVID-19 spring booster was **63.3%** This was over **4% higher** than across **Scotland.**

Adult Flu vaccination

Uptake of the adult Flu vaccination was **58.1%.** Uptake was similar to previous uptake in 2023 and 2024.

Vaccine uptake in Shetland was **2.6% higher** than across **Scotland.**

Health Protection



The Health Protection Team continue to manage enquiries, cases, outbreaks and threats to health on a daily basis along with surveillance, planning and preparedness work, including the following examples.

During the year, a small number of notifications related to Lead found in drinking water, the most significant being a detection in the water supply to a building in Lerwick. Working closely with Environmental Health and Scottish Water colleagues, a risk assessment was undertaken and consultation with Public Health Scotland before providing advice to prevent any further public health risk.

In May 2025 the team was alerted to public concern around gastrointestinal illness on Cruise Ships in Lerwick. A review of processes was undertaken with local partners in the Port Authority and Environmental Health and the lack of national updated guidance was escalated. This lead to participation in a national education event facilitated by PHS for Scottish boards and cruise industry partners, and a blog for the Shetland public was published.

In 2025,the team embarked on an engagement project with Primary Care colleagues aiming to visit all Shetland's GP practices; to strengthen relationships with local colleagues but also provide a platform to share key pieces of relevant information & updates on topics such as: vaccination programmes, sexual health and blood borne viruses, testing & health protection referral process

In 2025, the team participated and contributed to "Exercise Pegasus" (one of four teams in the UK and the only one in Scotland). Pegasus was a UK Government-led exercise held over the course of several months which sought to test and understand the UK capabilities in terms of future pandemic preparedness. The Shetland HPT contribution was key in providing UK Government with awareness into the unique challenges faced within remote and rural communities. The process has also provided insight which can only strengthen resilience planning and capabilities locally. In February 2026 local processes and capabilities in terms of managing potential ‘High Consequence Infectious Disease’ cases were put to the test with a possible case of HCID in Shetland. Following a debrief there is now an action plan in place to improve future response and capability.

Resilience and Business Continuity

Over the last year, NHS Shetland has made significant progress in strengthening organisational resilience, with a strong focus on business continuity and major incident preparedness. A new Business Continuity Management System has been developed using Microsoft 365 automation, providing an auditable dashboard that shows compliance with Business Continuity Plans and Business Impact Analyses across the organisation. Alongside this, targeted one-to-one support has continued for service managers to update and test plans, helping to address previously out-of-date coverage and strengthen assurance to the Board.

In parallel, major incident and emergency preparedness activity has intensified. The NHS Shetland Major Incident Plan has undergone a ground-up rewrite, widening its scope beyond hospital-focused mass casualty response to better reflect community, Board-wide, and non-clinical risks such as communications failure, severe weather, terrorism, and CBRN threats. This work has been supported by multi-agency engagement through Shetland Emergency Planning Forum and adverse weather response meetings, as well as training and exercising activity, including the use of trained Medical Incident Officers during Exercise Lorday held at Saxavord Spaceport. Together, these activities have strengthened NHS Shetland's readiness, interoperability, and learning culture across prevention, response, and recovery.

Health Improvement Programmes

During 2025-26, the Health Improvement team continued its work throughout Shetland to improve the health and wellbeing of individuals or communities. The team brings together a wide range of skills and experience to support prevention and early intervention, offering health improvement programmes, training, and evidence-based campaigns that make a real difference in people's lives. By working closely with local partners and communities the team promote, deliver and aim to enable and encouraging healthy choices, as well as addressing underlying determinants of health such as poverty, housing, working conditions, educational opportunities, and life and work skills.

Health Improvements patient facing work which includes behaviour change programmes, specialist condition management delivery and education and patient led support has continued through delivery of a number of programmes including:

Quit Your Way (smoking cessation) this includes the development of the 'Vaping friendly service' and offering vaping education to school and youth settings.

Get Started Programme (Adult weight management / healthy lifestyle)

HENRY (healthy family)

Otago (falls prevention)

Community Link Worker (based in 3 health centres)

Physical activity Brief intervention

Type 2 diabetes remission Programme (webpage being updated, further info in annual report)

The Health Improvement Team also deliver a range of specialist training and promote awareness-raising campaigns. Specific focus on Suicide Prevention with development of training and awareness raising has been a focus of 2025/26 whilst maintaining active delivery of physical activity.

Delivery of training has included:

ABI - Alcohol Brief Interventions

ASIST - Applied Suicide Intervention Skills Training

MAP- Behaviour change and learning programme

Mentally Healthy Workplace for Managers Training

Money Worries Training - this has been updated and new programme being rolled out

Ask/Tell Training suite - these are being localised and developed for face to face to add to the online self led option.

Walk Leader Training - Updated programme nationally to train other to be walk leaders

The team also hold a specialist topic lead roles, this activity are project-based and focuses 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.

Alcohol and other drugs

During 2025/26, the Shetland Alcohol and Drug Partnership (ADP) been working on a number of priorities, both in terms of strategic development and service delivery.

A key piece of work which will underpin development into 2026/27 and beyond, is the Alcohol and other drugs needs assessment (currently in draft form). The findings of the needs assessment, alongside Scotland's new alcohol and drugs strategy will inform a new local strategy and commissioning plan, which fits with the needs of people in Shetland.

The Shetland Alcohol and Drug Partnership has been leading on the implementation of the Medication Assisted Treatment Standards, which were published in 2021, with a planned, phased implementation. This has been an extensive piece of work which has required strong partnership working, innovation, service development and the adoption of new ways of working. Following assessment by Public Health Scotland, Shetland now ranks green/provisional green across all 10 standards (National benchmarking report on the implementation of the medication assisted treatment (MAT) standards: Scotland 2024/25). This demonstrates significant and sustained, year on year progress.

During 2025/26, the Shetland Alcohol and Drug Partnership has utilised the Scottish Government's funding for ADPs, as well as NHS Shetland and SIC contributions, to deliver the following services and work-streams;

- NHS substance use service
- The Recovery Hub and Community Network
- Harm reduction services/interventions
- Residential Rehabilitation
- Supported Employment placements
- Alcohol Brief Intervention improvement plan
- Advanced Nurse Practitioner Outreach Service
- Educational workshops, including peer education

Tackling Inequalities

Supporting the building blocks of good health is a strategic priority for NHS Shetland. We recognise that health and wellbeing are shaped by social, economic and environmental factors as well as access to healthcare, and we work in partnership with Community Planning partners, Children's Services and the third sector to reduce poverty and improve outcomes.

The NHS Shetland Planning team coordinates the Fairer Futures Partnership, which supports delivery of the Shetland Partnership's Person-Centred Shetland through a whole-system focus on prevention, early intervention and support for children, young people and families. This work helps to align health, local authority and community activity to address the underlying causes of inequality.

At an operational level, Health Improvement support individuals, families and communities live healthier lives, with a strong focus on inequalities and poverty across all activity. This includes programmes such as Quit Your Way and the Get Started programme, alongside a range of training, including Mentally Healthy Workplace Training and MAP Behaviour change training. The updated Money Worries sessions specifically highlights the links between financial insecurity and health, and equip staff to have effective conversations about money, including signposting to local and national services that support income maximisation and wider wellbeing. As well as this, Health Improvement works closely with the Shetland Local Employability Partnership, supporting the work they do in assisting individuals overcome barriers to employment.

SHETLAND LOCAL EMPLOYABILITY PARTNERSHIP

Partnership Working

NHS Shetland participates in a number of Partnerships in Shetland, particularly around inequalities and vulnerable groups. These include the Community Planning Partnership, Community Health & Care Partnership, Community Justice, Alcohol and Drugs, Children's Services, Public Protection and Violence against Women. We contribute to the development and implementation of Shetland wide strategies and plans including Child Poverty, Climate Change, Suicide Prevention, Good Mental Health for All, Physical Activity Strategy and local implementation of Good Food Nation.

Planning, Performance and Projects team in particular lead and support a number of areas of work within partnerships including the Children's Services Plan and annual reporting, the CHCP Joint Strategic Plan and performance reporting, input to the Community Planning Partnership planning and reporting processes.

Anchors Strategic Plan

NHS Shetland's Anchors Plan is being implemented including collaboration with Developing the Young Workforce to increase employment opportunities for young people at NHS Shetland. We continue to look at local procurement and the use of NHS premises and land for the benefit of the local community, for example community polycrubs. This links with the wider programme of work on tackling and adapting to climate change and also Realistic Medicine work streams.

Realistic Medicine and Value Based Health and Care

During 2025/26, Public Health lead on the delivery of Realistic Medicine and Value Based Health & Care through a combination of system leadership and practical service-level activity that demonstrated the application of national principles in a remote and rural context. This included enabling and supporting a range of improvement initiatives aligned to shared decision-making, personalised care, reduction of harm and unwarranted variation, and stewardship of resources.

Examples included the use of Hospital at Home as a national Realistic Medicine case study, with subsequent funding secured to expand the service; the Advanced Nurse Practitioner outreach project, supporting engagement with people with current or previous substance use; and delivery of Primary Care Phased Investment Programme (PCPIP) activity, including roll out of the House of Care model for long-term condition management and a new medication review process focused on polypharmacy and de-prescribing. Public Health also supported partnership approaches that contribute to broader value and prevention outcomes, including green health initiatives, development of the Community Link Worker role, and early work on chronic pain services and community appointment days to support people waiting for planned care.

Collectively, these activities provide assurance that Realistic Medicine and Value Based Health & Care principles are being translated into tangible service improvement, prevention and system sustainability across NHS Shetland.

Part 4 Appendices: Programme Specific Annual Reports

Health Improvement Report 2023-25 (link)

Anchors Institution Plan Report 2024-26 (link)

Realistic Medicine Annual Report 2024-25 (link)

Resilience and Business Continuity Annual Report 2025-26 link)

Control of Infection Committee Annual Report 2025-26 (link)

Screening Programmes Annual Report 2024-25 (link)

Vaccination & Immunisation Annual Report 2024-25 (link)