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Summary of Key Points

Population Profile

- Orkney’s population is aging rapidly and is likely to increase demand on adult health and social care services.
- The working age population in Orkney is reducing.
- Orkney has a higher dependency ratio compared to Scotland.
- Birth rate in Orkney is lower than Scotland.

Socio-economic Issues

- There was a small net inflow of migrants into Orkney in the 2014 National Records of Scotland population estimate.
- Orkney does not have data zones within the greatest areas of deprivation across Scotland.
- Unemployment rate in Orkney is far lower than the Scottish rate and Orkney residents are more economically active.
- The Isles locality has the greatest level of housing deprivation in Orkney.
- Elderly single person occupants are expected to rise in Orkney.
- Fuel poverty is a significant issue.
- Child poverty in Orkney is variable.
- Overall figures for crimes and perception of likelihood of crime in Orkney have been low, and falling.
- One of the key challenges for agencies involved in addressing criminal behaviour and reoffending in Orkney is for very small numbers of staff to sustain skills across the entire spectrum of offending.

Lifestyle/Risk Factors

- Recorded smoking cessation rates are poor and the rate of smoking related admissions in Orkney is higher than Scotland.
- The death rate for Chronic Obstructive Pulmonary Disease (COPD) in Orkney is substantially higher than the national average.
- Young people in Orkney drink more than their Scottish counterparts.
- Orkney is below the national average for both males and females, for individuals who exceed the weekly drinking limit.
- The estimated prevalence of problem drug use in both males and females is significantly lower in Orkney than Scotland.
- Orkney has a higher level of childhood obesity than Scotland.
- Due to small numbers, comparison between Scotland and Orkney and between localities within Orkney should be made with caution.

Population Health

- The proportion of older people in Orkney is increasing faster than across Scotland.
• The population of Orkney is ageing rapidly with potential for an associated rise in conditions such as sensory impairments, mental ill-health, hypertension, asthma, diabetes, dementia and multiple chronic disorders.
• Long term projections predict a significant increase in the number of people with dementia in Orkney by 2037, especially in older females.
• There is potential for increasing demand for palliative care services in Orkney.
• High Resource Individuals consumed a significant proportion of health resources in 2013/14.
• 2.3% of Orkney patients accounted for 50% of total health expenditure in 2013/14 and this merits further scrutiny.

Acute Service Provision

• The Balfour is a Rural General Hospital and has to deal with emergency admissions for individuals of all ages.
• Overall A&E quarterly average attendances have increased by over 100% since 2011, and have risen every year since this time – however, this increase can be explained by more robust data capture.
• Emergency admissions for the over 65s in Orkney compares favourably with Scotland.
• Multiple emergency admissions rate in Orkney is less than the Scottish rate.
• Bed day rates occupied by delayed patients in Orkney are less than Scotland.
• In 2014/15, 77% of delayed discharges in Orkney were adults aged 75+ (Scotland 72.5%), of which 28% were complex cases requiring specialist care (Code 9) (Scotland 11.8%).
• The percentage of last six months of life spent at home or in the community setting for Orkney residents in 2013/14 was 90.5% (Scotland 90.8%).

Social Care Provision

• The levels of dependency of people cared for in the community are increasing.
• Ninety percent of all homecare delivery in Orkney in 2015 was for adults aged 65 and above.
• Orkney has far fewer care home bed places for the over 65 population compared to Scotland.
• Direct Payments (including self-directed support) increased substantially over the last ten years.
• The use of Community care alarms and Telecare packages has increased significantly in Orkney.
• The Census identified 1,970 unpaid adult carers in Orkney, of whom 62% provided less than 20 hours of care per week.
• One third of unpaid carers aged 65 and above provided over 50 hours of care per week.

Health and Social Care Expenditure

• During the period 2010/11 to 2013/14, there was an overall increase of 5% in health and social care expenditure in Orkney.
• 29% of health and social care expenditure was consumed by adults aged 65 and above.
• The number of looked after children in Orkney has increased slightly in the past few years.
• Three out of ten ‘looked after children’ are cared for in residential facilities in Orkney, compared to less than one in ten in Scotland.
• Orkney’s spend per looked after child per week is similar to Scotland overall.
• Orkney’s Homecare expenditure per hour is greater than Scotland.
• Orkney’s older people care home expenditure per week is substantially higher than the Scottish average.
• Orkney compares favourably to Scotland in terms of user satisfaction of social care and social work services.
1. Introduction – The Integration of Health and Social Care Services

NHS Orkney and Orkney Islands Council formally established a partnership arrangement in 2010 which was called Orkney Health and Care (OHAC). Orkney Health and Care brought together Local Authority/Council and NHS responsibilities into an integrated management and governance arrangement with each parent body (NHS Orkney and Orkney Islands Council) continuing to retain individual organisational accountability for statutory functions, resources and employment issues.

Since that time legislation called the Public Bodies (Joint Working) (Scotland) Act 2014 to implement health and social care integration, was passed by the Scottish Parliament and came into force on April 1, 2016 creating Integration Authorities. The Strategic Commissioning Plan produced by our new Integration Board continues to build on the Partnership’s early work to ensure delivery of the changes that further improve people’s health and wellbeing across Orkney. The Joint Strategic Needs Assessment produced by OHAC in collaboration with NHS National Services Scotland Local Intelligence Support Team (LIST) sets out the population needs and thus has an important part to play in future commissioning decisions.

What is a Joint Strategic Needs Assessment?

A Joint Strategic Needs Assessment (JSNA) can be defined as: “a systematic method for reviewing the health and wellbeing needs of a population, leading to agreed commissioning priorities that will improve health and wellbeing outcomes and reduce inequalities”.

A JSNA examines population need and does not aim to identify need at an individual level. In other words it can identify groups where needs are not being met. The key features of the JSNA are that it involves partnership working to provide direction for decision making by identifying current and future health and wellbeing needs.

Data used and limitations

The most up to date and robust data available was used in this needs assessment. Local data was sourced where that data offered greater understanding and explanation of the local situation. Population statistics were drawn from General Register Office for Scotland (GROS) reports. The most recent population estimates and projections were taken from the 2014 National Records of Scotland (NRS) along with the 2011 Census.

2. Population

2.1. Area Profile

The Orkney Islands cover an area of 98,980 hectares. It is the 5th least densely populated area in Scotland with 0.22 persons per hectare. The figure below shows the population density of areas across Scotland.
2.2. Urban Rural Classification

The Orkney Islands has no 'Urban areas', 'accessible small towns' or 'accessible rural areas'. Thirty-three percent of the population lives in 'remote small towns' and 67% percent lives in 'remote rural areas'. Source: Scottish Government Urban/Rural Classification 2013/14 and National Records of Scotland.

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – Large Urban Areas.</td>
<td>Settlements of 125,000 or more people.</td>
</tr>
<tr>
<td>2 – Other Urban Areas.</td>
<td>Settlements of 10,000 to 124,999 people.</td>
</tr>
<tr>
<td>3 – Accessible Small Towns.</td>
<td>Settlements of 3,000 to 9,999 people and within 30 minutes’ drive of a settlement of 10,000 or more.</td>
</tr>
<tr>
<td>4 – Remote Small Towns.</td>
<td>Settlements of 3,000 to 9,999 people and with a drive time of over 30 minutes to a settlement of 10,000 or more.</td>
</tr>
<tr>
<td>5 – Accessible Rural.</td>
<td>Areas with a population of less than 3,000 people, and within a 30 minute drive time of a settlement of 10,000 or more.</td>
</tr>
<tr>
<td>6 – Remote Rural.</td>
<td>Areas with a population of less than 3,000 people, and with a drive time of over 30 minutes to a settlement of 10,000 or more.</td>
</tr>
</tbody>
</table>
2.3. Population Profile

The health and social care needs of any population depend on the size and age profile of the population. The 2014 National Records of Scotland (NRS) estimate showed that Orkney had a population of 21,590, an increase of 0.1% from the 2013 estimate (21,570). The chart below shows the age profile of Orkney’s population compared to Scotland.

**Figure 2: Population by Age group, 2014. Source: NRS 2014 mid-year population estimate.**

Orkney has a lower proportion of population between 16 and 64 years and a higher proportion of 65+ compared to the rest of Scotland.
2.4. Population Projections

The profile and make-up of the population going forward will be a key measure for planning health and social care services. The population of Orkney is projected to increase by 5.5%, from 21,530 in 2012 to 22,724 by 2037 (Scotland 8.8%). The age distribution of the overall population is also predicted to experience significant changes. Individuals aged 64 and below are predicted to decrease with varying proportions while those aged 65+ are to increase (similar to Scotland). The greatest increase will be in older adults aged 75+, estimated to increase by 116%.
2.5. Population Dependency Ratio

The population dependency ratio measures the proportion of the dependent population (0-16 years and 65+ years or “non-working age”) against the independent population (16-64 years or “working age”). The higher the dependency ratio, the lower the working age population compared to the proportion of “dependents”. This could have resource implications on health and social care service provision. The table below shows a breakdown of Orkney’s dependent and independent population projected up to 2037. There is a continuous increase in the dependent population over the years while the independent population decreases.

Table 1: Orkney dependent and independent population 2012-2037. Source: NRS.

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2015</th>
<th>2020</th>
<th>2025</th>
<th>2030</th>
<th>2035</th>
<th>2037</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total dependants</td>
<td>8,022</td>
<td>8,261</td>
<td>8,694</td>
<td>9,280</td>
<td>9,528</td>
<td>9,943</td>
<td>9,985</td>
</tr>
<tr>
<td>Non dependants</td>
<td>13,508</td>
<td>13,364</td>
<td>13,272</td>
<td>13,094</td>
<td>13,100</td>
<td>12,762</td>
<td>12,739</td>
</tr>
<tr>
<td>Dependency ratio</td>
<td>Orkney</td>
<td>59.4</td>
<td>61.8</td>
<td>65.5</td>
<td>70.9</td>
<td>72.7</td>
<td>77.9</td>
</tr>
<tr>
<td></td>
<td>Scotland</td>
<td>53.0</td>
<td>54.8</td>
<td>55.8</td>
<td>59.8</td>
<td>57.8</td>
<td>61.8</td>
</tr>
</tbody>
</table>

The figure below illustrates the population dependency ratio for Orkney compared to Scotland. It shows a higher dependency ratio in Orkney compared to Scotland. The
projected increases in dependency ratio could potentially have an impact on services required locally as well as in the wider economy.

**Figure 5: Orkney's dependency ratio, 2012-2037. Source: NRS.**

2.6. Life Expectancy at Birth and 65

Life Expectancy is an estimate of how long a person is expected to live. It is a useful measure for monitoring health trends within a population. Life expectancy in 2012-2014 for males and females in Orkney was greater than the Scottish average, both at birth and at 65 years.

**Figure 6: Life Expectancy at birth and 65, 2012-2014. Source: NRS.**
The estimated change in female life expectancy between 2002-2004 and 2012-2014 was higher in Orkney than across Scotland, whereas the percentage change in male life expectancy was lower in Orkney compared to Scotland.

**Table 2: Life Expectancy at Birth, % change between 2002-2004 and 2012-2014. Source: NRS.**

<table>
<thead>
<tr>
<th></th>
<th>Orkney</th>
<th>Scotland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2012-2014</td>
<td>78.7</td>
<td>77.1</td>
</tr>
<tr>
<td>2002-2004</td>
<td>76.6</td>
<td>73.8</td>
</tr>
<tr>
<td>% Change</td>
<td>2.8%</td>
<td>4.6%</td>
</tr>
</tbody>
</table>

### 2.7. Healthy Life Expectancy

The table below shows Healthy Life Expectancy (HLE) and the estimated period of ‘not healthy health’ in Orkney and Scotland. Healthy life expectancy estimates the number of years an individual will live in a healthy state; while the number of years an individual is expected to live in ‘not healthy’ health is the difference between life expectancy and healthy life expectancy. Using 5-year averages, the HLE and expected period of ‘not healthy’ health in Orkney is more favourable than Scotland.

**Table 3: HLE and years of not healthy health (2009-2013). Source: ScotPHO.**

<table>
<thead>
<tr>
<th>Local Authority</th>
<th>Healthy Life Expectancy (HLE)</th>
<th>Expected Period in not healthy health</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Orkney</td>
<td>68.3</td>
<td>70.9</td>
</tr>
<tr>
<td>Scotland</td>
<td>63.1</td>
<td>65.3</td>
</tr>
</tbody>
</table>

### 2.8. Locality

Locality planning for this purpose has been divided into the two localities of the Mainland and the Isles. This is in recognition that the services available on the Mainland cannot always be replicated on the Isles and that different ways of working and solutions are often required. For planning purposes the Mainland locality will be subdivided into East and West in recognition that again issues can differ as evidenced in the ScotPHO profiles. The figure below shows the map of Orkney showing GP Practices, Pharmacies and dental practices.
Figure 7: Map of Orkney. Source: Orkney Islands Council.
2.9. General Practitioner (GP) Services

There are 7 GP Practices in Orkney and a total of 32 General Practitioners serving the area. There were a total of 21,129 people registered with an Orkney GP as of January 2016. The table below shows the number of people registered by location.

Table 4: GP Practice registrations by location. Source: ISD.

<table>
<thead>
<tr>
<th>Location</th>
<th>East Mainland</th>
<th>West Mainland</th>
<th>Isles</th>
<th>Orkney</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>13185</td>
<td>5809</td>
<td>2135</td>
<td>21129</td>
</tr>
<tr>
<td>Percentage</td>
<td>62%</td>
<td>28%</td>
<td>10%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Three GP practices are located in the East Mainland, 2 in the West Mainland and 2 in the Isles. The figure below shows the age distribution of individuals registered in Orkney by GP Practices, with the East locality having more young people, the Isles with more older adults while the West locality has a mixed profile.

Figure 8: GP List Sizes by Age and Locality, January 2016. Source: ISD.

The table below shows the proportion of patients registered with a GP by age groups and locality.

Table 5: GP Population by Age Group and Locality. Source: ISD.

<table>
<thead>
<tr>
<th>Age group</th>
<th>East Mainland</th>
<th>West Mainland</th>
<th>Isles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>%</td>
<td>Number</td>
<td>%</td>
</tr>
<tr>
<td>0-14</td>
<td>2110</td>
<td>16%</td>
<td>820</td>
</tr>
<tr>
<td>15-64</td>
<td>8447</td>
<td>64%</td>
<td>3606</td>
</tr>
<tr>
<td>65+</td>
<td>2628</td>
<td>20%</td>
<td>1383</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>653</td>
</tr>
</tbody>
</table>
2.10. Pharmacy and Prescribing

As previously mentioned, Orkney’s population is projected to become older in the future. This aging population lives with an increasing number of long term conditions and co-morbidities such as diabetes, cardiovascular disease and dementia. Treatment with prescription medicines is the most common form of medical intervention with a total of 360,000 items prescribed in 2014/15 at a cost of £3.6 million for the population of Orkney.

Figure 9: Prescribed Items per 1000 Population. Source: NHS Orkney.

![Prescribed Items per 1000 Population](image)

Medicine regimes are increasingly complex with the number of prescribed items (polypharmacy) per head of population continuing to increase. Polypharmacy is associated with an increased number of side effects, drug/drug interactions and compliance issues. Treatment of side effects is often facilitated by further prescribing and the resulting increase in polypharmacy impacts on patient safety issues such as increased risk of falls and hospital admissions.

Figure 10: Patients aged 65 years and over with medication. Source: NHS Orkney.

![Patients aged 65 years and over with medication](image)

There is a growing recognition that polypharmacy and prescribing reviews are essential to improve patient safety, compliance, reduce medicines associated hospital admissions and ensure cost effective, best practice prescribing. These patient centred reviews also support the OHAC vision to increase the provision of ‘effective and safe’ care at home.

There is recognition within Scottish Government, that pharmacists are an essential component of general practice. There is a drive, outlined and supported by
publication of the 20:20 Vision and Prescription for Excellence, to develop the role of, and employ increasing numbers of pharmacists within GP practices to undertake prescribing roles, to support the work of GPs and the drive to deliver a seven day NHS within Scotland. This is particularly relevant in remote and rural locations such as Orkney where recruitment and retention of GPs can be challenging.

2.11. Dental Services

The proportion of children and adults registered with a dentist in Orkney has increased over the years. The percentage of children registered in Orkney increased from 90.7% 2012/13 to 91.1% in 2014/15; and the percentage of adults registered with a dentist also increased from 59.6% to 75.1% over the same period. However, both figures fall below the Scottish average of 92.9% for children and 87.1% for adults in 2014/15.

Figure 11: Dental Registrations in Children and Adults. Source: ISD.

Biennially completed National Dental Inspection Programme for P1 and P7 children gives a clear measure of the oral health of children in Orkney.

Figure 12: P1 with no obvious signs of tooth decay. Source: NDIP, ISD.
Primary 1 children in Orkney have shown improvements in oral health in the past 10 years, and maintained increments of improvement in line with or above national performance. P7 oral health improvement appears less progressive. Both data sets and percentages are heavily influenced by small numbers. Currently the most recent data suggests a dip in the trend for both P1 and P7. This clearly shows the need for at least maintaining and developing preventive oral health improvement programmes for children in the county.

Both dental service provision and oral health have seen considerable improvement over recent years. The improvement in oral health has led to a consequent reduction in preventable pain and suffering. Orkney Health and Care undertake to work, through the Personal Dental Services (PDS) and with independent providers, to commission a quality assured, efficient NHS dental service delivering affordable, safe, effective and person centred care.

The PDS provides services for those who require specialist support, and targets those with highest need through anticipatory care programmes, in combination with preventive measures through individuals own dental service. The PDS provides an essential safety net for those who need it, while working with independent providers to deliver further improvements for our patients.

2.12. Births
In 2014, there were 181 births in Orkney, a decrease of 10% compared to 201 births in 2013; whereas the number of births in Scotland rose by 1.3%. The chart below
shows trends in the rates of live birth in Orkney and Scotland over a 10-year period. It shows that Orkney has a lower birth rate compared to Scotland.
2.13. Teenage Pregnancy

The rate of teenage pregnancy in females aged <20 years in Orkney has decreased overall from 2002-04 to 2011-13. In 2011-2013, there were 13 teenage pregnancies recorded in Orkney; a rate of 20.8 per 1,000 females aged 15-19 compared to 41 per 1,000 females aged 15-19 across Scotland.


Mothers in Orkney compare significantly well in terms of breast feeding. From 2012/13 to 2014/15, the proportion of babies in Orkney reported as exclusively breastfed at 6-8 weeks review was 41.2% (59 children) compared to 26.8% in Scotland.

Figure 15: Percentage of Children exclusively breastfed at 6-8 weeks; 3-year averages. Source: ScotPHO.
2.15. Immunisation Uptake

There has been an increase in the proportion of children immunised at 24 months in Orkney from 2003-05 to 2012-14. Immunisation rates for 5-in-1 (Diphtheria, Pertussis, Tetanus, Polio and Hib) from 2012-2014 was slightly lower than seen across Scotland. There were 205 children immunised in Orkney, accounting for 97% of children compared to 98% across Scotland. Subsequent immunisations for measles, mumps and rubella (MMR) at 24 months over the same period 2012-2015 was recorded in 197 children, which equates to 93% of the population (95% Scotland). It is important to note that, there are currently issues as to how primary care reports its immunisations and issues with data quality, which are being addressed.

2.16. Speech and Language Therapy

The Health Visitors undertake a developmental assessment at age 27 - 30 months, as part of the Health Visiting pathway. One area specifically assessed is the development of speech and language. The table below provides results.

Table 6: Summary of Future Actions – Speech and Language. Source: NHS Orkney.

<table>
<thead>
<tr>
<th>Future Actions - Speech &amp; language</th>
<th>Year child turned 27 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2013/14</td>
</tr>
<tr>
<td>Discuss with</td>
<td>0</td>
</tr>
<tr>
<td>Provide</td>
<td>1</td>
</tr>
<tr>
<td>Request assistance from</td>
<td>3</td>
</tr>
<tr>
<td>Signposted to</td>
<td>2</td>
</tr>
<tr>
<td>No future action recorded</td>
<td>1</td>
</tr>
</tbody>
</table>
‘Discuss with’ indicates that the Health Visitor will formally discuss the child/family with the specified service to inform future management plans.

‘Provide’ indicates that the Health Visitor and/or associated skill mix team will directly provide the specified additional support (only relevant for some options).

‘Request assistance from’ indicates that the Health Visitor will formally refer the child/family to the specified service, whilst retaining responsibility for oversight of the child’s wellbeing and outcomes as their Getting it right for every child (GIRFEC) named person.

‘Signposted to’ indicates that parents have been given details of specified local services and how to access them.

‘Refused’ indicates that the carer has been offered provision/ signposting/ discussion/ referral to the specified service but has refused this. No one offered the service has refused.

In addition to data gathered at the 27 month review, data on early language on entry to nursery has been gathered for the last four years by early years practitioners. This has also shown that approximately 10% of children enter nursery at three with very delayed language.

The Speech and Language service and the Early Years Service have worked together to develop a driver diagram as part of an improvement process and have identified a number of collaborative projects that aim to address this. In April 2016, a speech and language therapist and a lead early years practitioner attended joint training, aimed at promoting children's early language, literacy and social communication, and will offer training to early years practitioners in nurseries. In July 2016, there will be another joint training opportunity for different staff (speech and language therapists and a centrally based nursery teachers).

A collaborative training day aimed at all nursery practitioners has been planned for October 2016. In addition, a language group targeted at children and families identified at the 27 month review will be trialled next academic year."

2.17. Summary of Key Points

- Orkney has a reducing working age population.
- Orkney has a higher dependency ratio compared to Scotland.
- Orkney has a lower birth rate compared to Scotland.
- Orkney’s population is aging rapidly and is likely to increase demand on adult health and social care services.
- Orkney has increased levels of concern in relation to the development of speech and language in children at 27 months.
3 Socio-economic Issues

3.1. Migration

Migration in and out of Orkney is as expected somewhat small. On average from 2012-2014, there was a net inflow of 86 people into Orkney Islands per year, meaning that more people entered Orkney Islands (751 per year) than left (665 per year).
Table 7: Orkney net migration by age group 2012-2014. Source: NRS.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>In</th>
<th>Out</th>
<th>Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-15</td>
<td>127</td>
<td>86</td>
<td>41</td>
</tr>
<tr>
<td>16-29</td>
<td>229</td>
<td>256</td>
<td>-27</td>
</tr>
<tr>
<td>30-44</td>
<td>157</td>
<td>131</td>
<td>26</td>
</tr>
<tr>
<td>45-64</td>
<td>182</td>
<td>139</td>
<td>43</td>
</tr>
<tr>
<td>65+</td>
<td>56</td>
<td>53</td>
<td>3</td>
</tr>
<tr>
<td>All Ages</td>
<td>751</td>
<td>665</td>
<td>86</td>
</tr>
</tbody>
</table>

The 16 to 29 year olds age group accounted for the largest group of in-migrants into Orkney Islands. Similarly, the largest group of out-migrants was also the 16 to 29 year olds; though this could be attributed to a proportion of this age group moving elsewhere for Higher Education, but this is just speculation. The hypothesis of an aging population is further evident in the net migration which adds weight to the suggestion that overall, the population of Orkney, like Scotland is becoming older.

Figure 16: Orkney net migration by age group 2012-2014. Source NRS.

3.2. Ethnicity

According to the 2011 Census, of 21,349 residents in Orkney, 99.3% (21,193) identify themselves as White. This is further broken down into White Scottish (16,690), White Other British (3,777), White Irish (100), White Gypsy/Traveller (3), White Polish (84), and White Other White (269). The Black and Minority Ethnic population (BME) of 0.7% in Orkney is slightly higher than the national proportion of 0.5%; the majority of which are Asian, Asian Scottish and Asian British. In relative terms, this shows that the ethnicity of the population in Orkney does not differ much from that of Scotland.
3.3. SIMD Deprivation

The Scottish Index of Multiple Deprivation (SIMD) is a nationally used model that measures multiple domains of deprivation including income, employment, health, education, housing, crime and geographic access. It identifies small areas concentrations of multiple deprivation called datazones across all of Scotland, from the most deprived (ranked 1) to the least deprived (ranked 6,505). One way the Information Services Division (ISD) uses these is to divide all of the datazones in Scotland into 10 equal deprivation deciles, by calculating each individual zone’s rank from the distribution of all ranks. With deciles, 1 is the most deprived and 10 is the least deprived. The most recent SIMD analysis in 2012 found that most of Orkney Islands’ datazones were in the middle deciles, which is similar to the earlier SIMD analyses in 2009.

Figure 17: Map showing Levels of deprivation in Orkney Islands in SIMD 2012 by quintile. Source: SIMD 2012.

The most deprived datazone in Orkney is found in the Intermediate Zone of West Kirkwall. It has a rank of 2,253 meaning that it is amongst the 35% most deprived areas in Scotland. None of the 976 datazones in the 15% most deprived datazones in Scotland were found in Orkney Islands, similar to previous SIMD updates (2009, 2006 and 2004). Of the 2,602 datazones in the 40% most deprived in Scotland, 5 (0.2%) were in Orkney.

Although Orkney currently has no datazones in the 15% most deprived in Scotland it is important that it continues to tackle deprivation and reduce inequalities with at least the same level of commitment as is being deployed in other regions.

It must also be noted that in remote and rural settings it is recognised that SIMD may be a less useful marker of deprivation.
3.4. Geographic Access Deprivation

The access domain is intended to capture the financial cost, time and inconvenience of having to travel to access basic services (such as GP practices or shops).

The most access deprived datazone in Orkney Islands in SIMD 2012 was found in the Intermediate Zone of Isles. It has a rank of 21, meaning that it is amongst the 5% most access deprived areas in Scotland. In the access domain in SIMD 2012, 16 (1.6%) of the 976 datazones in the 15% most deprived datazones in Scotland were found in Orkney Islands, compared to 18 (1.8%) in 2009, 16 (1.6%) in 2006 and 17 (1.7%) in 2004.

Table 8: Local share of datazones in the 15% most geography deprived, SIMD 2004, SIMD 2006, SIMD 2009 and SIMD 2012. Source: SIMD 2012.

<table>
<thead>
<tr>
<th>Local Authority</th>
<th>Total Datazones</th>
<th>Local share of 15% most access deprived data zones</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SIMD 2004</td>
</tr>
<tr>
<td>Orkney Islands</td>
<td>27</td>
<td>63.0%</td>
</tr>
</tbody>
</table>

Many residents in Orkney are geographically disadvantaged by their distance from a major centre of population, except for the more easily accessible parts of the region, as they do not have access to all the services that their counterparts in a town/city centre may have. However, the most access deprived areas are also those of highest scenic amenity and can be an attractive choice for people seeking a certain quality of rural lifestyle. Combinations of circumstances such as low income, disability, poor quality accommodation and no private transport can exacerbate access deprivation for vulnerable people, making it more difficult for them to access services.

3.5. Income Deprivation

Income and income inequality are strongly associated with health inequalities; those in the lower socio economic group have the poorest health outcomes and poor health is more likely to occur earlier in the lifespan. The level of income deprivation in Orkney Islands is below that of Scotland. In the SIMD 2012 income domain, 7.7% of the population of Orkney Islands were income deprived compared to 13.4% across Scotland and the most income deprived datazone was the Intermediate Zone of West Kirkwall. It has a rank of 2,298, meaning that it is amongst the 40% most income deprived area in Scotland.

3.6. Child Poverty

Child poverty is measured in relation to parental or family circumstances in a variety of ways including educational level, occupation, income, and housing tenure. The most common ways of measuring child poverty are low income and material deprivation. Research has shown that there is a link between socio-economic
disadvantage during the early years and health inequalities and that the opportunity to reduce the impact of these inequalities is likely to decline as children age.

The figures presented below are based on tax credit data, used to estimate the percentage of children on low incomes in local authorities, parliamentary constituencies and wards across Scotland and the UK. They also use national trends in those who are unemployed or who are not actively seeking employment to estimate recent changes in the number of children who are in poverty because their parents have lost their jobs, to update the local tax credit data which is more than two years old.

Figure 18: Percentage of Child Poverty in Orkney split by Parliamentary Ward (October 2014). Source: ONS. (The figures below are based on income “before housing benefit” (BHC); changes in income “after housing costs” (AHC). Source: End Child Poverty).

This shows that in Orkney in 2014, 14.3% of children were living in poverty after housing costs have been considered whereas this number drops to 8.9% (Scotland 15%) before housing costs. Whilst the figure is lower compared to Scotland, the chart also illustrates varying degrees of child poverty between the regions of Orkney and local strategies should attempt to bridge the gap between those areas.

3.7 Crime Deprivation

The datazone with the most crime in Orkney Islands was found in the Intermediate Zone of West Kirkwall. It has a rank of 828, meaning that it is amongst the 15% most crime deprived areas in Scotland. Nationally speaking in SIMD 2012, 1 (0.1%) of the 976 datazones in the 15% most deprived datazones in Scotland was found in Orkney Islands, compared to 1 (0.1%) in 2009 and none in 2006.

3.8. Health Deprivation

The most health deprived datazone in Orkney Islands was found in the Intermediate Zone of West Kirkwall. It has a rank of 979, meaning that it is amongst the 20% most health deprived area in Scotland.
3.9. Employment Deprivation

Employment deprivation in Orkney is lower than seen across Scotland. The most employment deprived datazone was found in the Intermediate Zone of West Kirkwall. It has a rank of 2,335, meaning that it is amongst the 40% most employment deprived area in Scotland.

Figure 19: Percentage of working age population employment deprived, SIMD 2004 to SIMD 2012. Source: SIMD 2012.

3.10. Unemployment and Economic Activity

Orkney’s unemployment rate at the time of the 2011 Census was 2.4% which was lower than the Scottish rate of 4.8%. This is also reflected in analysis of the economically active population in Orkney. The percentage of Orkney’s population who are economically active, i.e. either in employment or actively seeking employment, tends to also be consistently higher than the Scottish average. Additionally, whereas the Scottish trend appears to be on a gradual, slow decline, Orkney’s is somewhat steady in comparison.

Figure 20: Percentage of people of working age (16-64) who are Economically Active. Source: Scottish Neighbourhood Statistics.

The table shows breakdown of people activity by type of employment.
Table 9: Percentage of people Economically Active split by employment type, 2012. Source: Scottish Neighbourhood Statistics.

<table>
<thead>
<tr>
<th></th>
<th>Employee: Part-time (%)</th>
<th>Employee: Full-time (%)</th>
<th>Self-employed (%)</th>
<th>Un-employed (%)</th>
<th>Full-time Student (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orkney</td>
<td>16.5</td>
<td>37.5</td>
<td>15.2</td>
<td>2.4</td>
<td>2.0</td>
</tr>
<tr>
<td>Scotland</td>
<td>13.3</td>
<td>39.6</td>
<td>7.5</td>
<td>4.8</td>
<td>3.7</td>
</tr>
</tbody>
</table>

With regards to Orkney's high self-employment in relation to Scotland, this could be attributed to the small, unique population of Orkney, distributed over the Islands, where small business ownership is more common, as is Agriculture, Forestry and Fishing businesses. This could be due to the characteristics of Orkney itself and the availability of these natural resources. Due to the nature of these businesses it will be increasingly important to encourage sustainable practices to allow their substantial contribution to Orkney's economy to continue into the future. One key issue in Orkney is the number of jobs that people have to hold to have a reasonable income. Because of this, there is potential that quotes of low unemployment mask the situation.

Figure 21: Number of Businesses Orkney, number rounded to the nearest 5, split by Standard Industrial Classification (2007), businesses with 0 employees are excluded from this analysis. Source: 2011 Census.

3.11. Benefits

The table below shows the number of people claiming jobs seekers allowance (JSA) in Orkney. The trend over recent years indicates an increase in the number of JSA up until 2011. Whilst the figures for 2012 are overall, more encouraging than those for 2011, that year saw a notable increase in those out of work for more than 12
months. The overall rate of increase in all job-seekers over the last five years, in percentage terms, is approximately half that of Scotland.

Table 10: Number of people claiming Job Seeker's Allowance (JSA) in Orkney 2007-2012. Source: Scottish Neighbourhood Statistics.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>All Job Seekers</td>
<td>117</td>
<td>144</td>
<td>169</td>
<td>205</td>
<td>260</td>
<td>176</td>
<td>50.4%</td>
</tr>
</tbody>
</table>

Figure 22: Number of people claiming JSA by age group in Orkney 2007-2012. Source: Scottish Neighbourhood Statistics.

As a result of a higher percentage of economically active people and less people claiming JSA, the overall percentage seen in Orkney is lower than Scotland. The rate of increase in all job-seekers over the last five years, in percentage terms, is around half that of Scotland.

Figure 23: Percentage of working age population claiming out-of-work benefit. Source: DWP.

The guaranteed pension credit plan provides financial help to those aged 60 or over whose income is below a certain level and is therefore a useful indicator of the financial health of older people. In 2014, 5.1% of the population of Orkney aged 60 or over claim guaranteed pension credits compared to 6.9% in Scotland as a whole.
This shows that relatively speaking, Orkney is thriving relative to the wider Scotland; although approximately 1 in 20 elderly people still need further support, and every effort should be made to ensure that this figure does not increase with the projected increase in the older population. Those elderly individuals with less income are more likely to be more vulnerable and therefore need more support than other sections of the population.

**Figure 24: Percentage of 60+ population claiming pension credits. Source: DWP.**

### 3.12. Housing

The type of accommodation and where people live can contribute to health, social well-being and quality of life, and the ability to be independent. For instance, houses that have poor energy-efficiency and thermal conditions can impact on flu, heart disease, stroke and respiratory illness. Similarly houses that are in a state of disrepair may increase the risk of falls and accidents.

The 2014 NRS estimate of the number of households in Orkney Islands was 10,042. This is a 1.0% increase from the 2013 figure of 9,945, compared to a 0.8% increase across Scotland. The proportion of these households receiving a single adult Council Tax discount was 32.8% (Scotland - 37.5%). With regards to the dwellings in Orkney Islands, 90% are occupied, 7% are vacant and 4% are second homes, compared to 2.9% vacant and 1.1% second homes in Scotland. The 2014 NRS estimate of the number of dwellings in Orkney Islands of 10,816 is an increase of 0.9% from 2013 and compares to a 0.5% increase across Scotland.

Orkney’s Local Housing Strategy suggests that the main issues with housing are:

- A general shortage of housing throughout Orkney and in particular, affordable housing.
- Increasing numbers of older people in unsuitable accommodation.
- Increasing need for support for households with particular needs.
- Need for additional specialist housing (often with support) for households with particular needs and significant disrepair within the private housing stock.
3.13. Owner Occupiers
The owner occupied sector dominates the Orkney housing sector, accounting for 78% of all households. 56% of owner occupiers that completed the Housing Needs Survey reported that their property was under-occupied.

3.14. Market Activity
- House prices remain comparatively low, but have increased by over 300% since 1997.
- There are marked differences in house prices across Orkney with the East Mainland having the highest average price in 2008 at £142,492 and Kirkwall having the lowest £103,427.
- Approximately 38.5% of households in Orkney find the housing market in Orkney to be unaffordable, meaning they cannot afford a lower quartile property on the open market.
- Given that income levels have remained fairly stable over the last 5 years and house prices have risen the level of affordability has generally fallen.
- The number of sales has remained relatively stable since 2002, although like most of Scotland the figures available for 2009 suggest a real slowing down in the market.
- The market slowed in 2009 and 2010 with some areas’ prices showing price reductions, however the impact of the national economic downturn has been less pronounced than elsewhere in the UK.

3.15. Housing Need and Demand
- There are various drivers pointing to a continuing demand for housing in Orkney. These include population change, change in household numbers and household composition, economic factors and waiting list figures.
- Given the changing age profile of the population we would also expect continued, if not increasing, demand for housing for people who require housing support etc.
- There are approximately 1,500 households currently in housing need in Orkney. Around a third of these are unlikely to be able to resolve their own housing situation.
- 38.5% of households in the private rented sector and 24% of owner occupiers who are in housing need, cannot resolve their own housing situation in the housing market.
- The calculation for future housing need suggests that approximately 32% of all new households will be unable to afford market housing.
- The analysis of net housing need shows that if planned new build projects are completed at the expected rate and this rate continued for a 5 year period there will be approximately 40 households a year (200 households over the five year period) with unmet housing need.

3.16. Housing Deprivation
From the SIMD analysis, the most housing deprived datazone in Orkney Islands was found in the Intermediate Zone of Isles. It has a rank of 685, meaning that it is amongst the 15% most housing deprived areas in Scotland. In terms of Scotland, 3
(0.3%) of the 976 datazones in the 15% most deprived datazones in Scotland were found in Orkney Islands.

### 3.17. Household Projections

The number of households in Orkney in 2014 was 10,042, an increase of 1% from 2013 (9,945). The total number of households in Orkney is projected to increase by 17% from 9,857 in 2012 to 11,534 by 2037 (Scotland 17%). Furthermore, the number of lone adult households in Orkney is predicted to increase by 39% (Scotland 35%) while the number of larger households with 2 or more children is projected to decrease. The average household size is projected to decrease from 2.16 in 2012 to 1.94 by 2037.

**Figure 25: Projected percentage change in Orkney households, by household type 2012-2037. Source: NRS.**

Households headed by 60-74 year olds are projected to stay at the same level, whereas those headed by the 75+ age group are projected to increase in number by 118% between the years 2012 - 2037. It is this projected increase which must drive policy as the Health and Social Care sectors must be properly integrated and communicative in order to aid this vulnerable section of the population, especially at a time where demands for service will have never been so high.

The Integration Joint Board (IJB) needs to ensure that services take into consideration projections in the population aged 65 and over, particularly those living alone for a number of reasons; As the number of older people increase, demand for long term care is also likely to increase and likely to mean an increase in demand for informal care, as well as formal care. Moreover, older people are more likely to have more complex needs, and services will need to be designed to cope with these. The unique geography of Orkney Islands makes it difficult to provide access to services across the entire area. Ideally, the Partnership should work with local partners to develop better use of local assets and resources to support the population to look after their own health, taking into consideration local demographics and geographical influences (travel time etc).
3.18. Fuel Poverty

The term ‘fuel poverty’ is used to describe the inability of a household to afford to heat their home to a satisfactory standard at a reasonable cost. The Scottish Fuel Poverty Statement (August 2002) sets out the Scottish definition: “A household is in fuel poverty if, in order to maintain a satisfactory heating regime, it would be required to spend more than 10% of its income (including Housing Benefit or Income Support for Mortgage Interest) on all household fuel use. Furthermore, ‘Extreme Fuel Poverty’ refers to a household having to spend more than 20% of its income on fuel.”

Table 11: Fuel Poverty percentage by household type. Source: Scottish House Condition Survey 2012-2014.

<table>
<thead>
<tr>
<th>% of LA</th>
<th>Household Type</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Families</td>
<td>Pensioners</td>
<td>Adult Only</td>
<td></td>
</tr>
<tr>
<td>Orkney Islands</td>
<td>63%</td>
<td>38%</td>
<td>85%</td>
<td>59%</td>
</tr>
<tr>
<td>Scotland</td>
<td>35%</td>
<td>21%</td>
<td>51%</td>
<td>31%</td>
</tr>
</tbody>
</table>

Table 12: Extreme Fuel Poverty percentage by household type. Source: Scottish House Condition Survey 2012-14.

<table>
<thead>
<tr>
<th>% of LA</th>
<th>Household Type</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Families</td>
<td>Pensioners</td>
<td>Adult Only</td>
<td></td>
</tr>
<tr>
<td>Orkney Islands</td>
<td>30%</td>
<td>16%</td>
<td>49%</td>
<td>21%</td>
</tr>
<tr>
<td>Scotland</td>
<td>10%</td>
<td>4%</td>
<td>15%</td>
<td>9%</td>
</tr>
</tbody>
</table>

Fuel poverty can have a negative impact on individuals, households, and communities. For individuals and households, the main negative impact of fuel poverty is its damaging effects on quality of life and health. The effects are both direct and indirect; illnesses such as influenza, heart disease and strokes are all exacerbated by cold, and cold homes can also promote the growth of fungi and a number of dust mites, often linked to conditions such as asthma. Less directly, households that have to spend a high proportion of their income on fuel have to compensate in other parts of their family budgets. This can lead to poor diet, or reduced participation in social and leisure activities, both of which can also impact on health and quality of life. These negative effects of fuel poverty can be particularly significant for vulnerable groups.

The thermal efficiency of the building and the efficiency of the heating source(s) determine the amount of energy that must be purchased to heat the home adequately. Better energy efficiency ratings are associated with lower fuel poverty rates. The Scottish House Conditions Survey 2014 estimates that 27% of houses with B or C ratings were fuel poor, compared with 87% of those rated F or G. In 2012-14 an estimated 15% of dwellings in Orkney had an F or G energy efficiency rating compared with 4% for Scotland overall.
3.19. Crime and Criminal Justice
Orkney’s crime rate has historically been lower than Scotland. This rate is also consistent, and is currently on a slow, downward trajectory.
Generally speaking, across Scotland the public were more positive about the general crime rate in their local area in 2012/13 than they were in 2010/11. The public perception of the local crime rate as having stayed the same or improved in the past two years has increased from 73% in 2010/11 to 76% in 2012/13. This increase also reflects the historic trend of the data which has increased by over 20% in the last 15 years. Based on Orkney’s low crime rate, it is likely that this perception of crime throughout Scotland also reflects the current situation in Orkney: people feel safer.

This point is strengthened further when considering violent crime rates. The Figure below illustrates that these rates follow a similar pattern to generic crime. Orkney’s violent crime rate remains lower than Scotland’s and it is also slowly decreasing.
3.20 Community Payback Orders (CPO)

A CPO is a relatively new umbrella order for the criminal courts, replacing Probation and Community Service Orders for offences committed after 2011. The Figure below illustrates that in Orkney, the majority of CPOs are given to males rather than females. Although there is slight variation in the number of these handed out over the last few years, no implication should be derived from these year-on-year variations, which are within expectations of natural dips and peaks.

In terms of Children’s crime rates, Orkney’s youth crime rate has followed a similar pattern to its overall crime rate; it is lower than the Scottish average and it is decreasing.
However, in the period 2012-2014, as Scotland’s rate decreased, Orkney’s remained stable and showed signs of increasing slightly. This could be attributed to higher levels of violent youth offences (12 in 2012 and 10 in 2013), as illustrated in the Figure below. The numbers are however, in absolute terms very low.

In 2014-15, there were only a very small number of children (8) reported to Scottish Children’s Reporter Administration’s (SCRA) in Orkney on any offence grounds, not just violence related, which suggests a return to the generally evident situation after a temporary “blip”. Finally, it is important to note that average numbers per year have been consistently falling over the last 10 years.

3.21. Summary of Key Points

- There was a small net inflow of migrants in the most recent analysis.
- Orkney does not have data zones within the greatest areas of deprivation across Scotland.
- Orkney’s unemployment rate is far lower than the Scottish rate and Orkney citizens are more economically active.
- The Isles contain the greatest deprivation with regard to housing.
• Elderly single person occupants are expected to rise.
• Fuel poverty is a significant issue.
• Child poverty is variable.
• Overall figures for crimes and perception of likelihood of crime in Orkney have been low, and falling.

4. Lifestyle/Risk Factors

4.1. Smoking

Research shows that tobacco smoking can lead to a range of conditions. The majority of cases of lung cancer and chronic obstructive pulmonary disease (COPD) arise due to smoking. It is also implicated (along with further risk factors) in the development of other cancers (such as cancer of the bladder and pancreas), ischemic heart disease, stroke and vascular dementia. According to the World Health Organisation (WHO), when looking at risk factors for death, tobacco smoking is the leading risk factor in high income countries.

The prevalence of smoking is less in older people and this is likely due to the high rate of premature death in smokers. However, older smokers are also at a higher risk than those who do not smoke of developing the conditions described above. The risk of developing smoking-related diseases increases with how long and how much someone has smoked and these risks fall substantially if smoking is stopped, even for long-term smokers.

4.2. Adult Smoking

In 2014, 20.2% of adults (21.8% of men and 18.7% of women) aged 16 years and above were cigarette smokers which suggest that there are over 1 million adult smokers in Scotland. In comparison to Scotland, the rate for Orkney is slightly lower, as 19.4% of its adult population smoked in 2014.

Figure 32: Percentage of Adult (16+) Smokers. Source: ScotPHO.

When split by gender, only 12.6% of women in Orkney smoke (Scotland 18.7%) compared to 26% of males in Orkney (Scotland 21.8%), so approximately one in four. As the chart shows, owing to Orkney’s smaller population the overall percentage of smokers is quite variable. However, where Scotland’s figures seem to be on a slow steady decline, Orkney’s remains somewhat consistent.
4.3. Young People Smoking

According to the most recent Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) conducted in 2013, there has been an increase in the proportion of pupils (of both genders) who had never smoked since 2002. In 2013, 87% of 13 year olds reported that they had never smoked, compared to 79% in 2010 and 53% in 2002. Two-thirds (66%) of 15 year olds reported that they had never smoked in 2013, increasing from 55% in 2010 and from 36% in 2002. The reports also states that 41% of pupils who regularly smoke would like to give up, one-fifth (22%) did not want to give up, while the remaining two-fifths (37%) did not know if they wanted to give up.

The proportion of 13 and 15 year olds in Scotland who reported being regular smokers in 2013 was the lowest since the data series began in 1982 (2% of 13 year olds and 9% of 15 year olds). Although this is encouraging, in 2014 18.2% of young people in S2 and S4 attempted to purchase cigarettes (ScotPHO).

4.4. Maternal Smoking

Maternal smoking in Orkney is significantly lower than Scotland. In 2014, 9.8% of pregnant women in Orkney (Scotland 18.5%) reported that they were current smokers when booking their first antenatal appointment. Although the numbers are low, policy should still aim to limit this as much as possible as the risks of maternal smoking are serious, from premature delivery to increased risk of miscarriage, stillbirth or sudden infant death according (NHS Smoke free campaign). Quit attempts by pregnant smokers in Orkney is below the national average, 6.8% compared to 23.5% for Scotland in 2011. Numerically, this is a significant difference as 1 in 15 pregnant women attempt to quit in Orkney, compared to almost 1 in 4 nationally. Despite this, Orkney's small population means that a slight increase in quit attempts could easily bring this number closer to the national average.

4.5. Smoking Cessation

Orkney performs slightly worse than Scotland in the domain of smoking cessation and smoking cessation products. For example, 3.8% of smokers in Orkney made a quit attempt with an NHS smoking cessation service in 2014 (Scotland 8%). This could point to a problem with access to services, though in 2014 the availability of smoking cessation products was slightly higher in Orkney than the national average (ScotPHO). Interestingly, the complete opposite of this is true in terms availability of cigarettes; Orkney has the largest number of tobacco retailers per 1,000 population in Scotland (4.0 compared to the national average of 2.3). Again it is worth considering Orkney’s small population which is potentially playing a part in the high level of this statistic.

4.6. Smoking Attributable Admissions

The rate of smoking related admissions in Orkney is higher than Scotland and this continues to show an upward increase from 2004 to date. Smoking attributable admissions and deaths are a strong indication of how tobacco products are affecting a population over time. As illustrated below, smoking related admissions in Orkney is higher than that of Scotland, and it shows no sign of narrowing the gap. In 2004,
Orkney and Scotland were very similar in this regard. However since then Orkney’s figure has shown an upward increase.
4.7. Smoking Attributable Deaths

Despite high levels of admissions, Orkney has a lower rate of smoking attributable death than Scotland (293 v. 366.8 per 100,000 population respectively). Incidentally, the death rate in Orkney seems to be more attributable to chronic obstructive pulmonary disease (COPD) than to lung cancer. In 2012, Orkney’s death rate for COPD was higher than the national average, whereas in contrast, the death rate for lung cancer was lower.

4.8. Alcohol Misuse

Alcohol problems are a major concern for public health in Scotland and excessive alcohol consumption can lead to a range of health and social problems. Short-term problems such as intoxication can lead to risk of injury and is associated with violence and social disorder. Over the longer term, excessive consumption can cause irreversible damage to parts of the body such as the liver and brain. Alcohol can also lead to mental health problems, for example, alcohol dependency and increased risk of suicide. In addition, alcohol is recognised as a contributory factor in many other diseases including cancer, stroke and heart disease.
Although the UK government has produced sensible drinking guidelines based on units of alcohol (14 units per week for both men and women), these are not readily met. While it is somewhat acceptable to occasionally go over this recommendation, repeated excessive drinking will only serve to enhance the likelihood of the development of the aforementioned health and social problems. The Figure below indicates that Orkney is below the national average for both males and females, for individuals who exceed the weekly drinking limit. Nevertheless, almost a third of women and more than four out of every ten men in Orkney still exceed this limit.

Figure 35: Percentage of individuals exceeding weekly drinking limit by gender, 2011. Source: ScotPHO.

In contrast to the general population, drinking is actually more popular amongst 15 year old students in Orkney than in Scotland. The 2013 estimates show that one in five 15 year olds drink on a weekly basis, compared to one in ten in Scotland. Additionally, whilst there is definitely a noticeable decrease since 2006, this decrease does not mirror the decrease of Scotland.

Figure 36: Percentage of 15 year old students drinking on a weekly basis. Source: ScotPHO.

4.9. Alcohol Related Hospital Admissions

The figure below shows the rate of alcohol related hospital admissions in Orkney and Scotland from 2005 to 2014.
In 2014/15, the rate of alcohol-related hospital stays in Orkney (724.5) was higher than the Scottish average (671.7). This was the result of a rapid increase in 2010/11 which was followed by a decrease every year since then. However, it should be noted that in 2013/14 only 48% of alcohol related stays in Orkney were the result of an emergency admission (compared with the national average of 92%). Despite a decline in the overall rate of alcohol related hospital stays over recent years, alcohol continues to cause an unacceptable level of harm and ill-health in Orkney, placing a considerable demand on health and social care services.

Furthermore in 2013/14, a large majority of alcohol-related hospital stays in Orkney were found in West Kirkwall intermediate zone, followed by East Kirkwall intermediate zone. This high rate in West Kirkwall was the product of a rapid rise in 2009-11 and is the main driver for the high overall rate for Orkney. The ongoing nature of the difference between areas within Orkney is further evidenced by the figure below which shows the difference in alcohol-related stays between the localities. Although the numbers that reflect this change will be small, it is still a section of the population that should be considered when planning services.

### Table 13: Age-sex standardised rate of alcohol related stays per 100,000 population by intermediate zone, 2013. Source: ScotPHO.

<table>
<thead>
<tr>
<th>Geography</th>
<th>Age-sex standardised rate of alcohol-related stays (per 100,000 population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scotland</td>
<td>704.8</td>
</tr>
<tr>
<td>Orkney</td>
<td>1,406.7</td>
</tr>
<tr>
<td>East Mainland</td>
<td>1,418.2</td>
</tr>
<tr>
<td>West Mainland</td>
<td>6,168.7</td>
</tr>
<tr>
<td>Isles</td>
<td>505.2</td>
</tr>
</tbody>
</table>
4.10. Alcohol Related Mortality

There have been fluctuations in the rate of alcohol related mortality observed in Orkney from 2005 to 2014, compared to a continuous decrease in Scotland. In 2014, alcohol related mortality in Orkney was lower than Scotland. There were 12.8 per 100,000 population alcohol related mortality in Orkney compared to 22.2 per 100,000 population across Scotland.

4.11. Drugs Misuse

The use of drugs can lead to significant problems within Orkney as it does in Scotland and the wider world. The estimated prevalence of problem drug use in both males and females is significantly lower in Orkney than Scotland. This could be attributed to some drugs being harder to obtain in an isolated Island community, which is potentially reflected in the number of students aged 15 that are offered drugs in Orkney, which, according to ScotPHO data is consistently below the national average.
4.12. Drug Related Hospital Admissions

Overall drug related hospital stays in Orkney are significantly lower than the Scottish average. The rate of drug related hospital stays in Orkney has seen a gradual upward increase from 22.6 per 100,000 population in 2004/05 to 45.1 per 100,000 in 2013/14. While this is a source of concern, this rate compares favourably with the national rate which rose from 85.4 to 116.6 per 100,000 during the same time period.

4.13. Obesity

Obesity results from energy intake being higher than energy usage by the body. In recent years, obesity rates in Scotland have increased due to poor diet and reduced physical activity, amongst other reasons. The most commonly used measure to determine whether or not a person is obese is the body mass index (BMI). This is the body weight (in kilograms) divided by the square of their height (in metres). An individual with a BMI of 25 or more is termed overweight and a BMI of 30 or more is defined as obese.

Obesity is a major cause of disease and death in the population of Scotland. Research shows that it has a part to play in the development of a range of diseases such as type 2 diabetes, hypertension, heart disease, types of cancer, stroke and dementia, as well as lowering overall life expectancy. Because of this, tackling
obesity remains a key challenge for policymakers both locally and nationally. The most recent estimates of the cost of obesity to Scotland put the total economic cost between £0.9 billion to £4.6 billion per year (SPICe Briefing, 2015).

The Scottish Health Survey gives data on body mass index (BMI) at a national level which shows that, overall the prevalence of obesity is increasing; mean BMI has increased from 25.8 in 1995 to 27.4 in 2010. The prevalence of obesity in Scotland increases with age until late middle-age and then begins to decline. To put this into perspective the prevalence rate was 13.3% in those aged 16-24 and 38.3% in those aged 55-64. The prevalence in the two oldest age groups is sequentially lower (33.0% in those aged 65-74 and 29.9% in those aged 75 and over). Whilst these estimates are based on relatively small numbers of survey respondents across Scotland (just over 4,100 for the 2013 survey); the estimated prevalence of obesity as generated from the survey has been very consistent across each successive year since 2008.

ScotPHO builds on these findings to summarise that the key points regarding obesity are:

- In 2013, just over a quarter of all adults in Scotland aged 16 years and over (27.1%) were considered obese.
- Of those aged 16-64 years in 2013, 25.6% were obese and the prevalence remained higher among women than men (27.5% compared with 23.7%).
- Obesity trends have followed different patterns for men and women aged 16-64 years. The prevalence for men increased from 1995 to 2009, remained stable until 2011 and declined between 2011 and 2013. In contrast, prevalence rose for women from 1995 to 2008 and has since remained stable. Overall prevalence for all adults aged 16-64 years has followed a similar pattern to that for women.
- In 2013, men aged 55-64 years and women aged 65-74 years were proportionately more likely to be obese than other age groups.

4.14. Childhood Obesity

The level of childhood obesity in Orkney is higher than Scotland. In the academic year 2013/14, 15.7% of Primary 1 children in Orkney (Scotland 10.1%) were obese. This rate is relatively constant across Orkney since there are no intermediate zones that differ considerably from Orkney as a whole. As illustrated below, Orkney remains higher than Scotland and based on this historical data, it seems that without focus, Orkney’s childhood obesity rate will continue to rise.
Scotland’s national Obesity strategy outlines several national outcomes including:

Children have the best start in life and are ready to succeed.

- We live longer, healthier lives.
- We have tackled significant inequalities in Scottish society.
- We have improved the life chances for children, young people and families at risk.

In order to achieve these outcomes it is important that community initiatives relating to causes of obesity are put in place, or if already available, monitored appropriately to ensure maximum efficacy. These should be in relation to diet and healthy eating education, promoting physical activity and changing societal norms relating to the consumption of high-calorific/high sugar/high saturated fat foods. This is of particular importance in order to educate the younger generations and establish life-long habits and skills for positive health behaviour. The outcomes of successful schemes should see people living longer, healthier lives and allow individuals to make informed decisions about the personal health in relation to diet and exercise.

4.15. Summary of Key Points

- Recorded smoking cessation rates are poor and the rate of smoking related admissions in Orkney is higher than Scotland.
- The death rate for COPD is substantially higher than the national average.
- Orkney is below the national average for both males and females, for individuals who exceed the weekly drinking limit.
- Young people in Orkney however drink more that their Scottish counterparts.
- The estimated prevalence of problem drug use in both males and females is significantly lower in Orkney than Scotland.
- The level of childhood obesity in Orkney is higher than Scotland.
- Due to small numbers, comparison between Scotland and Orkney and between localities within Orkney should be made with caution.
5. Population Health

The population health of an area has a significant impact on the design of health and social care services. This section describes the general health profile of Orkney and then concentrates on specific health issues relevant to its population. It relies on information from the Census in 2011, the GP Quality and Outcome Framework (QOF), national data from the Information Service Division (ISD) and local data where available.

5.1 General Health

At the time of the Census in 2011, 86% of Orkney residents described their health as good or very good (Scotland 82%). This was highest at 98% among the younger population (0-34 years) but the percentage decreased with age to only 55% of those aged 75 years and above describing their health as good or very good.

Figure 43: Percentage of General Health by age group in Orkney 2011. Source: Census 2011.

5.2. Disability

The 2011 Census included a question on particular disabilities including sensory impairments, physical disability, mental health condition or learning disability. Individuals with disabilities are likely to require short or long term support from services that support them in remaining independent within their community.

There were 6.5% of the population in Orkney who reported a disability (Scotland 6.7%). Around half of reported disabilities (51%) were sensory impairments, while 32.8% related to a physical disability.
5.3. Sensory Impairments

Sensory impairment includes blindness, partially sighted, deafness, hard of hearing, or multiple categories and was the main disability reported in the 2011 Census (51% reported disability). Sensory impairment increases significantly with age and the number of people aged 65 years and above reported with a sensory impairment were more than double the number of adults aged 18-64 years.

The Blind Register in Orkney suggests there were 69 people known to the Local Authority as of December 2015; with 34 registered blind and 35 partially sighted, and this excludes people who are hard of hearing. A significant proportion of those on the blind register were adults aged 65+.

Table 14: Number of people on Blind Register 2015. Source: Orkney Islands Council.

<table>
<thead>
<tr>
<th>Age/Gender</th>
<th>Blind</th>
<th>Partially sighted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>%</td>
</tr>
<tr>
<td>0-64</td>
<td>10</td>
<td>29.4</td>
</tr>
<tr>
<td>65+</td>
<td>24</td>
<td>70.6</td>
</tr>
<tr>
<td>Male</td>
<td>16</td>
<td>47.1</td>
</tr>
<tr>
<td>Female</td>
<td>18</td>
<td>52.9</td>
</tr>
</tbody>
</table>

Further the table below shows the number of children and adults with visual/hearing impairments 2015.
Table 15: Children and Adults with sensory impairment 2015 – Orkney. Source: Orkney Islands Council.

<table>
<thead>
<tr>
<th>Category</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensory Impairments (Visual/Hearing)</td>
<td>12</td>
<td>11</td>
<td>23</td>
</tr>
</tbody>
</table>

There are gaps with understanding the true prevalence of sensory impairments in Orkney. However, with the projected increase in the aging population, it is anticipated that the number of people with a sensory impairment will continue to rise.

5.4. Physical Disability

The figure below shows the age and gender distribution of those who identified themselves with a physical disability at the 2011 Census (32.8% reported disability). Physical disability in Orkney increased with older age and there were slightly more females identified. The number of people with a physical disability is expected to increase as the older population increases.

Figure 45: Physical Disability by Age and Gender in Orkney 2011. Source: Census 2011.

5.5. Learning Disability

There were 94 (2.2%) people from Orkney who identified themselves with a learning disability in the 2011 Census and a high proportion of these were males (54%). The GP QOF registers (2014/15) and the Scottish Consortium for learning disability (SCLD, 2014) suggests that the numbers have not changed significantly over the years. The table below illustrates the number of people on the GP register in Orkney with a learning disability by GP clusters.
Table 16: Learning Disability by GP clusters 2014/15 – Orkney. Source: QOF.

<table>
<thead>
<tr>
<th>Locality</th>
<th>East Mainland</th>
<th>West Mainland</th>
<th>Isles</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>64</td>
<td>15</td>
<td>12</td>
<td>91</td>
</tr>
<tr>
<td>% of Practice Population</td>
<td>0.5</td>
<td>0.3</td>
<td>0.6</td>
<td></td>
</tr>
</tbody>
</table>

As seen in the 2011 Census and recent SCLD 2014, there were a higher proportion of young males in Orkney known with LD compared to other age groups. Recent data from the SCLD illustrates the profile of adults known to the local authority with a learning disability.

Figure 46: Learning disability by Age and Gender in Orkney 2014. Source: Scottish Consortium for Learning Disability.

Additionally, the table below shows the number of children and adults known to the LA with learning disabilities in 2015, which is significantly higher than previous years.

Table 17: Learning Disabilities in Adults and Children in Orkney 2015. Source: Orkney Islands Council.

<table>
<thead>
<tr>
<th>Category</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Difficulties/Disabilities (Physical health conditions, dyslexia, etc.)</td>
<td>250</td>
<td>173</td>
<td>423</td>
</tr>
</tbody>
</table>

The prevalence of people with learning disabilities is expected to rise due to factors such as improved neonatal care, meaning that more premature babies are surviving
with a greater likelihood of multiple disabilities, and the improved life expectancy for those with a learning disability.

5.6. Mental Health

According to the Census in 2011, 3% (598) of Orkney’s population identified themselves as having a mental health condition that lasted, or would last for more than 12 months. Self reported identification varied by gender and age. A higher proportion of females (58%) reported having a mental health condition compared to males (42%). Across all age groups, there was a gradual increase in the proportions of mental ill-health identified, with the highest proportions seen in individuals aged 35-49 (33%) and 50-64 (26%) years old, thereafter decreasing in older adults.

Figure 47: Mental ill-health by Age and Gender in Orkney 2011. Source: Census 2011.

Historic figures from the GP QOF register suggest that the prevalence of mental illness in Orkney has remained similar over the years. In 2014/15, there were 185 people with a diagnosis of mental ill-health in Orkney. This equates to 0.9 per 100 patients registered which is similar to the Scottish average. The table below illustrates the number of people with mental ill-health by GP Practice location.

Table 18: Mental ill-health by GP Practice location in Orkney 2014/15. Source: QOF.
5.7. Autism

Autism is a lifelong developmental disorder which is sometimes referred to as autistic spectrum disorder (ASD). Autism affects the way an individual understands, communicates and relates to other people and the environment, and it includes Asperger's Syndrome. The Scottish Autism Strategy 2011 highlighted the challenges in understanding and recording the true prevalence of autism. It was estimated that there were 178 people across all age groups with autism spectrum disorder in Orkney in 2011 of which 75% were male and 25% were female. Furthermore, around 26% (41) of those reported with a learning disability in Orkney in 2014 were also known to the local authority with some form of autism (SCLD, 2014). The table below shows the number of children and adults known to the Local Authority with autism in 2015.

Table 19: Children and Adults with Autism 2015. Source: Orkney Islands Council.

<table>
<thead>
<tr>
<th>Category</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autistic Spectrum Disorders</td>
<td>45</td>
<td>15</td>
<td>60</td>
</tr>
</tbody>
</table>

The true prevalence of autism remains unknown and it is likely this accounts for an under estimate. Some individuals with autisms will require wider community or/and life time support which needs to be taken into consideration when planning services. Current systems of identifying and recording autism are not sufficiently accurate and the Scottish Autism strategy includes the aim to improve identification and recording of Autism.

5.8. Long Term Conditions

Long term conditions (LTCs) are health conditions that last a year or longer, impacts on a person’s life, and may require ongoing care and support. Long term conditions can have a serious impact upon a person’s personal life but can also have serious economic impact on health and social care services. Sixty (60) per cent of all deaths are attributable to long term conditions and they account for 80 per cent of all GP consultations (http://www.gov.scot/Topics/Health/Services/Long-Term-Conditions).

Until recently, as part of the Quality and Outcomes Framework (QOF), GP practices across the UK are funded to keep registers of all the patients that they know to have certain health conditions. The table below shows the number of patients in Orkney, known to GP practices as having selected conditions as of March 2015.
Atrial Fibrillation &
Asthma & Cancer & CHD (Coronary Heart Disease) & CKD (Chronic Kidney Disease) & COPD (Chronic Obstructive Pulmonary Disease) & Dementia & Depression & Diabetes & Heart Failure & Hypertension & Mental Health & Osteoporosis & Peripheral Arterial Disease & Rheumatoid Arthritis & Stroke & TIA & Learning Disabilities & Obesity & Palliative Care & "Smoking" (conditions assessed for smoking) 

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Atrial Fibrillation</td>
<td>381</td>
<td>375</td>
<td>379</td>
<td>1.8</td>
</tr>
<tr>
<td>Asthma</td>
<td>1316</td>
<td>1326</td>
<td>1378</td>
<td>6.6</td>
</tr>
<tr>
<td>Cancer</td>
<td>416</td>
<td>419</td>
<td>454</td>
<td>2.2</td>
</tr>
<tr>
<td>CHD (Coronary Heart Disease)</td>
<td>845</td>
<td>865</td>
<td>868</td>
<td>4.1</td>
</tr>
<tr>
<td>CKD (Chronic Kidney Disease)</td>
<td>575</td>
<td>562</td>
<td>528</td>
<td>2.5</td>
</tr>
<tr>
<td>COPD (Chronic Obstructive Pulmonary Disease)</td>
<td>333</td>
<td>357</td>
<td>355</td>
<td>1.7</td>
</tr>
<tr>
<td>Dementia</td>
<td>144</td>
<td>157</td>
<td>133</td>
<td>0.6</td>
</tr>
<tr>
<td>Depression</td>
<td>388</td>
<td>448</td>
<td>577</td>
<td>2.7</td>
</tr>
<tr>
<td>Diabetes</td>
<td>995</td>
<td>1064</td>
<td>1075</td>
<td>5.1</td>
</tr>
<tr>
<td>Heart Failure</td>
<td>204</td>
<td>206</td>
<td>194</td>
<td>0.9</td>
</tr>
<tr>
<td>Hypertension</td>
<td>3402</td>
<td>3416</td>
<td>3436</td>
<td>16.4</td>
</tr>
<tr>
<td>Mental Health</td>
<td>181</td>
<td>190</td>
<td>185</td>
<td>0.9</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>N/A</td>
<td>N/A</td>
<td>18</td>
<td>0.1</td>
</tr>
<tr>
<td>Peripheral Arterial Disease</td>
<td>N/A</td>
<td>150</td>
<td>146</td>
<td>0.7</td>
</tr>
<tr>
<td>Rheumatoid Arthritis</td>
<td>N/A</td>
<td>151</td>
<td>147</td>
<td>0.7</td>
</tr>
<tr>
<td>Stroke &amp; TIA</td>
<td>364</td>
<td>390</td>
<td>404</td>
<td>1.9</td>
</tr>
<tr>
<td>Learning Disabilities</td>
<td>91</td>
<td>91</td>
<td>91</td>
<td>N/A</td>
</tr>
<tr>
<td>Obesity</td>
<td>2232</td>
<td>2025</td>
<td>2318</td>
<td>N/A</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>114</td>
<td>152</td>
<td>158</td>
<td>N/A</td>
</tr>
<tr>
<td>&quot;Smoking&quot; (conditions assessed for smoking)</td>
<td>364</td>
<td>390</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

The following sub-section considers specific long term conditions relevant to Orkney.

5.9. Hypertension

Hypertension is the most significant LTC recorded in the GP QOF register in Orkney, similar to Scotland. The prevalence of hypertension in Orkney has increased gradually over the years and it remains higher than the Scotland average.
Table 20: Prevalence of Hypertension per 100 patients registered. Source: QOF.

<table>
<thead>
<tr>
<th>Area</th>
<th>2010/11</th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orkney</td>
<td>16.08</td>
<td>16.29</td>
<td>16.35</td>
<td>16.30</td>
<td>16.36</td>
</tr>
<tr>
<td>Scotland</td>
<td>13.53</td>
<td>13.75</td>
<td>13.78</td>
<td>13.94</td>
<td>13.85</td>
</tr>
</tbody>
</table>

In 2014/15, there were 3,436 people recorded with hypertension in Orkney and a prevalence of 16.4 per 100 patients registered. The table below illustrates the breakdown by GP cluster.

Table 21: Number of Hypertension by GP Cluster Orkney 2014/15. Source: QOF.

<table>
<thead>
<tr>
<th>Locality</th>
<th>East Mainland</th>
<th>West Mainland</th>
<th>Isles</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>1998</td>
<td>950</td>
<td>488</td>
<td>3436</td>
</tr>
<tr>
<td>% of Practice Population</td>
<td>15%</td>
<td>16%</td>
<td>23%</td>
<td></td>
</tr>
</tbody>
</table>

5.10. Hypertension Admissions and Bed Days

The figure below shows the rate of admissions and bed days for hypertension in Orkney and Scotland. The rate of admission due to hypertension in Orkney has remained the same over the years, whereas bed days have increased. However, across Scotland the rate of admission and bed days decreased.

Figure 49: Admissions and bed days due to Hypertension. Source: SMR01.
5.11. Coronary Heart Disease (CHD)

The table below shows the prevalence rate of CHD in Orkney and Scotland from 2010/11 to 2014/15. The prevalence of CHD in Orkney has remained similar whereas there was a small decrease seen across Scotland.

Table 22: Prevalence of CHD per 100 patients registered. Source: QCF.

<table>
<thead>
<tr>
<th>Area</th>
<th>2010/11</th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orkney</td>
<td>4.17</td>
<td>4.09</td>
<td>4.09</td>
<td>4.13</td>
<td>4.13</td>
</tr>
<tr>
<td>Scotland</td>
<td>4.37</td>
<td>4.36</td>
<td>4.29</td>
<td>4.26</td>
<td>4.14</td>
</tr>
</tbody>
</table>

In 2014/15, there were 868 individuals from Orkney on the GP QOF register with CHD. This equates to 4.13 per 100 patients registered with a GP (Scotland 4.14). The table below shows the number and proportion of people registered by GP Practice location.

Table 23: Number of CHD by GP Practice location Orkney 2014/15. Source: QOF.

<table>
<thead>
<tr>
<th>Locality</th>
<th>East Mainland</th>
<th>West Mainland</th>
<th>Isles</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>530</td>
<td>224</td>
<td>114</td>
<td>868</td>
</tr>
<tr>
<td>% of Practice Population</td>
<td>4%</td>
<td>3.9%</td>
<td>5.3%</td>
<td></td>
</tr>
</tbody>
</table>

5.12. CHD Hospital Discharges

The figure below shows trends in the age-sex standardised rate for CHD discharges in Orkney and Scotland from 2005/06 to 2014/15. From 2013/14 to 2014/15, CHD hospital discharges increased in Orkney, compared to a reduction across Scotland. Further analysis by gender suggests that increases in Orkney were attributable to males.
5.13. Early Deaths from CHD

Early deaths from CHD have reduced continuously since 2006 in Orkney. From 2011-13, the rate of early deaths from CHD was 39.3 per 100,000 population compared to 60.7 per 100,000 in Scotland.

The figure below shows early deaths from CHD in Orkney broken down by locality.
5.14. Cancer

The Scottish Cancer Registry records information on all cancer registrations in Scotland. The number of cancer diagnosed in Scotland increased from 27,095 in 2003 to 31,013 in 2013. From 2004-13, there was an increase of 0.5% in the number of new cancer cases diagnosed. The Information Service Division (ISD) have predicted that the number of new cases in Scotland are set to rise by 33% between 2013-2027 due to a growing older population. The rate of cancer registration in Orkney was lower than the Scottish average. In 2013, the crude rate of new diagnosis was 519 per 100,000 population in NHS Orkney (Scotland 582). The chart below shows the most common cancers by type of cancer over a 10 year period. The three year cyclical increase in breast cancer rates relates to the presence of the breast screening van.

Figure 52: Early deaths (<75) from CHD by locality.
The prevalence of cancer in Orkney as recorded on QOF, has been lower than the Scottish average over the last few years. There was a gradual increase in the prevalence rates seen both in Orkney and across Scotland, with the most recent prevalence rates in both areas being similar.

Table 24: Cancer prevalence per 100 patients registered. Source: QOF.

<table>
<thead>
<tr>
<th>Area</th>
<th>2010/11</th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orkney</td>
<td>1.33</td>
<td>1.79</td>
<td>2.00</td>
<td>2.00</td>
<td>2.21</td>
</tr>
<tr>
<td>Scotland</td>
<td>1.66</td>
<td>1.86</td>
<td>2.01</td>
<td>2.18</td>
<td>2.30</td>
</tr>
</tbody>
</table>

In 2014/15, there were 454 individuals from Orkney on the GP QOF register with a diagnosis of cancer, which equates to 2.2 per 100 patients registered (Scotland 2.3). The table below shows the number and proportion of cancers by GP cluster.

Table 25: Number of Cancer by GP Cluster 2014/15. Source: QOF.

<table>
<thead>
<tr>
<th>Locality</th>
<th>East Mainland</th>
<th>West Mainland</th>
<th>Isles</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>283</td>
<td>116</td>
<td>55</td>
<td>454</td>
</tr>
<tr>
<td>% of Practice Population</td>
<td>2%</td>
<td>2%</td>
<td>2.6%</td>
<td></td>
</tr>
</tbody>
</table>

5.15. Trends in Cancer Diagnosis

Orkney has historically had a lower rate of new cancer diagnosis compared to Scotland and the rates have decreased since 2005-07. In 2011-2013, there were
117 newly diagnosed cases of cancer in Orkney, a rate of 528 per 100,000 population (Scotland 634).

**Figure 54: Patients registered with cancer (3-year average). Source: ScotPHO.**

![Graph showing cancer registration rates](image)

### 5.16. Early Deaths from Cancer (<75)

People aged less than 75 years who die as a result of cancer are considered to be an early death. Trends in the rates of early deaths from cancer in Orkney (3-year averages) have been lower than Scotland, except in 2005-07 and 2006-08 when the rates were similar. In 2012-14, there were 25 early deaths from cancer in Orkney, which equates to a rate of 102.2 per 100,000 population (Scotland 154.7).

**Figure 55: Early deaths from cancer (<75) (3-year average). Source: ScotPHO.**

![Graph showing early death rates](image)

Furthermore, the overall death rate from cancer across all ages has historically been lower in Orkney than Scotland.
5.17. Cancer Admissions and Bed Days

The figure below shows the number of episodes and bed days due to Cancer in Orkney from 2005/06 to 2014/15. There have been fluctuations in the number of episodes and bed days over the years.

Figure 56: Cancer episodes and bed days in Orkney. Source: NHS Orkney.

5.18. Chronic Obstructive Pulmonary Disease (COPD)

The table below shows the prevalence rate of COPD in Orkney over the last 5 years. The prevalence of COPD in Orkney is lower than across Scotland, with small increases in both areas over the years; this does not correlate with the high COPD death rate reported earlier.

Table 26: Prevalence of COPD per 100 patients registered. Source: QOF.

<table>
<thead>
<tr>
<th>Area</th>
<th>2010/11</th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orkney</td>
<td>1.44</td>
<td>1.62</td>
<td>1.60</td>
<td>1.70</td>
<td>1.69</td>
</tr>
<tr>
<td>Scotland</td>
<td>2.02</td>
<td>2.08</td>
<td>2.11</td>
<td>2.18</td>
<td>2.21</td>
</tr>
</tbody>
</table>

In 2014/15, there were 355 people on the GP register with a diagnosis of COPD, which equates to 1.7 per 100 patients registered. The table below illustrates that a large majority of those registered with COPD were from the East Mainland; however the Isles had double the prevalence in East Mainland due to its older population.

Table 27: Number of COPD by GP Practice 2014/15. Source: QOF.

<table>
<thead>
<tr>
<th>Locality</th>
<th>East Mainland</th>
<th>West Mainland</th>
<th>Isles</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>194</td>
<td>95</td>
<td>66</td>
<td>355</td>
</tr>
<tr>
<td>% of Practice Population</td>
<td>1.5%</td>
<td>1.6%</td>
<td>3.1%</td>
<td></td>
</tr>
</tbody>
</table>
5.19. COPD Hospitalisation.

Hospitalisations for COPD in Orkney has been lower than the Scotland average; however the rate of COPD hospitalisations in Orkney has increased faster than seen across Scotland. In 2011-13, there were 128 people hospitalised for COPD which accounted for 582 per 100,000 population (Scotland 659).

Figure 57: Trends in COPD hospitalisation (3-year average). Source: ScotPHO.

5.20. COPD Admissions and Bed Days

The figure below shows admissions and bed days in Orkney and Scotland from 2010/11 to 2014/15. COPD admissions in Orkney and Scotland have followed the same pattern, with a small increase in 2014/15. Bed days in Orkney reduced overall whereas Scotland experienced a small increase. Across both areas, bed days due to COPD peaked in 2012/13.

Figure 58: Admissions and bed days for COPD. Source: SMR01.
5.21. Asthma
The table below shows the prevalence of asthma in Orkney and Scotland. The rate of asthma in Orkney is higher than the Scottish average, with rates increasing gradually over the years in both areas.
Table 28: Prevalence of Asthma per 100 patients registered. Source: QOF.

<table>
<thead>
<tr>
<th>Area</th>
<th>2010/11</th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orkney</td>
<td>6.03</td>
<td>6.16</td>
<td>6.33</td>
<td>6.33</td>
<td>6.56</td>
</tr>
<tr>
<td>Scotland</td>
<td>5.90</td>
<td>6.02</td>
<td>6.10</td>
<td>6.10</td>
<td>6.33</td>
</tr>
</tbody>
</table>

In 2014/15, there were 1,378 people registered on QOF with asthma in Orkney. This equates to 6.6 per 100 patients registered (Scotland 6.3). Further analysis by GP cluster indicates that 65% (899) of those registered were from the East Mainland, but there was a higher proportion of asthma recorded in the Isles.

Table 29: Number of people with Asthma by GP Cluster 2014/15. Source: QOF.

<table>
<thead>
<tr>
<th>Locality</th>
<th>East Mainland</th>
<th>West Mainland</th>
<th>Isles</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>899</td>
<td>321</td>
<td>158</td>
<td>1378</td>
</tr>
<tr>
<td>% of Practice Population</td>
<td>6.8%</td>
<td>5.5%</td>
<td>7.4%</td>
<td></td>
</tr>
</tbody>
</table>

5.22. Asthma Hospitalisations

Despite a high prevalence of asthma in Orkney, the rate of asthma hospitalisation has reduced continuously since 2006. In 2011-13, Orkney had one of the lowest rates of asthma hospitalisations in Scotland. There were 12 people hospitalised with asthma, which equates to 57.4 per 100,000 population (Scotland 91.2). This is possibly reflective of a number of factors including the accuracy of clinical diagnosis and management of asthma patients within the community hence low hospitalisations.

5.23. Asthma Admissions and Bed Days

The figure below illustrates admissions and bed days from asthma in Orkney and Scotland. The rates of asthma admissions and bed days in Orkney have fluctuated over the years. From 2013/14 to 2014/15 while the admission rates reduced in Orkney, bed days increased.
5.24. Diabetes

The Scottish diabetes survey estimates there were 276,430 individuals with diabetes on the local diabetes register across Scotland at the end of 2014. This represents approximately 5% of the Scottish population. Of those with diabetes, 10.8% were Type 1, 88.3% were Type 2 and 0.93% had other types of diabetes. In Orkney it is estimated there were around 1,084 people with diabetes over the same period which equates to 5% of the population, similar to Scotland.

Table 30: Number of people on Diabetes register, December 2014. Source: Scottish Diabetes Survey.

<table>
<thead>
<tr>
<th>Numbers.</th>
<th>Crude Prevalence.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orkney</td>
<td>1,084</td>
</tr>
<tr>
<td>Scotland</td>
<td>276,430</td>
</tr>
</tbody>
</table>

The prevalence of diabetes in Orkney as recorded on QOF is higher than across Scotland, and there is evidence of increasing rates over the years in both areas.

Table 31: Prevalence of Diabetes per 100 patients registered. Source: QOF.

<table>
<thead>
<tr>
<th>Area</th>
<th>2010/11</th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orkney</td>
<td>4.54</td>
<td>4.70</td>
<td>4.78</td>
<td>5.08</td>
<td>5.12</td>
</tr>
<tr>
<td>Scotland</td>
<td>4.28</td>
<td>4.43</td>
<td>4.60</td>
<td>4.79</td>
<td>4.85</td>
</tr>
</tbody>
</table>

In 2014/15, there were 1,075 people with diabetes in Orkney, which equates to 5.1 per 100 patients registered. The table below shows the crude prevalence by GP
practice, with more registrations from the East Mainland, but a lower prevalence there due to the relative youth of its population.

Table 32: Number of Diabetes by GP Practice location 2014/15. Source: QOF.

<table>
<thead>
<tr>
<th>Locality</th>
<th>East Mainland</th>
<th>West Mainland</th>
<th>Isles</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>660</td>
<td>271</td>
<td>144</td>
<td>1075</td>
</tr>
<tr>
<td>% of Practice Population</td>
<td>5%</td>
<td>4.7%</td>
<td>6.7%</td>
<td></td>
</tr>
</tbody>
</table>

In 2012, it was estimated that 1.3% of individuals with diabetes in Orkney were undiagnosed (Scotland 0.9% - ScotPHO) and due to Orkneys’ older population, there are indications the true prevalence of diabetes is unknown.

5.25. Diabetes Admissions and Bed Days

The figure below shows admissions and bed days due to diabetes in Orkney and Scotland. It suggests an overall decrease in the rate of admissions and bed days for diabetes in Orkney.

Figure 60: Admissions and Bed Days for Diabetes. Source: SMR01.

5.26. Dementia

The true prevalence of dementia in Orkney is unknown. The Alzheimer’s Scotland Society estimates there were approximately 401 people living with dementia in Orkney in 2015, with more females affected. As expected, there were significantly more older adults with dementia in Orkney, which is comparable to the Scotland estimates.
Table 33: Number of people with dementia 2015. Source: Alzheimer’s Scotland.

<table>
<thead>
<tr>
<th>Local Authority</th>
<th>Under 65</th>
<th>65+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orkney</td>
<td>3.2%</td>
<td>96.8%</td>
<td>401</td>
</tr>
<tr>
<td>Scotland</td>
<td>3.6%</td>
<td>96.4%</td>
<td>89,879</td>
</tr>
</tbody>
</table>

The prevalence of dementia in Orkney as recorded on the GP QOF register is lower than the Scottish average, albeit slight fluctuations over the years.

Table 34: Prevalence of dementia per 100 patients registered. Source: QOF.

<table>
<thead>
<tr>
<th>Area</th>
<th>2010/11</th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orkney</td>
<td>0.69</td>
<td>0.74</td>
<td>0.69</td>
<td>0.75</td>
<td>0.63</td>
</tr>
<tr>
<td>Scotland</td>
<td>0.70</td>
<td>0.73</td>
<td>0.76</td>
<td>0.79</td>
<td>0.78</td>
</tr>
</tbody>
</table>

Despite Alzheimer’s Scotland 2015 estimates, in 2014/15 there were a total of 133 people on the GP register with dementia. This equates to 0.63 per 100 patients registered (Scotland 0.78). The table below shows the number and proportion of people with dementia by GP cluster.

Table 35: Number of dementia by GP Cluster 2014/15. Source: QOF.

<table>
<thead>
<tr>
<th>Locality</th>
<th>East Mainland</th>
<th>West Mainland</th>
<th>Isles</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>68</td>
<td>47</td>
<td>18</td>
<td>133</td>
</tr>
</tbody>
</table>

5.27. Projections in Dementia Estimate

Crude projections have been estimated below using dementia prevalence rates from Alzheimer Scotland and NRS population projections. These estimates rely on dementia prevalence remaining the same up to 2037 (over 60’s rates use prevalence rates from EuroCode). It shows a higher prediction of dementia in females which increases significantly with older age.
The figure below illustrates further variation of trends in dementia projections by age group and gender.

In Orkney, the incidence of dementia is forecasted to increase significantly over the years as the older population increases.

5.28. Road Traffic Accident Casualties

The rate of road traffic accidents in Orkney is higher than Scotland and it has fluctuated over the years up until 2009-11 when it increased. In 2011-13, Orkney (101.5) had the second highest rate of road traffic accident per 100,000 population compared with other health boards (Scotland 63.2). There were 22 people discharged from hospital after an emergency admission or who died as a result of a road traffic accident in Orkney in 2011-13.
5.29. Deaths
A total of 205 deaths occurred in Orkney in 2014, accounting for approximately 0.4% of deaths in Scotland during the same period. The majority of deaths that occurred were among those aged 75 and above, with more deaths occurring in males.

5.30. Cause of Death
The main cause of death in Orkney in 2014 was cancer which accounted for nearly a third of deaths. This was followed by deaths from diseases of the circulatory system accounting for 27% of deaths as illustrated in the figure below.
5.31. Premature Mortality

Premature mortality is a measure of the number of deaths that occur under the age of 75 and can be used as an indicator of poor health of a population. The fewer deaths that occur under the age of 75, the healthier the population is judged to be. In 2014, there were 75 deaths under the age of 75 across Orkney which accounted for 36% of all deaths, similar to the Scottish estimate (36.8%). Approximately 65% of premature deaths in Orkney occurred in males.

Table 36: Deaths under the age of 75, 2014. Source: NRS Vital Events.

<table>
<thead>
<tr>
<th>Area</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
<th>% All Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orkney</td>
<td>49</td>
<td>26</td>
<td>75</td>
<td>35.8%</td>
</tr>
<tr>
<td>Scotland</td>
<td>11749</td>
<td>8212</td>
<td>19961</td>
<td>36.8%</td>
</tr>
</tbody>
</table>

Despite some fluctuations, the overall rate of premature death in Orkney reduced from 2006 to 2014 and remains lower than the Scottish average.
5.32. Multi-Morbidity

The previous sections have all related to morbidity due to single conditions and long term conditions are one of the challenges facing health-care systems as suggested in the literature (Barnett et al 2012). Multiple morbidity increases with age, therefore as the ageing population of Orkney increases, so too will the prevalence of multiple long term disorders.

Figure 66: Number of Chronic Disorders by age-group. Source: Barnett et al. 2012: The challenge of multi-morbidity in Scotland, applied to NRS population estimates.

It is estimated that the number of patients with multiple long term conditions in Orkney will increase between 2015 and 2037, particularly among the older population.
The multiple morbidities demonstrated above are associated with person-centred as well as financial challenges (Christie, 2011). People with multiple complex long term conditions currently have multiple hospital appointments to see a range of uncoordinated specialist services. Designing multi-specialist pathways services could be a useful proposal to ensure the holistic needs of patients are met which ties in with the 2020 Vision and values of services around the patient.

5.33. High Resource Individuals

‘High Resource Individuals’ (HRIs) are defined as individuals whose total health cost for the year accounts for 50% of the cumulative health expenditure. All service users are ranked highest to lowest in terms of their use of health resources and those at the top who collectively account for 50% of expenditure are categorised as high resource individuals.

ISD Scotland have undertaken cost per patient analysis on inpatient and day case hospital admissions (including all acute specialties, maternity, geriatric long stay inpatient care, and psychiatric inpatient care), A&E attendances, consultant led outpatient clinics and community prescribing. A high resource individual in one area might not fall into the same category at Scotland level or indeed another local area. Further analysis, and therefore a greater understanding, of this cohort of individuals could lead to more effective and efficient planning and delivery of services to high resource individuals in the community.

In 2013/14, 2.3% of Orkney’s patients accounted for 50% of total health expenditure. There were 16,987 patients for that same period in Orkney meaning that 393 individuals accounted for 50% of total health expenditure. The table below shows the figures relating to HRIs and non-HRIs in Orkney.
Table 37: Breakdown of HRI and non-HRI in Orkney 2013/14. Source: ISD.

<table>
<thead>
<tr>
<th>Orkney 2013/14</th>
<th>HRI</th>
<th>Non-HRI</th>
<th>All Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Patients</td>
<td>393</td>
<td>16,594</td>
<td>16,987</td>
</tr>
<tr>
<td>Number (of above) with any LTC</td>
<td>331</td>
<td>4,297</td>
<td>4,628</td>
</tr>
<tr>
<td>Number of Bed Days</td>
<td>13,924</td>
<td>6,678</td>
<td>20,602</td>
</tr>
<tr>
<td>Episodes/Attendances</td>
<td>29,147</td>
<td>335,006</td>
<td>364,153</td>
</tr>
<tr>
<td>Cost (Million £)</td>
<td>12.25</td>
<td>12.26</td>
<td>24.51</td>
</tr>
<tr>
<td>Cost per individual (£)</td>
<td>31,162</td>
<td>736</td>
<td>-</td>
</tr>
</tbody>
</table>

The figure below illustrates variations in the cost per individual amongst HRIs compared to non-HRIs, with Acute and Mental health having the highest expenditure.

Figure 68: Cost per individual HRIs and non-HRIs 2013/14. Source: ISD (PIS – Prescribing Information System).

5.34 Summary of Key Points

- The population of Orkney is ageing rapidly with a potential for an associated rise in some conditions such as sensory impairments, mental ill-health, hypertension, asthma, diabetes, dementia and multiple chronic disorders.
- Long term projections predict a significant increase in the number of people with dementia by 2037, particularly among older females.
- There is potential for increasing demand for palliative care.
- High Resource Individuals consumed a significant proportion of health resources in 2013/14.
- 2.3% of Orkney patients accounted for 50% of total health expenditure in 2013/14 and merits further scrutiny.
6. Acute Service Provision

6.1. Service Overview

Acute hospitals provide a wide range of specialist care and treatment for patients. Typically, services offered in the NHS Acute sector are diverse. They include: consultation with specialist clinicians (consultants, nurses, dieticians, physiotherapists and a wide range of allied health professionals); emergency treatment following accidents; routine, complex and lifesaving surgery and specialist diagnostic procedures.

Another major part of the work of many acute hospitals involves the treatment of patients who have a health problem that requires urgent attention. Many of these patients will be treated within an Accident and Emergency (A&E) department and will not require a hospital admission. Typically a patient will be admitted as an emergency inpatient if their condition is considered by a doctor to be serious enough to warrant urgent hospital care and treatment.

Orkney’s main hospital is the Balfour which is a Rural General Hospital located in Kirkwall. The hospital carries specific designation of ‘must do’ services. Additionally, through the Integrated Joint Board, services such as mental health services, learning disability services, services for older people and sexual health are also provided, amongst others.

6.2. Inpatients and Day Cases

The figure below shows hospital activities for inpatients, day cases and emergencies in Orkney from 2006/07 to 2014/15. The number of elective inpatient in Orkney has remained stable from 2006 to 2015. However, due to data collection issues prior to 2013, it is difficult to interpret trends in emergency admissions.

**Figure 69: Hospital Activities in Orkney split by Patient Type. Source: ISD.**

6.3. Unscheduled Care

Unscheduled care is a term used to describe any unplanned treatment, help or advice to people in an emergency or urgent situation. In the past, the Scottish Government set HEAT targets (now local delivery plan - LDP Standards) for unscheduled care, including A&E attendances and unplanned hospital admissions, making this a key priority.
6.4. Accident & Emergency Attendances

Generally speaking, A&E Attendances are prone to seasonal fluctuation, usually dipping in winter and peaking between March and October. This seasonal variation is outlined in the Figure below which shows peaks and dips varying between different quarters. However, the key point here is that overall; A&E attendances in Orkney seem to be increasing.

It should be noted however that this data comes with certain caveats. First of all, the chart shows combined episode and aggregate level data as Orkney began submitting episode level data post June 2011. Additionally, it must be considered that significant effort has been made since August 2014 to better capture and record A&E data, which may explain, to an extent, why the figures are higher. The Balfour is a Rural General Hospital – and by definition deals with emergencies. In the past some data may have been coded to reflect its status as an Acute Receiving Unit; this coding may potentially affect the accuracy of historical figures. Although these caveats must be considered, it is worth noting that A&E quarterly average attendances have increased by over 100% since 2011, and has risen every year since this time. With Orkney’s aging population, these figures are likely to increase further unless services are put in place to limit the number of people who visit A&E, as the over 65’s are the age group responsible for most A&E attendances.

Figure 70: A&E Attendances to Balfour Hospital split by Financial Year Quarter (2015 ends at Q3). Source: ISD.

The figure below illustrates A&E attendances by age group which shows that adults aged 65 and above are the highest attendees.
6.5. Emergency Admissions to Hospital

The figure below shows the number and rate of emergency admissions in Orkney from 2005/06 to 2014/15. The rate of emergency admissions in Orkney fluctuated from 2005/06 to 2011/12 after which it increased gradually. However, absolute emergency admission rates in Orkney remain lower than Scotland.

The most recent figures indicate that overall, despite Orkney's emergency admission rates being lower than Scotland, Orkney's rate may be increasing much faster.

6.6. Multiple Emergency Admissions

Multiple emergency admissions in Orkney have remained stable over the past 10 years, despite an increase across Scotland. In 2014/15, Orkney's rate was less than that of Scotland for both 2 admissions (982 per 100,000 population compared to 1,155) and 3+ admissions (588 per 100,000 population compared to 674). As multiple hospital admissions are more likely to occur in older populations, it is likely that this figure will continue to increase as the population in Orkney gets older. It would therefore be advantageous to concentrate local effort into targeting those most likely to be admitted on multiple occasions as this group of people will be responsible for a large portion of bed days and health and social care expenditure.
The most recent figures indicate that overall, despite Orkney’s emergency admission rates being lower than Scotland, Orkney’s rate may be increasing much faster.

6.7. Emergency Admissions 65+

Previous discussions indicated that in Orkney, the population aged 65+ are responsible for the most emergency admissions and the highest occupied bed days rate in comparison to younger age groups. However, Orkney’s over 65 emergency admissions rate is substantially lower than that of Scotland: 20,331 per 100,000 population compared to 25,050 for Scotland, and has been this way for at least the last 10 years. Furthermore, Orkney’s rate is somewhat consistent, especially over the last five years, which is encouraging.

The figure below illustrates that trends in bed days rate as a result of emergency admissions in Orkney is similar to that of Scotland, it is decreasing. However, more needs to be done to sustain these trends as the age of the population increases; the demand for services will increase. The over 65’s remain a key target population for Health and Social Care in general, regardless of the Partnerships current performance.
6.8. Delayed Discharges

Timely discharge from hospital is an important indicator of quality and is a marker for person centred, effective, integrated and harm free care. A delayed discharge occurs when a person has been assessed as clinically ready for discharge, and continues to occupy a bed beyond the ready for discharge date.

From April 2013 until March 2015, the national target was that no patient should wait more than 4 weeks from when they were clinically ready for discharge. The current target, effective from April 2015 onwards, states that no patient should wait more than 2 weeks from when they are clinically ready for discharge. These delay periods are the national ‘standard’ delay periods which are applied to delays. However, from April 2016 there will be a new national indicator which will measure the proportion of patients experiencing a delayed discharge of up to 72 hours.

Additionally, it is recognised that there are some patients whose discharge will take longer to arrange and therefore the standard maximum delay is not applicable. These cases are classified as ‘Code 9s’ and would include patients delayed due to awaiting place availability in a high level needs specialist facility and where an interim option is not appropriate, patients for whom an interim move is deemed unreasonable or where an adult may lack capacity under adults with incapacity legislation. The figure below shows trends in monthly delayed discharges in Orkney from April 2014 to December 2015 by type of delay. A total of 129 bed days were occupied by delayed discharge patients in December 2015.
The total bed days resulting from delayed discharges in Orkney from April 2014 to March 2015 demonstrates that the majority of delayed discharges were people aged 75 years and above. In Orkney, 77% of delays were people aged 75+ (Scotland 72.5%) of which 28% were Code 9 delays (Scotland 11.8%).

Table 38: Bed Days Occupied by Delayed Patients by age group and delay type. Source: ISD.

<table>
<thead>
<tr>
<th>All Ages</th>
<th>18-74years</th>
<th>75+years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local authority</td>
<td>Standard %</td>
<td>Code 9 %</td>
</tr>
<tr>
<td>Orkney</td>
<td>70.8</td>
<td>29.2</td>
</tr>
<tr>
<td>Scotland</td>
<td>80</td>
<td>20</td>
</tr>
</tbody>
</table>

The figure below shows bed days occupied by adults aged 75 and above due to delayed discharges in Orkney and Scotland.
6.9. End of Life Care

End of life care is an important, integral aspect of the health care provided to those living with and dying from any advanced or progressive and life-threatening condition. It is now possible to predict the progress of many of these conditions, enabling a planned approach to end of life care in ways which reflects, as far as possible, the needs and wishes of patients, carers and their families.

One of the Scottish Government’s National Indicators in relation to Balance of Care and the Integration of Health and Social Care measures the proportion of last 6 months of life spent at home or in a community setting. The indicator was designed to help measure the impact of "Living and Dying Well: A National Action Plan for Palliative and End of Life Care in Scotland", which was published in 2008, and in particular on its objective to "produce achievable and measurable changes which will ensure quality improvement and enhance patient and carer experience".

The proportion of time spent at home or in a community setting towards the end of life provides a high level indication of progress in implementation of the national action plan. These data can be inferred by measuring the amount of time spent in an acute setting during the last months of life (using hospital admissions data) and from this estimating the time spent at home or in a community setting.

It is envisaged that an increase in this measure will reflect both quality and value through more effective, person centred and efficient end of life care with people being better able to be cared for at home or closer to home with a planned approach to end of life care resulting in less time in an acute setting. The figure below illustrates the proportion of last 6 months of life spent at home or a community setting.

Figure 78: Percentage of last six months of life spent at home or in a community setting. Source: ISD.

Orkney performs slightly worse in supporting appropriate end of life care outside hospitals compared to the Scottish average. The 2011/12 figures reflect that Orkney can compare favourably in better circumstances. Successful integration and co-operative working between Health and Social Care could lead to improvements in this domain.

6.10. Summary of Key Points

- The Balfour is a Rural General Hospital and has to deal with emergency admissions for individuals of all ages.
• Overall A&E quarterly average attendances have increased by over 100% since 2011, and have risen every year since this time – however, this increase can be explained by more robust data capture.
• Emergency admissions for the over 65s in Orkney compares favourably with Scotland.
• Multiple emergency admissions rate in Orkney is less than the Scottish rate.
• Bed days rate occupied by delayed patients are far less in Orkney than Scotland.
• In 2014/15, 77% of delayed discharges in Orkney were adults aged 75+ (Scotland 72.5%), of which 28% were complex cases requiring specialist care (Code 9) (Scotland 11.8%).
• The percentage of last six months of life spent at home or in the community setting for Orkney residents in 2013/14 was 90.5% (Scotland 90.8%).

7. Social Care Provision

7.1 Home Care

The number of people receiving care in their own homes from a homecare service has stayed rather steady since 2008. In 2015, a total of 1,610 hours per week of home care services were provided to 225 residents in Orkney. Statistically it appears that the overall homecare service in Orkney reduced by over 50% from 2006 to 2015. This information should be treated with caution as in earlier years other forms of provision and provision by one 3rd sector Organisation was counted in, which then ceased with the move away from domestic services to a service based almost solely on the provision of personal care. Furthermore increases in the number of visits and hours due to increasing dependency levels and frailty had an impact on the overall service delivery. The concept of re-ablement was launched in 2010/11 which again impacted on both the number of service users and the level of care required as the benefits of re-ablement first require additional investment in time. Since 2013, service user numbers have remained reasonably constant however levels of dependency have increased with a subsequent increase in the number of hours provided.

Figure 79: Homecare – number of service users and hours of care provided per week. Note: Figures for Home Care hours from 2010 exclude 24-7 care. This has resulted in a break in the time series between 2009 and 2010. Source: Health and Social Care dataset; Orkney Islands Council.
The table below shows the number of homecare service users by age group which increases with age. It illustrates that a significant proportion of those aged 75 and above; and particularly those aged 85+ received homecare services.

Table 39: Percentage of homecare service users by age group, December 2015. Source: Health and Social Care dataset; Orkney Islands Council.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>18-64</th>
<th>65-74</th>
<th>75-84</th>
<th>85+</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>9%</td>
<td>12%</td>
<td>30%</td>
<td>49%</td>
</tr>
</tbody>
</table>

The number of hours of homecare required by service users is dependent on the complexity of their need. The table below shows the percentage of people age 65 or over with intensive needs receiving care at home in Orkney.

Table 40: Distribution of homecare hours per week by age group, December 2015. Source: Health and Social Care dataset; Orkney Islands Council.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2 or less hours</th>
<th>2 - 4 hours</th>
<th>4 - 10 hours</th>
<th>10 or more hours.</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>%</td>
<td>No</td>
<td>%</td>
<td>No</td>
<td>%</td>
</tr>
<tr>
<td>18-64</td>
<td>30</td>
<td>15</td>
<td>20</td>
<td>35</td>
<td>20</td>
</tr>
<tr>
<td>65+</td>
<td>23</td>
<td>18</td>
<td>33</td>
<td>26</td>
<td>205</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>17</td>
<td>32</td>
<td>27</td>
<td>225</td>
</tr>
</tbody>
</table>

7.2. Long Term Care at Home

In 2015, there were approximately 430 people receiving personal care in Orkney. The majority of personal care services (320) were provided at home, rather than being long stay care home resident. There has been an increase in the percentage of the population receiving care, receiving their care at home, an increase of over 10% between 2009 and 2015.

Figure 80: Percentage of people aged 18 and over with long-term care needs receiving personal care at home in Orkney. Source: Health and Social Care dataset.
7.3. Self Directed Support / Direct Payments

Originally direct payments were introduced so that service users could purchase their own care in lieu of social care services. In April 2014 Self Directed Support was introduced which had 4 options:

Option 1 - A direct payment, which is a sum of money paid to the person and judged sufficient for them to pay for the care they need.

Option 2 - A contracted arrangement where either the local authority or another agency provides the specific services that the person wants in place to provide their support.

Option 3 - The person elects to use services provided by the local authority.

Option 4 - The person may choose a combination of any/all of the above options.

Within financial year 2015/16 there were a total of 135 SDS packages providing 1,696 hours per week of care with an annual cost of £784,312 covering all service areas. Within the year some packages ceased and new packages commenced. Out of the 135 clients receiving direct payments as of March 2016, 50 clients (37%) received a homecare package.

As of 09 June 2016 there were 110 packages providing 1,643 hours of care per week with an annual cost of around £960,061. It is anticipated that these will continue to grow and have additional financial pressures within the service. These packages consist of Personal Assistants and purchasing care from external providers.

Self Directed Support in Orkney has been growing steadily; the chart below shows trends in the number and value of direct payments over a 10-year period.

Figure 81: Direct payments in Orkney. Source: Orkney Islands Council.

Table 41 below shows the number of and size of care packages in lieu of Homecare in recent years in Orkney.
7.4. Telecare and Telehealth Technology

The use of telecare packages within Orkney has increased over the years. In 2015, there were 730 clients with some form of technology package, indicating an increase of 33% from 2012 (550). Additionally, there have been increases in the number of clients receiving both a community alarm and telecare service from 90 clients in 2012 to 290 in 2015.

A significant number of people age 75+ have a telecare service in Orkney and the numbers have increased over the years. Adults aged 75+ receiving a home care service as well as a telecare service in 2015 accounted for a third of all telecare clients.

**Table 41: Homecare packages provided via Self Directed Support in Orkney. Source: Orkney Islands Council.**

<table>
<thead>
<tr>
<th>Year</th>
<th>No of Service Users</th>
<th>Average weekly hours provided</th>
<th>Average package size</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013/14</td>
<td>36</td>
<td>479</td>
<td>13.30</td>
</tr>
<tr>
<td>2014/15</td>
<td>42</td>
<td>568</td>
<td>13.50</td>
</tr>
<tr>
<td>2015/16</td>
<td>42</td>
<td>624</td>
<td>14.85</td>
</tr>
</tbody>
</table>

**Figure 82: Telecare Services (rounded to the nearest 10) in Orkney. Source: Home Care Census until 2012, Social Care Survey from 2013**

A significant number of people age 75+ have a telecare service in Orkney and the numbers have increased over the years. Adults aged 75+ receiving a home care service as well as a telecare service in 2015 accounted for a third of all telecare clients.
Figure 83: Telecare packages for 75 plus (rounded to the nearest 10). Source: Home Care Census until 2012, Social Care Survey from 2013.

7.5. Care Homes

The table below shows the number of care homes and registered places in Orkney from 2011 to 2015. Although the number of care homes has remained the same, there was a small decrease in the number of registered places.

Table 42: Number of Care Homes, Registered Places, Residents and Percentage Occupancy (Older People) in Orkney. Source: Health and Social Care dataset.

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Care Homes</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Number of Registered Places</td>
<td>124</td>
<td>108</td>
<td>111</td>
<td>111</td>
<td>111</td>
</tr>
<tr>
<td>Number of Residents</td>
<td>111</td>
<td>104</td>
<td>104</td>
<td>104</td>
<td>101</td>
</tr>
<tr>
<td>Number of Long Stay Residents</td>
<td>101</td>
<td>93</td>
<td>95</td>
<td>94</td>
<td>94</td>
</tr>
<tr>
<td>Number of Short Stay/Respite Residents</td>
<td>10</td>
<td>11</td>
<td>9</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>Occupancy Percentage</td>
<td>90%</td>
<td>96%</td>
<td>94%</td>
<td>94%</td>
<td>91%</td>
</tr>
</tbody>
</table>

There were 3 care homes in Orkney in 2015. In addition, there were 3 respite beds within older peoples supported accommodation which carry a care home bed status. Of the total 111 available beds, 13 were used for respite care purposes. It is becoming increasingly common that respite beds are blocked due to either temporary residents becoming too ill to leave, families being unwilling to have service user discharged back to their care or beds being blocked in an effort to deal with hospital delayed discharges.

There were 101 older residents in care homes in 2015 at the time of the census, of which 94 were long stay residents (85%). It is important to note that residents who are within their first six weeks of placement in a care home are not counted as long...
stay and this skews the figure of 94 in 2015. In addition one care home has two double rooms created to enable couples to remain together; these rooms are not always in demand and will be filled by a single occupant. When interpreting the data it should be borne in mind that all available permanent beds are allocated within a very short time of being available. The figure below shows trends in the proportion of long stay residents in Orkney.

**Figure 84: Number and proportion of long stay care home residents. Source: ISD.**

The figure below visualises the comparison between numbers of registered places in care homes for people over the age of 65 in Orkney compared to Scotland. It illustrates that per 1,000 population, there are more care home places throughout Scotland than in Orkney. In 2015, there were 24 care home places for adults aged 65+ per 1,000 people in Orkney compared to 39 care home places for adults aged 65+ in Scotland. There has been a decrease across the entire country since 2010, but with a decrease in Orkney since 2006 due to the closure of two care homes, one with six beds and another with sixteen beds. Another significant feature of note is that Orkney does not have any Nursing care homes for older people; service users with significant needs are cared for in our residential care homes with community nurse or community mental health service input. Rarely service users do require to be transferred outwith Orkney for a care placement and generally this is to meet specific need in relation to elderly mental health issues.
7.6. Carers

Carers provide an important role in the provision of care and support in the community. As equal partners in the delivery of care, they enable people to remain in their own homes and community by contributing to the overall health and wellbeing of the person they look after, and preventing avoidable hospital admissions.

There were 1,970 (9.2%) individuals aged 16 and over in Orkney who identified themselves as an unpaid carer in the 2011 Census (Scotland 9.3%). The majority (62%) of carers provided between 1-19 hours of care per week (Scotland 55%), while 24% provided 50+ hours of care per week (Scotland 27%).

Figure 86: Provision of unpaid care by percentage of hours. Source: Census 2011.

The table below shows a breakdown of unpaid care across all age groups.
Table 43: Hours of unpaid care provided per week by age group. Source: Census 2011.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>1 to 19 hours</th>
<th>20 to 34 hours</th>
<th>35 to 49 hours</th>
<th>50 plus hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 24</td>
<td>101</td>
<td>13</td>
<td>14</td>
<td>11</td>
</tr>
<tr>
<td>25 to 49</td>
<td>413</td>
<td>47</td>
<td>49</td>
<td>139</td>
</tr>
<tr>
<td>50 to 64</td>
<td>515</td>
<td>60</td>
<td>39</td>
<td>159</td>
</tr>
<tr>
<td>65 and over</td>
<td>197</td>
<td>31</td>
<td>26</td>
<td>156</td>
</tr>
<tr>
<td>All carers</td>
<td>1,226</td>
<td>151</td>
<td>128</td>
<td>465</td>
</tr>
</tbody>
</table>

There were more female carers than male in Orkney. Female carers made up about 60% of all carers, the largest numbers were aged 50 - 64 years old. There were more self identifying female carers in every age band than males.

Figure 87: Number of self identifying carers by age-group and gender (rounded to nearest 10). Source: Census 2011.

Providing unpaid care can have an impact on a carer’s health. Of everyone who provided unpaid care in Orkney, over 80% assessed their own health as good or very good with a diminishing number of people assessing their health as bad or very bad. The 2011 Census data also showed that those who assessed their health as bad or very bad were individuals giving more than 50 hours of care per week. These figure decreased in relation to the number of care hours provided.
7.7 Summary of Key Points

- The levels of dependency of people cared for in the community are increasing.
- Ninety percent of all homecare delivery was for adults aged 65 and over.
- Orkney has far fewer care home bed places for the over 65 population compared with Scotland.
- Direct Payments (including Self directed support) increased substantially over the last ten years.
- The use of Community care alarms and Telecare packages has increased significantly in Orkney.
- The Census identified 1,970 unpaid adult carers in Orkney, of whom 62% provided less than 20 hours of care per week.
- One third of unpaid carers aged over 65 years provided over 50 hours of care per week.

8. Health and Social Care Expenditure

The Integrated Resource Framework (IRF) provides an overview of health and social care resources used by local populations and the IRF supports an understanding of historical service patterns as a basis for planning of services.

The table below shows health and social care expenditure in Orkney. During the period 2010/11 to 2013/14, there was an overall increase of 5% in health and social care expenditure in Orkney. The rate of health allocation reduced slightly from 72.1% in 2010/11 to 71.6% in 2013/14, while social care increased from 27.9% in 2010/11 to 28.4% in 2013/14.
In 2013/14, 29% of health and social care expenditure was consumed by adults aged over 65 and above for non-elective hospital admissions compared to 21.5% non-elective spend across all ages. The chart below shows the breakdown of expenditure by sector for those over 65 years compared to all age groups.

The figure below shows the expenditure per weighted capita for Orkney in 2013/14. It illustrates that more resources was spent on adults aged 65 and above compared to the rest of Orkney’s population.

In 2013/14, 29% of health and social care expenditure was consumed by adults aged over 65 and above for non-elective hospital admissions compared to 21.5% non-elective spend across all ages. The chart below shows the breakdown of expenditure by sector for those over 65 years compared to all age groups.

The figure below shows the expenditure per weighted capita for Orkney in 2013/14. It illustrates that more resources was spent on adults aged 65 and above compared to the rest of Orkney’s population.
8.1. Looked After Children

The number of “Looked After Children” in Orkney has increased slightly from 2012 to 2015. This is down to an increase in the number of children in both residential and community-based care. Similarly, a small number of children in Orkney eligible for aftercare also increased over this same period.

Figure 92: Number of “Looked After Children” (rounded to the nearest 5). Source: Orkney Islands Council.

A major cost carried by the Local Authority is the cost of caring for looked after children in a residential setting. Although in previous years (2011/12 & 2012/13) Orkney was well below the Scottish average, the most recent figures for 2014/15 suggest that Orkney’s spend per child per week compares to Scotland overall (£3,142 compared to £3,143).

Figure 93: Gross Cost of "Children Looked After" in Residential Based Services per Child per Week. Source: Local Government Benchmarking Framework.

The difference in cost between looking after children in a community setting and in residential based services in Orkney is sizeable: £224 compared to £3,142 per child per week in 2014/15. This coupled with the increasing demand to shift the balance of care into the community means that it is important to have a high proportion of children cared for in the community rather than the residential setting.
8.2. Balance of Care

The Balance of Care describes changes at different levels across health and care systems: all of which are intended to bring about better health outcomes for people, provide services which reduce health inequalities; promote independence and are quicker, more personal and closer to home. This means there is a need to develop clinical and care pathways that may involve shifting location, shifting responsibility and identifying individuals earlier who might benefit from support that might sustain their independence and avoid adverse events or illness.

The proportion of children looked after in the community decreased from 77.8% in 2010/11 to 61.8% in 2014/15. This means more than three out of ten children are cared for in residential facilities in Orkney, compared to less than one in ten in Scotland.

8.3. Home Care Expenditure

Home care is another large expenditure in Social care services and as such an important indicator of the balance of care. With the increasing shift in the balance of care to the community, any efficiency information is vital in understanding the current situation in Orkney. Furthermore the costs of these home care services are included in this analysis whether they are provided by the local authority, purchased from another local authority or purchased from private or voluntary sector providers. The figure below shows that Orkney’s expenditure on home care is greater per hour than
Scotland, although recent figures from 2014/15 suggests the gap is not as wide as it once was: £25.29 per hour in Orkney compared to £20.01 across Scotland.

**Figure 96: Older Persons (65+) Home Care Costs per Hour. Source: Local Government Benchmarking Framework.**

This trend is also reflected in the over 65’s residential care costs per week below. Orkney’s expenditure per week is substantially higher than the Scottish average: £908 per week compared to £372 respectively. One factor to be borne in mind however is that Homecare and residential care are both provided in-house by the Local Authority, and therefore terms and conditions for staff are at a higher level than those experienced in the private sector or elsewhere in Scotland.

As noted throughout this report, the older population is predicted to increase in the coming years so appropriate strategies should be developed in order to minimise costs and maximise efficiency.

**Figure 97: Older persons (65+) Residential Care Costs per week per Resident. Source: Local Government Benchmarking Framework.**

Recent data shows that Orkney compares favourably to Scotland in terms of user satisfaction; 69% of all adults surveyed in Orkney were satisfied or very satisfied with their social care or social work services compared to 51% across Scotland. However, both Orkney’s and the national average are decreasing and this is cause for concern especially at a time when demand on social care services is likely to increase. Therefore, understanding these trends will be particularly important given the complex changing landscape of Health and Social Care integration and the introduction of new governance and accountability arrangements.
8.4. Summary of Key Points

- During the period 2010/11 to 2013/14, there was an overall increase of 5% in health and social care expenditure in Orkney.
- 29% of health and social care expenditure was consumed by adults aged over 65.
- The number of looked after children in Orkney has increased over the last few years.
- Three out of ten looked after children are cared for in residential facilities in Orkney, compared to less than one in ten in Scotland.
- Orkney’s spend per looked after child per week is similar to Scotland overall.
- Orkney’s Homecare expenditure is greater per hour than Scotland.
- Orkney’s older people care home expenditure per week is substantially higher than the Scottish average.
- Orkney compares favourably to Scotland in terms of user satisfaction of social care and social work services.