

Health Needs Assessment for the Western Isles

March 2025

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The Health Needs Assessment for the Western Isles has been produced by the NHS Western Isles Health Intelligence and Public Health teams. It draws on data provided by NHS Western Isles staff, partner organisations, and stakeholders. The input of all those who have contributed in any way is greatly appreciated.

Introduction

Health

The World Health Organisation describes “Health” as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (1). This holistic view of health aligns with the public health approach which is defined as “the science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised efforts of society” (2).

Health Needs Assessment

A health needs assessment is a systematic approach to understanding the needs of a population. It includes data on the social, economic, cultural, and behavioural factors that affect health at population level.

The Health Needs Assessment for the Western Isles contains a broad range of data that describes, and facilitates an understanding of, the health of the population in the Western Isles. It will support the development of strategic priorities, across NHS Western Isles and partner organisations. It will inform the development and targeting of services and interventions, and provide a baseline against which the impact of future work can be measured. Stakeholder engagement was a key component of the health needs assessment’s development, and the insights gained from this are included. The next step will be using the health needs assessment to shape the NHS Western Isles Public Health Strategy for 2024/25.

The data within the Health Needs Assessment for the Western Isles is presented in chapters, as listed below:

1. Demographics
2. Social Trends
3. Housing and Community
4. Education and Childcare
5. Health Behaviours
6. Health Status

7. Healthcare Services
8. Stakeholder Engagement

Western Isles

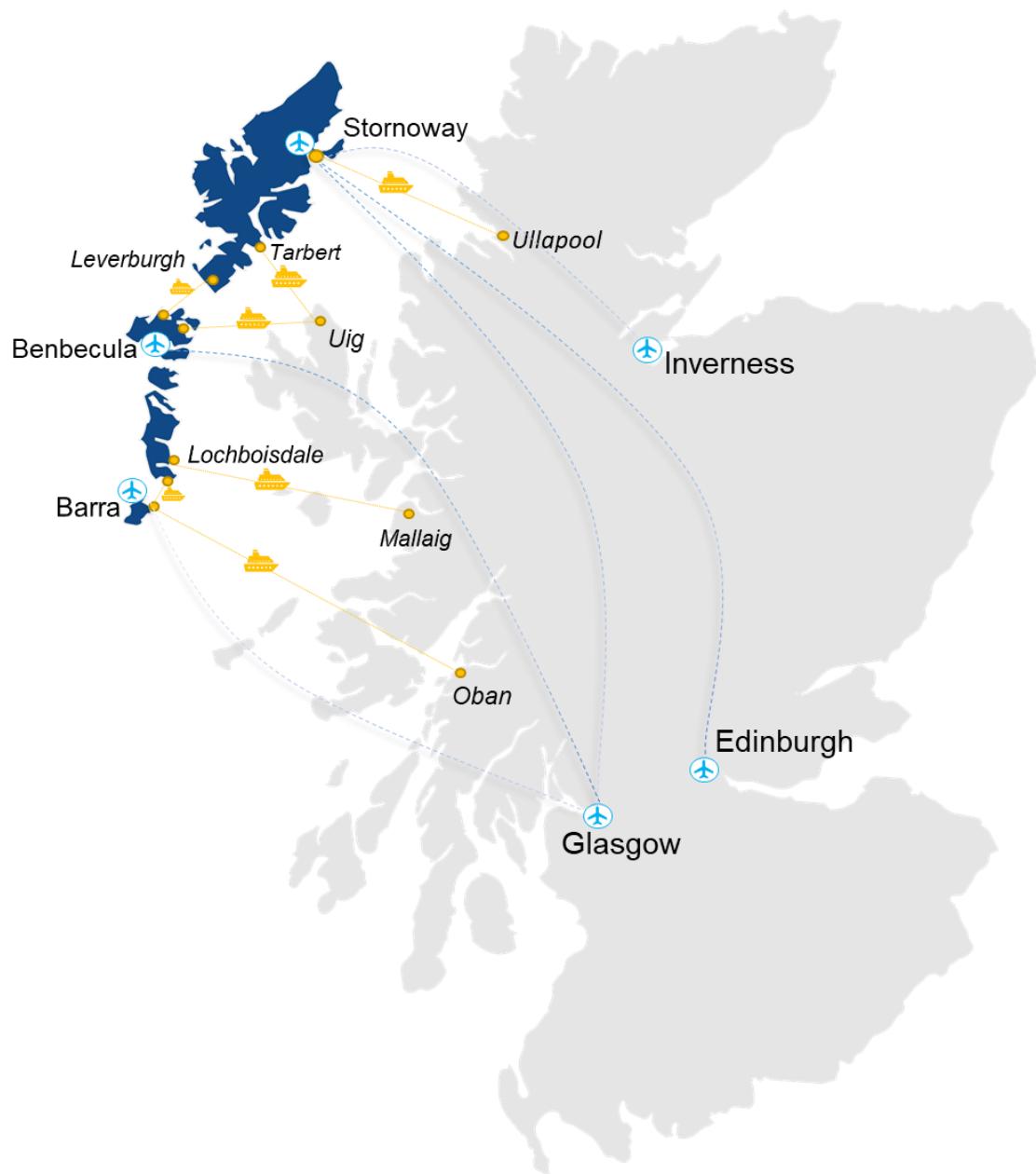
The Western Isles are a chain of islands comprising the Outer Hebrides which are situated in the Atlantic Ocean about 40 miles off the coast of Northwest of Scotland. The chain of sixteen inhabited islands stretches 130 miles from the largest island of Lewis joined with Harris in the north to Barra and Vatersay in the south with the other large islands of North Uist, Benbecula and South Uist in between.

The Western Isles has a largely dispersed rural population distributed across the islands in small crofting communities as well as in the main commercial and administrative town in Stornoway on the Isle of Lewis.

The Western Isles is one of the few areas in Scotland where traditional crofting and Gaelic language and culture remain part of everyday life though nowadays tourism, fish farming and public administration are the main economic and employment sectors in the islands.

As shown in Figure 1 within the Western Isles transport links between the main islands are via a series of ferry routes, causeways and three airports in Stornoway, Benbecula and Barra (Figure 1). Links to the mainland of Scotland and beyond are via the three island airports and several 'lifeline' ferry routes operated by the public Caledonian MacBrayne ferry operator from Stornoway, Tarbert, Lochmaddy, Loch Boisdale and Castlebay ferry ports.

Figure 1. Map of main air and sea transport routes in the Western Isles



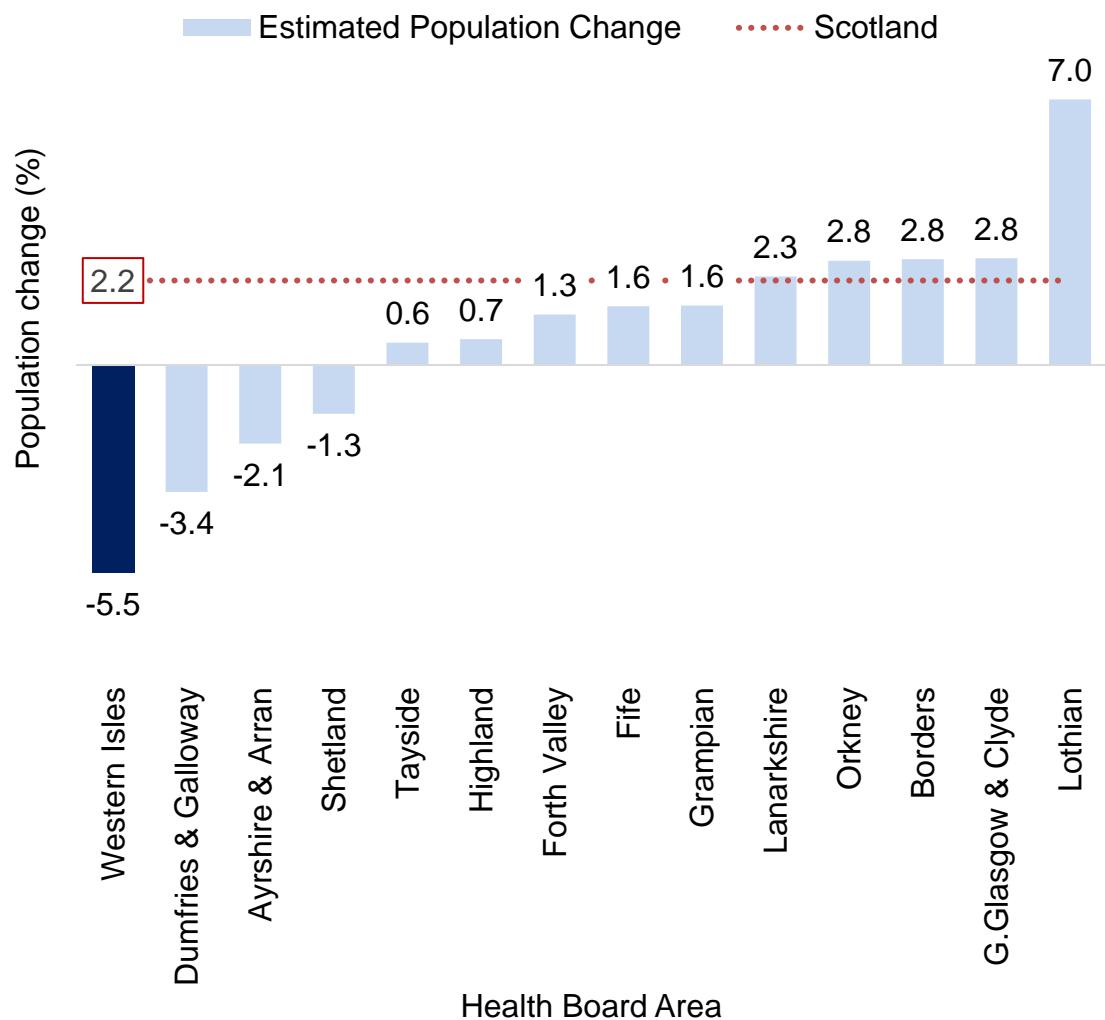
Demographics

Population Estimates and Projections

The 2021 population estimates for the Western Isles show a continued decline in population, lower birth rates, and an ageing demographic. There was a small increase in 2020 of 0.5%, or 140 people, mostly due to net migration gaining 320 people, that offset a natural decrease of 190 more deaths than births. However, as shown in Figure 2, over the last decade, the population has dropped by 5.5%, losing about 1,050 people. The Western Isles has experienced the largest decline among Scotland's populations.

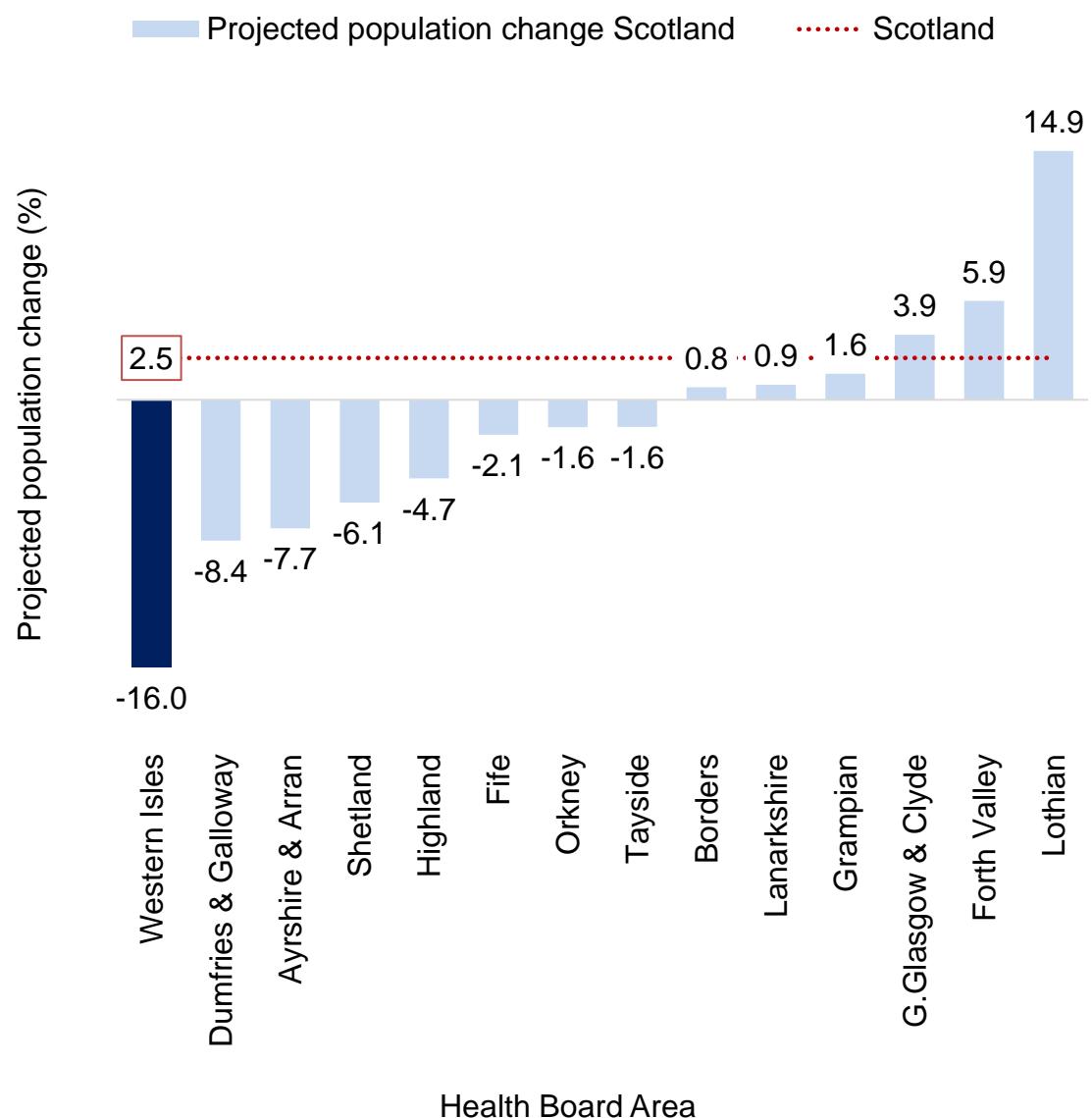
Figure 2. Estimated population change by Health Board Area in Scotland, 2011-2021

(3)



The population in the Western Isles is expected to decline significantly, with a projected drop to 22,542 people, about 16%, by 2043. This is the largest decrease among all health board areas in Scotland and is twice the rate of the next highest decline in Dumfries & Galloway as shown in Figure 3. In contrast, Scotland is projected to see a 2.5% increase in population.

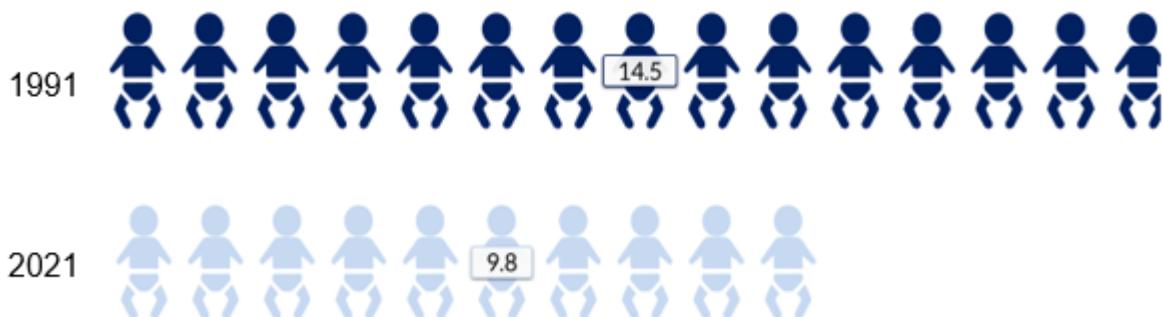
Figure 3. Projected population change by Health Board area in Scotland, 2018-43 (4)



The population decline in the Western Isles is largely driven by a falling birth rate shown in Figure 4, which has decreased over the past two decades. Although this decline mirrors the trend in Scotland, the Western Isles started with a lower birth

rate, dropping from 11.2 births per 1,000 people to 6.8 per 1,000 compared to 8.7 per 1,000 in Scotland.

Figure 4. Birth rate per 1,000 population, Western Isles, 1991 and 2021 (5)



The birth rate in the Western Isles is slightly higher than the Scottish average when population differences are considered at 9.8 per 1,000 compared to 8.7 per 1,000. This indicates that the fertility rate among women of childbearing age is similar in both areas at 46.6 per 1,000 in the Western Isles and 45.5 per 1,000 in Scotland. The overall drop in the birth rate in the Western Isles is likely due to a smaller number of women of childbearing age living there. While the Western Isles has the lowest birth rate among Scotland's health board areas, this is similar to other rural areas with declining populations.

Population Age and Sex

The analysis of demographics focuses on the ageing population in the Western Isles compared to other areas of Scotland. It looks at current and future demographic changes. Understanding the ageing population is important as it affects health issues and the demand for health and care services. There is an increasing emphasis on healthy ageing programmes that consider the broader life circumstances of older people, aiming to reduce health problems and increase healthy life expectancy.

The Western Isles has the highest percentage of people of pensionable age in Scotland at 25.6%, but the lowest percentage of working-age individuals at 59.6%. In contrast, the Lothian and Greater Glasgow areas have over two-thirds of their populations in the working-age group. Figure 5 shows the population structure of the Western Isles by age and sex. It highlights the large proportion of the population in

older age groups. Figure 6 shows how the population structure of the Western Isles is predicted to change by age and sex by 2043, by becoming proportionally older.

Figure 5. Western Isles population by age and sex, 2021 (3)

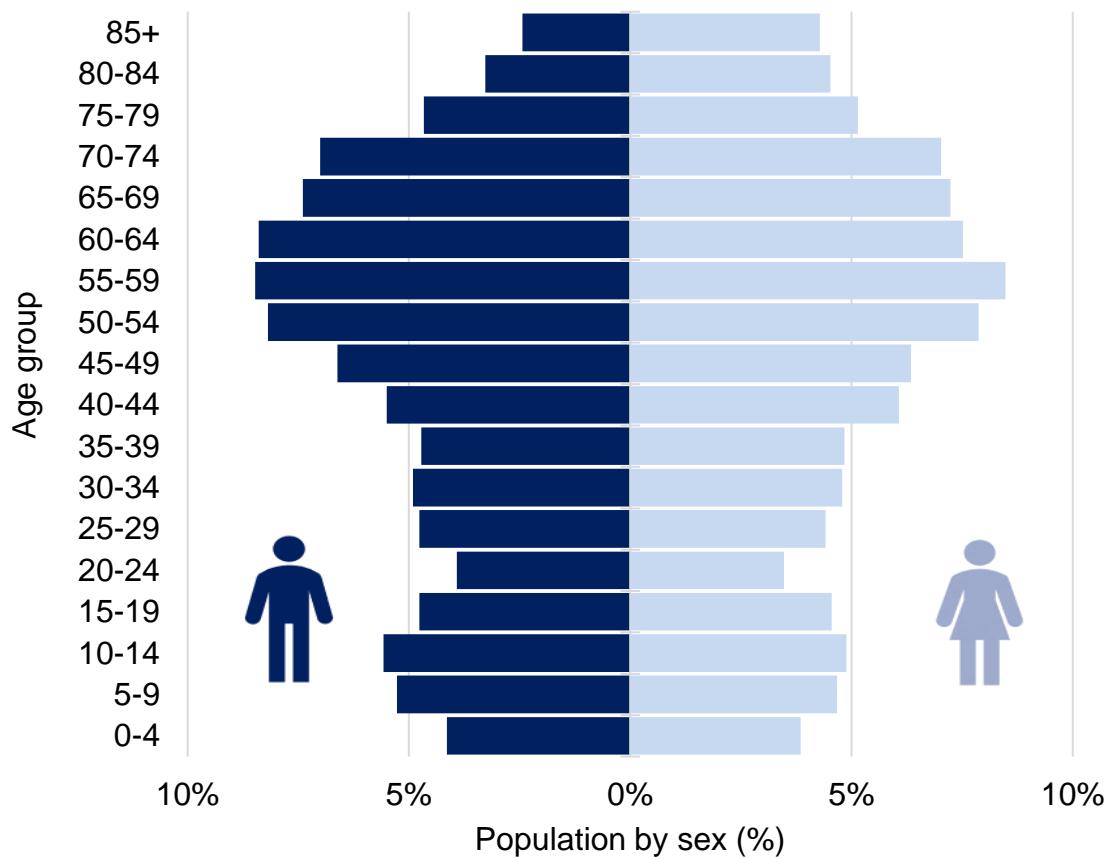
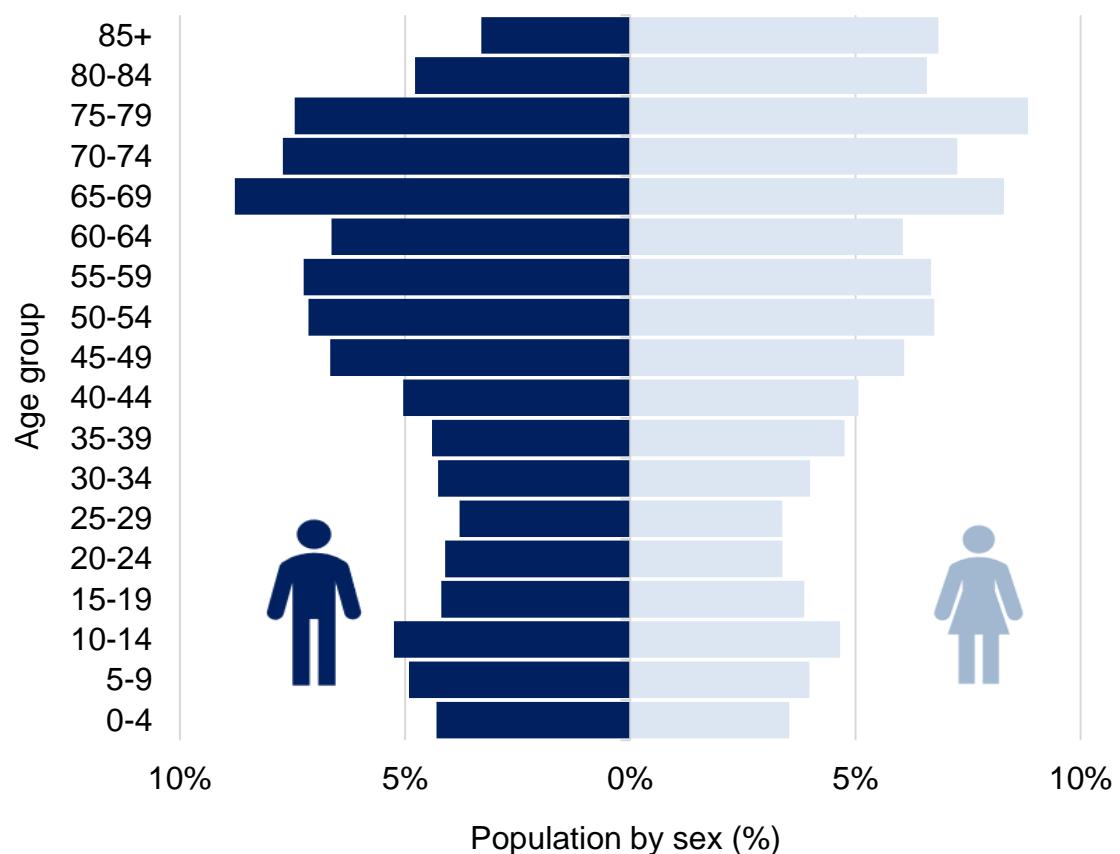


Figure 6. Projected Western Isles population pyramid by age and sex, 2043 (4)



Life Expectancy

Figure 7 and Figure 8 show life expectancy in the Western Isles is higher than the Scottish average, with males living to an average of 77 years and females living to 82 years. However, these differences from the Scottish average are not statistically significant.

Figure 7. Life expectancy at birth for males by Health Board Area in Scotland (6)

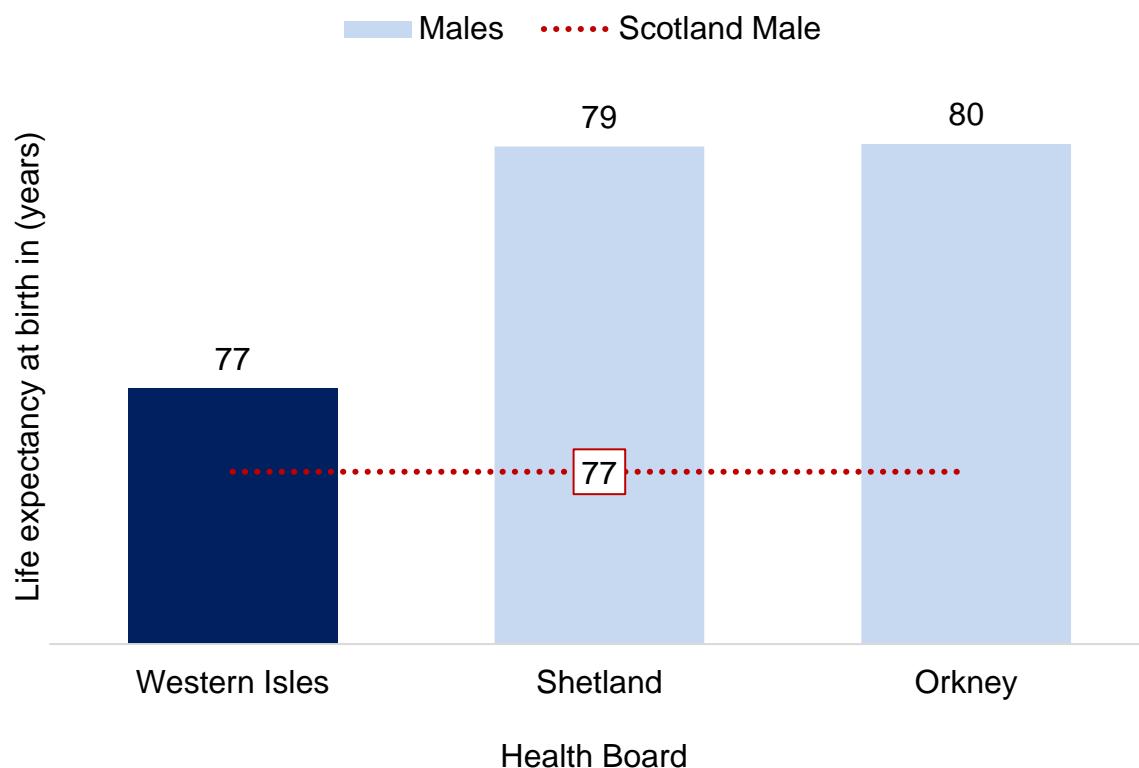
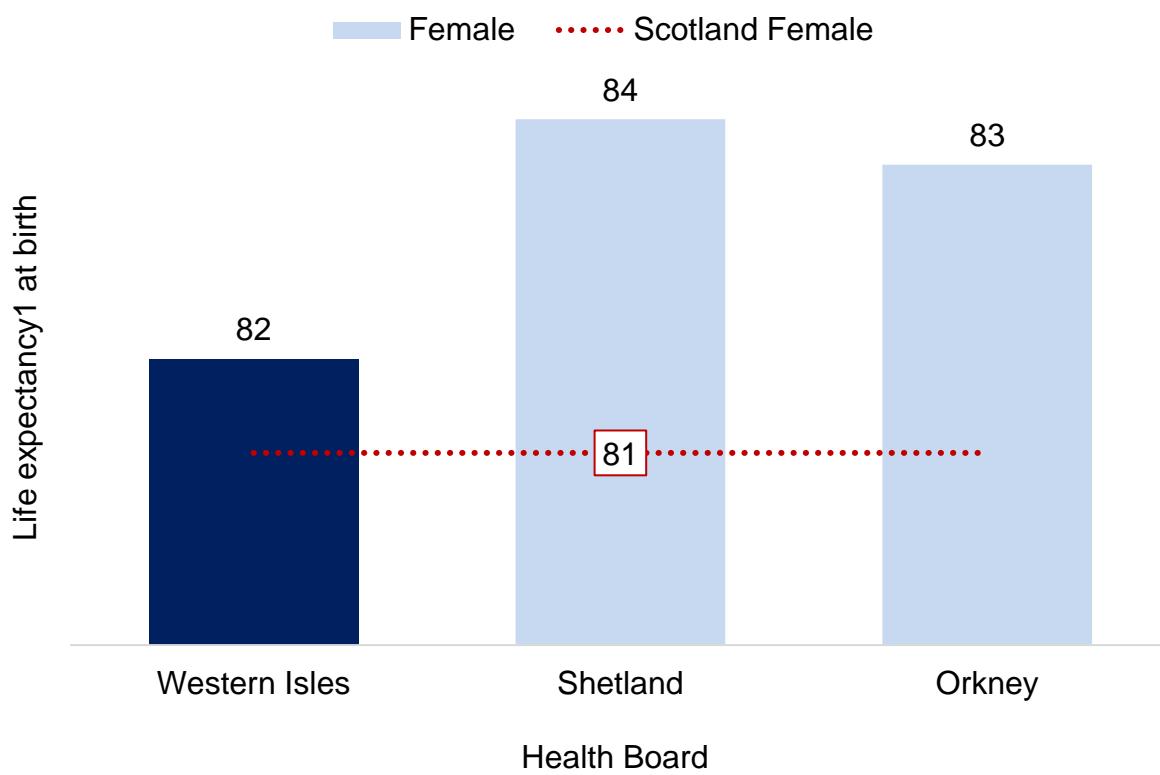


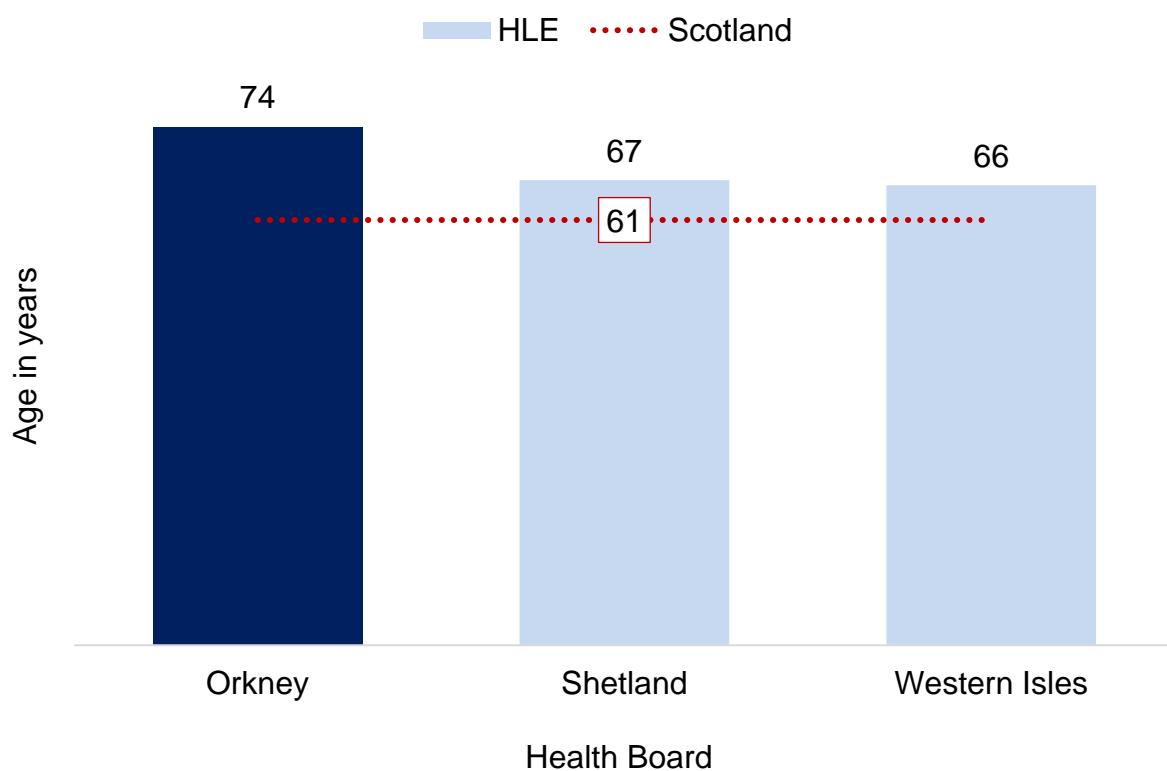
Figure 8. Life expectancy at birth for females by Health Board Area in Scotland (6)



It's important to consider not just how long people live, but also how well they live during those years. Healthy life expectancy measures the expected good health a person will experience throughout their life. The difference between healthy life expectancy and overall life expectancy shows how long someone might live in poor health.

Figure 9 shows healthy life expectancy at birth for the island Health Board areas in Scotland. It shows data for males and females at a sub-national level based on responses to a survey question about general health where people reported being in 'good' or 'very good' health.

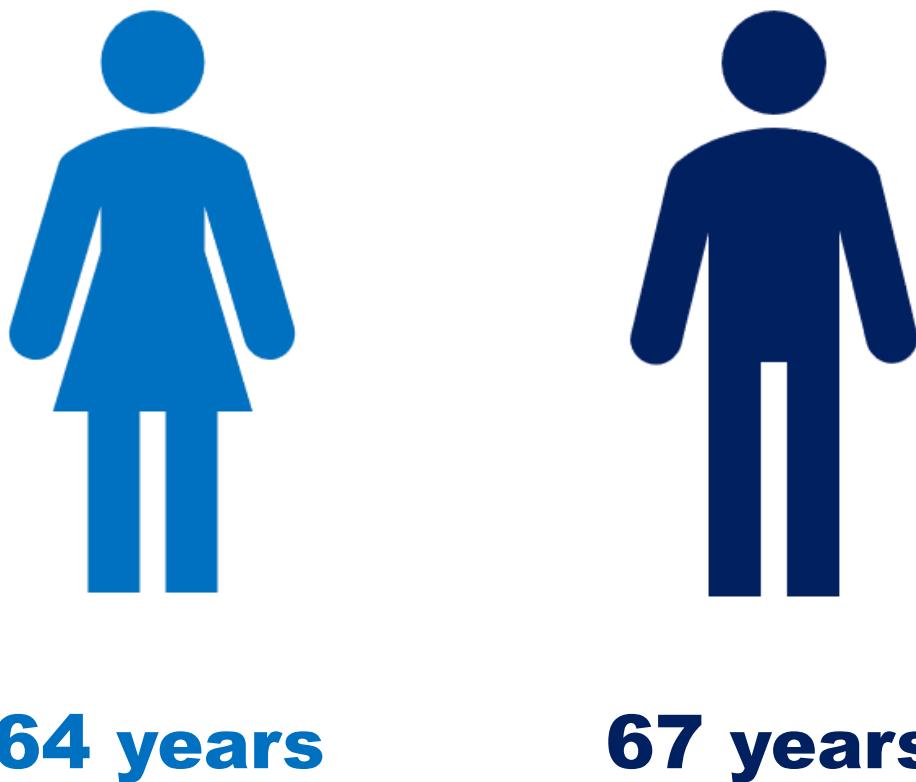
Figure 9. Healthy life expectancy at birth by Health Board Area in Scotland, 2019-21
(7)



The Western Isles has a high healthy life expectancy for males at 67 years, which is 7 years above the Scottish average. Female life expectancy is slightly above the Scottish level, but there is significant variation.

For the first time, males in the Western Isles have a higher healthy life expectancy of 68 years, than females with a life expectancy of 64 years (Figure 10).

Figure 10. Proportion of Life Spent in Good Health in the Western Isles, 2019-21 (7)



Mortality

Scotland has some of the highest mortality rates in Western Europe, which contributes to its lower life expectancy. Over time, both mortality rates and life expectancy have generally improved in Scotland, similar to other parts of the UK. However, Scotland still has higher mortality rates than the rest of the UK.

Premature mortality is defined as deaths under the age of 75 and uses a similar age standardised method to allow comparison between areas, allowing for differences in the population. In the Western Isles, premature mortality rates have generally followed Scotland's trend, showing a decline until recent years when there has been a slight increase, though not significantly different from Scottish averages. In 2022, the leading causes of death by sex were cancer for males, at 33%, and coronary heart disease for females, at 29%. Cancer, coronary heart disease, and cerebrovascular disease including stroke, collectively accounted for nearly half of all deaths in 2022.

Deaths that can be prevented or treated with timely healthcare are called avoidable deaths. Figure 11 and Figure 12 show the rates of preventable mortality, deaths that can be mainly avoided through effective public health and primary prevention interventions, and treatable mortality, deaths that can be mainly avoided through timely and effective healthcare interventions including secondary prevention and treatment, by Health Board Area in Scotland.

Figure 11. Preventable mortality by Health Board Area in Scotland 2019-2021 (6)

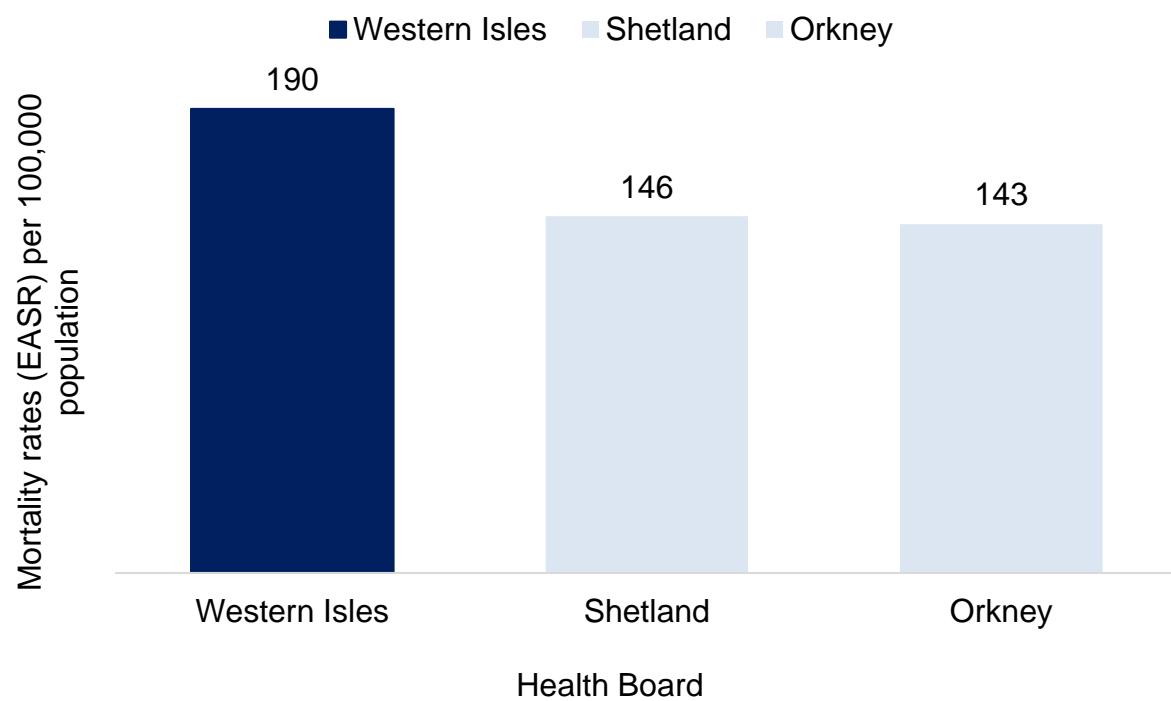
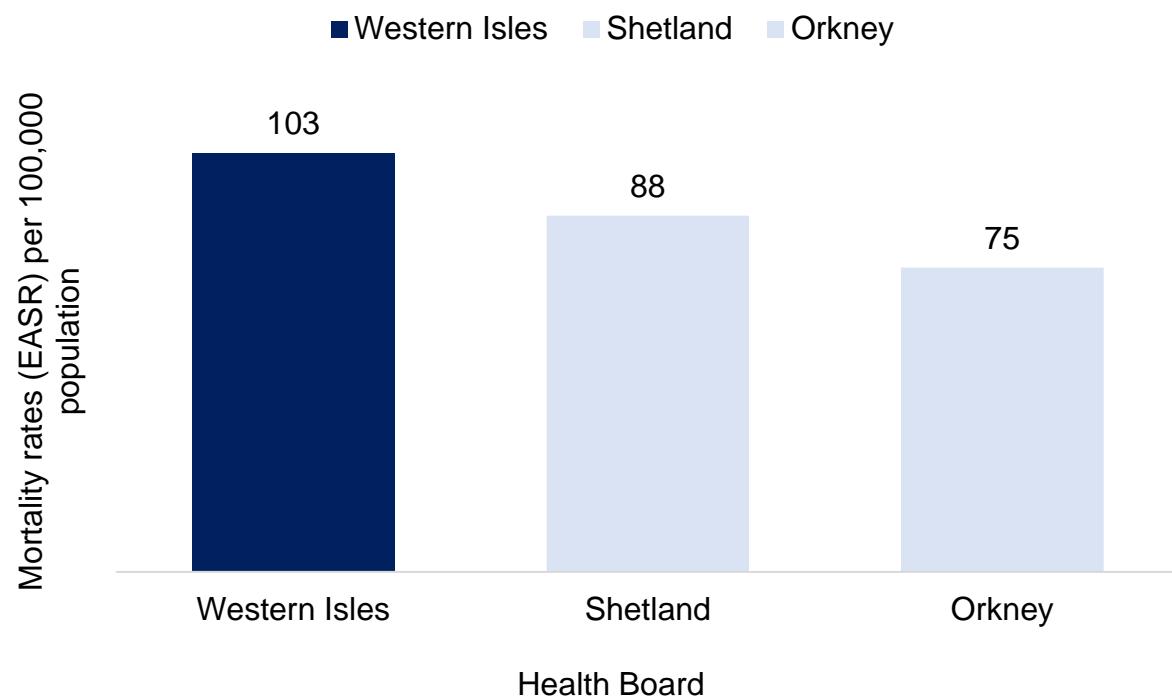


Figure 12. Treatable mortality by Health Board Area in Scotland, 2019-2021 (6)



Population by Locality Area

The Western Isles is subdivided into five locality areas. The most populous of these is Stornoway & Broadbay, with 12,573 people. Harris has the oldest population structure, and Barra has the youngest as shown in Figure 13.

Figure 13. Population structure by age and locality area in the Western Isles, 2021 (8)

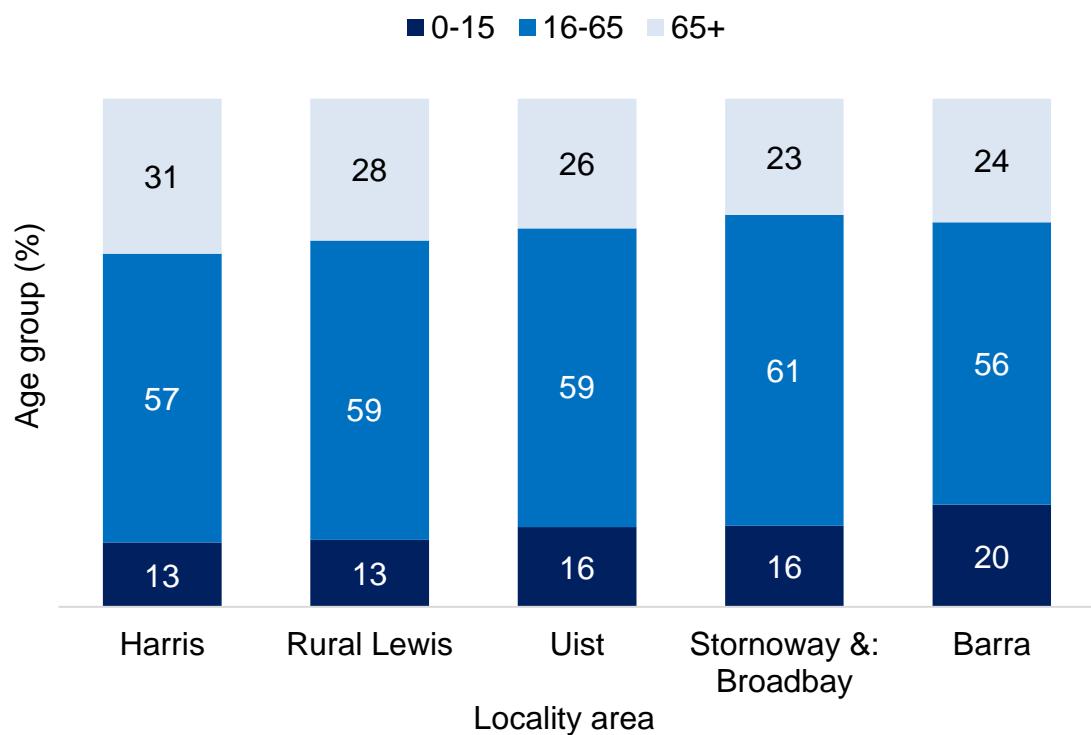


Figure 14 and Figure 15 show the projected population change for the locality areas in the Western Isles between 2023 and 2043, for the total population and those aged 65 years and over respectively. The projections have been calculated using age specific population projections applied to general practitioner data from 2018-2022. The projections show Stornoway & Broadbay is the locality area with the largest projected total population decrease, 24.2%, equating to approximately 2,986 people. Rural Lewis and Barra are the only locality areas where the total population is projected to increase, by 4.6% and 3.6% respectively. For those aged 65 years and older, the population is projected to increase in Rural Lewis, Harris, and Uist, and decrease in Stornoway & Broadbay, and Barra.

Figure 14. Projected total population change by locality area in the Western Isles between 2023 and 2043 (4)

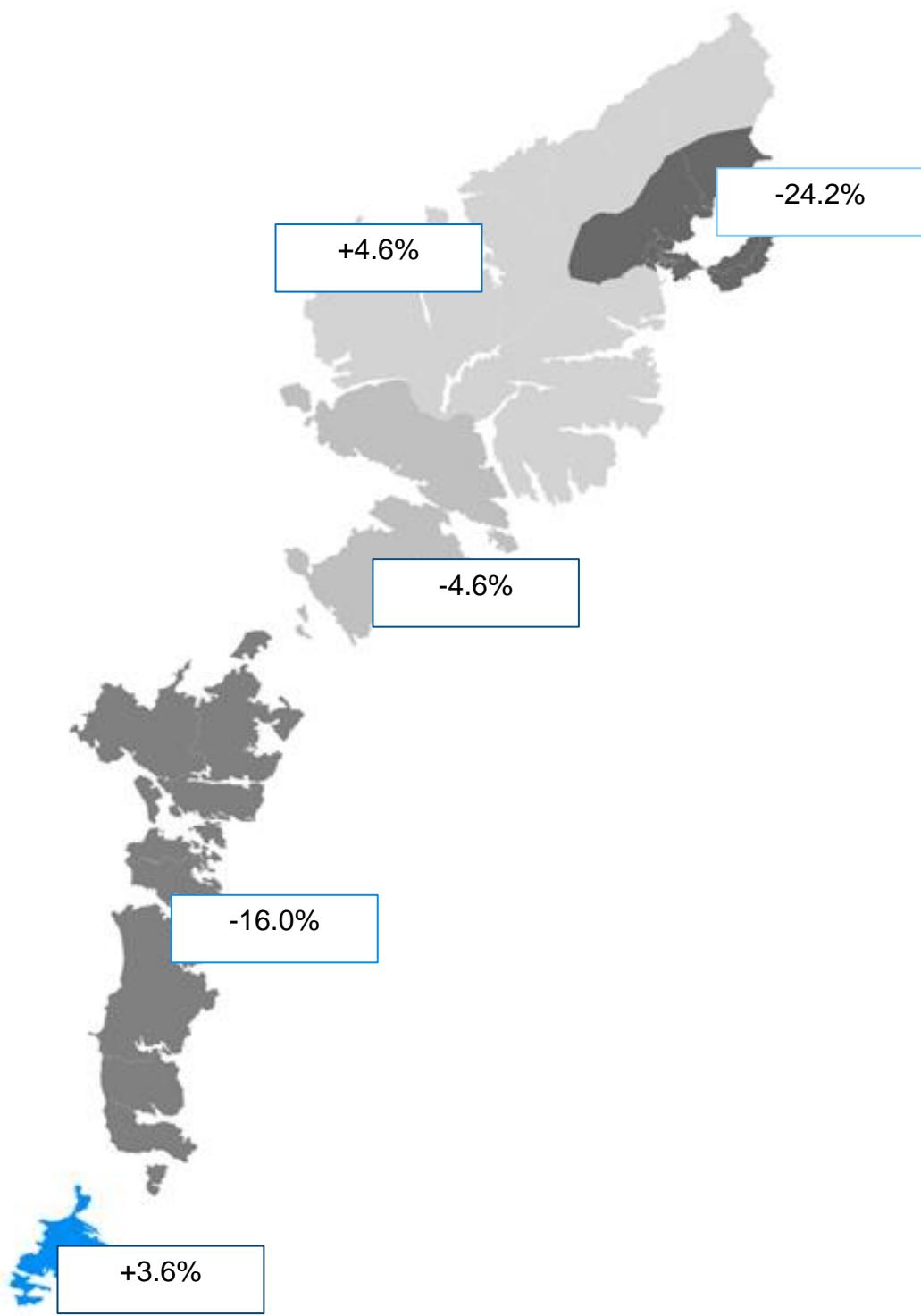
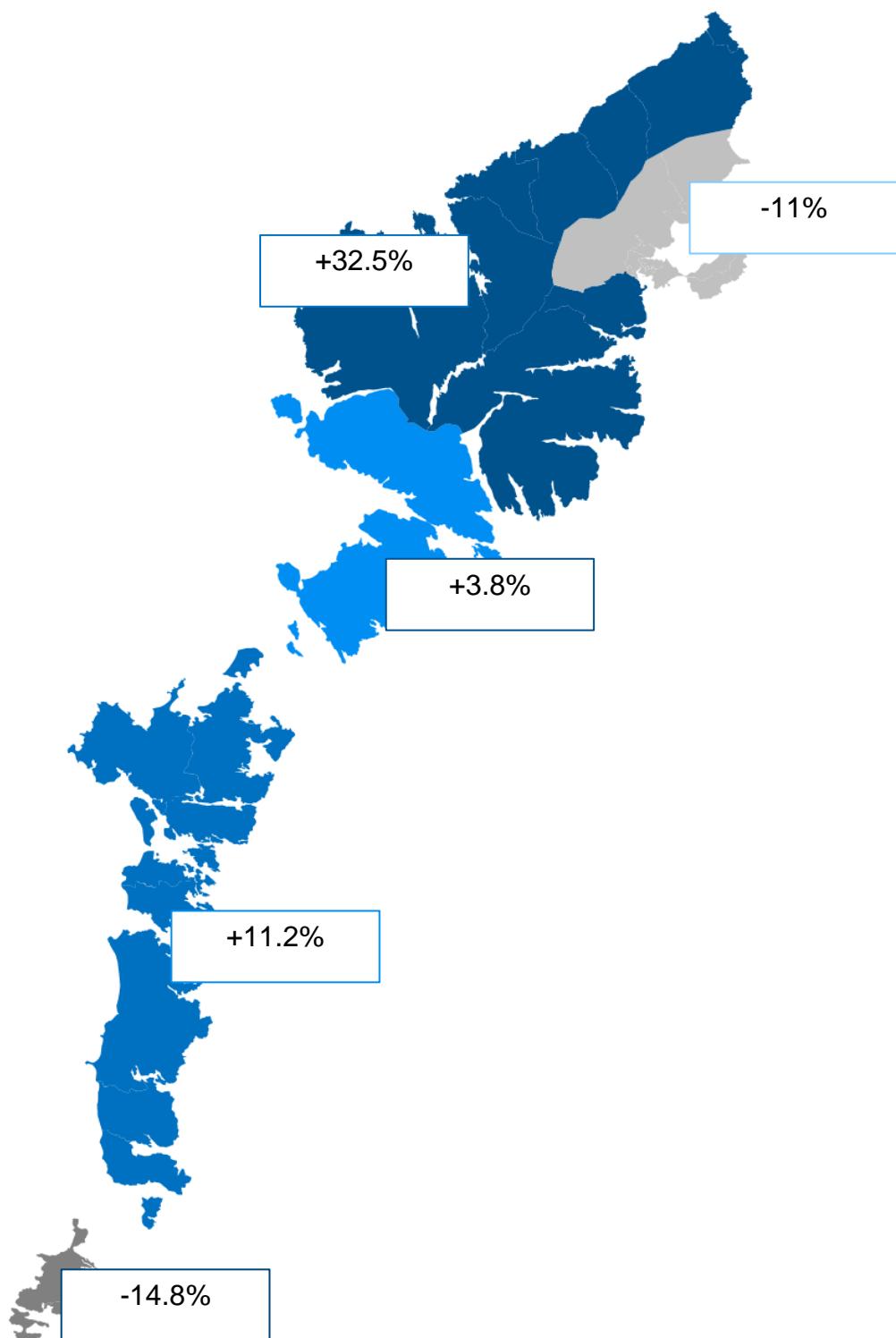


Figure 15. Projected population change in those aged 65 years and over by locality area in the Western Isles between 2023 and 2043 (4)



Social Trends

Living Alone, Loneliness and Social Isolation

In recent years, a key social trend has been the increased proportion of the population in both the Western Isles and Scotland as a whole living alone.

Figure 16 shows the household structure by Health Board area in Scotland. The Western Isles has the second highest proportion in single person households of the 14 Health Boards in Scotland, at 41%. This is considerably higher than the Scottish average of 36%.

Figure 16. Household structure by Health Board area in Scotland, 2020 (9)

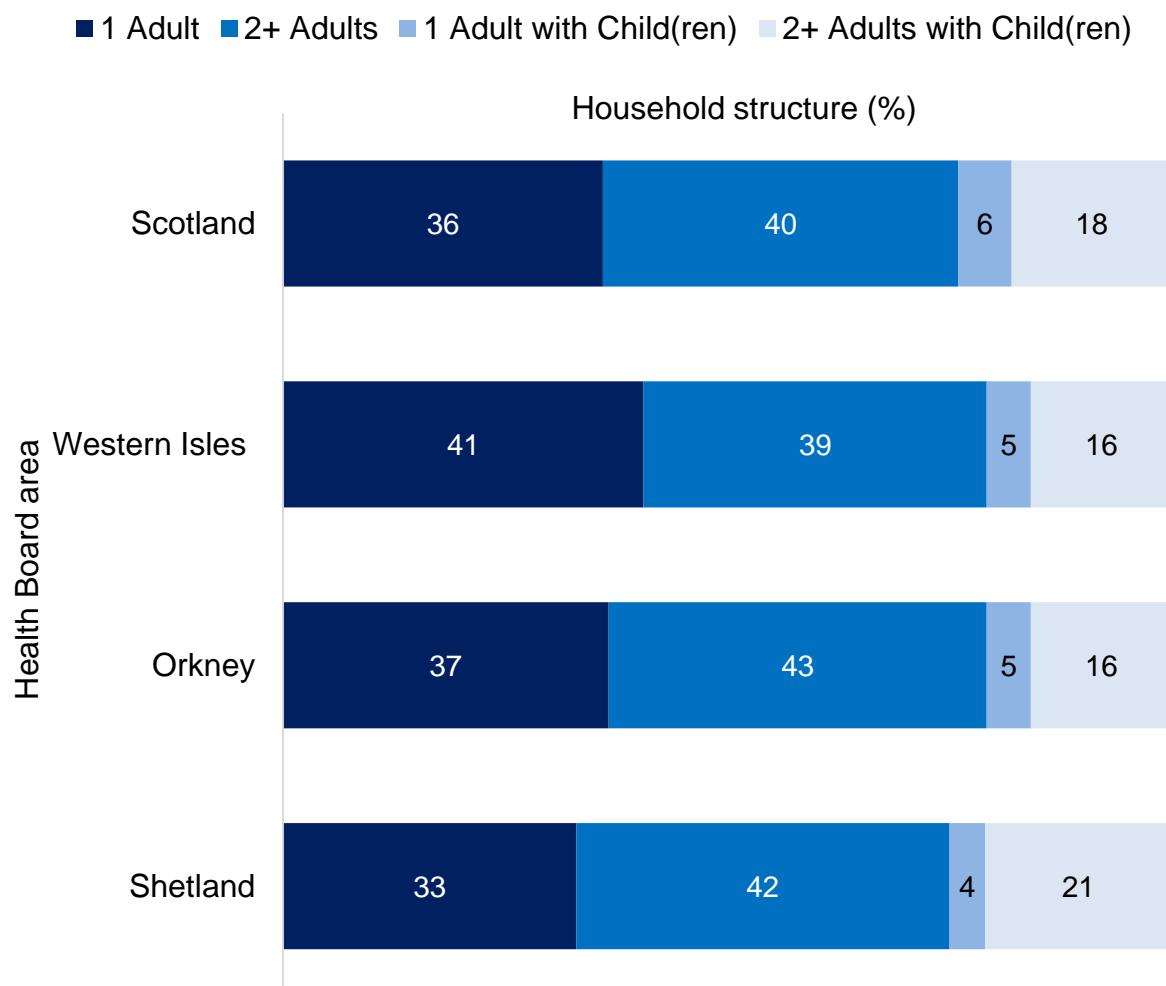


Figure 17 shows that in 2018, 17% of the households in the Western Isles were lone pensioners, the fourth highest of the 32 local authority areas in Scotland. The proportion was 14% for Scotland as a whole.

Figure 17. Proportion of lone pensioner households as a proportion of total households by Local Authority in Scotland, 2018 (10)

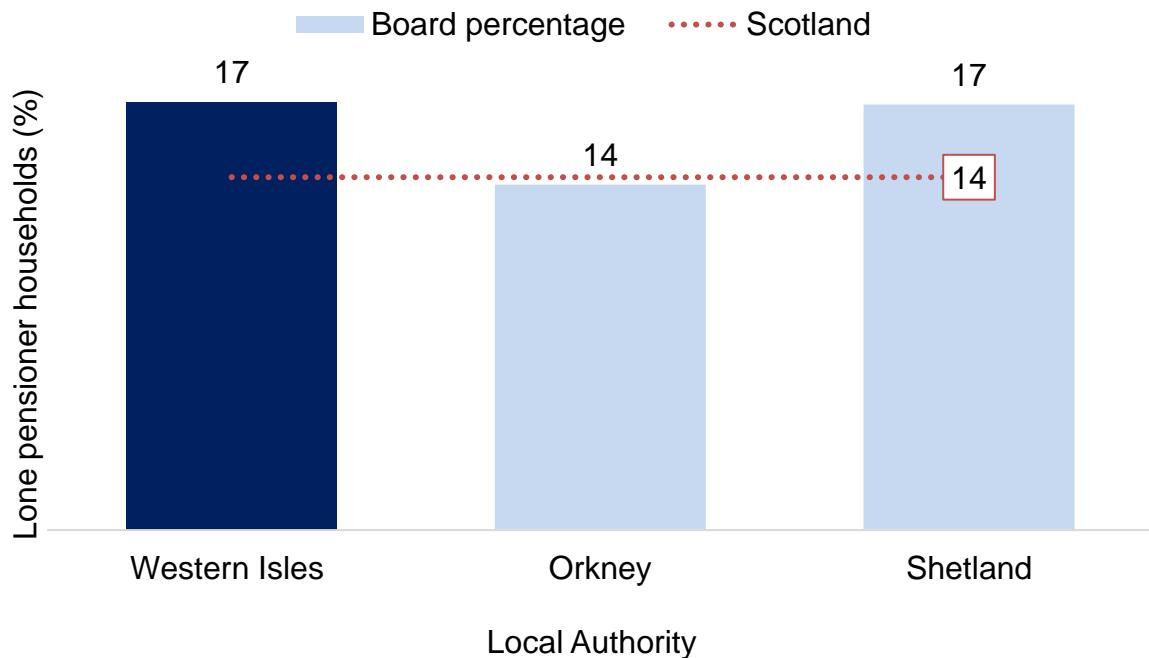
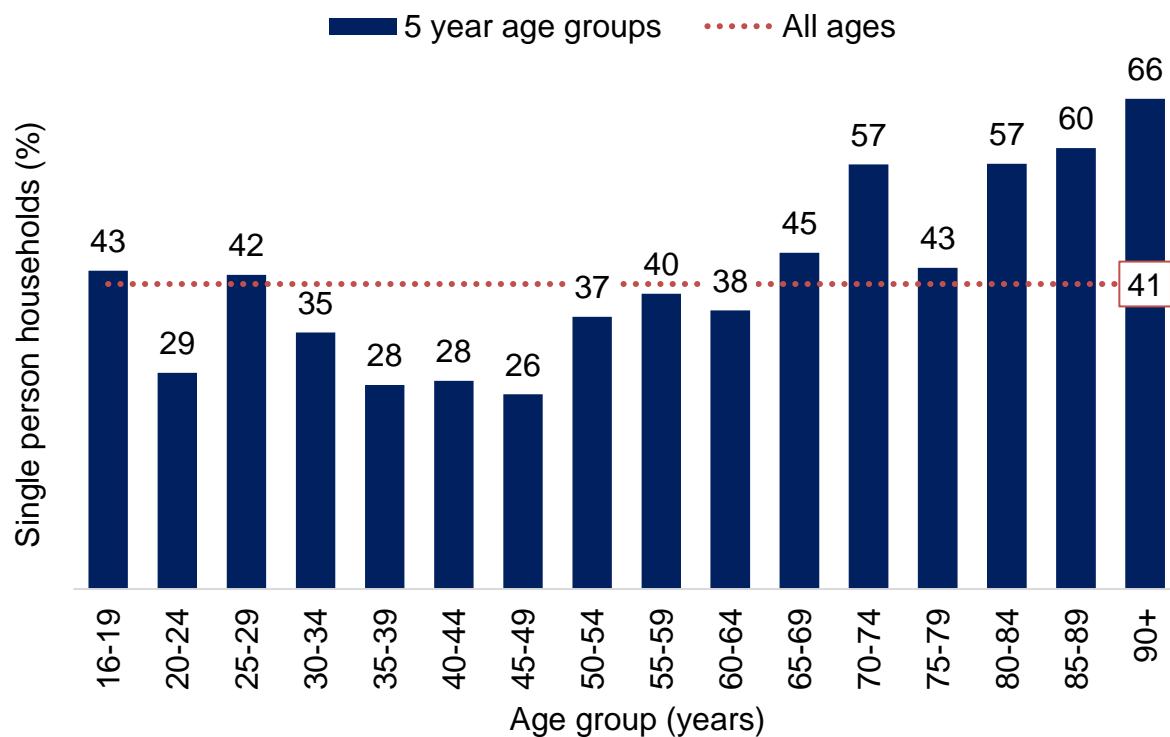


Figure 18 compares the distribution of single person households across all age groups in the Western Isles. Older age groups have the highest levels, with all the age groups above 65 higher than the overall single person household level of 41.2% in the Western Isles.

Figure 18. Proportion of single person households as a proportion of total households by age group in the Western Isles, 2023 (10)



The proportion of adults living alone is expected to increase in the future. In the Western Isles, the figure will rise by about 3%, reaching 26% of the adult population by 2043. In Scotland, the increase is projected to be 2%. Looking at age groups, the largest rise in those living alone will be among people aged 75 and older, adding about 665 single person households in the Western Isles. Meanwhile, the proportion of younger adults aged 16-29 living alone is expected to rise by only 0.5%. This reflects a decrease of about 54 individuals, compared to an overall decrease in population of around 931 people in that age group.

Living alone is a significant public health concern because it is strongly linked to social isolation and loneliness. These factors can negatively affect mental health, increasing the risks of conditions like Dementia, Alzheimer's disease, and Depression. They also pose risks to physical health, leading to issues such as Coronary Heart Disease, Hypertension, and Respiratory problems. There are no routine measures to assess loneliness in Scotland, though there are some indicators of social isolation, like social networks, especially among older adults, who often experience higher levels of isolation.

Rurality and Access

Remoteness and rurality can have an influence both upon a person's health status and their access to health and social care services. In Scotland there is a national classification scheme for categorising areas into urban and rural areas and their degree of remoteness according to two criteria of population size and accessibility, the latter measured according to drive times to settlements of over 10,000 people the classes that relate to the Western Isles are listed below.

The distribution of the population across these categories is shown below in Table 1. The Western Isles has the highest proportion of residents living in the "Very Remote Rural" category, with the rest classified as "Very Remote" within the "Small Town" urban/rural category. While all communities in the Western Isles experience some degree of remoteness, there are varying levels of rurality, with three-quarters of the population living in rural settings and the remainder in urban areas.

Table 1. Proportion of population in each of three categories from the 8-fold Urban/Rural categories ranked by Very Remote and Rural category, by Health Board in 2020 (11)

Health Board	Very Remote Small Towns (%)	Very Remote & Rural (%)	Proportion of Urban/Rural category (%)
Scotland	1	3	4
Western Isles	28	73	100
Orkney	34	67	100
Shetland	30	70	100

The effects of living in remote or rural areas on health are complicated and influenced by various social and economic factors. In broad terms though there is generally positive association of remote rural categories with life expectancy. Generally, people in remote rural areas tend to live longer, with female life

expectancy exceeding 83 years in rural areas. Females in rural areas also live about three years longer than those in urban areas, where the average is 77 years.

Income and Employment

The 2018, the gross household income before housing costs and tax in the Western Isles was the second lowest of the local authorities in Scotland. Table 2 compares the relative levels of income in the Western Isles among those in full time employment to national levels. It shows that for those in work, the level of income is generally higher in the Western Isles relative to national averages, but lower than for other island comparators. However, this data does not consider full time equivalent earnings, or disposable income.

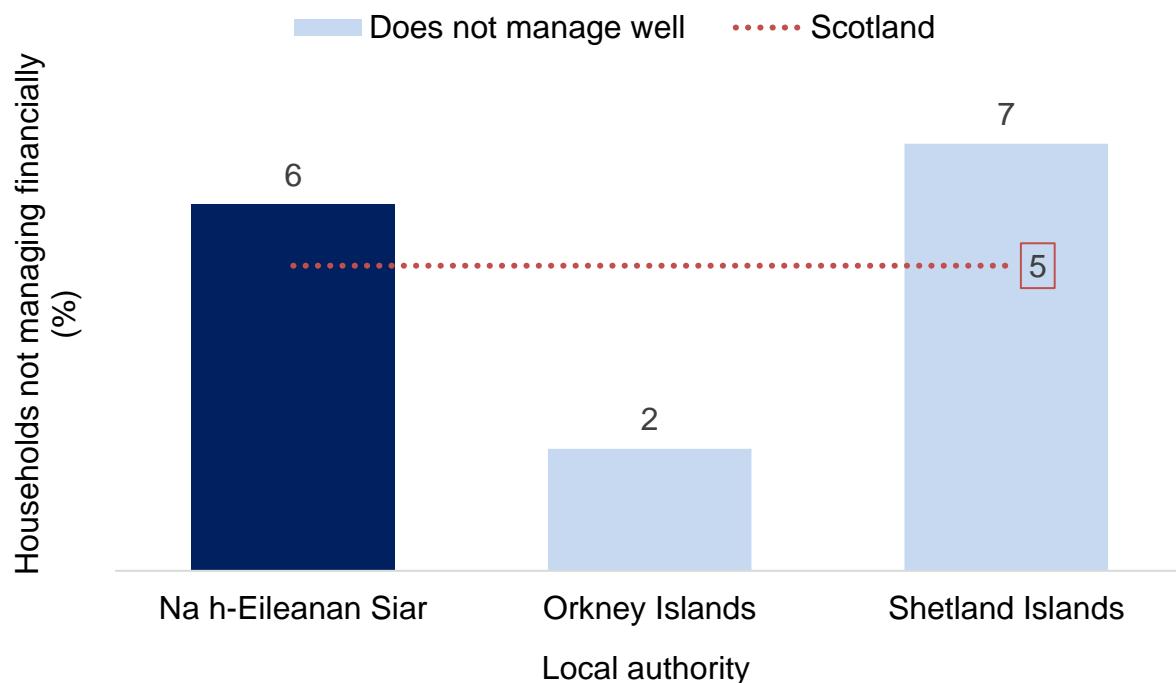
Table 2. Income by Local Authority area in Scotland, based on median gross weekly income, 2023 (12)

Local Authority	Gross weekly income from full time employment (£)	Hourly income from full time employment without overtime (£)
Scotland	702.40	18.09
Na h-Eilean Siar	729.90	17.15
Orkney Islands	776.20	19.52
Shetland Islands	893.30	21.52

In 2021, the disposable household income, the money available after income distribution measures such as taxes, social contributions and benefits, was £18,594 per head (12). This was less than the Scottish average of £19,630 per head and placed the Western Isles 22nd of the 33 local authority areas in Scotland for this measure.

Figure 19 shows the proportion of households not managing financially in the Western Isles is greater than that for Scotland as a whole. This suggests poverty may be more prevalent in the Western Isles.

Figure 19. Proportion of households not managing financially by local authority in Scotland, 2021 (12)



The Scottish Index of Multiple Deprivation (SIMD) is an aggregate measure spanning domains including income, employment, housing, health, access and education. It draws on data from small areas known as data zones, to identify concentrations of deprivation that lead to potential health inequalities. The SIMD less accurately represents deprivation in remote and rural areas such as the Western Isles, because its indicators are not sufficiently sensitive to the nuances that apply. Therefore, data for the Western Isles which either presents or incorporates SIMD or its domains should be interpreted with caution. Further, any conclusions drawn on this data should include an appropriate caveat to highlight the likelihood of inaccuracy.

Using the SIMD income and employment domains, the Western Isles does not appear to have comparatively high levels of socio-economic deprivation compared to the Scottish average (Table 3). There are no areas in the Western Isles in the 15% most deprived in Scotland, within the income or employment domains. However, it

compares less favourably to the other Scottish islands where the rates of income and employment deprivation are lower.

Table 3. Number and percentage of the population identified as income or employment deprived by Health Board area in Scotland based on the Scottish Index of Multiple Deprivation, 2017 (13)

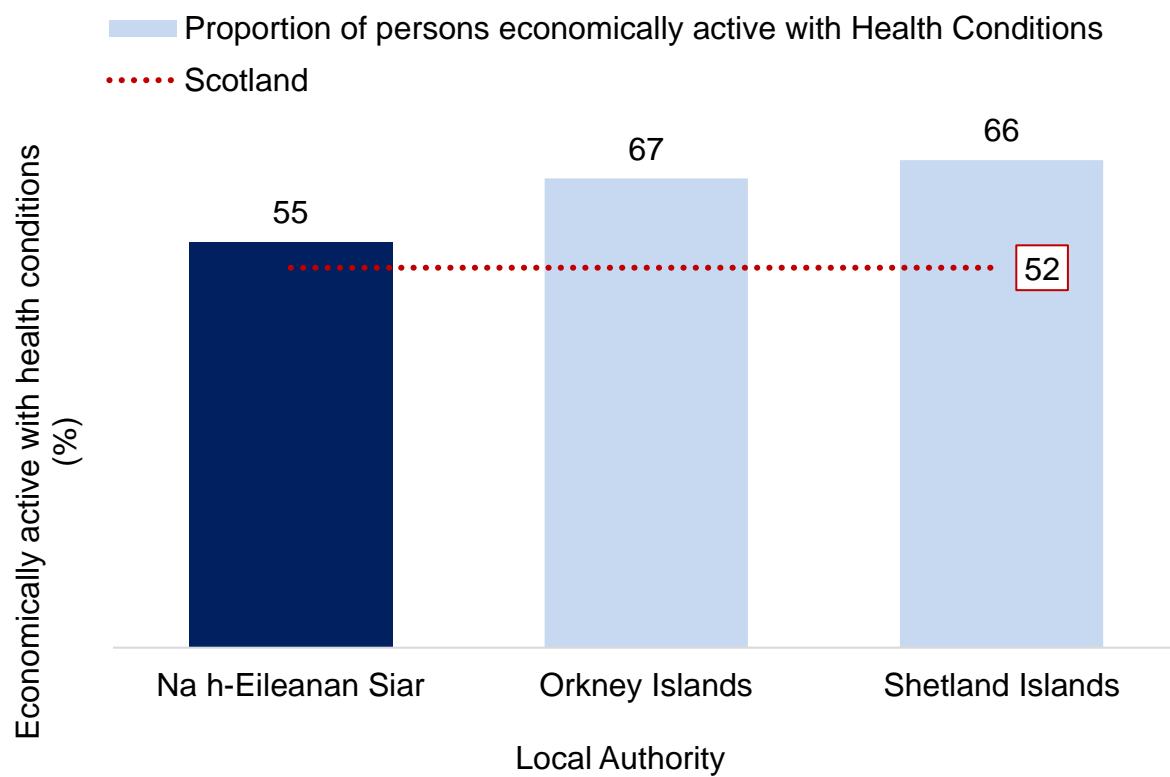
SIMD 2017	Income domain		Employment domain (working age population)		
	Health Board	Deprived people	Rate (%)	Deprived people	Rate (%)
Scotland		654,561	12.1	324,791	9.3
Western Isles		2,637	9.7	1,186	7.5
Orkney		1,504	6.8	772	5.8
Shetland		1,287	5.6	768	5.4

The Western Isles has a higher proportion of economically active people aged 16-64, at 82.7% compared to Scotland at 77.9% (14). However, while more people are economically active in the Western Isles, fewer are paid employees with 79.4% in the Western Isles compared to 88.1% in Scotland. The Western Isles has a higher rate of self-employment with 19.5% in the Western Isles versus 11.6% in Scotland and more non-permanent jobs at 8.5% in the Western Isles versus 5.4% in Scotland.

There is a well-established link between employment and health. People in the Western Isles who are employed reported better health than those who are unemployed (14). When comparing the Western Isles to other regions, the area has better outcomes regarding economic status and health. For example, 39.9% of disabled individuals in the Western Isles are not economically active, which is lower than 48.7% for Scotland overall. Additionally, 10.3% of those not classified as disabled are also economically inactive, which is 5.9% lower than the national

average. In relation to those economically active in the Western Isles, 55% of people in the Western Isles who have long term health conditions are economically active, which is higher than the Scottish rate of 52% (Figure 20).

Figure 20. Proportion of persons economically active with health conditions or illness lasting 12 months by local authority area in Scotland, October 2022 – September 2023 (14)



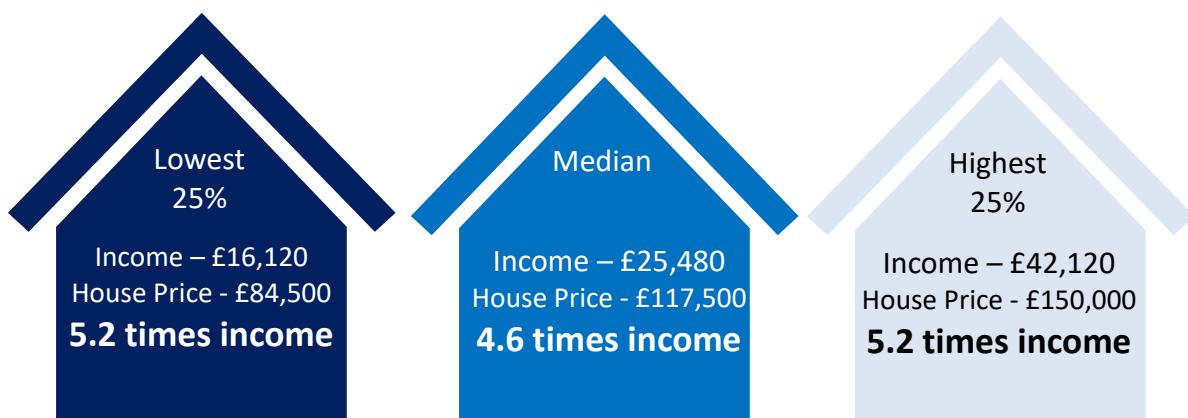
Housing and Community

Availability and Affordability of Housing

Affordability is a key factor affecting access to housing, homelessness, and health inequalities. In 2023, the Western Isles had the 7th lowest average house price in Scotland at £168,810, compared to the national average of £216,364 (12). However, house prices in the Western Isles have more than doubled since 2004, increasing by 122%, which is faster than the 90% rise in Scotland overall. In the last decade, prices in the Western Isles rose by 66%, while the Scottish average increased by 32%. The small size of the Western Isles housing market means that high-priced properties can significantly affect average prices.

The Western Isles Housing Needs and Demands Assessment has linked house prices to income ranges within the Western Isles to assess affordability and this is illustrated in Figure 21. This found that households with lower quartile and median level incomes had high affordability ratios that would require substantial additional funds beyond the typical available mortgage multipliers for home ownership.

Figure 21. House price affordability in the Western Isles, 2021 (15)



Overcrowding

Concealed families, such as young adults living with parents or unrelated families sharing homes, are another indicator of housing need. In the Western Isles,

overcrowding and concealed family rates are low at 2.3%, compared to the national average of 3.7%.

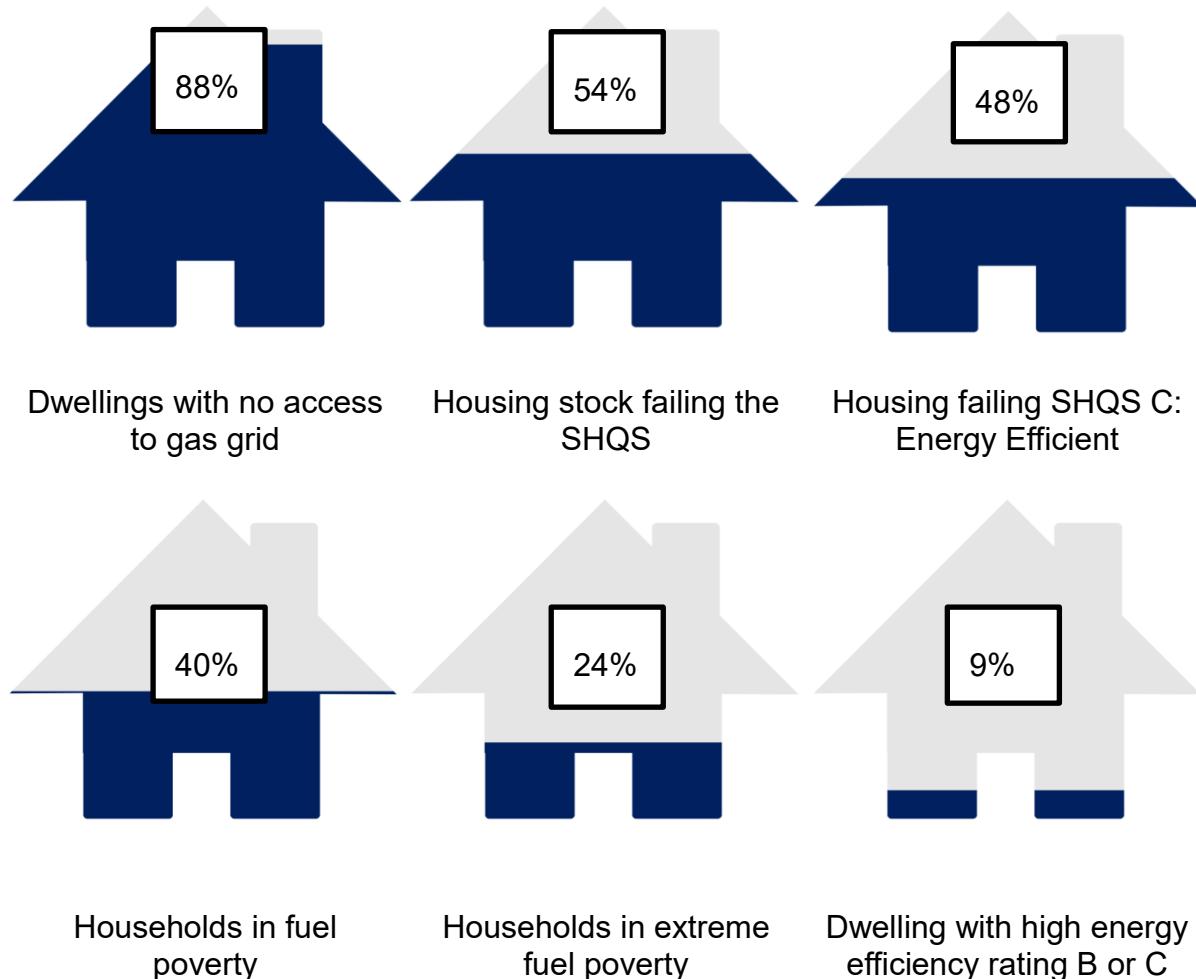
Housing Quality

The suitability of homes for daily living also influences health, particularly for those wanting to stay at home. In the Western Isles, 6% of households report unsuitable conditions, like difficulty getting up or down stairs, compared to 10% in all of Scotland. Adaptations such as handrails and ramps are found in a similar proportion of homes in the Western Isles and Scotland as a whole, at 28% and 29% respectively.

Fuel Poverty

Fuel poverty, defined as spending over 10% of income on fuel, is linked to various health problems. Figure 22 shows that in the Western Isles, over half the population faced fuel poverty in 2015-17, and it remains at 40% today. A 2022 survey indicated that following energy cost increases, 57% of households were estimated to be in fuel poverty, with recent adjustments suggesting this could now be 70-80%.

Figure 22. Proportion of Western Isles' houses meeting various measures of house quality and energy efficiency, 2017-19 (15)



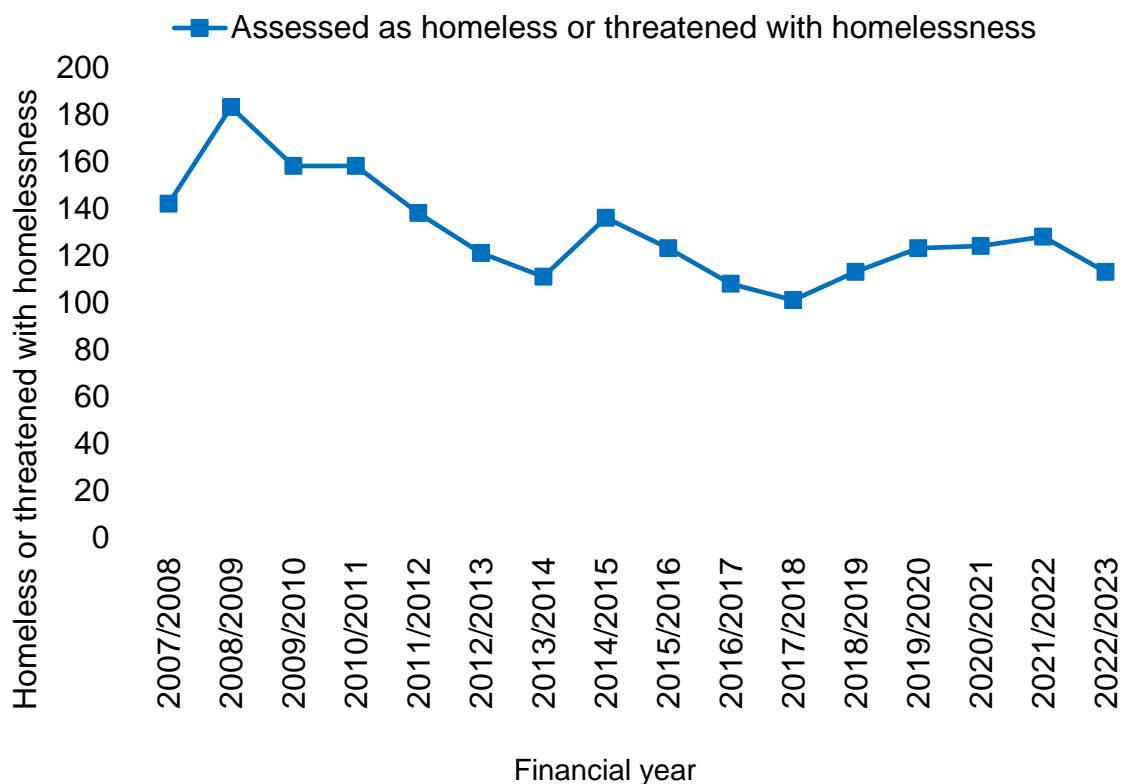
Across all measures the Western Isles fares substantially worse than for Scotland as a whole, with almost double the levels of fuel poverty and less than a quarter the level of high energy efficient homes. Added to these comparatively poor levels of energy efficient homes and consequently high levels of fuel poverty relative to Scotland is the relatively static trend in these measures in the Western Isles from previous surveys.

Homelessness

The Housing Act defines a person as homeless if they have no accommodation available to occupy, are at risk of violence or domestic abuse, have accommodation but it is not reasonable for them to continue to occupy it, have accommodation but cannot secure entry to it, have no legal right to occupy their accommodation, or

live in a mobile home or houseboat but have no place to put it or live in it. In 2022/23, there were 136 homeless applicants, and 113 were assessed as homeless or threatened with homelessness in the Western Isles. Figure 23 shows homelessness in the Western Isles has declined in recent years, from a peak of 183 cases in 2008/09 (20). This is similar to the trend in other parts of Scotland.

Figure 23. Number of homeless applicants assessed as homeless or threatened with homelessness in the Western Isles, 2008/09-2022/23 (16)

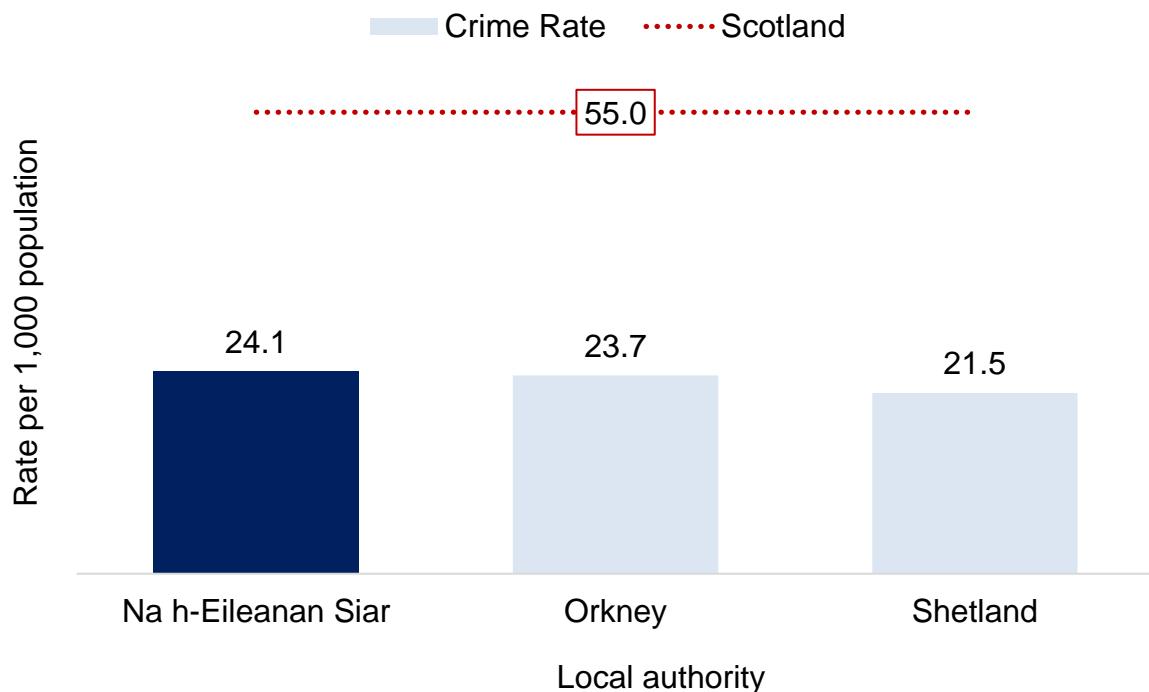


Community and Crime

Where people live, including factors like crime, neighbourliness, and the physical environment, significantly affects their sense of community, health, and wellbeing. Crime influences both victims and the overall community, impacting feelings of safety. Violent crimes can have serious physical, psychological, and social effects, often disproportionately affecting certain groups. The Western Isles has one of the lowest crime rates in Scotland, similar to that of the other island local authority areas (Figure 24). The Western Isles ranks 14th of the 33 local authorities in Scotland in

the “other offences” crime category, which includes minor crimes like antisocial behaviour and road traffic offences.

Figure 24. Overall crime rate per 1,000 population by local authority area in Scotland, 2023/24. Calculations are based on 2023 mid-year population estimates (17)



Education and Childcare

An acknowledged key aspect of life circumstances impacting on lifelong health and wellbeing is a child's early years' experience both in accessing positive learning opportunities but wider nurture and wellbeing environments. Education impacts on health outcomes and inequalities across a range of factors from access to early learning opportunities and variations in educational attainment and school experience. Allied to children's educational experience are the wider early years developmental and health circumstances that influence healthy outcomes in later years.

Child Development

Child development reviews are conducted by health visitors at ages 13-15 months, 27-30 months, and 4-5 years. In the July-September 2023 quarter, the percentage of reviews with at least one developmental concern was broadly similar to the Scottish average across all three reviews.

Early Learning and Childcare Access

In 2023, the Western Isles had 381 registrations for early learning and childcare, 88% of the three and four-year-olds living locally (18). The uptake for eligible two-year-olds was 52%, matching Scotland's average, while three and four-year-old registrations were at 95%, slightly lower than the national average of 97%. However, the rate for deferred entry was 25%, compared to 33% in Scotland. Some children have support plans in place, however the proportion of child registrations in the Western Isles with a support plan are below that nationally with those who have some form of support plan for either a child plan or other form of support which may be for exclusion, substance misuse, more able pupil or interrupted learning which is reflected in the overall registration numbers as outlined in Table 4.

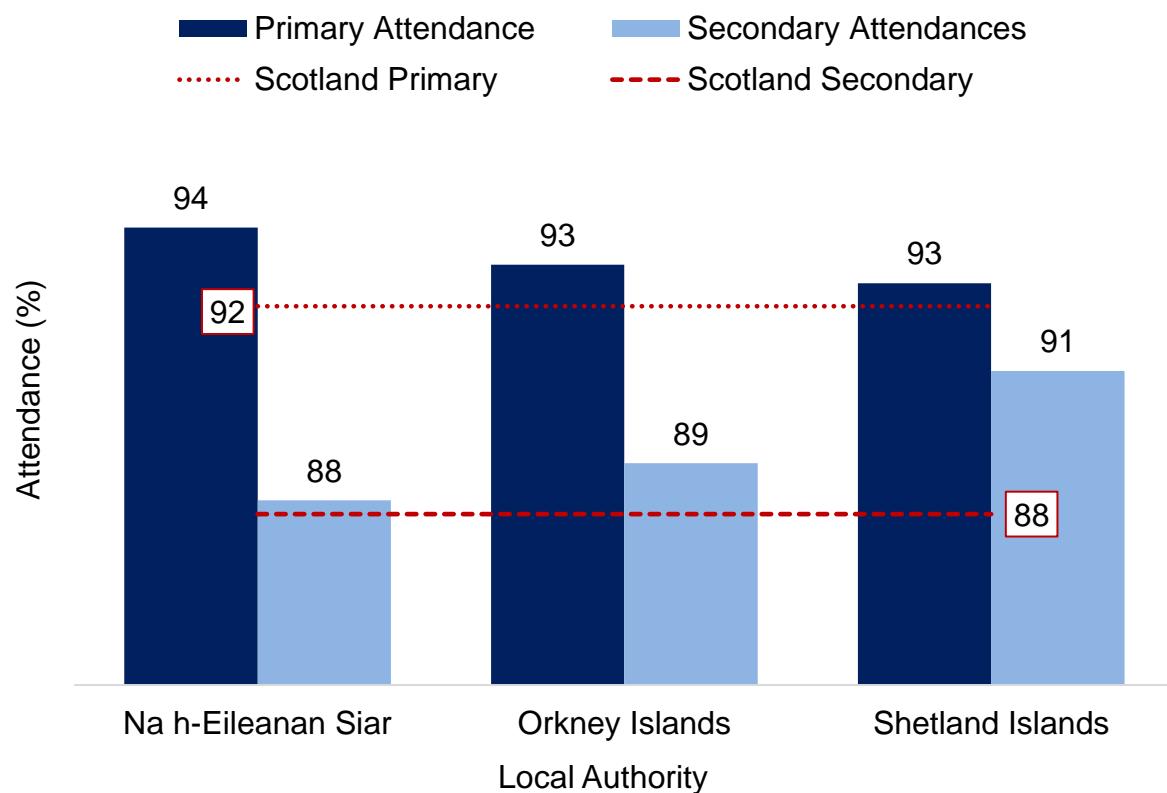
Table 4. Number and proportion of early learning and childcare registrations with a support plan for by local authority in Scotland, 2023 (18)

Local authority	Number of children with a support plan	Registrations with a support plan (%)
Scotland	9,840	11
Na h-Eilean Siar	20	5
Orkney Islands	50	14
Shetland Islands	30	8

Educational Experience

Educational attendance levels are one measure of the success of educational experience. The Western Isles primary school attendance level is the highest at 93.9% across all three rural health board areas and above the Scottish average. Secondary attendance is lower in the Western Isles than for the other island local authorities, yet the differences are relatively small (Figure 25).

Figure 25. Primary and secondary school pupil attendance by local authority in Scotland, 2022/23 (19)



While the overall number of children experiencing negative school outcomes is small, it significantly impacts their future opportunities and wellbeing. In the Western Isles, there were 36 formal school exclusions in 2020/21, a 51% decrease since 2007/08, but this reduction is less than the national average of 71%. Despite the decrease, the Western Isles has one of the highest exclusion rates in Scotland, with 10.8 exclusions per 1,000 pupils, and the highest rate in secondary schools at 46.1 per 1,000.

The Western Isles has lower pupil-teacher ratios and average class sizes compared to national figures. In 2022, the average primary class size was 16.9, significantly lower than the national average of 23.2. The pupil-teacher ratio was 12.7 in the Western Isles, below the national average of 13.2. However, the average class sizes have changed little since 2004, and the pupil-teacher ratios have increased by 26% over the same period.

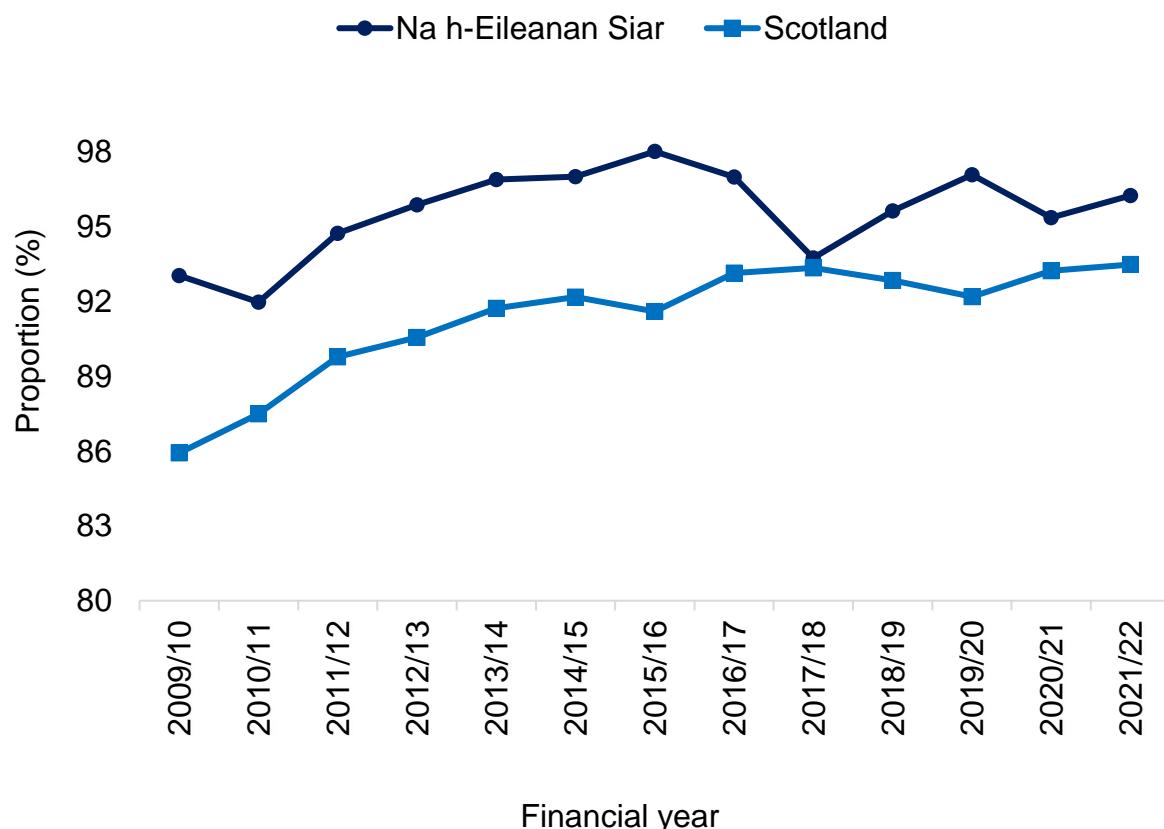
In terms of student demographics, in 2021, the Western Isles had the lowest rate of pupils with disabilities at 6.4 per 1,000. There are 1,110 pupils with additional support needs, comparable to national rates, and only 4.5% of primary pupils and 7.0% of secondary pupils receive free school meals, both lower than the Scottish average.

Educational Attainment

Educational attainment is linked to health outcomes, meaning that higher education levels can improve an individual's socioeconomic status and wellbeing. For those leaving school with SCQF level 4 qualifications, the Western Isles, at 94.3%, falls below the Scottish average of 96.5%. In recent years, the Western Isles has had lower achievement rates overall, especially at SCQF Level 6 and above, where attainment is 11% lower than for Scotland.

Educational attainment is also measured by positive destinations after school, such as further education, employment, training, or volunteering. Overall, the Western Isles has seen an increase in school leavers moving on to positive destinations, consistently outperforming the national average as shown in Figure 26. The Western Isles has a higher percentage of school leavers in positive destinations than the national average at 96.3% compared to 93.5% in Scotland. Most of these leavers go on to Higher at 39.9%; or Further Education at 24.3%, with a smaller portion entering employment, training, or volunteering. Among those not finding positive destinations, most are unemployed at 7.2%.

Figure 26. Proportion of mainstream secondary school leavers in positive destinations after nine months for the Western Isles and Scotland, 2009-2022 (20)



Wider Childhood Experience

Early childcare and education are vital for children's wellbeing and future health. However, factors like socio-economic conditions also play an important role. Key signs of children in crisis include the proportion of children in the care of local authorities, or referred to as 'Children Looked After', and the number of children referred to the Children's Reporter Service. The Children's Reporter Service plays a crucial role in child protection in Scotland, by managing referrals and ensuring proper interventions for children's safety.

In 2021, the rate of children aged 0-17 in local authority care in the Western Isles was lower than for Scotland as a whole, at 8.65 per 1,000 children, and 12.93 per 1,000 children respectively. However, the Western Isles has the highest rate in Scotland for children referred to the Children's Reporter Service for offences, at 10.95 per 1,000 children, against the Scotland rate of 4.97 per 1,000 children. There

is no significant difference, though, for those referred for care and protection reasons.

Health Behaviours

Alcohol Use

Alcohol use is a significant public health issue that leads to various health and social problems. In the short term, being intoxicated can result in injuries, violence, and social disorder. Over the long term, excessive drinking can cause serious health issues, such as liver and brain damage, and is linked to diseases like cancer, stroke, and heart disease. It also affects mental health, contributing to problems like alcohol dependency and suicide, and leads to broader social issues like chaotic family situations, homelessness, job absenteeism, and financial struggles.

The proportion of people in the Western Isles exceeding recommended drinking limits dropped from 34% in 2003 to 22% in 2022, and the average weekly consumption among adults fell from 16.1 units to 12.6 units. Figure 27 and Figure 28 show men in the Western Isles are more likely to exceed the guidelines than women.

Figure 27. Proportion of men exceeding recommended alcohol drinking guidelines in the Western Isles (21)

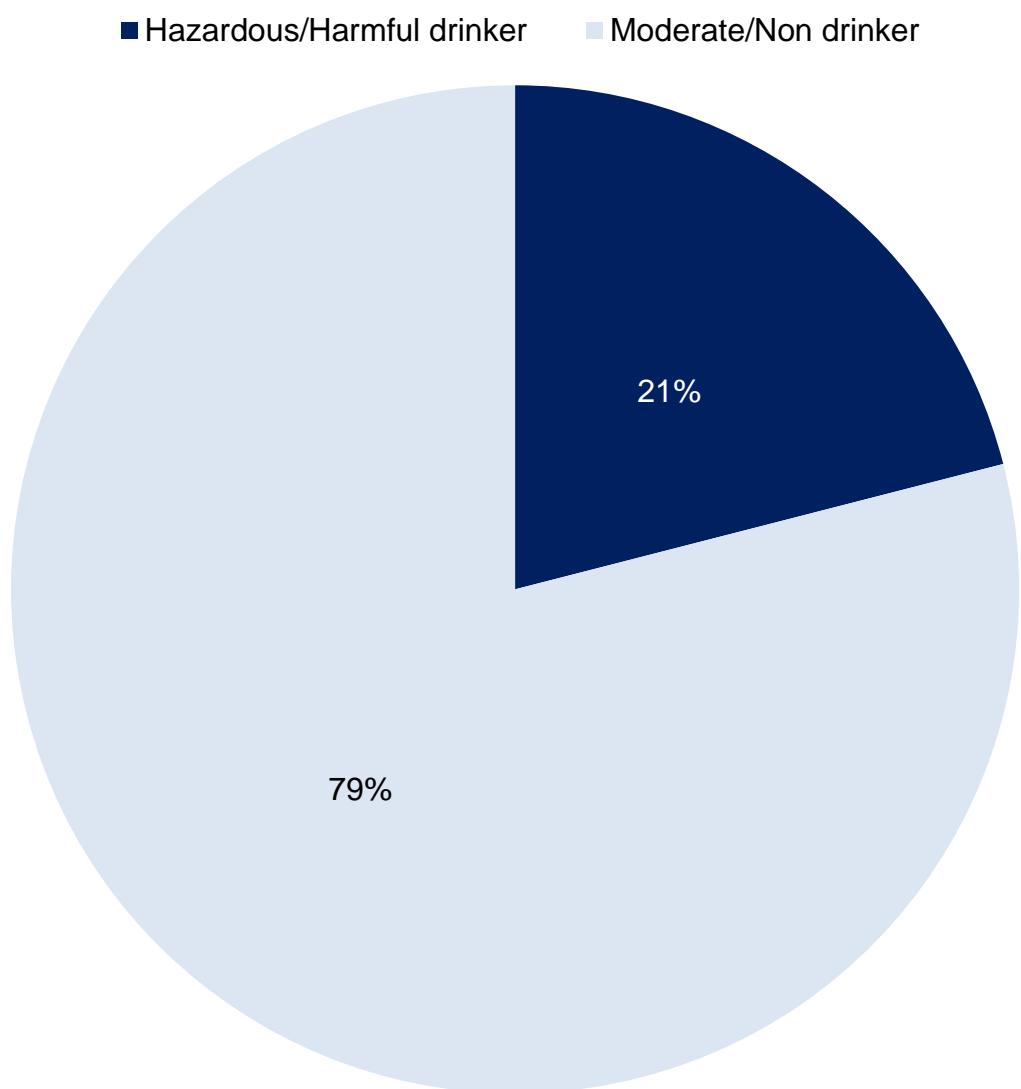
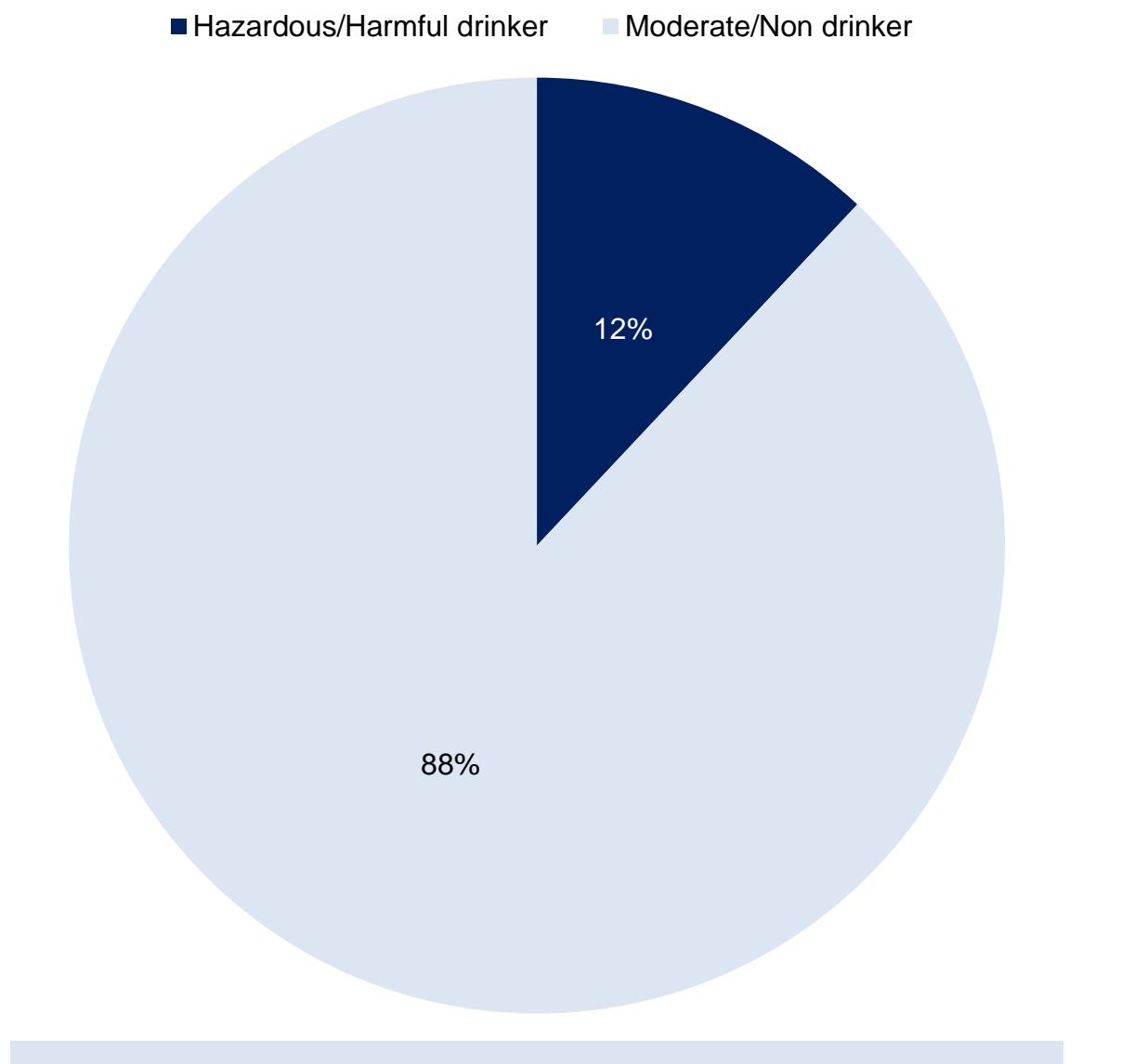


Figure 28. Proportion of women exceeding recommended alcohol drinking guidelines in the Western Isles (21)



In Scotland, after a rise in alcohol consumption until 2005, there has been a decline since 2019. Recent data shows that the average adult in Scotland consumed 9.4 litres of pure alcohol in 2022, which is equivalent to 18 units per week. This is still 30% above the recommended limit of 14 units per week and slightly higher than England and Wales.

Drinking habits in the Western Isles differ from those for Scotland as a whole. Fewer people engage in binge drinking in the Western Isles, at 16% of men and 8% of women, compared to 24% and 15% in Scotland. Additionally, the Western Isles has the highest percentage of non-drinkers at 15% among the Scottish Health Board

areas. For schoolchildren aged 13 and 15, the drinking statistics show a lower incidence of alcohol consumption than the national average, with fewer reporting they have never had alcohol or gotten drunk. However, there has been an increase in the number of 15-year-olds who reported drinking in the past week in the Western Isles.

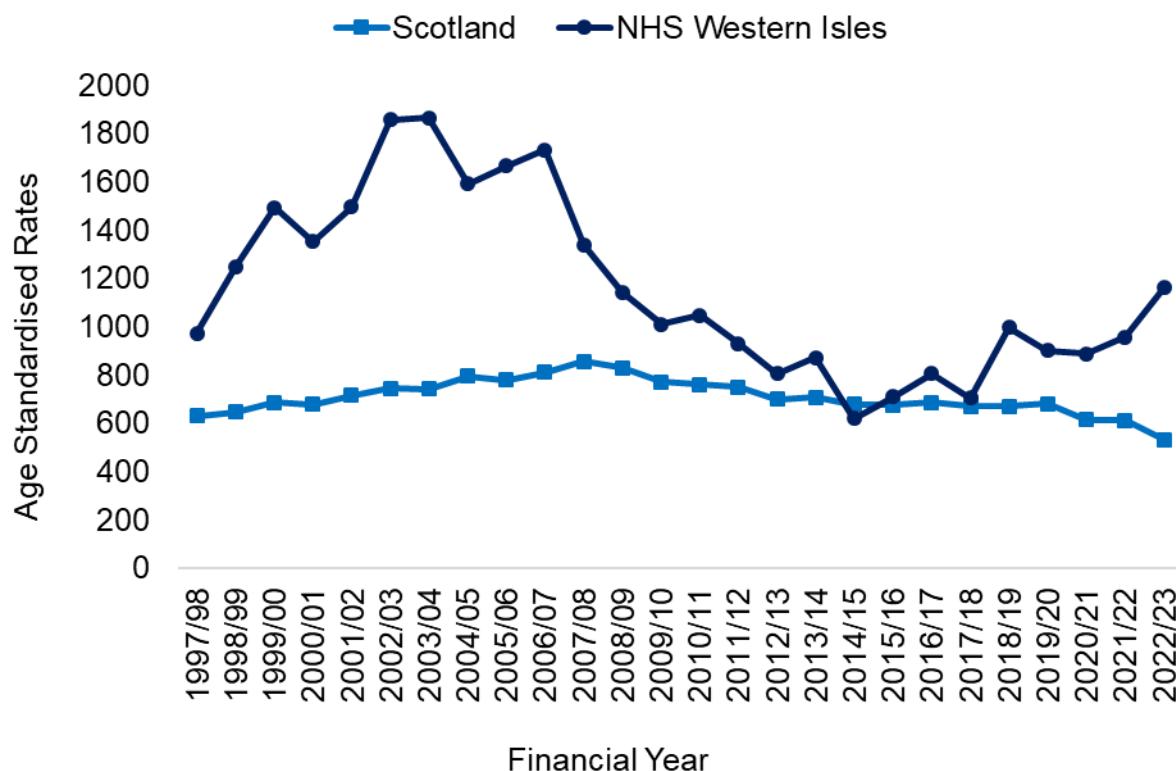
Alcohol Related Morbidity

In 2022/23 the Western Isles had the highest alcohol-related hospitalisation rate in Scotland at 1,177.5 per 100,000 people, followed by Glasgow at 772.4 per 100,000 (22). The national average was 588.9 per 100,000. Over the past 10 years, an average of 251 hospital stays per year were linked to alcohol, which is down from 367 stays in the previous decade ending in 2012/13.

The main reason for alcohol-related hospital stays in the Western Isles is alcohol dependency, which accounts for 42% of such stays. This rate of 120 per 100,000 is much higher than the national average in Scotland of 104 per 100,000 population. The rate has increased since 2020, possibly linked to the COVID-19 pandemic and higher alcohol consumption, but this needs more investigation.

Figure 29 shows that the Western Isles has higher rates of alcohol-related hospital discharges compared to the rest of Scotland, being the highest in the country for the latest years. Historically, alcohol-related hospital stays in the Western Isles have been above the national average. After a decline in these hospital stays from 2002 to 2015, there has been a slight increase in recent years, but not to the levels seen in the early 2000s.

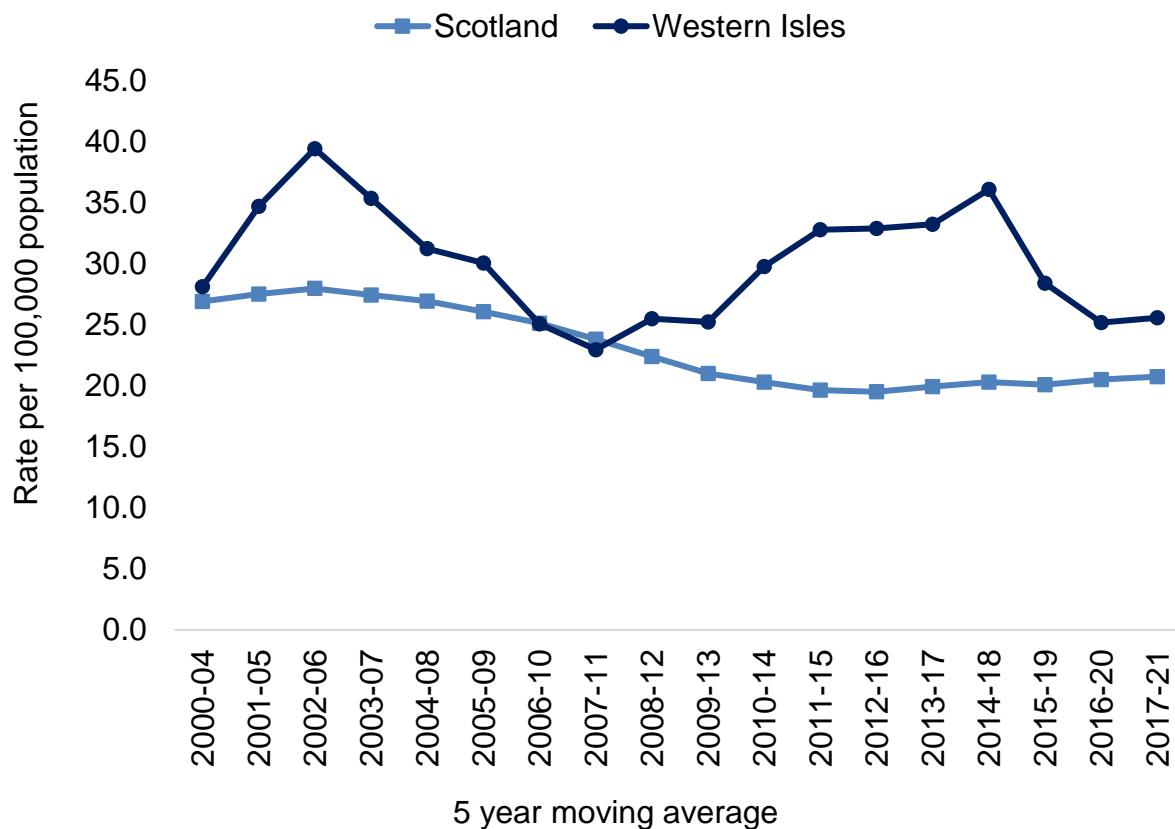
Figure 29. Alcohol Related Hospital Stay Age Standardised Rates (Acute and Psychiatric), 1997/98 to 2022/23 (23)



Alcohol Related Mortality

Alcohol-related death rates in the Western Isles have consistently been above national levels, although they declined from 2001-2005 to 2007-2011 and then again from 2014-2018 to 2016-2020 as demonstrated in Figure 30. Recently, however, these rates have started to rise again. The impact of the pandemic on alcohol-related harm might still be too early to fully understand, but recent data shows increase during the lockdown periods from 2020-2022 (24).

Figure 30. Standardised alcohol related mortality rates, five year moving average, 2000-04 to 2018-22 (24)



Alcohol Related Crime

Excessive alcohol consumption can lead to significant social issues, in addition to health problems. These issues range from short-term effects, like violence and disorder, to long-term problems, such as addiction, family breakdown, absenteeism from work, and financial trouble. While the percentage of alcohol-related offences has decreased since 2017-18, particularly in anti-social behaviour, the actual numbers remain low. Compared to Scotland, the Western Isles generally has fewer incidents of drunkenness and disorderly conduct, although this gap is closing. However, rates for driving under the influence in the Western Isles have typically been higher than the national average (25).

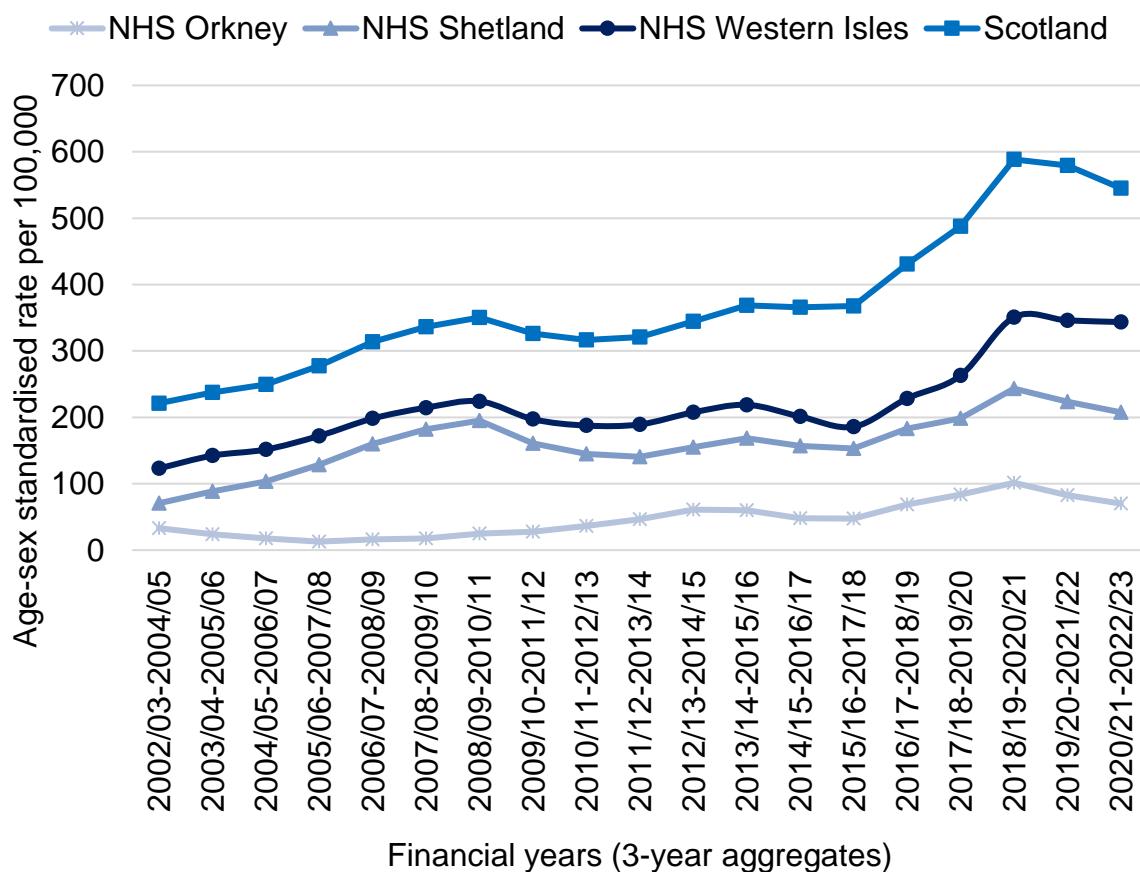
Drug Use

Drug use is a serious public health issue in Scotland, causing various social and health problems. The Western Isles has generally had low levels of drug use. In

terms of drug-related hospital admissions, the Western Isles has much lower rates than the national average but a higher rate than that for the other island health board areas as shown in

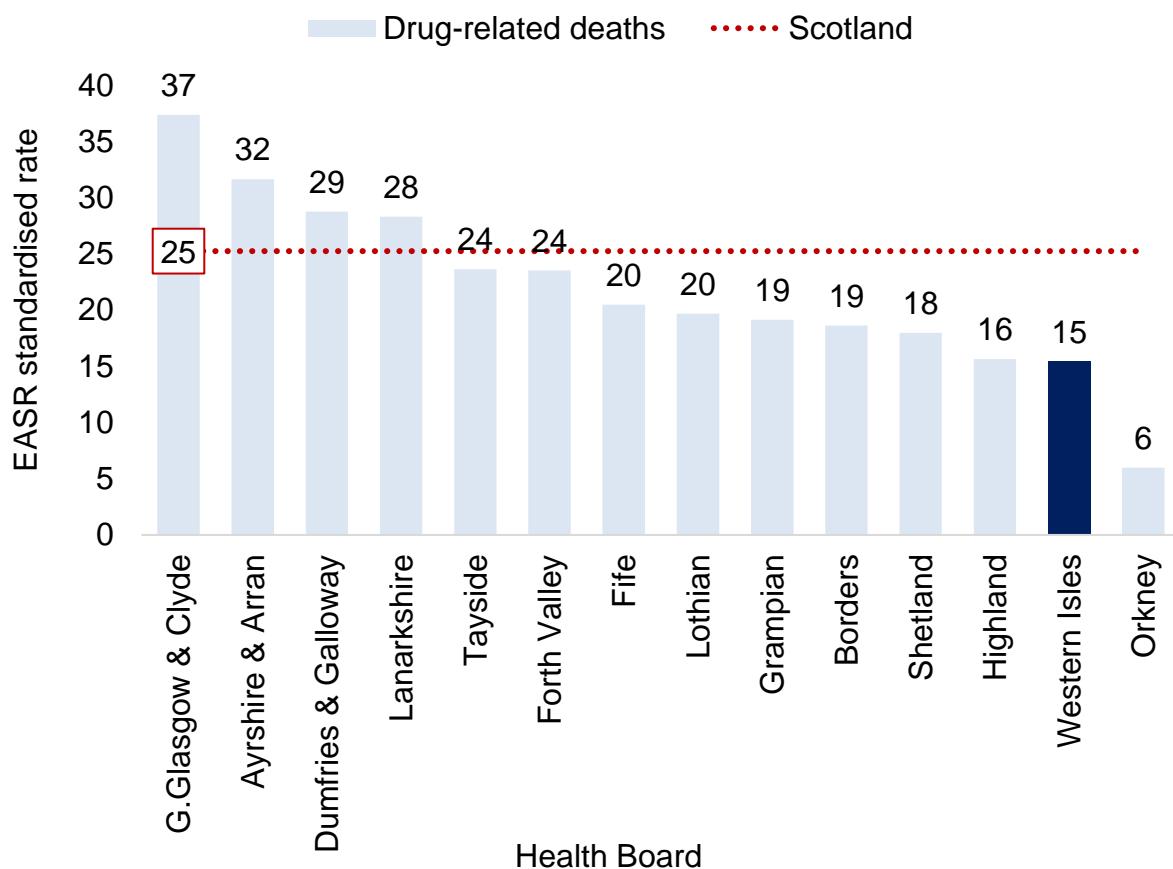
Figure 31.

Figure 31. Drug-related acute hospital admission rates (EASR standardised) by Health Board area (26).



The Western Isles also has low drug-related death rates, as shown in Figure 32 with the Western Isles being the second lowest in Scotland. When looking at drug use among children, secondary school surveys show that students in the Western Isles generally use drugs less than the national average. However, there has been a significant rise in the number of S4 pupils who feel it is acceptable to try cannabis with rates up 21%. Those who find it easier to access illegal drugs is up 22% since the last survey in 2013.

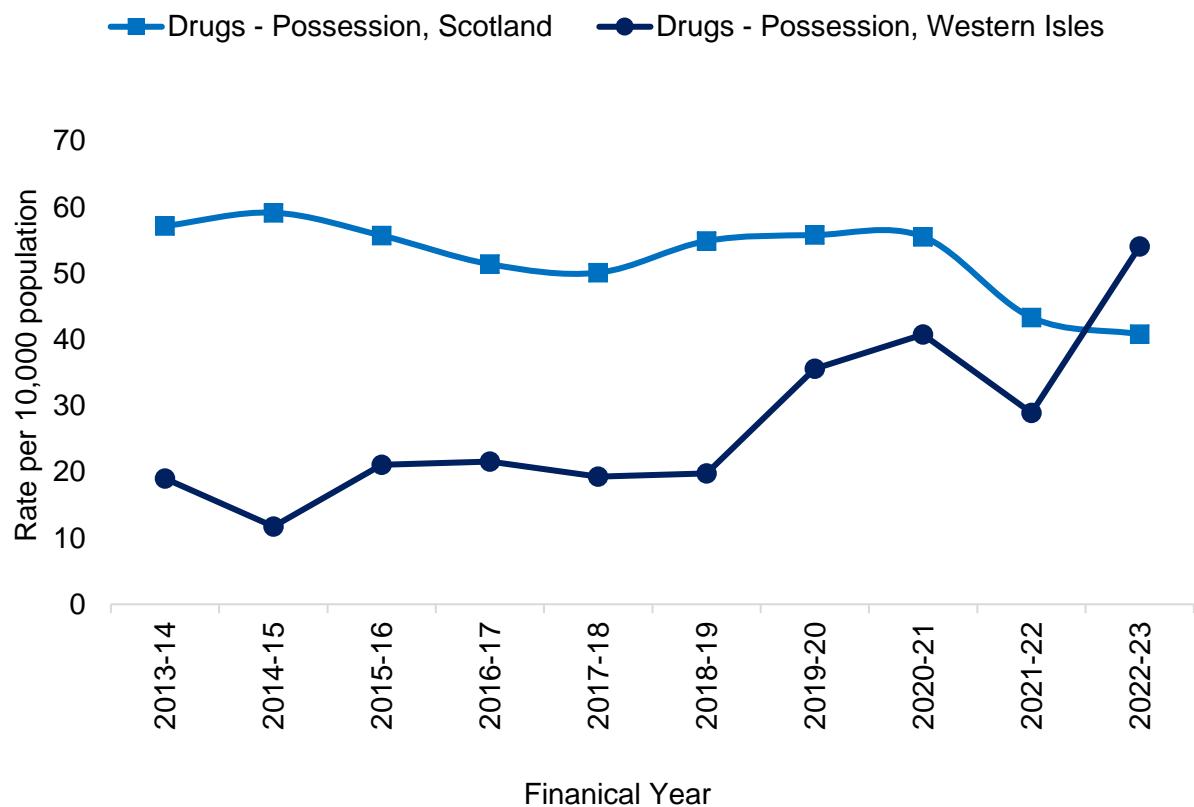
Figure 32. Drug-related death rates age-sex standardised rate per 100,000 population by Health Board, 2021 (27)



Drug Related Crime

Historically, drug-related crime rates in the Western Isles have been much lower than the national average. While the number of drug supply crimes remains low, Figure 33 shows that drug possession offenses have increased over the past 10 years, especially since 2018-19. In 2022-23, drug possession cases in the Western Isles surpassed the national average, which is contrary to the overall trend of decreasing drug possession nationwide.

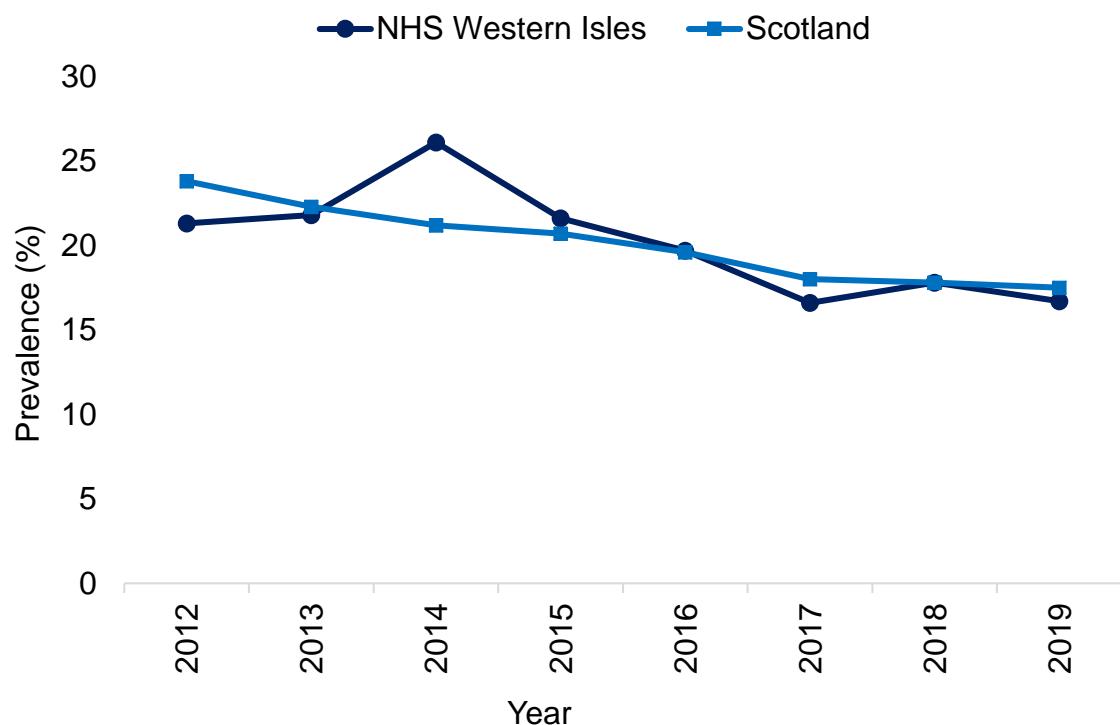
Figure 33. Possession of Drugs Crime rate per 10,000 population, Scotland and Western Isles (17)



Smoking

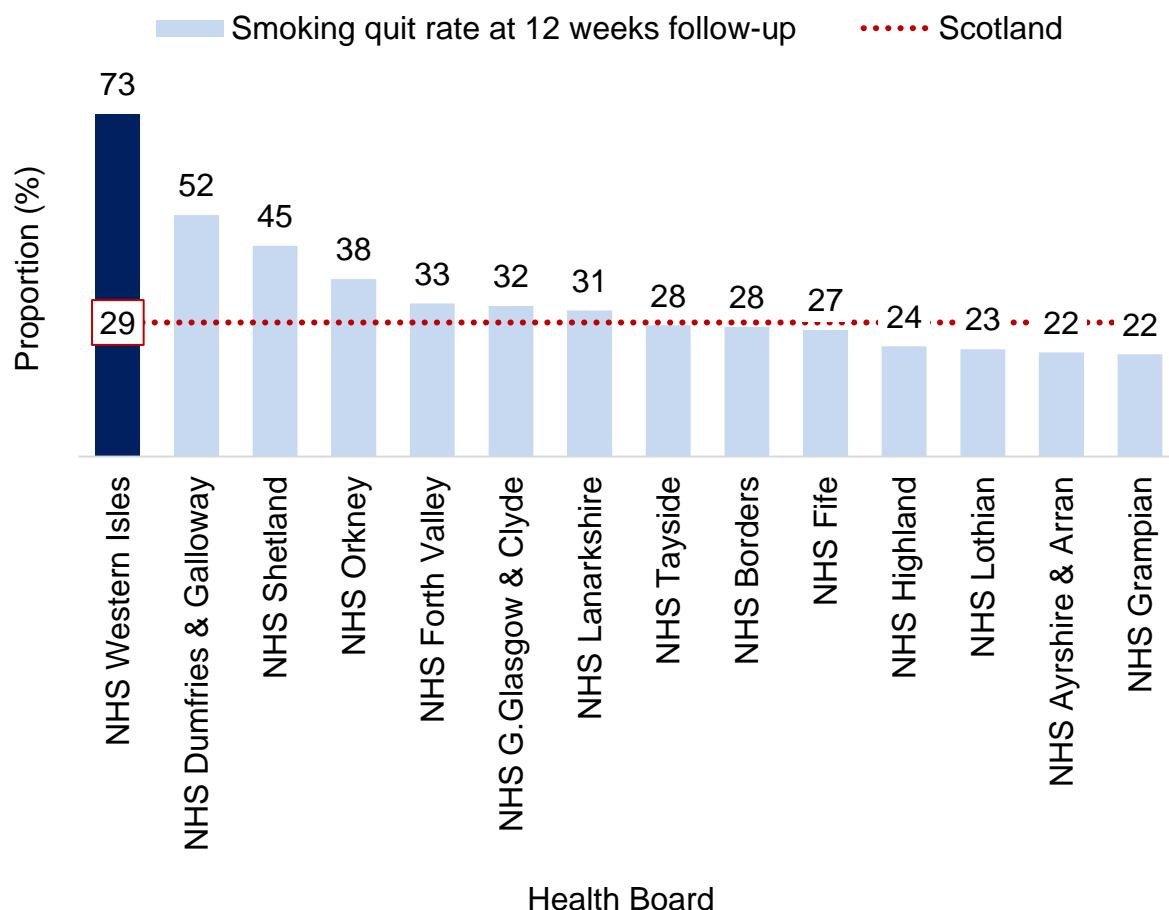
Smoking is a major preventable cause of ill health and early death in Scotland, leading to over 8,000 deaths and nearly 10,000 hospital admissions each year. Figure 34 shows that between 2012 and 2019, the smoking prevalence in the Western Isles was broadly similar to that in Scotland. The Western Isles had a higher percentage of former smokers at 29% compared to 23% in Scotland, and fewer people who had never smoked at 59% versus 64% in Scotland. Smoking rates have declined over the past decade, with a 5% drop in 2019 compared to 2012 in both the Western Isles and Scotland.

Figure 34. Smoking prevalence, Western Isles and Scotland, 2012-2019 (28)



In 2019, 20% of males and 12% of females smoked in the Western Isles. This mirrors the trend across the other Health Board areas in Scotland, where smoking rates are consistently higher for males than females. Smoking quit rates in the Western Isles are the highest of the 14 Health Boards in Scotland (Figure 35). Although the quit rates tend to decline after 12 months, in 2013 the quit rate in the Western Isles after 12 months was 19%, ahead of the Scottish average of 5%.

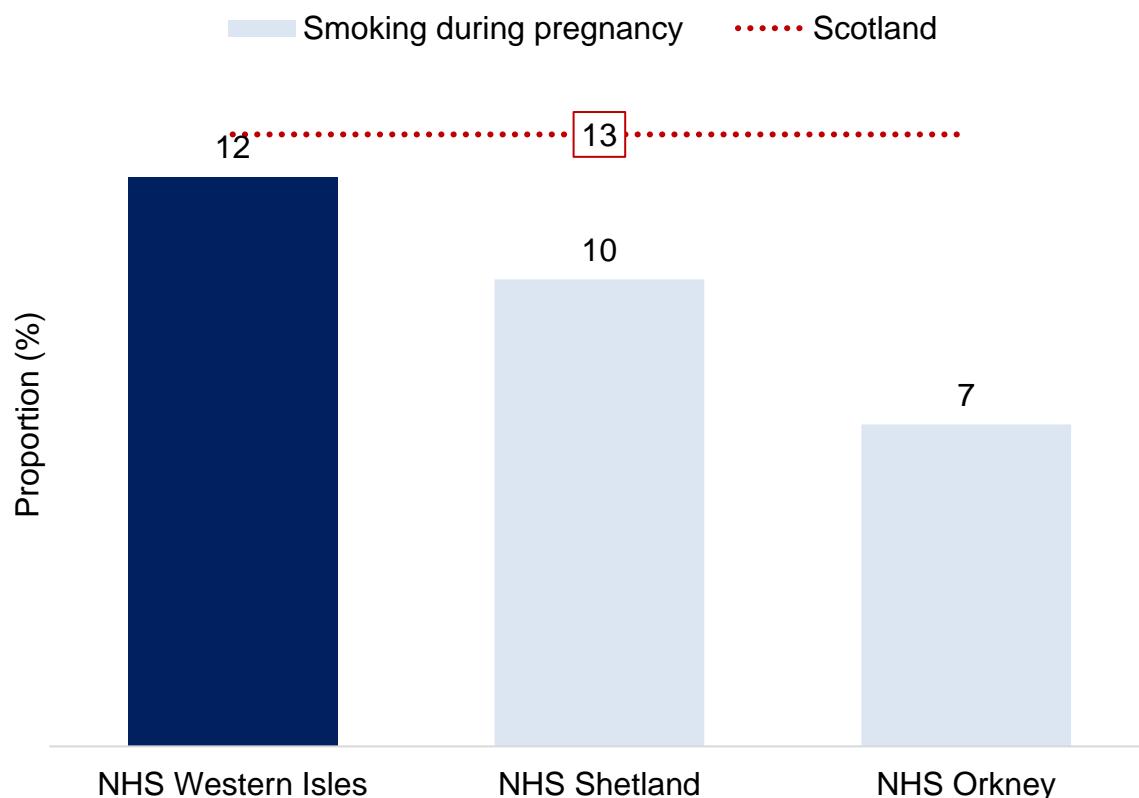
Figure 35. Proportion of smokers by Health Board in Scotland who had successfully quit smoking at their 12 week follow up, 2021/22 (29)



When it comes to smoking, its health impacts can be seen in hospital admissions and premature deaths. Over the past decade, smoking-related hospital admissions in the Western Isles have decreased and are consistently lower than the overall rate in Scotland, reflecting a lower prevalence of smoking in the area. However, smoking-related deaths average about 60 each year in the Western Isles (29), similar to the Scottish average of around 270 per 100,000 annually.

The proportion of women smoking during pregnancy is shown in Figure 36. This is higher in the Western Isles than for the other island Health Board Areas, but broadly similar to Scotland as a whole.

Figure 36. Proportion of women smoking during pregnancy by Health Board area, 2019/20: 2021/22 (30)



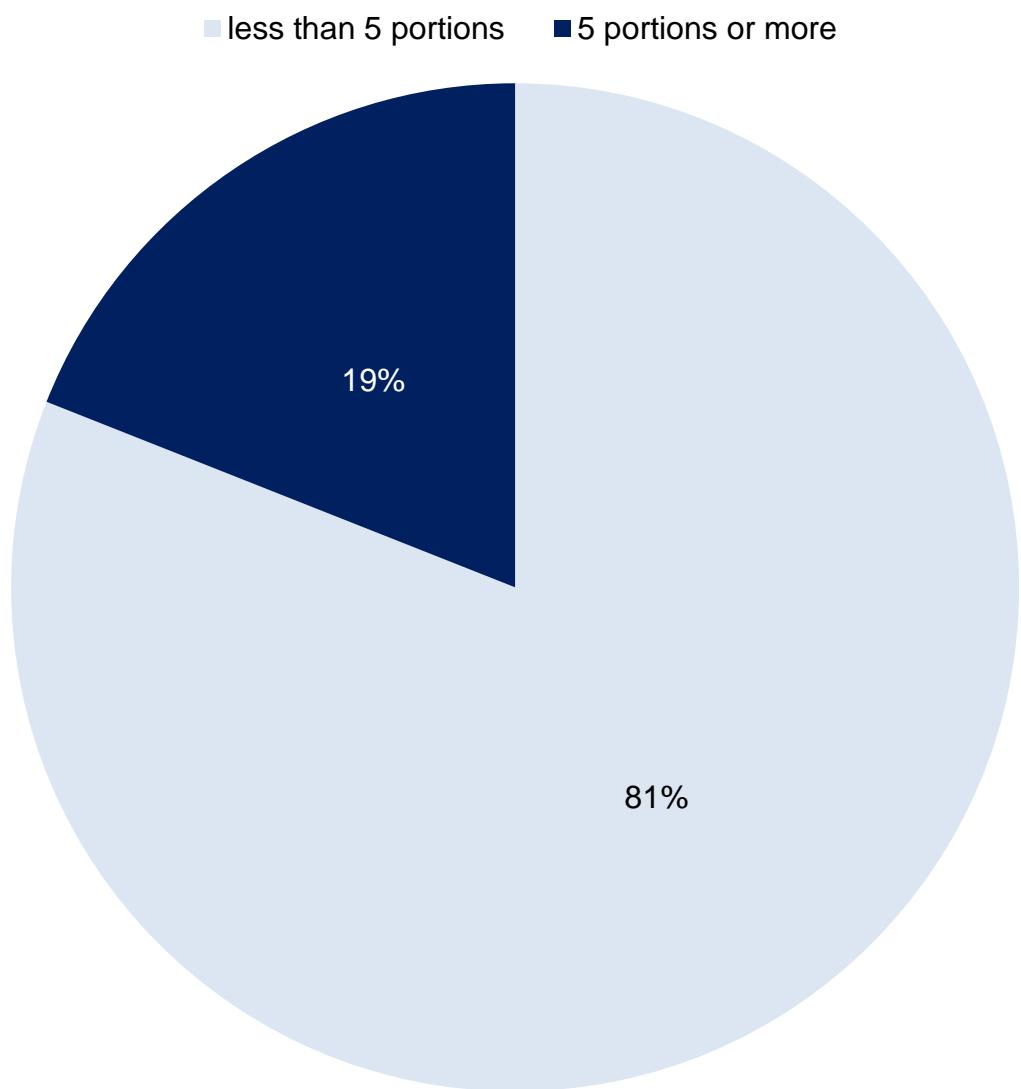
Vaping

E-cigarette use has been rising worldwide, and the World Health Organization has identified various health risks associated with them, including nicotine exposure, harmful substances, and potential harm to brain development in children (28). There is also a concern that e-cigarettes may lead to increased use of traditional cigarettes and injuries from low-quality products. In the Western Isles, 8% of adults use e-cigarettes, slightly above the Scottish average of 7%. This rate is higher among males at 11%, though these figures should be viewed with caution due to small sample size.

Diet

In 2016-2019 in the Western Isles, only 19% of adults, 17% of men and 20% of women, met the recommended fruit and vegetable consumption (Figure 37). This was below the Scottish average of 22% of adults, 20% of men and 24% of women.

Figure 37. Proportion of adults in the Western Isles meeting recommended fruit and vegetable consumption, 2016-19 (28)

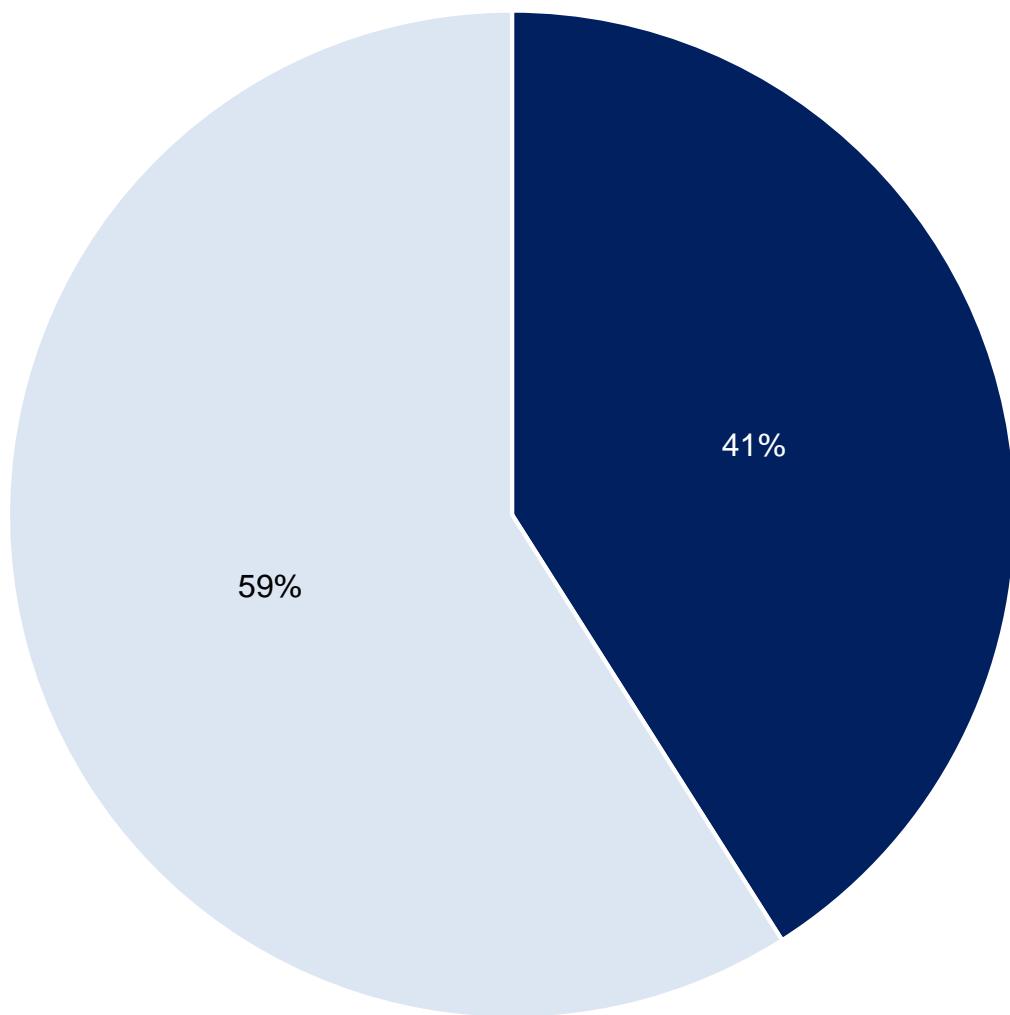


For children, the percentage eating enough fruits and vegetables increased from 13% in 2008 to 21% in 2022. Generally, better dietary habits were seen in less deprived communities and among children whose parents also met the recommended intake.

Exclusive breastfeeding is an important indicator of newborn nutrition. Less than half of babies in the Western Isles are exclusively breastfed at 6-8 weeks, which is similar to the proportion for Scotland as a whole (Figure 38).

Figure 38. Babies exclusively breastfed at 6-8 weeks in the Western Isles, 2018/19-2020/21 3-year average (18)

■ Babies exclusively breastfed at 6-8 weeks ■ Not breastfed exclusively

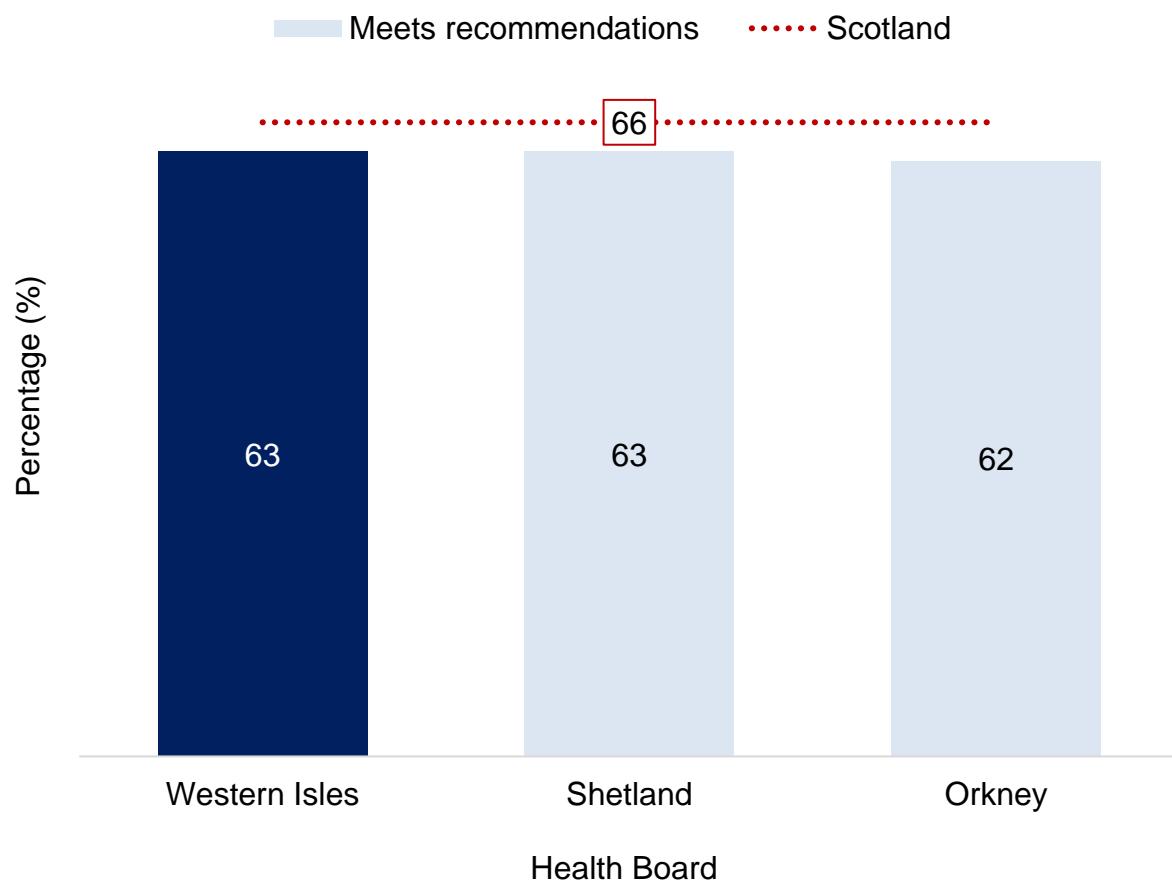


Physical Activity

Physical activity is influenced by various factors such as access to sports facilities, social isolation, and other health behaviours. Figure 39 shows that the Western Isles has a slightly lower level of adults meeting recommended regular physical activity levels compared to the national average, similar to other island health boards.

Proportions meeting the activity guidelines are significantly lower for females at 61% compared to 73% for males in Western Isles.

Figure 39. Proportion of people meeting recommended regular physical activity level by Health Board area in Scotland, 2018-22 (28)



The Western Isles has the eighth highest proportion of adults, at 34%, of the 33 local authority areas in Scotland who have never used sports or leisure facilities. Only 20% of adults in the Western Isles used sports or leisure facilities in the last year. This is likely to be linked to accessibility, and the older population structure across the islands.

The Western Isles falls below the national average for active travel to school as shown in Figure 33. About 20% of adults travel actively to work compared to 17% in Scotland overall, while active travel to school stands at 16%, significantly lower than the national average of 50%. Other island areas like Orkney and Shetland report higher figures for both categories.

In the Western Isles, as in many rural areas, active travel can be challenging given the greater distances and more centralised school provision typically involved in both commutes to work and travelling to school. Figure 40 shows the Western Isles as slightly above national levels for active travel to work at 20% with Scotland at 17% but the lowest area for active travel to school at 15% for the Western Isles and 58% for Scotland.

Figure 40. Proportion of adults and children who cycle or walk to school and work in the Western Isles, 2020 (29)

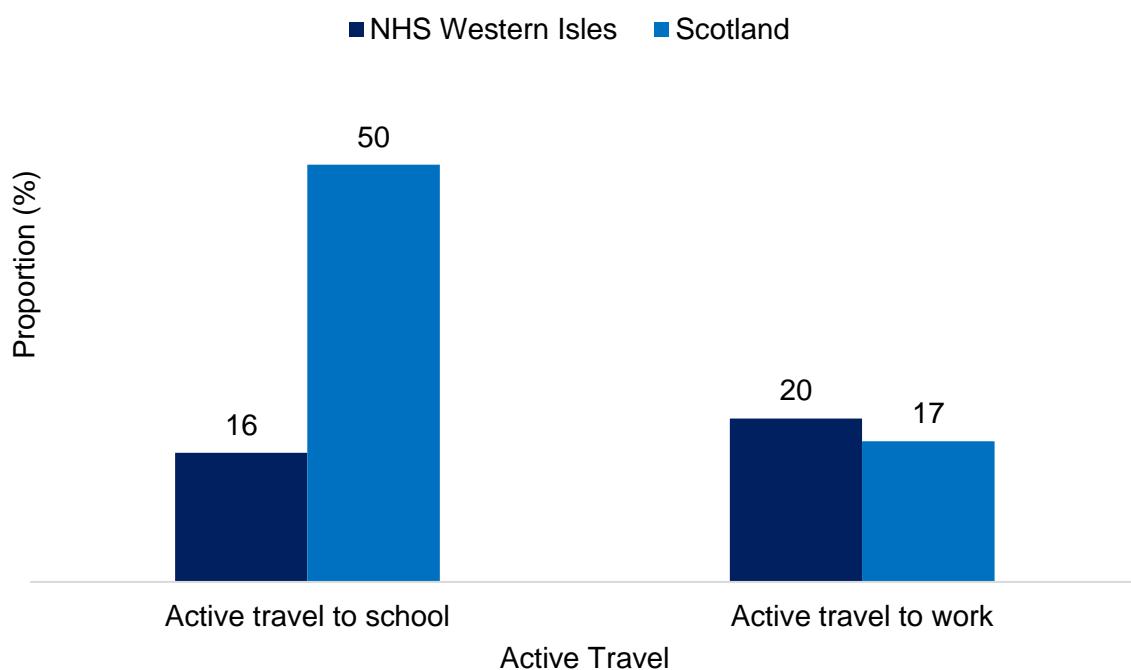
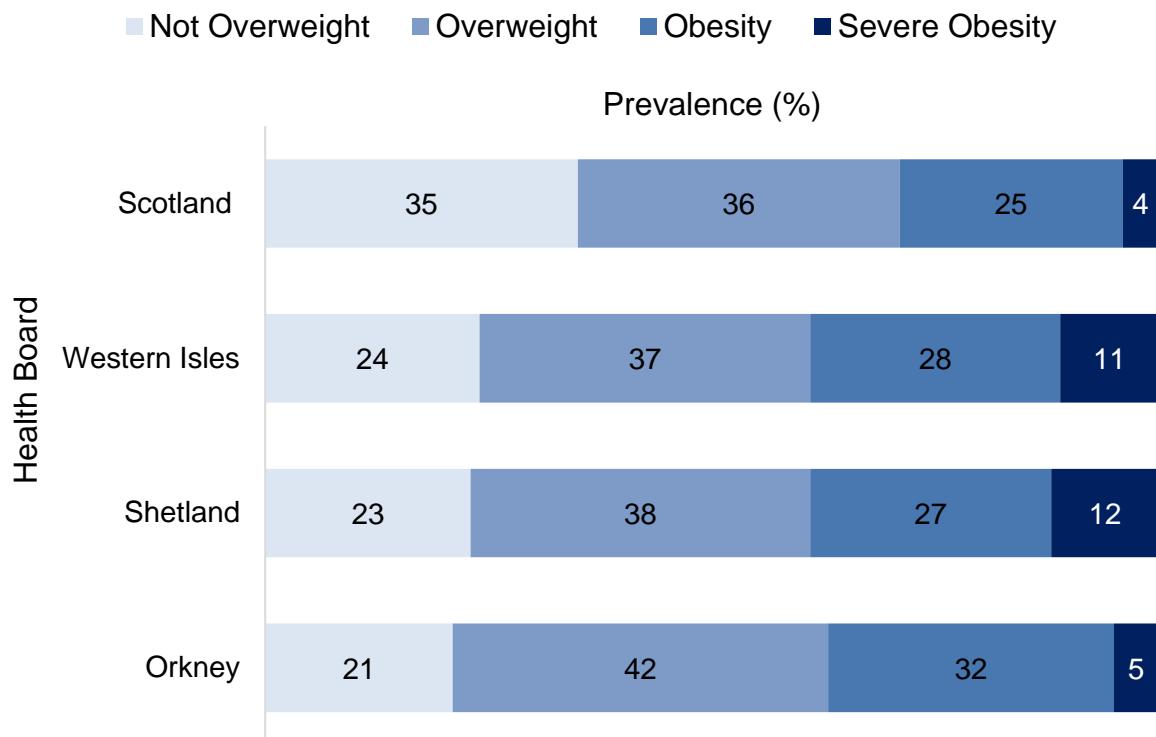


Figure 41 shows 76% of adults in the Western Isles are either overweight, obese, or severely obese. This proportion is similar to that for the other Scottish island Health Boards, but higher than the proportion for Scotland as a whole, which is 69%. The trend is similar among children in Primary 1, with obesity more prevalent in the Western Isles than in Scotland.

Figure 41. Prevalence of overweight, obesity, and severe obesity among adults by Health Board area in Scotland, 2017-19 (21)



Health Status

General Health

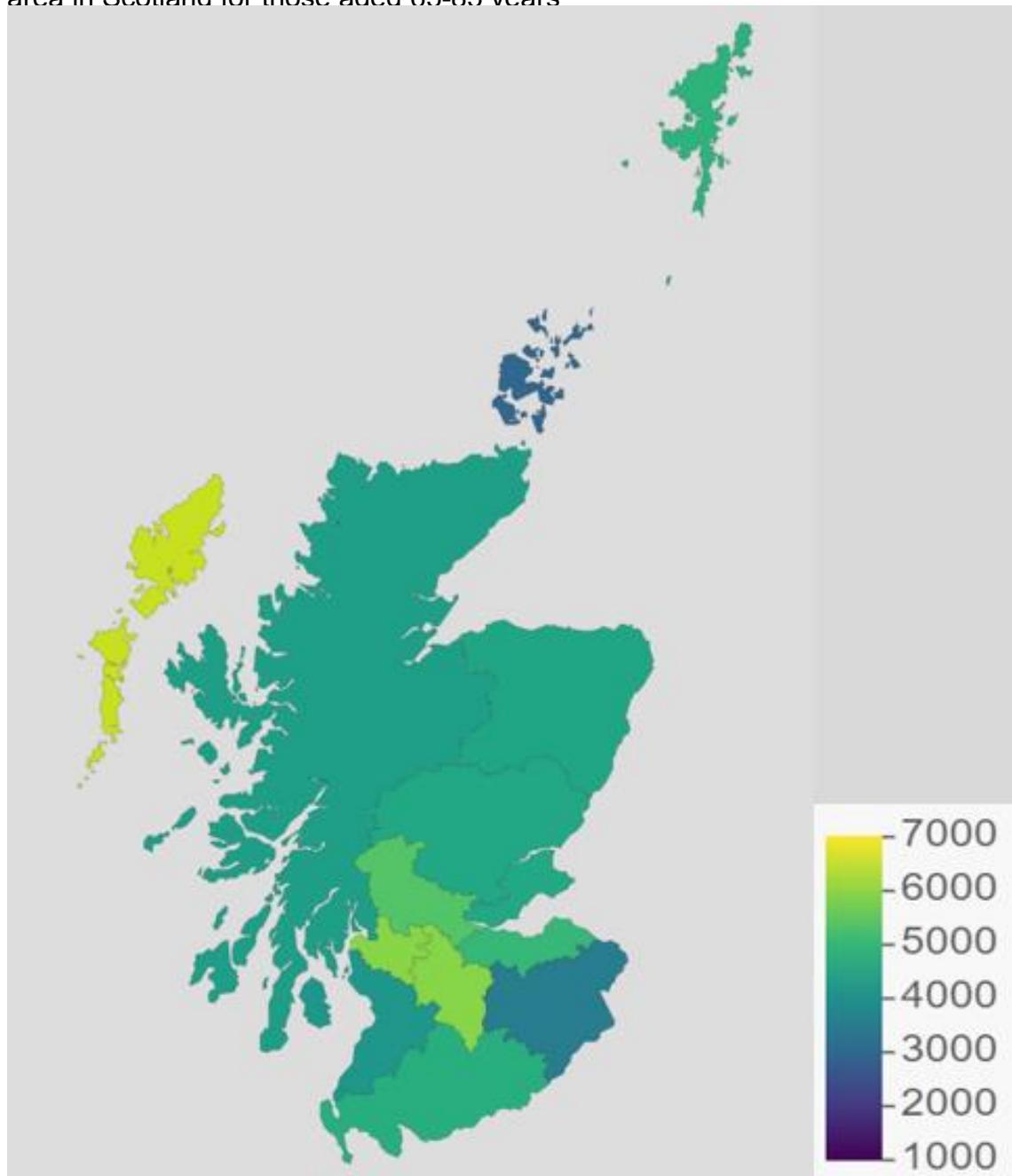
In the Western Isles 69% of people reported they were in good health, the second lowest of the 14 health boards in Scotland. Men in the Western Isles report a lower level of positive health, at 8% below the Scotland average, while women's health ratings are similar to those for Scotland as a whole. Along with Ayrshire & Arran and Dumfries & Galloway, the Western Isles is one of three areas on the Scottish West Coast with positive general health ratings of below 70%, which are linked to their demographic and socio-economic factors.

Residents of the Western Isles report higher satisfaction with life than those in Scotland, with both men and women feeling equally satisfied. Additionally, the percentage of people with limiting long-term illness in the Western Isles matches the Scottish average at 35%.

Dementia and Alzheimer's Disease

Dementia encompasses a range of conditions including Alzheimer's disease, vascular dementia, and other conditions causing problems with brain function and cognitive decline, personality change, and difficulties in living independently and maintaining social relationships. In the Western Isles the future prevalence of dementia is expected to increase, although early diagnosis enables the provision of support. The impact of dementia on overall health burden may be measured in Disability Adjusted Life Years (DALYs). Figure 42 illustrates the prevalence of Dementia, in DALYs, across the Health Board areas in Scotland. It highlights the impact of Dementia is proportionally greater in the Western Isles than for the other Health Board areas.

Figure 42. Dementia, measured in Disability Adjusted Life Years, by Health Board area in Scotland for those aged 65-85 years

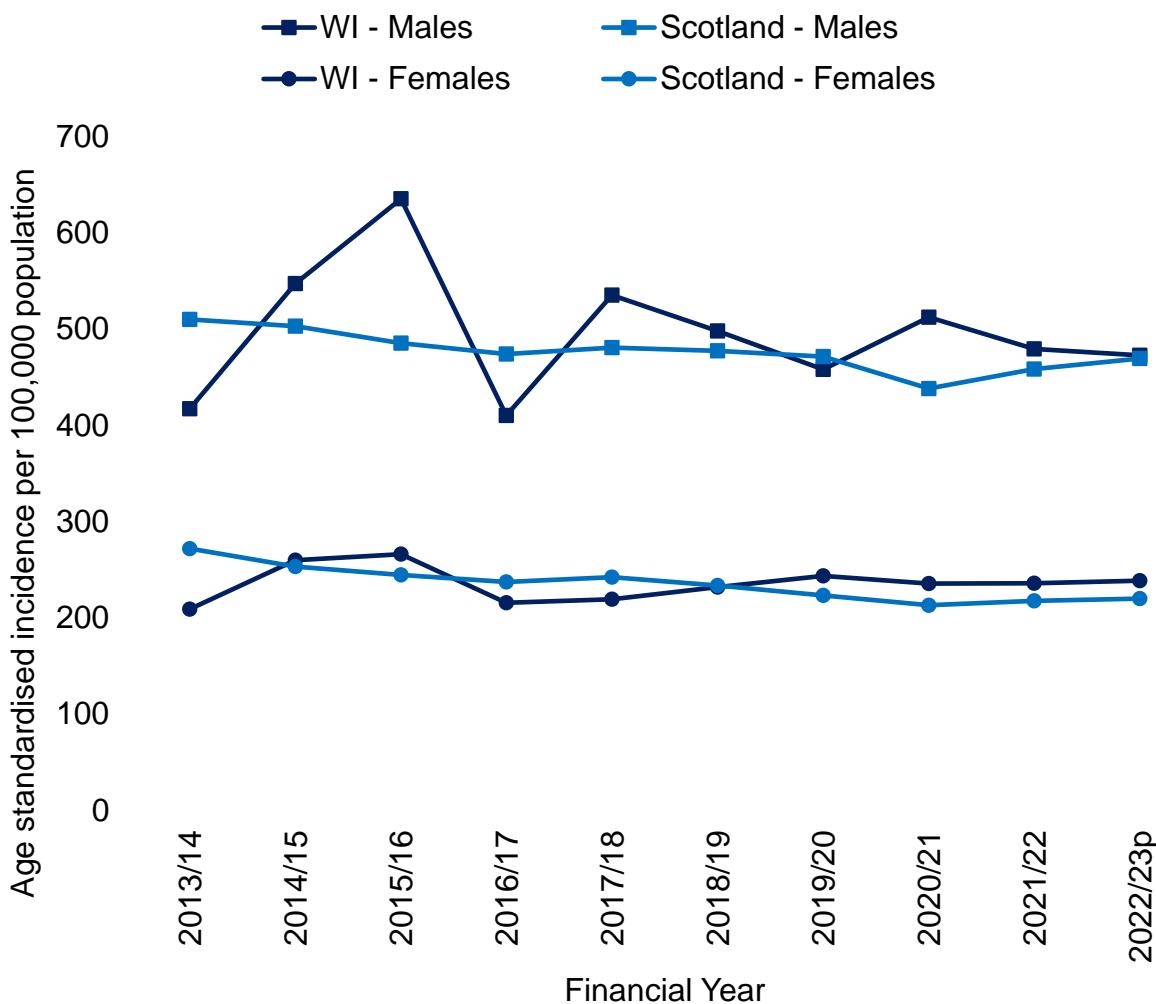


Coronary Heart Disease

Coronary Heart Disease (CHD) is a significant cause of early death and illness. Its incidence in the Western Isles is similar to that for Scotland as a whole for both males and females as shown in Figure 43. The incidence of CHD is closely linked to age. In the Western Isles, the rate for people over 75 years was 1,775.8 per 100,000

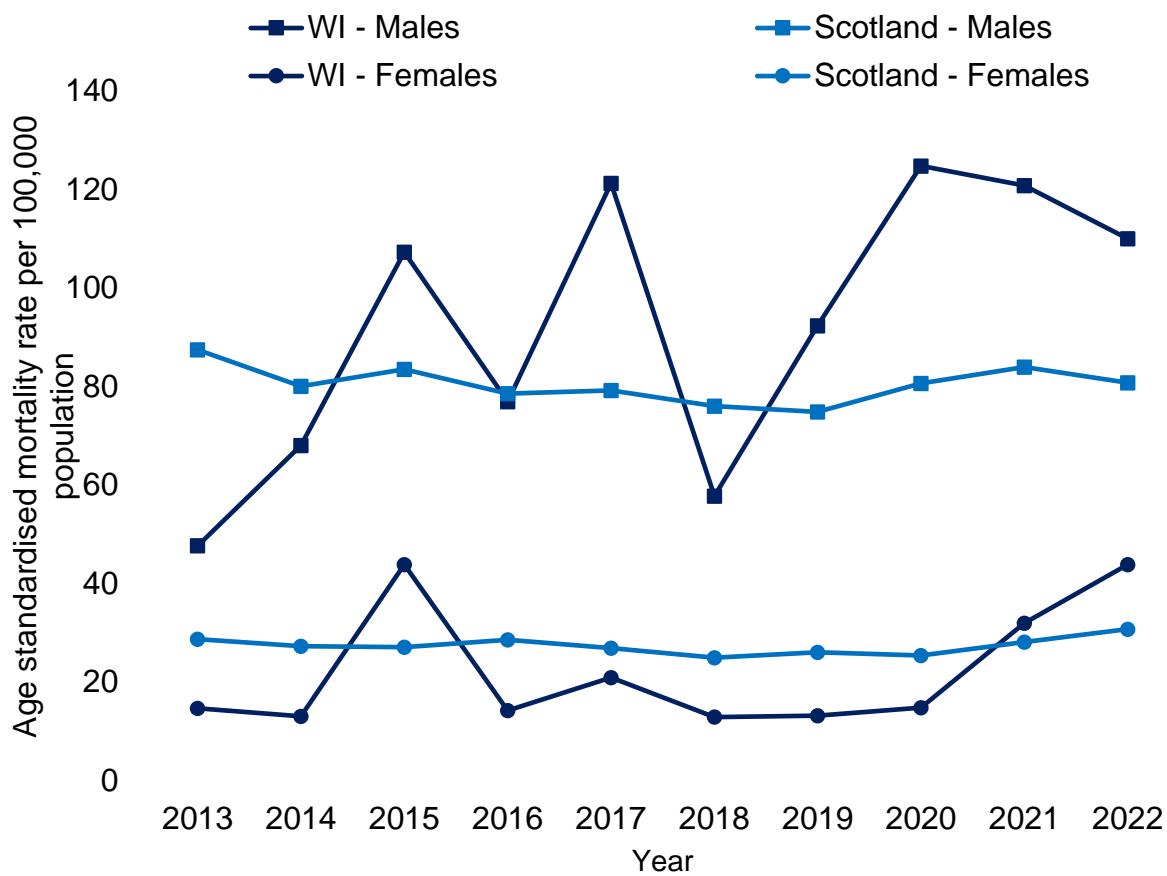
in 2022/23, while for those aged 75 years and under, it was 215.1 per 100,000. Males experience CHD at about twice the rate of females when adjusted for age.

Figure 43. Age standardised incidence rate of coronary heart disease per 100,000 population by sex for the Western Isles and Scotland, 2013/14-2022/23p (31). Note the data for 2022/23 is provisional and may change in future analyses



The mortality due to CHD among those aged 75 years and younger in the Western Isles is similar to that for Scotland as a whole, for both males and females (Figure 44). In the Western Isles, this equates to between 17 and 36 annual deaths due to CHD.

Figure 44. Age standardised mortality rate for coronary heart disease per 100,000 population aged 75 years and under by sex for the Western Isles and Scotland, 2013-2022 (32)

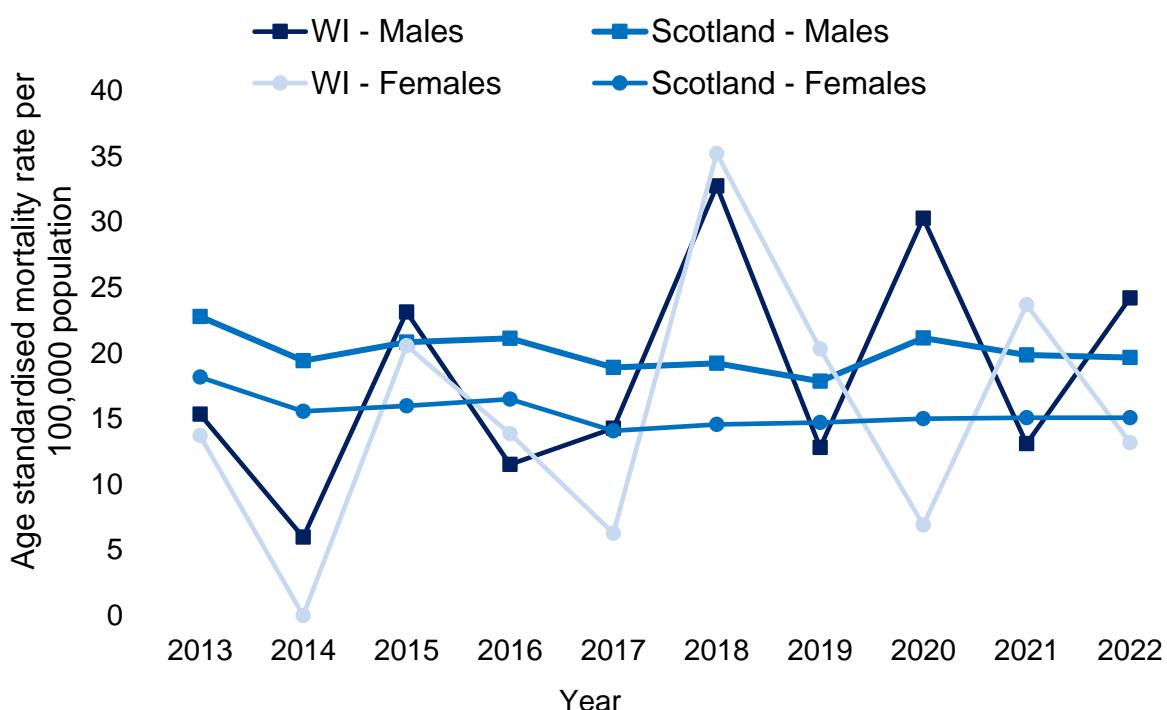


Cardiovascular Disease

In the Western Isles, the incidence of cardiovascular disease (CVD) is similar to that for coronary heart disease (CHD), based on hospital admissions for first-time cases or deaths without prior hospital admission. The age and sex standardised rate of CVD in the Western Isles is similar to that for Scotland as a whole.

Mortality due to CVD significantly affects its prevalence in the population. The mortality rates due to CVD in the Western Isles and Scotland are broadly similar for both males and females (Figure 45). In the Western Isles, there are typically between 21 and 34 deaths annually due to CVD.

Figure 45. Age standardised mortality rate for cardiovascular disease per 100,000 population aged 75 years and under by sex for the Western Isles and Scotland, 2013-2022 (33) (34)

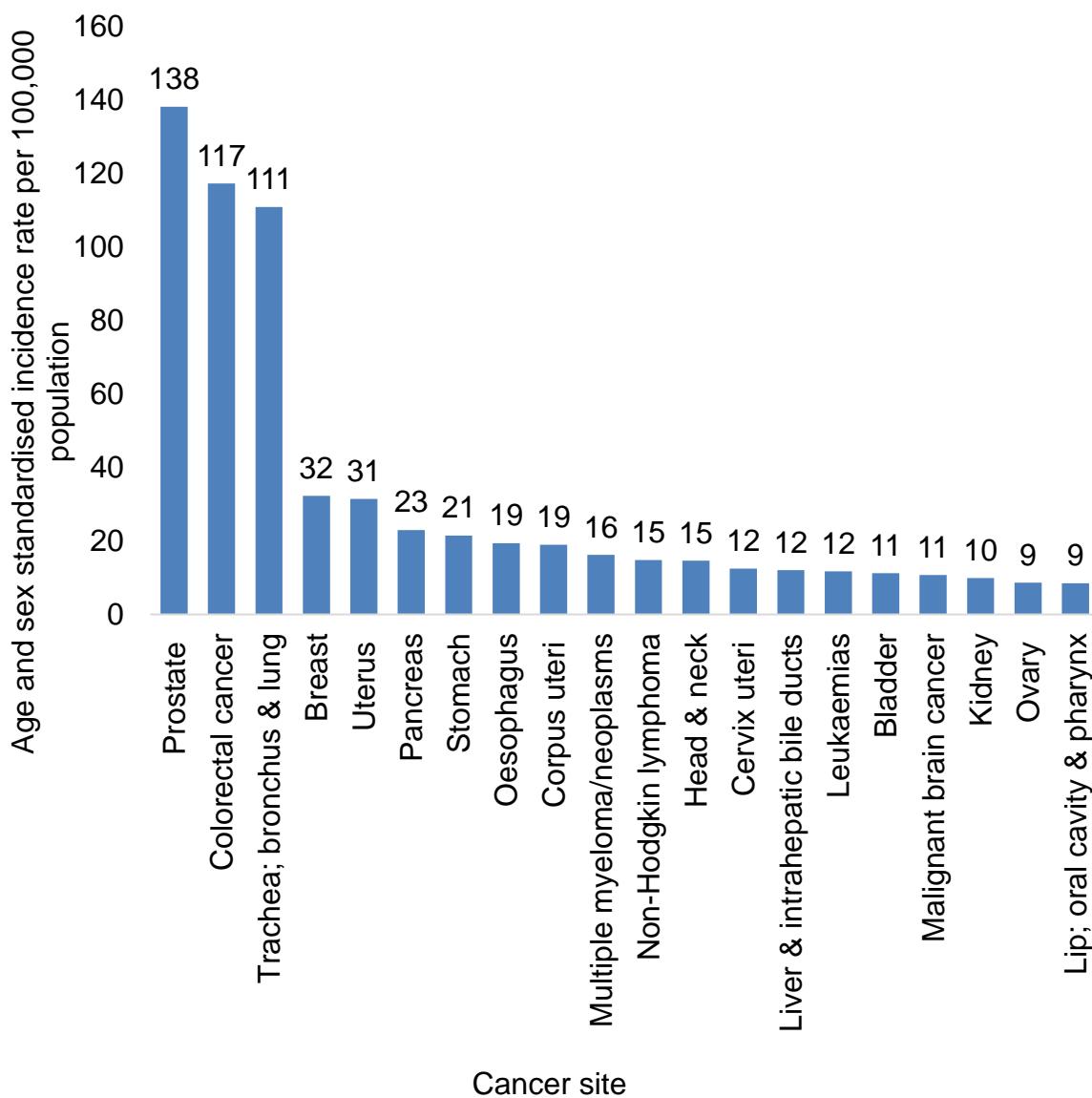


Oncology

Cancer remains one of the main causes of morbidity and mortality in Scotland. Figure 46 shows the incidence of cancer by site group for the Western Isles. The three most common forms of cancer are prostate, colorectal and trachea, bronchus

and lung. Breast cancer is the most common cancer among women, making up nearly a third of all new cases.

Figure 46. Age and sex standardised incidence rate per 100,000 population for cancer by site in the Western Isles, 2022 (35)



Cancer incidence in the Western Isles varies annually, due in part to the small number of cases locally. Figure 47 and Figure 48 show how cancer incidence in the Western Isles compares to that for Scotland over time, for males and females respectively. There is no significant difference in rate for either sex.

Figure 47. Age standardised incidence of cancer per 100,000 population for males in the Western Isles and Scotland, between 1997-1999 and 2019-2021. The shaded area represents the 95% confidence intervals for Scotland

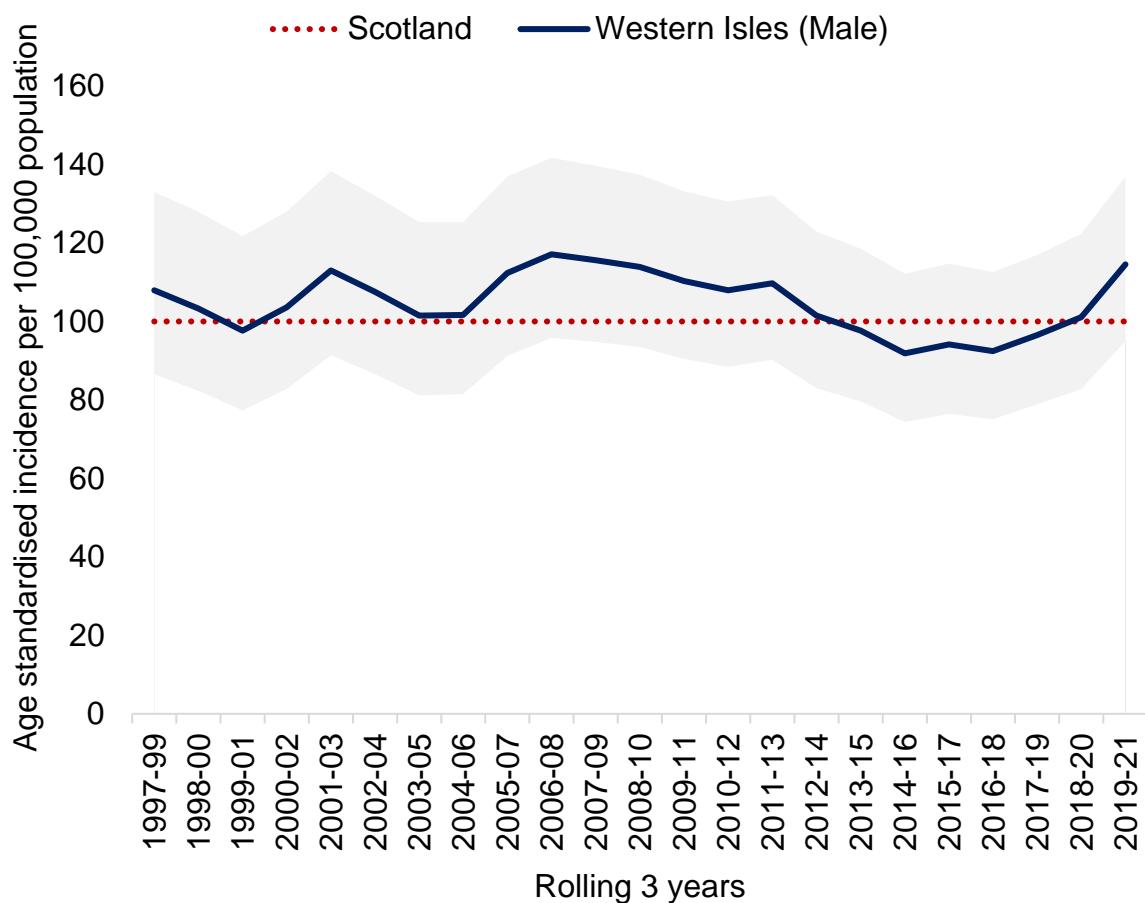
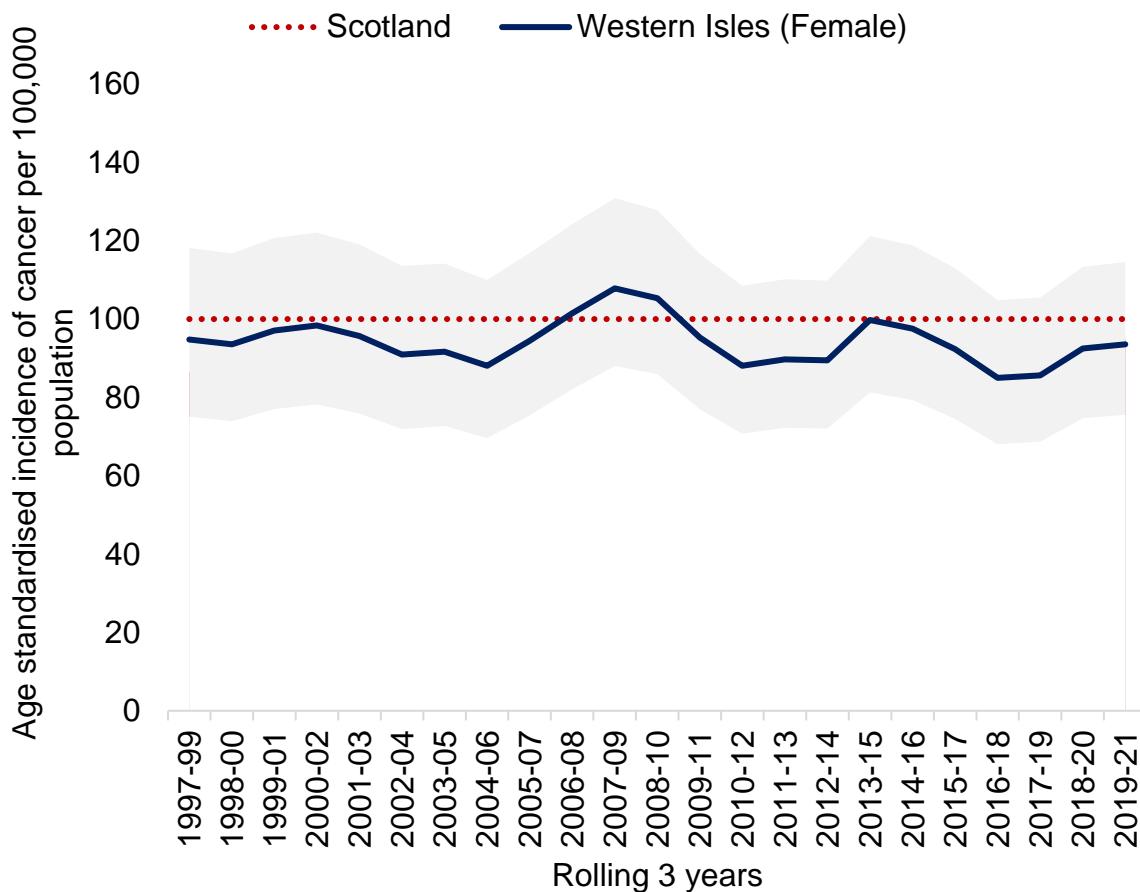
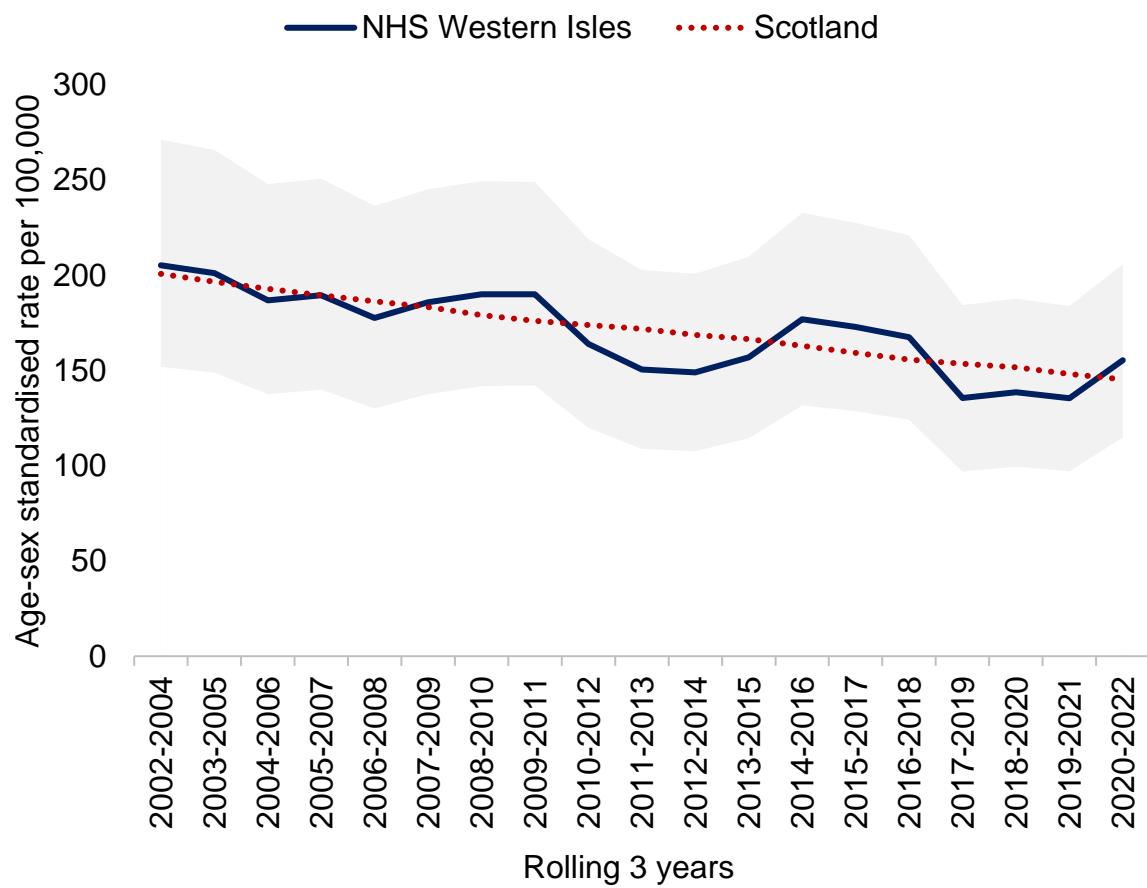


Figure 48. Age standardised incidence of cancer per 100,000 population for females in the Western Isles and Scotland, between 1997-1999 and 2019-2021. The shaded area represents the 95% confidence intervals for Scotland



For those aged 75 and under, mortality due to cancer in Western Isles has fallen since 2002, in line with that for Scotland as a whole (Figure 49). This is likely due to improved detection and treatment leading to improvements in survival. However, the ageing population in the Western Isles could lead to an overall increase in cancer cases in the future.

Figure 49. Age standardised mortality rate due to cancer for those aged 75 years and under per 100,000 population for the Western Isles and Scotland, between 2002-2004 and 2020-2022 (36)



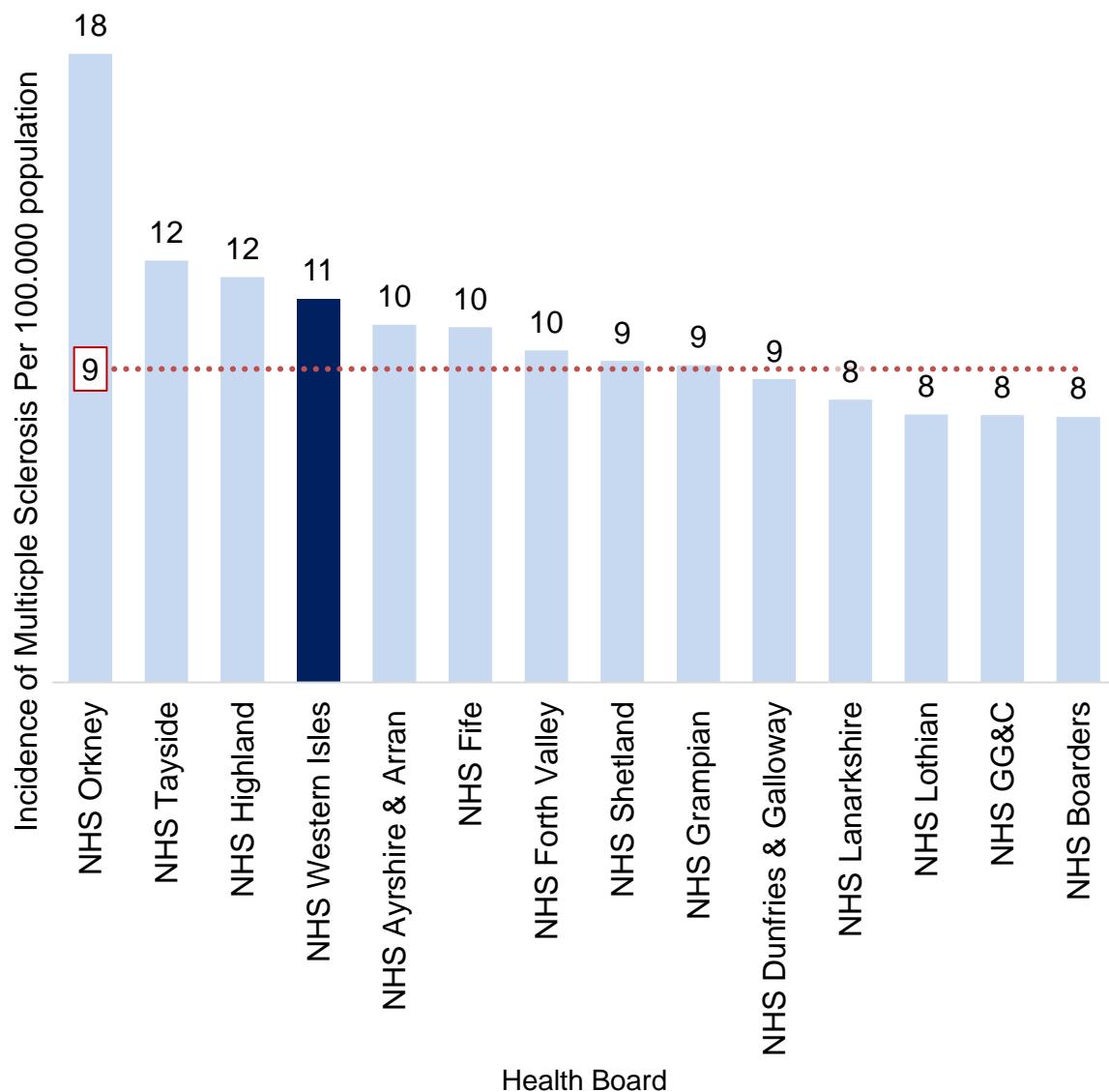
Neurological Conditions

Neurological conditions are disorders affecting the brain, spinal cord, nerves, and muscles. They range from common issues like headaches and migraines to Multiple Sclerosis, Epilepsy, Parkinson's Disease, and Motor Neurone Disease.

In December 2019, Scotland published its first National Framework for Neurological Conditions, which aims to improve understanding and measurement of care quality and outcomes for these conditions. Currently, only Multiple Sclerosis and Motor Neurone Disease have national registers and data on other neurological conditions is drawn from hospitals and GP records.

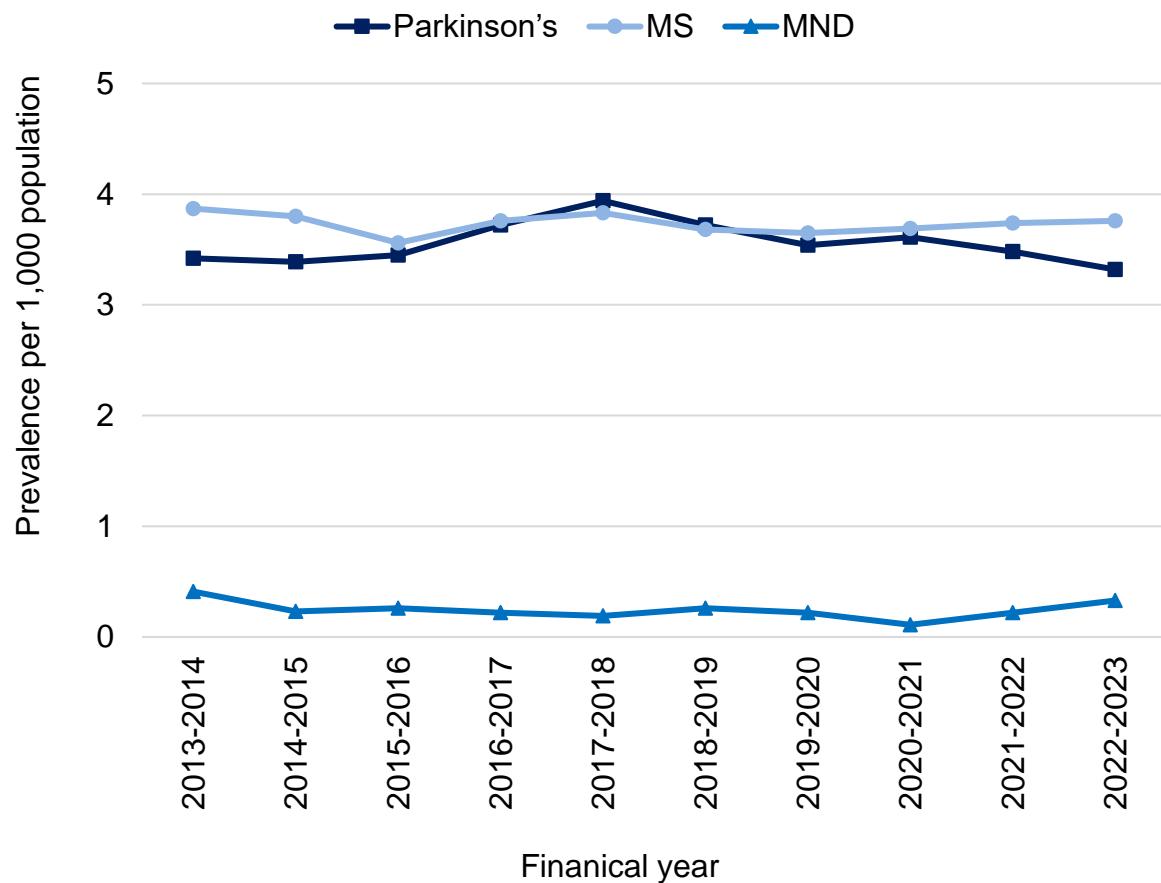
From 2010 to 2022, Scotland saw a higher rate of multiple sclerosis (MS) in the northern health board areas as shown in Figure 50 with the red dotted line highlighting the average prevalence rate. This trend is linked to environmental factors, such as the northern latitudes and lower vitamin D levels. Overall, Scotland has one of the highest MS prevalence rates in the world, at 200 cases per 100,000 people, and this rate has been rising in recent years (37).

Figure 50. Incidence of newly diagnosed Multiple Sclerosis cases by Health Board 2010-2022 (38)



Neurological conditions rank as the third highest cause of illness and early death in the Western Isles, following cancer and cardiovascular diseases (39). The prevalence of neurological conditions in the Western Isles is shown in Figure 51.

Figure 51. Prevalence of selected neurological conditions in the Western Isles between 2013-2014 and 2022-2023 (40)



Oral Health

Figure 52 and Figure 53 show the proportion of children and adults registered with a dentist by Health Board area in Scotland. The registration rates in the Western Isles are the lowest in Scotland, which are likely to be linked to longer waiting times and other service access limitations. This results in unmet treatment needs, a higher likelihood of emergency dental care being required, and poorer overall oral health outcomes.

Figure 52. Proportion of children registered with an NHS dentist by Health Board area on 30 September 2022

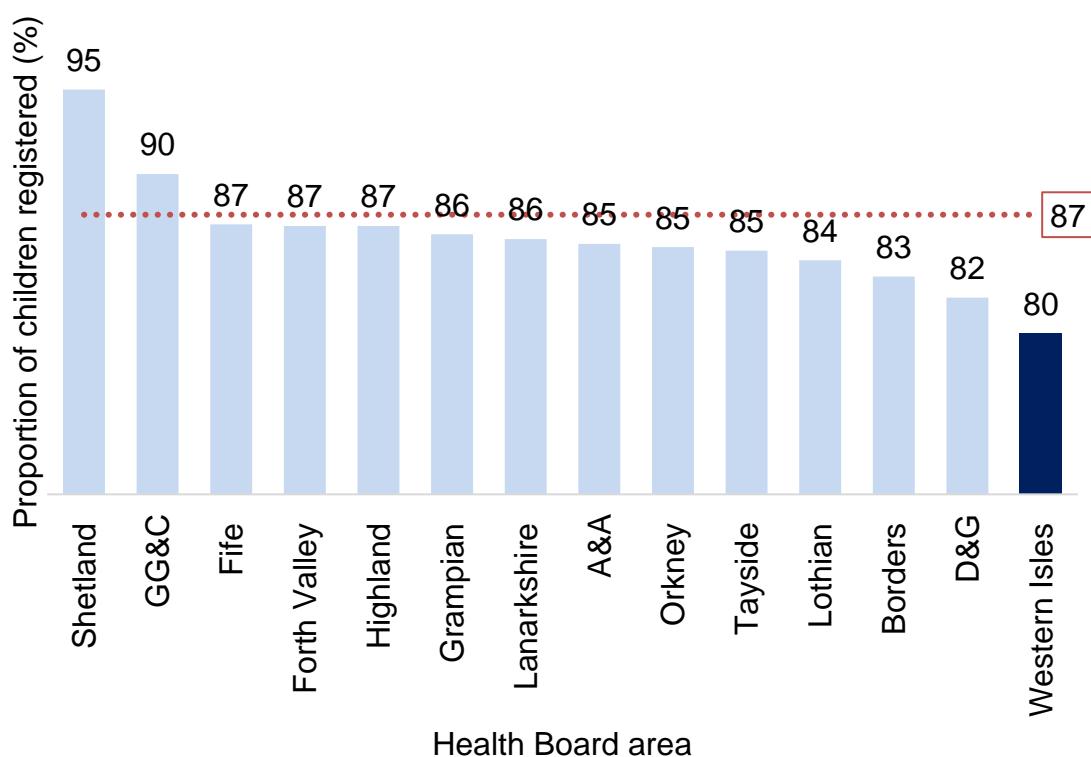
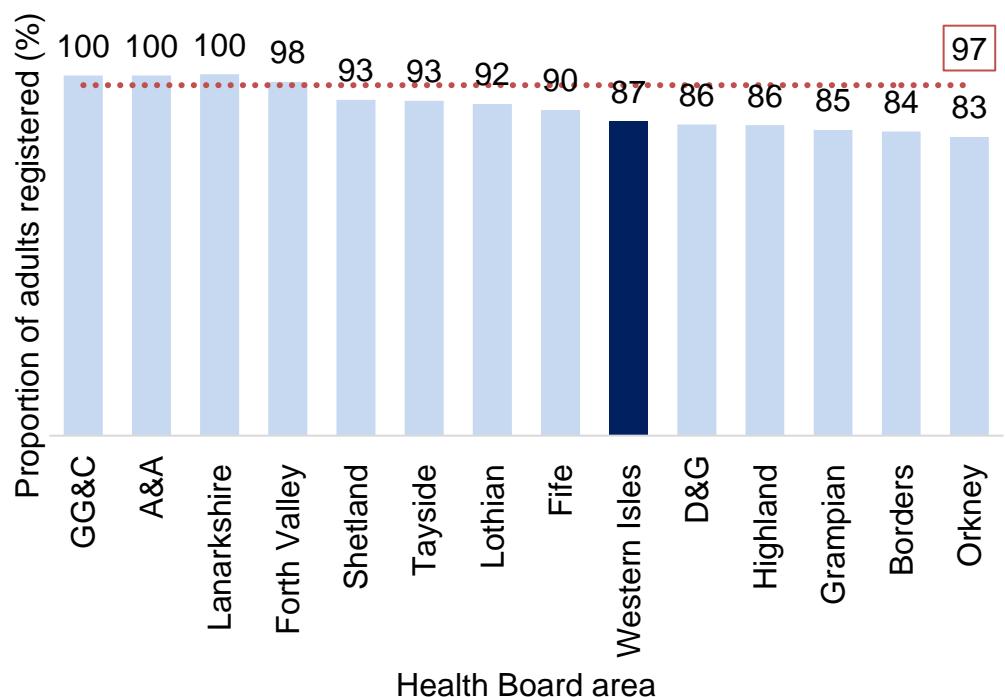


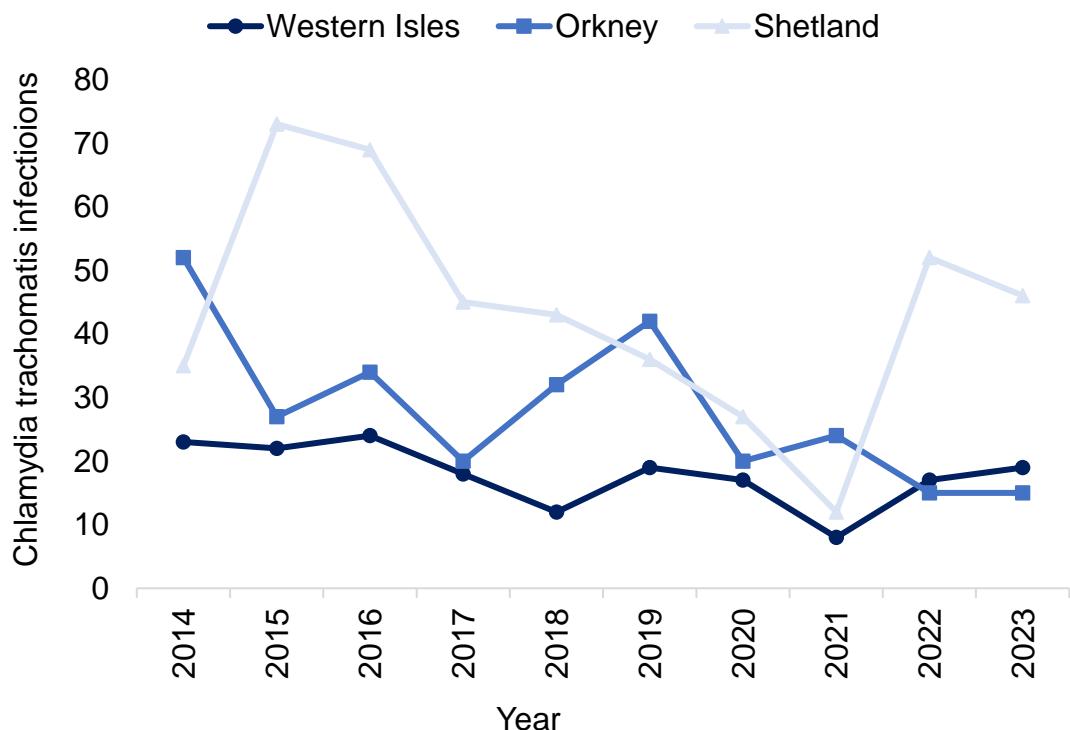
Figure 53. Proportion of adult population registered with a dentist in Health Board areas on 30 September 2022



Sexual Health

Sexual health data by Scottish Health Board or local authority area is very limited, which presents a challenge in understanding trends in sexual health at population level. The rate of chlamydia diagnoses in the Western Isles is typically lower than for the other Scottish island Health Boards, although the data is prone to natural variation due to the small number of cases and should therefore be interpreted with caution (Figure 54).

Figure 54. Chlamydia diagnoses per 100,000 for WI, Orkney, Shetland and Scotland from 2014-2023



Data on teenage pregnancy is not available for the Western Isles, on account of the small number of cases and the sensitivity associated with them. However, aggregated data for The Western Isles, Orkney and Shetland is available, to facilitate broad national comparisons. In 2022 the rate of teenage pregnancy for the islands collectively was 12.1 pregnancies per 100,000 women, less than half of the rate for Scotland as a whole which was 27.1 pregnancies per 1,000 women (41).

Data on termination of pregnancy is also unavailable for the Western Isles and is aggregated with Orkney and Shetland. In 2023, there were 9.4 terminations per 1,000 women aged 15 to 44 in the Scottish islands (41). This was approximately half the rate for Scotland as a whole, 17.6 terminations per 1,000 women aged 15 to 44.

Research undertaken in the Western Isles has highlighted that young people living locally sourced most of their information about sexual health online or from friends (42). This differs from UK-wide evidence that found adolescents increasingly identify their school as their main information source. Most young people in the Western Isles reported experience of being in a relationship, and some of being sexually active. Consistent with evidence from young people across Scotland, behavioural

experience increased with age. However, this pattern was not echoed in the experience of viewing online pornography or receiving and sending nude images, with significant numbers in younger year groups reporting this.

Young people also reported that they would not access, or were unaware of, local support for their relationship and sexual health, and found communicating with parents and adults about sex and relationships difficult. Fears of judgement and stigma from the local community, a lack of anonymity, and limited service availability were found to prevent access to health protective behaviours and support.

Mental Health

Mental wellbeing is more than just the absence of mental health issues; it relies on several factors, including life satisfaction, social connections, and feelings of belonging. These subjective factors are usually assessed through standardised questions that provide a score of overall mental wellbeing. Mental health issues cover a wide range of issues, from mild problems to severe illnesses.

Mental Wellbeing

One recognised tool for measuring mental wellbeing is the Warwick and Edinburgh Mental Wellbeing Scale (WEMWBS) (43). The average WEMWBS score for mental wellbeing for 13-year-olds in the Western Isles is slightly below the Scottish average, and for 15-year-olds it is similar to the Scottish average. For adults in the Western Isles, the average WEMWBS score for mental wellbeing consistently ranks above the Scottish average ().

Figure 55) (28).

Figure 55. Mental wellbeing score for adults in the Western Isles and Scotland from 2012-2015 to 2017-2021 using the Warwick and Edinburgh Mental Wellbeing Scale (WEMWBS) (28)

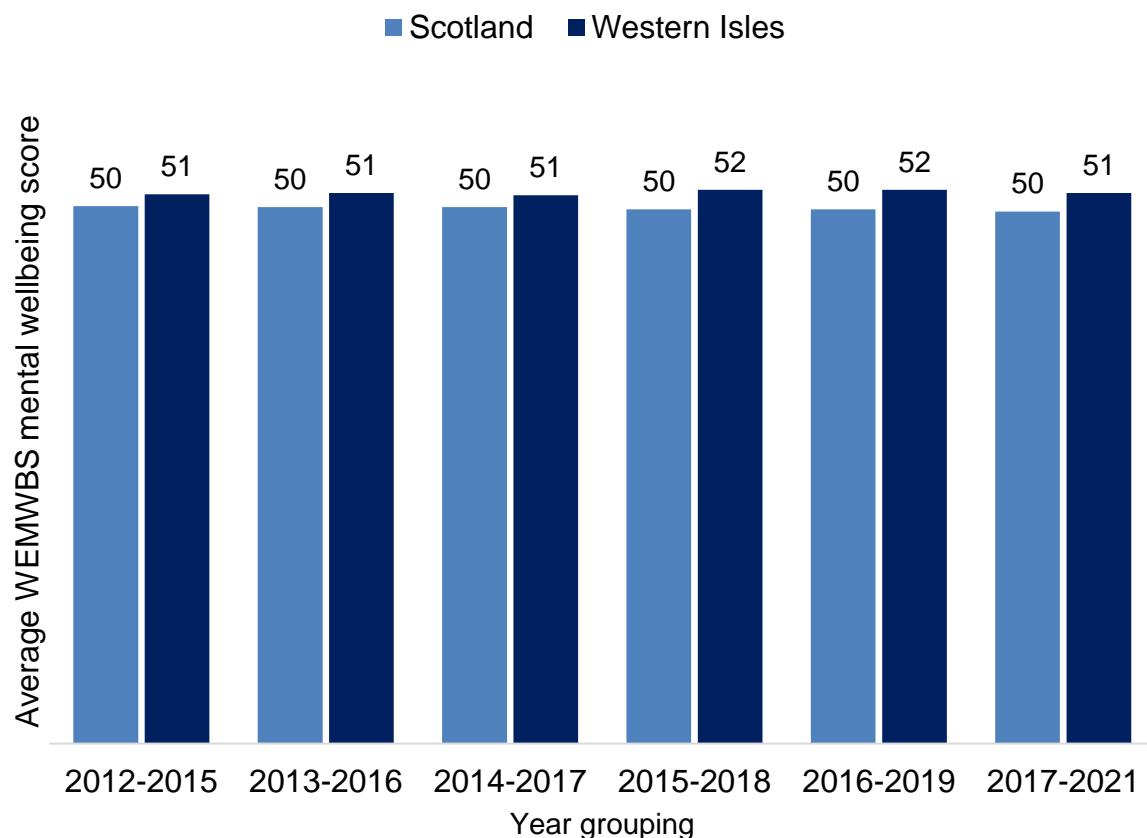
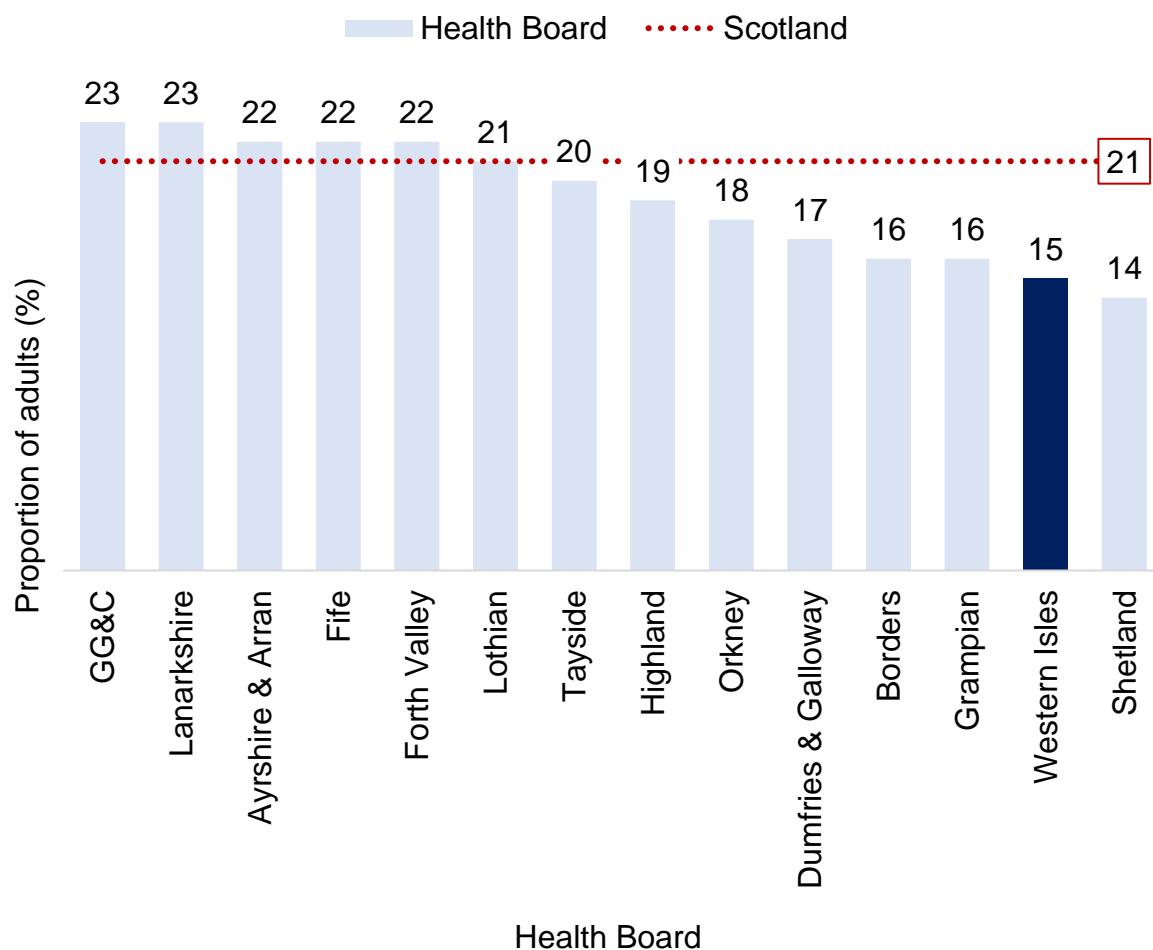


Figure 56 shows the proportion of adults with potential mental health problems is lower in the Western Isles when compared to most other Scottish Health Board areas, and Scotland as a whole (28). It should be noted that because the data is self-reported, a degree of subjectivity applies.

Figure 56. Proportion of adults with potential mental health problems by Health Board area in Scotland, 2018-2022 (28)

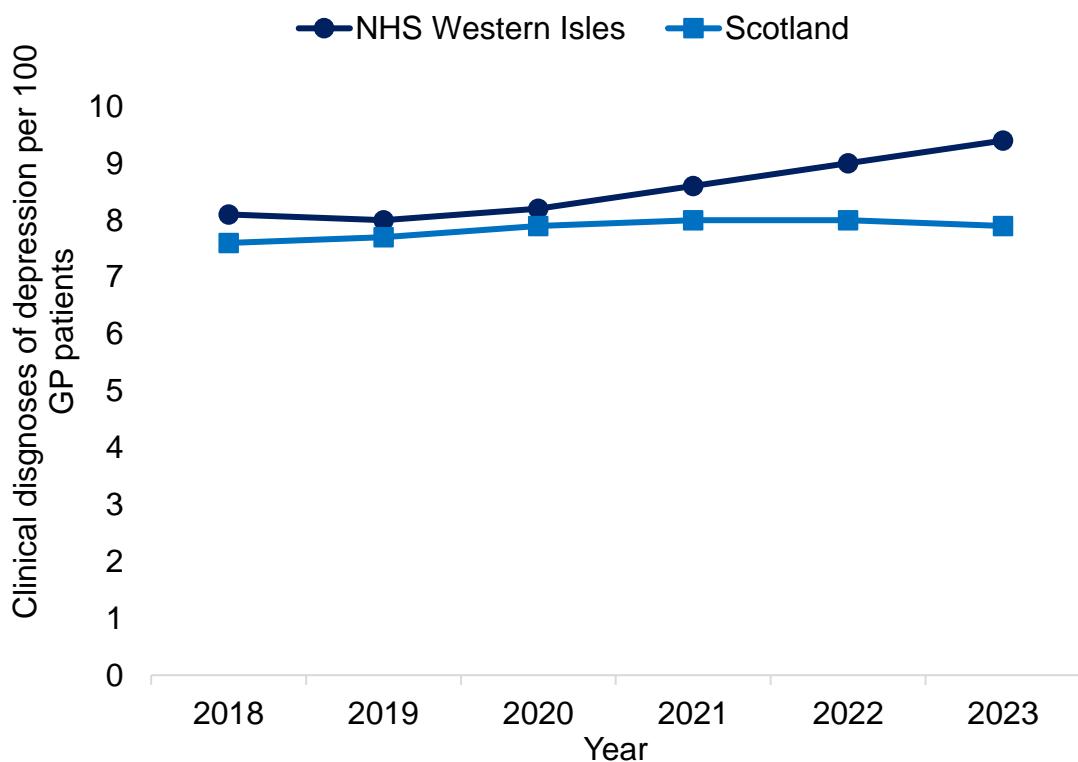


Depression is the largest driver of the number of years lived with disability (YLD) among males in the Western Isles, and the third largest for females in the Western Isles (44). This aligns with the trend for Scotland as a whole. Anxiety is also a significant cause of YLD in the Western Isles, as the fourth largest driver for both sexes in the Western Isles. As with depression, the trend in the Western Isles is similar to the Scottish average. It should be noted that because the data is self-reported, a degree of subjectivity applies.

Figure 57 shows clinical diagnoses of depression are slightly more prevalent in the Western Isles than for Scotland as a whole. However, the data has been drawn from an incomplete sample of GP practices so should be interpreted with caution. Prescribing data for antidepressants, sleep aids, and anxiety medication is collected

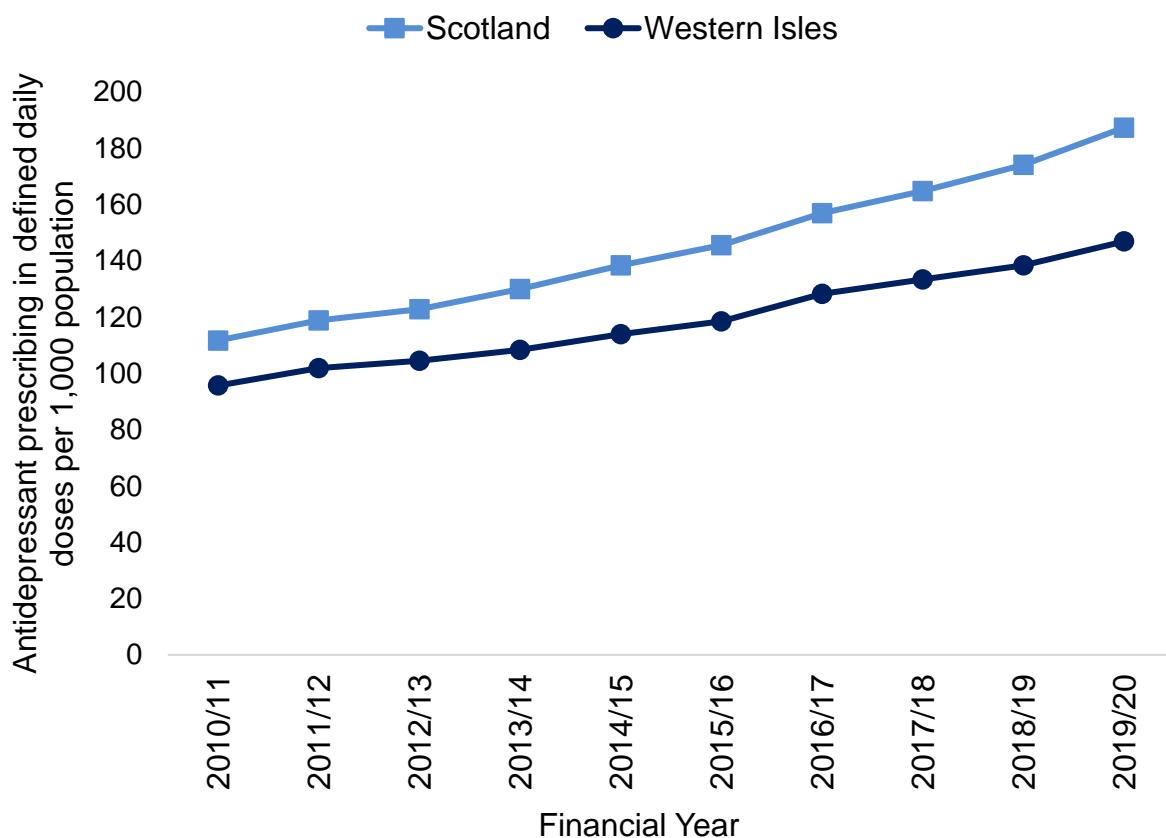
from various healthcare providers and can be used in assessing mental health at population level.

Figure 57. Clinical diagnoses of depression per 100 GP patients for the Western Isles and Scotland, 2018 to 2023 (45)



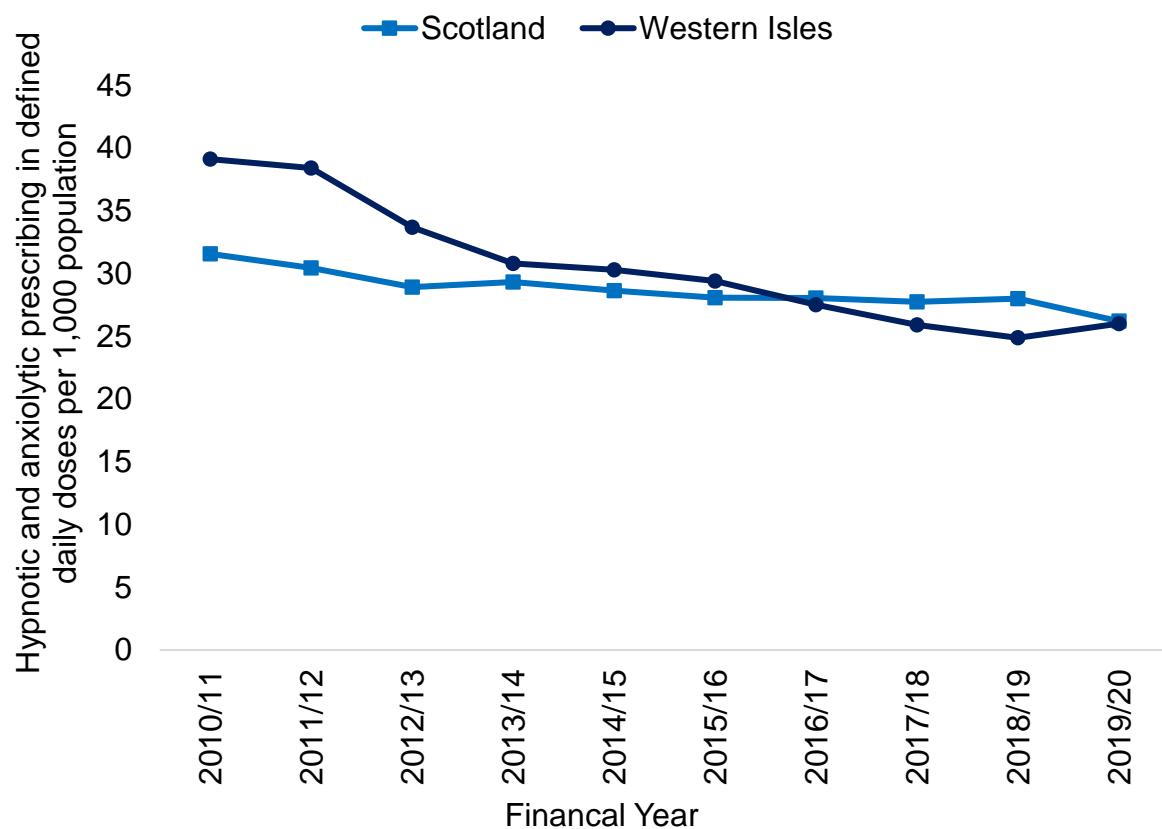
Since 2010/11, there has been a steady increase in antidepressant prescribing in both the Western Isles and Scotland (Figure 58) (46). However, in the same period antidepressant prescribing in the Western Isles has consistently remained below the Scottish average, and the increase has been less marked. It is important to note that prescribed medication does not equate to medication administered.

Figure 58. Antidepressant prescribing in defined daily doses in the Western Isles and Scotland, between 2010/11 and 2019/20 (46)



Since 2010/11, there has been a steady decrease in hypnotic and anxiolytic prescribing in both the Western Isles and Scotland (Figure 59) (46). For most of this period, hypnotic and anxiolytic prescribing in the Western Isles has been similar to the Scottish average.

Figure 59. Hypnotic and anxiolytic prescribing in defined daily doses for community dispensers in the Western Isles and Scotland, between 2010/11 and 2019/20 (46)



Suicide and Deaths of Undetermined Intent

Figure 60 shows that in the Western Isles the suicide rate has typically been similar to that for Orkney, and higher than that for Shetland and Scotland as a whole, since 2010-2014 (28).

Figure 60. Age and sex standardised suicide rate, including deaths of undetermined intent, per 100,000 population by Health Board area in Scotland between 2010-2014 and 2018-2022 (28)

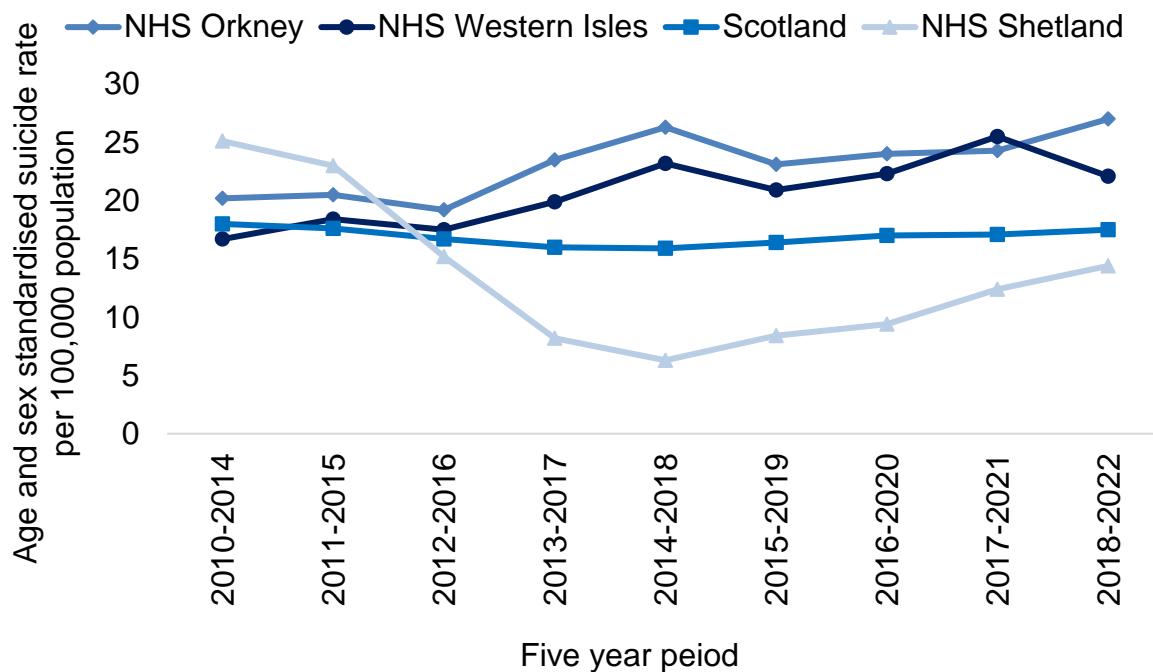
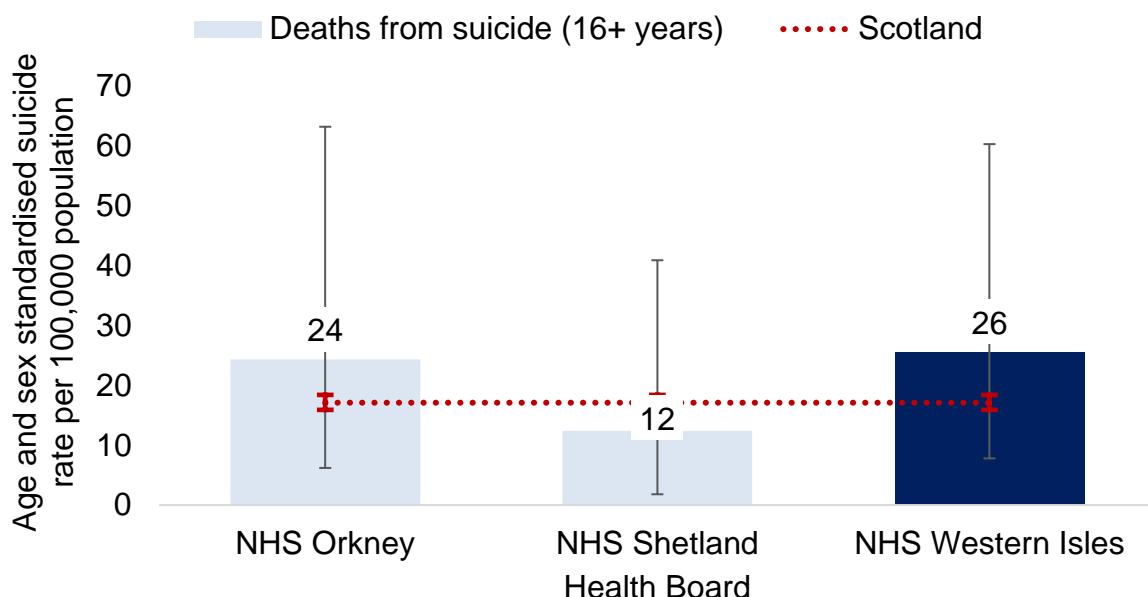


Figure 61 shows that while the Western Isles had a higher suicide rate than the other Scottish Island Health Boards and Scotland as a whole for 2017-2021, the difference was not statistically significant.

Figure 61. Age and sex standardised suicide rate, including deaths of undetermined intent, per 100,000 population by Health Board area in Scotland, 2017-21.

Confidence intervals represent 95% (47)



Screening

All Scottish Health Boards offer five pregnancy and newborn screening programmes. The uptake of these in the Western Isles is consistently high and in 2023/24 all of those who were eligible were screened across the five programmes (Table 5). It should be noted that the data for newborn blood spot screening is incomplete.

Table 5. Uptake of pregnancy and newborn screening in the Western Isles, 2023/24

Screening programme	Uptake (%)
Haemoglobinopathy	100
Down Syndrome and foetal anomalies	100
Communicable diseases	100
Newborn blood spot	100
Newborn hearing	100

In addition to the pregnancy and newborn screening programmes, all Scottish Health Boards offer five adult screening programmes. The uptake of these in the Western Isles is consistently above the Scottish average (Table 6).

Table 6. Uptake of adult screening in the Western Isles and Scotland. Due to the timescale associated with the collection and analysis of national data, the uptake of cervical screening in Scotland is delayed.

Screening programme	Period	Uptake in the Western Isles (%)	Uptake in Scotland (%)
Abdominal aortic aneurysm	2022/23	85	71
Bowel	2023	70	68
Breast	2020-23	80	76
Cervical	2023/24	72	unavailable
Diabetic eye	2023/24	78	68

Immunisations

The uptake of childhood immunisations in the Western Isles and Scotland is shown in Table 7. For the immunisations given by five years, uptake in the Western Isles is very similar to the Scottish average. For immunisations given to adolescents, uptake in the Western Isles is above the Scottish average.

Table 7. Uptake of childhood immunisations in the Western Isles and Scotland, 2023/24

Age	Immunisation	Uptake in the Western Isles (%)	Uptake in Scotland (%)
By 12 months	6 in 1	94	95
	Rotavirus	93	93
	MenB	94	94
	PCV	94	95
By 24 months	6 in 1	94	96
	MMR1	91	93
	Hib/MenC	92	93
	PCV	92	93
	MenB	92	92
By 5 years	6 in 1	95	97
	MMR1	95	96
	Hib/MenC	95	95
	4 in 1	92	90
	MMR2	91	89
Between 11 and 13 years	HPV (S1)	82	73
	HPV (S2)	83	80
Around 14 years	Td/IPV (S3)	80	69
	MenACWY (S4)	81	77

The uptake of adult immunisations in the Western Isles and Scotland is shown in Table 8. The uptake locally is similar to the Scottish average, except for shingles where it is lower.

Table 8. Uptake of adult immunisations in the Western Isles and Scotland, 2023/24

Immunisation	Population	Uptake in the Western Isles (%)	Uptake in Scotland (%)
Influenza	Eligible groups	53	54
Pertussis	Pregnant women	82	82
Pneumococcal	Eligible groups	75	72
Shingles	70 years	59	62
Shingles	71-79 years	76	15

Healthcare Services

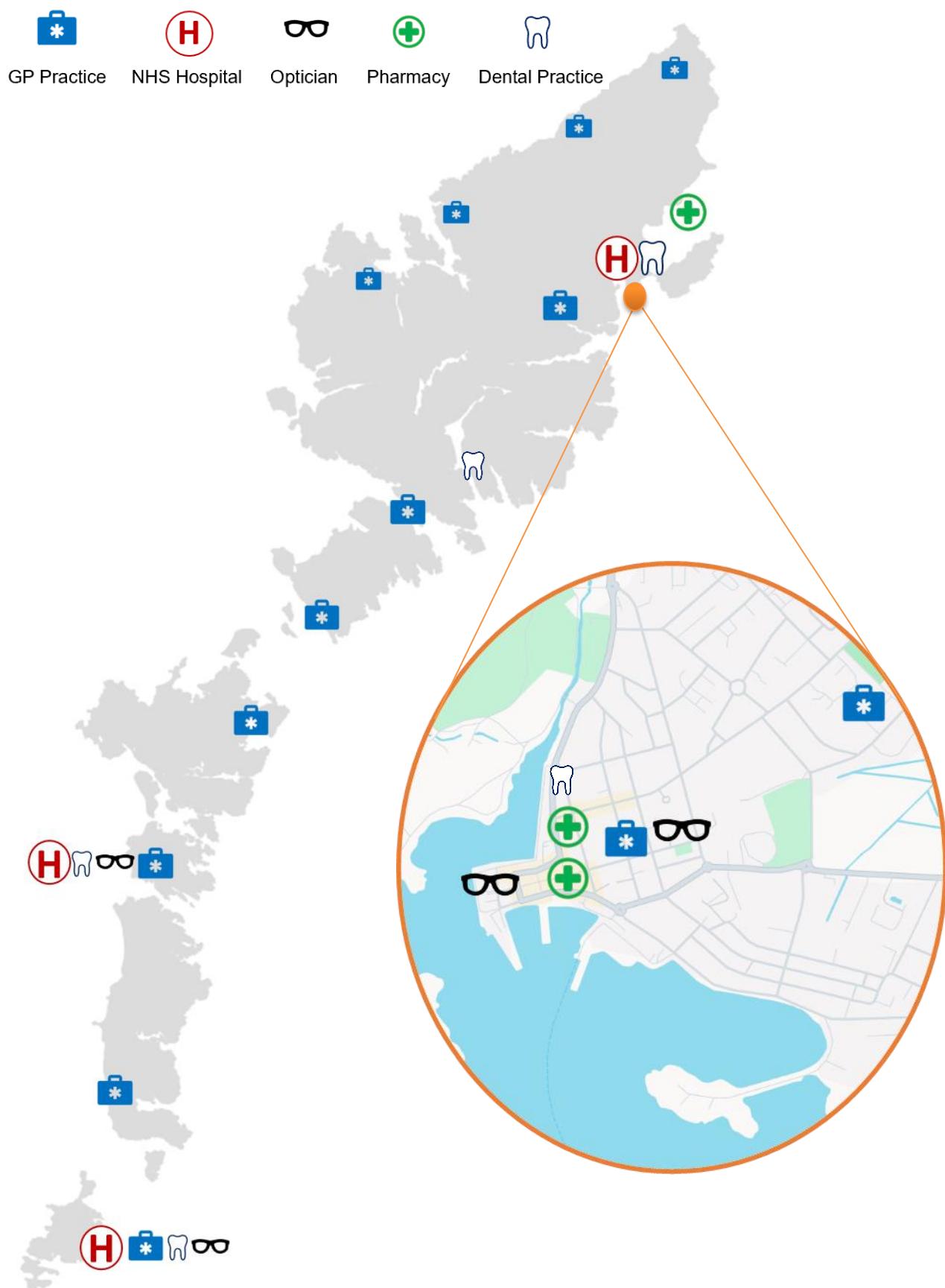
Healthcare services operate from a range of locations across the Western Isles. Some of these services are delivered directly by NHS Western Isles Health or the Western Isles Integrated Joint Board, while others are delivered by alternative providers. Table 9 lists the main healthcare services and locations in the Western Isles.

Table 9. Main healthcare services and locations in the Western Isles

Service type	Service name	Location
NHS Hospital	Western Isles Hospital	Stornoway
	Uist and Barra Hospital (OUAB)	Benbecula
	St Brendan's Hospital	Barra
General practice	The Group Practice	Stornoway Habost
	Broadbay Medical Practice	Stornoway
	Langabhat Medical Practice	Leurbost Borve Carloway Miavaig
	North Harris Medical Practice	North Harris
	South Harris Medical Practice	South Harris
	Benbecula Medical Practice	Benbecula
	North Uist Medical Practice	North Uist
	South Uist Medical Practice	South Uist
	Barra Medical Practice	Barra
Pharmacy	Boots	Stornoway
	K J MacDonald	Stornoway
	Back Pharmacy	Back
Dental practice	Castleview Dental Practice	Stornoway
	Western Isles Dental Centre	Stornoway
	Harris Dental Clinic	North Harris
	Uist and Barra Hospital Dental Hub	Benbecula
	Barra Dental Clinic	Barra
Opticians	Robert Doig Optician	Stornoway Benbecula Barra
	Claire Whyman	Stornoway

Figure 62 shows the geographic spread of healthcare services across the Western Isles. It highlights the considerable distances to services for some patients living in the Western Isles. It is of note that some services only operate from certain locations on a limited schedule, necessitating patients to travel to other locations outside of these times.

Figure 62. Location of the main healthcare services in the Western Isles



Primary Care

The general practices in the Western Isles have an average of 8.3 general practitioners per 10,000 patients. This is well above the Scottish average of 5.9 general practitioners per 10,000 patients. In the Western Isles, the general practices also have small patient lists compared to those elsewhere in Scotland. These factors contribute to the relatively good access to general practitioners in the Western Isles. This has typically resulted in high levels of patient satisfaction with the service received from general practices locally.

Acute Care

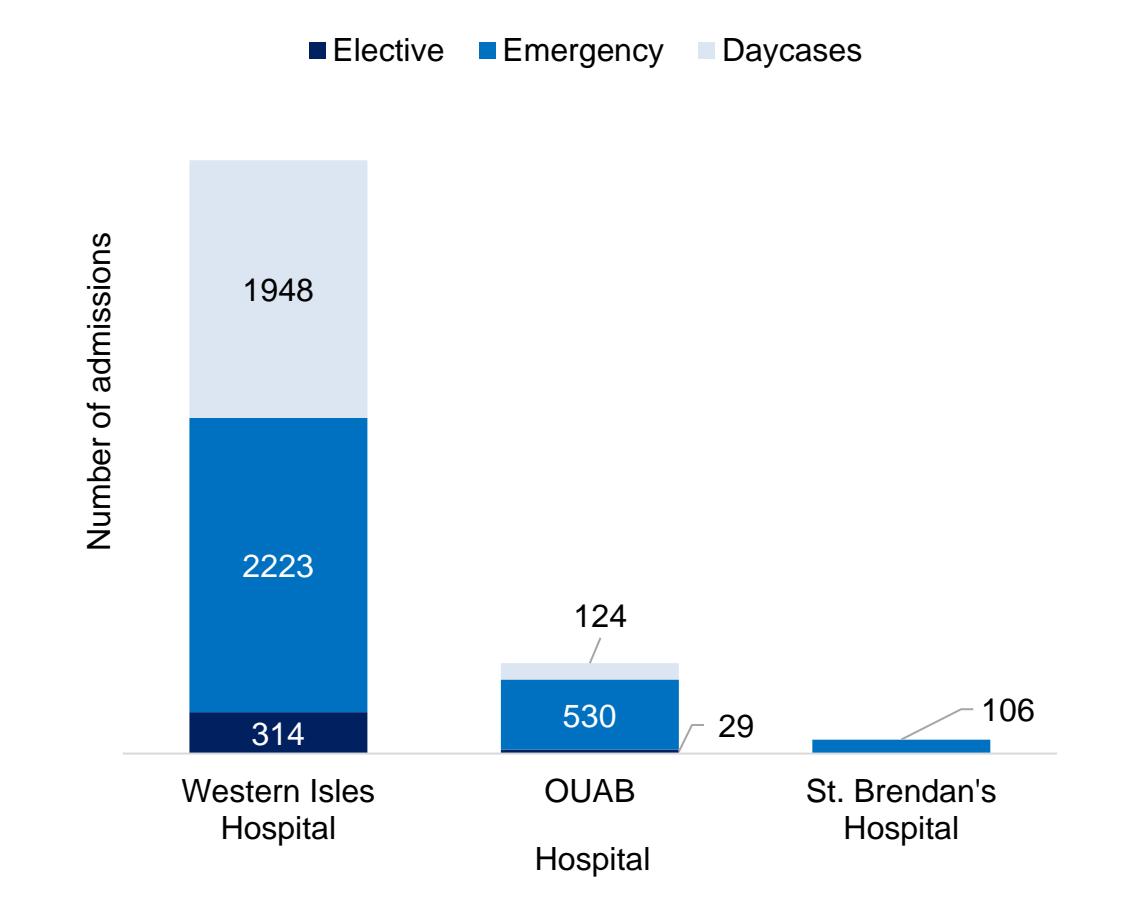
Long-stay hospitals, primarily for elderly or psychiatric patients, have been reducing in number in Scotland, with none in the Western Isles. Instead, the focus has shifted to supporting these patients at home or in community settings. The current number of hospital beds available in the Western Isles is listed in Table 10.

Table 10. Hospital beds by specialty and hospital in the Western Isles, 2024 (48)

Specialty	Western Isles Hospital	OUAB	St. Brendan's Hospital
General Practice		16	3
General Medicine, including High Dependency Unit	34		
Paediatrics	3		
General Surgery	8		
Orthopaedics	6		
Gynaecology	4		
Adult Psychiatry	5		
Obstetrics	6		

Most of the hospital inpatient and day case admissions in the Western Isles take place at Western Isles Hospital, which accounts for 85% of the hospital admissions in the Western Isles (Figure 63). Planned admissions, including day cases, are mainly carried out at the Western Isles Hospital where the consultant staff are based.

Figure 63. Inpatient and day case admissions for the hospitals in the Western Isles, 2023-2024 (49)



Unscheduled Care

There are various ways to access unscheduled care, including NHS24, ambulance services, out-of-hours GP services, hospital emergency departments (ED), and inpatient beds. In the Western Isles, a higher proportion of unscheduled care is delivered through hospital admissions and ambulance service (SAS) attendances than for Scotland as a whole, while NHS24 usage is lower (Table 11). Note the data shows the proportion, and not the overall number of contacts, by service type.

Table 11. Proportion of unscheduled care contacts by service type by Health Board in Scotland, 2021-2022 (50)

Service type	Scotland (%)	NHS Western Isles (%)	NHS Shetland (%)	NHS Orkney (%)
Self referral	57.3	61.0	51.7	63.7
Ambulance	19.1	19.8	13.4	15.5
NHS 24	8.5	0.9	6.0	2.2
Primary care out of hours	0.9	0.1	0.1	1.5
General practice	8.3	13.7	13.0	10.1
FNC/virtual Clinic	0.9	0.2	0.0	0.0
Other	5.0	4.3	15.7	6.9

Emergency Department

In the Western Isles, there is an ED at Western Isles Hospital in Stornoway, and smaller ED units at OUAB and St. Brendan's Hospital, managed by general practitioners. It should be noted that while some patients present directly at ED units, NHS24 should be the first point of contact in the majority of cases.

In 2023/24, the ED attendance rate per head of population in the Western Isles was lower than the Scotland average. There are approximately 623 ED visits per month in the Western Isles, mostly at Western Isles Hospital. This represents a 9% decrease since 2012-14. A notable trend in Scotland's emergency departments is that many patients return multiple times a year. In the Western Isles, about a quarter of patients who visit the ED do so more than once a year, which is 5% higher than the Scotland average (51). In 2023/24, a total of 24.4% of ED visits in the Western Isles resulted in hospital admissions or transfers, slightly below the Scottish average of 26.1%. The Western Isles has the fourth highest rate of ED patients being sent home of the 14 Health Boards in Scotland (52).

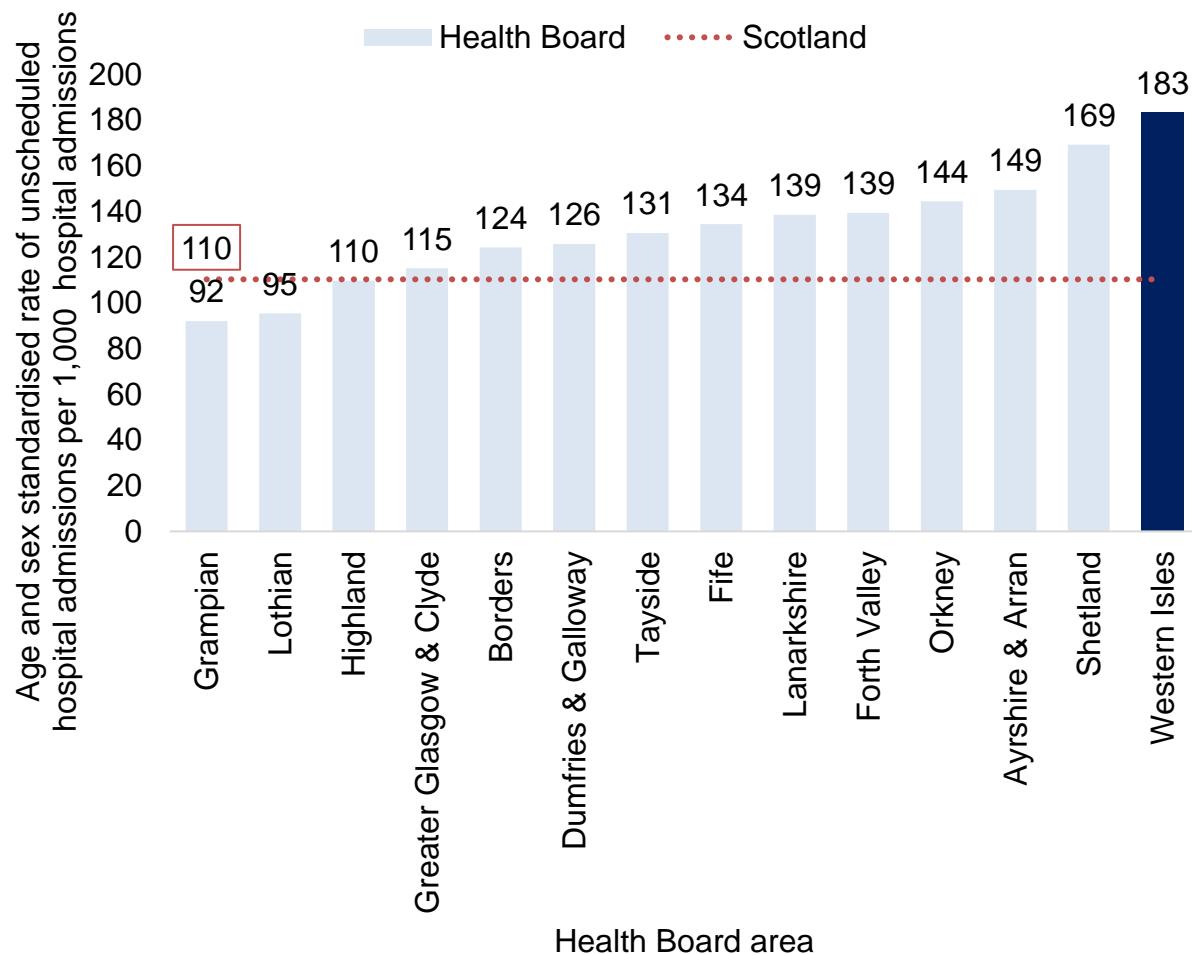
Unscheduled Admissions

The majority of unscheduled acute care for the population of the Western Isles is delivered locally, while more complex treatments are undertaken in hospitals in mainland Scotland. In 2023/24, more than half of hospital admissions in the Western Isles, 54%, were unscheduled. The smaller hospitals had even higher rates, and all admissions at St. Brendan's Hospital were unscheduled. However, the greatest number of unscheduled admissions occurred at Western Isles Hospital, accounting for 78% of the total unscheduled admissions in the Western Isles. Half of these unscheduled admissions, 50%, were to medical specialties, 50%, followed by community services and surgical admissions which account for 22% and 21% respectively. A smaller proportion of admissions were to paediatrics at 6%.

Figure 64 shows that the Western Isles had the highest rate of unscheduled hospital admissions in Scotland, with 183 admissions per 1,000 people. The other Scottish island Health Boards also had rates above the Scottish average of 110 admissions

per 1,000 people. This suggests that living in remote areas may lead to more unscheduled hospital admissions.

Figure 64. Age and sex standardised rate of unscheduled hospital admissions per 1,000 hospital admissions by Health Board area in Scotland, 2023/24 (53)

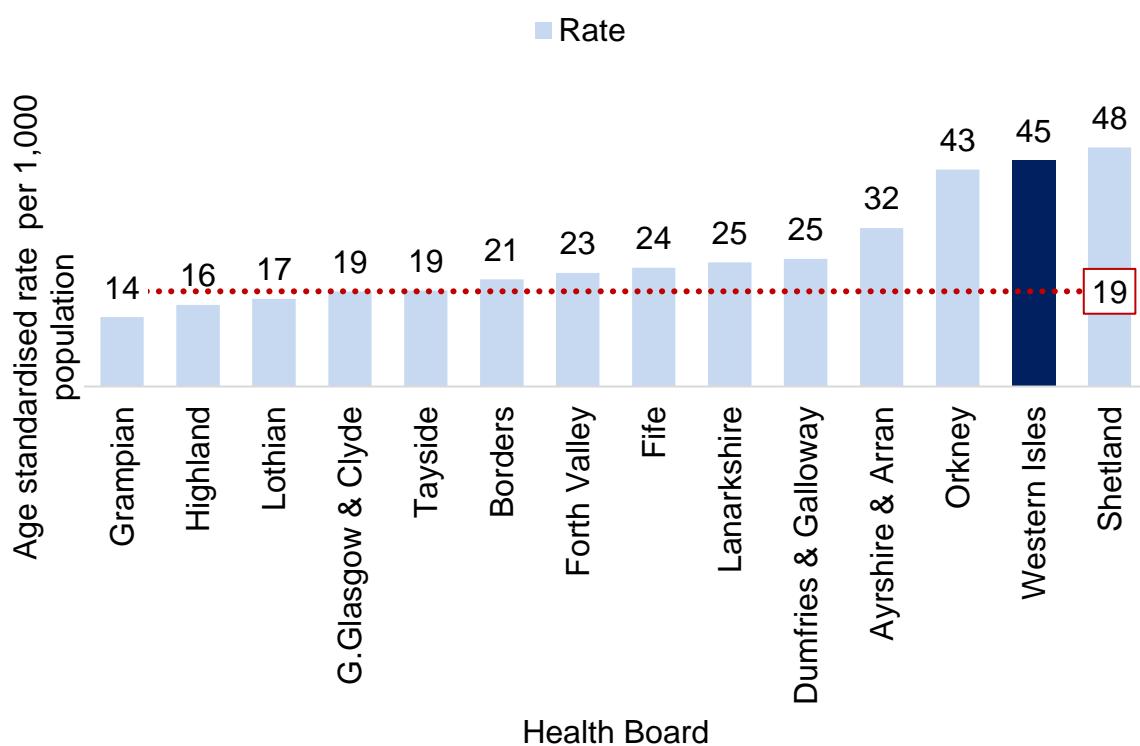


Older people in the Western Isles experience a high number of emergency hospital admissions per head of the population, more than any other health board in Scotland. In 2022-23, patients over 75 accounted for 9,469 hospital bed days due to multiple admissions. Most of these admissions are related to diabetes, with a rate of 13.6 per 1,000 people in the Western Isles, compared to 8.2 per 1,000 in Scotland overall. This resulted in 45 emergency admissions and 1,656 hospital bed days for diabetes during the same period.

Preventable Admissions

Preventable hospital admissions are conditions that are usually better treated outside of hospitals, like ear, nose and throat infections, dehydration, asthma, and vaccine-preventable illnesses. In the Western Isles, the rate of preventable admissions is high compared to other Health Board areas. In 2024, the Western Isles had the second highest rate in Scotland of preventable hospital admissions (57), as shown in Figure 65.

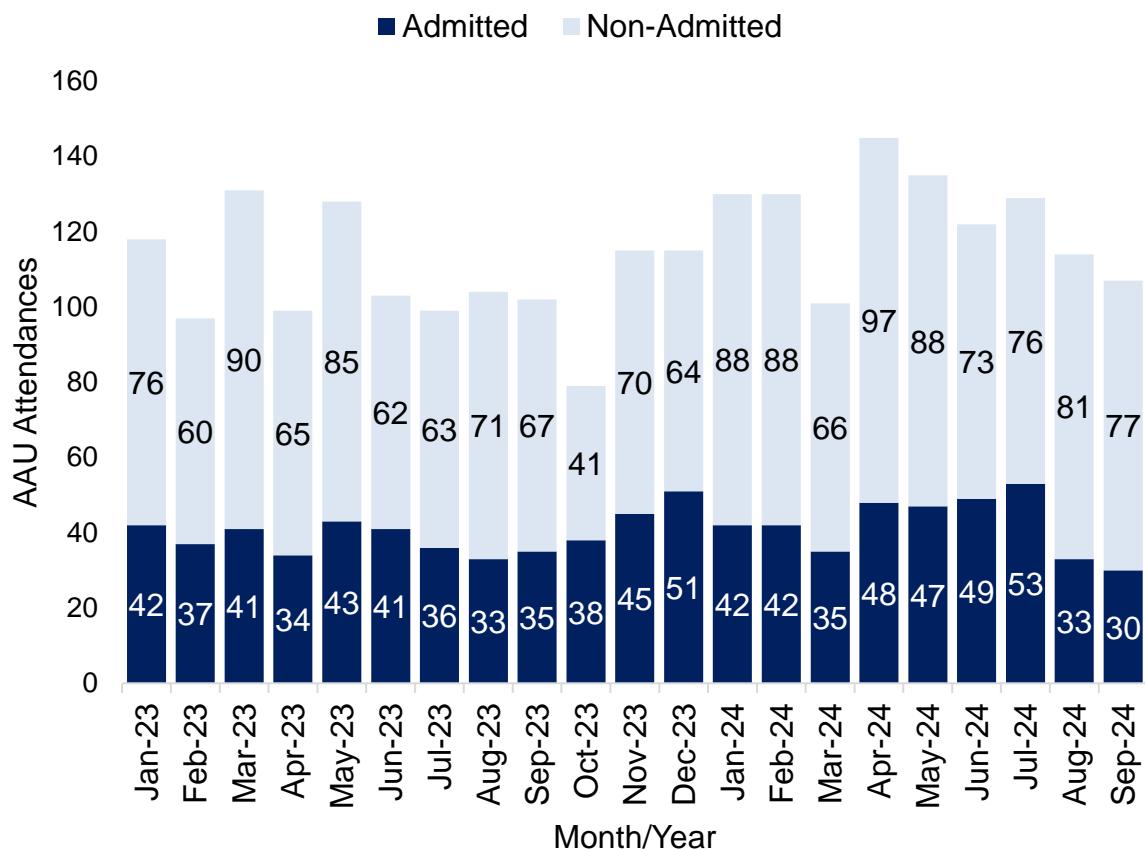
Figure 65. Age standardised rate of potentially preventable non-elective admissions to hospital per 1,000 population by health Board area in Scotland, 2024 (54)



Acute Assessment Unit

The Acute Assessment Unit (AAU) at Western Isles Hospital is available for short hospital stays of up to 72 hours. Figure 66 shows an average of 114 patients per month are admitted to the AAU, with about 35% of these being followed by a hospital admission. The remainder are discharged home and are managed by primary or community care services. There appears to be no seasonal variation in AAU admissions, or onward hospital admissions.

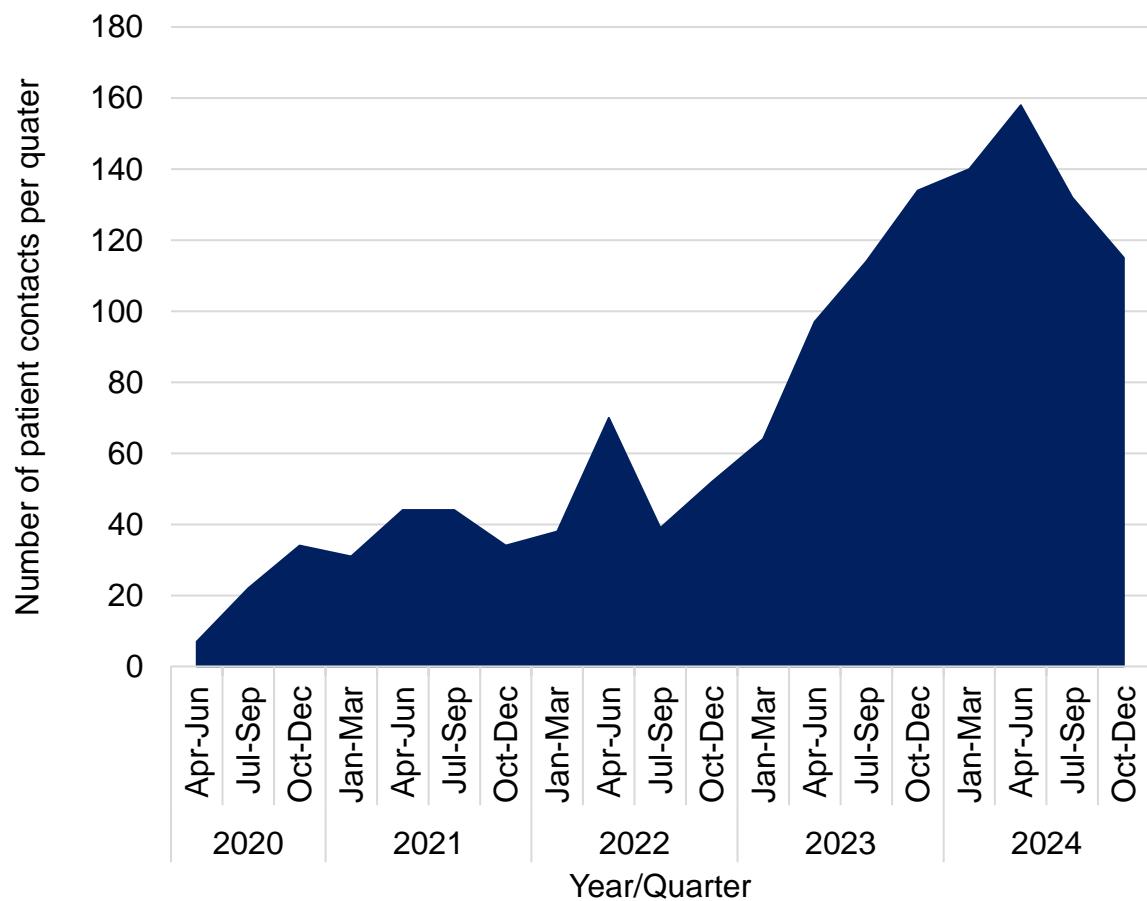
Figure 66. Acute Assessment Unit attendances at Western Isles Hospital 2023-2024 (55)



Hospital at Home

A hospital at home service was launched in Lewis and Harris 2020 to support patients who could be managed at home instead of being admitted to the hospital. This service is supported by a nursing team and, when needed, other community services. It has expanded since its initial launch with an increase in the total bed days saved in the acute hospital setting, rising from 307 bed days in 2020 to 2,656 bed days in 2024. Figure 67 shows the number of patient episodes, in which individual patients used the service since its launch.

Figure 67. Hospital at Home patient contacts in the Western Isles by quarter between April-June 2020 and October-December 2024 (55)



Outpatient Clinics

Many patients start their unplanned hospital care by visiting outpatient clinics for an initial appointment. After this, they might return for follow-ups, be admitted for treatment, or go back to their primary care doctor. Outpatient attendance is highest in the island Health Boards, often exceeding the Scottish average since 2021. The Western Isles has the third-highest rate of new outpatient appointments at 493 per 1,000 people, while the national rate is 300.

For follow-up appointments, the Western Isles is similar to the national average, with a ratio of 2.5 return visits for every new appointment, compared to 2.7 nationally. The Western Isles has higher rates of outpatient attendance for general medicine at 45 appointments vs 10 per 1,000 and for orthopaedics at 52 vs. 26 per 1,000

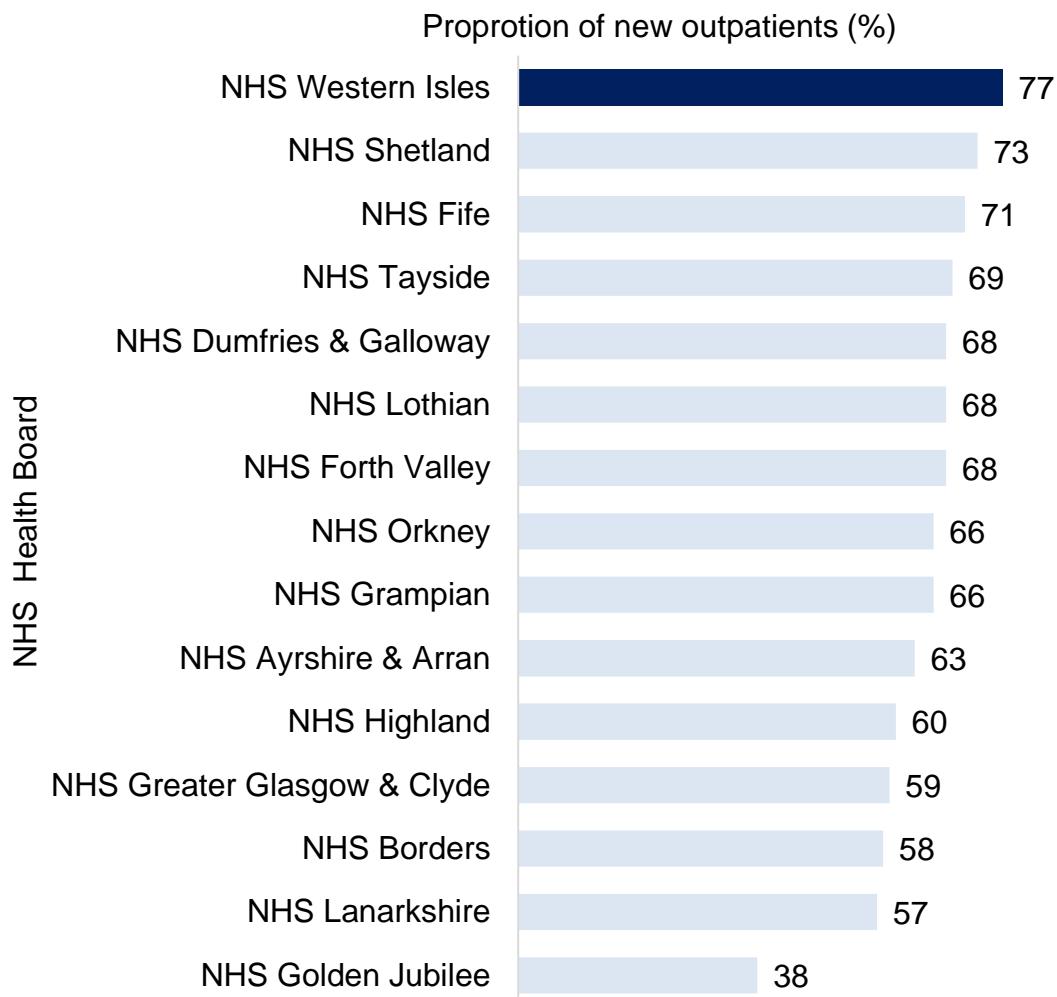
Most new outpatient appointments are led by consultants at 85% down from 92% in 2011-12, as more clinics led by nurses have started. On average, there are 12,264 return appointments for acute specialties at Western Isles hospitals. Orthopaedics accounts for 27%, Ophthalmology 18%, and General Medicine 16%.

Waiting Times

In planned care, which is different from emergency care, treatments are prioritised using waiting lists managed by hospitals for various specialties. Currently, national waiting times focus on inpatient/day case admissions and new outpatient appointments, with a target for patients to be seen within 12 weeks.

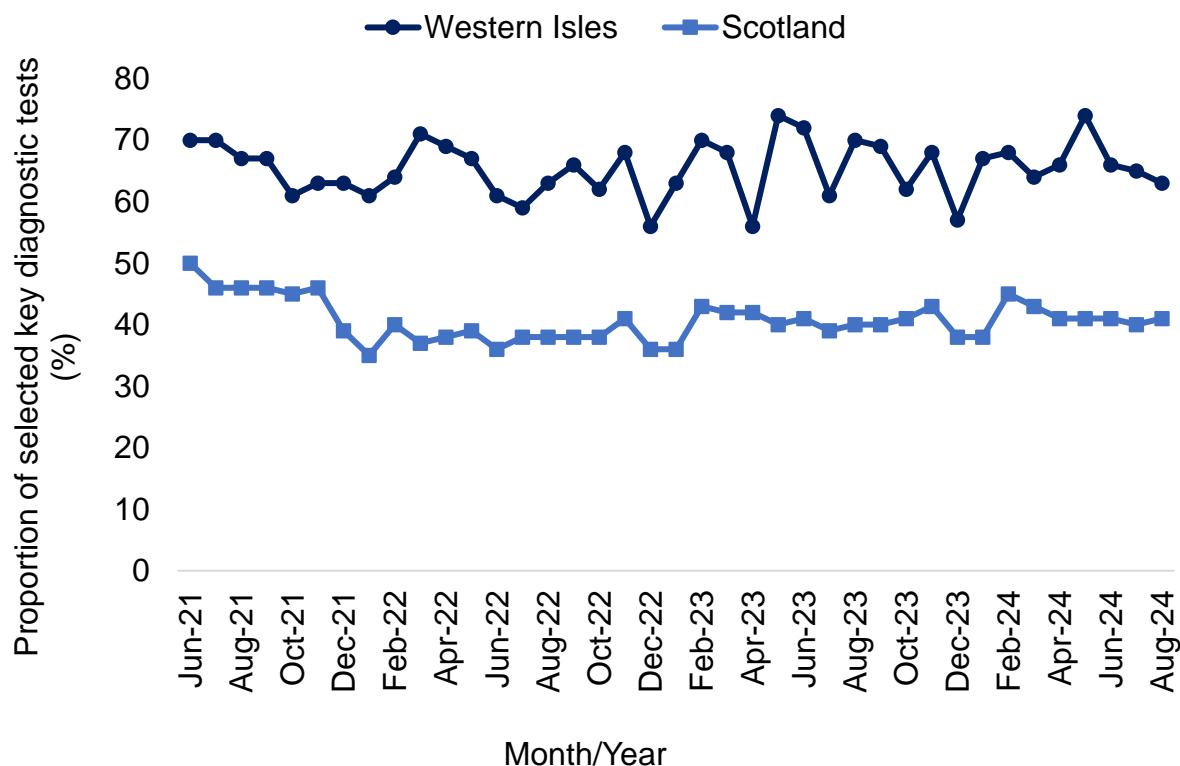
The Western Isles has generally performed well, often exceeding national averages as shown in Figure 68 for meeting the 12-week target with the lowest waiting times in Scotland. As of March 2024, 79% of new outpatients were seen within 12 weeks in the Western Isles, compared to a national average of 63%. Overall, the Western Isles leads in this category, with a 76.6% achievement rate, while Golden Jubilee recorded the lowest at 38.1%.

Figure 68. Proportion of new outpatients seen within 12 weeks of referral by Health Board in Scotland, 2023/24 (56)



The Western Isles consistently sits above the Scottish average for the proportion of selected key diagnostic tests received within six weeks of referral (Figure 69).

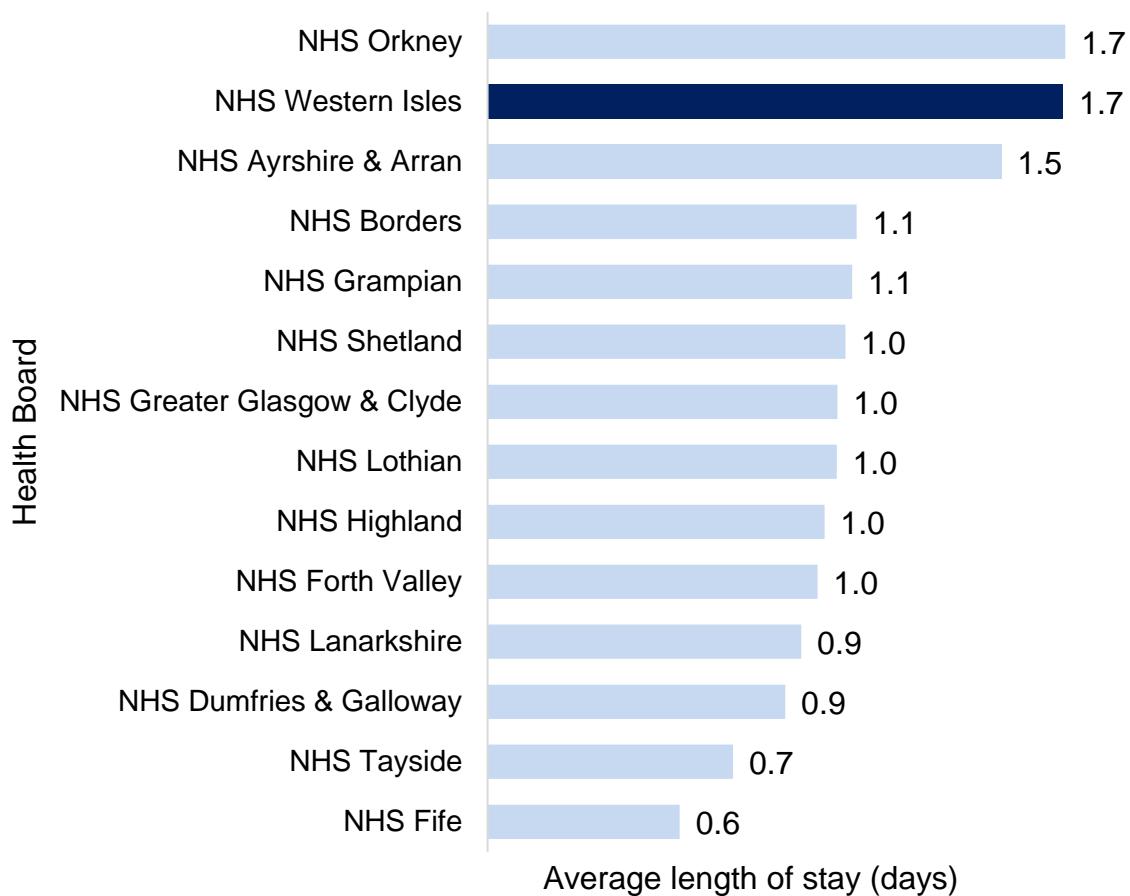
Figure 69. Proportion of selected key diagnostic tests received within six weeks of referral for the Western Isles and Scotland, by month between June 2021 and August 2024 (57)



Average Stay

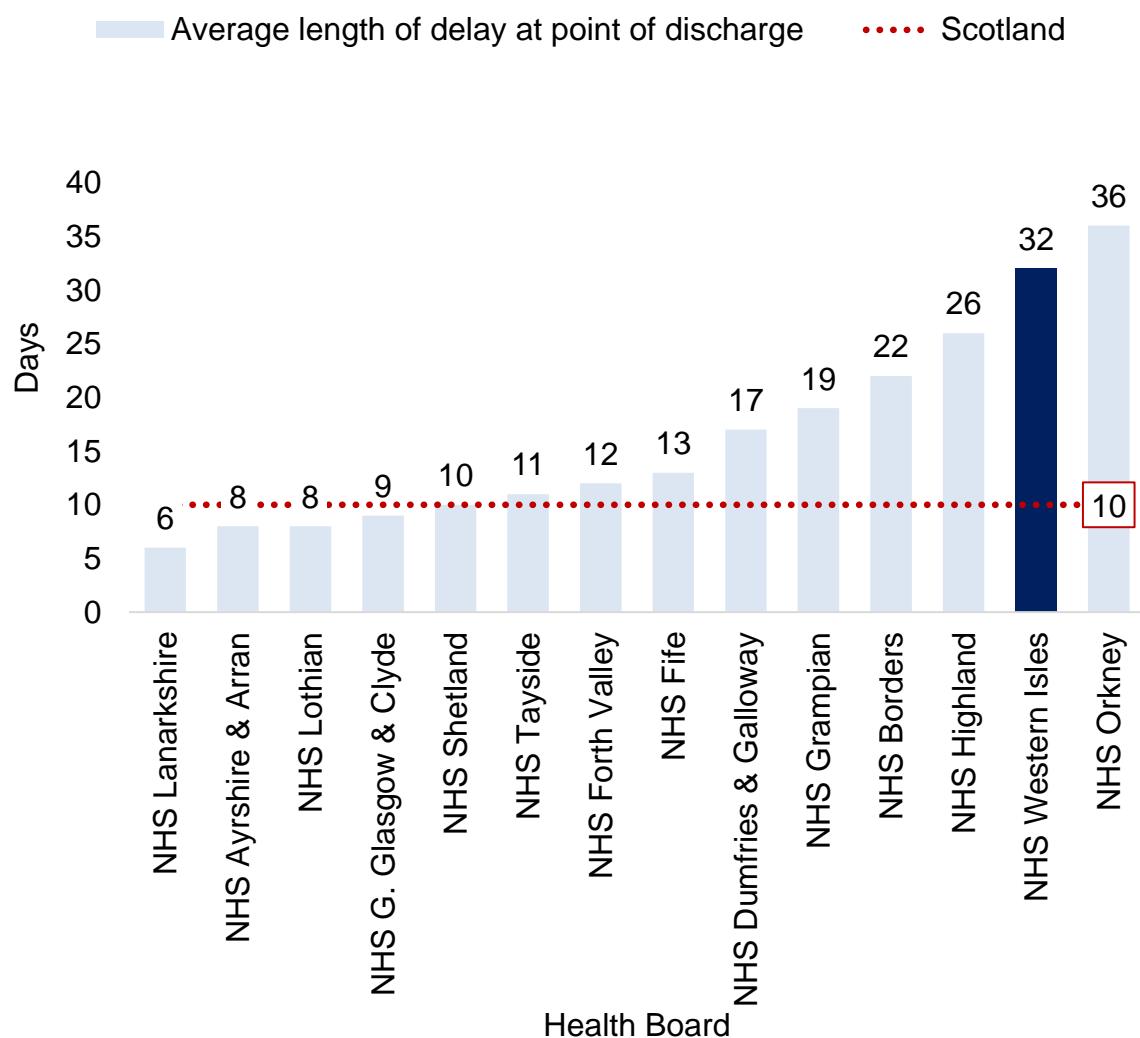
The time spent in acute hospital care is measured in terms of the average length of stay both for elective and emergency care admissions. Figure 70 shows that the average length of stay for unscheduled admissions to general medicine was the second highest of the Health Boards in Scotland in 2023/24, and has been above Scottish average in all months since February 2021.

Figure 70. Average length of stay in days for unscheduled admissions to general medicine by Health Board in Scotland, 2023-2024 (51)



Delayed discharges also impact bed occupancy levels, and in turn increase waiting times. Figure 71 shows the Western Isles has the second highest average length of delayed discharge from hospital of the 14 Health Boards in Scotland. This is linked to a lack of care placements in care homes, care at home packages, and staff recruitment difficulties.

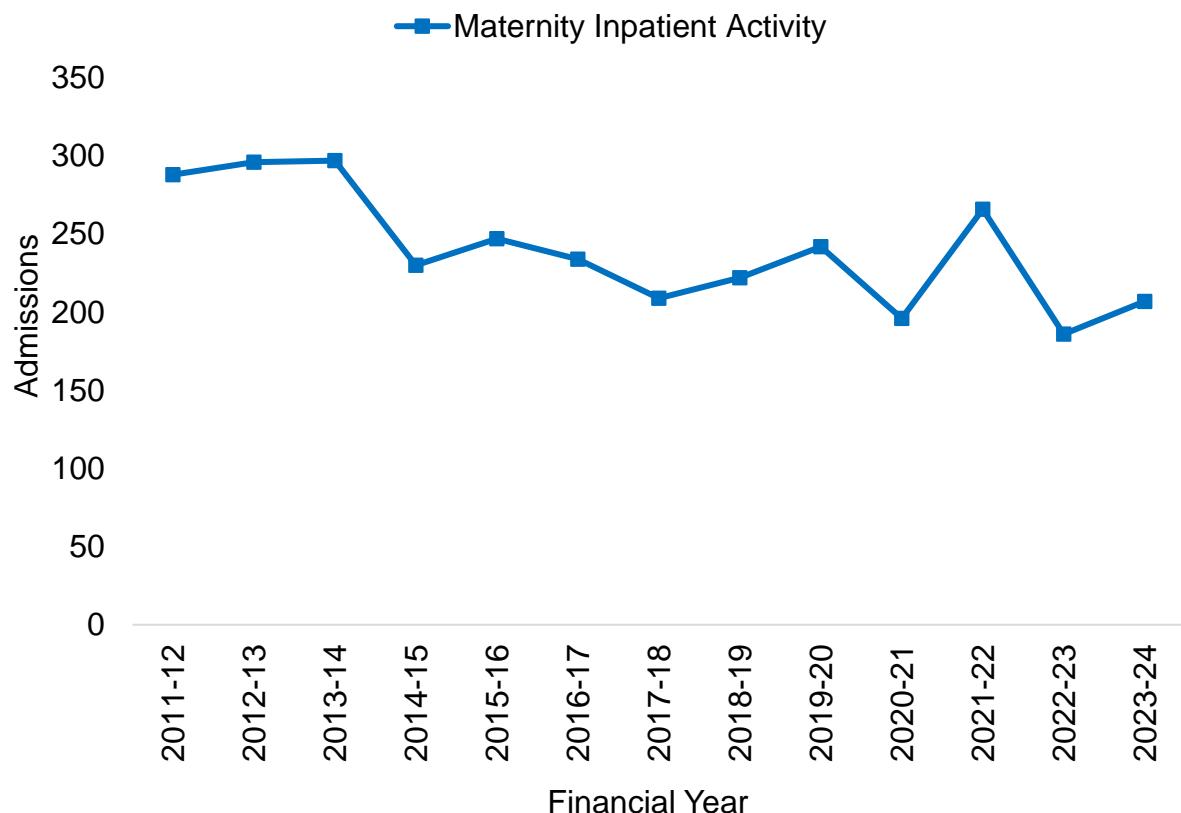
Figure 71. Average length of delayed discharge from hospital by Health Board in Scotland, 2016-2024 (58)



Maternity Care

Maternity care is provided at Western Isles Hospital, which has six midwife-staffed beds and local obstetricians. Satellite clinics are also held elsewhere in the Western Isles. Birth rates in the Western Isles have been declining, leading to a general decrease in obstetric inpatient admissions between 2011-2012 and 2023-24 (Figure 72). Just seven of the admissions in this period were to OUAB, and only one was to St. Brendan's Hospital.

Figure 72. Number of obstetric inpatient admissions to NHS Western Isles hospitals, between 2011-2012 and 2023-24 (59)



Mental Health Services

Most patients access mental health services from community mental health teams. These teams offer various services, such as community psychiatric nursing (CPN), support for people with learning disabilities, child and adolescent mental health services (CAMHS), and psychological therapies. Figure 73 shows most mental health service referrals are made to community psychiatric nursing and psychological therapies.

Figure 73. Referral trends for community mental health services in the Western Isles, 2019-2020 to 2023-2024 (60)

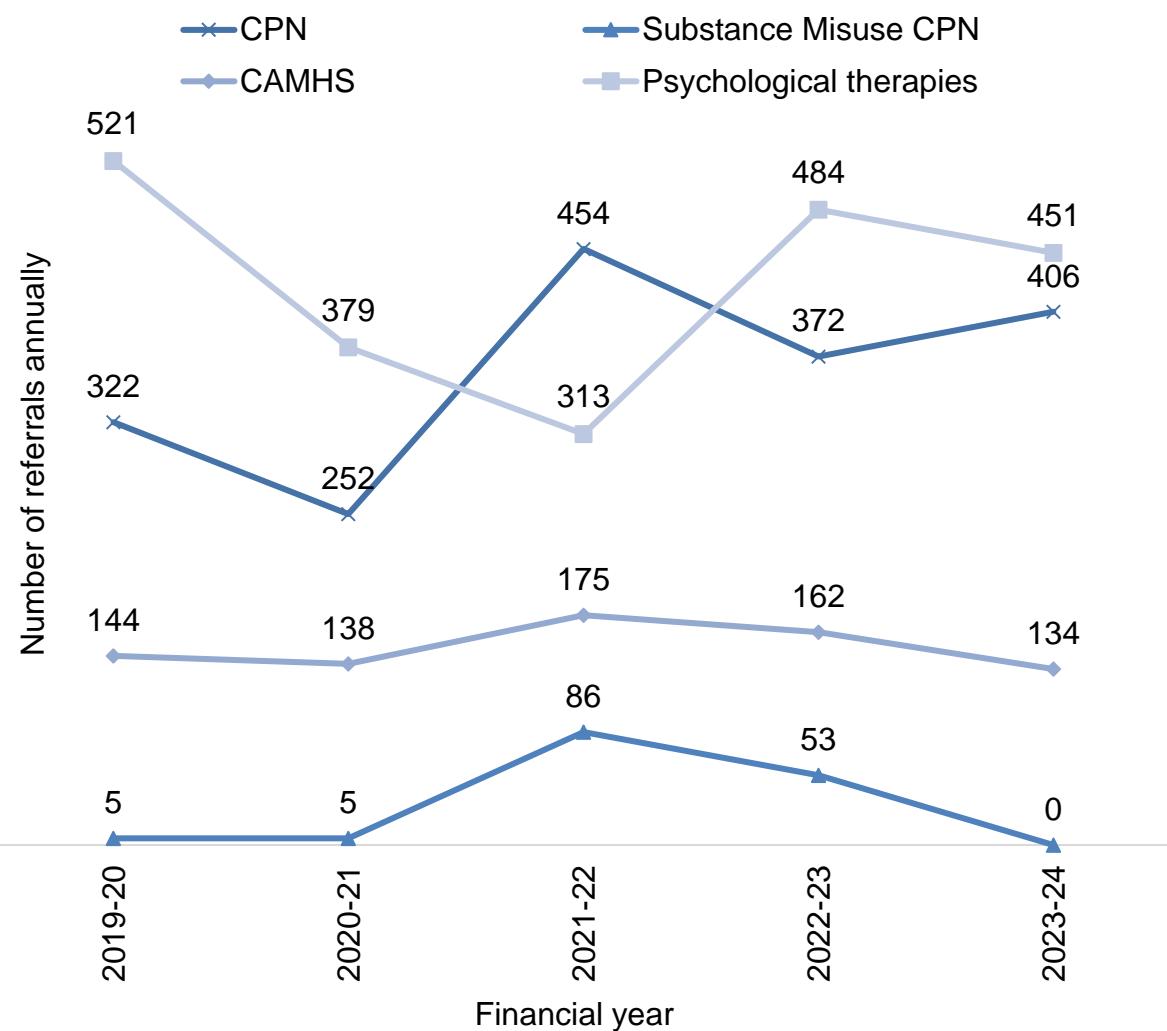
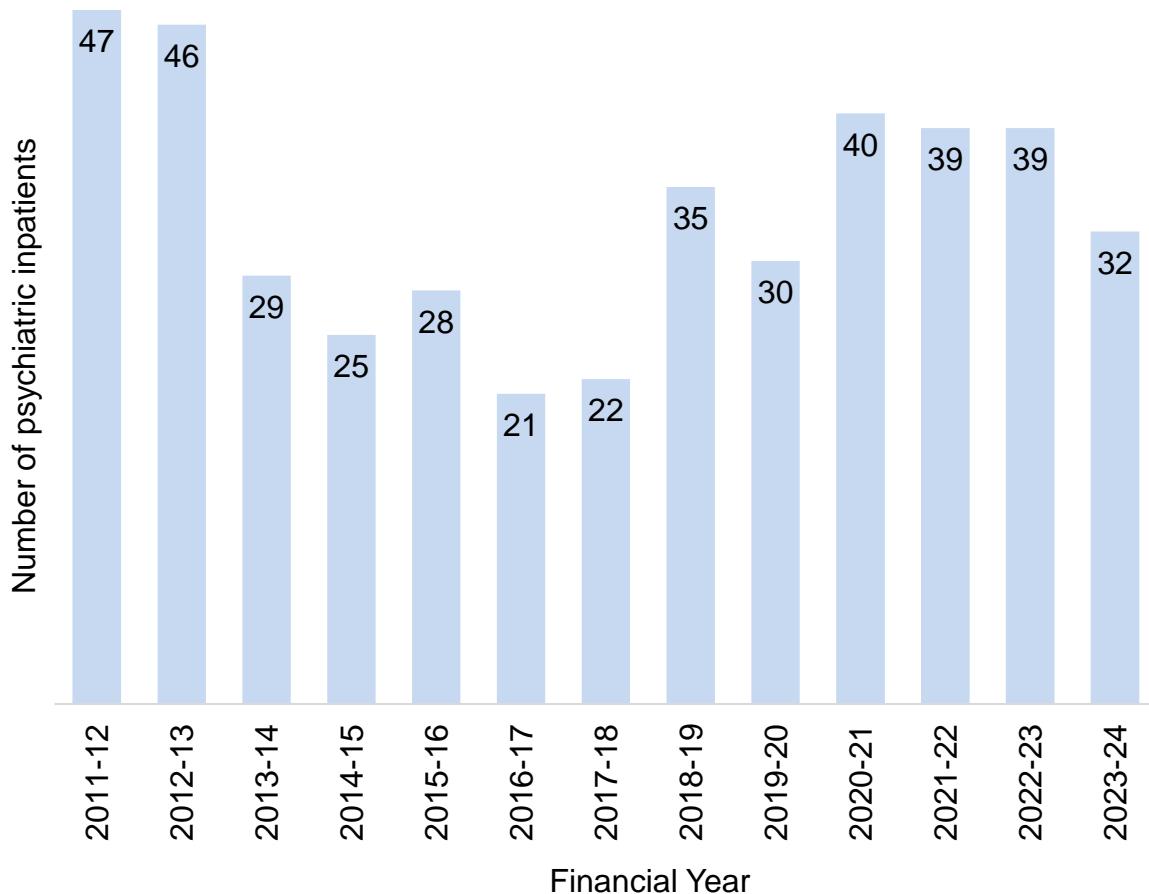


Figure 74 shows that the annual number of psychiatric inpatients at Western Isles Hospital has decreased overall since 2011-12. This change reflects a shift towards community mental health services, with hospital psychiatric care now focused on patients with severe psychiatric issues.

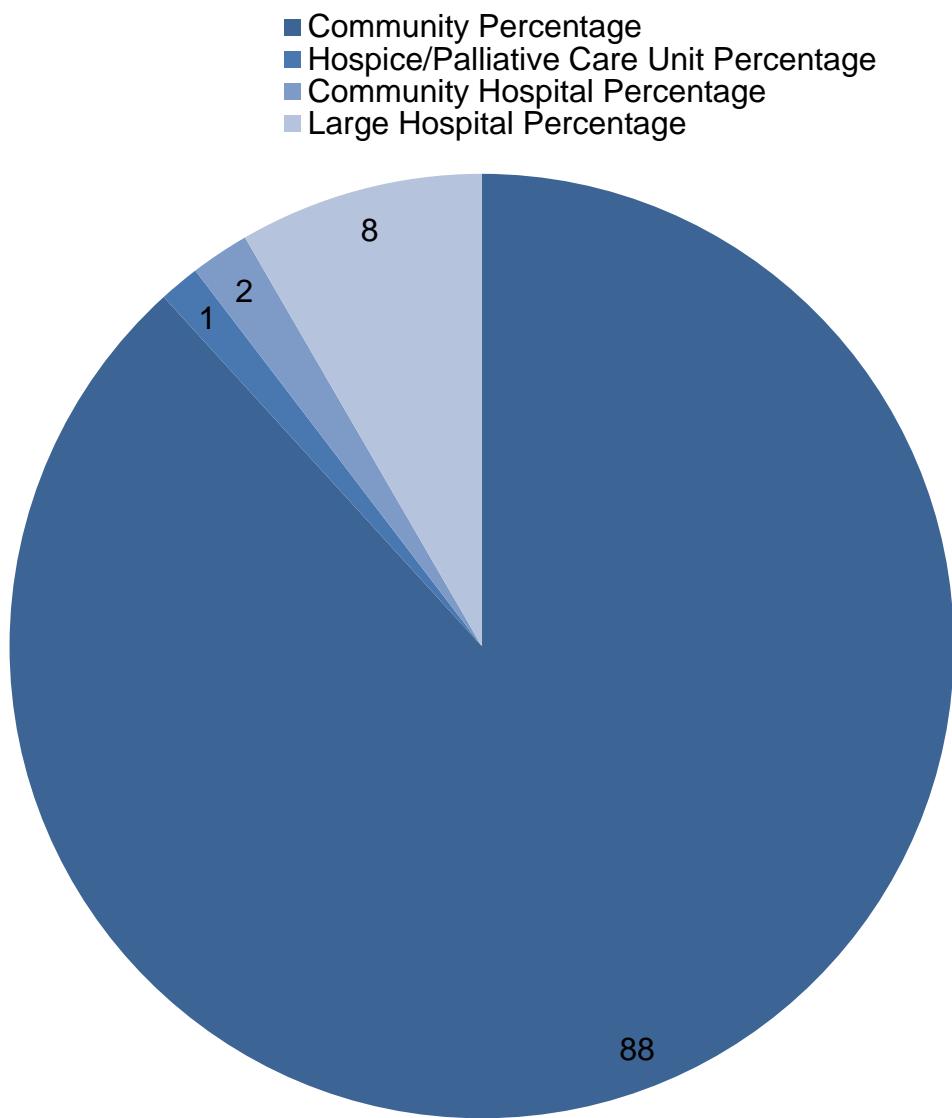
Figure 74. Number of psychiatric inpatients in Western Isles Hospital, 2011-2012 to 2023-2024 (61)



End of Life Care

The setting in which a person spends their last six months of life is one of the core national indicators. There is a national focus on shifting end of life care from care homes and hospitals to community settings, in response to preferences of individuals receiving end of life care, and their families. Figure 75 shows in the Western Isles, most end of life care is delivered in community settings.

Figure 75. Proportion (%) of end of life care delivered in each setting in the Western Isles (57)



Care Beyond the Western Isles

Many specialties are not provided in the Western Isles. Neurology, Neurosurgery, Medical Oncology, Cardiology, and Plastic Surgery are normally delivered in Glasgow. Other specialties such Ophthalmology, Clinical Oncology, Urology, and Ear, Nose and Throat are primarily delivered at Raigmore Hospital in Inverness. While General Surgery, Orthopaedics, Acute Medicine, Obstetrics and Gynaecology, and chemotherapy are delivered in the Western Isles, certain treatments are only undertaken in hospitals in mainland Scotland. Almost all, 93%, of unscheduled admissions in the Western Isles are treated locally. The remainder, comprising those

needing specialised care, are transferred to a hospital in mainland Scotland, or scheduled for future treatment at a later date. Most specialist consultations, 81%, take place in the Western Isles.

Stakeholder Engagement

As part of undertaking the needs assessment, NHS Western Isles ran a survey throughout September 2024. The aim of this was to gain an understanding of the health and wellbeing challenges across the Western Isles, through capturing the views and opinions of local people. The survey asked people to respond to four questions. The survey was publicised online via the NHS Western Isles Facebook page, via email and through secondary schools. The option to request a paper copy or alternative format was available

Responses

A total of 177 completed surveys were received. The age profile of respondents is shown in Table 12.

Table 12. Age profile of survey respondents

Age group	Proportion of respondents (%)
Under 18	21
18 to 29	4
30 to 49	32
50 to 70	37
Over 70	5
Prefer not to say	1

Thematic Analysis

A qualitative analysis of the survey responses was undertaken, and themes were identified. The results are presented by theme, with quotations. The quotations are verbatim, although some have been shortened for brevity and anonymity.

Physical Activity

Respondents commented on how physical activity improved both their physical and mental health. They referenced walking, swimming, cycling, and visiting sports centres for classes or to use the gym. Those who mostly exercised outdoors appreciated having access to open spaces and clean air, as well as interesting trails and places for wild swimming. However, they noted that bad weather and shorter days in autumn and winter made it harder to be active outside. Some suggested that better pavements, cycle paths, and walking paths could help everyone to stay active all year.

Those who used indoor facilities such as sports centres felt that the prices to use the pool and gym were reasonable. Others mentioned private providers offering classes including dance, Zumba, yoga, and personal training helped them to stay fit. People living in rural areas explained difficulties in accessing facilities, limited operating hours, and a lack of class options limited their activity levels.

To improve physical activity levels locally, people suggested that sports facilities should stay open longer. It was also suggested they should offer a wider range of activities, especially in local communities during the darker months.

“Being able to go on long walks & do outdoor activities definitely helps.”

“The excellent leisure centre facilities in Stornoway that has good value for money membership.”

“Bad weather preventing walking/running/cycling.... It does not feel safe to walk or cycle on the roads,”

“More support for volunteers in local halls/ centres to put on social/ sports/ health related events.”

“More access to organised outside exercise. reasonable times of day of exercise classes, many of us have to work to older age. more inclusive classes, less intimidating for those who are less able”

Healthcare

Many people praised their general practices for supporting their health and wellbeing, especially in rural areas. They highlighted the ease of getting appointments and receiving medications at these practices. While most had positive experiences with general practice services, some were frustrated with appointment systems and availability. The services provided by community nursing teams and allied health professionals, such as occupational therapists and physiotherapists, were important to those surveyed. People appreciated screening, immunisation, and health promotion activities helped their communities improve their health.

Travel for healthcare appointments between islands or to the mainland was a common concern. This issue arose from the lack of visiting specialists, and transport challenges like ferry disruptions and flight schedules. People expressed frustration at the waiting times for consultant and specialist services.

Many respondents felt mental health and dental services in the Western Isles required improvements. Respondents stressed that increased staff and funding for these services were needed. They expressed that more services should be available locally, and that appointments for people with multiple health issues should be better coordinated.

“Prompt access to GP and other health professionals.”

“More treatment options to take place locally rather than having to go to the mainland”

“What would also be a game changer, particularly for older people with complex or multiple conditions would be to coordinate hospital visits on the mainland better.”

Social Care

Responses highlighted the vital role social care plays in keeping people well, especially older individuals in the community. People praised the hard work of home

care staff but noted the difficulties in finding enough workers to meet community needs. There was frustration about the poor communication among health, social care, and third sector organisations in coordinating care. Recruiting staff for care positions was mentioned as one of the biggest challenges in meeting these needs.

In addition to increasing funding for social care services, it was considered important to listen to the views of home care staff and provide more support in the community to improve wellbeing.

“Lack of carers available to look after the elderly particularly”

“Increased number of home carers who are listened to in relation to challenges of their jobs, respected and paid appropriately...”

“Provision of transport to take the lonely and elderly to day care services and things going on in the community.”

Community

A strong sense of community was felt to be important for the wellbeing of islanders. People valued the help and support they received from others in their local communities. They appreciated organisations such as WICCI that contributed to meeting their needs. Safety, easy access to amenities, and maintaining social connections mattered to the majority of respondents.

Many people were worried about social isolation, especially in rural areas, which can harm wellbeing. Joining church groups or interest clubs was said to help people to connect and access support. Younger people, especially teenagers, often found it hard to engage in their local communities. Problems with community infrastructure, such as poorly maintained paths and a lack of streetlights in winter, raised safety concerns. People wanted more chances to participate in their communities and invited more support for those organising events.

“Local people do a lot in the community, there are some really good people.”

“Church groups for emotional and spiritual wellbeing”

“Lack of safe/lit paths to walk on at night/winter”

“More support for volunteers in local halls/ centres to put on social/ sports/ health related events.”

Environment

People commented positively on the natural environment in the Western Isles. They appreciated having easy access to safe green spaces, beaches, and fresh air, which they believed to be beneficial for their health. This access made it easier for them to exercise outdoors, by walking, hiking, sea swimming, surfing, and cycling. Many people noted that the Castle Grounds in Stornoway were a popular and accessible location that they greatly valued.

While people appreciated the natural surroundings, they also recognised some limitations to living in a remote or rural area. Factors such as bad weather and limited daylight in winter affected their access to the outdoors and other aspects of island life. Issues such as transport disruption when travelling between the islands and mainland Scotland for health or leisure, along with the limited variety and availability of food in stores and high energy costs, were mentioned. Community members also highlighted health risks of rural living, like the growing deer population and the prevalence of Lyme Disease.

People suggested investing in better walking and cycling paths, including roadside paths, to improve access during winter or bad weather. They also recommended better access for people with limited mobility by adding handrails, paths, and seating. Others thought there should be a stronger focus on the climate emergency, to protect the natural environment.

“The environment helps to encourage me to go outdoors to walk, run and cycle,”

“It’s a great place to live and stunning scenery is uplifting -but can be lonely in the winter”

“Winters are hard in Western Isles with the long dark nights.”

“The weather is a big factor as it can be harder to get out for walks or to go cycling”

“Safe cycle paths. Safe, well-lit areas for walking in winter....”

“Equitable access to our outdoor amenities such as beaches such as handrails”

Travel and Transport

Traveling for health appointments, accessing services, and leisure activities was an important topic for people living on the islands. Many felt that getting off the islands for a break or to see family elsewhere helped them stay well and connected.

However, travel was often said to be difficult. Problems raised included unreliable services and the high costs and limited frequency of flights and ferries. This was especially frustrating for those travelling to healthcare appointments, as it impacted their health. Local public transport in rural areas also posed issues. Infrequent services and early stop times made it hard for people to get to places like sports centres, clubs, and social events. Those with limited mobility faced even greater challenges when attempting to use public transport.

Some respondents suggested that having more local healthcare services could reduce travel needs. Improving public transport frequency and supporting community services could also help. Additionally, it was expressed that promoting active travel could solve a proportion of transport problems and encourage more physical activity for better health.

“Travel to services and appointments is daunting enough with the lack of reliable and safe travel options, its concerning.”

“People are being put off testing or visiting their GP as they are worried, they will need additional treatment on another Island or even on the mainland.”

“Lack of reliable public transport at regular times for people who don't live in town....”

“Unable to use the bus as steps too high.”

“Elderly and immobile patients being expected to leave home at 6am to attend outpatient appointments in stornoway as they are unable to travel on the newly introduced aircraft operating between Beb and Stornoway.”

“.... equitable public transport that allows you to get to and return from appointments without having to wait hours to return home”

Cost of Living

The survey responses showed how the national rise in the cost of living affected people, especially concerning food and energy prices. Many respondents recognised that a healthy diet is crucial for overall health. They emphasised the need for access to affordable, fresh produce to maintain good health. However, the lower prices and easy availability of “junk” and “convenience” foods made it difficult to eat healthily. People pointed out that those with disabilities, long term conditions, and the elderly face additional challenges when buying, preparing, and cooking meals from scratch. They felt that these challenges were not fully considered in healthy eating promotions.

Most respondents believed that the rise in living costs led to a reduction in the quality and variety of food available. Issues like bad weather affected deliveries and the shelf life of fresh foods. Some suggested that making more local produce available and promoting it would help people to eat more healthily. Many participants also

stressed the importance of offering reasonably priced and nutritious school lunches to help children develop healthy eating habits early on.

“It's expensive to eat well, much cheaper to eat rubbish!”

“... We farm nearly 10 million salmon but none are available locally”

“Free healthy school meals for all children (secondary pupils included)”

Many people said that rising energy costs affected the elderly, those with disabilities or long term health issues, and people with low incomes the most. They pointed out that staying healthy depended on having a warm and dry home. To help with this, options included lowering or subsidising the costs of oil, gas, and electricity, as well as improving home energy efficiency. People also mentioned that the cost of fuel for transport had gone up.

“Expensive heating means people are living in damp cold homes.”

*“Fuel poverty again is a national issue, but it has a significant impact on”
physical, mental and social health*

“Lower energy tariffs and home energy improvements for everyone”

The cost of living was also raised in relation to activities, clubs and classes, including facilities such as sports centres. This was both in terms of price increases, and tighter personal budgets due to food and energy costs.

Lifestyle

Many respondents mentioned that flexible or home working helped them to stay fit, as it enabled them to exercise during the day. Some noted the limited number of retail shops on the islands disincentivised shopping locally. Others expressed worries about exposure to vaping, drugs, and alcohol, as well as the lack of mental health services for teens and young adults. Some respondents believed the limited activities for teens contributed to youth crime and antisocial behaviour. Many

highlighted the difficulties parents faced in finding childcare for young children, which affected their ability to work. Suggestions for improving support for young people include offering a wider range of activities, increasing access to gyms and sports facilities, and promoting health more often in schools.

“Access to the outdoors without concerns for personal safety.”

“Isolation - especially more rurally”

“Flexible working to allow exercise that works for each individual.”

“.... Also, more shops including Menswear/Footwear. Also, Ladies Footwear.”

“Everything is focused on young children, when you become a teenager there is nothing aimed at us, and nothing provided. No wonder everyone leaves for the mainland and doesn't come back. “

“More activities for teens, more information in schools on how to live a healthy lifestyle”

“No childcare prevents equality for women and is resulting in women not being able to return to the workplace ”

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