

Skye and Lochalsh
Needs Assessment
Public Health Components

Dr Cameron Stark

Needs

- **Health and Social Care needs** are those that can benefit from health and social care (e.g. information, disease prevention, diagnosis, treatment, rehabilitation, palliative care).
- **Health needs** incorporate the wider social and environmental determinants of health, such as deprivation, housing, diet, education, employment
- Usually distinguish between needs, wants and demand

Source: Wright et al 1998

Approaches

Epidemiological

Comparative

Corporate (views and opinions)

Source: Bindra 2008, Currie 2016

<https://www.healthknowledge.org.uk/public-health-textbook/research-methods/1c-health-care-evaluation-health-care-assessment/uses-epidemiology-health-service-needs>

Variation in assessments

- Needs for information vary by topic: treatment reviews often need detailed literature reviews, for example
- Usually need triangulation of information from different sources and approaches – no one method gives you everything
- Final decision-making often requires explicit consideration of trade offs

Stages in this Work

Population Health

- Demography, morbidity, mortality


Service Use

- Use and comparative use

Views and Opinions on Services and Needs

- Experience of services
- Opinions on needs

Public Health Components

- 
- Population and Demography
 - Deprivation and Rural Service Need
 - Seasonal Population
 - Mortality
 - Health Status

Key Findings: Population and Demography

- National Records of Scotland (NRS) project 12% increase in S&L, most on Skye
- Total depends on migration assumptions
- 150% increase in people over 75 years
- Large increase in the oldest old people
- Predicted reduction in the working age population

Key Findings: Deprivation

- Significant limitations to the application of deprivation measures in rural areas: tend to underestimate deprivation
- Almost 1000 'income deprived' people on Skye according to Scottish Government
- Spread across many areas
- Some aspects – seasonal employment, fuel poverty – not well captured

Key Findings: Seasonal Population

- Tourism research underway by Glasgow Caledonian University: due in 2020
- High proportion of temporary registrations in practices on Skye, April – September
- Similar pattern in out of hour attendances
- This increased activity is predictable

Key Findings: Mortality

- Death rates in the area not significantly different from Highland
- Main causes of death cancer, heart disease, stroke and respiratory conditions
- 2/3's of deaths in people aged 75 years or over
- Increase in number of deaths attributable to dementia
- 'Avoidable' deaths lower than Scottish average

Key Findings: Health Status

- Health status generally similar to Highland
- 1/3 of adults have at least one self-reported long term condition
- Estimate 410 people with dementia in S&L
- Ageing will result in more people with multi-morbidity, frailty and dementia
- Higher proportion in Skye than the Highland average
- Still prevention opportunities

Implications for Planning

- More older people, relatively fewer younger people
- Marked increase in older old, so increase in frailty, dementia, multi-morbidity
- Challenges around staffing services
- Need to decide institutional / community care balance
- Service models that can be adapted to cope with increasing demand