# Lochaber Population and Health Profile

## A report for the NHS Highland Lochaber Redesign Programme

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The Public Health Intelligence team are part of the Directorate of Public Health of NHS Highland and provide an expert resource on epidemiology, demography and population health evidence.




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## Background

This report provides information to contribute to the understanding of the demography and population health needs of Lochaber essential for the redesign of health and care services in the area.

The content provides a summary of the current and future population structure, the geography, and the life circumstances of people living in Lochaber. It also provides information on population health and health and wellbeing used regularly by Public Health.

The report does not provide information on the use or provision of health or social care services, which may be provided by other colleagues in NHS Highland.

## Key points

- Lochaber is situated in the west of NHS Highland and is a major centre for tourism and outdoor activities. Fort William is the principal settlement of the region.
- Outside of Fort William there are smaller settlements and rural communities that have more limited connectivity and access to infrastructure. The settlement of Mallaig provides vital links to islands in the Small Isles.
- Around half the population (51%) live within the urban area of Fort William and 49% live in areas described as rural. Almost two in five people (39%) live in remote and very remote rural areas.
- As of 2022, Lochaber had a population of 20,065 people. Of these, 15% were children aged 0-15 years, 62% were people aged 16-64 years and 23% were people aged 65 and over.
- The population of Lochaber increased by 0.5% in the period 2011 to 2022. In comparison, the population of Highland increased by 1.4% over the same period.
- The population of Lochaber has continued to age, with increasing numbers of people in older ages, decreasing numbers of working-age individuals, and smaller cohorts of children and young people. There are now more people aged 65 and over than people under 15.
- 2018-based population projections estimated the population of Lochaber will decrease between 2018 and 2030. Maintaining or growing population numbers in Lochaber depends on inward migration, offsetting natural population change and outward migration.

- The general demographic picture informing planning for the hospital and community services in Lochaber of smaller populations of children and young people, further reductions in the working-age population, and an increase in the proportion of older people is consistent with what is known about population change in the area.
- As of April 2025, 22,512 people were registered with one of nine general practices in Lochaber. General practice populations are centred in the Fort William area, with smaller practices located in more remote and rural areas.
- The SIMD 2020 identifies two small areas in Fort William that are in the 20% most deprived areas in Scotland. These locations have levels of deprivation comparable to some of Scotland's most deprived urban areas.
- Rural deprivation is an important concern. People experiencing income or employment deprivation are found in all areas of Lochaber, with the highest proportion of people in national deprivation quintile 3.
- Around half of the population of Lochaber live in the twenty percent most access deprived areas in Scotland, with people experiencing longer travel times to local services and poorer digital access.
- Equality, or lack of, directly affects people’s chances of being and staying in good health. NHS Highland has a duty to ensure that the workplace environment and the services provided do not discriminate against people or make inequalities worse.
- Life expectancy is a key indicator of a population’s health. Recent evidence has highlighted life expectancy improvements in Lochaber have stalled over the last decade.
- The general epidemiological picture in Lochaber is one in which chronic conditions related to ageing are prevalent; multimorbidity is common as age increases, and preventable illnesses exacerbate health inequalities.
- The most common health conditions in Lochaber, as in the rest of Highland, are hypertension, depression, asthma, diabetes, cancer and coronary heart disease.
- National evidence suggests a substantial increase in prevalence of common health conditions over the next 20 years, due to projected demographic changes.
- The evidence on forecast burden of disease, rising service demand and financial sustainability is clear that better prevention of poor health and the creation of good health is essential.

## NHS Highland

As one of the 14 territorial health boards in NHS Scotland, NHS Highland is responsible for improving and protecting the population's health and wellbeing and for the delivery of frontline healthcare services.

The Board serves a population of 324,980 in a diverse geographical area.[1] It includes the City of Inverness and other urban centres around the Inner Moray Firth, where further population growth is anticipated, as well as the most remote and socio-demographically fragile communities in both island and mainland locations.

NHS Highland is the largest health board area in Scotland in terms of territory, covering approximately 33,000 square kilometres, which is 42 per cent of Scotland's landmass, yet accounts for only 5.9 percent of the national population.[1]

Operationally, it consists of two Health and Social Care Partnerships (HSCPs). Highland and Argyll and Bute HSCPs provide health and social care services to their respective populations, covering the same administrative areas as their local authorities. Highland HSCP is the larger of the two administrative areas, serving a population of 237,290. Argyll and Bute has a population of 87,690.[1]

The geography of the area has important implications for service accessibility. While services are relatively accessible for a large proportion of the population, four in ten live in remote rural areas where physical barriers, such as coastlines, mountains, and lochs, extend travel times and access to public transport links is minimal. Scattered settlements, particularly on the western coast and in multiple small island communities, reduce the potential to achieve equity in service provision, leading to increased service delivery costs.

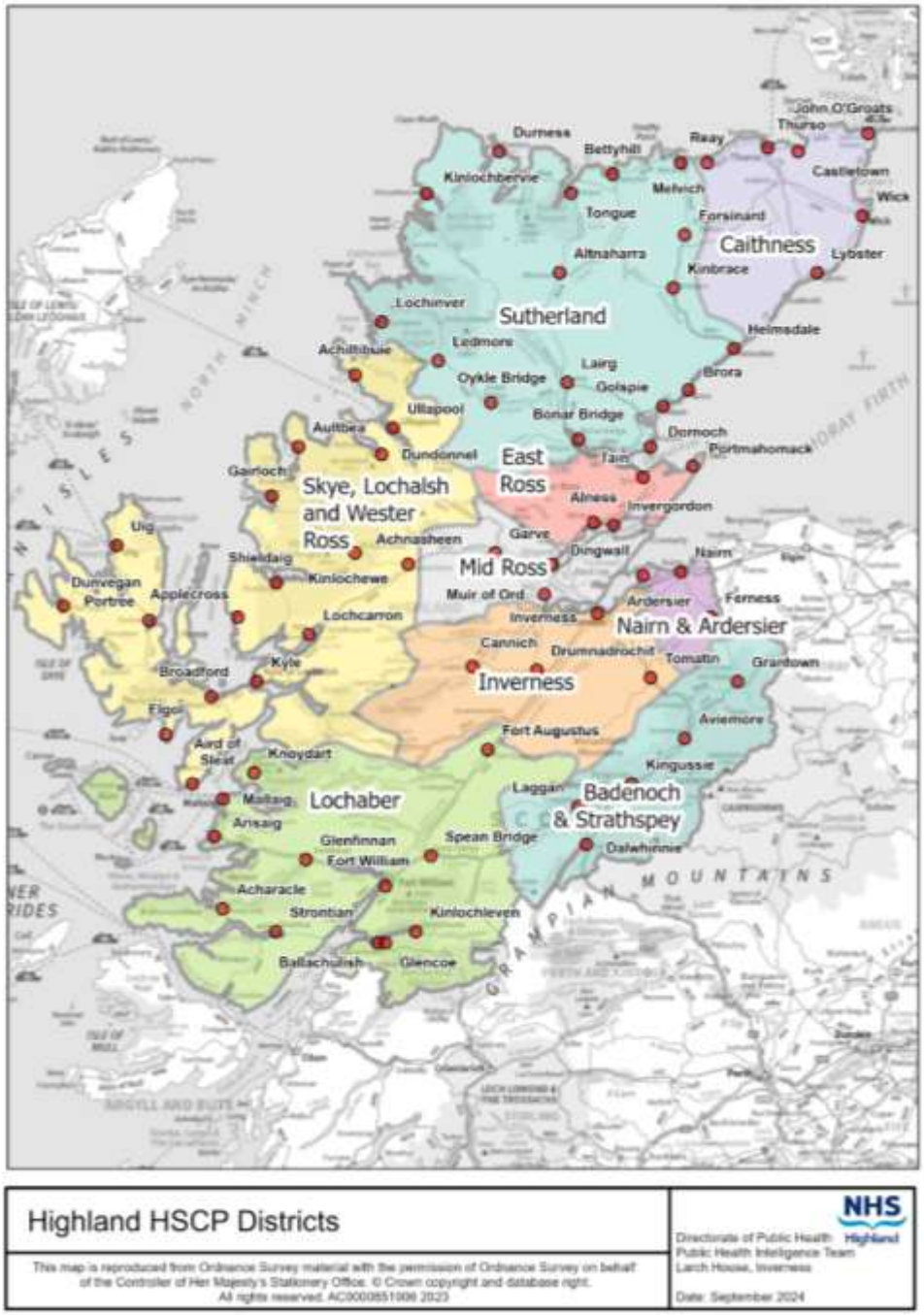
## Lochaber

Lochaber is situated in the west of NHS Highland and is a major centre for tourism and outdoor activities. Fort William is the principal settlement of the region, an important service and communications hub with a usual resident population of around 10,300 people.[2] During the tourist season, the town's visiting population increases significantly.

Outside of Fort William there are smaller settlements and rural communities that have more limited connectivity and access to infrastructure. The settlement of Mallaig, with a population of around 700, provides vital links to islands in the Small Isles such as Rhum, Eigg and Canna. Fort William is linked by rail directly to Glasgow, as well as Oban via Crianlarich.

As lead agency, NHS Highland has responsibility for adult health and social care services in Lochaber. As a district of the HSCP, Lochaber includes the area around Fort Augustus reflecting relationships between general practices and patients' referral pathways to the Belford Hospital in Fort William (Figure 1). For community planning, the area around Fort Augustus is part of the Inverness Community Partnership, with the boundary aligned to the secondary school catchment area.

**Figure 1: District Planning Groups in the Highland HSCP**

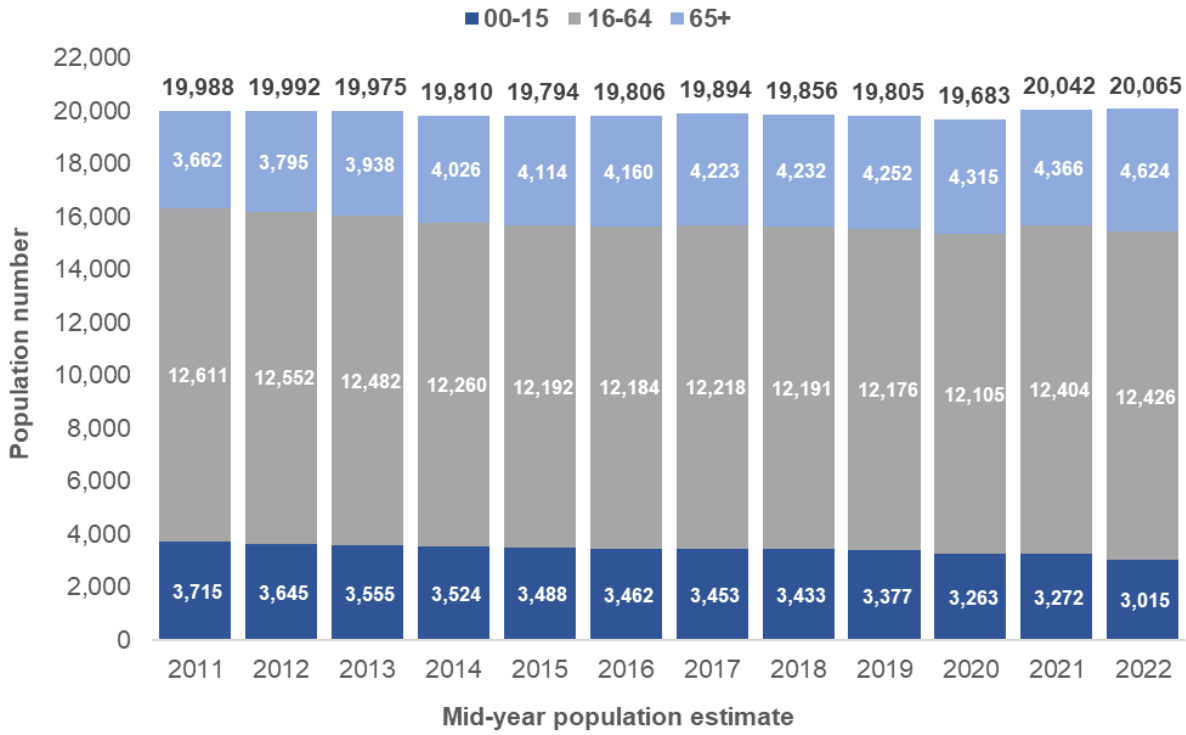


## Population

The mid-2022 population estimate shows the population of Lochaber was 20,065, a 0.5 percent increase from 2011. In comparison, the population of Highland increased by 1.4 percent over the same period.

The population of Lochaber has continued to age, with increasing numbers of people in older ages, decreasing numbers of working-age individuals, and smaller cohorts of children and young people as a result of low birth rates. There are now more people aged 65 and over than people under 15 in the area (Figure 2).

**Figure 2: Mid-year population estimates for Lochaber by broad age group, 2011 to 2022**




Source: National Records of Scotland, Scottish Health and Social Care Open Data, Data Zone (2011) Population Estimates, 2011-2022

## Population structure

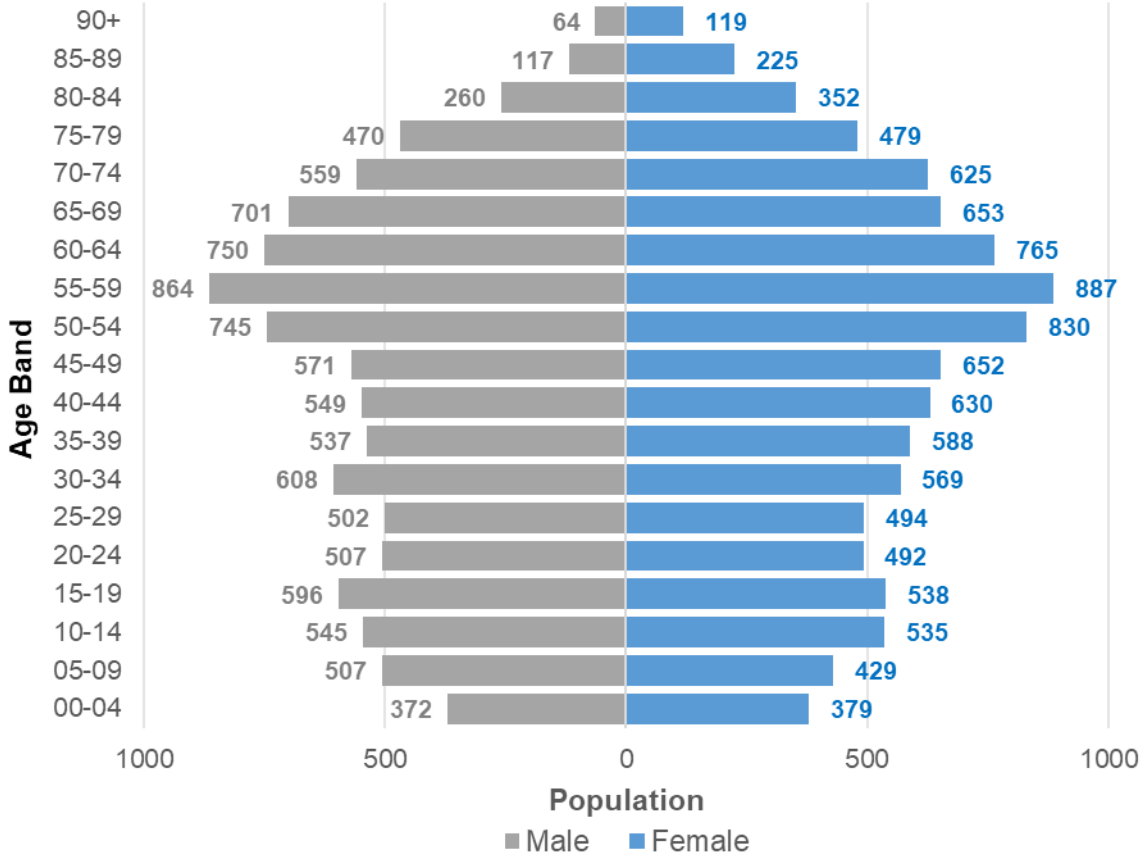
The current population of Lochaber shows the top-heavy structure of ageing populations (Figure 3 and Figure 4). In 2022, nearly one in four of the Lochaber population were over 65 years of age, a proportion similar to that of Highland. Females comprised 51 percent of the population.

**Figure 3: Population of Lochaber by 5-year age band and sex, 2022**

| Age band | Male | Female | Total | Male | Female | Total |
|---|---|---|---|---|---|---|
| 00-15 | 1,556 | 1,459 | 3,015 | 15.8% | 14.2% | 15.0% |
| 16-44 | 3,167 | 3,195 | 6,362 | 32.2% | 31.2% | 31.7% |
| 45-64 | 2,930 | 3,134 | 6,064 | 29.8% | 30.6% | 30.2% |
| 65-74 | 1,260 | 1,278 | 2,538 | 12.8% | 12.5% | 12.6% |
| 75-84 | 730 | 831 | 1,561 | 7.4% | 8.1% | 7.8% |
| 85+ | 181 | 344 | 525 | 1.8% | 3.4% | 2.6% |
| **Total** | **9,824** | **10,241** | **20,065** | **100.0%** | **100.0%** | **100.0%** |

Source: National Records of Scotland, Small Area Population Estimate for 2022

**Figure 4: Population of Lochaber by 5-year age band and sex, 2022**




Source: National Records of Scotland, Small Area Population Estimate for 2022

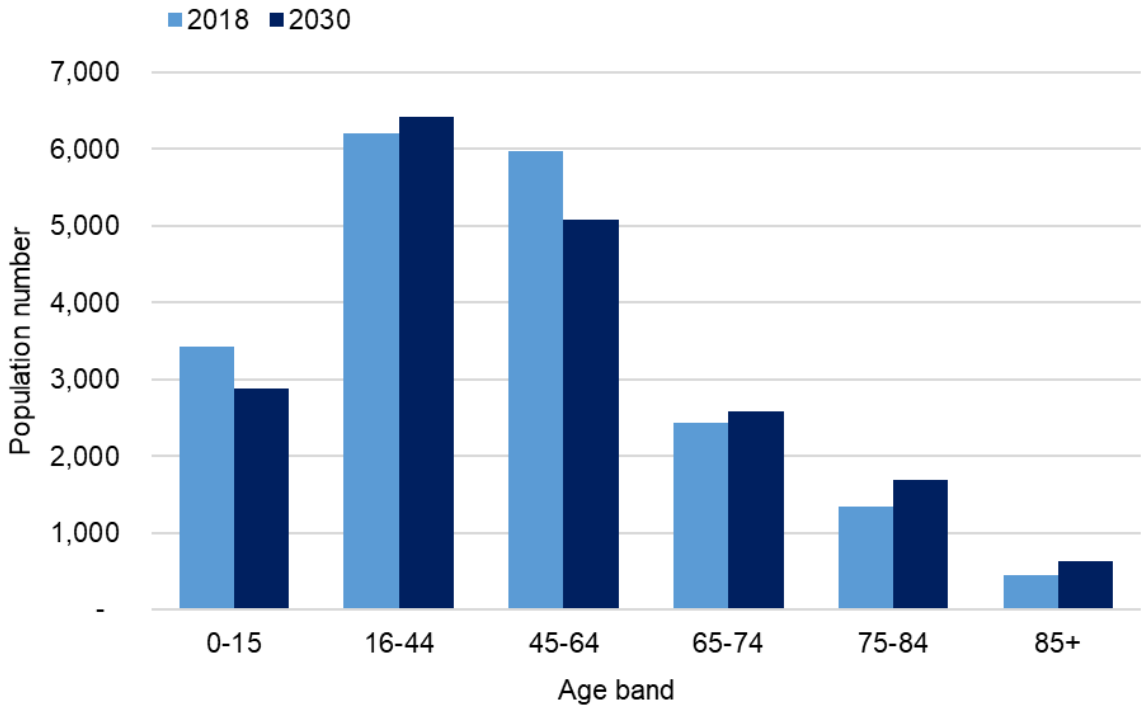
## Population projections

Population projections provide an indication of the potential future size and age structure of the population, based on past trends and assumptions of future levels of fertility, mortality and migration.

Population projections for Scotland's sub-council areas have not been undertaken since the Scottish Local Government Improvement Service publication of 2020.[3] Using a 2018 mid-year population estimate as the base year, they cover the period to 2030. The Lochaber projection currently informs the Lochaber redesign programme.

The 2018 population projection for Lochaber indicated a three percent decrease in overall population size from 19,856 to 19,299 people between 2018 and 2030. The population aged 45-64 years was projected to decrease by 15 percent and the population aged 75 years and over was projected to increase by a third (29.2 percent) over the period (Figure 5).

**Figure 5: Projected population by age group, Lochaber, 2018 and 2030**

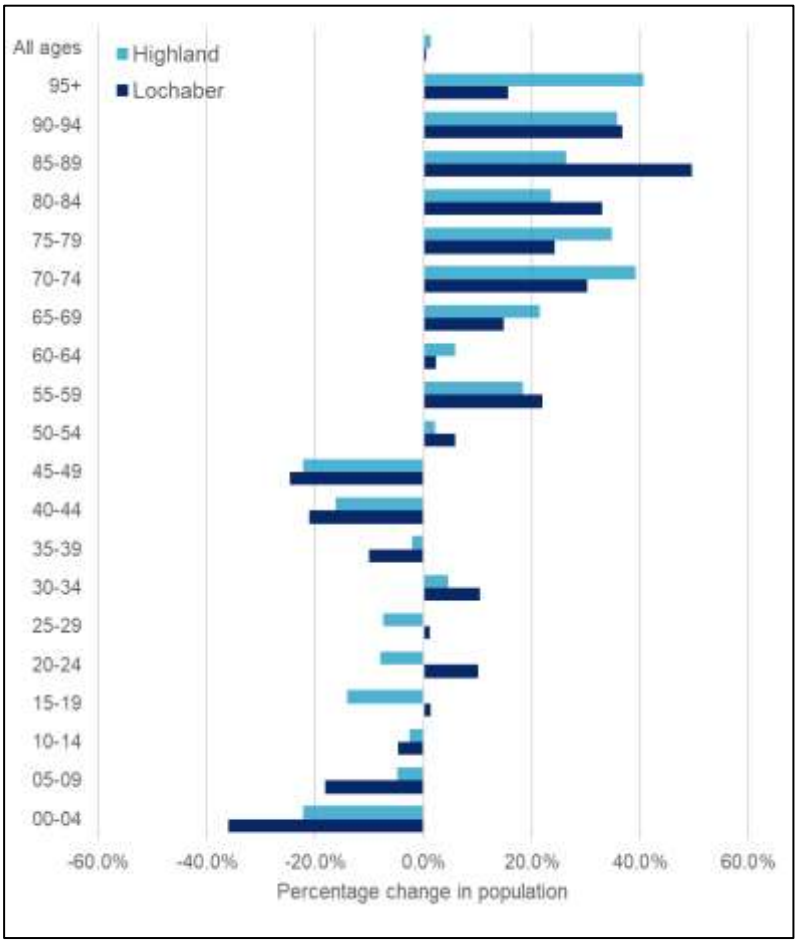



Source: Scottish Government Improvement Service. Sub-council area population projections (2018-based)

The most important source of new demographic evidence since the commencement of the Lochaber redesign programme is the Scottish Census in 2022, providing the most accurate population size and structure count since the previous Census of 2011. At the Census in

2022, the total population of the Lochaber area was 20,081, a 0.5 percent increase from 2011. In comparison, the population of Highland increased by 1.4 percent to 235,341.[4,5]

**Figure 6: Percentage change in the population of Lochaber between the Census of 2011 and the Census of 2022**




The total population of Lochaber grew by less than one percent over the intra-census period.

A particularly large reduction in young children reflects very low annual birth rates.

The population structure continues to age, with people born in the post-war period and the 1960s baby boom getting older.

There are now more people aged 65 and over than people under 15 in the area.

Source: National Records of Scotland. Scotland's Census 2011: Age by single year – Table LC1117SC by data zone; Scotland's Census 2022: Age by single year of age – Table UV103 by data zone

Maintaining or growing population numbers in Lochaber, as in Highland and Scotland, depends on inward migration, offsetting negative natural population change caused by deaths exceeding births, and the outward movement of people seeking education and employment elsewhere.

Migration flows, particularly for small populations, are difficult to project or forecast accurately, with uncertainty increasing over any projected period. What is certain is that, given Lochaber's current population structure, population ageing will continue as larger cohorts age and are replaced at younger ages by smaller numbers.

The proportion of older people can be expected to increase substantially, often in areas within Lochaber that are considered demographically and economically fragile, where population numbers are static or decreasing.[6] These areas are commonly the most under-served by health and social care services.

There is a strong link between age and health, and the general demographic picture currently informing planning for the hospital and community services in Lochaber of smaller populations of children and young people, further reductions in the working-age population, and an increase in the proportion of older people is consistent with what is known about the components of population change in the area.

In common with the rest of Highland and Scotland, as the population continues to age in Lochaber, rising demand for treatment, care and support, plus increasingly complex healthcare needs, must be considered in planning for the local health and social care system, recognising the challenges to the available workforce.

### Population impact assessment

A population impact assessment tool (PIA) developed by the Scottish Government helps assess the impact of population change on the future demand for infrastructure.[7] The tool enables each key determinant of population change (births, deaths, net-migration) to be modified at a Health Board level to test the impact of different future scenarios.

The tool demonstrates that, in more rural areas, population aging is a key determinant of future change and will increase demand for health and social care services. The outputs of the tool help demonstrate the impact of different scenarios on service demand and estate capacity. Outputs of the PIA tool show it is essential that population-based planning takes account of the unique characteristics of each area.

This is consistent with what is known about population dynamics and the general demographic picture informing service planning for the hospital and community services in Lochaber.

## General Practice populations

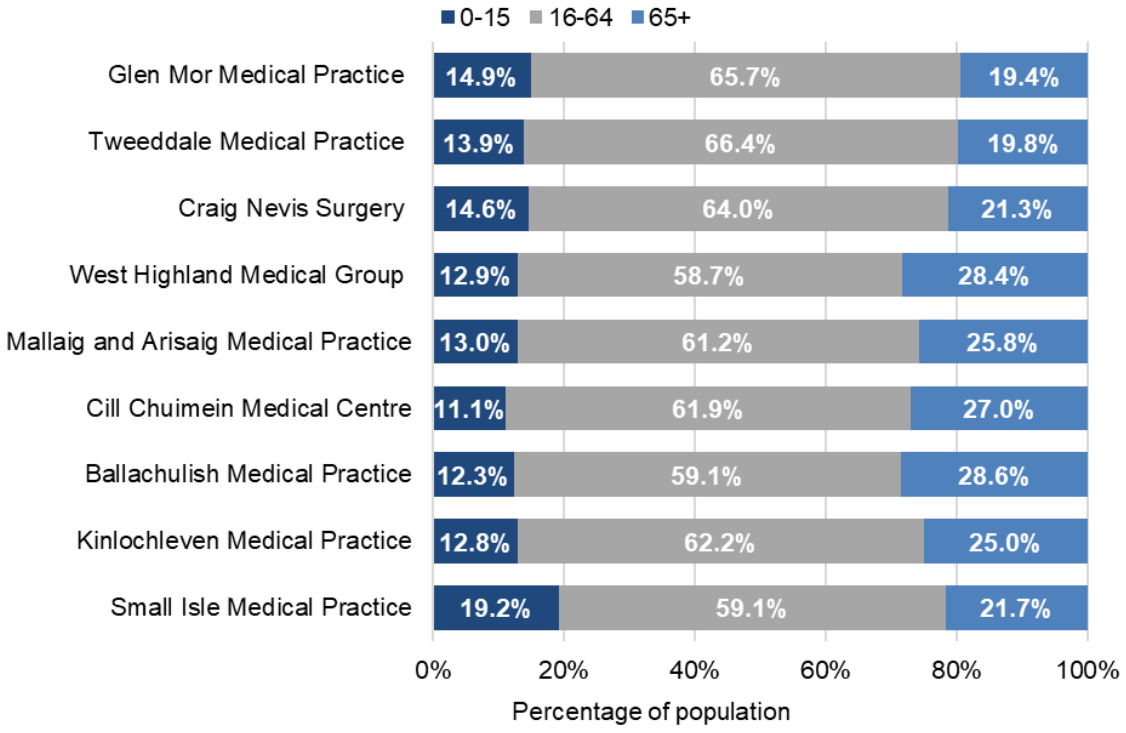
In April 2025 there were 22,512 people registered with one of nine general practices in the Lochaber Health and Social Care Partnership (HSCP) district. General practice populations are centred in the Fort William area, with smaller practices located in more remote and rural locations.

**Figure 7: Number of people registered with a general practice in Lochaber by broad age group, April 2025**

| | | Age group | | |
|---|---|---|---|---|
| GP practice | Practice list | 0-15 | 16-64 | 65+ |
| Glen Mor Medical Practice, Fort William | 5,671 | 844 | 3,728 | 1,099 |
| Tweeddale Medical Practice, Fort William | 5,137 | 712 | 3,410 | 1,015 |
| Craig Nevis Surgery, Fort William | 3,781 | 553 | 2,421 | 807 |
| West Highland Medical Group, Acharacle | 1,816 | 234 | 1,066 | 516 |
| Mallaig and Arisaig Medical Practice | 1,811 | 235 | 1,109 | 467 |
| Cill Chuimein Medical Centre, Fort Augustus | 1,616 | 179 | 1,001 | 436 |
| Ballachulish Medical Practice | 1,561 | 192 | 922 | 447 |
| Kinlochleven Medical Practice | 921 | 118 | 573 | 230 |
| Small Isle Medical Practice, Eigg | 198 | 38 | 117 | 43 |
| **Total** | **22,512** | **3,105** | **14,347** | **5,060** |

Source: Community Health Index Practice List Population, April 2025. Lochaber HSCP district.

**Figure 8: Number of people registered with a general practice in Lochaber by broad age group, April 2025**

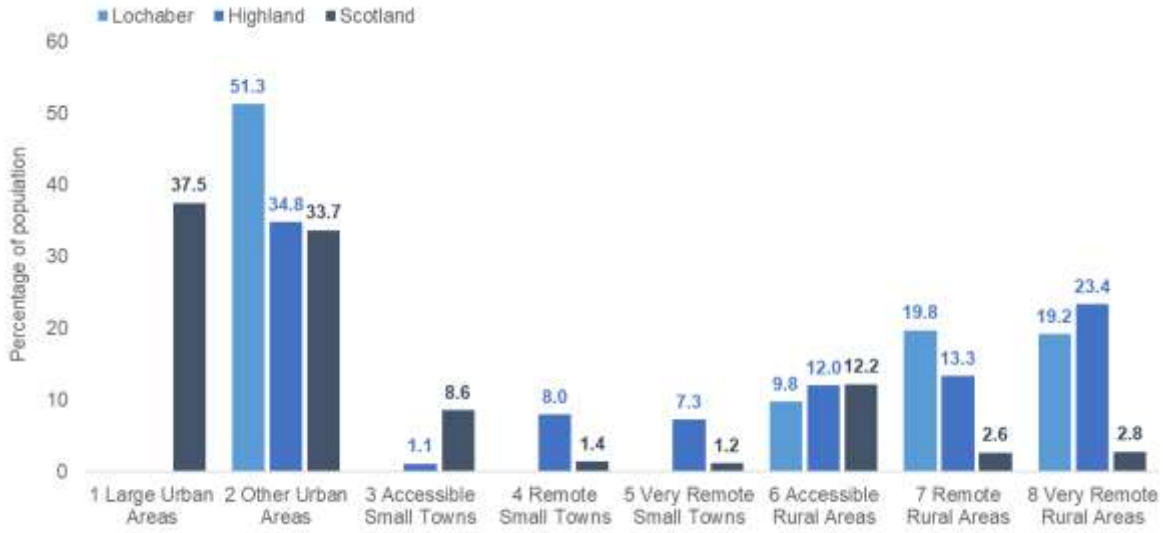



Source: Community Health Index Practice List Population, April 2025. Lochaber HSCP district

## Remoteness and rurality

Around half of the population of Lochaber live in areas that are classified as rural. In Lochaber, four in ten of the population live in remote rural areas, with one in five living in very remote rural areas, including island communities of the Small Isles. In contrast, one in twenty of the Scottish population lives in a remote rural area, with one in forty residing in very remote rural areas.

**Figure 9: Percentage of the population living in urban and rural areas by the Scottish Government Urban Rural Classification, Lochaber, Highland and Scotland, 2022**




Source: Scottish Government Urban Rural Classification 2020; National Records of Scotland Small Area Population Estimate 2022

**Figure 10: Population distribution by the Scottish Government Urban Rural Classification, Lochaber, Highland and Scotland, 2022**

| | Lochaber | | Highland | | Scotland | |
|---|---|---|---|---|---|---|
| | **Population** | ***Percentage of population*** | **Population** | ***Percentage of population*** | **Population** | ***Percentage of population*** |
| 1 Large Urban Areas | 0 | *0.0* | 0 | *0.0* | 2,042,350 | *37.5* |
| 2 Other Urban Areas | 10,286 | *51.3* | 82,090 | *34.8* | 1,836,877 | *33.7* |
| 3 Accessible Small Towns | 0 | *0.0* | 2,669 | *1.1* | 466,708 | *8.6* |
| 4 Remote Small Towns | 0 | *0.0* | 18,801 | *8.0* | 78,351 | *1.4* |
| 5 Very Remote Small Towns | 0 | *0.0* | 17,195 | *7.3* | 63,802 | *1.2* |
| 6 Accessible Rural Areas | 1,961 | *9.8* | 28,385 | *12.0* | 664,114 | *12.2* |
| 7 Remote Rural Areas | 3,964 | *19.8* | 31,461 | *13.3* | 144,090 | *2.6* |
| 8 Very Remote Rural Areas | 3,854 | *19.2* | 55,109 | *23.4* | 150,708 | *2.8* |
| **Total** | **20,065** | ***100.0*** | **235,710** | ***100.0*** | **5,447,000** | ***100.0*** |

Source: Scottish Government Urban Rural Classification 2020; National Records of Scotland Small Area Population Estimate 2022

## Island populations

The Small Isles are situated just off the west coast of Lochaber and are accessible by ferry from Arisaig and Mallaig on the mainland. The populations resident on the Small Isles are amongst the most remote in Highland.

The population resident on the Small Isles at Census 2022 was 167 people, an increase of nine percent from 153 people at Census 2011. Island populations can show large percentage changes with small changes in numbers due to their small sizes.

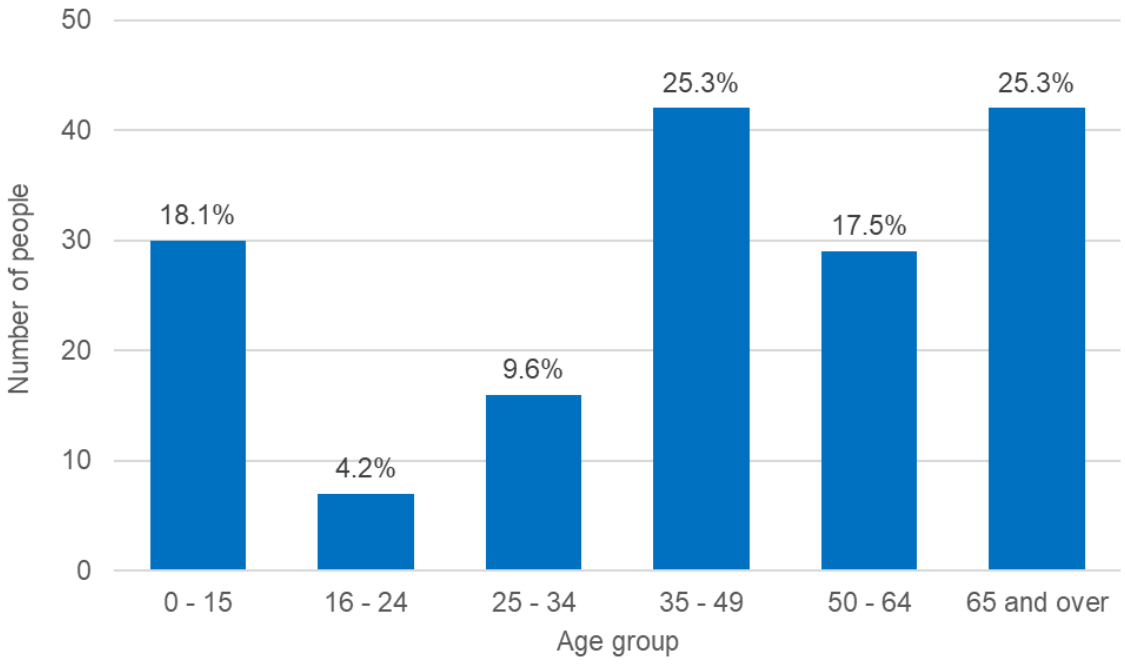
**Figure 11: Inhabited Island usual resident population, Eigg Island Group, 2011 and 2022**

| | Census population | | | |
|---|---|---|---|---|
| **Island name** | **2011** | **2022** | **change (n)** | **change (%)** |
| Canna | 12 | 9 | -3 | -25% |
| Eigg | 83 | 95 | 12 | 14% |
| Muck | 27 | 28 | 1 | 4% |
| Rùm | 22 | 31 | 9 | 41% |
| Sanday (Canna) | 9 | 4 | -5 | -56% |
| **Eigg Island group** | **153** | **167** | **14** | **9%** |

Source: National Records of Scotland, 2022 Census Supporting Information, Islands

At Census 2022, there were 30 people aged 0-15 years resident on the Small Isles and 42 people aged 65 years and over. These age groups comprised 18 percent and 25 percent of the population respectively.

**Figure 12: Number and proportion of population by broad age group, Eigg Island Group, 2022**




Source: National Records of Scotland, 2022 Census Supporting Information, Islands.
Statistical Disclosure Control applied to dataset. Values may not sum to sub-totals and totals.

## Deprivation

Where people live shapes their health and life chances with the links between socio-economic deprivation and population health well evidenced [8,9] Deprivation impacts child development, people's health behaviours, healthy life expectancy, including living with an illness or chronic condition, and life expectancy. A consequence of deprivation and poverty is an increased demand for health and social care services.

Evidence shows that those living in the most deprived areas have the worst healthcare outcomes and can experience inequalities in healthcare access. Differences in area deprivation account for a third of the burden of disease in Scotland.[10]

The Scottish Index of Multiple Deprivation (SIMD) is the Scottish Government's official measure of area deprivation. There are two small areas in Lochaber recognised as being among Scotland's most deprived 20% of areas (Fort William South - 07 and Fort William South – 08).

Over 1,100 people live in these areas, which accounts for six percent of the Lochaber population. These locations have levels of deprivation comparable to some of Scotland's most deprived urban areas.

**Figure 13: Profile of the two most deprived data zones in Lochaber (Fort William South – 07; Fort William South - 08)**



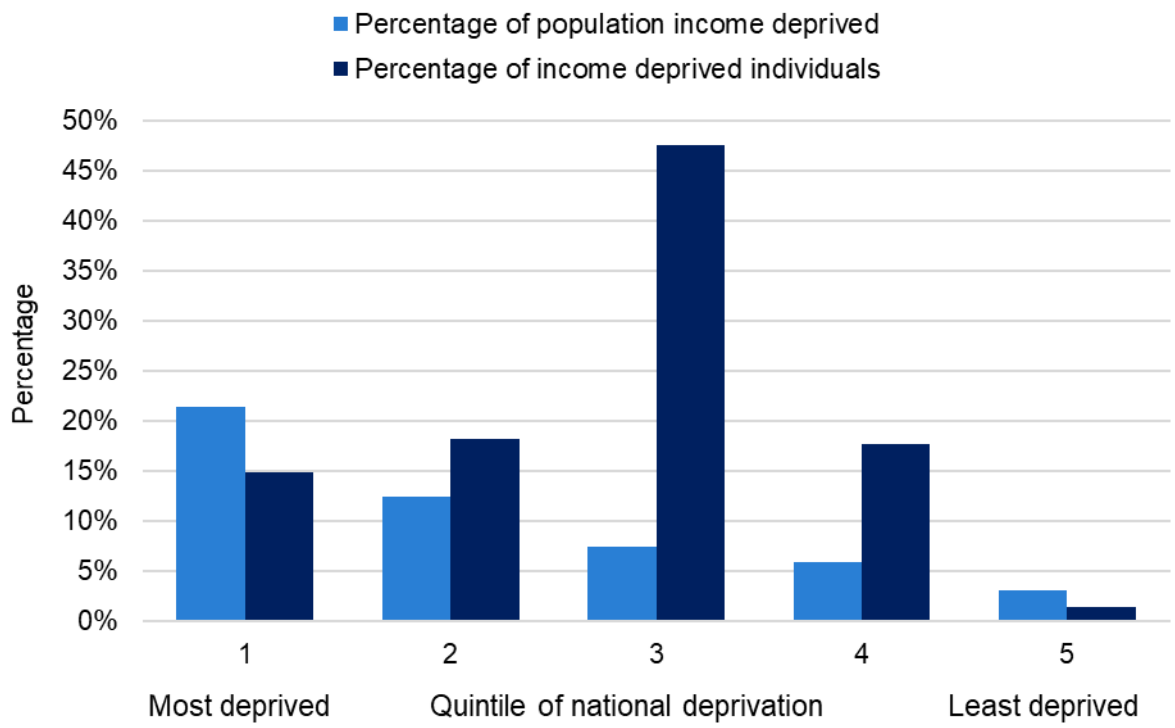

Source: Scottish Index of Multiple Deprivation 2020v2
Data zone code S01010522: Fort William South – 07; S01010523: Fort William South - 08

In the absence of data about the deprivation experienced by individuals, area deprivation is often used as the best available evidence. However, assessment according to area will only capture some of those experiencing poverty, with many income and employment deprived people living in areas not designated as the most deprived.[11,12]

Income and employment deprivation within the SIMD is based on individuals being in receipt of income support or other benefits. People experiencing income or employment deprivation are found in all areas of Lochaber, with the highest proportion of individuals in national quintile 3 (Figure 14).

Deprivation can be more dispersed in rural areas compared to urban areas, making area-based measures of deprivation, such as the SIMD, less sensitive. The SIMD misses a higher percentage of income and employment deprived people in remote, rural and island areas across deprivation thresholds. However, the absolute number of people missed is higher in urban areas.[11]

**Figure 14: Number of income deprived people in Lochaber by national quintile of the Scottish Index of Multiple Deprivation**




Source: Scottish Index of Multiple Deprivation 2020v2

Rural poverty, disadvantage and deprivation are recognised to have certain characteristics. People living in rural areas may face higher costs (e.g. for fuel, transport and food), a lack of employment opportunities, and a reliance on part-time and seasonal work. Remote rural area characteristics are particularly associated with service access issues.[13]

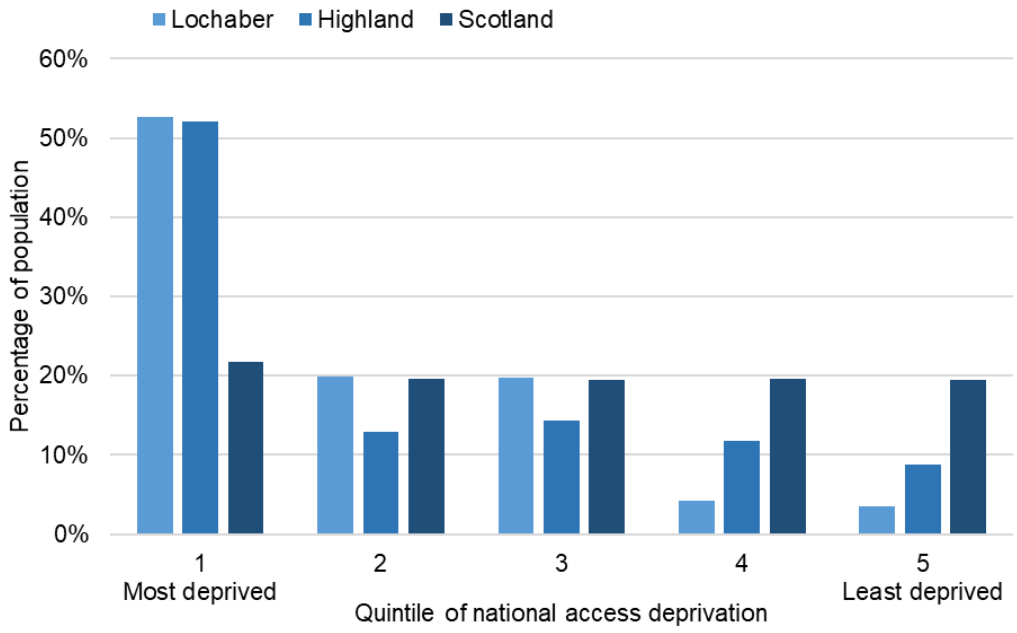
## Access

NHS Highland has many places among the most access deprived areas nationally. Rural and particularly remote rural areas have worse access in terms of distance to health, public health, and social care services***.**

Transport is essential for people to access education, health services, employment, shopping, and leisure. Access problems compound other disadvantages, including higher daily living costs in rural and remote places.[14]

The Scottish Index of Multiple Deprivation access domain identifies that around half of the population of Lochaber live in the twenty percent most access deprived areas in Scotland, with residents experiencing longer travel times to local services and poorer digital access.

**Figure 15: Population access to local services by national quintile of access deprivation, 2022**




Source: Scottish Index of Multiple Deprivation 2020v2; National Records of Scotland Small Area Population Estimate 2022

## Equality, diversity and inclusion

Equality, or lack of, directly affects people's chances of being and staying in good health. This includes the numbers of years lived in good health and the length of time people will live. Inequality results in poorer health and, for many people, shorter lives.[15]

NHS Highland as a public body is required to ensure that equality and diversity is embedded into all functions and activities in line with the Equality Act 2010. In the exercise of its functions, NHS Highland must:[16]

- eliminate discrimination, harassment, victimisation and any other conduct which is prohibited under the Act.
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not.
- foster good relations between people who share a protected characteristic and those who do not by tackling prejudice and promoting understanding.

There are nine protected characteristics identified in Scottish equality legislation: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

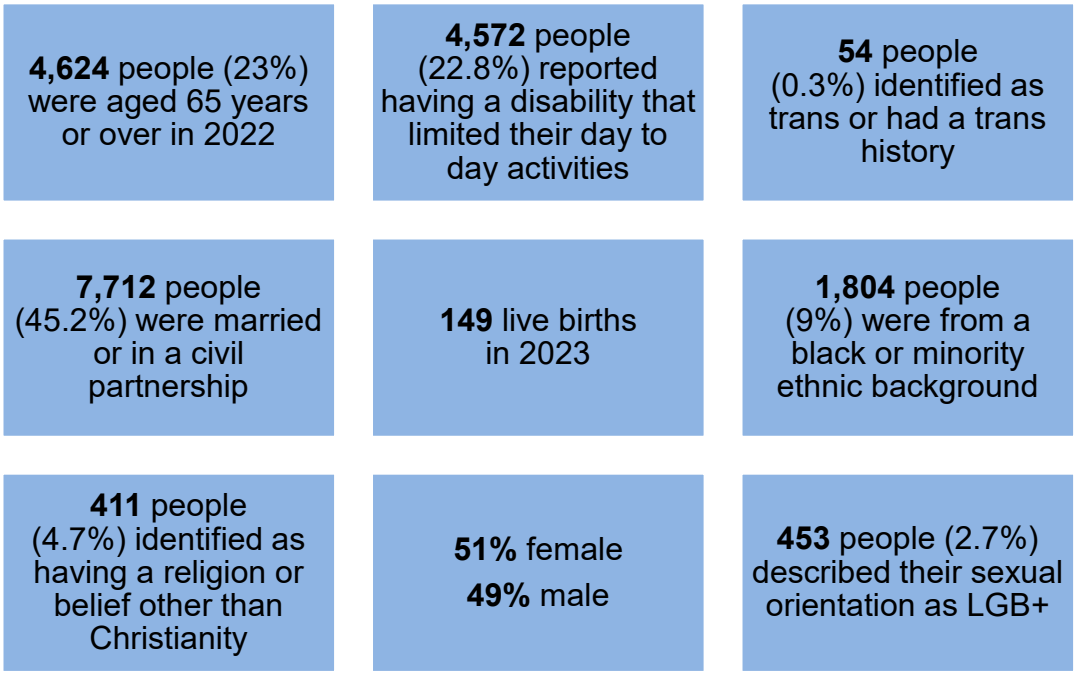
People who share protected characteristics often face more challenges and are at greater risk of inequality. Evidence consistently demonstrates that certain groups, such as trans people, disabled people, people with learning disabilities, or gypsy travellers, find it harder to access healthcare services in the same way as other groups.

Health inequalities in these groups are deep-rooted and complex, exacerbated by barriers such as communication difficulties, health literacy, digital access, access to services, and stigma and discrimination. These factors create a barrier to receiving appropriate care and treatment and contribute to poorer health outcomes.[17,18]

As an organisation, NHS Highland has a duty to ensure that the workplace environment and the services provided do not discriminate against people or make inequalities worse. All protected characteristics must be considered when planning services for the future.

Estimates of the number of people in Lochaber with each protected characteristic are summarised in Figure 16.

**Figure 16: An overview of the number of people with the nine protected characteristics in Lochaber**




Source: Scotland's Census 2022, Data Zone 2011, National Records of Scotland mid 2022 population estimates, National Records of Scotland Births. All data from Census 2022 except age, sex and pregnancy (births). The term LGB+ refers to people who described their sexual orientation as Gay or Lesbian, Bisexual, or Other sexual orientation.

## Ethnic profile

According to the 2022 Census, of the 20,000 people living in Lochaber, 1,800 had a minority ethnic background, which is 9 percent of the population, compared to 12.9 percent nationally.

White minority groups, such as those with white Irish, Polish or Gypsy/Traveller heritage, make up 6.8 percent of the Lochaber population, compared with 5.8 percent nationally. Black minority ethnic (BME) groups, including those with mixed/multiple ethnicities, Asian groups, Black and African backgrounds, make up 2.2 percent of the Lochaber population, compared with 7.1 percent nationally.

Although small in absolute numbers, Lochaber's minority ethnic population is diverse and comprises individuals with different ethnic identities, languages, and cultures. These individuals and households may present with identity-specific needs to local healthcare and social services.

**Figure 17: Overview of ethnic diversity in Lochaber, Highland and Scotland, 2022**

| | Lochaber | | Highland | Scotland |
|---|---|---|---|---|
| **Ethnic Group** | **Number** | **Percentage** | **Percentage** | **Percentage** |
| **All People** | **20,081** | **100%** | **235,351** | **5,439,842** |
| **White: Total** | **19,636** | **97.8%** | **97.4%** | **92.9%** |
| White Scottish | 14,643 | 72.9% | 75.9% | 77.7% |
| Other White British | 3,634 | 18.1% | 16.2% | 9.4% |
| White Irish | 149 | 0.7% | 0.7% | 1.0% |
| Gypsy/ Traveller | 35 | 0.2% | 0.1% | 0.1% |
| White Polish | 348 | 1.7% | 1.9% | 1.7% |
| Other White | 823 | 4.1% | 2.6% | 3.0% |
| **Mixed or multiple ethnic group** | **155** | **0.8%** | **0.8%** | **1.1%** |
| **Asian, Asian Scottish or Asian British: Total** | **236** | **1.2%** | **1.2%** | **3.9%** |
| Pakistani, Pakistani Scottish or Pakistani British | 14 | 0.1% | 0.2% | 1.3% |
| Indian, Indian Scottish or Indian British | 89 | 0.4% | 0.3% | 1.0% |
| Bangladeshi, Bangladeshi Scottish or Bangladeshi British | 32 | 0.2% | 0.1% | 0.1% |
| Chinese, Chinese Scottish or Chinese British | 42 | 0.2% | 0.2% | 0.9% |
| Other Asian | 49 | 0.2% | 0.4% | 0.6% |
| **African: Total** | **15** | **0.1%** | **0.2%** | **1.1%** |
| African, African Scottish or African British | 4 | 0.0% | 0.0% | 0.1% |
| Other African | 11 | 0.1% | 0.2% | 1.0% |
| **Caribbean or Black: Total** | **6** | **0.0%** | **0.1%** | **0.1%** |
| Caribbean, Caribbean Scottish or Caribbean British | 3 | 0.0% | 0.0% | 0.0% |
| Black, Black Scottish or Black British | 1 | 0.0% | 0.0% | 0.0% |
| Other Caribbean or Black | 2 | 0.0% | 0.0% | 0.1% |
| **Other ethnic groups: Total** | **47** | **0.2%** | **0.3%** | **0.9%** |
| Arab, Arab Scottish or Arab British | 15 | 0.1% | 0.1% | 0.4% |
| Other ethnic group | 32 | 0.2% | 0.2% | 0.5% |

Source: National Records of Scotland. Scotland's Census 2022 Table UV201 - Ethnic group
Note: To protect against disclosure of personal information, Statistical Disclosure Control has been applied to Census data outputs by the National Records of Scotland, and table cells might not sum to sub-totals and totals.

## Health, disability and unpaid care

According to the 2022 Census, of the 20,000 people living in Lochaber, 4,572 reported having a health problem or disability that limited their day-to-day activities, which is 22.8 percent of the population, compared to 24.1 percent nationally.

The most common type of condition reported in the census was a long-term illness, disease or condition. This was a broad category that includes a range of conditions such as arthritis, cancer, diabetes and epilepsy not in one of the other categories. Equal numbers of people in Lochaber reported having a mental health condition or physical disability.

There were around 1,000 people in Lochaber who reported learning disabilities, learning difficulties and developmental disorders. This was 5.2 percent of the population, around the same proportion of people in Highland (5.1 percent) and Scotland (5.2 percent).

According to the census the number of deaf people and people with hearing loss in Lochaber was 1,462, which is 7.3 percent of the population. Of the population aged three years and over, 441 people (2.2 percent) reported they were a British Sign Language (BSL) user.

**Figure 18: Health, disability and unpaid care in Lochaber, Highland and Scotland, 2022**

| | Lochaber | | Highland | Scotland |
|---|---|---|---|---|
| **Category** | **Number** | **Percentage** | **Percentage** | **Percentage** |
| **Disability** | | | | |
| All people | 20,081 | 100% | 100% | 100% |
| Day-to-day activities limited a lot | 1,794 | 8.9% | 9.8% | 10.8% |
| Day-to-day activities limited a little | 2,778 | 13.8% | 14.0% | 13.3% |
| Day-to-day activities not limited | 15,526 | 77.3% | 76.2% | 75.9% |
| **Long term health condition** | | | | |
| Deaf or partially hearing impaired | 1,462 | 7.3% | 8.1% | 7.1% |
| Blind or partially vision impaired | 491 | 2.4% | 2.5% | 2.5% |
| Full/partial loss of voice or difficulty speaking | 48 | 0.2% | 0.3% | 0.3% |
| Learning disability, learning difficulty or developmental disorder | 1,038 | 5.2% | 5.1% | 5.2% |
| Physical disability | 1,764 | 8.8% | 9.3% | 9.7% |
| Mental health condition | 1,730 | 8.6% | 9.6% | 11.3% |
| Long-term illness, disease or condition | 4,209 | 21.0% | 22.2% | 21.4% |
| **Unpaid care** | | | | |
| All people aged 3 and over | 19,637 | 100% | 100% | 100% |
| No | 17,392 | 88.6% | 88.6% | 88.1% |
| All unpaid carers | 2,262 | 11.5% | 11.4% | 11.9% |
| Yes, 1 to 19 hours a week | 1,331 | 6.8% | 6.7% | 6.6% |
| Yes, 20 to 34 hours a week | 222 | 1.1% | 1.1% | 1.2% |
| Yes, 35 to 49 hours a week | 203 | 1.0% | 1.0% | 1.2% |
| Yes, 50 or more hours a week | 501 | 2.6% | 2.7% | 2.9% |

Source: National Records of Scotland. Scotland's Census 2022 Table UV303 – Disability, Table UV304 - Long-term health conditions, Table UV301 - Provision of unpaid care
Note: To protect against disclosure of personal information, Statistical Disclosure Control has been applied to Census data outputs by the National Records of Scotland, and table cells might not sum to sub-totals and totals.

### Religion

In the 2022 Census, the majority of people in Lochaber (56.7 percent) had no religion. Of those who said they had a religion, Church of Scotland, Roman Catholic and Other Christian were the largest religious groups.

There were 411 people in Lochaber who had a religion other than Christianity in 2022, 4.7 percent of people with a religion. The religious groups described included Pagan, Muslim, Buddhist, Hindu, Jewish and Sikh.

### Sexual orientation and trans status or history

Scotland’s Census found that around 450 people in Lochaber described their sexual orientation as Gay or Lesbian, Bisexual, or Other sexual orientation (LGB+). This was 2.7 percent of people aged 16 and over compared to 4.0 percent nationally.

The census found that there were 54 people who identified as trans or who had a trans history in Lochaber. This was 0.3 percent of people aged 16 and over compared to 0.4 percent nationally.

## Population health

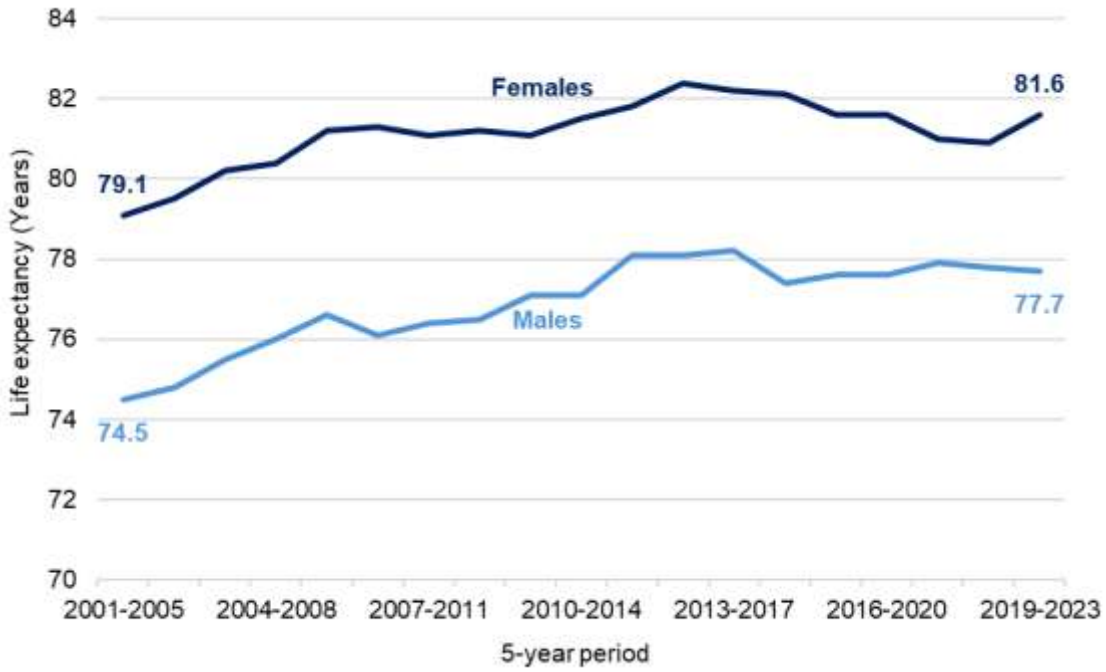
Understanding which health conditions, diseases and injuries impact on population health is essential to inform priorities for healthcare service planning and redesign, and for prioritising actions for prevention.

In the context of population health, prevention refers to actions aimed at keeping people healthy and avoiding not just poor health, but the risks of poor health, illness, injury, and early death. Primary prevention has a high impact on population health because it addresses the root causes of poor health, reducing demand on healthcare systems.[8] Scotland's Population Health Framework (PHF) highlighted that without a decisive shift towards prevention, the demands on healthcare and wider public services will only increase.[19]

Life expectancy is a key indicator of a population's health. Recent evidence has highlighted that after decades of improvement, Scotland's health is worsening.[20] Since around 2012, life expectancy improvements have stalled, and health inequalities have widened. A strong body of evidence has identified UK austerity policies, the impact of the Covid-19 pandemic, Brexit, and the cost-of-living crisis as key factors driving these trends.[8]

The same trends are seen in Lochaber, where life expectancy improvements have stalled over the last decade (Figure 19).

**Figure 19: Trends in life expectancy at birth in Lochaber, 2001-2005 to 2019- 2023**




Source: National Records of Scotland, Scottish Public Health Observatory profiles tool

## Health status

Changing population demographics increasingly require consideration of the health and care needs of an older and frailer cohort of patients with multiple comorbidities, a trend expected to continue as populations continue to age.[21]

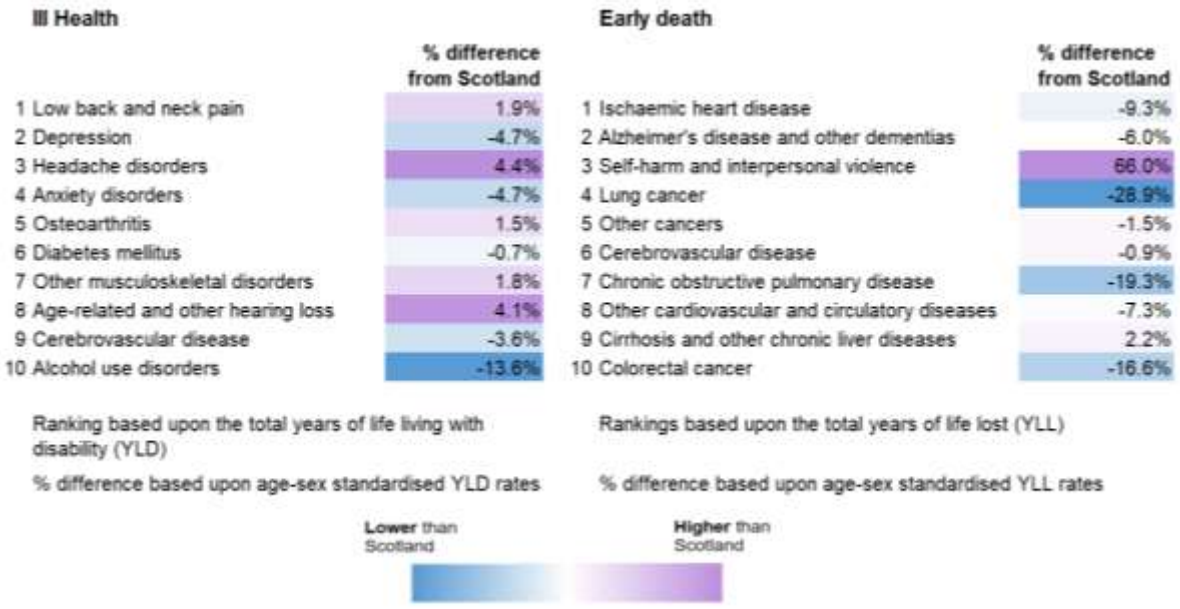
The general epidemiological picture in Lochaber is one in which chronic conditions related to ageing are prevalent; multimorbidity is common as age increases, and preventable illnesses exacerbate health inequalities.

Multimorbidity, defined as the presence of two or more long-term health conditions - both defined physical or mental health conditions and symptom complexes, such as frailty or chronic pain - is a growing public health challenge as the population ages. Multimorbidity is associated with health inequalities, poorer health outcomes, and reduced quality of life.[22,23]

The Scottish Burden of Disease study assesses the impact of ill health and early death due to disease and injury on populations. Chronic conditions such as heart disease, stroke, chronic obstructive pulmonary disease, and cancer are acknowledged to be leading contributors to deaths and disability. Other conditions which are increasing in prevalence, such as dementia, diabetes, and Parkinson's disease, are projected to have increasing effect on death and disability over the coming years.[24]

The three leading causes of ill health and premature death in Highland are cancers, cardiovascular diseases, and neurological disorders. Figure 20 compares the leading causes of ill health and early death in Highland with those in Scotland.

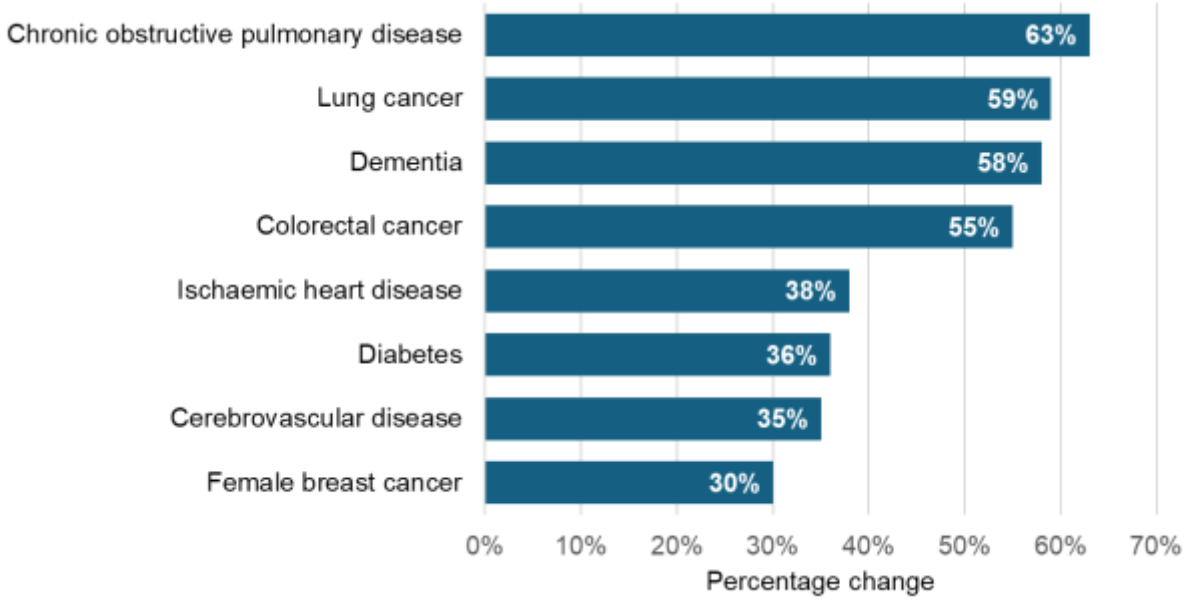
**Figure 20: Leading individual causes of ill health and early death in Highland, 2019**




Source: Scottish Public Health Observatory. Local area burden of disease data visualisation

Forecasts from the Scottish Burden of Disease study provide insight into the potential future prevalence of common health conditions in Scotland.[25] While absolute and relative changes differ between the age groups and sexes, a substantial rise in prevalence is estimated over the next 20 years, due to projected demographic changes (Figure 21).

**Figure 21: Disease-specific forecasts of prevalence based on projected demographic changes in Scotland, 2019 to 2044**




Source: Scottish Public Health Observatory. Future burden of disease estimates up to 2044

The forecast rise in disease is largely caused by preventable diseases, including diabetes, cardiovascular disease, cancer and dementia. Many of these conditions are partly or wholly caused by modifiable risk factors such as alcohol, tobacco and drug use; physical inactivity; poor diet and the cumulative impact of poor mental health.

The Scottish Burden of Disease study estimates do not include the impacts of COVID-19 or the consequences of the current cost of living crisis, which will negatively affect health outcomes and increase inequalities, with those already vulnerable being at the greatest risk.

Trends in common disabling conditions such as sensory disorders, mobility problems and cognitive decline, whose prevalence increases sharply with age, together with people living longer lives, are also forecast to see an ageing population managing multiple preventable conditions.

These changes could present significant challenges to the sustainability of health and care services. Improved prioritisation of prevention and addressing inequalities in planning is

required. There needs to be a particular focus on primary prevention actions that are designed to stop health problems from occurring.[26]

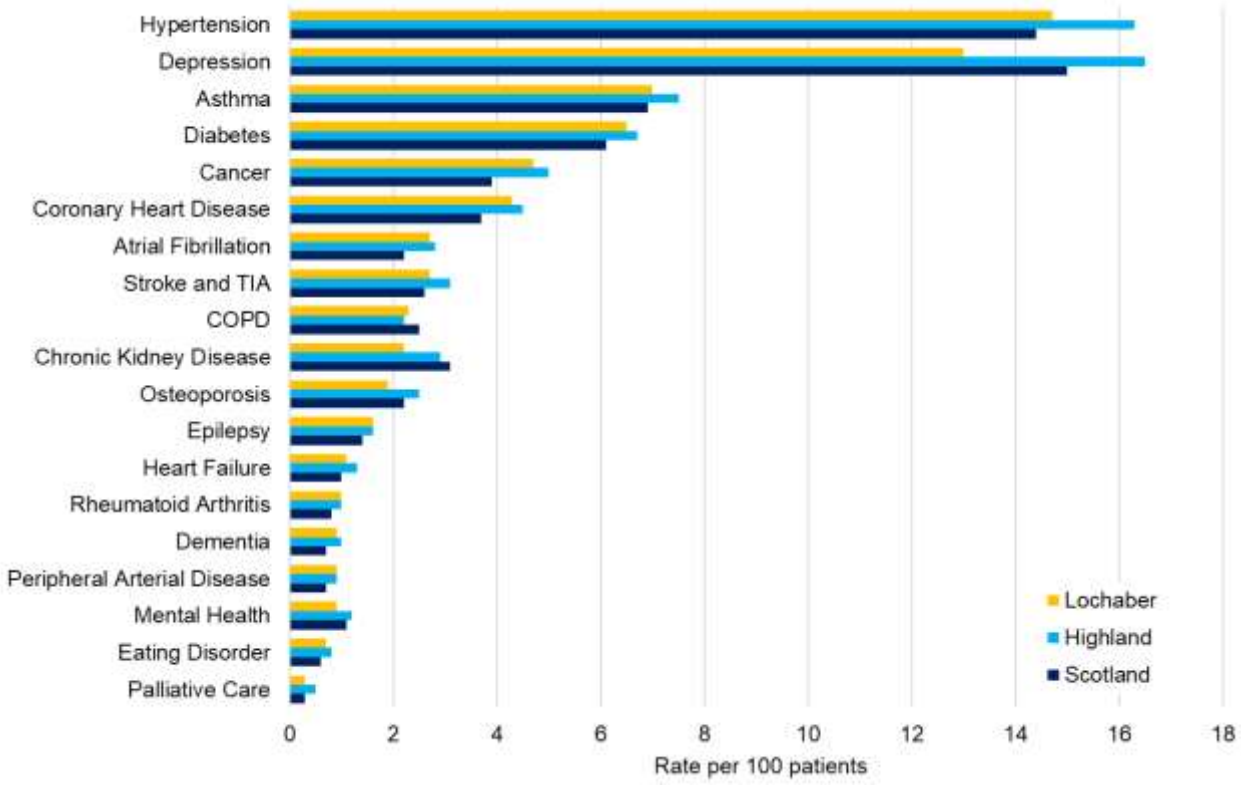
The evidence on forecast burden of disease, rising service demand and financial sustainability is clear that better prevention of poor health and the creation of good health is essential.[19]

## General practice disease registers

Information on disease prevalence in general practice is obtained from coding recorded in GP clinical systems. These data give reliable estimates of prevalence for conditions that are managed within general practice but are likely to under-represent the prevalence of conditions where people do not always consult their doctor, for example, diabetes and dementia.

The most common health conditions recorded in Lochaber GP cluster clinical systems are hypertension, depression, asthma, diabetes, cancer and coronary heat disease. Figure 22 compares the prevalence of nineteen disease indicators in Lochaber with those in Highland and Scotland.

**Figure 22: Disease prevalence recorded in general practice, Lochaber GP cluster, 2025**



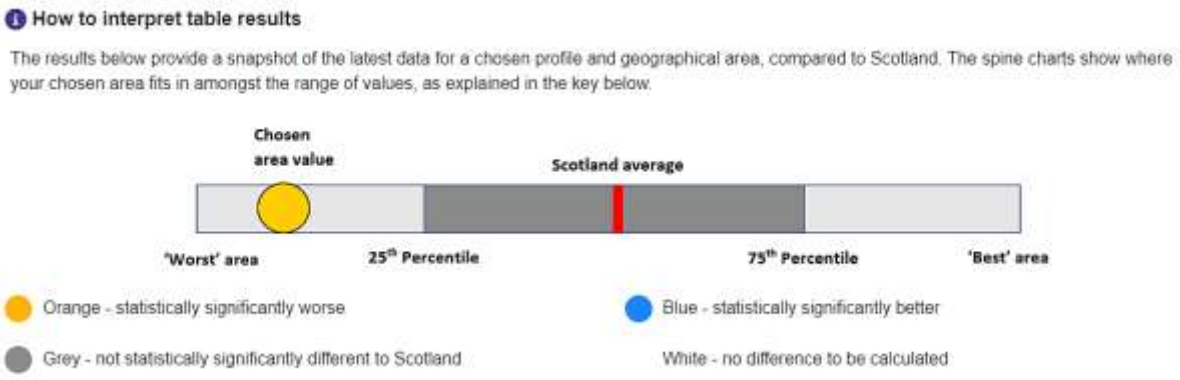

Source: Public Health Scotland, General Practice disease prevalence data visualisation.

## Health and wellbeing

A population's health and wellbeing is shaped by a wide range of factors, including the physical, social, cultural, commercial, and economic environment, alongside individual characteristics and behaviours, which are influenced by wider structural conditions.[27]

Adopting a place-based approach facilitates a focus on the social determinants such as housing, education, employment, wider planning partners, social connectedness and community assets. Taken together, these they will have a greater impact on health and wellbeing compared to care and health service on their own.[28]

The Scottish Public Health Observatory (ScotPHO) Health and Wellbeing profiles provide a broad picture of health across different indicators of health and wellbeing. The following graphics summarise how Lochaber compares with other areas across Scotland.[29]




The evidence from the latest available ScotPHO area profile indicators suggests that Lochaber is a relatively healthy place to live, according to most metrics, in a Scotland context. Of the indicators selected, coronary health disease hospital admissions and child dental health in Primary 7 were statistically significantly worse compared with the national average (Figure 23).

Alcohol-specific death rates and road traffic accident casualty rates were both higher ('worse') than the national average, though not significantly so.

In addition, the latest children's and young people's indicators show that Lochaber had a significantly higher proportion of young people aged under 25 years living in the most access deprived quintile compared with the Scotland average. Most childhood immunisation indicators were also below the national average (Figure 24).

**Figure 23: Health and wellbeing indicators for Lochaber**

**HSC locality: Lochaber**
ScotPHO Profile: Health & Wellbeing

ScotPHO

| Domain | Indicator | Lochabe | Scotlanc | Spine chart |
|---|---|---|---|---|
| Behaviours | **Alcohol-related hospital admissions**<br>*2023/24 financial year . EASR per 100,000* | 510.0 | 548.5 | |
| | **Alcohol-specific deaths**<br>*2019 to 2023 calendar years; 5-year aggregates . EASR per 100,000* | 27.0 | 21.8 | |
| | **Drug-related hospital admissions**<br>*2021/22 to 2023/24; 3 year rolling average . EASR per 100,000* | 85.2 | 181.2 | |
| | **Women smoking during pregnancy**<br>*2022 - 2024; 3 year rolling average . Percentage* | 9.5 | 9.6 | |
| Environment | **Population within 500 metres of a derelict site**<br>*2023 calendar year . Percentage* | 11.2 | 26.5 | |
| Ill health | **Asthma patient hospitalisations**<br>*2021/22 to 2023/24 financial years; 3-year aggregates . EASR per 100,000* | 57.9 | 76.2 | |
| | **Cancer registrations**<br>*2020 to 2022 calendar years; 3-year aggregates . EASR per 100,000* | 557.1 | 629.7 | |
| | **Chronic obstructive pulmonary disease (COPD) patient hospitalisations**<br>*2021/22 to 2023/24 financial years; 3-year aggregates . EASR per 100,000* | 137.8 | 210.1 | |
| | **Coronary heart disease (CHD) patient hospitalisations**<br>*2021/22 to 2023/24 financial years; 3-year aggregates . EASR per 100,000* | 419.7 | 326.8 | |
| | **Emergency admissions, aged 65+ years**<br>*2021/22 to 2023/24 financial years; 3-year aggregates . EASR per 100,000* | 20692.9 | 23998.6 | |
| | **Emergency patient hospitalisations**<br>*2021 to 2023 calendar years; 3-year aggregates . EASR per 100,000* | 6364.3 | 7242.5 | |
| | **Multiple emergency hospital admissions, aged >65 years**<br>*2021 to 2023 calendar years; 3-year aggregates . EASR per 100,000* | 4155.8 | 4807.2 | |
| | **Road traffic accident casualties**<br>*2021 to 2023 calendar years; 3-year aggregates . EASR per 100,000* | 68.9 | 51.0 | |
| Immunisations | **Bowel screening uptake**<br>*2021 - 2023; 3 year rolling average . Percentage* | 68.0 | 66.4 | |
| | **Immunisation uptake at 24 months - 6 in 1**<br>*2022 - 2024; 3 year rolling average . Percentage* | 95.4 | 96.2 | |
| | **Immunisation uptake at 24 months - MMR**<br>*2022 - 2024; 3 year rolling average . Percentage* | 90.7 | 93.2 | |
| Life expectancy | **Deaths all ages**<br>*2021 to 2023 calendar years; 3-year aggregates . EASR per 100,000* | 1078.1 | 1172.2 | |

| Domain | Indicator | Lochabe | Scotland | Spine chart |
|---|---|---|---|---|
| | **Deaths, aged 15-44 years**<br>*2021 to 2023 calendar years; 3-year aggregates . EASR per 100,000* | 161.6 | 111.7 |  |
| | **Early deaths from cancer, aged <75 years**<br>*2021 to 2023 calendar years; 3-year aggregates . EASR per 100,000* | 135.2 | 142.4 |  |
| | **Early deaths from coronary heart disease (CHD), aged <75 years**<br>*2021 to 2023 calendar years; 3-year aggregates . EASR per 100,000* | 47.3 | 54.5 |  |
| | **Life expectancy, females**<br>*2019 to 2023 (5 year aggregate) . Years* | 81.6 | 80.7 |  |
| | **Life expectancy, males**<br>*2019 to 2023 (5 year aggregate) . Years* | 77.7 | 76.5 |  |
| Mental health | **Population prescribed drugs for anxiety/depression/psychosis**<br>*2023/24 financial year . Percentage* | 18.5 | 20.9 |  |
| | **Psychiatric patient hospitalisations**<br>*2021/22 to 2023/24 financial years; 3-year aggregates . EASR per 100,000* | 134.8 | 216.1 |  |
| Social care | **Single adult dwellings**<br>*2023 calendar year . Percentage* | 34.1 | 38.5 |  |
| Women | **Babies exclusively breastfed at 6-8 weeks**<br>*2021/22 to 2023/24 financial years; 3-year aggregates . Percentage* | 41.2 | 32.3 |  |
| | **Child dental health in primary 1**<br>*2023/24 school year . Percentage* | 69.9 | 73.9 |  |
| | **Child dental health in primary 7**<br>*2023/24 school year . Percentage* | 70.4 | 76.0 |  |
| | **Child healthy weight in primary 1**<br>*2023/24 . Percentage* | 78.7 | 76.5 |  |
| | **Healthy birth weight**<br>*2021/22 to 2023/24 financial years; 3-year aggregates . Percentage* | 79.9 | 80.9 |  |
| | **Teenage pregnancies**<br>*2020 to 2022 calendar years; 3-year aggregates . Crude rate per 1,000 females aged 15-19* | 15.7 | 23.6 |  |

*Source:* https://scotland.shinyapps.io/ScotPHO_profiles_tool/

**Figure 24: Children's and young people's indicators**

**HSC locality: Lochaber**
ScotPHO Profile: Children & Young People

| Domain | Indicator | Lochabe | Scotlanc | Spine chart |
|---|---|---|---|---|
| Safe | **Young people living in the most crime deprived quintile, aged 0-25 years**<br>*2023 calendar year . Percentage* | 19.8 | 20.6 |  |
| Healthy | **Child dental health in primary 1**<br>*2023/24 school year . Percentage* | 69.9 | 73.9 |  |
| | **Child dental health in primary 7**<br>*2023/24 school year . Percentage* | 70.4 | 76.0 |  |
| | **Child healthy weight in primary 1**<br>*2023/24 . Percentage* | 78.7 | 76.5 |  |
| | **Healthy birth weight**<br>*2021/22 to 2023/24 financial years; 3-year aggregates . Percentage* | 79.9 | 80.9 |  |
| | **Maternal obesity**<br>*2021/22 to 2023/24 financial years; 3-year aggregates . Percentage* | 26.6 | 27.6 |  |
| | **Premature births**<br>*2021/22 to 2023/24 financial years; 3-year aggregates . Percentage* | 7.9 | 8.3 |  |
| | **Teenage pregnancies**<br>*2020 to 2022 calendar years; 3-year aggregates . Crude rate per 1,000 females aged 15-19* | 15.7 | 23.6 |  |
| | **Women smoking during pregnancy**<br>*2022 - 2024; 3 year rolling average . Percentage* | 9.5 | 9.6 |  |
| Nurtured | **Babies exclusively breastfed at 6-8 weeks**<br>*2021/22 to 2023/24 financial years; 3-year aggregates . Percentage* | 41.2 | 32.3 |  |
| | **Developmental concerns at 27-30 months**<br>*2021/22 to 2023/24; 3 year rolling average . Percentage* | 14.7 | 17.5 |  |
| | **Immunisation uptake at 24 months - 6 in 1**<br>*2022 - 2024; 3 year rolling average . Percentage* | 95.4 | 96.2 |  |
| | **Immunisation uptake at 24 months - MMR**<br>*2022 - 2024; 3 year rolling average . Percentage* | 90.7 | 93.2 |  |
| | **Uptake of the HPV vaccine in S1 females**<br>*2021/22 to 2023/24; 3 year rolling average . Percentage* | 71.7 | 76.1 |  |
| | **Uptake of the HPV vaccine in S1 pupils**<br>*2021/22 to 2023/24; 3 year rolling average . Percentage* | 66.8 | 72.6 |  |
| | **Uptake of the HPV vaccine in S3 girls**<br>*2021/22 to 2023/24; 3 year rolling average . Percentage* | 87.8 | 83.1 |  |
| Included | **Young people living in the most access deprived quintile, aged 0-25 years**<br>*2023 calendar year . Percentage* | 49.8 | 20.9 |  |
| | **Young people living in the most income deprived quintile, aged 0-25 years**<br>*2023 calendar year . Percentage* | 4.6 | 19.6 |  |

*Source:* https://scotland.shinyapps.io/ScotPHO_profiles_tool/

## Further Information

This section provides links to further resources, data and evidence on the population and health and wellbeing for Lochaber and Highland.

### Local plans and reports

The annual reports of the Director of Public Health provide an overview of population health and work being undertaken to improve health and wellbeing and reduce health inequalities.

Public health partnership profile reports present information across a range of health and wellbeing topics for community partnership and community planning groups in the area covered by NHS Highland Health Board.

The NHS Highland strategic vision covering the period 2022 to 2027 is set out within the Board-wide strategy Together We Care, with you, for you.

The Highland Adult Services Strategic Plan 2024-2027 and Joint Strategic Needs Assessment sets out the strategic objectives and priorities for the delivery of integrated health and adult social care services in the Highland Health and Social Care Partnership.

The Highland Children's Services Plan 2023-2026 and Joint Strategic Needs Assessment set out local plans to improve outcomes for children, young people and families.

### External resources

Scotland's national public health body, Public Health Scotland, release a wide range of research, dashboards and statistical publications on different topic areas.

The Scottish Public Health Observatory website provide access to information about a range of data sources, evidence and topic summaries including health conditions and diseases, specific population groups and determinants of health.

The National Records of Scotland publish information about the population of Scotland in the form of detailed reports, statistics, interactive dashboards and council area profiles.

Scotland's Census 2022 provides census results for a wide range of topics and locations.

### Contact

Public Health Intelligence, NHS Highland **nhsh.publichealthintelligence@nhs.scot**

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