

Bringing Health and Social Care together to improve outcomes for the people of Orkney

Working together to make a real difference

Strategic Commissioning Plan 2017 - 2018
Performance report for 2017 - 2018



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FOREWORD



Foreword by Chair of the Orkney Health and Care

Orkney Health and Care was formed in April 2016 with responsibility for the strategic planning of Health and Social Care services in the Orkney Community. It was formed in response to the Scottish Government's requirement that health and social care service delivery was to be integrated and seamless. Orkney Health and Care works closely with Orkney Islands Council, NHS Orkney, the Third Sector and other providers to plan and commission services to meet the needs of our communities.

In 2016, Orkney Health and Care prepared a 3 year Strategic Commissioning Plan which set out the vision for Health and Social Care Services during the period 2016 - 2019. The plan can be accessed [here](#). Mindful of the imperative to respond to the developing needs of the Community it was recognised that Orkney Health and Care had to be agile in responding to those needs so it was agreed that the Strategic Commissioning Plan would be refreshed after one year. The refreshed Strategic Commissioning Plan for 2017 - 2018 can be accessed [here](#). Again, for the same reasons, the Strategic Commissioning Plan has been refreshed for 2018 - 2019.

This document summarises the actions set out in the Strategic Commissioning Plan Refresh 2017 - 2018 and provides an update on progress against those actions. It is evident from this update that a great deal has been achieved since Orkney Health and Care was formed. However, there is still a lot to be done and the latest update of the Strategic Commissioning Plan for 2018 - 2019, reflecting the next stage of service delivery, can be accessed [here](#).

There are clear challenges in planning, developing, commissioning and delivering Health and Social Care services across Scotland, and Orkney is no different. Whilst the difficult financial circumstances are common across the whole of Scotland, Orkney has particular issues which include its changing demographic and ageing profile as well as its island setting. However, we have a good track record of partnership working which brings together organisations, teams, and individual skills to deliver safe, effective and efficient Health and Social Care services in our community.

Orkney Health and Care is passionate about what it does and is determined to use the resources at its disposal to continue to develop and find innovative new ways to deliver the services which the people of Orkney expect. Our aim is to commission services that increase the welfare and wellbeing of our community whilst remaining within the bounds of possibility given the only too obvious constraints and challenges we face.

I am confident that those involved in the delivery of Health and Social Care services will continue to do their very best to ensure the needs of those in receipt of services are at the heart of what they do.

A handwritten signature in black ink, consisting of several loops and a final horizontal stroke.

Jeremy Richardson
Chair.

1. The Integration Joint Board Members



The voting members of the Integration Joint Board as of 1 September 2017 were (back row left to right) Rognvald Johnson, NHSO Non-Executive Board Member; Councillor Steve Sankey; David Drever, NHSO Non-Executive Board Member; (front row left to right) Councillor Rachael King, Vice Chair; Jeremy Richardson, NHSO Non-Executive Board Member and Chair; Councillor John Richards.

In addition to the voting members, the Integration Joint Board also has a range of professional advisors and stakeholder representatives including professional representatives of health and care services, and other relevant services such as housing, a representative of third sector services, a service user representative, a carer representative and union representatives. This group of Board members worked together, supported by a range of sub groups, to develop and endorse the Board's first Strategic Commissioning Plan.

2. National Health and Wellbeing Outcomes

The Scottish Government has set out nine national health and wellbeing outcomes to explain what health and social care partnerships such as Orkney Health and Care are attempting to achieve through their Strategic Commissioning Plans, as follows.

Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer.

Outcome 2: People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected.

Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Outcome 5. Health and social care services contribute to reducing health inequalities.

Outcome 6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.

Outcome 7. People using health and social care services are safe from harm.

Outcome 8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

Outcome 9. Resources are used effectively and efficiently in the provision of health and social care services.

The Strategic Commissioning Plan clearly shows how each of the strategic actions, and performance targets, links to and support delivery of these outcomes.

3. Orkney's Localities

The legislation requires that in addition to establishing an Integration Joint Board we are also required to establish at least two 'localities' for the purpose of planning services at a local level.

The Integration Joint Board agreed from the outset that Orkney will have two localities: the Mainland, which will be subdivided into the West and East Mainland, and the Isles. Each locality is to be supported in its operation by a nominated 'locality manager' who is an existing staff member.

The locality managers will lead their respective locality groups and will act as the liaison between each locality group and the Strategic Planning Group, which has the overall planning function for the Integration Joint Board. The ways in which localities function and plan together is shaped to suit their specific geography and populations.

The findings of the Place Standard Survey and visits prompted a review of the adopted locality planning strategy. Following input from officers and representatives from throughout the health and social care services, including the Strategic Planning Group, it was felt that future engagement in relation to locality planning should be via the local GP surgery and the Community Council. This approach acknowledges the role of the GP surgeries and community councils as community leaders and deploys their local knowledge of how best to engage with the island / parish.

4. The Strategic Planning Group

In Orkney we have ensured that the Strategic Planning Group has a wide membership including people who use services and their unpaid carers, health and social care professionals, third sector bodies carrying out activities related to health and social care, commercial and non-commercial providers of health and social care services, people involved in housing services and people who can represent the interests of each locality.

- The Strategic Planning Group has driven forward key workstreams that have delivered the outcomes desired within the Strategic Commissioning Plan. These workstreams have related specifically to:
- The isles model of care and how we can make this model more sustainable.
- Developing generic worker profiles which can support the needs of remote and rural communities where individuals often hold more than one job.
- Developing a hub approach to service delivery to enhance service delivery and create a more sustainable model of provision.

5. Financial Performance

The Integration Joint Board receives funding from both Orkney Islands Council and NHS Orkney with which to commission health and social care services.

The Strategic Commissioning Plan 2017 – 2019 indicated an opening budget of:

	Budget £000
Orkney Islands Council	£17,660.7
NHS Orkney	£21,463.0
Total	£39,123.7

Following the addition of in-year allocations and final adjustments the actual operating budget of the Integration Joint Board for the year 2017 – 2018 and performance against that budget was as follows:

	Spend £000	Budget £000	Over/Under £000	%
Social Care	£18,270	£18,270.	£0	100.0
NHS	£23,997	£23,519	£478	102.0
Total	£42,267	£41,789	£478	101.1

6. Performance in Relation to a Range of Other Types of Scrutiny

In 2017 – 18 the Integration Joint Board continued to be subject to a range of internal and external audit processes. Internal audit was led by the independent IJB Chief Internal Auditor and this work highlighted some key points:

- 10 of the 11 recommendations made in 2016 in relation to strengthening governance and financial arrangements had been met.
- The Chief Finance Officer has implemented good management practices towards budgetary control and management of the partnership budget.
- Development sessions facilitated by Scott-Moncrieff informed the refresh of both the risk management strategy and the risk register.
- There were no fraud issues or irregularities.
- All audits detailed within the IJB internal audit plan were completed.
- The internal audit highlighted one area of ongoing risk in relation to the production of a recovery plan where an overspend was forecast and the need to define how a return to a break-even position would be achieved.

No high-risk areas were identified as a result of the audit processes and all improvement actions have either already been completed or are on schedule for completion.

Audit Scotland issued their annual audit plan for 17/18 in March 18 and highlighted some key risk areas for their audit which is due to report in September 2018:

- The wider financial position including budget monitoring and long term financial planning.
- Hospital acute services and set aside budgets.

Throughout the year the Care Inspectorate completed their annual programme of inspection of regulated services with each inspection report publicly available on the Care Inspectorate website. It is pleasing to note that all services inspected achieved either good or very good grades in relation to the quality of care and support offered. Over the year no requirements were issued by the Care Inspectorate and a number of recommendations were made to support the service improvement agenda. Where recommendations were made action plans to address these have been submitted to the Care Inspectorate and are either complete or in the process of completion.

2017/18 also saw work continue to progress on the action plan created following the positive inspection of adult health and social care in 16/17 with most actions now complete or close to completion. Scrutiny of the action plan is provided internally via the clinical and care governance committee.

7. Complaints and compliments

The Integration Joint Board is required to have a complaints procedure to enable people to make complaints about the specific responsibilities and actions of the Board itself. No complaints of this nature were received during this reporting period.

The Integration Joint Board is also required to collect information in relation to complaints made about services delegated to it for planning purposes. Information for compliments received is also collected, in 2016 – 2017 40 compliments were received and in 2017 – 2018 49 compliments were received highlighting satisfaction with levels of care and support from our practitioners. Please note that the Complaints received in 2016-2017 did not include NHS delegated services.

Regular reviews of complaints and compliments are carried out and through the course of the year there were no significant themes relating to specific issues.

Learning from complaints is disseminated through service areas to ensure continuous improvement is informed by service user experience.

Complaints received..	Upheld.	Not upheld.	Partly upheld.	Other actions.
2016 – 2017 Total 12.	5.	6.	0.	1 rejected.
2017 – 2018 Total 48.	14.	14.	16.	4 withdrawn.

Appendix 1: Orkney Health and Care – Service Area Strategic Commissioning Plan Actions

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.	RAG.	Comment.
Section 2: Strategic Commissioning Plan Section 1: Children’s Services.						
The Board will support children in Orkney to have the best start in life by ensuring that their health and development is monitored regularly so that any issues can be identified and appropriate action taken.	A locally appropriate model is to be developed to ensure that goals and outcomes of the new Scottish Universal Health Visiting Pathway, Pre Birth to Pre School 2015 are delivered.	<p>Children’s outcome numbers 1 and 2.</p> <p>National Health and Wellbeing Outcome numbers 4 and 5.</p> <p>On-going survey of nursery providers (annually from 2012) identified increased numbers of children with delayed language in pre-school children and a significant proportion (30% in 2015 survey) had not accessed any</p>	<p>A count of the numbers of pregnant women at the 34 week antenatal appointment in Orkney annually who are on the new health visiting pathway – annually.</p> <p>27 – 30 month review will record numbers of children with delayed language – annually</p>	<p>100% on appropriate new pathway.</p> <p>85% of children will reach the expected developmental milestones at the time of their 27 – 30 month review, by end 2016.</p> <p>Reduction in proportion of children requiring service who have not had it from base line of 30%.</p>	Green.	<p>Health Visiting pathway fully implemented.</p> <p>Speech and Language therapy service delivery model has been revised and new pathways formulated to ensure children receive the most appropriate support.</p> <p>Central figures for 16/17 highlight Orkney having 10.8% of children</p>

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		relevant support services for this matter.	including identifying those who have had previous involvement from professionals - biannually. Annual nursery providers' survey.			with a speech and language concern, compared to a national figure of 13%.
The Board will support the health and wellbeing of children and young people, and consequently the health and wellbeing of the adult population in future years, through actions to support them to be	Health Weight initiatives for children are to be delivered.	Children's outcome number 1. National Health and Wellbeing Outcome numbers 1, 4 and 9. The local needs assessment indicates that a greater number of	Numbers of healthy weight initiatives delivered – annually. Primary 1 school screening programme will provide evidence of	Primary 1 screening evidences a reduction in the numbers of overweight and obese children from the current baseline.	Green.	Primary 1 screening continues and data will be collated over the summer months. BMI monitoring continues to be a priority for Scottish Government.

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of a healthy weight.		primary 1 age children in Orkney are obese than the Scottish average.	performance and change – annually.			<p>The most recent central data shows Orkney has 25% of children identified as overweight or obese, as opposed to 22.9% for Scotland as a whole.</p> <p>Healthy weight initiatives continue to be offered on an individual basis through the dietetic service and self referral is now an option.</p>
The Board will support children in Orkney to have the	The potential to use on line options for the provision of	Children’s outcome number 1.	A range of information, resources and	As this will be a new way of communicating	Green.	Orkney Children and Young People’s

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best start in life which includes ensuring that parents in Orkney have ready access to information to support them in their parenting role.	<p>information, resources and support tools is to be maximised.</p> <p>Services within the remit of the IJB make a contribution to this but overall ownership rests with the Orkney Children and Young People's Partnership.</p>	<p>National Health and Wellbeing Outcome numbers 1, 4, 6 and 9.</p> <p>Identified as an area for development through recently undertaken consultation with parents.</p>	<p>tools will be available on line – checked bi-annually.</p> <p>NHS Orkney and Orkney Islands Council will signpost to these resources from their own web sites / pages - checked bi-annually.</p>	<p>we will monitor the number of hits on the site, from a baseline of 0, in the first six months.</p> <p>Measure the number of access hits including a check box for did you find this useful feedback'</p>		<p>Partnership (OCYPP) webpages has been accessed 1,818 times, 1,137 of these were for the childminder list.</p> <p>A baseline identify parent supporting methods across Orkney is almost complete and recommendations from this will be actioned by the Orkney Children and Young People's Partnership.</p>
	Respond to new policies and	Children's outcome	Report to the	30 September	Green.	Best start recommendations

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	emerging findings from national and other area reports on the safe and effective provision of maternity services with a locally developed plan that takes account of relevant information and provides a 'best fit' for Orkney.	number 1. National Health and Wellbeing Outcome numbers 1, 3, 5 and 9.	Board – one off. Delivery of any resulting action plan – annually.	2017. 90% of actions completed on time.		being implemented locally.
	The Intensive Fostering Service is to be continued – commissioned from OIC. Ways to develop local residential provision to meet more complex and specialist care	Children's outcome number 2. National Health and Wellbeing Outcome numbers 2, 3, 4, 5, 7 and 9.	A shift in the balance of placements with residential care reducing as a proportion of placements in favour of foster and kinship care arrangements.	Balance of placements in favour of foster or kinship care to be at or above the national level by 31 March 2018.	Green.	Intensive fostering service has been baselined to the children's services budget. Recruitment of new carers is progressing.

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	needs are to be explored and options reported on.		<p>This balance being at or above the national level - annually.</p> <p>A report to the Board on potential developments, if any, to local residential care services to enable them to meet more complex and specialist care needs.</p>	<p>Report to Board by 31 December 2017.</p> <p>Increase on 2016 – 2017 base rate.</p>		
	Multi-agency involvement in the Permanence and Care Excellence (PACE) work supported by	<p>Children’s outcome numbers 1 and 2.</p> <p>National Health and Wellbeing Outcome numbers</p>	Number of actions in the new plan that relate to actions by services commissioned	90% of actions completed on time. No children to be deemed to have been left at risk of harm	Green.	PACE work continues with emphasis on placement stability. Placements

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	Scottish Government and CELCIS (Centre for Excellence for Looked after Children in Scotland).	3, 4, 5, 7, 8 and 9.	by the IJB completed within identified timescales - annually.	where action could have been taken.		continue to be reviewed within statutory timescales.
The Board will support the life chances of children and young people who require to be 'looked after away from home' (The Children (Scotland) Act 1995 , defines 'Looked After Children' as those in the care of their local authority. The term 'looked after away from home' refers to a child or young person	Assurance is to be sought that Compulsory Measures and care proceedings are used appropriately in Orkney.	Children's outcome number 2. National Health and Wellbeing Outcome numbers 3, 4, 7 and 9.	The Child Protection Committee Continuous Improvement Group to identify numbers of cases where, after review, it was concluded that a different care proceedings route should have been taken –	No children to be deemed to have been left at risk of harm where action could have been taken. No children to be deemed to have been taken into care unnecessarily.	Green.	CPC continues to provide oversight with an independent chair. CPC Conferences are held within the national timescales. Multi agency training programme in place. Looked After Reviews occur

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<p>placed under one of a number of legal routes, away from their normal place of residence, usually a family home.) improved through the provision of care in family and community settings wherever possible. This will be supported by disinvestment in residential care places for children particularly out of Orkney, and more efficient investment in alternative forms of care that support the delivery of better outcomes for children and young people.</p>			quarterly.			within statutory timescales.

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<p>The Board wishes to be assured that appropriate action is taken to support the life chances of children and young people who are identified to be at risk through Child Protection and Looked After Children processes. The Board wish to see the highest standards of integrated assessment, planning and intervention taking place with a clear focus on achieving safe and stable care for children, preferably at home/within the</p>	<p>Assurance is to be sought that Compulsory Measures and care proceedings are used appropriately in Orkney.</p>	<p>Children's outcome number 2.</p> <p>National Health and Wellbeing Outcome numbers 3, 4, 7 and 9.</p>	<p>The Child Protection Committee Continuous Improvement Group to identify numbers of cases where, after review, it was concluded that a different care proceedings route should have been taken – quarterly.</p>	<p>No children to be deemed to have been left at risk of harm where action could have been taken.</p> <p>No children to be deemed to have been taken into care unnecessarily.</p>	<p>Green.</p>	<p>CPC continues to provide oversight with an independent chair. CPC Conferences are held within the national timescales.</p> <p>Multi agency training programme in place.</p> <p>Regular supervision is provided and case file audits are in place to assure quality of decision making and provision.</p>

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.	RAG.	Comment.
family network or, where this is not possible, in a permanent alternative care placement.						
Section 2: Strategic Commissioning Plan Section 2: Criminal Justice Social Work Services.						
The Board requires the services it commissions to plan and deliver with a greater emphasis on collaborative working by working in partnership with relevant local and national stakeholders to embed the new Orkney Community Justice Partnership and support delivery of the four national priorities for	The Community Justice Partnership to be operational over the course of the year – commissioned from OIC as host of coordinating post. The services the IJB commissions that relate to community justice to engage in the Care Inspectorate framework of self-evaluation in relation to	National Health and Wellbeing Outcome numbers 8 and 9. Community Justice (Scotland) Act 2016.	Review meeting attendance by Board commissioned services – annually. Evidence of completion of self-evaluation and report to Board.	Attend 100% of meetings held. Report the self-evaluation to the Board by 31 March 2018.	Amber.	Scottish Government have acknowledged this was too soon for self-evaluation for partnerships. Self evaluation scheduled for 18/19.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.	RAG.	Comment.
<p>community justice Improve community understanding and participation. Strategic planning and partnership working. Effective use of evidence-based interventions. Equal access to services.</p>	<p>community justice delivery and the outcome of the self-evaluation to be reported to the IJB.</p>					
<p>The Board requires clear measures of performance in community justice terms developed and delivered.</p>	<p>A Community Justice Outcomes Improvement Plan to be developed in line with national guidance.</p>	<p>National Health and Wellbeing Outcome numbers 3, 4, and 9. Community Justice (Scotland) Act 2016.</p>	<p>Baseline of outcome measures to be established in 2017 – 2018 as first reporting year – annually.</p>	<p>Baseline established.</p>	<p>Green.</p>	<p>Community Justice Orkney Improvement Plan has been signed off by the partnership.</p>
<p>The Board requires a range of services to contribute to the strategic goal of ‘improvement of</p>	<p>Co-ordinated by the Community Justice Partnership officer, hosted by OIC, all relevant services</p>	<p>National Health and Wellbeing Outcome numbers 4 and 5.</p>	<p>Completed plan to include relevant information.</p>	<p>Completed plan by 31 March 2018.</p>	<p>Green.</p>	<p>A number of press releases have been issued and new performance</p>

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public understanding' about the role of specific issues in community justice through contributions to the Community Justice Outcomes Improvement Plan, specifically, the role of learning disabilities, mental health issues, physical health issues, substance misuse issues, relationship issues, and having a history of being formally 'looked after' by the local authority.	will make a contribution to the Community Justice Outcomes Improvement Plan.					officer in post.
Section 2: Strategic Commissioning Plan Section 3: Primary and Community Care Services.						
The Board will see the health and	Plans must be developed and	National Health and Wellbeing	Number of service hours	An increase in available hours	Green.	Double Up teams now established

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wellbeing of people who require support to live at home promoted and their support needs met in an appropriate manner through the provision of adequate effective services.	delivered to increase capacity in the care at home service.	Outcome numbers 2, 3, 4 and 9. Joint Inspection of Services for Older People Recommendation.	available in Orkney – annually. Waiting list data – home care service – quarterly. Delayed discharge data re causes of delay – quarterly.	from 2015-2016 base line. Reduction in home care waiting list. Reduction in people delayed in hospital due to a wait for the home care service. 50%reduction in non excluded 9 delays by 31 March 2018.		and recruitment ongoing for home carers.
	An Integrated Care pathway for bone health including responses to, and after, falls, is to be put in place and work is to be undertaken jointly with Scottish Ambulance Service	National Health and Wellbeing Outcome numbers 1, 2, 4, 7 and 9.	Falls admissions data – quarterly. Outcomes of falls programmes – bi-annually.	Reduced admissions to hospital as a result of a fall from 2015 – 2016 base line. 100% of people completing a falls programme will	Green.	The falls prevention pathway is in place, work to promote its use within community teams and SAS is ongoing to ensure the most appropriate

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	to develop a different response to falls, with more focus on supporting people at home.			have a personal exercise plan in place.		response to a fall is actioned. Referrals to the falls service and emergency admission rates for falls are being recorded to monitor effectiveness of pathway. Falls staff have undertaken Quality Improvement focussed work to streamline pathways and processes.
	A joint review of data is to be undertaken to understand reasons behind conveyance to hospital of people	National Health and Wellbeing Outcome numbers 1, 2, 4, 7 and 9.	Outcome of data analysis.	Report by 30 September 2017.	Green.	Data on falls continues to be analysed to ensure best response.

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	who have fallen.					
	There will be a review of unscheduled health and social care services provided out of hours including GP services and a change plan brought forward informed by this review.	National Health and Wellbeing Outcome numbers 2, 3, 4, 5, 6, 7, 8 and 9.	Outcome of the review to be reported to the Board with an action plan and clear timescales.	Report by 30 Sept 2017. 85% of action plan actions completed within identified time frames.	Amber.	Review underway and workshops held. Data being considered. Although behind time the project is progressing.
	A questionnaire to gather views of patients using the Out of Hours GP service is to be developed and carried out.	National Health and Wellbeing Outcome number 8.	Questionnaire completed and results reported.	Questionnaire by 31 November 2017. Report by 31 December 2017.	Green.	Complete and informed work above.
	Additional services commissioned from GP practices through the Local	National Health and Wellbeing Outcome numbers 2, 4, 5, and 9.	LES programme for 2017 – 2018 to be agreed and	A report of outcomes for the year to be submitted to	Green.	Enhanced contracts in place.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.	RAG.	Comment.
	Enhanced Services (LES) approach will be driven by knowledge of local need.		underpinned by local data – annually.	Board by 30 June 2018.		
	A working group bringing public health and primary care together for planning purposes is to be established.	National Health and Wellbeing Outcome numbers 1, 2, 4, 5, 8 and 9.	Meetings to take place – bi-annually.	Meetings taking place.	Green.	Meetings have been held.
	The Board directs NHSO to facilitate an Emergency Department redirection policy to ensure that avoidable hospital admissions are minimised and sign posting and redirection to alternative services is undertaken effectively at the	National Health and Wellbeing Outcome numbers 2, 3, 4, 8 and 9.	Redirection options are used appropriately – bi-annually.	Reduce the number of presentations to A and E. Zero breaches of 4 hour waiting times target. Measure number of redirected calls to Intermediate Care Team on-call service.	Green.	Clinical Care pathways are in place

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	stage of considering admissions.			Number of admissions subsequently prevented. Utilisation rates of alternatives to admission cross refer here GP referral bed and Rapid Short Term Responder Service. Increase in % of 'see and treat' from base line.		
	There will be support in place to enable people to make a choice to die at home or in a homely setting through the ongoing provision of a service across Orkney and the	National Health and Wellbeing Outcome numbers 3, 4 and 8.	Proportion of people ending life in a hospital setting – annually.	Improvement to achieve the national average rate.	Green.	Contract in place and practice improving.

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	provision of training and support for staff in services that support people at home in managing end of life care.					
	A local phototherapy service is to be made available through primary care to reduce the need for people to travel to Aberdeen for treatment.	National Health and Wellbeing Outcome numbers 3, 8 and 9.	Proportion of people requiring phototherapy treated in Orkney v's in Aberdeen – bi-annually.	Demonstrated shift in service delivery proportions towards services closer to home.	Amber.	Services in place. SLA still to be signed off awaiting from confirmation from NHS Tayside.
	The Board wishes to see NHSO Podiatry Service fully implement the national footcare guidance.	National Health and Wellbeing Outcome numbers 1 and 9. NHS delivery standard.	Musculoskeletal waiting times and 12 weeks for all podiatry achieved – quarterly.	90 % achievement of 4 week referral to treatment Waiting time target for Musculoskeletal appointments and 12 weeks for all podiatry	Green.	Guidance implemented and sign posting available for those who do not meet criteria.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.	RAG.	Comment.
				<p>referrals.</p> <p>No inappropriate NHS podiatry appointments in line with national guidance on access.</p> <p>80% assessments for diabetic foot screening for people with diabetes and a high risk score completed in SCI DC.</p>		
	<p>Process are to be in place for medicine management and administration in social care settings. Appropriate staff training and support is to be available.</p>	<p>National Health and Wellbeing Outcome numbers 2, 3, 4, 7, 8 and 9. Joint Inspection of Services for Older People Recommendation.</p>	<p>Analysis of incident reports using Datix (NHSO) and social care reporting mechanisms – quarterly.</p>	<p>Reduction in medicine related incidents / errors in social care settings.</p>	<p>Green.</p>	<p>Ongoing training programme. Community pharmacy includes practical support.</p>

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.	RAG.	Comment.
The Board will support the health and wellbeing of people who are supported in a residential or extra care settings and by the community based services delegated to it, in a safe and appropriate manner.	Prescribing practices will be monitored and opportunities for improvement and change identified and delivered.	National Health and Wellbeing Outcome numbers 8, and 9.	Reduction in non-formulary prescribing compliance – annually.	Reduction in non-formulary prescribing compliance.	Green.	Data from initiative in March 18 to be considered and next steps identified.
	Processes are to be in place to minimise the impact of any outbreaks of bacterial or viral infection in social care settings based on public health service advice including appropriate use of infection control methods and appropriate staff sickness absence management.	National Health and Wellbeing Outcome numbers 3, 4, and 7.	Assurance provided that infection control processes are optimum – annually. Assurance that staff affected by relevant illness not to return to workplaces where there are vulnerable people until 48 hours symptom free – annually.	All outbreaks managed appropriately. Confirmation of policy applied 30 September 2017.	Green.	National prevention of infection guidelines implemented and being monitored.
	Residential care	National Health	Numbers of	Increase on 2015	Green.	New care home

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.	RAG.	Comment.
	place capacity is to be adequate to meet demand.	and Wellbeing Outcome numbers 2, 3, 4, 7 and 9.	care home places – annually.	– 2016 base line by 2018.		projects progressing as per project timetable.
	Residential care place capacity is to be adequate to meet demand. The Hospital Discharge Planning policy and processes will be updated and awareness of them promoted.	National Health and Wellbeing Outcome numbers 2, 3, 4, 7 and 9. National Health and Wellbeing Outcome numbers 3, 4, 6, 8 and 9.	Delayed discharge data measured through reported use of code 9, 71x – quarterly.	By December 2018 no people who require residential care will be delayed in hospital because there is no residential care home capacity in Orkney to accommodate them.	Green.	Currently sitting at zero.
			Residential care waiting list data – quarterly.	By December 2018 no people who require residential care will be delayed in a community setting or at home because there is no	Green.	Currently sitting at zero.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.	RAG.	Comment.
				residential care home capacity in Orkney to accommodate them.		
			Timely identification of expected dates of hospital discharge as identified through case note audit – quarterly.	Estimated dates of discharge to be identified for all in patients at the point of admission.	Green.	Policy updated in Feb 18.
The Board requires services it commissions to work closely with NHS Orkney's inpatient services to ensure that transitions between home and care settings, or care setting to care	The Hospital Discharge Planning policy and processes will be updated and awareness of them promoted. A gap analysis is to be undertaken in relation to services	National Health and Wellbeing Outcome numbers 3, 4, 6, 8 and 9. National Health and Wellbeing Outcome numbers 2, 3, and 6.	Numbers of hospital discharges that are delayed due to necessary assessments or referrals not being completed as identified by	Zero delays for assessment reasons.	Amber.	There were two incidents account for 6 discharge days.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.	RAG.	Comment.
setting, are carefully planned and undertaken so that they promote people’s welfare and minimise stress and distress.	to support people to make transitions from hospital to home including transport and collection of any necessary medication arrangements, in order to inform further planning decisions.		delayed discharge coding (Source: ISD.) – quarterly.			
			Numbers of discharges resulting in Datix reporting as not well planned – quarterly.	Target to be nil.	N/A.	There have been 19 incidents relating to poor discharge of patients. On reflection this is not a good measure of IJB discharge flow as these incident may include clinical errors in the Hospital.
			Report to Board setting out current arrangements and identifying any gaps.	Report by 30 September 2017.	Green.	Gap analysis complete and reported to Clinical and Care Governance Committee.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.	RAG.	Comment.
	Assurance is to be sought from the Adult Protection Committee that statutory interventions are used appropriately in Orkney.	National Health and Wellbeing Outcome numbers 7 and 9. Joint Inspection of Services for Older People Recommendation.	The Adult Protection Committee Case Review Sub Group to identify numbers of cases where, after review, it was concluded that a different protection route should have been taken – quarterly.	No adult to be deemed to have been left at risk of harm where action could have been taken – risk assessment and risk management plans in each case are deemed appropriate on review. No adult to be deemed to have been subject to statutory intervention through the use of a legal order unnecessarily.	Green.	AP Case sub group in place to review cases. This reports to APC and COG.
The Board wishes to be assured that appropriate action is taken to support the	Assurance is to be sought from the Adult Protection Committee that	National Health and Wellbeing Outcome numbers 7 and 9.	The Adult Protection Committee to provide detail	Report provided to Board 30 June 2017.	Green.	AP Lead officer reports into AP Committee.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.	RAG.	Comment.
welfare and safety of adults who are identified to be at risk through Adult Protection processes.	processes are in place to ensure that the governance and quality assurance role of the committee and the Chief Officers Group is appropriately fulfilled.	Joint Inspection of Services for Older People Recommendation.	on governance and quality assurance processes – one off.			
	The Single Shared Assessment (SSA) will be used appropriately across health and social care services, minimising the amount of repeat assessment that takes place and maximising effective and appropriate information sharing.	National Health and Wellbeing Outcome numbers 2, 3, 4, 6, 8 and 9.	Initial survey of use of SSA undertaken to provide baseline. Repeat to measure change – annually.	Improve on baseline by 31 Mach 2018.	Amber.	Work underway to link with NHSO decisions on future case work arrangements for community services.
The Board expects service delivery	The Generic Worker pilot commissioned	National Health and Wellbeing	Evaluation undertaken –	Evaluation report to Board by 31	Red.	This has not been progressed

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.	RAG.	Comment.
models to be tested and developing away from traditional and ‘silo’ approaches towards more flexible and sustainable approaches, focused on meeting the needs and supporting the welfare of people.	by the Board is to be reported to the Board. This will inform consideration of appropriate models of care and skill mix in the community.	Outcome numbers 2, 3, 4, 8 and 9.	one off.	December 2017.		sufficiently due to inability to deliver planned pilot scheme for reasons outwith the control of the service. Not be feasible to carry out a comprehensive evaluation process on the back of this.
	The Rapid Short Term Responder Services that was commissioned by the Board is to be evaluated and the evaluation is to be reported to the Board.	National Health and Wellbeing Outcome numbers 2, 3, 4, and 9.	Evaluation undertaken – one off. Reduction in emergency admissions – quarterly. Increase in redirections from A and E – quarterly.	Evaluation to Board by 31 December 2017. Emergency admissions reduced. Redirections increased.	Green.	Report submitted to SPG with recommendation to IJB to make minor changes to availability.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.	RAG.	Comment.
	The GP direct referral pilot bed commissioned by the Board is to be evaluated and the evaluation is to be reported to the Board.	National Health and Wellbeing Outcome numbers 2, 3, 4, 8 and 9.	Evaluation undertaken – one off. Numbers of referrals – quarterly. Numbers of avoided admissions – quarterly.	Evaluation report with this data to Board by 30 September 2017.	Green.	Report submitted to SPG with recommendation to IJB to end this service.
	Work with the Scottish Fire and Rescue Service to pilot different job roles / different ways of working in remote areas.	National Health and Wellbeing Outcome numbers 2, 3, 4, 8 and 9.	A clear project plan to be developed to drive this work. This plan to set out details and timescales. This plan reported to the Board – one off.	Project plan by 30 June 2017.	Amber.	Work delayed due to negotiations with Scottish Government.
	Third sector service inputs are to be routinely considered and, where	National Health and Wellbeing Outcome numbers 2, 8 and 9.	Case note sampling undertaken on hospital	No base line currently exists – local views on inclusion and	Green.	Report submitted to SPG with recommendation to IJB to cease

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.	RAG.	Comment.
	appropriate, included at the earliest stages of hospital discharge planning and hospital admission avoidance planning.		admission avoidance and hospital discharge cases - quarterly. Survey of third sector service providers on perceptions re inclusion and perceived barriers - annually.	identification of perceived barriers to be established by 30 September 2017.		project.
	Further work is required to understand how different ways of supporting the small percentage of the population who make use of the largest proportion of services could be put in place. As a	National Health and Wellbeing Outcome number 9.	Further analysis of the data – one off. Hospital admissions that are assessed to be inappropriate are to be Datixed to support	Further report by 30 June 2017 and further actions to be developed from there.	Amber.	Work continues along with partners and iHub colleagues. Report due to SPG in 2018.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.	RAG.	Comment.
	first step the IJB wishes to see the data analysed further and reported to the Strategic Planning Group.		improved understanding of this area – quarterly.			
	There will be a greater focus on re-ablement for people assessed as requiring a care at home service.	National Health and Wellbeing Outcome numbers 1, 2, 3, 4, 5 and 9.	Re-ablement plans in place – bi-annually. Measures of support hours required from initial to post re-ablement input – bi-annually.	Increase on current base line number by 31 March 2018. Reduction in support hours required from initial to post re-ablement.	Green.	Re-ablement remains a focus of the homecare teams. We have restructured the ICT and OT services to ensure re-ablement continues across service boundaries.
The Board requires the planning of care and support services for people to be focused on promoting people's independence and	A clear process will be put in place to enable Anticipatory Care Plans (ACPs) to be an effective tool in supporting people to consider	National Health and Wellbeing Outcome numbers 1, 2, 3, 4, 5 and 9. Joint Inspection of Services for Older People	A system in place to enable key information in ACPs to be available to relevant services – one	An increase in number of eKIS records being sent from primary care and viewed within secondary care.	Red.	With lead GP to take forward via Primary Care Strategy Deployment Matrix.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.	RAG.	Comment.
choice, and including individuals directly in planning their care.	and plan their own care. The process will include ensuring the key aspects of the plans can be shared with those who need to know.	Recommendation.	off. Numbers of ACPs in place for 'high value individuals' annually.	ACPs in place for 25% of high value individuals by 31 March 2018 and 50% by 31 March 2019.		
	An action plan will be agreed to ensure the principles of the Active and Independent Living Programme underpins service provision in Orkney.	National Health and Wellbeing Outcome numbers 1, 2, 4 and 9.	Measure against the national AILIP framework and guidance – one off.	Assurance that work is progressing in line with national plan through reporting on the action plan by 31 December 2017.	Amber.	Lead GP working with Associate Directors Scotland Group to create an action plan.
	People with more than one long term condition will be offered a holistic review, rather than separate condition specific reviews.	National Health and Wellbeing Outcome numbers 1, 2, 3, 4, 5 and 9.	A holistic review process developed and delivered – one off. Numbers of holistic reviews undertaken –	Baseline of holistic reviews to be established as starting point by 30 September 2017 and improvement target set from there.	Red.	Recruitment to the post to undertake this work has proven unsuccessful.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.	RAG.	Comment.
	People with long term conditions will be supported to avoid deterioration in their conditions through the development of clear care pathways and direction to tailored support which can be accessed following diagnosis.	National Health and Wellbeing Outcome numbers 1, 2, 3, 4, 5 and 9.	The support package will be developed in three long term condition areas initially – support for people with diabetes to be initial stage.	Reporting as developed for diabetes by 30 December 2017. 1 further area by 31 March 2018. 1 further area by December 2018.	Amber.	Initial focus on diabetes has been successfully undertaken. Other conditions work progressing.
	Technology led care to be available to improve self-management especially for patients with long term conditions.	National Health and Wellbeing Outcomes numbers 1 and 9.	Technology led care options to be available - annually. Areas to be targeted initially should be informed by health needs assessment.	Increase on current base by 31 March 2018. Current level is nil.	Green.	Planned highlighting of diabetes my way tool at next cluster. Pilots have taken place around Attend Anywhere VC consultations. Telehealth clinics

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.	RAG.	Comment.
						are available for TIA, Cardiology and Diabetes patients.
	The Board wishes to be assured that the new primary care strategy produced during 2016 – 2017 is being implemented.	National Health and Wellbeing Outcome numbers 8 and 9.	Report to the Board on delivery - annually.	31 March 2018.	Green.	Primary Care strategy deployment matrix (planning tool) is being updated and reviewed and progress is updated plans are shown on primary care dashboard wall within department and can be shared electronically on request. The new Primary Care Implementation Plan is being drafted for

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.	RAG.	Comment.
						approval.
Section 2: Strategic Commissioning Plan Section 3: Services for People with Learning Disabilities.						
<p>The Board will work to see health inequalities experienced by people with learning disabilities addressed and their physical and mental health and welfare promoted.</p>	<p>This will be achieved by: Identifying the learning disabled population within each GP practice and offering annual health checks to these individuals. Designing a process and assessment tool that is appropriate. Developing and monitoring ongoing individualised Health Action Plan process following each initial health check. Through subsequent health</p>	<p>National Health and Wellbeing Outcome numbers 1, 2, 4, and 5.</p>	<p>A database of people with learning disabilities with a record of health check uptake and completed individual Health Action Plans – one off. Annual monitoring and evaluation of the above.</p> <p>Easy read literature about</p>	<p>Database in place. Improvement from a 0% baseline to at least 40% received by 31 March 2018 with Health Action Plan completed following each health check. Further improvement target established for the following year.</p> <p>Easy read information available by 31</p>	<p>Amber.</p>	<p>Work continues with GP's to construct a register and identification of people with learning disabilities.</p>

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.	RAG.	Comment.
	check.		screening programmes for people with a Learning Disability will be made available through public health and learning disability services working together – one off.	August 2017.		
The Board will commission a report from the learning disability service that sets out a strategy for the provision of supported accommodation for people with learning disabilities. The	A diagnostic pathway(s) for neurodevelopmental conditions is to be put in place/articulated. The pathway to include the provision of robust pathways for identification of and	National Health and Wellbeing Outcome numbers 1, 2, 4, 5 and 9.	Approved pathway in place – one off. Numbers of people assessed through the pathway – annually. Database of diagnostic	Each developmental diagnosis has been delivered in accordance with pathway and evidenced as such. Trends in diagnostic prevalence	Green.	Pathway now developed and now due to professional advisory groups for comment.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.	RAG.	Comment.
Board wishes to see the report consider how people with learning disabilities can be supported in their own community in a way that promotes their welfare and inclusion but also considers efficiencies within the service and the potential for the service to be delivered by a provider other than the local authority.	differentiation between neurodevelopmental conditions including learning disabilities but also encompassing conditions such as such as autism and Attention Deficit Hyperactivity Disorder (ADHD), and awareness of it to be raised with relevant staff groups.		demographic established – one off.	available annually initially 31 March 2018.		
The Board wishes to see the needs of people with neurodevelopmental conditions across the age range supported.	A diagnostic pathway(s) for neurodevelopmental conditions is to be put in place/articulated. The pathway to	National Health and Wellbeing Outcome numbers 1, 2, 4, 5 and 9.	Approved pathway in place – one off. Numbers of people assessed through the	Each developmental diagnosis has been delivered in accordance with pathway and evidenced as	Green.	Pathway now developed and now due to professional advisory groups for comment.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.	RAG.	Comment.
	include the provision of robust pathways for identification of and differentiation between neurodevelopmental conditions including learning disabilities but also encompassing conditions such as such as autism and Attention Deficit Hyperactivity Disorder (ADHD), and awareness of it to be raised with relevant staff groups.		pathway – annually. Database of diagnostic demographic established – one off.	such. Trends in diagnostic prevalence available annually initially 31 March 2018.		
Section 2: Strategic Commissioning Plan Section 5: Mental Health Services.						
The Board will support people with dementia on a pathway from	The new local dementia action plan, reflecting the new national	National Health and Wellbeing Outcome numbers 1, 2, 3, 4 and 9.	Action Plan in place and reported on.	Action Plan by 30 June 2017. 80% of actions completed on	Amber.	Work still being progressed by the dementia nurse specialist.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.	RAG.	Comment.
diagnosis through to the provision of ongoing support.	strategy, is to be completed and publicised including clear timescales.	NHS delivery standards.		time.		
	The dementia care pathway is to be updated and awareness of it raised with relevant staff.	National Health and Wellbeing Outcome numbers 1, 2, 3, 4 and 9. Joint Inspection of Services for Older People Recommendations.	Pathway approved and in place – one off. Staff aware of pathway – evidence of awareness raising - annually. Diagnosis rates across Orkney – annually.	Pathway in place by 30 June 2017. Awareness raising completed by 30 September 2017. Increase on current diagnosis rate of 0.6 per 100 to national average of 0.8 per hundred by end of plan. Next reported 31 March 2018.	Amber.	Work still being progressed dementia nurse specialist.
	A standardised model of post diagnostic support for people with dementia is to be	National Health and Wellbeing Outcome numbers 1, 2 and 9. Joint Inspection of	Standardised model developed – one off.	Model by 31 July 2017.	Amber.	Work still being progressed dementia nurse specialist.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.	RAG.	Comment.
	put in place.	Services for Older People Recommendation.				
	The national standard for the provision of one year's post diagnostic support for people with dementia is to be delivered.	National Health and Wellbeing Outcome numbers 1, 2, 3, 4 and 9. Joint Inspection of Services for Older People Recommendation.	Post diagnostic support delivered - annually.	Meet the national standard of provision to 100% of all newly diagnosed people by 31 March 2018.	Green.	Currently being delivered with diagnosis levels lower than anticipated.
	Evaluation of the occupational therapy led Home Based Memory Rehabilitation project for people with dementia, to be provided to inform further investment decisions.	National Health and Wellbeing Outcome numbers 1, 2 and 9.	Evaluation completed and reported to the Board – one off.	30 September 2017.	Green.	Evaluation complete and practice developing within the services.
The Board wishes to see provision of appropriate services	The 2015 review of mental health services and the	National Health and Wellbeing Outcome numbers	Action Plan reported to the IJB by 31 July	85% of actions in the plan delivered on	Green.	CMHT has developed service

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.	RAG.	Comment.
to support people with mental ill health through the development of a new, sustainable, model of service delivery that provides access to the right level of care at the right time.	2017 further review work is to be responded to with a detailed action plan with clear timescales including for development of regional network links that enable access to specialist advice, expertise, and consultation where it is necessary, and not possible to provide this on Orkney.	1, 2, 3, 4 and 9. NHS delivery standards.	2017 – one off. Regional links established for required specialties where a service is not currently in place.	time. Reduction in number of in-patient admissions in general adult psychiatry from base line of 2015-2016 level.		deployment matrix to prioritise improvement.
	Maximise the use of technology to enable consultations and other forms of intervention to take place virtually, in order to improve speed of access to	National Health and Wellbeing Outcome number 9.	Use of VC options - staff surveyed on levels – annually. Use of on line tools – bi-annually.	Increase use from current level. Increased uptake of NHS24 telephone CBT service from current base line.	Amber.	VC options considered for service users in the isles. Work is underway to develop a telemedicine option for dementia specific

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.	RAG.	Comment.
	the right services and reduce unnecessary travel.					consultant psychiatrist interaction.
	The processes used in the delivery of community mental health team services to be reviewed to ensure efficiency using recognised Demand, Activity, Capacity and Queue (DCAQ) approach. Work to be completed with the new Mental Health Access Improvement Programme for Psychological Therapies and Child and Adolescent Mental Health Services.	National Health and Wellbeing Outcome numbers 8 and 9.	DCAQ work undertaken within the service and action plan for improvements. Evidence of engagement with the national support programme – one off.	Analysis undertaken by 31 August 2017. 85% of resulting actions delivered in line with timescales.	Red.	This has not commenced due to capacity issues.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.	RAG.	Comment.
The Board will commission services that support people with mental ill health that take a recovery focused and person centered approach.	The Peer Support 'Home from Hospital' service currently commissioned from the Blide Trust is to be evaluated and this is to be reported to the Board, to inform further investment decisions.	National Health and Wellbeing Outcome numbers 2, 3, 7 and 9.	Evaluation undertaken.	Evaluation report to Board by 30 September 2017.	Green.	Evaluation report received and disinvestment complete.
	The impact that services have on improving outcomes for people with mental ill health is to be measured.	National Health and Wellbeing Outcome numbers 4 and 9.	Reporting on outcomes, as well as timescales for services delivery, to be undertaken – bi-annually.	CORE net outcome reporting (psychological therapies) showing positive impact.	Green.	CORE's used to routinely meet treatment outcomes.
The Board will support the mental welfare of children and young people.	The Child and Adolescent Mental Health (CAMHS) Clinical Associate in Applied Psychology	National Health and Wellbeing Outcome numbers 1, 2, 3, 4, and 9.	Evaluation undertaken – one off.	Evaluation report to Board by 31 December 2017.	Red.	Not yet started due to capacity issues.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.	RAG.	Comment.
	(CAAP) post outcomes / impact is to be evaluated and reported to the Board, to inform further investment decisions.					
	The NHS standard for access to CAMHS services is to be met.	National Health and Wellbeing Outcome numbers 1, 2, 3, 4, and 9. NHS delivery standards.	Performance against the NHS standard – quarterly.	90% of children and young people will wait no longer than 18 weeks from referral to treatment by the CAMHS service.	Red.	Staff shortages have had an impact on service access. Where possible alternatives are offered. Recently adult workers have been used to support CAMHS.
	Links to be established with the developing counselling service in the schools to ensure criteria, referral processes	National Health and Wellbeing Outcome numbers 8 and 9.	Clear pathway for access to mental health support services for young people.	Pathway produced 30 September 2017.	Green.	Pathway produced and regular contact between KGS, SA and OHAC.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.	RAG.	Comment.
	and pathways between these services, CAMHS services, and relevant Third Sector services are clear and in place.					
Section 2: Strategic Commissioning Plan Section 6: Substance Misuse Services.						
The Board will commission appropriate recovery based treatment services to support people with substance misuse issues.	Arrangements for methadone prescribing are to be put in place.	National Health and Wellbeing Outcome numbers 1, 2, 3, 4, 5, 7 and 9.	Availability of methadone prescribing measure of service use – quarterly.	Prescribing available by 31 July 2017. Measure of service use reported as increased.	Green.	Arrangements in place supported by NHS Shetland.
	Tier three substance misuse services are to meet the NHS standard - Patients will wait no longer than 3 weeks from referral to receive appropriate drug or alcohol	National Health and Wellbeing Outcome numbers 1, 2, 3, 4, 5, 7 and 9. NHS delivery standards.	Performance against the NHS standard – quarterly.	90% of patients wait no longer than 3 weeks from referral to treatment.	Green.	Target Met.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.	RAG.	Comment.
	treatment that supports their recovery.					
	Targets for Alcohol Brief Interventions (ABIs) are to be delivered in the three priority areas namely antenatal services, primary care and Accident and Emergency services.	National Health and Wellbeing Outcome numbers 1, 4, 5, and 9. NHS delivery standards.	Performance against the NHS standard – quarterly.	ABI delivery target 80% met in priority areas.	Red.	ADP proposing a revised approach to ABI which has been reported to IJB.
	Development of multiagency and anticipatory care planning for individuals who have multiple admissions related to alcohol.	National Health and Wellbeing Outcome numbers 1, 2, 4, and 9.	Hospital bed day usage for people admitted with substance misuse as a primary factor – quarterly.	10% reduction on current base line 2016 – 2017 bed day usage.	Amber.	Work in progress being taken forward through CMHT plan in response to the review of primary care and mental health service interfaces in Orkney.
	A pathway for care	National Health	Datix reports re	Reduction in	Green.	Direction for

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.	RAG.	Comment.
	and response to intoxicated patients is to be developed and implemented.	and Wellbeing Outcome numbers 1, 2, 4, and 9.	intoxicated patients - quarterly. Establishment of pathway – one off. Use of pathway.	numbers of Datix reports as a result of unclear service provision for intoxicated patients. Pathway 31 Oct 2017. Base line for use of pathway to be established.		hospital staff complete and implemented.
Section 2: Strategic Commissioning Plan Section 7: Services and Support for Unpaid Carers.						
The Board will support unpaid carers in their caring role through the provision of assessments of their support needs.	Carers Assessments, referred to in the new legislation as Carer Support Plans, are to be routinely offered to unpaid carers.	National Health and Wellbeing Outcome numbers 1, 4 and 6. The Carers (Scotland) Act 2016. Joint Inspection of Services for Older People 2016 recommendation.	Count of numbers of Carer Support Plans offered to identify unpaid carers based on those accessing support from the Carers Centre –	From a baseline of 0% offered to 50% of identified unpaid carers by 31 March 2018 rising to 85% of identified unpaid carers by 31 March 2019.	Green.	Carers' Strategy group established. Eligibility Criteria agreed and in place.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.	RAG.	Comment.
			quarterly.			
The Board will develop an approach that makes it easier for unpaid carers to identify themselves as such, and identify themselves to services in order that their support needs can be assessed.	Awareness of the role of unpaid carer and the new carers rights under the Act to be raised in line with introduction of the new legislation.	National Health and Wellbeing Outcome numbers 1, 4 and 6. The Carers (Scotland) Act 2016.	Evidence of awareness raising activity through local press – annually.	At least one press release in relation to the new Act undertaken by implementation date.	Green.	Carer information available from OIC and NHS website as well as local carer centre.
	A means is to be developed for unpaid carers to undertake and submit an initial level self assessment.	National Health and Wellbeing Outcome numbers 1, 4 and 6.	An initial level unpaid carer self assessment form to be devised. Number of completed initial level unpaid carer self assessment forms received – quarterly.	Form devised by 30 June 2017. Base line to be established in initial year.	Red.	Work yet to progress but on the agenda for the Carer's Strategy group.
The Board will support unpaid	Up to date and comprehensive	National Health and Wellbeing	Twice yearly check of the	Information on the system	Green.	This is in place. Updating of

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.	RAG.	Comment.
carers in their caring role through the provision of readily availability information about services that can be accessed.	information on local services to be available through the on line platform called A Local Information System for Scotland (ALISS) – commissioned from the Third Sector. Signposting to the ALISS platform from health and social care service websites.	Outcome numbers 1, 6 and 9. The Carers (Scotland) Act 2016.	accuracy of the data on the ALISS platform – bi-annual.	assessed as up to date and accurate, following amendments if necessary, at each six monthly check.		ALISS site can be problematic. Third sector continue to lead on this work.
The Board will support unpaid carers in their role by ensuring they are involved in and informed about the care planning for those they care for, where health and social care services	Carers will be directly involved and informed in the health and social care, care planning processes and plans, for those they care for including assessment, review and discharge	National Health and Wellbeing Outcome numbers 1, 2, 3, 6 and 9. The Carers (Scotland) Act 2016.	Survey of unpaid carers views using carers accessing support form Crossroads Orkney as the survey group – one off.	Baseline to be established by July 2017. Improvement target to be set form there as a percentage increase.	Green.	In place and part of custom and practice of adult social work team.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.	RAG.	Comment.
are involved in this.	planning where applicable.					
The Board is commissioning the local authority to provide an unpaid carers information and advice service in line with the requirements of the legislation.	The local authority will provide the IJB with assurance that an appropriate service is in place in line with the requirements of the legislation.	National Health and Wellbeing Outcome numbers 1, 6 and 9. The Carers (Scotland) Act 2016.	Assurance received by the Board – one off.	Assurance by 31 August 2017.	Green.	Carer strategy group progressing with partners.
The Board requires staff within the services it commissions to work with a local appropriate stakeholder group to develop an up to date plan for the delivery of the new national carers strategy that reflects the requirements of the new legislation	An updated action plan aligned to the new national carers strategy is to be produced in collaboration with an appropriate range of stakeholders.	National Health and Wellbeing Outcome numbers 1, 6 and 9. The Carers (Scotland) Act 2016.	Action Plan updated and publicised by 31 March 2018 – one off.	Delivery of 85% of actions in line with timescales by end of plan.	Green.	This group is in place.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.	RAG.	Comment.
and to publicise this.						
The Board will make training available to staff working in health and social care services and those in the third sector that raises awareness of the importance of the role of unpaid carers.	Equal Partners in Care (EPiC) training to be promoted to people working in a health or care setting, or services, and those with an interest in supporting unpaid carers.	National Health and Wellbeing Outcome numbers 6 and 8. The Carers (Scotland) Act 2016.	Baseline of completion rate to be established and improvement target set – annually.	Increase on baseline number of completions – target to be defined.	Amber.	Some aspects of EPiC are now available for NHS staff.
Section 2: Strategic Commissioning Plan Section 8: Cross Service Matters and Underpinning Areas of Work.						
The Board will support people who need assistance to engage with services and represent their views through the provision of an appropriate independent	Updated local advocacy three year plan 2017 – 2020 to be delivered.	National Health and Wellbeing Outcome numbers 3. A range of legal duties for the provision of independent advocacy services.	Reporting of progress in delivering the plan through the Advocacy Group which in turn will be reported to the IJB – bi-annually.	85% of action plan targets being delivered on time up to end of plan.	Amber.	Draft plan is currently being produced by the Advocacy Strategy Group.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.	RAG.	Comment.
advocacy service.						
The Board wishes to be assured that the local approach to self-directed support is up to date and in line with evolving guidance and best practice.	The action plan arising from the Self Directed Support review report commissioned in 2016 from the local authority is to be fully implemented.	National Health and Wellbeing Outcome numbers 1 and 9.	Delivery of the actions in the action plan – bi-annually.	85% of agreed actions completed on time.	Green.	Training materials available via OIC and NHS websites.
The Board will seek assurance that the social care service resources that have been delegated to it are being deployed effectively to ensure there are not inequalities in service provision.	Review of eligibility criteria for access to chargeable social care services i.e. home care, day care, residential respite care, residential care, supported and extra care accommodation, day support.	National Health and Wellbeing Outcome numbers 2 and 9. Joint Inspection of Services for Older People recommendation.	Review undertaken and presented to the Board – one off.	Report by 31 July 2017. Further actions to be developed following the detail of the report.	Green.	Criteria considered and decisions taken in relation to levels.
	Processes for the allocation of resources across	National Health and Wellbeing Outcome numbers	Review undertaken – one off.	Any required changes reported to the	Green.	Considered as part of work completed above.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.	RAG.	Comment.
	services are to be reviewed to ensure they are up to date.	2 and 9. Joint Inspection of Services for Older People Recommendation.		Board and implemented by 31 November 2017.		
The Board wishes to see people who need support during the day able to access services that are focused on re-ablement and enablement and services that are in line with up to date models of care provision and therefore will commission a review of the current model of day service / day opportunity provision across all service areas. The	A review report and options appraisal will be made available to the IJB by 31 September 2017.	National Health and Wellbeing Outcome numbers 1, 2, 4, 5 and 9.	The report will be made available to the Board in the identified time frame – one off.	An options appraisal report underpinned by a needs assessment and EQIA will be made available to the IJB by 30 September 2017. Further action to be defined following the receipt of the report.	Red.	The change team have committed to support this work however capacity issues within this team are delaying this at present.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.	RAG.	Comment.
IJB wishes to be presented with potential options for change and to see the report consider efficiencies within the service and will seek to disinvest in spend on maintaining traditional buildings based services in favour of other more diverse models.						
The Board wishes to see staff in the services it commissions able to benefit from the opportunity work more closely together, to share information and learn together, and to plan and deliver	Opportunities to co-locate staff from a range of disciplines to be maximised.	National Health and Wellbeing Outcome numbers 8 and 9.	Numbers of co-located and 'hot desking' opportunities – annually.	Increase on current baseline.	Red.	No progress has been made due to practical issues. Attempts continue to find solutions where possible.
	Training opportunities to be made available across services and	National Health and Wellbeing Outcome numbers 8 and 9.	Training opportunities offered across service	Evidence of training offered across services. Annual appraisal	Green.	Routinely offered across services.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.	RAG.	Comment.
services in a seamless way wherever possible.	disciplines.		boundaries for appropriate courses – annually. The continuous professional development needs of staff are assessed and planned for in line with organisational policies – annually.	targets for NHS and OIC staff met.		
	Opportunities to make appropriate information sharing, and mobile and efficient working, easier through IT solutions to be maximised.	National Health and Wellbeing Outcome numbers 8 and 9.	Evidence of work continuing to progress in this area through the production of a joint IT action plan across NHSO and OIC – bi-annually.	Monitoring of delivery on action in joint plan in line with timescales – further targets to be defined.	Amber.	Work progressed where possible but technical issues remain OIC and NHSO continue to liaise to finding potential solutions.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.	RAG.	Comment.
	A local joint workforce plan to be developed following completion of the Scottish Government’s overarching framework for this.	National Health and Wellbeing Outcome numbers 8 and 9.	Production of local plan following framework received from Scottish Government – annually.	To be defined following provision of national framework.	Green.	Workforce plan refresh complete and will be presented to Board in due course.

RAG.

Red. The performance indicator is experience significant underperformance, with a medium to high of failure to meet its target.

Amber. The performance indicator is experience minor underperformance, with a low risk of failure to meet its target.

Green. The performance indicator is likely to meet or exceed its target.

Appendix 2 – Performance Framework

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	RAG.
Local Delivery Plan Standards.					
Antenatal Care.	At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation.	1,4.	96.9% (2016/2017).	100% (June 2017).	Green.
Narrative: Data source – Discovery Level 1 accessed 31.05.18 (Discovery is a national data platform).					
CAMHS.	90% of young people to commence treatment for specialist Child and Adolescent Mental Health service within 18 weeks of referral.	4,7.	100% (2016/2017).	61.1% (December 2017).	Red.
Narrative: Data source – Discovery Level 1 accessed 31.05.18. The fall in percentage is due to staff shortages throughout the summer period.					
Psychological Therapies.	90% of patients to commence Psychological therapy based treatment within 18 weeks of referral.	1,3.	58.6% (September 2017).	61.1% (December 2017).	Red.
Narrative:					
Dementia Diagnosis.	All people newly diagnosed with dementia will have a minimum of a year's worth of post-diagnostic support.	2,4.	100% (2016/2017).	We have no local means to collect this data.	N/A.

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	RAG.
Narrative: Delivery of Post-Diagnostic Support remains variable and work is in progress to try and remove variable and deliver a consistent service.					
Drug and Alcohol Treatment.	90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.	1,4.	100% (2016/2017).	100% (January 2018).	Green.
Narrative: Data source – Discovery Level 1 accessed 31.05.18.					
18 Week Referral to Treatment.	90% of planned / elective patients to commence treatment within 18 weeks of referral for services Commissioned by Orkney Health and Care.	3,4.	93.4% (2016/2017).	92.75% (February 2018).	Green.
Narrative: Data source – Discovery Level 1 accessed 31.05.18.					
12 Weeks for First Outpatient Treatment.	95% of patients of services Commissioned by Orkney Health and Care to wait no longer than 12 weeks from referral (all sources) to first outpatient appointment.	3,4.	93.8% (2016/2017).	59.41% (December 2017).	Red.
Narrative: Data source – Discovery Level 1 accessed 31.05.18. This figure is calculated from patients still waiting to be seen; this figure will be different if calculated for patients already seen (complete waits).					
Alcohol Intervention.	Sustain and embed alcohol brief interventions in 3 priority settings (primary care, A and E, antenatal) and broaden delivery in wider settings.	4,5.	15.24% (June 2017).	29.94% (December 2017).	Red.
Narrative: Data source – Discovery Level 1 accessed 31.05.18.					

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	RAG.
A and E Treatment.	95% of patients to wait no longer than 4 hours from arrival to admission, discharge, or transfer for A and E treatment. Boards to work towards 98%.	3,4.	97.6% (2016/2017).	95.9% (March 2018).	Green.
Narrative:					
Finance:	Operate within the IJB agreed Revenue Resource Limit, and Cash Requirement.	4,9.	Balanced for OIC funding. Overspend of £180k for NHS funding (2016/2017).	Both partners had to give additional funds to ensure the IJB had a year end balanced position.	N/A.
Narrative: There was additional funds received from NHS (£498K) in regards to the overall overspend and the Council gave £184,000 in respect of Children's residential placements Outwith Orkney.					
Local Government Benchmarking Framework – Reported Quarterly or Annually.					
Looked After Children Weekly (Residential).	The Gross Cost of "Children Looked After" in Residential Based Services per Child per Week.	4,9.	£2,937 (2016/2017).	£3,277 (2017/2018).	N/A.
Narrative: There have been some children leaving residential care and then new placements commencing throughout the year figures also reflect the increased costs as a result of cost increases on the national framework.					
Looked After	Gross Costs (Looked After Children in	4,9.	£1,378,176	£1,537,681	N/A.

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	RAG.
Children Gross (Residential).	Residential) (£000s).		(2016/2017).	(2017/2018).	
Narrative: There have been some children leaving residential care and then new placements commencing throughout the year figures also reflect the increased costs as a result of cost increases on the national framework.					
Looked After Children – Children (Residential).	Number of Children (residential).	4,9.	10 (2016/2017).	10 (2017/2018).	N/A.
Narrative: Figures reflect the placement of Looked After Children according to their best interests and needs whether in residential care or in foster placements.					
Looked After Children Weekly (Community).	The Gross Cost of "Children Looked After" in a Community Setting per Child per Week.	7.	N/A.	N/A.	N/A.
Narrative: As services for Looked After Children are totally led by individual needs there is no meaningful way of comparing costs. Not previously reported.					
Looked After Children Gross (Community).	Gross Costs (Looked After Children in Community Setting) (£000s).	9,7.	N/A.	N/A.	N/A.
Narrative: As services for Looked After Children are totally led by individual needs there is no meaningful way of comparing costs. Not previously reported.					
Looked After Children – Children (Community).	Number of Children (community).	7.	24 (2016/2017).	29 (2017/2018).	N/A.
Narrative: Figure reflects the placement of Looked After Children according to their best interests.					

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	RAG.
Looked After Children (Balance).	Balance of Care for looked after children: Percentage of children being looked after in the Community.	7.	68% (2016/2017).	67.5% (2017/2018).	N/A.
Narrative: Orkney adopts the position that children and young people should be cared for at home wherever possible and this forms that basis of our casework approach. Children requiring to be looked after will be placed in provision that meets their needs whether that is family based or residential care.					
Homecare – 65+.	Older Persons (Over 65) Home Care Costs per Hour.	9.	£22.93 (2016/2017).	£23.27 (2017/2018).	N/A.
Narrative: Calculated annual based on the cost of providing services.					
Homecare – Gross.	Total Homecare (£000s).	9.	£3,408,977 (2016/2017).	£3,578,346 (2017/2018).	N/A.
Narrative: Calculated annual based on the cost of providing services.					
Homecare – Hours.	Care Hours per Year.	2,9.	80,791 (2016/2017).	84,002 (2017/2018).	N/A.
Narrative: The annual performance is an estimation based on figures from Q1 and Q2.					
SDS – Adult Spend.	SDS spend on adults 18+ as a percentage of total social work spend on adults 18+.	9.	4.4% (2016/2017).	5.0% (2017/2018).	N/A.
Narrative: All SDS requests have been approved where they are eligible. There was an error in calculation this has now been rectified.					
SDS – Gross.	SDS Spend on over 18s (£000s).	9.	£931,377 (2016/2017).	£1,086,157 (2017/2018).	N/A.
Narrative: All SDS requests have been approved where they are eligible. There was a change in the way we report this figure.					

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	RAG.
Finance – Gross (Adults).	Gross Social Work Spend on over 18s (£000s).	9.	£21,298,312 (2016/2017).	£21,857,352 (2017/2018).	N/A.
Narrative: Social Work was overspent at the end of 2017/2018. There was a change in the way we report this figure.					
Homecare – Intensive Needs.	Percentage of people 65+ with intensive needs receiving care at home.	2.	35.4% (2016/2017).	N/A.	N/A.
Narrative: This is no longer an active method of collating data, due to changes in SDS as per Scottish Government.					
Quality of Services.	Percentage of Adults satisfied with social care or social work services.	3.	76% (2015/2016).	72.33% (2016/2017).	N/A.
Narrative: Latest available data. Figures over a three year cycle.					
Finance – Older People Residential.	Older persons (over 65's) Residential Care Costs per week per resident.	9.	£1,057 (2016/2017).	£1,093 (2017/2018).	N/A.
Narrative: Figures reflect the actual cost of proving the service.					
Finance – Care Home.	Net Expenditure on Care Homes for Older People (£000s).	9.	£4,176,595 (2016/2017).	£4,505,218 (2017/2018).	N/A.
Narrative: There was an change in the way we report this figure.					
Residential – Long Stay.	Number of long-stay residents aged 65+ supported in Care Homes.	3.	148 (2016/2017).	144 (2017/2018)	N/A.
Narrative: This figure is extrapolated from the number of beds available and number of admissions for one quarter.					
National Core Integration Framework 2015-2016 (Compared to Scotland).			Scotland.	Orkney.	
Adult Health.	Percentage of adults able to look after their health very well or quite well.	1.	93%.	96%.	Green.

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	RAG.
Narrative: Orkney's performance exceeds Scottish average.					
Independence.	Percentage of adults supported at home who agreed that they are supported to live as independently as possible.	2,3.	81%.	100%.	Green.
Narrative: Orkney's performance exceeds Scottish average.					
Engagement.	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided.	2,3.	83%.	76%.	Amber.
Narrative: While Orkney is still marginally below the Scottish average we are up from the previous year.					
Coordination of Services.	Percentage of adults supported at home who agreed that their health and social care services seemed to be well coordinated.	2,3.	74%.	91%.	Green.
Narrative: Orkney's performance exceeds Scottish average.					
Adult Support.	Total percentage of adults receiving any care or support who rated it as excellent or good.	3.	80%.	94%.	Green.
Narrative: Orkney's performance exceeds Scottish average.					
GP Care.	Percentage of people with positive experience of the care provided by their GP practice.	3.	83%.	94%.	Green.
Narrative: Orkney's performance exceeds Scottish average.					

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	RAG.
Quality of Life.	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life.	2,3.	80%.	97%.	Green.
Narrative: Orkney's performance exceeds Scottish average.					
Carers' Support.	Total combined percentage of carers who feel supported to continue in their caring role.	6.	37%.	49%.	Green.
Narrative: Orkney's performance exceeds Scottish average.					
Feeling Safe.	Percentage of adults supported at home who agreed they felt safe.	2,7.	83%.	98%.	Green.
Narrative: Orkney's performance exceeds Scottish average.					
Premature Mortality.	Premature mortality rate per 100,000 persons.	4.	440.	285.	Green.
Narrative:					
Emergency Admissions.	Emergency admission rate (per 100,000 population). Local target reduction of 264 total for 2017 / 2018.	4.	11,959.	9,683.	Green.
Narrative: Orkney's performance exceeds Scottish average.					
Emergency Bed Days.	Emergency bed day rate (per 100,000 population).	4.	115,518.	78,210.	Green.

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	RAG.
	Local target reduction of 1311 total for 2017 / 2018 for emergency bed days across all acute specialties.				
Narrative: Orkney's performance exceeds Scottish average.					
Readmissions.	Readmission to hospital within 28 days (per 1,000 population).	4,9.	97.	76.	Green.
Narrative: Orkney's performance exceeds Scottish average.					
End of Life – Care Setting.	Proportion of last 6 months of life spent at home or in a community setting. No specific improvement target set for this area.	2.	91%.	98%.	Green.
Narrative: Orkney's performance exceeds Scottish average.					
Falls Rate.	Falls rate per 1,000 population aged 65+.	1.	22.	16.	Green.
Narrative: Orkney's performance exceeds Scottish average.					
Quality of Services – Care Inspectorate.	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections.	3,4.	85%.	97%.	Green.
Narrative: Orkney's performance exceeds Scottish average.					
Intensive Care Needs.	Percentage of adults with intensive care needs receiving care at home.	2.	62%.	70%.	Green.
Narrative: Orkney's performance exceeds Scottish average.					

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	RAG.
Delayed Discharge.	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population). The target will initially be to reduce non code 9 reason delays by 50%, from 882 in 2016 to 441 in 2017, a reduction of 441.	2,3.	772.	399.	Green.
Narrative: Orkney's performance exceeds Scottish average.					
Emergency Admission Costs.	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency.	9.	23%.	17%.	Green.
Narrative: Orkney's performance exceeds Scottish average.					
Care Home – Hospital Admissions.	Percentage of people admitted to hospital from home during the year, who are discharged to a care home.	2.	N/A.	N/A.	N/A.
Narrative: This measure is under development and not currently available.					
Delayed Discharge – 72 Hours.	Percentage of people who are discharged from hospital within 72 hours of being ready.	2,3.	N/A.	N/A.	N/A.
Narrative:					
End of Life Finance.	Expenditure on end of life care, cost in last 6 months per death.	9.	N/A.	N/A.	N/A.
Narrative: This measure is under development and not currently available.					

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	RAG.
A and E Attendances.	Numbers of attendances at A and E. A target of a reduction of 297 attendances in the year 2017 / 2018.	4.	5, 377 (2016/2017).	5,664 (2017/2018)	Red.
Narrative: As there is a slight increase in attendances this would warrant further interrogation for the SCP 2019-2022.					
Balance of Care.	Percentage of population in community or institutional settings. No specific improvement target has been set in this area for 2017 / 2018.	2,3.	N/A.	N/A.	N/A.
Narrative:					
“Scotland Performs” National Outcomes.					
Breastfeeding.	Percentage of babies exclusively breastfeeding at First Visit/6-8 week review by year of birth.	1.	Scotland 51.7% - 40.9%.	Orkney 62% – 57.4%.	Green.
Narrative:					
Child Dental.	Percentage of Children in Primary 1 with no obvious Dental Cavities.	1,5.	79.1% (Scotland).	83.8% (Orkney).	Green.
Narrative:					
Fostering – In House.	Percentage of fostered Looked After and Accommodated Children who are fostered by an in-house placement.	4,7.	21% (2016/2017).	83%.	N/A.
Narrative: Children are placed according to their needs and best interests. Targets and comparisons would not be appropriate.					

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	RAG.
Fostering – Out of Area Placements.	Number of out of area placements: 1. Foster Care. 2. Residential.	4,7.	*.	Less than 5.	N/A.
Narrative: These figures are below the level which we would publicly report. This is to protect the confidentiality of the children and their families.					
Child Protection.	Number of Children and Young People on Child Protection Register.	4,7.	15 (2016/2017).	13 (2017/2018).	N/A.
Narrative: Children are placed on the Child Protection Register when necessary, targets are not appropriate.					
Court Reports.	Percentage of Social Work Reports submitted by noon on the working day before the adjourned hearing.	3.	100% (2016/2017).	100% (2017/2018).	Green.
Narrative: Target is constantly met.					
Community Payback Order – Initial Appointment.	Percentage of new CPO clients with a supervision requirement seen by a supervising officer within a week.	3,7.	100% (2016/2017).	100% (2017/2018).	Green.
Narrative: Target is constantly met.					
Community Payback Order – Induction.	Percentage of CPO Unpaid work requirements commenced induction within five working days.	4.	91% (2016/2017).	100% (2017/2018).	Green.
Narrative:					
Community Payback Order –	Percentage of individuals on new CPO unpaid work requirement began work	4.	91%	97%	Green.

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	RAG.
Work Placement.	placements within seven days.		(2016/2017).	(2017/2018).	
Narrative:					
Public Bodies (Joint Working) (Scotland) Act 2014.					
Complaints.	Proportion of complaints responded to following Scottish Public Services Ombudsman targets.	4.	100% (2016/2017).	100% (2017/2018).	Green.
Narrative: Target is constantly met.					