

Stephen Brown (Chief Officer)

Orkney Health and Social Care Partnership

01856873535 extension: 2601

OHACfeedback@orkney.gov.uk



Agenda Item: 14.

Integration Joint Board

Date of Meeting: 2 September 2026.

Subject: Annual Performance Report.

1. Purpose

1.1. To present the Annual Performance Report for Members' approval.

2. Recommendations

It is recommended:

2.1. That the Annual Performance Report 2025/26, attached as Appendix 1 to this report, be approved for submission to Scottish Government, and provided to both NHS Orkney and Orkney Islands Council.

3. Background

3.1. Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Authorities to prepare a report setting out an assessment of performance, during the reporting year to which it relates.

3.2. Integration Authorities must publish their Annual Performance Reports on or before 31 July following the reporting year to which it relates. The Orkney Integration Joint Board must also provide a copy to both NHS Orkney and Orkney Islands Council, as well as Scottish Government.

3.3. The performance report is based on information collected by Public Health Scotland (PHS) and the Scottish Government to highlight the performance of the Orkney Health and Social Care Partnership, in respect of the National Suite of Indicators, the Ministerial Steering Group Indicators (known as the Core Suite of Indicators), and National Health and Wellbeing Outcomes.

3.4. PHS is responsible for the collation and publication of the data used by Integration Authorities. PHS published data, for 2025/26, in two separate releases, on 8 May 2026 and 7 July 2026.

3.5. The May data release was a “management information” release and not for publication. Furthermore, data from the 2026 Health and Care Experience survey was not included until the 7 July publication.

3.6. Guidance issued by PHS for the use of data in the Annual Performance Reports published by Integration Authorities states that “Figures quoted in the final APRs should be from the 7 July 2026 publication as this is the most up to date information and is the information that is publicly available”.

3.7. The final meeting of the Integration Joint Board, prior to recess, was 17 June. This was several weeks before the PHS data release on 7 July.

3.8. On 17 June 2026, Members agreed that, in order to meet the Integration Joint Board’s obligations to publish the Annual Performance Report and submit a copy to Scottish Government, on or before 31 July, powers be delegated to the Chief Officer, in consultation with the Chair and Vice Chair, to approve the draft report for submission to the Scottish Government by the deadline of 31 July 2026. The Board further agreed that the Annual Performance Report be submitted to the Board, for approval, at the first meeting after the summer recess.

4. Key Performance Highlights

4.1. The following narrative highlights some findings that are directly related to the six Strategic Priorities.

4.2. Tackling Inequalities and Disadvantage

4.2.1. Investment by the Integration Joint Board allowed the creation of a new Learning Disability Band 5 Nurse post, with a priority to develop a register of people with a learning disability, and to offer 100% of those people a comprehensive health check.

4.2.2. Furthermore, as one of the overarching Strategic Priorities, several initiatives addressed by other priorities ensured that services continue to be available to and accessed by all. This includes the expansion of the Improving the Cancer Journey service, to include people with a cardiac-related illness, which helped a total of 91 people over the last year.

4.3. Early Intervention and Prevention

4.3.1. There have been numerous initiatives and programmes, launched over the last year, that are continuing to ensure that preventative approaches are reducing the need for more intensive, and costly, interventions at a later date. These range from a healthy lifestyles’ programme in all Orkney schools, to a falls prevention programme for older people, and include other initiatives around vaccination, oral health and children’s speech and language therapy.

4.4. Unpaid Carers

4.4.1. The second Orkney Unpaid Carers Conference was held at the Pickaquooy Centre in late 2025, whilst early 2026 saw the appointment of a dedicated Carer Lead who commenced in post in April 2026.

4.4.3. Some initiatives fell slightly short of anticipated results, but officers expect that the appointment of the Carer Lead will now ensure delivery of the Integration Joint Board's goals for unpaid carers, as well as assist with the local authority's obligations under the Carers (Scotland) Act 2016.

4.5. Supporting People to Age Well

4.5.1. The Integration Joint Board decided that the fourth wing at Hamnavoe House will be used to provide short breaks care, as soon as financial and recruitment resources are in place.

4.5.2. Services have also embraced improvements in technology, with 60% of Telecare devices now being digital, rather than analogue. With only digital devices now being installed, this figure will continue to grow.

4.5.3. Whilst the number of people supported by the Care at Home service has only increased slightly, from 171 to 175, a large increase in service users requiring two carers at each visit, along with an increase in the number of people receiving more than 10 hours of care, per week, has seen an ever-increasing burden on the service.

4.6. Community Led Support

4.6.1. Quarterly meetings with Isles and Mainland Community Councils allowed greater insight into the health and social care needs in each community.

4.6.2. Other initiatives, such as the Improving the Cancer Journey initiative, referred to at section 4.2.2 above, are demonstrating how community-based resources can provide low level support with life-changing outcomes.

4.7. Mental Health and Wellbeing

4.7.1. Significant progress has been made with providing vital mental health supports and therapies by both statutory and Third Sector services.

4.7.2. The Blide Trust continues to support clients 365 days a year, and welcomed 85 new members in the last year. Whilst unable to recruit to the remainder of the All Age Nurse Led Psychiatric Liaison Team, the single postholder commenced a limited Liaison service for the Hospital late in 2025/26 and a planned service for GPs is due to commence in 2026/27.

4.7.3. MORSE, an electronic patient records system, commenced in the Community Mental Health Team which will have significant advantages for Mental Health Services.

5. Contribution to quality

Please indicate which of the Orkney Community Plan 2025 to 2030 values are supported in this report adding Yes or No to the relevant area(s):

Resilience: To support and promote our strong communities.	Yes.
Enterprise: To tackle crosscutting issues such as digital connectivity, transport, housing and fuel poverty.	Yes.

Equality: To encourage services to provide equal opportunities for everyone.	Yes.
Fairness: To make sure socio-economic and social factors are balanced.	Yes.
Innovation: To overcome issues more effectively through partnership working.	Yes.
Leadership: To involve partners such as community councils, community groups, voluntary groups and individuals in the process.	Yes.
Sustainability: To make sure economic and environmental factors are balanced.	Yes.

6. Resource and financial implications

6.1. There are no financial implications arising directly from the report or the appendix.

7. Risk, equality, and climate change implications

7.1. The ongoing review of performance and service development is part of the process of identifying, managing and mitigating risks to the IJB.

7.2. Regular Performance Reporting allows the Integration Joint Board to meet its legislative requirements as set out in The Public Bodies (Joint Working) (Scotland) Act 2014, and The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014.

7.3. There are no equality or climate change implications arising directly from the report.

8. Direction required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	No.

9. Escalation required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.

10. Authors and contact information

10.1. Stephen Brown (Chief Officer), Integration Joint Board. Email: stephen.brown3@nhs.scot, telephone: 01856873535 extension 2601.

10.2. Lynda Bradford (Head of Health and Community Care), Orkney Health and Social Care Partnership. Email: lynda.bradford@orkney.gov.uk, telephone: 01856873535 extension 2601.

10.3. Shaun Hourston-Wells (Policy and Performance Manager), Orkney Health and Social Care Partnership. Email: shaun.hourston-wells@orkney.gov.uk, telephone: 01856873535 extension 2414.

11. Supporting documents

11.1. Appendix 1: Annual Performance Report.

Annual Performance Report 2025/26

Orkney Integration Joint Board



Contents

Foreword	3
Overview.....	4
Our Localities.....	6
Key Achievements and Challenges Over 2025/26	9
Achievements and Challenges.....	9
Our Strategic Priorities.....	11
Priority Area 1 – Tackling Inequalities and Disadvantage	13
Priority Area 2 – Early Intervention and Prevention.....	16
Priority Area 3 – Unpaid Carers	24
Priority Area 4 – Supporting People to Age Well.....	33
Priority Area 5 – Community Led Support.....	39
Priority Area 6 – Mental Health and Wellbeing.....	41
Financial Performance and Best Value.....	46
Audit and Performance Reports	47
Performance and Audit Committees	47
Joint Clinical and Care Governance Committee	48
Local Government Benchmarking Framework.....	50
Adult Social Care Services.....	51
Vulnerable Children.....	64
Health and Wellbeing Indicators	70
National indicators 1 – 9.....	70
National Indicators 11 – 20	71

Looking Forward75

Contact Us76

Foreword



We are delighted to present the 2025/26 annual performance report for the Orkney Integration Joint Board. We want to start by acknowledging, and thanking, everyone who works in health and social care, including those in the third sector, for all that they do to support and care for those in our communities. They often go above, and beyond, demonstrating daily hard work, dedication and compassion for the individuals they care for and support.

The aim of this annual performance report is to show what we have achieved and what our challenges were over the last year. You can see updates on the progress of the Strategic Plan Delivery Plan 2025/26 as well as the actions we are hoping will make a difference to our communities in 2026/27.

As always, our biggest challenge (which is similar across Scotland), remains our workforce gaps. There continues to be nationwide issues in recruiting to positions in many areas of service including social care, dental and allied health professions. It is testament to our existing staff teams across Orkney that we have managed to not only keep services operating but, in many instances, still managed to make improvements which benefits our communities. There is, of course, still much to do and the financial constraints faced by all public sector bodies in the years ahead will be a real test of how we work with our communities and those who need our support.



Joanna Kenny, Chair, Orkney Integration Joint Board, and Stephen Brown, Chief Officer, Orkney Health and Social Care Partnership.

Overview

Integrating health and social care services means people in Orkney get the best possible support and care. This is especially true of folk that need support from both health and social care services, at the same time.

The Scottish Government has set nine National Health and Wellbeing Outcomes in 2015. These show the improvements that joining up, or integrating, health and social care services can make. You can read more about these Outcomes [here](#).

The Outcomes are:

1	People are able to look after and improve their own health and wellbeing and live in good health for longer.
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.
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5	Health and social care services contribute to reducing health inequalities.
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 wellbeing.
7	People who use health and social care services are safe from harm.
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.
9	Resources are used effectively and efficiently in the provision of health and social care services.

In 2016, the Orkney Health and Social Care Partnership was created. This allowed us to work more closely on delivering the Government's National Health and Wellbeing Outcomes.

The Orkney Integration Joint Board (IJB) has the job of planning services, providing resources and monitoring how health and social care services perform. The IJB must report to Scottish Government on how services have performed and must produce an Annual Performance Report every year.

You can read more about what the IJB does, along with the people who are members of the IJB [here](#).

Every three years, the IJB must also produce a Strategic Plan. The current Strategic Plan was written in 2025. You can read the Strategic Plan 2025 – 2028 [here](#).

The Strategic Plan sets out the IJB's Strategic Priorities and this annual report shows what progress has been made when measured against these Priorities.

It covers the financial year from 1 April 2025 to 31 March 2026.



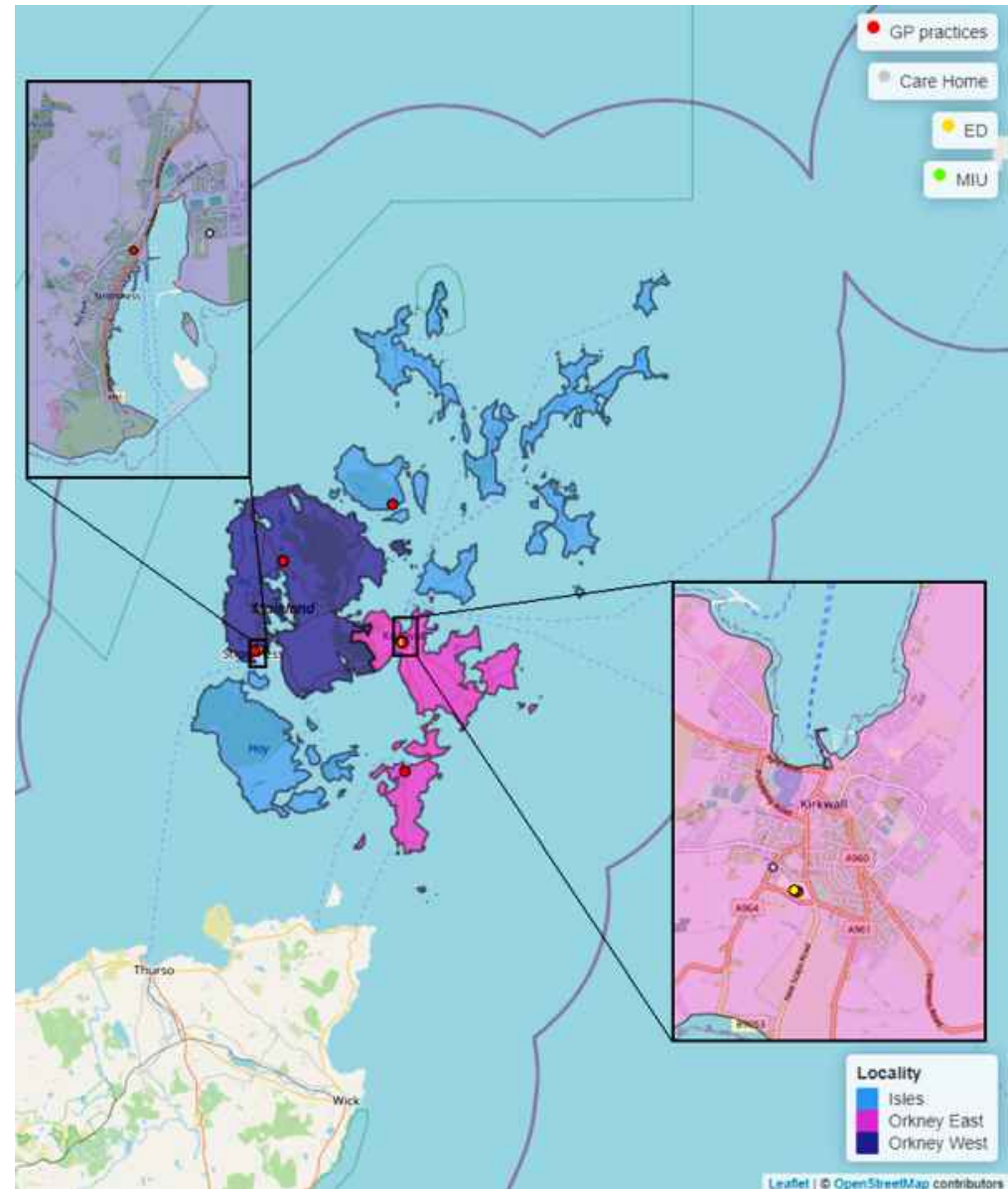
Our Localities

All IJBs across Scotland divide their area into separate localities – Scottish Government ask for at least two. Orkney is currently divided into three localities: the Isles, the West Mainland and the East Mainland, although this will reduce to just two – the Isles and the Mainland – during the coming year.

The tables below give some information about the population of each locality, as well as how they compare against the overall population of Orkney and the rest of Scotland.

Many organisations use localities to plan and deliver their services.

Some figures show as “0”. This is because small numbers sometimes make it possible to identify certain people, which we want to avoid.



Indicator	Type	Period	Isles	East	West	Orkney	Scotland
Demographics							
Total population	Count	2024	2,684	12,129	7,207	22,020	5,546,900
Gender ratio male to female	Ratio	2024	1:0.99	1:1.02	1:1.07	1:1.03	1:1.06
Population over 65	%	2024	33	23.4	27.1	25.8	20.5
Population in least deprived SIMD* quintile	%	2020	0	0	0	0	20
Population in most deprived SIMD* quintile	%	2020	0	0	0	0	20
Housing							
Total number of households	Count	2024	1,763	6,321	3,745	11,829	2,740,513
Households with single occupant tax discount	%	2024	31.5	38.3	33.2	35.7	38.4
Households in Council Tax Band A-C	%	2024	88.6	61.7	63.6	66.3	58.5
Households in Council Tax Band F-H	%	2024	0.6	4.5	3.5	3.6	13.9
Population Health							
Male average life expectancy in years**	Mean	2020 - 2024	83.6	79.2	80.5	79.3	77.2
Female average life expectancy in years**	Mean	2020 - 2024	81.7	83	84.7	82.8	81.1
Deaths aged 15-44 per 100,000	Rate	2022 -2024	63.4	139	70.2	110.9	104.8
Population estimated to have at least one Long Term Condition	%	2024/25	28.1	26.8	26	26.7	22.5
Cancer registrations per 100,000	Rate	2020 - 2022	651.4	599.9	551.8	596.3	629.7
Anxiety, depression and psychosis prescriptions.	%.	2024/25	20.3	21.5	18.4	20.3	20.8

Source – Public Health Scotland (PHS) Local Intelligence Support Team (LIST) Locality Profile May 2026. All data is taken from the most recent year published.

* SIMD – Scottish Index of Multiple Deprivation.

** At HSCP and Scotland level, the period is a three-year aggregate (1 January 2022 to 31 December 2024).

Indicator	Type	Period	Isles	East	West	Orkney	Scotland
Lifestyle and Risk Factor							
Alcohol-related hospital admissions per 100,000	Rate	2023/24	325.7	587.4	384.7	493.7	548.5
Alcohol-specific mortality per 100,000	Rate	2019 - 2023	22.2	14.2.	26	19.9	21.8
Drug-related hospitalisations per 100,000	Rate	2021/22 - 2023/24	20.6	46.9	46.9	45.7	181.2
Bowel screening uptake	%	2021 -2023	65.6	71	70.9	70.2	66.4
Hospital and Community Care							
Emergency admissions per 100,000	Rate	2024/25	7,377	8,830	7,701	8,283	10,626
Unscheduled bed days per 100,000	Rate	2024/25	65,276	65,496	59,692	63,569	75,436
A and E attendances per 100,000	Rate	2024/25	13,301	39,344	28,181	32,516	26,915
Delayed discharges (65+) per 100,000	Rate	2024/25	38,192	63,735	42,682	52,517	51,401
Potentially Preventable Admissions per 100,000	Rate	2024/25	1,080	1,509	1,041	1,303	1,694
Hospital Care (Mental Health)							
Psychiatric patient hospitalisations per 100,000	Rate	2021/22 - 2023/24	7.9	124.1	104.3	105.2	216.1
Unscheduled bed days per 100,000	Rate	2024/25	745	10,875	5,425	7,856	18,134

Source - PHS LIST Locality Profile May 2026.

Key Achievements and Challenges Over 2025/26

Achievements and Challenges

Like our colleagues in local authorities, the NHS and other public organisations, up and down the country, we continue to see budgets squeezed, whilst demand for services continues to rise; we are increasingly asked to do more with less.

Increasing Demand

Nonetheless, perhaps the greatest achievement of health and social care services is that people are living longer lives – with Orkney folk often living the longest – and this is something of which we are very proud.

This also means that people often live with a number of health conditions, meaning they rely increasingly on services to help them in their daily lives. For example, our Care at Home service continues to support an increasing number of people, in their own homes.

For those unable to live at home anymore, our residential care facilities provide 24/7 care and support. Our new Kirkwall care home, Kirkjuvagr House, is now complete and is expected to welcome its first residents towards the end of the summer 2026. Situated just above The Pickaquoy Centre, and named after the Old Norse name for Kirkwall, Kirkjuvagr House is a state of the art facility that will provide superb accommodation for our frail and vulnerable folk.

We are also using technology to tackle demand and ensure we are as efficient as possible. For example, our colleagues use meeting apps to attend meetings, where this is appropriate, reducing the need to travel. We are also improving existing technology, with more than 60% of Telecare users having been upgraded from analogue to digital systems.



Recruitment

Our greatest challenge remains the recruitment and retention of our workforce. This is not just an Orkney problem; health and social care partnerships right across the country - and beyond – struggle to recruit and retain staff. There is no doubt, however, that, like our colleagues in the other island groups, we feel this pressure acutely here.

One example is the number of days people are having to spend in hospital, when they are ready to go home, has increased another unwelcome consequence of the challenges we have around recruitment.

Our greatest challenge remains recruitment.

We have tried many things to tackle this. One example is our strategic partnership with the Open University, where a number of people have progressed through the Social Work sponsorship scheme, with two successfully securing a placement in the last year.

Despite these efforts – and those in the summary, below – we continue to rely on our agency colleagues to ensure that we can maintain health and social care services for folk in Orkney.

Highlights

Some of the other highlights from the last year include:

- The Council's "Growing A Sustainable Social Care Workforce" project has seen an increased interest in care posts with one service successfully filling all posts for the first time in many years.
- In partnership with UHI Orkney, the Introduction to a Career in Care, six-week course, continues to attract candidates, with all students guaranteed an interview within a care setting. Some 24 students have completed the course within the last year.
- We have made good progress in recruiting to the Community Nursing team, which has seen the vacancy rate reduce from 50% to 15%.
- We continue to grow our Public Dental Service with two trainee dental nurses recruited recently a role that allows the postholder to earn as they learn.

- Whilst challenges remain around funding and recruitment, the IJB approved the use, in principle, of the fourth wing of Hamnavoe House as a short breaks facility.
- We have successfully supported several young people to return home to Orkney from placements in mainland Scotland.
- Completion rates for Community Payback Order's varied across Scotland in 2024/25 whereas Orkney saw their completion rate improve to 97%.
- Colleagues have worked with Public Dental Services and General Dental Services over the last year and are increasingly confident about the ability of General Dental Services to open registration for NHS patients in the near future.
- Colleagues from the Orkney IJB, NHS Orkney and Orkney Islands Council have developed something called 'The Routemap to Reform for Public Services in Orkney' and have submitted this to Scottish Government.
- The Suicide Prevention Task Force developed a Suicide Prevention Action Plan for the period 2025/26.

Orkney's completion rate for Community Payback orders increased to 97%.

Our Strategic Priorities

We are now in the second year of our Strategic Plan, which lays out the priorities for community health and social care services.

The plan includes six Strategic Priorities, which the IJB believes best address the health and social care issues in Orkney. The six priorities are:

- 1. Tackling Inequalities and Disadvantage.**
- 2. Early Intervention and Prevention.**
- 3. Unpaid Carers.**
- 4. Supporting People to Age Well.**
- 5. Community Led Support.**
- 6. Mental Health and Wellbeing.**

You can read the plan [here](#).

As in previous years, a selection of our services were asked to tell us about what has been happening during the past year, and we have included their contributions in the following sections.

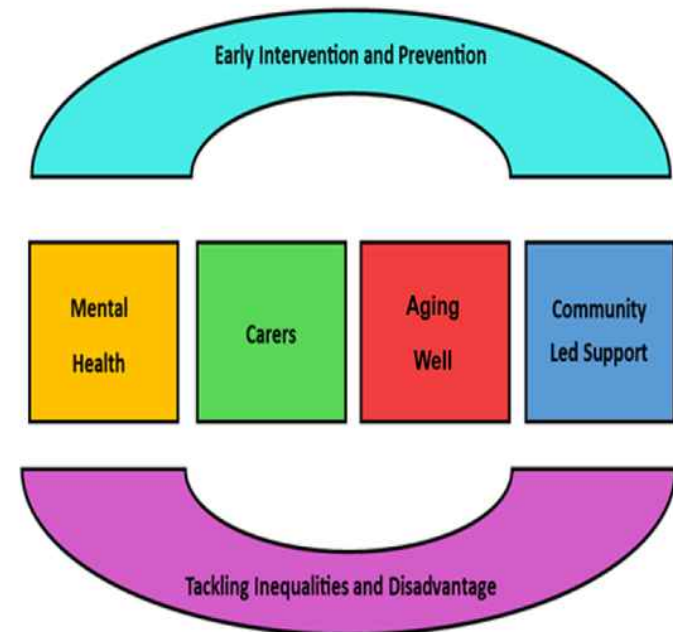
But this is not exhaustive: there are many, many teams, throughout NHS Orkney, Orkney Islands Council and the third sector, who deliver vital community health and social care services daily across Orkney.

The Performance Management Framework 2026 – 2028 (and now aligned with the review date for the current Strategic Plan) helps the IJB to assess the effectiveness of the Orkney HSCP and, especially, whether it is achieving the objectives highlighted in the Strategic Plan.

We also have a Delivery Plan to help us measure our progress in delivering the Strategic Plan. Each Strategic Priority includes Milestones: these are things we must do if we are to deliver our objectives. These Milestones each include at least one action, sometimes several actions, with each describing how we will know if we have achieved the declared Milestone. We call these actions Measures or Outcomes.

Every three months, we report to the IJB's Performance and Audit Committee on how we are doing and the progress we have made.

This might sound a little complicated, but we have included a table at the beginning of each Strategic Priority description, and this should make it a lot clearer.



Key to Tables	Complete	On Target	Risk of Delay in Completion	Severe Risk of Delay in Completion
---------------	----------	-----------	-----------------------------	------------------------------------

Priority Area 1 – Tackling Inequalities and Disadvantage

The below table shows the progress for the actions contained within the Strategic Plan Delivery Plan 2025/26.

Milestone	Outcome/Measure	Status	Narrative
We will ensure that all school children across Orkney are able to access a breakfast.	All young people attending school will have access to a free breakfast.		A Brightstar Breakfast, which is a funding initiative supported by Scottish Government for a one year pilot, for six primary schools, is due to commence imminently. 83% of respondents expressed an interest in island communities to be part of the pilot. Discussions continue on the logistical challenges being faced, but most schools are ready to commence.
We will provide annual health checks to those with Learning Disabilities.	We will increase the percentage of Learning-Disabled people receiving annual health checks to 100%.		Historically, there have been challenges with the delivery of annual health checks in the population of Orkney. Following investment by the IJB a new post was created; one of the top priorities being to develop a register of individuals with Learning Disabilities with a diagnosis of Learning Disability registered in each GP surgery in Orkney. As at 31 March 2026, 100% of those individuals have been offered a health check with as significant number then being onward referred for further treatment.

Tackling inequalities and disadvantage is directly linked with all our Strategic Priorities.

We will continue to address this by:

- Making access to services easier for everyone.
- Keeping children, young people and vulnerable adults safe.

Orkney Health and Social Care Partnership.

- Working with our statutory, third sector and community partners to address financial hardship.
- Making sure Orkney is a happy and safe place for everyone.

Most of the previous sections include many examples of services that also fit this priority area.

The Isles

Access to services in the ferry-linked isles can be a real challenge, so we continue to try to bring services to the isles wherever possible.

When this is not possible, we try to arrange Mainland appointments that make travel to, and from, the isles convenient or use technology to avoid the need to travel to Kirkwall or the Scottish mainland.

Improving the Cancer Journey

Improving the Cancer Journey (ICJ) is a non-clinical support service delivered by NHS Orkney's Public Health department, in partnership with Macmillan Cancer Support. The service supports anyone in Orkney affected by cancer, including people with a diagnosis and those close to them, by helping address the practical, emotional, financial and social challenges that often sit alongside clinical care.

Individuals referred to ICJ are offered something called a Holistic Needs Assessment, which helps identify what matters most to them at that point in time. This approach recognises that cancer can impact many areas of life, including financial, practical, physical, spiritual and emotional. Based on the assessment and ongoing conversations with the service user, the ICJ Link Workers develop a tailored support plan and connect service users with appropriate local and national services.

Over the past year, the ICJ service has received referrals from a wide range of health, social care and third sector partners. Support is offered flexibly, including by telephone, video call (Near Me), or face to face, ensuring everyone can access the service across our rural and island communities.



The ICJ service helped 91 people during the last year.

Recently, the ICJ service has expanded beyond cancer to begin supporting people living with long term conditions, starting with cardiac health. This expansion has been supported by Macmillan Cancer Support, showing a shared ambition to extend the benefits of the ICJ service. Referrals are triaged to ensure support is offered first to those with the greatest need,

enabling the service to respond flexibly and equitably. As the service continues to develop, there are plans to further expand ICJ to support even more long term conditions, across Orkney, responding to local need.

During the last year, the ICJ service helped 87 people with a cancer diagnosis and four with a cardiac-related diagnosis.

ICJ is a great example of work that helps reduce inequalities by supporting people earlier, addressing non-medical issues, and helping people make their way through complex systems, at times of real vulnerability.

What Will We Do During the Coming Year?

The below table shows the actions contained within the Strategic Plan Delivery Plan 2026/27.

Delivery Milestones	Outcome/Measure	Timescale
We will deliver a Brightstar Breakfast Pilot from August 2025 to July 2026 to enable that school children involved in the pilot are able to access breakfast.	Complete a pilot evaluation and share the findings with the Cost of Living Task Force.	31 July 2026.
We will establish a Fuel Poverty Action Plan.	Develop and approve a Fuel Poverty Action Plan.	30 September 2026.

Priority Area 2 – Early Intervention and Prevention

The below table shows the progress for the actions contained within the Strategic Plan Delivery Plan 2025/26.

Milestone	Outcomes/Measure	Status	Narrative
Implement a partner-approved systems-based approach to Physical Activity.	Deliver update to the IJB in February 2026 to update on progress and outcomes.		Progress has been slow owing to challenges around recruitment. Significant progress is expected once the new Service Manager (Leisure and Culture) is recruited. Progress will be shared with the IJB in the summer of 2026.
Launch a programme to promote healthy lifestyles in schools, reaching 100% of students, by June 2025.	Deliver workshops on nutrition, mental health, and physical activity, in partnership with educators.		The School Health team have a health promotion programme in every school across Orkney, with a different topic for each year group, and have been delivered over the last year. The service will offer sessions around lifestyle topics, to the secondary schools, during this academic year, in addition to health promotion.
Establish a data-driven falls prevention programme, for older people, by June 2025.	Analyse hospital and community data to identify risk patterns and implement tailored interventions.		NHS Falls Prevention classes will continue to be delivered by the Ageing Well Service, following a short pause due to staffing and winter pressures. Funding from endowments has been secured for additional training in Falls Prevention strength and balance classes. This will improve the resilience of community-based programmes (NHS, third sector, and external providers), and support delivery in the outer Isles, where feasible.
Implement a single pathway for neurodevelopmental	Children and families will experience more timely assessments, with longest waits reducing from 101		The single point of entry Neurodevelopmental Pathway has been agreed amongst key stakeholders. Project management and administration support is being confirmed to progress implementation. Additional capacity

Milestone	Outcomes/Measure	Status	Narrative
assessment for children and young people.	weeks to 12 weeks, in line with National Outpatient appointment targets.		will be required to address the significant waiting lists. A piece of work is being undertaken, via two Scottish Government projects, to review the waiting lists to ensure an accurate understanding of local need/numbers requiring assessment and ongoing support. Work is also progressing to support early intervention approaches to supporting children and their families while on the waiting list.

Prevention and early intervention are at the forefront of strategies to improve the lives of people in Orkney, as well as reducing demand on community health and social care services. Whatever their circumstances, we want everyone in Orkney to do their best to keep themselves healthy.

Our communities and our local environment are essential to good health, as well as keeping us active and connected.

Vaccination Service

The Spring 2025 COVID Programme saw a slight decrease in the number of invited people receiving their vaccination from 71.2% in 2024 to 67.2% in 2025. This is, however, well ahead of the national average of 60.6%.

We vaccinated 2,356 eligible folk in Orkney, against COVID, in the last year.

The RSV (Respiratory Syncytial Virus) Programme in 2025 invited those turning 75 years for a vaccination. The uptake in this age group was 66%, compared to the Scottish average of 68.4%, although the low numbers invited in Orkney may affect the data.

The uptake of Childhood Immunisations in Orkney remains amongst the highest in the Country, offering some reassurance in a time where the UK has lost its measles-free status.

From January 2026, the UK introduced the MMRV (Measles, Mumps, Rubella and Varicella) vaccine into the childhood range of immunisations, in the place of MMR (Measles, Mumps and Rubella). It offers the same strong protection, with the added benefit of protection against chickenpox in a single vaccine. This has been rolled out in Orkney and has been received well by

Orkney Health and Social Care Partnership.

parents/guardians. There will be a catch-up programme later in the year for children of three-years four-months, though to six-years, who have not had chickenpox.

Childhood Immunisation in Orkney is amongst the highest in Scotland.

The Vaccination Team is working on a range of initiatives aimed at increasing the numbers of Teenage Immunisations, along with improving Flu vaccination rates amongst health and social care staff. This follows a campaign in 2025 where there was a small increase in flu vaccinations for health care workers, from 37.7% in the previous year to 45.9%, and social care workers, from 10% in the previous year to 12.1%.

Oral Health

The Oral Health Team works with partners throughout Orkney to identify and contact our more vulnerable families. The Childsmile Team regularly visits community groups, including local toddler and young families nurture groups, to provide oral health advice and support.

They regularly team up with partners in the Early Years' Education Team, schools, and through the third sector, including Home-Start and BookBug to contact families.

The National Dental Inspection Programme offers a brief dental inspection from nursery to P7. This currently acts as an opportunity to prioritise children with highest need for dental appointments. The latest report (2025 which you can read [here](#)) continues to show that Orkney has a small group of children with obvious decay experience. Reaching and supporting these children and families, to help improve oral health routines and access dental treatment where required, is a nationally and locally driven priority, and the team will continue to develop the community-based programme of work to reach our families.

No Health Without Oral Health

Oral health is important to general health, and the service works to promote No Health Without Oral Health as a value for all. The mouth and the rest of the body has something called a bidirectional relationship. General diseases can impact our oral health, and poor oral health can worsen underlying health conditions. This includes poorer health for people with diabetes, respiratory illnesses or heart disease. No Health Without Oral Health is an important focus which needs to be well understood. They work throughout the community to challenge culture and spread key oral health messages, attending community events, such as Stromness Shopping Week and visiting groups, such as The Men's Shed.

The service provides oral health products for the local Foodbank on a regular basis and make sure that these are available in schools for any child who requires extra for home. These are also provided to care homes and Hospital wards to support daily oral care, along with training that is provided for staff in good practice in oral care.

The Oral Health Team works throughout the community to challenge culture and spread key oral health messages.

The Public Dental Service is signed up to provide alcohol brief interventions and smoking cessation advice. We are very aware of the impact of life circumstances, and increasingly now the cost of living on health and wellbeing, and we endeavour to make sure that good daily oral care can be easier for everyone.

Access to dental services is an ongoing concern in Orkney as recruitment of dental staff continues to be challenging. Some progress has been made in recruiting dental clinicians in General Dental Service practices, but there are ongoing recruitment issues and efforts in the Public Dental Service. For many families and adults, living in Orkney and not registered with a dentist, they will continue to rely on the Public Dental Service Emergency Service.

Health Visiting

The team continues to deliver a high level of service to the families in Orkney, being one of the only Health Boards offering all contacts face to face, in the home, including the ferry-linked isles.

The infant feeding team includes peer support workers who go above and beyond to help and support new parents, running baby walks and the antenatal workshops held on a weekend along with health staff.

School Health

The School Health Team are going from strength to strength. One of the team was honoured with the Queen's Nurse Award at the end of last year and has represented Orkney school nursing at various conferences around the UK, as well as a self-funded trip to the International School Nurse Conference in Japan!

The team are now running a babysitting course with pupils in the secondary schools. This includes pupils caring for realistic interactive baby dolls that they take home.

The team have also started to run a parenting course for parents of school age children. They have successfully completed one course and have another starting soon.

There are lots of plans for the future to grow the service, including taking this to the isles.

Their current school nurse student qualifies in August which will then mean the team is fully staffed although they are currently going through a restructure to build in a specialist looked after children/team lead role into the service.

Paediatric Occupational Therapy

The team is now fully staffed since a new member started in September. The team have reviewed their current services and are looking at what opportunities they can achieve in the near future and the longer term.

Recently they held a webinar entitled 'Working together to support sensory processing' which was attended by both parents and professionals. Following positive and constructive feedback, the team plans to do further sessions.

Children and Young People (CYP) Speech and Language Therapy

GIRFEC (Getting It Right For Every Child) is at the heart of everything the service does. They continue to prioritise strong partnership working which ensures that children are involved in the decisions that affect them. Relationship building with families and other professionals underpins this. They continue to raise awareness of the profession, and the important role speech and language therapists play in Orkney for individuals, families, the CYP workforce and CYP communities. An example of effective multi-agency working has been embedding SCERTS (State Council of Educational Research and Training) into planning for children and young people. You can read more about SCERTS an educational and therapeutic framework used to support autistic children, [here](#).

The team continues to develop services for all CYP with speech, language and communication difficulties, as well as eating/drinking difficulties.



GIRFEC is at the heart of speech and language therapy services.

A recent service improvement is the development of the enquiry line, accessed by telephone and email. This has significantly improved access to the service and their ability to provide earlier support to families and professionals. They offer conversations where parents/professionals are listened to, and supported, via signposting and personalised targeted supports. This enables the service to be helpful at an earlier stage in the child's Speech and Language Therapy.

They also continue to expand their work with other services, promoting environments that enable all children to thrive and develop speech, language and communication skills for meeting their potential in life.

ICON

The ICON programme is an evidence-based program used by health and social care workers to help parents cope with infant crying: Infant crying is normal, **C**omforting methods can help, **O**k to walk away and **N**ever ever shake a baby.

ICON seeks to reduce the incidence of traumatic head injury in babies and young children. The ICON programme has been rolled out across Orkney, with training provided to all GP practices, maternity staff, children's health teams and social workers. It is also part of all antenatal workshops with new parents.

Neurological Services

Our neurological services give service users named points of contact for people who are affected by Multiple Sclerosis (MS), Motor Neurone Disease (MND) and Parkinson's Disease (PD). These services offer comprehensive assessments and reviews, to guide plans for treatment, care and support. This approach makes sure decisions are made with the service user and their family or carers.

This also allows the service to identify opportunities for:

- Improved symptom management.
- Reduction of risks.
- Early intervention.
- The reduction or avoidance of hospital admission.

Orkney Health and Social Care Partnership.

- Ways to support people to live as meaningful a life as possible.

Teamwork and communication with other services and agencies (both local and national) is key to this approach.

Local professionals are working with colleagues to develop courses of treatment and support for conditions other than MS, MND, and PD which will follow the national guidelines for Neurology and Rehabilitation. This work will help services to identify any areas where improvements are needed and, furthermore, will support services in their efforts monitoring their performance against established standards.

What Will We Do During the Coming Year?

The below table shows the actions contained within the Strategic Plan Delivery Plan 2026/27.

Delivery Milestones	Outcomes/Measure	Timescale
We will implement GIRFE tools across Orkney Health and Social Care Partnership community services.	By March 2027, GIRFE (Getting It Right for Everyone) processes — including Team Around the Person (TAP), My Life Plan documentation, and agreed care coordination steps — will be implemented across all core Orkney Health and Care community services, building on the early pilot work and ensuring that GIRFE tools are used consistently in day-to-day practice to support coordinated, person-centred care.	31 March 2027.
We will identify support for drug and alcohol for children and young people.	Scope out and develop specialist drug and alcohol support for children and young people under the age of 18.	31 March 2027.
We will develop and implement an Early Language and Communication Strategy for Children.	Prioritising support for early years speech, language and communication in line with the Scottish Government Early Years Speech Language and Communication Action Plan.	31 December 2026.

Delivery Milestones	Outcomes/Measure	Timescale
We will implement a single pathway for neurodevelopmental assessment for children and young people.	Children and families will experience more timely assessments, with longest waits reducing from 101 weeks to 12 weeks, in line with National Outpatient appointment targets.	31 March 2027.
The new Public Protection webpages to accompany the Growing Up In Orkney webpages will be published.	The new Public Protection Webpages will go live.	31 September 2026.
We will improve registration for Orkney residents for NHS dental services.	Continue to develop professional and operational relationships with General Dental Services with a view to monitoring dental capacity and improve recruitment.	31 March 2027.

Priority Area 3 – Unpaid Carers

The below table shows the progress for the actions contained within the Strategic Plan Delivery Plan 2025/26.

Milestone	Outcome/Measure	Status	Narrative
Hold a second Orkney Unpaid Carer Conference.	Hold the conference before the end of 2025.		The second Orkney Carer Conference took place on Thursday, 27 November 2025.
Offer an assessment to all unpaid carers seeking support and measure that number.	Increase the number of carers offered an assessment from 33 in 2022, to 60 by the end of 2025.		Carer assessments are now offered to all unpaid carers seeking support, as a matter of course. Determining the number of assessments offered has proven difficult, with current systems unable to properly capture these figures. The number of completed assessments in 2025 was 21; however, services believe this figure to be significantly higher. The number offered is higher still, but the inability of systems to capture this information is preventing this figure from being accurately reported. Efforts are ongoing to identify how systems can capture this information as a matter of course.
Prepare and publish a dedicated Young Carer Strategy.	Young Carer Strategy will be approved and published, by March 2026.		The initial draft of this document is currently the subject of consultation and input from the Crossroads Orkney Young Carers' Group. Once this is complete, it is anticipated that the finished Strategy will be ready for publishing. Securing young carer input is proving more difficult than originally anticipated. However, it is expected that this work will be complete very shortly.

Milestone	Outcome/Measure	Status	Narrative
Deliver an Unpaid Carer-Friendly policy for staff employed by OIC.	Prepare and publish an OIC Unpaid Carer-Friendly policy by the summer of 2025.		A policy has been drafted and considered by the Council's Corporate Leadership Team. The consultation process with Unions is ongoing and it is hoped the policy will go to a future meeting of Human Resources Sub-committee. The process has taken longer than anticipated.
Begin training frontline workers throughout statutory and third sector organisations, making them "carer-aware".	Undertake training of at least 100 frontline workers by the end of March 2026.		Suitable training modules have been identified and officers are working to have the introductory video included on learning platforms. This short video will equip staff to be "carer aware" and will enable rapid training of a large cohort of staff, including all frontline care staff. Officers have determined the launch of the new video will likely see more success and, crucially, more views, if this is launched concurrently with the Council's Support for Carer Friendly Policy. It has, therefore, been decided to delay the launch of the video until the Policy is approved by the Council's HR Sub-committee. The video will be launched to NHS Orkney colleagues at the same time. This Milestone has been carried forward to the new Strategic Plan Delivery Plan.
We will reach more people delivering care to family or friends, who have not sought carer services, and measure that number.	Increase the number of unpaid carers contacting Crossroads Care Orkney, for support, from 78, in 2022, to 150, by 2026.		There were 96 new contacts in 2026 which represents an increase of 23%, but is well short of the goal of 150. It is anticipated the recent appointment to the new Carer Lead role in late February 2026, will significantly increase this figure in coming years, as well as the Carer Awareness training and the introduction of the Council's Carer Friendly Policy. Consequently, this Milestone has been carried over to the new Delivery Plan.

Some Facts and Figures:

800,000	The estimated number of unpaid carers in Scotland ¹ .
30,000	The estimated number of young carers in Scotland ² .
3 out of 5	The number of us who will become carers at some stage in our lives ³ .
£52.4 million	The estimated value of care delivered by unpaid carers in Orkney.
300	The approximate number of carers known to support services in Orkney.
3,000	The estimated number of unpaid carers in Orkney.

The support given by unpaid carers in Orkney is estimated to be worth £52.4 million.

¹⁻³ – Carers UK.

Unpaid Carer Conference 2025

A second Unpaid Carer Conference was held in November 2025. With the first conference having focused upon celebrating the role of unpaid carers, the second conference focussed on the services and support available to carers in Orkney.

With support from across the statutory and third sectors, as well as input from key stakeholders, including our young carers. Post-conference feedback was largely positive, with many people reflecting that they were unaware of the scope and breadth of services available locally.

However, attendance was just under 100, down on the 2023 conference. Some feedback indicated more of a reluctance to venture out in November, so future editions of the conference will be held in the late spring/summer.

Carer Assessments

Everyone that we identify as a carer is automatically offered an assessment. However, our systems struggle to properly capture this information.

The number of assessments recorded in the 2025 calendar year was 21; however, we think this figure is a lot higher. We also know the number of assessments offered is higher still, but our systems are not recording this accurately.

To try and tackle this, we are working with our teams to ensure that changes are made to our electronic record system to properly capture this information, and we have included this as one of our goals over the coming year.

Young Carer Strategy

A first draft of a dedicated Young Carer Strategy was prepared some months ago.

We are very keen to make sure that young carers are involved in the preparation of the Strategy, so we have been trying for some time to get input from the Orkney Young Carers' Group. This has not been as easy as we hoped.

Nonetheless, officers are currently working with the Orkney Young Carers' Group to make sure that our young carers help to create a strategy that is relevant to them.

It is important that young carers help us to write the Young Carer Strategy.

Once this is complete and approved, we expect to publish the Strategy very shortly afterwards.

Orkney Islands Council's Unpaid Carer Friendly Policy

We learned from the two Unpaid Carer Conferences that many unpaid carers are concerned about how they can hold down a full-time job whilst caring for a loved one. Many told us that whilst their employers are supportive, they feel uncomfortable asking for the time off which they sometimes need in their working hours and at short notice.

We are keen to promote the benefits of having a carer friendly workplace policy but, as the largest employer in the county, we felt it was important that Orkney Islands Council have a dedicated carer friendly policy themselves.

We have been working with our colleagues from the Council's Human Resources department to draw up a policy that includes the flexibility needed by employees with caring responsibilities. A draft has been prepared and is currently with Union representatives for comments.

Like several other Milestones, this process has taken much longer than we originally thought. Nonetheless, the final draft is expected to go before the Council's Human Resources Sub-committee in May 2026, for approval, and we hope to publish and promote the policy shortly afterwards.

Training Frontline Workers

We have learned that many unpaid carers simply do not know about the support available to them. The best opportunity to help those who are not currently looking for help and support is when our frontline workers, and the workers of our statutory and third sector partners, are with service users (in their homes, at school, or anywhere else that staff are face to face with people in Orkney).

Becoming “carer aware” is relatively straightforward; a basic understanding of who unpaid carers are, what support is available to them, and where to get that support, will allow anyone dealing with the public to help carers get the support they need.

We have seen a short video that covers all aspects of identifying unpaid carers and what support they can get, which is currently available on YouTube. We had expected to have launched this video on the Council’s learning platform, by now. However, we decided to launch this at the same time as the Council’s Carer Friendly Policy which, we hope, will give the video maximum exposure. We will then do the same with colleagues at NHS Orkney.

Increase the Number of Carers Seeking Support

Increasing the number of people looking for support in their role as an unpaid carer, has been a priority of ours for some time. We know of around 300 people who are unpaid carers. However, we believe that the actual number of unpaid carers in Orkney is likely to be nearer 3,000. This means, of course, that around nine out of ten unpaid carers are not getting the help and support that they are entitled to.

It is estimated that there are more than 3,000 unpaid carers in Orkney.

To try and tackle this, we have produced regular publicity campaigns on social media, in the paper and on the radio to highlight the vital role played by our unpaid carers and, most of all, to raise awareness of carers. This work has been supported by Crossroads Care Orkney, who regularly visit faith and social groups to talk about unpaid carers.

This approach has seen some success, with the number of carers looking for support, for the first time, increasing to 96 last year. However, this falls disappointingly short of our original target of 150.



Nonetheless, we will continue with our efforts to raise the profile of unpaid carers. What is more, we think that the introduction of frontline worker training, the Council's Carer Friendly Policy and, not least, the appointment of our new Carer Lead (more of which is below) will see this number continue to climb.

Dedicated Carer Lead and Carer Support Worker Roles

One of the greatest challenges around delivering our goals for unpaid carers have been around staff resourcing. However, we are pleased to announce that we have recently appointed a dedicated Carer Lead.

One of the first tasks on arrival of the new Carer Lead will be to recruit a Carer Support Worker, another role dedicated to supporting our unpaid carers. This person will deliver support directly to unpaid carers in Orkney, including helping carers to get the support they need from services, providing practical advice, as well as helping social work to increase the number of carer assessments that we do.

We are confident that recruiting to these roles, perhaps above everything else we are trying to do for unpaid carers, will help the Partnership deliver its commitment to support unpaid carers in Orkney.

Crossroads Care Orkney

We work with Crossroads Care Orkney, who deliver the Partnership's carer support service in Orkney. They provide help and support for unpaid carers through tailored support that takes account of both the carer and cared-for person's goals.

Crossroads Care Orkney provide emotional support, information and advice daily, through face to face chats, the phone, or email, whilst also supporting the Carers' Support Group. This happens on the second Wednesday of the month, in the Crossroads Care Orkney Office. Supporting carers is at the heart of the group, of course, but also gives carers the opportunity to have a break, mix with other carers, and strengthen their support networks.



Respite is provided, free of charge, in or outwith the home, giving the carer time to themselves, on a regular or occasional basis.

Crossroads Care Orkney also operates a lending library, with lots of different resources available, along with activities such as jigsaws and a Komp. You can read more about the Komp device [here](#). The drop-in centre is open 9am-5pm, Monday to Friday.

During 2025/26 Crossroads Care Orkney provided support to 226 new unpaid carers and cared for people through the various methods of support on offer. The total number of referrals throughout 2025/26 was 285. This is inclusive of new and existing Carers and cared for people. 187 referrals were from existing Carers/cared for people who they provide occasional or extra respite for.

There were 98 new referrals to the service and this was for a mix of respite, privately purchased, purchased or following an assessment of need if it was identified that alternative support was required.

In total over 10,000 of care hours was provided across mainland Orkney and four of the non-linked isles by Crossroads Care Orkney.

Time to Live Fund

Crossroads Care Orkney are the designated delivery partner for the Time to Live (TTL) microgrant fund. This year on year funding is provided by the Scottish Government through Shared Care Scotland, and enables adult, parent and young carers to access funds and support to help them take short breaks. This is achieved by providing small, flexible grants to support bespoke respite opportunities, commonly referred to as breaks.

TTL was conceived to ensure carers have more opportunities to enjoy life outside of their caring role, so that they will feel better supported in sustaining their caring responsibilities and, alongside the cared-for person, will experience an improved sense of wellbeing. You can read more about the TTL fund [here](#).

Carers have used their microgrant for many different purposes, including the purchase of garden furniture, art and craft kits, magazines, Pickaquoy Centre subscriptions, relaxation and beauty treatments, fiddle lessons, an iPad and trips away from the islands.

For those who need to take longer away from their caring role, Crossroads Care Orkney can deliver the practical support, through the provision of a Support Worker to undertake the tasks of the carer whilst they are away. This allows the carer to be assured that the person they support is safe and cared for in their absence.

The Time to Live Fund funds short breaks for carers.

As well as the TTL scheme, Crossroads Care Orkney also provide vouchers. This is particularly useful when a carer has identified what sort of break they would like. Recently, Kirkwall Business Improvement District (BID) vouchers have been given to carers. One carer used her voucher to pay for wedding make-up for their grandchild's wedding, commenting that having her make-up done for the wedding meant there was more time to relax, be pampered and to experience something completely new.

Orkney Young Carers Service

The Young Carers Support Worker, based at Crossroads Care Orkney, continues to give unpaid young carers the opportunity to have a break and mix with their peers. This service is highly valued by all who take part, giving opportunities to young people that they potentially would not have had otherwise. You can read more about the Orkney Young Carers' Service [here](#).

Residential Short Breaks

Opportunities for short breaks have been extremely limited since the COVID-19 pandemic. Carers have repeatedly stated how knowing they have a break to look forward to has kept them going.

To address this, the IJB has recently approved the use, in principle, of the vacant Brinkies Wing at Hamnavoe House, as a 10-bed facility for short break provision. Challenges remain around implementing this service, not least around identifying funding for staffing and, of course, recruiting to the required care roles. Nonetheless, this is a significant first step in the process of delivering residential short breaks care.

What Will We Do During the Coming Year?

The below table shows the actions contained within the Strategic Plan Delivery Plan 2026/27.

Delivery Milestones	Outcome/Measure	Timescale
We will establish how PARIS can capture if a Carer Assessment has been offered to an unpaid carer and implement this change.	Upgrade PARIS to capture when a Carer Assessment has been offered to an unpaid carer.	31 March 2027.
Prepare and publish a dedicated Young Carer Strategy.	Publish the Young Carer Strategy.	30 September 2026.
Deliver an Unpaid Carer Friendly Policy for staff employed by Orkney Islands Council (OIC).	Prepare and publish an OIC Unpaid Carer Friendly Policy.	31 August 2026.
Begin training frontline workers throughout statutory and third sector organisations, making them “carer-aware”.	Undertake training of at least 100 frontline workers.	31 October 2026.
We will reach more people delivering care to family or friends, who have not sought carer services, and measure that number.	Increase the number of unpaid carers contacting Crossroads Care Orkney, for support, from 96, in 2025, to 110.	31 March 2027.

Priority Area 4 – Supporting People to Age Well

The below table shows the progress for the actions contained within the Strategic Plan Delivery Plan 2025/26.

Milestone	Outcome/Measure	Status	Narrative
Improve our preparedness for the analogue to digital switchover to ensure that our telecare services are fit for purpose.	We will increase the percentage of service users using digital from 26.5% to 60%.		The service now has less than half of its service user cohort with analogue equipment in situ (54.5% with digital and 45.5%, with analogue) and the service is continuing with the progression of all service users having digital equipment before June 2026. The service reached the milestone of 60% in March of 2026. As all new service users now receive digital equipment, this figure will continue to rise.
We will use projected need data to determine and agree the most appropriate use of the currently unutilised wing of Hamnavoe House.	A plan for how the fourth wing in Hamnavoe House will be commissioned, will be available with costings.		A report was presented to the February 2026 meeting of the IJB. The fourth wing will be commissioned as respite once both financial and human resource is in place.

Milestone	Outcome/Measure	Status	Narrative
Individuals who are referred for a social work assessment will receive this in a timely manner.	Reduce the outstanding social work assessments from, 59 (as at 31/03/25) to 25.		Adult Social Work continue to receive a significant number of referrals daily. Each referral continues to be screened by the duty social worker and added to the Duty Desk (waiting list). Unless there are an Adult Support and Protection or Adults with Incapacity element, referrals are discussed, updated and where possible allocated at the weekly huddle meeting. The average figure of those in the community awaiting an assessment over a 12 week period, at the last update in March, was 34.5. Over the latest 12 week period, this has increased. The waiting time for assessment had reduced from almost 8 weeks to 6 weeks, at the last update, but is now around 8 weeks. These figures are subject to regular fluctuation as capacity within the team, not to mention the number and complexity of referrals varies.
Further improve access to Care at Home provision.	Increase the number of service users in receipt of Care at Home by 5%. from 171 (as at 31/03/25) to 180.		As previously mentioned, the number of service users, at any one time, is variable due to numerous factors. However, the service has robust capacity management and waiting list protocols in place to ensure any capacity that does become available is re-allocated timeously. The service currently has 175 individuals in receipt of care at home provision. Although we have not achieved the target of 180 service users it is important to note that 15 individuals require two carers at each visit and a further 61 individuals are in receipt of more than 10-hours care per week.

Milestone	Outcome/Measure	Status	Narrative
We will continue to improve the quality of residential care provision in Orkney.	All Care Home Inspectorate Grades will be at Good or above.		There are three care homes for individuals over 65. These are included in the Registered Services report which is presented to the Performance and Audit Committee. The care homes continue to progress with their respective action plans which have been submitted to the Care Inspectorate. A Project Initiation Document (PID) has been developed which seeks to review and redetermine appropriate staffing levels and grades. There will also be work on developing a more attractive rota. It is anticipated that these significant pieces of work will stabilise the workforce going forward.

A lot of resources are invested in residential care services, such as Hamnavoe House in Stromness, and our new care home, Kirkjuvagr House, in Kirkwall, as well as supported accommodation services, such as Braeburn Court in St. Margaret's Hope. Nonetheless, recognising that people consistently tell us that they want to receive support in their own home, we work with our service users and families to ensure our vulnerable folk can be supported at home, for as long as possible.

Dementia

Dementia support services saw the end of the current Orkney Dementia Strategy in 2025. The independent evaluation found that the Strategy had a meaningful and positive impact on the lives of many people living with dementia, and their carers. Feedback from service users used in the evaluation frequently mentioned the compassion and dedication of both professionals and volunteers, including greater opportunity to remain at home, in a person's own community, as well as a growing culture of inclusion, with dementia becoming more visible, talked about and understood within the wider community.

It also highlighted the challenges, noting that there are sometime delays in accessing care at home services, as well as a lack of respite support for those caring for people with dementia.

Age Scotland Orkney

Over the past year, Age Scotland Orkney has seen significant growth across both the organisation and the range of services delivered. Demand for support continues to increase, and they have responded by expanding their services, strengthening partnerships, and adapting services to meet the needs of the community, as well as user feedback.



A big achievement this year was their rapid response to the cost of living challenges for older people throughout Orkney. Working in partnership with Orkney Citizens Advice Bureau (CAB), they helped older people to access benefits and additional financial support.

They also made payments directly to 145 households using a Community Card, which was used to purchase essential items, locally, over the winter months. Working with Orkney CAB allowed them to reach a high number of older people in a tight timeframe.

This work was supported by grant funding from the Islands Cost Crisis Emergency Fund through Orkney's Cost of Living Task Force.

Developing their services have been a big focus. Age Scotland Orkney's foot care provision has expanded, from one to two qualified practitioners, alongside the creation of a second clinic room, which has effectively doubled the number of people they can help. Both practitioners are now also trained to deliver their new ear wax removal service, further extending and improving the services they offer.

Another example of working in partnership with other organisations is the outreach social sessions, within the Balfour Hospital (Inpatients 1 and 2), which is helping people who are experiencing extended hospital stays.

The Admiral Nurse Service provides specialist dementia support.

Their Dementia Orkney Project remains an important area of work. Delivered in partnership with Orkney IJB, Dementia UK and Dementia Friendly Orkney, the Admiral Nurse Service continues to provide specialist dementia support. Post Diagnostic Support has also continued to grow and there are discussions underway regarding how the service might be expanded in the future.

The quality of Age Scotland Orkney's care remains exceptionally high. Their Here2Care service received outstanding results in its most recent Care Inspectorate inspection:

- **Supporting people's wellbeing:** 6 – Excellent.
- **Staff team quality:** 6 – Excellent.
- **Care planning:** 5 – Very Good.

They have also invested in their infrastructure, completing major building refurbishment and roof maintenance at their Victoria Street home. The improved building now offers a warm, accessible environment, with expanded clinical and multi-use spaces. This has enabled them to offer additional activities such as weekly yoga sessions for older people and confidential spaces for dementia diagnosis clinics.

Overall, it has been a year of strong growth, high performance, and effective partnership working. You can read more about Age Scotland Orkney [here](#).

What Will We Do During the Coming Year?

The below table shows the actions contained within the Strategic Plan Delivery Plan 2026/27.

Delivery Milestones	Outcome/Measure	Timescale
Establish routine frailty assessment processes.	By March 2027, frailty assessment using the Rockwood Clinical Frailty Scale (CFS) will be routinely undertaken across Orkney Health and Care community services, with at least 10% of people aged 65 and over having a documented CFS score recorded within their GP record, in line with the Healthcare Improvement Scotland Focus on Frailty programme.	31 March 2027.

Delivery Milestones	Outcome/Measure	Timescale
Establish a digital Ageing Well Hub.	In partnership with older adults and carers, establish a digital Ageing Well hub that provides self-management tools and signposting, by December 2026.	31 December 2026.
Reduce the number of individuals who are on the Waiting List for a new care at home package across the communities of Orkney.	Reduce the number of individuals who are waiting on a new care at home package, residing in the communities of Orkney, from 42 individuals by 15%.	31 March 2027
Have a fully digital Telecare/Community Care Alarm Service.	Transition all remaining individuals with analogue Telecare/Community Care Alarm equipment to have the service 100% digitally operational.	31 March 2027.
We will improve the proportion of care services graded 'good' (4) or better in Care Inspectorate inspections.	The proportion of care services graded 'good' (4) and above will increase from 92.1% in 2024/25 to 95%.	31 March 2027.
We will initiate and conduct a review of the Social Care model to make it more attractive as a career.	Approve the Social Care Project Initiation Document.	30 June 2026.
The successful transition from St Rognvald House to Kirkjuvagr House.	Residents will move to their new home.	30 September 2026.
We will look to attract people into a career in Social Care.	Host a social care recruitment event/open day at Kirkjuvagr House.	31 July 2026.

Priority Area 5 – Community Led Support

The below table shows the progress for the actions contained within the Strategic Plan Delivery Plan 2025/26.

Milestone	Outcome/Measure	Status	Narrative
Engage in the co-production of community action plans for Orkney's parishes, by December 2025.	Action plans will be available and will include key health and social care data and plans.		Officers have been in contact with colleagues in the Council's Infrastructure and Organisational Development directorate, who are leading the work on Local Place Plans, to ensure health and social care contribution to the plans. External consultants are working with community groups to prepare Local Place Plans, assisted by Council Officers. Partnership officers are now representing health and social care services at these meetings. The shift to Local Place Plans (replacing Community Action Plans, which are now, generally, produced by Development Trusts) has been ongoing for the last year or so. Officers are scheduled to attend a Local Place Plan workshop in Shapinsay, and continue to seek opportunities to engage with communities and have direct input on the production of Local Place Plans. Locality Leads were appointed in February 2026 and will ensure that there is an annual agenda item on Local Place Plans at both the Joint Isles Health and Care meetings and the Joint Mainland Health and Care meetings.
We will convene and host quarterly evening meetings with Islands Community Councils and Mainland Community Councils to	Schedule of meetings and minutes will be available.		Within the Integration Joint Board's webpages, a list of the community engagement meetings is available. Following agreement and approval of the previous minutes at the next meeting they are then uploaded on the webpages.

Milestone	Outcome/Measure	Status	Narrative
enhance responsiveness to their health and social care needs.			

Community Led Support (CLS) is all about co-production and collaboration. You can read a full introduction to CLS [here](#).



Despite early success with our Blethers, we have not been able to build on this in last few years. CLS is still at the heart of the Partnership's planning nonetheless. Indeed, it is one of the six Strategic Priorities in the current Strategic Plan.

We are now working with our partners in the third sector and communities to take CLS forward, not least in the co-production of Local Place Plans, where we will look to include initiatives to improve the health and wellbeing of communities.

We have also continued support for the Community Link Practitioners (CLPs) service as well as the Improving the Cancer Journey Service, described in more detail in the Tackling Inequalities and Disadvantage section. You can go directly to this section [here](#).

What Will We Do During the Coming Year?

The below table shows the actions contained within the Strategic Plan Delivery Plan 2026/27.

Delivery Milestones	Outcomes/Measure	Timescale
Engage in the co-production of community action plans for Orkney's parishes, by March 2027.	Action plans will be available and will include key health and social care data and plans, by March 2027.	31 March 2027.
We will annually discuss Place Plans at the Joint Isles Health and Care Place Plans will be an agenda item on both the Joint Isles Health and Care Meeting and the Joint Mainland Health and Care Meeting.	Place Plans will be an agenda item on both the Joint Isles Health and Care Meeting and the Joint Mainland Health and Care Meeting.	30 September 2026.

Priority Area 6 – Mental Health and Wellbeing

The below table shows the progress for the actions contained within the Strategic Plan Delivery Plan 2025/26.

Milestone	Outcome/Measure	Status	Narrative
Publish and implement a Suicide Prevention Plan, by April 2025.	Suicide Prevention Plan will be considered and approved by IJB and the Orkney Community Planning Partnership.		The Suicide Prevention Action Plan was presented to the Integration Joint Board in May 2025, for noting. Progress against the plan's stated Outcomes will be reported to a future meeting of the Integration Joint Board.
Introduce an electronic patient record system for those with mental health issues.	Morse will be fully operational and performance data easier to produce.		The Community Mental Health Team went live with Morse at the beginning of March 2026 with the exception of Child and Adolescent Mental Health Services, who will go live in June 2026.
Recruit to the All Age Nurse Led Psychiatric Liaison Team.	The All Age Nurse Led Psychiatric Liaison Team is established and operational.		The Band 7 Lead commenced on 3 November 2025, unfortunately it has not been possible to recruit to the other posts to date despite repeated advertisement. During 2026/27 the service will consider what liaison can be offered and how to revise posts to garner interest.
Raise greater awareness of mental health supports available.	We will promote the suicide prevention app 'SOS' and report throughout the year it's utilisation.		The app has been promoted throughout the community using fliers, advertisements, social media and other promotional methods. Attendance at prominent mental health events such as the Come Ashore Cup were well received by the public and additionally, we have followed up with sessions with some of the Young Farmer groups. The SOS app played an important role at Orkney's first Suicide Prevention event where it was the final presentation before bringing presentations to a close. Additional support has recently been provided with attendance at education inset days where the SOS app and suicide prevention

Milestone	Outcome/Measure	Status	Narrative
			was discussed with teachers who were given the opportunity to ask follow up questions. The app is undergoing further development with some feedback received and responded too. Longer term plans seek to develop the app further to be available of IOS and Android app stores to make this more accessible to the community.
The School Health Team will work with families and schools to offer LIAM (Lets Introduce Anxiety Management Programme) to eligible children.	Eligible children will be offered a place on LIAM programme. Audit and Feedback will inform development of the service and future offer.		The School Health Team have an open offer to all eligible pupils to be offered the LIAM programme. There are a number of pupils on the programme with more in the assessment process. There is a limit to the number of children that can be seen at one time due to their only being two practitioners that can deliver the programme. This is an increase in the number of referrals from previous years and will continue to be audited for appropriateness of referrals and feedback gathered from pupils attending. There is now a short waiting list for LIAM due to increased demand. Feedback so far has been positive with minimal changes required to the offer. There are ongoing conversations with both secondary schools around the offer for group sessions but the block to this so far has been getting the dynamics right to ensure that a group setting would be appropriate for those taking part.
Establish Mental Health Practitioner roles to ensure that GPs can access appropriate supports for patients at an early stage.	Mental Health Practitioners will be in place and providing support to patients.		Mental Health Practitioner roles could not proceed at this time, owing to a change in how Primary Care Improvement Plan funds are deployed, as well as a pause in the promised national funding support.
Expand the use of telehealth for remote	To increase the number of sessions using Near Me from 80% to 90%.		Telehealth/remote consultation sessions are still 80%. This is due to additional trainee staff who are providing face to face sessions in

Milestone	Outcome/Measure	Status	Narrative
consultations and therapy sessions.			Orkney as part of their development. This also allows patients the choice should they prefer a face to face appointment.

Mental Health Officer

We have five Mental Health Officers who provide a service 24/7, on top of their main jobs, and who fulfil the statutory responsibilities of the Council. These responsibilities include:

- Protecting health, safety, welfare, finances and property.
- Safeguarding of rights and freedom.
- Duties to the Court.
- Public protection in relation to mentally ill offenders.

Type of Order and Intervention (Adults)	2021/22	2022/23	2023/24	2024/25	2025/26
Mental Health Compulsory Treatment Orders.	*	*	7	8	8
Short Term Detentions	*	20	9	9	9
Emergency Detentions	16	12	11	13	13
Other MHO assessments (those not leading to Detentions, assessments to extend or vary orders and social circumstances reports)	62	62	56	66	54
Mental Health Tribunals	*	*	8	8	8

Please note that * indicates a number less than five, which cannot be published.

Orkney Blide Trust



Orkney Blide Trust is a charity that provides support for those who currently have, or who have had, experience of mental ill health. The Partnership commissions services from the Orkney Blide Trust.

They open every day (365 days) and in 2024/25, welcomed 85 new members/service users (86 in 2023/24 and 80 in 2022/23) and had 260 members (240 in 23/24 and 187 in 2022/23) at the end of March 2025. On average they welcomed around 660 members (700 in 2023/24 and 650 in 2022/23) and professionals to their premises each month.

Members were supported both informally and in one to one meetings at their premises in Kirkwall and in the community by the Housing Support Service and Befriending Projects. The Trust organised a range of active, therapeutic and purposeful activities as requested by members to support their mental health recovery.

This year, Orkney Blide Trust supported members to access opportunities for outdoor activities through the Community Health and Wellbeing Fund and was able to continue the service for Care Experienced Young People (age 16 to 25) for an additional year.

They also converted an outbuilding into a workshop for members to learn how to use tools and developed an enthusiastic and active gardening group.

“Over the past year the Blide has been focussing on outreach work and challenging stigma in order to remove some of the barriers that people in our community face to accessing mental health support and opportunities for recovery.”

“Being able to come into the Blide and talk, face-to-face, with my key worker has been a huge help to me personally. Opening up is something I have struggled with for many years, so having an environment where I can share feelings and thoughts that I would otherwise let build up and cause issues in my life has been invaluable to me.”

The Orkney Distress Brief Intervention service (DBI) continued to provide timely and compassionate support to around 50 people from our local community who were in distress and had come into contact with the Police.

You can read about The Blide [here](#).

What Will We Do During the Coming Year?

The below table shows the actions contained within the Strategic Plan Delivery Plan 2026/27.

Delivery Milestones	Outcomes/Measure	Timescale
Recruit to the All Age Nurse Led Psychiatric Liaison Team.	The All Age Nurse Led Psychiatric Liaison Team is established and operational.	30 September 2026.
Improve the process for Adults with ADHD.	Develop an Adult ADHD Pathway.	End of March 2027.
We will develop a sustainable Adult Psychiatry Model.	The referral criteria for Adult Psychiatry will be updated.	31 March 2027.
Improve services for individuals with enduring mental health.	Implement the actions from the Mental Welfare Commission Local Visit Action Plan.	31 October 2026.
We will develop and improve on admission and discharge pathways for older adults, ensuring safe transition from Royal Cornhill Hospital to the community in Orkney.	An Admissions and Discharge Pathway will be established.	31 October 2026.

Financial Performance and Best Value

The IJB agrees a budget and commissions a range of services within the functions delegated to it. IJB financial governance includes:

- Approval of high level strategies and plans.
- Quarterly financial monitoring reports.
- Publication of the annual Statement of Accounts.

In 2025/26 the IJB controlled the direction of £78,826,000 of financial resource to support the delivery of its strategic objectives. The table, below, shows the contributions from each organisation:

NHS Orkney	NHS Orkney Set Aside	Orkney Islands Council	Total Orkney IJB
£36,225,000	£11,187,000	£31,414,000	£78,826,000

The IJB was responsible for £78,826,000 in 2025/26.

The Scottish Government requires Public Authorities to assess whether Best Value has been achieved in terms of the planning and delivery of services. You can read more about Scottish Government's definition of Best Value here. This should include, where applicable, identification of whether there were opportunities for further efficiencies. Best Value

ensures that we have services in place that are efficient, economic, are sustainable, and that deliver improved outcomes for Orkney.

Revenue Expenditure Monitoring Reports were presented at IJB meetings throughout the year. The purpose of the reports is to set out the current, and projected, financial year end positions. In March 2026, the IJB's Performance and Audit Committee recommended that the IJB approve the Committee's remit to also provide additional scrutiny on financial matters.

This section of the report will be updated once the final accounts for 2025/26 are approved and audited.

Audit and Performance Reports

Health and social care services delivered by statutory providers, such as NHS Orkney and Orkney Islands Council, as well as third sector providers, are monitored and inspected in a range of ways. This is to give assurance about the quality of care. You can read more about what a statutory provider is [here](#). The Orkney IJB is required to report details of inspections carried out relating to the services for which they are responsible.

It is the job of the Care Inspectorate to look at the quality of care in Scotland, making sure it meets high standards, whilst Healthcare Improvement Scotland provides assurance to the public about the quality and safety of healthcare, through the scrutiny of NHS Hospitals and services.

Performance and Audit Committees

The Performance and Audit Committee (PAC) met on the following dates over 2025/26 and discussed the subjects, below, that relate to this report. You can read each report by clicking on the links below:

18 June 2025

[External Audit Actions Progress Update.](#)

[Internal Audit - Annual Report and Opinion.](#)

[Internal Audit - Financial Planning, Monitoring and Reporting Internal Audit.](#)

[Strategic Priorities Progress Report.](#)

[Registered Services within Orkney Health and Care - Inspection Assurance Report.](#)

25 September 2025

[External Audit Annual Audit.](#)

[Strategic Priorities Progress Report.](#)

3 December 2025

[External Audit Actions Progress Update.](#)

[Internal Audit Actions Progress Update.](#)

[Registered Services within Orkney Health and Care - Inspection Assurance Report.](#)

[Strategic Plan Priorities Progress Report.](#)

18 March 2026

[Internal Audit - Strategic Planning and Links with Localities.](#)

[Registered Services within Orkney Health and Care - Inspection Assurance Report.](#)

[Strategic Plan Priorities Progress Report.](#)

Joint Clinical and Care Governance Committee

The Joint Clinical and Care Governance Committee (JCCGC) met on the following dates over 2025/26 and discussed the subjects, below, that relate to this report. Information on these can be found in the JCCGC minutes presented to the IJB.

2 April 2025

- Corporate Risks Aligned to JCCGC.
- Integrated Performance Report.
- Primary Care – Dental Services Update.
- Children's Health Assurance Report.
- Mental Health Assurance Report.

Orkney Health and Social Care Partnership.

3 July 2025

- Corporate Risks Aligned to JCCGC.
- Integrated Performance Report.
- Primary Care Improvement Plan Annual Update.
- Joint Inspection of Adult Support and Protection.

1 October 2025

- Corporate Risks Aligned to JCCGC.
- Integrated Performance Report.
- Public Health Annual Report 2024/25.
- Annual Social Work and Social Care Services' Experience Report.
- Children's Health Assurance Report.
- Mental Health Assurance Report.
- Primary Care Services Update.
- Primary Care – Dental Services Update.

4 February 2026

- Corporate Risks Aligned to JCCGC.
- Integrated Performance Report.
- His Majesty's Inspectorate of Constabulary in Scotland – Draft Custody Inspection Report – Orkney.
- Chief Social Work Officer Annual Report 2024/25.

Local Government Benchmarking Framework



The Local Government Benchmarking Framework (LGBF) brings together a wide range of information about how all Scottish Councils perform in delivering services to local communities. It breaks down the information into four family groups of eight, depending on which performance figures, or metrics, are being looked at.

Below, we will set out a number of indicators in two of the categories of indicators collated and reported on by the Improvement Service in the LGBF: Adult Social Care Services and Vulnerable Children.

Both of these categories fall in the People Services group of metrics, which is grouped by affluence, or deprivation, of each area, as shown in the table below:

People Services	Children, Social Work and Housing Indications			
	Family Group 1	Family Group 2	Family Group 3	Family Group 4
	East Renfrewshire.	Moray.	Falkirk.	Eilean Siar.
	East Dunbartonshire.	Stirling.	Dumfries and Galloway.	Dundee City.
	Aberdeenshire.	East Lothian.	Fife.	East Ayrshire.
	City of Edinburgh.	Angus.	South Ayrshire.	North Ayrshire
	Perth and Kinross.	Scottish Borders.	West Lothian.	North Lanarkshire.
	Aberdeen City.	Highland.	South Lanarkshire.	Inverclyde.
	Shetland Islands.	Argyll and Bute.	Renfrewshire.	West Dunbartonshire.
	Orkney Islands.	Midlothian.	Clackmannanshire.	Glasgow City.

The least deprived areas are shown on the left, in Family Group 1, and the most deprived Partnerships are shown on the right, in Family Group 4.

Orkney Health and Social Care Partnership.

Tables, below, with an upward arrow  indicates improvement in ranking, an arrow pointing side to side  indicates no movement, while a downward arrow  indicates deterioration in ranking.

Adult Social Care Services

Seven out of 11 Adult Social Care indicators were updated with new data in the most recently available set of data, dated 31 March 2026.

Of these, two indicators showed a drop in national ranking, two ranking positions stayed the same, and three measures showed an improvement in ranking.

The table on the next page shows Orkney's performance in the 11 Adult Social Care Services metrics, compared with the other areas, and compares the ranking with the previous year. Position 1 of 32 would be considered a top performer with 32 of 32 as the worst.

Since publication of the 2024/25 report, PHS has adjusted the benchmarking data, to bring figures into line with other Scottish Government reports, which means that the national ranking for some indicators has changed, and as a result, Orkney's position in some measures for the previously reported period has changed. This is reflected in the table with an asterisk after the Previous Rank indicating a number that has been updated by the Improvement Service.

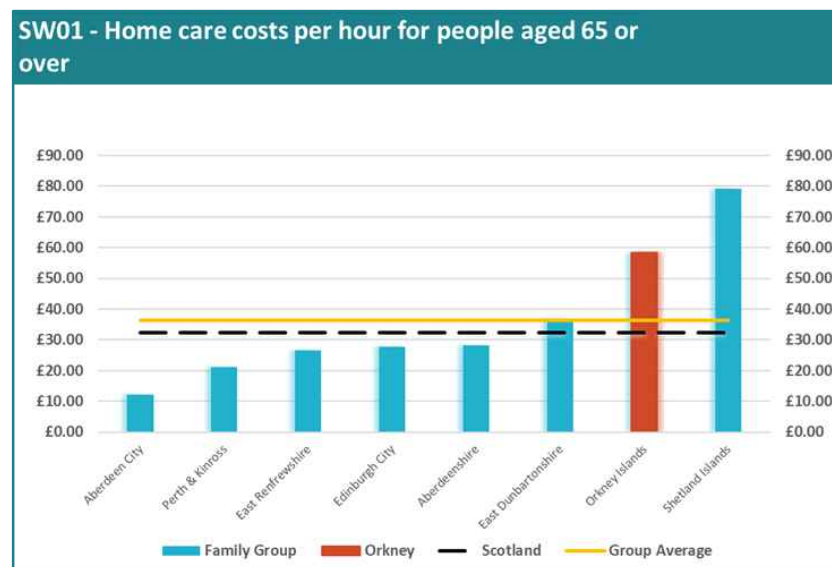
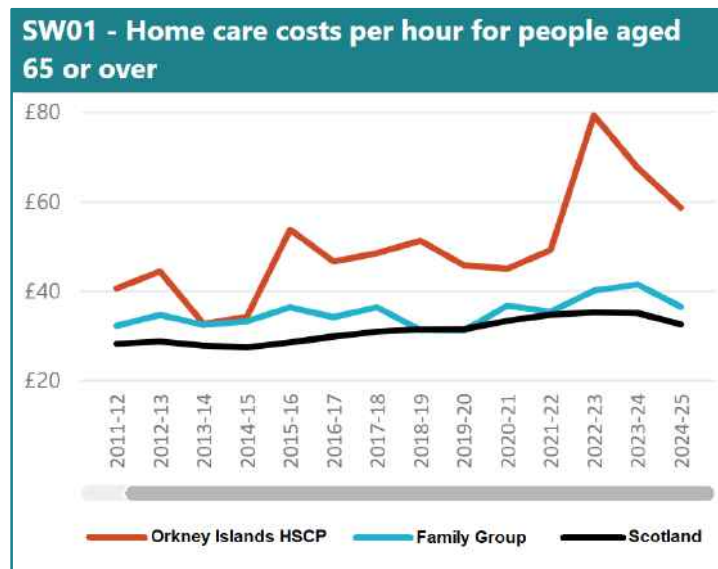
There is also a note on each of the indicators to show whether previously reported years' data have been updated and any impact this has had on the rankings.

Number	Measure	Direction of travel	Previous Rank	Most Recent	
				Rank	Year
SW01	Home care costs per hour for people aged 65 or over	↔	30	30	2024/25
SW02	Self Directed Support (direct payments (DP) and managed personalised budgets (MPD)) spend on adults 18+ as a percentage of total social work spend on adults 18+	↘	17	23	2024/25
SW03a	The percentage of people aged 65 and over with long term care needs who are receiving personal care at home	↗	27 *)	24	2024/25
SW04b	Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	↘	2	6	2025/26
SW04c	Percentage of adults supported at home who agree that they are supported to live as independently as possible	↗	8	2	2025/26
SW04d	Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	↗	4	2	2025/26
SW04e	Percentage of carers who feel supported to continue in their caring role	↘	10	16	2025/26
SW05	Residential cost per week per resident for people aged 65 or over	↗	31	30	2024/25
SW06	Rate of readmission to hospital within 28 days per 1,000 discharges	↘	1	2	2024/25
SW07	Proportion of care services graded 'good' or better in Care Inspectorate inspections	↘	2	31	2025/26
SW08	Number of days people spend in hospital when they are ready to be discharged per 1,000 population (75+)	↔	21 *)	21	2024/25

*) Ranks changed since publication of the Annual Performance Report 2024/25 due to adjustment of historical data.

SW01 – Home care costs per hour for people aged 65 and over

These figures reflect the cost to run the service and are not charges that individuals pay. PHS has adjusted previous years' cost for an hour's home care to be in line with other Government reporting. While the cost has changed, this has not resulted in a change to Orkney's national or group ranking. The hourly rate we reported last year increased by 3.7% from £64.99 to £67.39.



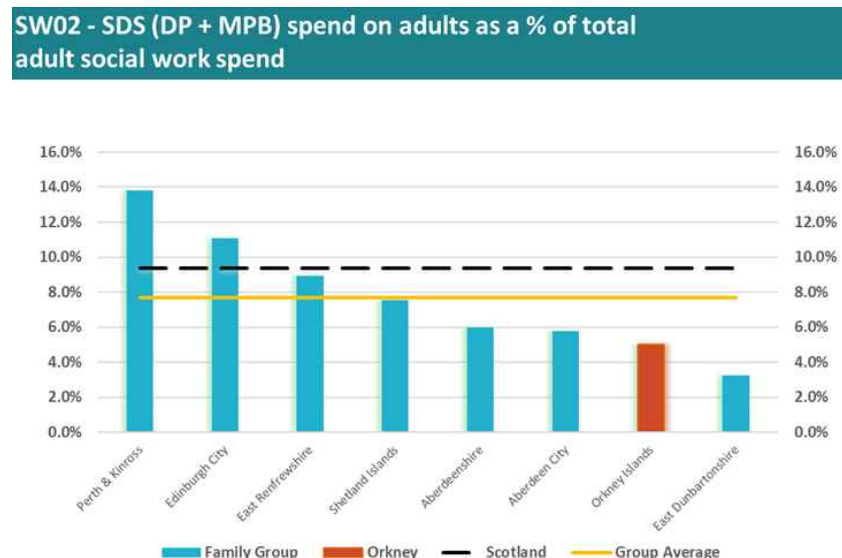
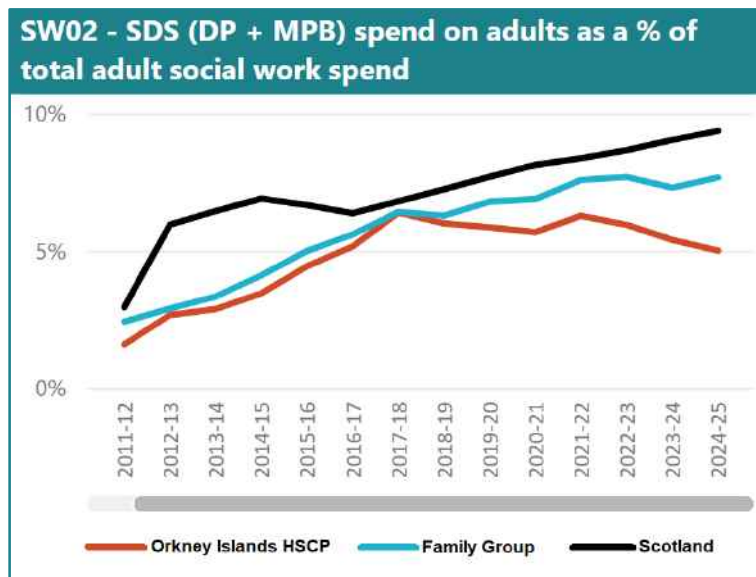
The reduction in cost shown in last year's report has continued, meaning the cost has reduced from £67.39 (after adjustment) for 2023/24 to £58.43 for 2024/25, a reduction of 13% on the previous period.

Orkney remained in 30th out of 32, with only Shetland and Eilean Siar being more expensive, at £79.11 and £100.46 respectively.

The ranking in the family group has remained at seven out of eight, with an hour's home care costing around 81% more than the national average of £32.37, and 61% more than the group average of £36.29. The gap from Orkney's cost to the national and family group averages has become smaller compared to last year's report, when the gaps were 93% and 63% respectively.

SW02 – Self Directed Support spend on adults aged 18+ as a percentage of total social work spend on adults aged 18+

This indicator has not changed since last year's report. SDS refers to Self Directed Support, DP is Direct Payments and MPB is Managed Personal Budgets.



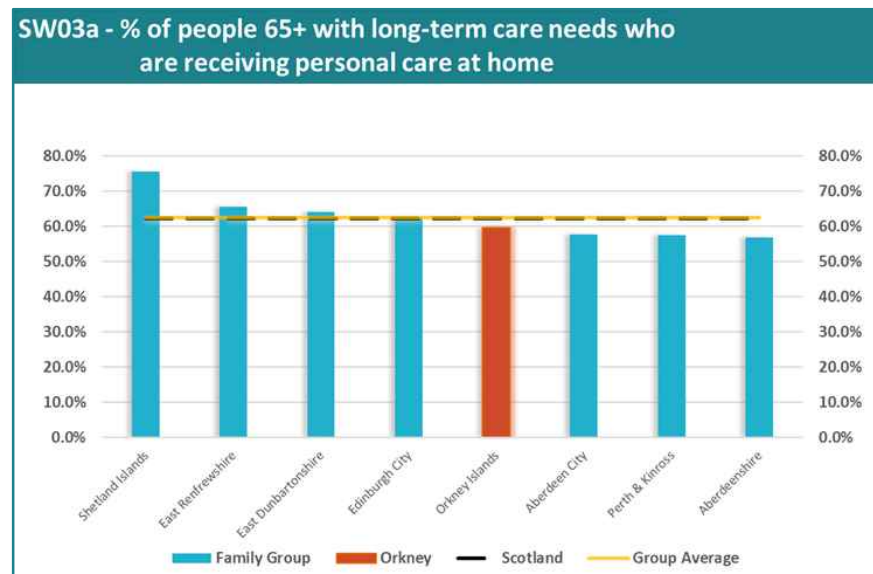
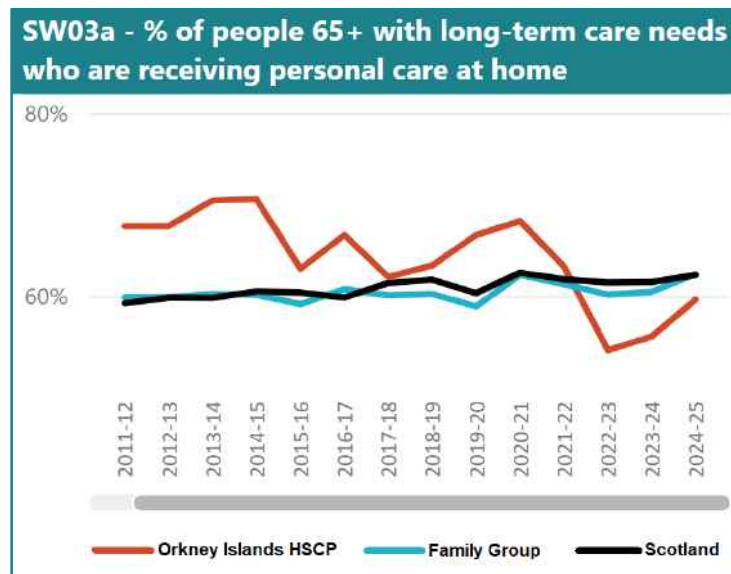
Nationally, Orkney went from the national position of 16th to 23rd, with Self Directed Support representing 5.0% of total social work spending during 2024/25, continuing the reduction from 6.3% in 2021/22.

By comparison, the national average for 2024/25 has continued to increase and stands at 9.4%, up from 9%. The family group average has increased slightly from 7.3% in 2023/24 to 7.7% for this reporting period.

In the family group, Orkney was ranked fifth out of eight in 2023/24 but has now dropped to seventh out of eight, with only East Dunbartonshire spending a smaller proportion at 3.3%. Perth and Kinross spent the largest amount at 13.8%.

SW03a – Percentage of people aged 65 and over with long term care needs receiving personal care at home

The data was adjusted between last year's report being published and this year's data becoming available, meaning the graphs have changed from what was shown in last year's report. Orkney's national ranking for 2023/24 was adjusted down from 26th to 27th, although its group ranking has stayed the same.

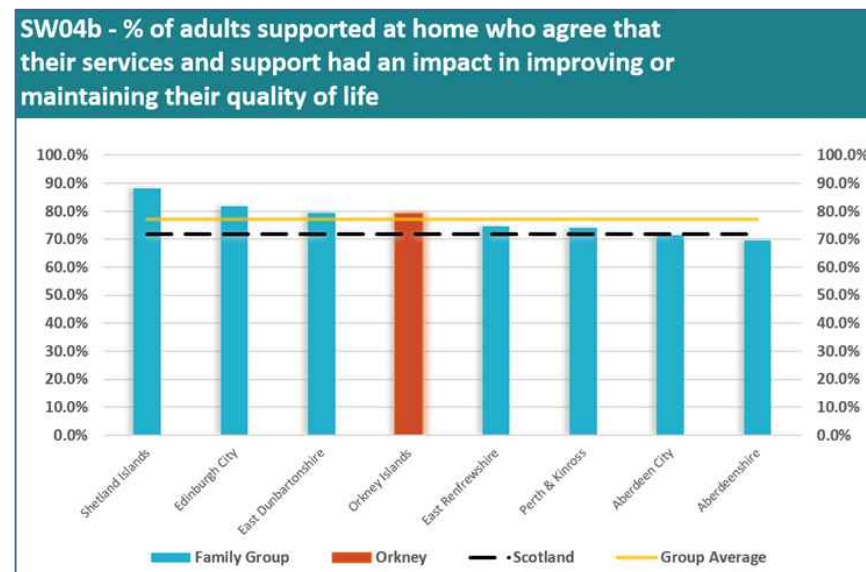
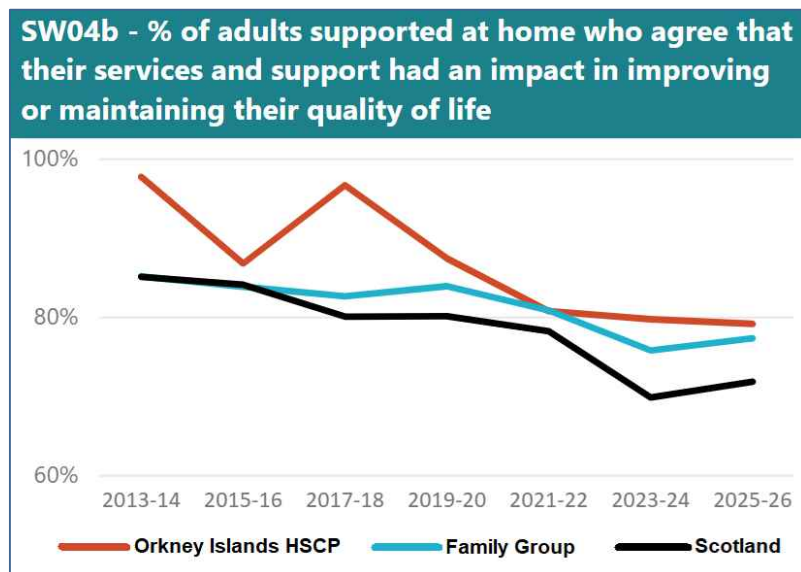


The percentage has continued to increase from 55.6% (adjusted) to 59.6%, an increase of 4% on the previous (adjusted) period. This sees Orkney's place in the national rankings from 27th (adjusted) to 24th for 2024/25.

In the family group, Orkney moved up from seventh to fifth out of eight, with 59.6% of people with a long term care need receiving personal care at home; this is just below the national and group averages of 62.3% and 62.4% respectively. In Shetland, 75.6% of people aged 65 and over who have long term care needs, receive personal care at home, the highest in the family group, while in Aberdeenshire, who are ranked eighth in the family group, 56.8% of people with long term care needs receive personal care at home.

SW04b – Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life

This indicator was updated with the results for the year 2025/26. Previous years' figures were not adjusted.

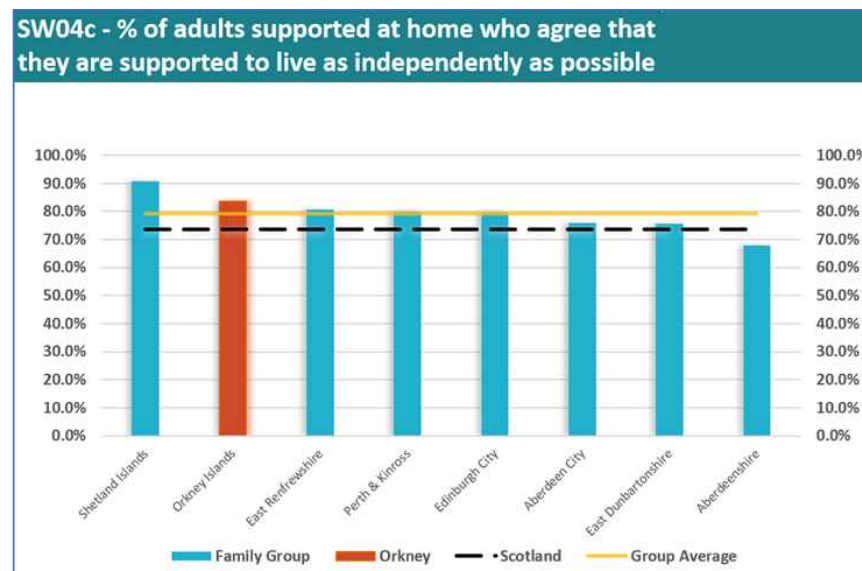
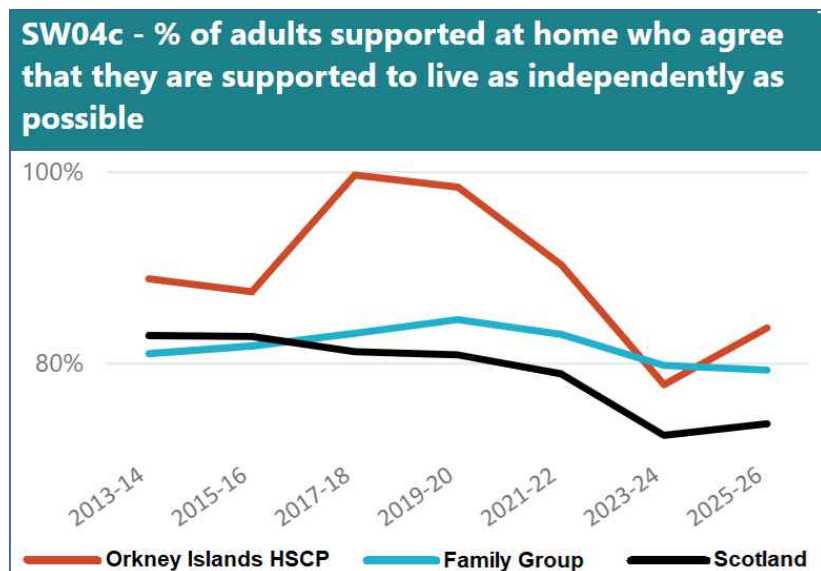


Orkney's performance continued to reduce slightly compared to the previous period for which data are available, from 79.6% to 79.1%. Orkney dropped from second to sixth out of 31 in the national rankings.

In the family group, Orkney went from second to fourth out of eight, with Shetland ranking first, both in the family and national group rankings, with 88.1%. Aberdeenshire ranked last in the group, with 69.7%, while Midlothian ranked 32nd in the national rankings, with 55% of supported adults agreeing that their services and support had an impact in improving or maintaining their quality of life.

SW04c – Percentage of adults supported at home who agree that they are supported to live as independently as possible

This indicator was updated with the results for the year 2025/26. Previous years' figures were not adjusted.

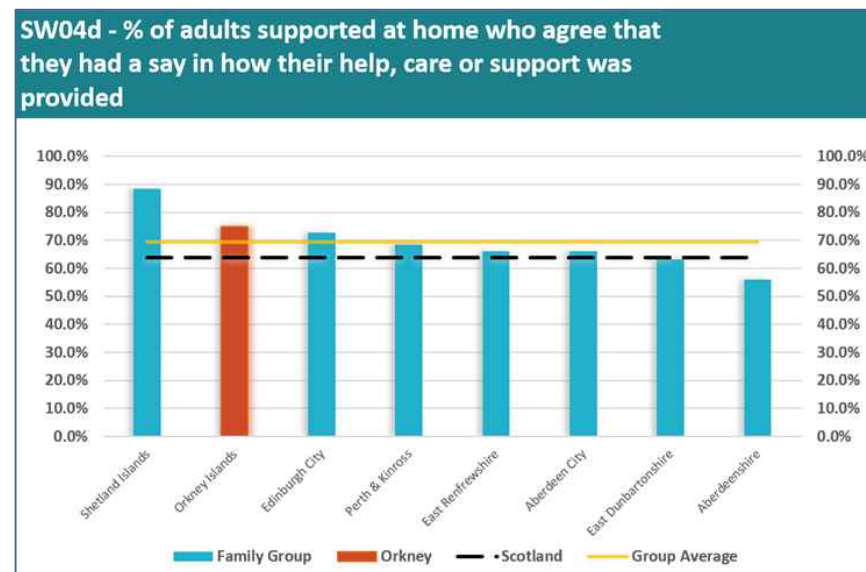
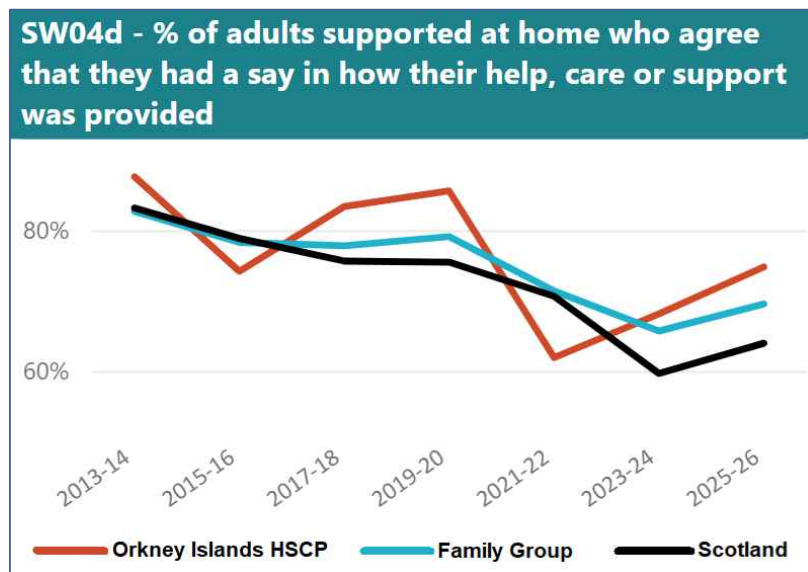


Orkney's percentage of adults who agree they are supported to live as independently as possible has increased by 5.9% compared to the previous period, to 83.6%, returning Orkney's performance above the group average of 79.2%. It is also above the national average, which has increased slightly, to 73.6% compared to the previously reported period.

After the drop in rankings for 2023/24, Orkney's position in the national rankings has improved from eighth position to second out of 32 for 2025/26, behind Shetland at 90.7%; Orkney's ranking in the family group for 2025/26 has improved from fifth to second out of eight.

SW04d – Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided

This indicator was updated with the results for the year 2025/26. Previous years' figures were not adjusted.

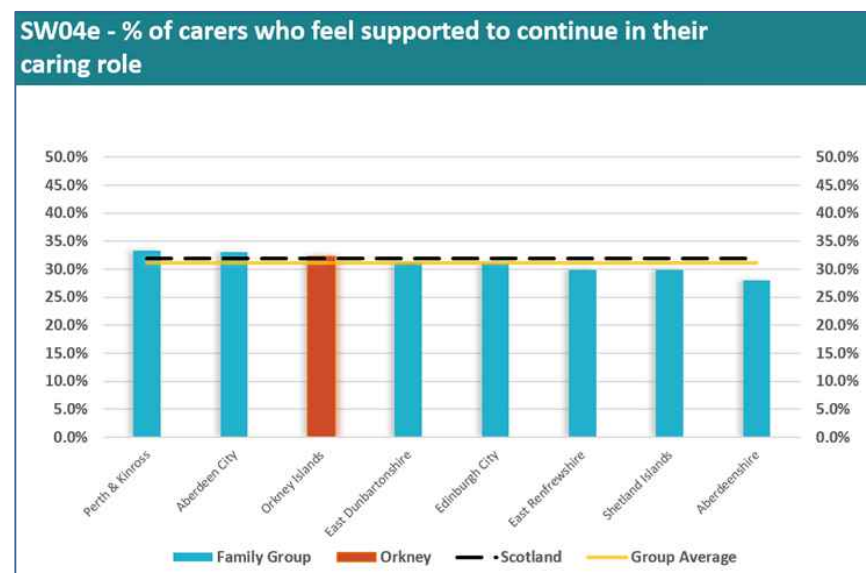
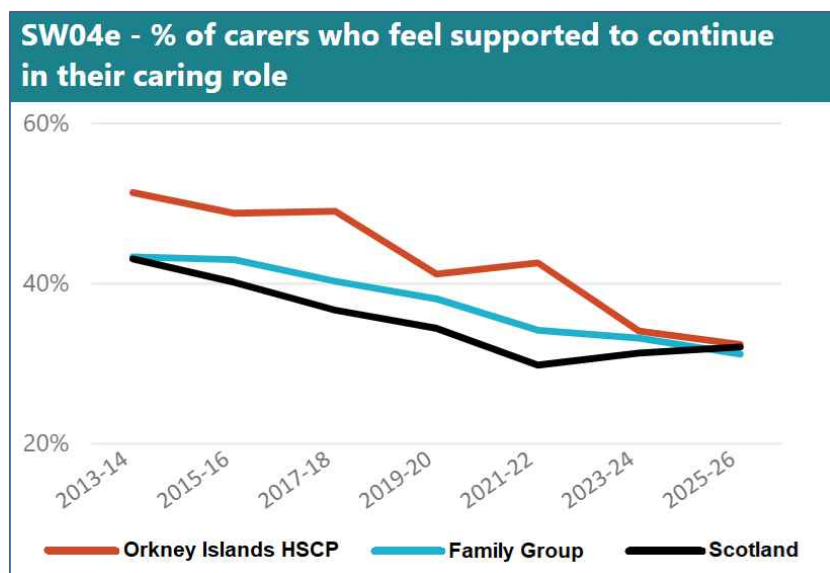


The percentage of adults who agree that they had a say in how their help was provided has generally followed the national and group averages, although Orkney's percentage has swung around these averages, and has been on a downward trajectory, with 2021/22 having the lowest figure, at 61.9%. For 2023/24, the percentage increased to 68.1% and this upward trend has continued for 2025/26, with the figures increasing further to 74.8%.

Orkney has moved from fourth out of 32 areas nationally to second and maintained its second place in the family group; Shetland tops both the national and family group rankings, with 88.4% of supported adults agreeing they had a say in how their support was provided.

SW04e – Percentage of carers who feel supported to continue in their caring role

This indicator was updated with the results for the year 2025/26. Previous years' figures were not adjusted.

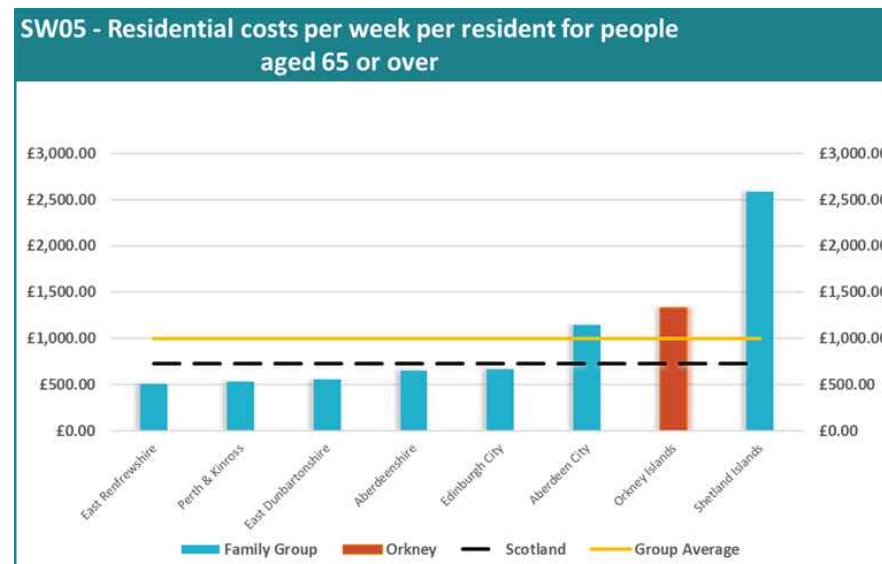
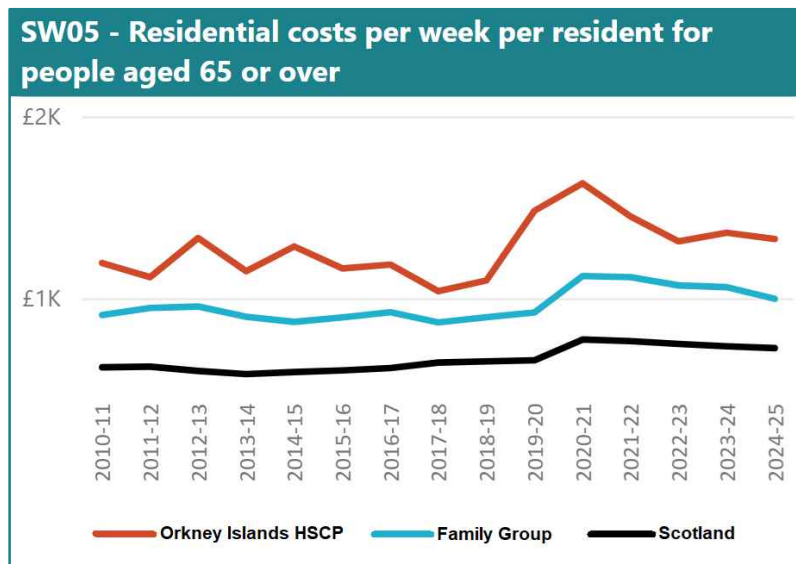


Orkney's percentage of carers who feel supported to continue in their caring role has continued to reduce since the previous reporting period, from 34% in 2023/24 to 32.3% for 2025/26.

In the family group, Orkney's rank stayed the same as the previous period, at third out of eight areas, behind Perth and Kinross and Aberdeen City, while nationally, Orkney's ranking has continued to drop for 2025/26, from tenth to 16th out of 32.

SW05 – Residential costs per week per resident for people aged 65 or over

Since publication of last year's report, the figures for this indicator have been adjusted for inflation, meaning that the cost of a week's residential care in 2023/24 is now shown as costing £1,359.05 instead of the previously reported £1,310.58. This adjustment has not had an effect on previously reported rankings.



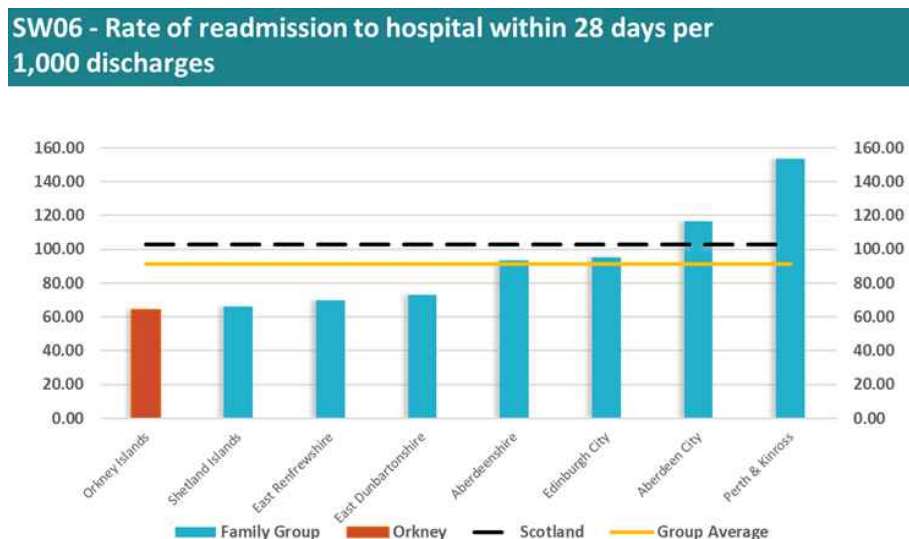
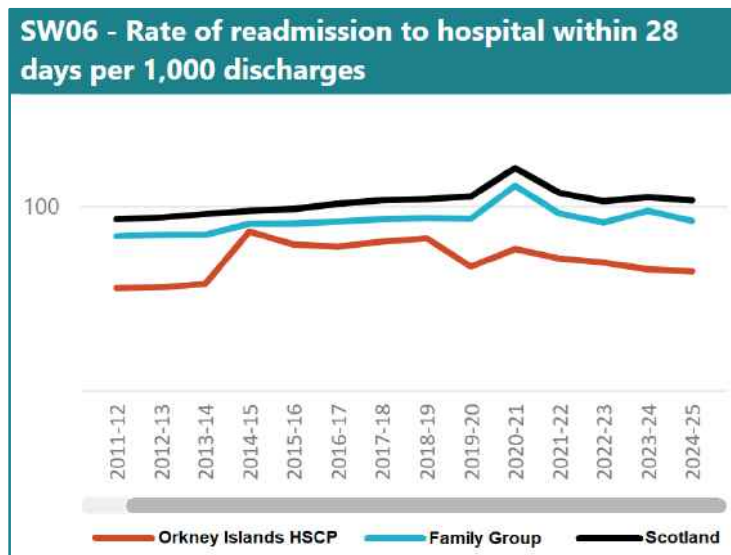
A week's residential care in Orkney during 2024/25 cost approximately £1,325, which is a reduction of just below £34 compared with last year's adjusted price for a week's stay in a residential care home, a reduction of 2.5%.

Orkney has moved up by one place in the national rankings, from 31st to 30th out of 32.

The placing in the family group has not changed, as Orkney remains the second most expensive in the family group for a week's residential stay, with only Shetland being more expensive, at £2,588 per week, compared with a national average of £725, and a group average of £996 per week. East Renfrewshire is the least expensive for a week's residential stay at £505.

SW06 – Rate of readmission to hospital within 28 days per 1,000 discharges

PHS has adjusted historic information for this indicator, meaning that Orkney's readmission rate for 2023/24 increased slightly, from 64.87 readmissions per 1,000 discharges to 65.3. Despite this adjustment, Orkney's rankings for last year's report have not changed.

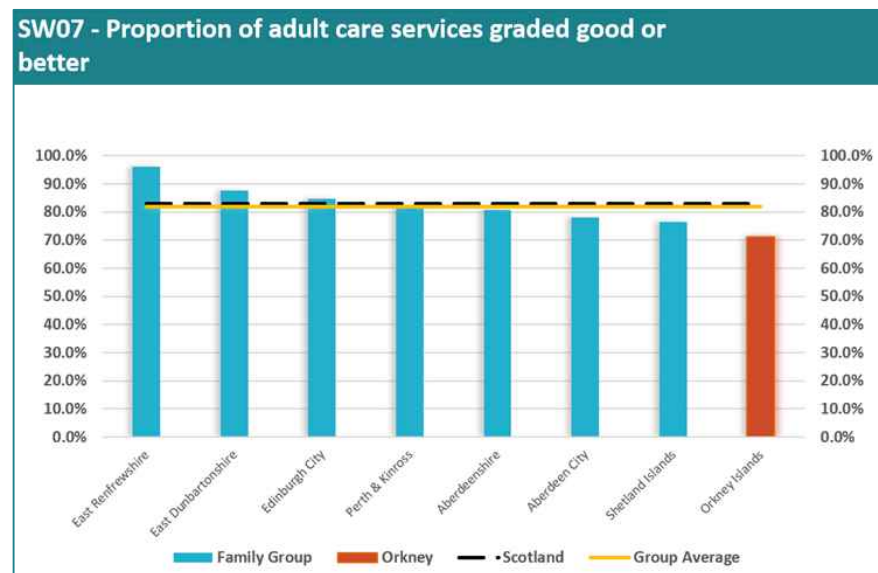
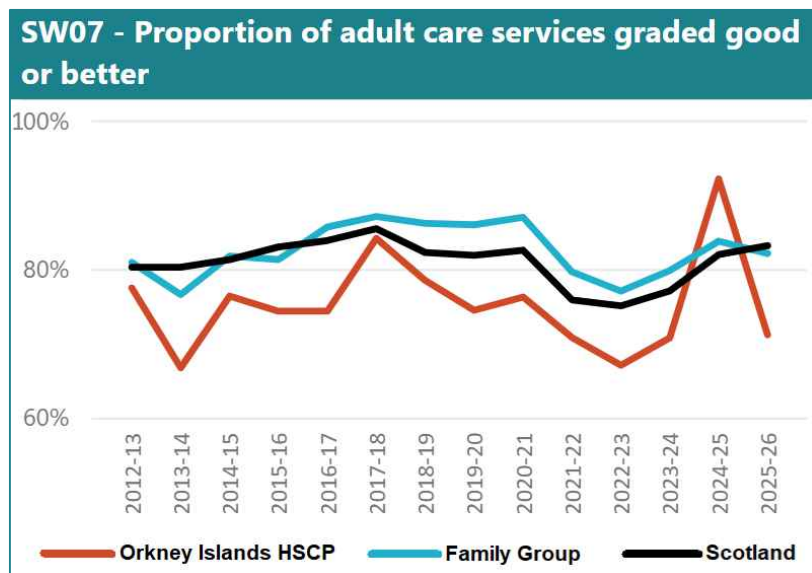


Orkney's rate remained below the national and family group averages and has shown a slight reduction compared to last year figure, going from 65.3 readmissions (adjusted) per 1,000 discharges to 64.2 per 1,000. This is a reduction of approximately 1.6%, and well below the national average of 102.8 readmissions and the group average of 91.52 readmissions.

Despite the small improvement in the readmission rate, Orkney dropped to second out of 32 in the national rankings, being overtaken by Moray. Orkney's family group ranking has stayed the same, with the lowest number of readmissions out of eight. Perth and Kinross had the highest readmission rate at 153.46 readmissions.

SW07 – Proportion of adult care services graded good or better

No adjustments were made to this indicator between the 2024/25 report and this year's report.



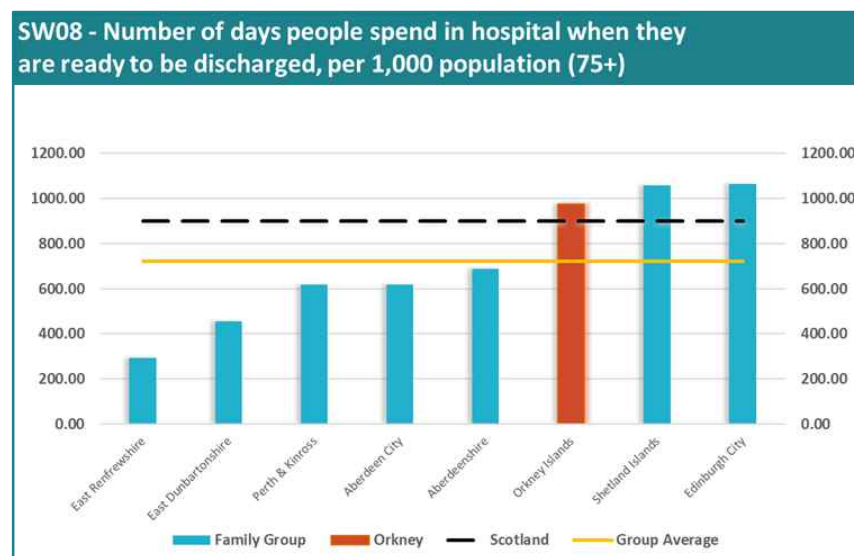
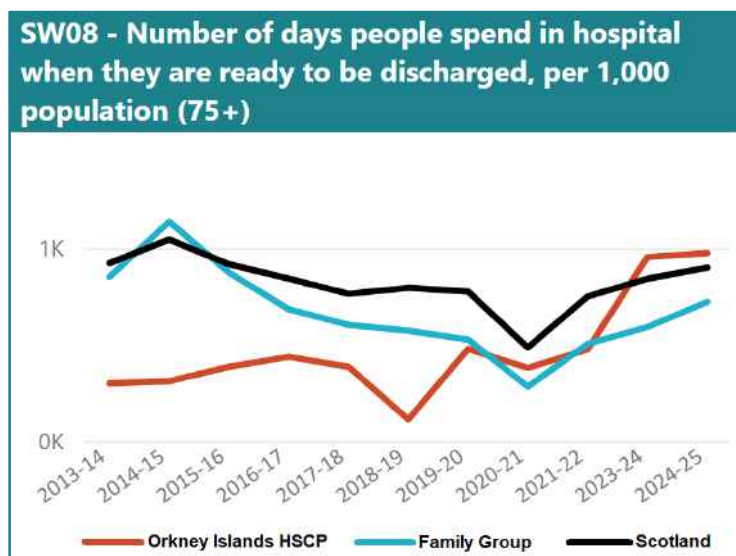
After last year's increase in the proportion of adult care services being graded good or better for Orkney, there was a sharp drop, from 92.1% to 71.1%. This has resulted in Orkney moving from second in the national ranking to 31st, with only Angus being ranked lower with 68%.

In the family group, Orkney's position went from second out of eight areas to eighth. East Renfrewshire comes in in first position, in both the family group and national rankings, with 96.2% of adult care services being rated good or better.

SW08 – Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)

The Information Service has adjusted previously reported figures, meaning that Orkney's national ranking for 2023/24 has been adjusted from 22nd to 21st out of 32. The family group ranking was adjusted from seventh to sixth out of eight.

Due to the adjustments, some areas figures have been removed from the data table. Orkney is one of these, with the number for 2022/23 not appearing in the data or the “over time” graph below.



Orkney's number of days people spend in hospital when they are ready to be discharged has increase from the previous period, from 953 days (adjusted) to 973 days, a 2% increase on the last year.

Orkney's ranking has not changed, staying in 21st place in the national table after adjustment.

In the family group, Orkney's ranking for 2024/25 has remained the same as the adjusted ranking for last year, staying in sixth place in the table. East Renfrewshire has the lowest number of days spent in hospital when ready for discharge, at 295, while Edinburgh City is the highest at 1,065 days.

Vulnerable Children

The Vulnerable Children indicators are reported here for the first time, so information on adjusted metrics for previous years is not available at this point but will be added in next year.

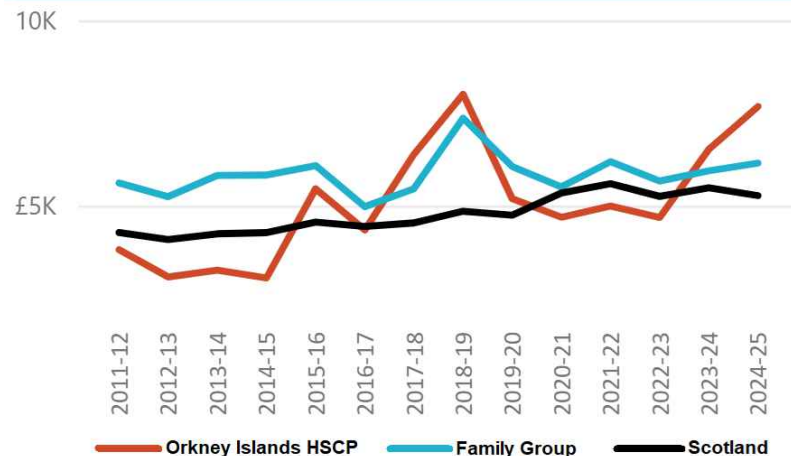
The table on the next page shows Orkney's performance in the five Vulnerable Children metrics, compared nationally and with the family group, and compares the ranking with the previous year. Position 1 of 32 would be considered top performer with 32 of 32 as the worst.

Based on the data available at this point, two indicators showed a drop in ranking, two remained the same as the previously reported period, and one showed an improvement in ranking.

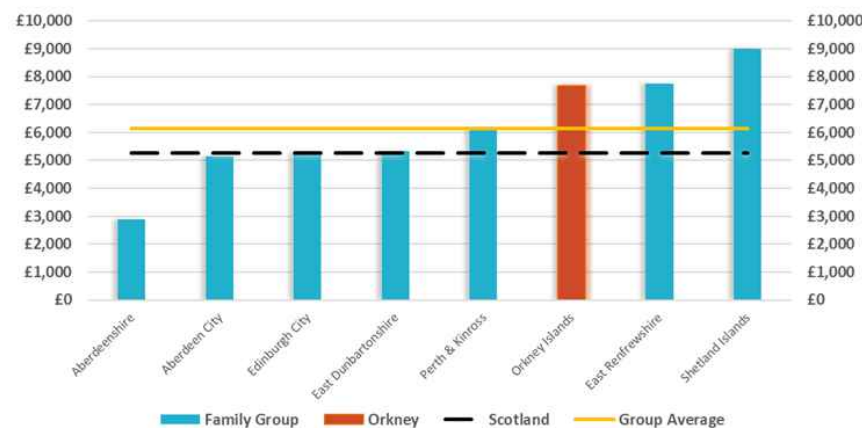
Number	Measure	Direction of travel	Previous Rank	Most Recent	
				Rank	Year
CHN08a	Gross Cost of "Children Looked After" in residential-based services per child per week		23	29	2024/25
CHN08b	Gross Cost of "Children Looked After" in a community setting per child per week		32	21	2024/25
CHN09	Proportion of children being looked after in the community		32	32	2023/24
CHN22	Proportion of Child Protection re-registrations within 18 months		1	1	2024/25
CHN23	Proportion of Looked After Children with more than 1 placement in the last year		12	31	2024/25

CHN08a - Gross Cost of "Children Looked After" in residential-based services per child per week

CHN08a - Gross Costs of 'Children Looked After' in residential-based services per child per week



CHN08a - Gross Cost of "Children Looked After" in residential-based services per child per week

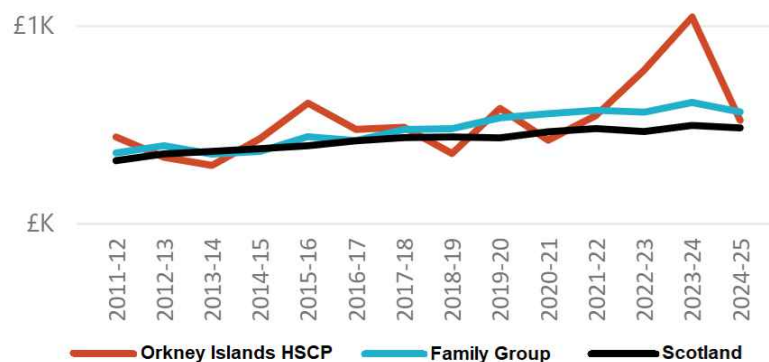


The gross cost of a week's residential services for a Looked After Child for Orkney has increased from £6,518.56 to £7,670.33 between 2023/24 and 2024/25, an increase of £1,151.77 or around 25%. In the national rankings, Orkney moved from 23rd to 29th out of 32. Shetland was the most expensive, with £9,004.81, while Aberdeenshire was the least expensive, at £2,880.97.

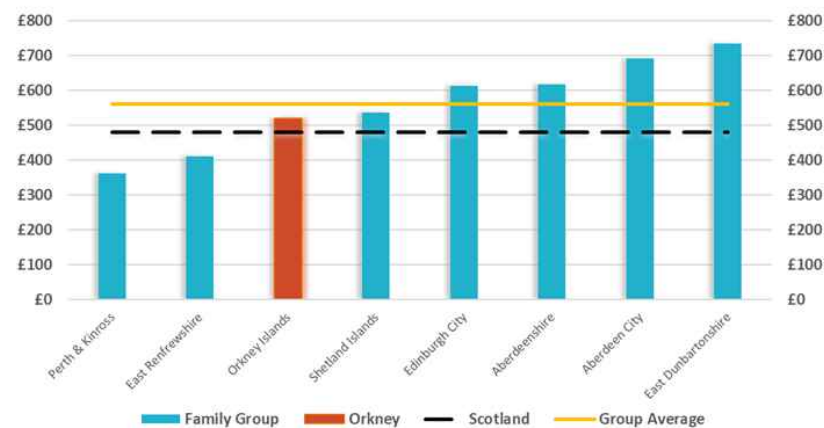
In the family group, Orkney moved from fifth to sixth out of eight for 2024/25, one place down compared to the previous period. The most expensive is Shetland, as in the national table. The least expensive in the family group is Aberdeenshire, at £2,880.97.

CHN08b - Gross Cost of "Children Looked After" in a community setting per child per week

CHN08b - Gross Cost of "Children Looked After" in a community setting per child per Week



CHN08b - Gross Cost of "Children Looked After" in a community setting per child per week

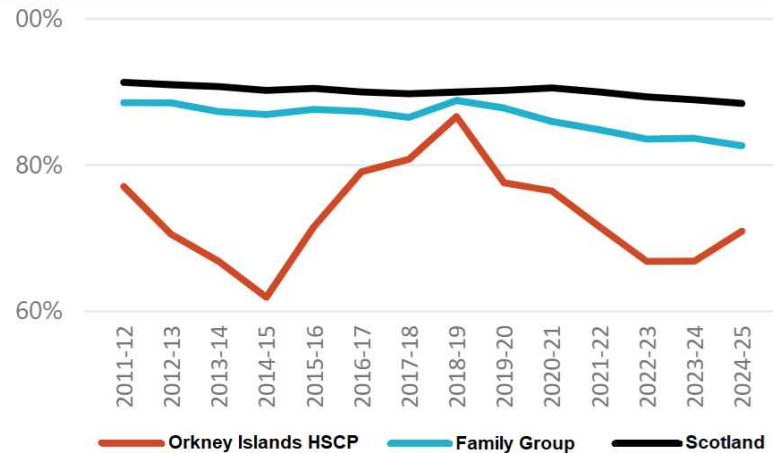


Compared with the previous period of 2023/24, the gross cost of children looked after in a community setting in Orkney has reduced from £1,040.73 to £518.1 per child per week. This is slightly less than half of the previous period's figure meaning that Orkney climbed from 32nd to 21st out of 32 nationally, and from eighth to third in the family group.

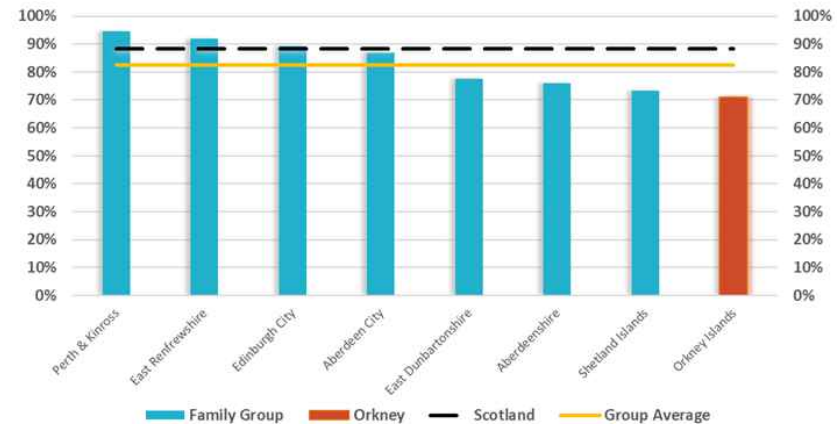
Stirling is the least expensive in Scotland for a week's care in a community setting for looked after children, at £196.15; while the most expensive nationally is East Dunbartonshire, at 733.87, which also makes them the most expensive Partnership in the family group. The least expensive in the family group is Perth and Kinross at £361.55.

CHN09 - Proportion of children being looked after in the community

CHN09 - Proportion of children being looked after in the community



CHN09 - Proportion of children being looked after in the community

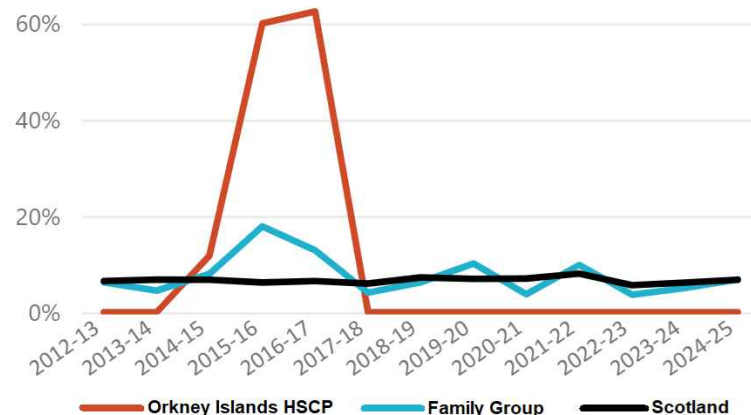


The proportion of children being looked after in the community in Orkney during 2024/25 was 70.8%, an increase of 4.1% on the previous period. This sees Orkney remaining in 32nd of 32 in the national ranking for this measure compared with the previous reporting period of 2023/24.

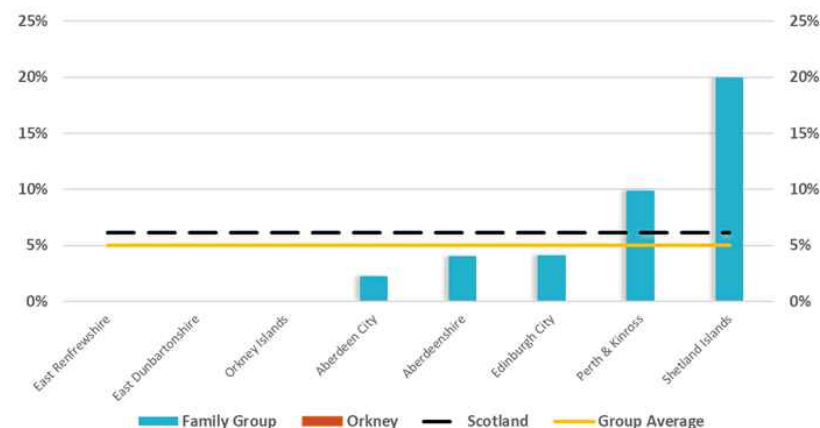
North Lanarkshire tops the national rankings, with 96% of children being looked after in a community setting. In the family group, Orkney also finds itself in the last position, while Perth and Kinross has the highest proportion of children is looked after in the community at 94.5% in the family group.

CHN22 - Proportion of Child Protection re-registrations within 18 months

CHN22 - Proportion of Child Protection re-registrations within 18 months



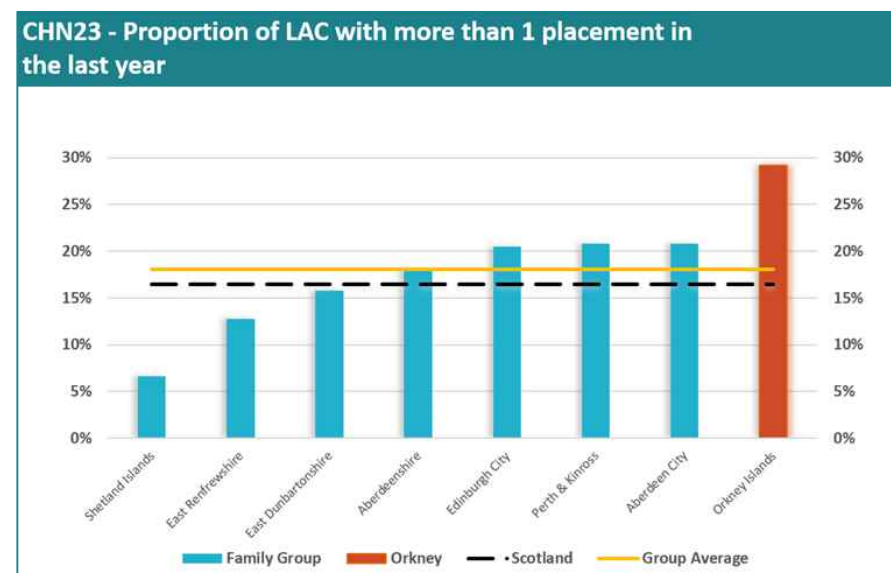
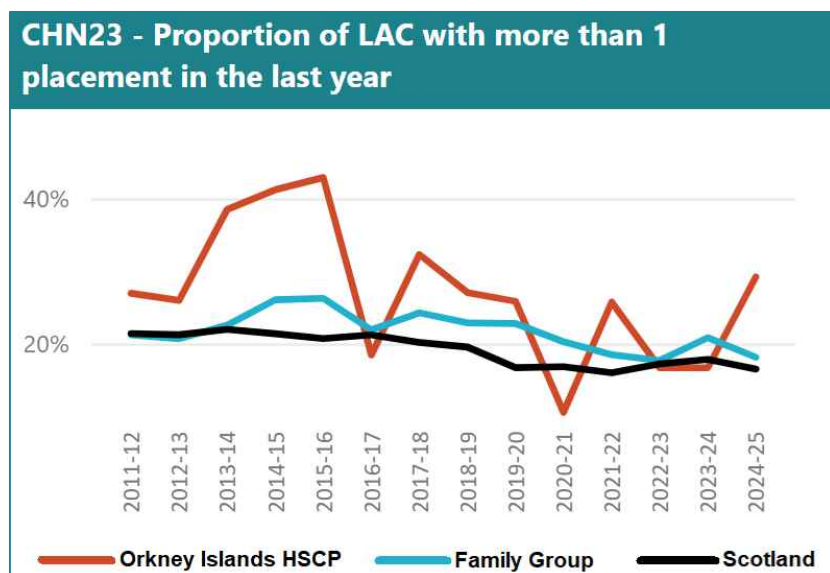
CHN22 - Proportion of Child Protection re-registrations within 18 months



The proportion of Child Protection re-registrations within 18 months for Orkney has been steady at zero for most of the reporting periods under review except for three years. Between 2014/15 and 2016/17, when there was a spell of re-registrations of up to 62.5% for 2016/17, Orkney dropped to 32nd out of 32 for the national, and eighth out of eight in the family group rankings.

Since then, there have been no further Child Protection re-registrations within 18 months, and Orkney has been at the top of the national and group rankings, though that spot is shared with four others nationally, and with East Renfrewshire and East Dunbartonshire in the family group.

CHN23 - Proportion of Looked After Children with more than 1 placement in the last year



The proportion of Looked After Children with more than once placement in the last year for 2024/25 for Orkney increased from 16.7% in 2023/24, to 29.2% for 2024/25, an increase of 12.5%. This sees Orkney drop from 12th out of 32 areas to 31st in the national ranking, with only Eilean Siar having a higher percentage of Looked After Children having more than one placement in the last year at 30.6%.

Shetland was the area with the smallest proportion, with 6.7%, and is ranked first in both the national and family group rankings.

In the family group, Orkney went from first to eighth out of eight.

Health and Wellbeing Indicators

Nine National Health and Wellbeing Outcomes have been set by the Scottish Government and each IJB uses these outcomes to set their local priorities.

Underpinning the National Health and Wellbeing Outcomes sits a core suite of integration indicators, which all HSCPs report their performance against. These National Indicators (NI) have been developed from national data sources to ensure consistency in measurement.

There are 23 indicators but four of them (indicators 10, 21, 22 and 23) are waiting to be finalised for reporting. Indicators 1 to 9 are based on the Scottish Health and Care Experience Survey (HACE) commissioned by the Scottish Government during 2025/26. The survey is carried out every two years, and figures for these indicators were published on the PHS website on 7 July 2026.

The primary source of data for indicators 12 through to 16 are Scottish Morbidity Records which are nationally collected discharge-based hospital records. Following recommendations made by PHS and communicated to all HSCPs, the most recent reporting period available is calendar year 2025; this ensures that these indicators are based on the most complete and robust data currently available.

National indicators 1 – 9

These are reported for the period 2025/26.

Indicator	Title	Orkney	Scotland	Isles	East	West
NI – 1	Percentage of adults able to look after their health very well or quite well.	92.6%	90.6%	n/a	n/a	n/a
NI – 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible.	83.6%	73.6%	n/a	n/a	n/a
NI – 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided.	74.8%	63.9%	n/a	n/a	n/a

Indicator	Title	Orkney	Scotland	Isles	East	West
NI – 4.	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated.	50.0%	65.0%	n/a	n/a	n/a
NI – 5	Percentage of adults receiving any care or support who rate it as excellent or good.	77.1%	72.1%	n/a	n/a	n/a
NI – 6	Percentage of people with positive experience of care at their GP practice.	89.2%	70.7%	n/a	n/a	n/a
NI – 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life.	79.1%	71.7%	n/a	n/a	n/a
NI – 8	Percentage of carers who feel supported to continue in their caring role.	32.3%	31.9%	n/a	n/a	n/a
NI – 9	Percentage of adults supported at home who agreed they felt safe.	88.5%	74.7%	n/a	n/a	n/a

Due to data limitations, locality data is not available for indicators 1 to 9.

National Indicators 11 – 20

These are reported for the year indicated.

Indicator	Title	Orkney (previous data)	Orkney	Scotland	Year of latest data
NI – 11	Premature mortality rate per 100,000 persons.	356	271	426	2024
NI – 12	Emergency admission rate (per 100,000 population).	9,975	9,408	11,470	2025 ¹⁾
NI – 13	Emergency bed day rate (per 100,000 population).	81,589	87,405	108,988	2025 ¹⁾

Indicator	Title	Orkney (previous data)	Orkney	Scotland	Year of latest data
NI – 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges).	64	59	104	2025 ¹⁾
NI – 15	Proportion of last 6 months of life spent at home or in a community setting.	91.4%	91.4%	89.3%	2025 ¹⁾
NI – 16	Falls rate per 1,000 population aged 65+.	13.6	12.3	22.2	2025 ¹⁾
NI – 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections.	70.7%	71.1%	83.1%	2025/26
NI – 18	Percentage of adults with intensive care needs receiving care at home.	69.5%	64.0%	64.7%	2024
NI – 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population).	1,023	1,615	873	2025/26
NI – 20 ²⁾	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency.	26.8%	20.1%	24.0%	2019/20

Source: PHS Core Suite of Integration Indicators May 2025.

¹⁾ Data for 2024/25 is incomplete at time of writing, so 2024 has been used as a proxy for the financial year.

²⁾ NI-20 information is not being published beyond 2019/20.

Orkney Localities data for National Indicators 12 to 16 between 2016/17 and 2025/26.

The most recent year for which data for these indicators are available at locality level is 2025/26.

In previous years, the most recent year's-worth of data were added to the tables for Indicators 12 to 16 without revising/correcting the previous year's finalised figures.

This has now been corrected for the years for which data are available on PHS's performance platform, meaning going back to 2018/19, the data have now been adjusted to match the figures reported on the PHS platform.

Orkney Health and Social Care Partnership.

NI – 12 – Emergency admission rate for adults (per 100,000 population)

Locality	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Isles	8,964	10,286	11,538	9,718	8,290	10,800	7,983	7,592	8,894	6,074
East	9,994	11,214	11,682	11,152	10,632	10,874	10,514	10,186	10,719	8,503
West	8,990	7,881	8,941	8,278	8,717	9,864	9,332	8,386	9,465	6,742

NI – 13 – Emergency bed day rate for adults (per 100,000 population)

Locality	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Isles	75,326	77,300	92,913	87,202	83,203	73,666	74,577	83,254	82,256	47,158
East	89,217	92,465	82,316	101,138	75,996	91,736	88,399	98,687	91,384	67,935
West.	83,784	74,743	91,332	73,662	71,618	84,066	95,267	93,075	80,405	68,250

NI – 14 – Emergency readmissions to hospital within 28 days of discharge (per 1,000 discharges)

Locality	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Isles	76	85	75	69	65	73	44	60	50	30
East	76	86	85	73	84	74	74	73	72	62
West	81	67	81	54	66	65	69	54	61	51

NI – 15 – Proportion of last 6 months of life spent at home or in a community setting

Locality	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Isles	90%	92%	93%	89%	92%	94%	90%	93%	89%	97%
East	92%	91%	88%	90%	92%	92%	90%	89%	90%	92%
West	92%	90%	91%	91%	94%	92%	92%	91%	93%	90%

NI – 16 – Falls rate per 1,000 population aged 65+

Locality	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Isles	13	13	10	5	10	6	16	16	7	8
East	23	19	21	22	17	16	21	18	16	10
West	21	15	11	16	17	18	20	18	15	11

Source: PHS Core Suite of Integration Indicators 7 July 2026.

Looking Forward

Our Strategic Priorities sit within the context of significant, and ongoing, demographic changes. For example, the 2022 census found that 49% of our population is aged 50 or above compared to a national average of 42%. Furthermore, the National Records of Scotland predict that by 2043, the number of working age people will decrease by 8% whilst those aged 75 and over will increase by 86%. Not only do these figures suggest that demand for health and care services for older people will increase markedly, but also that the numbers of people available to deliver the care and support needed will decline.

The anticipated increase in demand and shrinking of the workforce sits within a landscape of dwindling budgets, something that is unlikely to ease in the short or medium term. These challenges are not only behind our focus on early intervention and prevention, and community led solutions to support but also at the core of how we will deliver our other Strategic Priorities.

For example, we are in the early stages of a root and branch review of how we deliver adult social care services, both in our care facilities and in people's homes. At the heart of this extensive project is an intention to make social care a desirable career for people especially young people.

Our plans are not restricted to health and social care services alone. We are working with colleagues across the statutory and third sector to identify multi-agency approaches to the many challenges we face. For example, the availability of housing is often a factor in why we face recruiting challenges. Orkney Islands Council's Housing colleagues have developed ambitious plans for increasing the availability of housing, in the medium term, which should make it easier for families to move to Orkney and fill the many vacancies across all occupations in Orkney including health and social care services.

Contact Us

If you need this document in another format or language, please contact us at OHACfeedback@orkney.gov.uk or telephone 01856873535 (extension 2601).

Jeśli potrzebujesz tego dokumentu w innym formacie, skontaktuj się z nami pod adresem OHACfeedback@orkney.gov.uk lub telefonicznie 01856873535 (rozszerzenie 2601).

Якщо вам потрібен цей документ в іншому форматі або мовою, будь ласка, зв'яжіться з нами за адресою OHACfeedback@orkney.gov.uk або телефоном 01856873535 (збільшення 2601).

Si necesitas este documento en otro formato o idioma, póngase en contacto con nosotros en OHACfeedback@orkney.gov.uk o en el teléfono 01856873535 (extensión 2601).

Please tell us your story - good or bad - about your experience of Orkney HSCP services.

www.careopinion.org.uk.

For further information:

Website: <https://www.orkney.gov.uk/Service-Directory/S/OHSCP>.

Telephone: 01856873535 extension 2601.

Email: OHACfeedback@orkney.gov.uk.

Post: Orkney Health and Social Care Partnership, School Place, Kirkwall, Orkney KW15 1NY.