

Item: 13

Policy and Resources Committee: 19 September 2023.

Integration Joint Board – Annual Performance Report.

Report by Chief Officer, Orkney Health and Social Care Partnership.

1. Purpose of Report

To present the Integration Joint Board (IJB)'s Annual Performance Report for the noting of Members.

2. Recommendations

The Committee is invited to note:

2.1.

That, in terms of section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014, integration authorities must prepare a report detailing performance relating to the planning and carrying out of the integration functions, for the area of the local authority.

2.2.

That the performance report must be published and a copy provided to each constituent authority, in this case NHS Orkney and Orkney Islands Council.

2.3.

That the performance report, attached as Appendix 1 to this report, is based on information, supplied by the Public Health Scotland Local Intelligence Support Team, to report performance against the Core Suite of National Performance Indicators for 2021/22, as well as performance against the Ministerial Strategic Group performance indicators.

2.4.

That the draft Annual Performance Report was approved by the Integration Joint Board on 28 June 2023 and subsequently submitted to the Scottish Government on 29 June 2023.

3. Background

3.1.

Performance management is an integral part of operational management and monitored quarterly, with any concerns highlighted to senior management and the Integration Joint Board's Performance and Audit Committee, allowing for appropriate and timely responses.

3.2.

The Annual Performance Report, attached as Appendix 1 to this report, is based on information collected by Public Health Scotland to report the performance of the Orkney Health and Social Care Partnership, in respect of both the National Suite of Indicators and the Ministerial Strategic Group (MSG) Indicators.

4. Key Performance Highlights

4.1.

The Annual Performance Report reports performance that relates directly to the six Strategic Priorities within the Strategic Plan 2022 – 2025, with the following sections setting out some highlights:

4.2.

Strategic Priority 1: Unpaid Carers. The number of unpaid carers seeking support from Crossroads Care Orkney, the health and social care partnership's commissioned carer support service, has more than doubled during the last three years, demonstrating that significant publicity campaigns, during this timeframe, have resulted in more people seeking the support they are entitled to.

4.3.

Strategic Priority 2: Supporting Older People to Stay in Their Own Homes. Significant ongoing challenges exist in recruitment to a large range of services, not least the Care at Home service. The reasons for this are many and varied, and are not unique to Orkney. Notwithstanding these challenges, the service was able to support 206 people.

4.4.

Strategic Priority 3: Community Led Support. Opportunities to introduce the practices associated with Community Led Support (CLS) have been limited, mainly owing to a lack of staff resources. Recruitment to a dedicated CLS Lead post will significantly improve the opportunities to fully realise the benefits of a CLS-led service delivery model.

4.5.

Strategic Priority 4: Mental Health and Wellbeing. The health and social care partnership now has a total of three Mental Health Officers (MHOs), who were able to support around 100 people during the last year, whilst 30 people, assessed as not needing MHO intervention, were supported by a Social Worker from the Community Mental Health Team. In addition, several third sector organisations provide early support for people, thereby preventing the need for more formal mental health interventions.

4.6.

Strategic Priority 5: Early Intervention and Prevention. Many initiatives, involving pre-term babies, Health Visitors, diabetic eye screening, neurological care, the School Health Team, and the Vaccination Service, amongst several others, are ensuring that a preventative approach is reducing the need for later, more costly, services.

4.7.

Strategic Priority 6: Tackling Inequalities and Disadvantage. As one of the overarching Strategic Priorities, several initiatives addressed by other priorities ensure that services are available to, and can be accessed by, all. Specific examples include the School Health Team, who ensure all children enjoy equity of service provision, and the Dietetics Service, who have introduced an app that allows people to access advice and support to lose weight and improve their lifestyle choices.

5. Corporate Governance

This report relates to the Council complying with governance and scrutiny and therefore does not directly support and contribute to improved outcomes for communities as outlined in the Council Plan and the Local Outcomes Improvement Plan.

6. Financial Implications

There are no resource or financial implications arising directly from this report. Any actions arising from the Annual Performance Report 2022/23 should be met from within existing approved budgets.

7. Legal Aspects

In terms of Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014, Orkney's Integration Joint Board must prepare an annual performance report within four months of the end of the reporting year. The Integration Joint Board must provide a copy of the performance report to each constituent authority, in this case NHS Orkney and Orkney Islands Council.

8. Contact Officers

Stephen Brown, Chief Officer, Orkney Health and Social Care Partnership, extension 2601, Email: stephen.brown3@nhs.scot

Maureen Swannie, Head of Strategic Planning and Performance / Interim Head of Children, Families and Justice Services, extension 2601, Email: maureen.swannie@nhs.scot.

9. Appendix

Appendix 1: Orkney Integration Joint Board's Annual Performance Report 2022/2023.



Annual Performance Report 2022/23

Orkney Integration Joint Board



Contents

Foreword	3
Overview.....	4
Introduction	4
About Orkney	5
Key Achievements Over 2022/23	7
Key Challenges Over 2022/23.....	7
Strategic Plan	8
Priority Area 1 – Unpaid Carers	8
Priority Area 2 – Supporting Older People to Stay in Their Homes.....	10
Priority Area 3 – Community Led Support.....	14
Priority Area 4 – Mental Health and Wellbeing.....	14
Priority Area 5 – Early Intervention and Prevention.....	17
Priority Area 6 – Tackling Inequalities and Disadvantage	22
Financial Performance and Best Value.....	23
Audit and Inspection Reports.....	23
Inspection of services	25
Local Government Benchmarking Framework.....	28
Health and Wellbeing Indicators	32
Looking Forward.....	36
Contact Us.....	37

Foreword

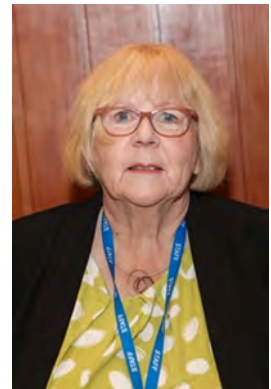
Before we begin, I would like to express my sincerest thanks to our partners and the community for their ongoing efforts seen over 2022/23.

2022/23 has seen many new challenges come to light in addition to the passing pandemic. The cost-of-living crisis, housing challenges and the linked effects this has had upon recruitment of staff to our busy services within Orkney.

Orkney's kindness, care and compassion have burned brightly over 2022/23 with the incredible sense of community and compassion seen with tireless efforts to overcome the new challenges we face together.

This report covers our 7th year as Orkney's Health and Social Care Partnership (HSCP). Throughout this report we will learn more about the efforts of the Integration Joint Board and the community over the last year to keep services running and deliver positive outcomes during these challenging times as well as learning what is ahead and the developments, we hope to see over 2023/24.

Issy Grieve, Orkney IJB Chair



Welcome to the 7th Orkney IJB Annual Performance Report and my third as the Chief Officer of the Orkney HSCP.

Firstly, my thanks to colleagues, partners and the wider community for the collaboration and developments seen over 2022/23. Over the last year we have continued to work exceptionally hard to deliver the best possible health and care services for the many communities in Orkney although there is still plenty to do.

The last year has seen continued challenges but Orkney and the amazing people who live within our communities have risen to the occasion. Hardship has continued with many new challenges presented such as the cost-of-living crisis, housing difficulties and undoubtedly the long-standing issues from the recent pandemic.

Despite these challenges the community has shown exceptional resilience and are determinedly focused upon supporting everyone who lives within Orkney through a variety of ingenious ideas and initiatives with the community spirit shining brightly at the heart. I hope you enjoy reading about our work and that of our partners over 2022/23.

Stephen Brown, Orkney HSCP Chief Officer

Overview

Introduction

The main purpose of integrating Health and Social Care is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. The nine [National Health and Wellbeing Outcomes](#) describe what will be improved by integrating Health and Social Care. They 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 towards 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 using 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 Orkney Islands Council and NHS Orkney established the Orkney HSCP as the means to work together on the national Health and Social Care outcomes. The Orkney Integration Joint Board (IJB) for the Partnership has responsibility for the strategic planning, resourcing and monitoring of health and social care services as set out in the [Integration Scheme](#). The Orkney IJB is accountable to the Scottish Government and is required to produce an Annual Performance Report outlining progress towards their delivery. The Strategic Planning Group is currently finalising the new iteration of the Strategic Plan Delivery Plan.

Information about the membership of Orkney IJB can be found [here](#).

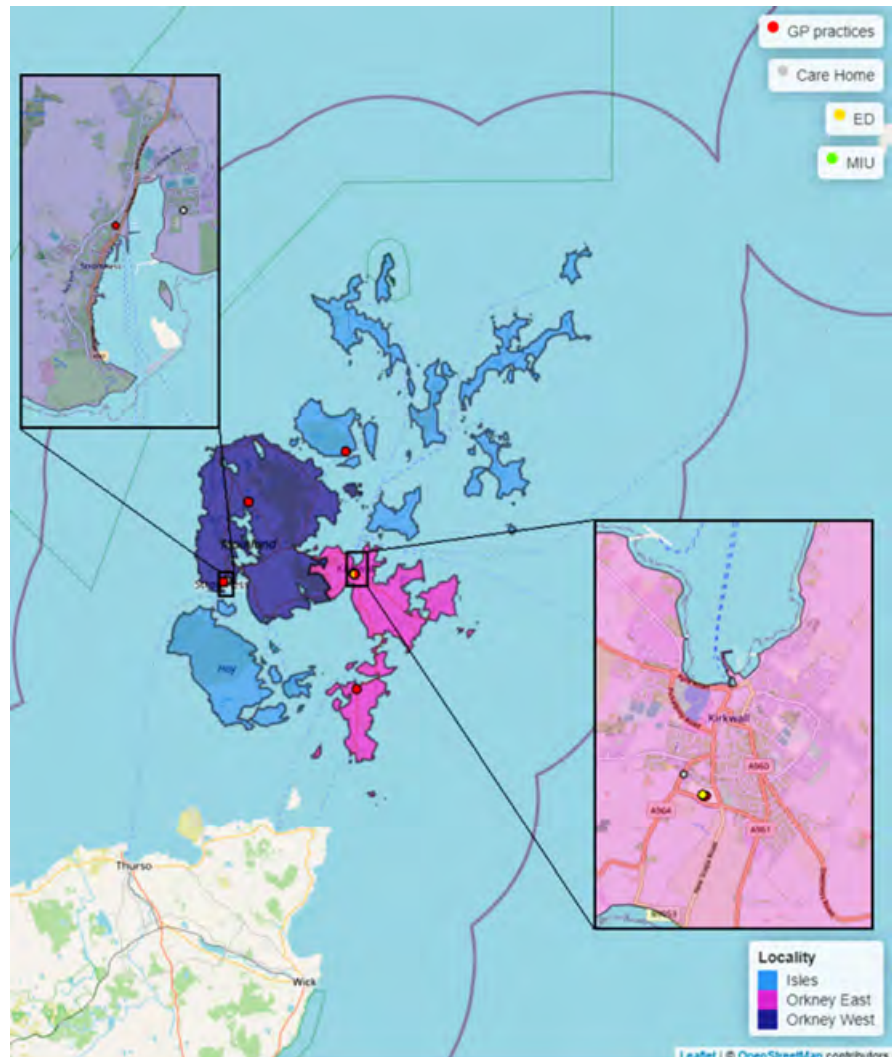
This report, for the period April 2022 to March 2023, sets out our progress against the strategic priorities laid out in the Orkney HSCP's [Strategic Plan 2022 –2025](#).

About Orkney

Our Localities

Scottish Government asks that IJBs divide the area for which they are responsible into at least two separate localities. In Orkney, it made sense to divide Orkney into three localities: the ferry-linked Isles, the West Mainland, and the East Mainland.

We know that other services within Orkney Islands Council are developing plans and services based upon a locality model, so it makes sense for us to adopt that approach and to work together with communities for planning and delivery purposes.



The tables below give some information about the make-up of the population of the Orkney Islands, split across the three localities, and shows how they compare against the overall population of the HSCP, as well as giving a comparison with the whole of Scotland.

Indicators	Data Type	Time Period	Isles Locality	Orkney East Locality	Orkney West Locality	Orkney HSCP	Scotland
Lifestyle and Risk Factors							
Alcohol-related hospital admissions per 100,000	rate	2020/21	557.1	780.5	382.4	606.5	621.3
Alcohol-specific mortality per 100,000	rate	2018 – 2020	28	15.5	18.3	18.6	20.8
Drug-related hospitalisations per 100,000	rate	2017/18 – 2019/20	39.8	98	63.9	81.2	221
Bowel screening uptake	%	2018 – 2020	64.9	69	69.3	68.5	64.2
Hospital and Community Care							
Emergency admissions per 100,000	rate	2021/22	8,537	8,717	7,795	8,385	10,432
Unscheduled bed days per 100,000	rate	2021/22	80,689	89,129	66,191	67,098	71,484
A and E attendances per 100,000	rate	2021/22	10,868	30,600	20,122	24,641	25,791
Delayed discharges (65+) per 100,000	rate	2021/22	29,080	28,853	13,872	24,188	40,774
Potentially Preventable Admissions per 100,000	rate	2021/22	1,040	1,092	1,136	1,100	1,464
Hospital Care (Mental Health)							
Psychiatric patient hospitalisations per 100,000	rate	2018/19 – 2020/21	216.7	123.3	97.2	119.5	242.8
Unscheduled bed days per 100,000	rate	2021/22	NA	5,532	3,594	4,197	18,365

Source – PHS LIST Locality Profile December 2022

Indicators	Data Type	Time Period	Isles Locality	Orkney East Locality	Orkney West Locality	Orkney HSCP	Scotland
Demographics							
Total population	count	2021	2,788	12,183	7,569	22,540	5,479,900
Gender ratio male to female	ratio	2021	1:0.94	1:1.03	1:1.02	1:1.01	1:1.05
Population over 65	%	2021	31.2	22.5	25.5	24.6	19.6
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	2021	1,717	6,136	3,618	11,471	2,674,785
Households with single occupant tax discount	%	2021	30.2	35.9	31.3	33.6	38.3
Households in Council Tax Band A-C	%	2021	89	62.3	64.7	67	59.2
Households in Council Tax Band F-H	%	2021	0.52	4.3	3.2	3.4	13.6
General Health							
Male average life expectancy in years	mean	2018 – 2020	75.3	79.5	79.8	80.1	76.8
Female average life expectancy in years	mean	2018 – 2020	79	81.3	82.8	83.5	81
Deaths aged 15-44 per 100,000	rate	2019 – 2021	0	66.6	49.6	55.7	117.1
Population with a long-term condition	%	2020/21	27.6	26.2	25.3	26.4	21.7
Cancer registrations per 100,000	rate	2018 – 2020	642.4	549.7	533.2	555.4	625.2
Anxiety, depression and psychosis per 100,000	%	2020/21	18.7	19.3	15.8	18	19.3

Source – PHS LIST Locality Profile December 2022

Key Achievements Over 2022/23

We have had a highly successful recruitment drive for additionality to the Child and Adolescent Mental Health Service (CAMHS) team, with the team growing from two team members to nine.

We successfully appointed to the post of Consultant Psychiatrist for Adults.

The new care facility build in Kirkwall to replace St Rognvald House is now well underway.

We continued to develop the 'grow your own' programme for social work by supporting sponsored students in Social Work.

We commissioned services from a number of Third Sector partners to assist us in progressing our early intervention agenda.

We successfully bid for a range of external funding opportunities to enhance our local service provision and to allow us to test innovative ideas, such as using the Whole Family Wellbeing Fund to expand the Family Support Team.

All vaccination services have successfully transferred from GP practices to the Primary Care Vaccination Service.

Key Challenges Over 2022/23

Our single biggest challenge is the recruitment and the retention of our workforce and the resultant impact of this across all services.

The negative publicity in the media has felt overwhelming and we are working closely with our trade union/staff side colleagues and staff to try to listen better and to make improvements.

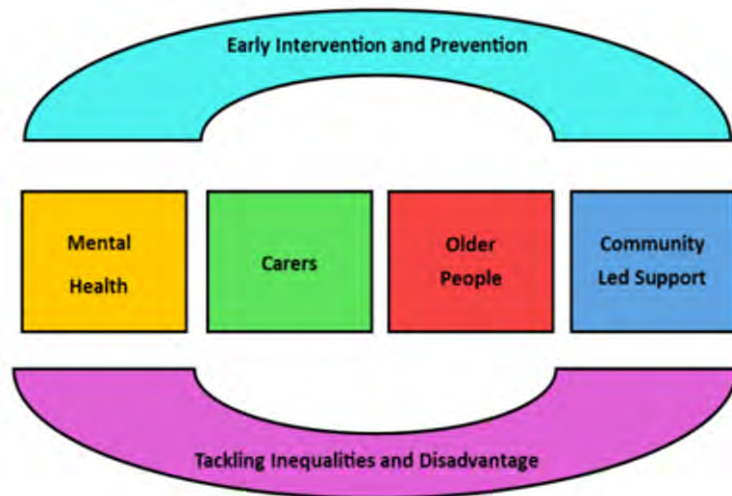
Reducing budgets alongside increased demand continue to cause significant pressures, and this is exacerbated by the current cost of living crisis which affects all our services.

In line with other areas across Scotland, there is a lack of funding to deliver all the aspects of the new GP contract.

Strategic Plan

The Orkney HSCP [Strategic Plan 2022 – 25](#) was approved in June 2022 and identifies six priority areas to address the most pressing health and social care issues in Orkney:

1. Unpaid Carers.
2. Supporting Older People to Stay in Their Homes.
3. Community Led Support.
4. Mental Health and Wellbeing.
5. Early Intervention and Prevention.
6. Tackling Inequalities and Disadvantage.



The [Performance Management Framework 2021 – 2025](#) will support the Orkney IJB to assess the effectiveness of the Orkney HSCP in working towards achieving the strategic objectives highlighted in the Strategic Plan 2022 –2025.

For each of our priority areas we have included information from a selection of services who are working to progress improvements in the priority areas. This provides examples from a number of different service areas but is not exclusive and there are many other teams who contribute on a daily basis to supporting the health and social care requirements of our communities.

Priority Area 1 – Unpaid Carers

People who provide unpaid care for a loved-one or friend are known as unpaid carers and are at the heart of everything we do. The fact is, without unpaid carers, the social care system in Scotland would fall apart. There are simply not enough people to look after everyone who needs some help with their care. [The Carers \(Scotland\) Act 2016](#) recognises this need and underpins what we do in Orkney.

For this reason, the Orkney HSCP made support for unpaid carers one of their priorities in the new Strategic Plan.

Unpaid carers can ask for support from a number of different services, including the Carer Support Service at Crossroads Care Orkney, as well as Social Work services, Orkney HSCP.

A lot of people, often caring for their husband or wife, partner or parent, or son or daughter, do not realise that help is available to them. So much work has been done with The Orcadian, Radio Orkney, and especially social media, to publicise what an unpaid carer is, as well as the help available to them. Here are some of the headlines from the last year, along with links to each story.

Carer wellbeing campaign relaunches in face of rising numbers of carers in Scotland.	Caring doesn't stop at Christmas - Sarah's story
Caring for someone? Support is there for you too.	Could you - or someone you know - be an unpaid carer?

These, along with several other stories, have been posted on social media. We have also posted videos on social media, some with carers telling people about their circumstances, whilst others tell people how they can get in contact and what services are available to them. In this example, the Manager of Crossroads Care Orkney, Arlene Montgomery, talks about the support they can offer carers: <https://youtu.be/2ruA58nWJJc>.



One of the posters seen online and in public spaces in Orkney.

This publicity has resulted in more people contacting services and asking for support. The number of known carers can fluctuate significantly, over a short timescale, owing to the cared for person moving into supported accommodation or a residential care facility, or passing away. A better indication is the number of people approaching Crossroads Care Orkney, looking for support. For example, in 2020, Crossroads Care Orkney received 36 new contacts. In 2021, this rose to 54, increasing to 78 in 2022: clearly the publicity is working.

There is still a lot of work to do to reach more unpaid carers in Orkney. We will soon be introducing training for health, social care, and education staff, so that they can help unpaid carers to understand the support they can get.

We will shortly host the very first Orkney Carers' Conference, where we hope to receive significant local publicity and present opportunities to raise the profile of unpaid carers.

Another plan is to introduce dedicated carer posts, meaning we can spend more time developing support for carers.

We will also begin to work with large employers, starting with Orkney Islands Council and NHS Orkney, to help them better understand their staff with caring

responsibilities, so that they can try to be more flexible. We will provide an update on our progress in our next report.

Priority Area 2 – Supporting Older People to Stay in Their Homes

Whenever we hear from older people, we are told that they would prefer to stay in their own homes, in their own communities, for as long as possible, rather than move into supported accommodation, extra care housing and/or residential care. Whilst we have invested significantly in improving supported accommodation, extra care housing and residential care for our most frail and vulnerable older people, such as Hamnavoe House in Stromness, and the planned new care facility in Kirkwall, we recognise people want to receive support, wherever possible, at home.

Care at Home

We provide personal care support and assistance 365 days a year for people, when assessed, who need assistance with daily living within their home. We assist with washing or bathing, dressing/undressing, toileting and/or continence care, self-administration of medication, mobility (including the use of moving and handling equipment), eating and drinking and with meal preparation and meal provision.

Ongoing staffing challenges persist in common with other services. There is a continued reliance on agency staff at present. Two-year temporary staff to bolster office based staff is almost complete; this will provide additional capacity in the short term whilst at a future point there will be a comprehensive review of back office functions. Over the last year, we were able to support a total of 206 people. High reliance on agency staff exposes the lack of accommodation for workers and the intense level of activity needed to find accommodation reduces the capacity to provide caring services. This, and COVID-19, adversely affected our plan to improve remote support for our clients by introducing tablet computers.

Telecare and Mobile Community Responder service

Our aim is to support people to live independently in their own homes by installing monitoring and alarm equipment connected to a response centre. We can then respond should an alarm be triggered. A wide range of equipment is available and includes fall detectors, door contacts, community care alarms, etc. Our Mobile Community Responder (Care at Home) team has a dedicated vehicle and provides routine and emergency responder services 24 hours a day, 365 days a year to people in their own homes throughout Orkney Mainland and connected South Isles.

Over the last year, we provided support for a total of 998 people, 959 of whom are community care alarm users.

The response centre, based in Blackburn in Lancashire, had an upgrade which unfortunately has temporarily resulted in some problems which we are working through.

We had an unannounced inspection from the Care Inspectorate in December 2022. The report was graded as good overall with a mix between good and very good. The Inspection was very positive and commented on such things as the good communication between the service and health professionals and that people

Orkney Health and Social Care Partnership.

experienced warmth, kindness, compassion, and a calm approach when staff supported them.

Work is ongoing regarding the forthcoming Analogue to Digital switchover. Different kit options are being explored in numerous geographical locations within the County.

Home First

Home First is an Occupational Therapy led service that supports people home from hospital and helps to establish their care and support needs in their own home environment. The multi-professional teamwork in tandem with Social Care, Care at Home and Physiotherapy professionals.

Since the service commenced in 2021, we have received 109 referrals, and supported 25 patients between April 2022 and March 2023. 71% of the patients assessed in hospital were judged as suitable for Home First and 68% of patients were deemed severely frail. Despite frailty levels, for those at point of discharge from Home First, 60% made progress with occupational performance outcomes and many of the remainder remained unchanged.

We recruited some of the staff needed but because there are still gaps, the role of the therapists has been wide ranging and has somewhat diluted the roles of both Occupational Therapy and Physiotherapy. While this has been a positive learning experience for the clinicians, it will be much better when the full team is in place and there can be more intensive rehabilitation input for service users. Having a part-time Physiotherapist in the team made a significant difference to broadening the skillset of the team.

Moving and Handling

We invested significantly in moving and handling equipment and carers have valued new equipment to support them to do their jobs more safely. We delivered 46 individual moving and handling training sessions in service users' homes. We implemented the use of QR codes so that moving and handling plans and specific equipment advice can be readily shared to carers' phones. We established weekly moving and handling drop-in training sessions and delivered 17 sessions supporting 73 carers.

The pressures on the Care at Home service meant we prioritised work to support them, and this impacted on our waiting times and other aspects of work.

We continue to review and improve how we use our resources. For example, we had 9 care packages which would traditionally have required 2 carers per visit (average 42 hours per care package per week) which are now being managed by single carers for the majority of visits (average 24 hours per package) resulting in 162 hours being made available to support other service users.

A challenge for this year is to provide training that deals with the anxieties of single-handed carers.

Frailty

Using the Realistic Medicine Value Improvement Fund (VIF) we are establishing a systemic approach to support people affected by frailty issues. The Area Clinical Forum in June 2021 recognised the need to increase awareness and understanding of frailty, improve how frailty issues are identified and better understand frailty related concerns in Orkney. We are working to:

1. Understand what older people living with frailty in Orkney consider most important in enabling them to maximise their health, wellbeing, and independence.
2. Identify specific challenges for people living with frailty resulting from Orkney's remote and rural location.
3. Map current resources for care and support for older people in Orkney, including community and Third Sector resources as equal partners alongside health and care services.
4. Support coordinated quality improvement across multiple stakeholders involved in pathways for the identification and management of frailty syndromes.
5. Optimise use of current resources and to identify any significant gaps, capacity constraints or redundancies in current provision remaining thereafter.

Engagement has benefited from having a large part time project team, drawn from our own clinical teams, although the biggest challenge has been a lack of support for business aspects of the project, for example complex and time-consuming processes around recruitment / payroll. Relationship building, professional wellbeing and job satisfaction have been significant year one benefits. We shared our learning at a Healthcare Improvement Scotland (HIS) event in February 2023 and will be attending the NHS National Education Scotland conference in April 2023 to present our findings.

Priorities for the coming year are:

1. Promoting healthy ageing to prevent frailty, including improving physical activity.
2. Preventing and managing 'frailty syndromes', like polypharmacy, delirium, falls, immobility and incontinence.
3. Reablement and rehabilitation for people with frailty.
4. Multi-disciplinary approach to enabling independence at home.
5. Supporting carers of people with frailty.

Dementia

Some of our challenges in Orkney reflect a national picture where there is still a reluctance to seek diagnosis, a dearth of Consultant Psychiatry for Older Adults and difficulty with recruitment; these challenges are on top of the impact the COVID-19 pandemic had for people with dementia. We have, however, made good progress with a number of strategic aims detailed in our Orkney Dementia Strategy 2020-2025, such as progressing with an innovative model for assessment, diagnosis, immediate access to post diagnostic support, open ended support for people with a diagnosis, carers support and ability to support or signpost for all aspects of dementia from a single point of access. Funding to evaluate the Orkney Dementia

Strategy has been secured and we are considering the appointment of external expertise.

Dementia diagnosis rates prior to the COVID-19 pandemic were increasing but this inevitably reduced during the pandemic and has been further exacerbated by our extended lack of consultant locum psychiatrist. Funding has been agreed to support a GP model for diagnosis; this was successfully recruited to at the second advert with the post holder commencing in the near future.

[Age Scotland Orkney](#) are delivering a pilot of face-to-face and remote Cognitive Stimulation Therapy (CST) and Scottish Government funding is supporting continued therapy. An evaluation will be available in due course. The volunteer run [Dementia Friendly Orkney](#) plan to offer open ended group support as a follow on from these CST sessions.

Owing to the growing number of people wishing to attend, there are increased opportunities for social activity within the Age Scotland Orkney Dementia Hub in Kirkwall. Age Scotland Orkney has secured funding to trial remote Hubs in two of the ferry-linked islands and a pilot will start in the near future. The Hub continues to support single point of access for post diagnostic support, support and services, resources and signposting. Funding has been accessed to design and develop a dementia friendly all weather outdoor garden space within Age Scotland Orkney grounds.

Open ended advanced dementia support is supported through funding secured and personnel employed by Age Scotland Orkney. In recognition of people who require support but have not sought a diagnosis, this support is also available through open referral.

Orkney HSCP, Age Scotland Orkney and Dementia UK are collaborating on plans for an additional Band 7 nurse role to support people living with dementia and families from peri-diagnosis to advanced dementia through to grief and loss. This is two year post, part funded equally by Dementia UK and the Orkney HSCP, and hosted within Age Scotland Orkney.

Another initiative in the pipeline is that of providing an App with national and local support. This can be tailored for individuals, and for the local area, to improve communication and access to support.

Plans to introduce Brain Health work have faltered due to the scale and financial implications however there may be potential to learn from and progress work with one of the pilots on the Scottish mainland. In particular work to progress Brain Health work in light of new research on the benefits of disease modifying medication at the early stage of Alzheimer's disease would be welcome.

The collaborative partnership between patients, carers, Orkney HSCP and the Third Sector underpins all the work we seek to do.

Priority Area 3 – Community Led Support



[Community Led Support](#) in Orkney had initially developed through embracing connections, co-production, and collaboration. Our Blethers had taken place in Kirkwall and St Margaret's Hope, but weather (for a Sanday Blether) and the COVID-19 pandemic caused us to halt our programme and further planning.

While it has not been possible during 2022/23 to build on the early successes achieved, owing to a lack of resources, CLS remains at the heart of the Orkney HSCP's planning, featuring as one of the 6 strategic priorities in the Strategic Plan 2022-25.

During the last year, Orkney HSCP staff have attended a national gathering of CLS partnerships, which provided reassurance on the merits of such an approach, and which was a source of inspiration and ideas to take forward in Orkney's own HSCP and increase our chances of successful implementation.

The inspiration and ideas gained from the gathering have been included in the CLS Implementation Plan for Orkney.

Over the next year, specific actions to progress our community led approaches will be agreed as part of our Strategic Plan Delivery Plan.

Priority Area 4 – Mental Health and Wellbeing

We feel it is important that people who experience mental health problems receive the same level of social and clinical support as those with physical health problems and have made a commitment to improve and develop mental health and wellbeing supports across Orkney so that people can live longer, healthier, and more fulfilling lives.

Mental Health Officer

We have three Mental Health Officers (MHO) who provide a service 24 hours per day 365 days per year in addition to their substantive posts and who fulfil statutory responsibilities which 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.

Approximately 100 people required support by MHOs from the Adult Social Work team and 30 people who did not require a MHO were supported by a Social Worker from the Community Mental Health Team.

Type of Order / Intervention (Adults)	2018/19	2019/20	2020/21	2021/22	2022/23
Mental Health Compulsory Treatment Order	*	*	6	*	*
Short-term Detention	*	*	*	*	19
Emergency Detention	*	7	7	16	13
Other MHO Assessment (not leading to detention etc)	5	7	23	62	73
Mental Health Tribunal	*	*	6	*	*

Please note that * indicates less than 5 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. Orkney HSCP commissions services from the Orkney Blide Trust.

They open every day (365 days) and, in 2022/23, welcomed 80 new members / service users (55 in 2021/22) and had 187 members (160 in 2021/22) at the end of March 2023. On average they welcomed around 650 members (550 in 2021/22) and professionals to their premises each month. Orkney Blide Trust provided a counselling service, available to anyone in Orkney over the age of 16 on a Saturday and Thursday evening.

Members were supported 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 employed a 'Purposeful Blide' coordinator who worked alongside members to organise purposeful activities as part of their mental health recovery and has also made links with [Orkney Men's Shed](#) and the local farming community.

They also employed a Mental Health Support Worker to work with Care Experienced Young People (age 16 to 25). This project has been a great success, with young people taking an active part in shaping the project and running a Saturday café at the Blide.

The trust opened a new pathway for the Orkney Distress Brief Intervention service (DBI) so referrals now come from CMHT/CAMHS in addition to the Scottish Ambulance Service and Police Scotland.

"I felt trapped in a cycle of mental health and relationship difficulties, debt, unsuitable housing and substance misuse. Getting help (from the Blide Trust) to go to a meeting, with all of the people who were working to support me there too, made a huge difference. I now have a plan and more hope for the future"

"We are grateful to all our funders and the people who donate to us, without whom we couldn't do all of these things, and also for the respect and genuine affection that the people of Orkney seem to have for the Blide. It really makes a difference"

Action for Children



Orkney HSCP commissions services from Action for Children, utilising the Children and Young People's Community Mental Health and Wellbeing Fund, provided by the Scottish Government.

[Action for Children](#) is a national charity that delivered mental health and wellbeing training sessions to first year pupils at Stromness Academy. The 'Bouncing Back' sessions were put in place because of the challenges young people identified about the transition from primary to secondary education.

'The Blues programme', delivered over six sessions, is for young people who have or are at risk of developing mental health issues and gets them talking about mental wellbeing. Fourth year pupils at Stromness Academy have been screened and will be offered the opportunity to take part in the programme.

The aim is to support up to 40 eight to 18 year olds annually and we are keen to ensure that the whole family approach seeks to ensure the service is 'Getting it Right' for the young person referred and their siblings. Referrals continue to come from Education Services, Social Work Services, School Nurses and vitally, self-referrals from parents and young people.

"Seeing my worker means I am learning how to keep calm"

"The worker is helping me communicate better with my teenager, it helps me set boundaries and helps me learn to listen to her, things are getting better"

The charity has a Family Practitioner who focuses on vulnerable children and young people and families affected by alcohol or drug use and is jointly funded by Action for Children and the Orkney HSCP. Someone with alcohol and substance misuse issues, who was taking risks that adversely affected not only themselves, but their dependents has, through Teen Triple P and Decider Skills work, lowered their risk taking behaviour,

knows they have better mental health support and, as a parent, feels more equipped to manage situations at home.

Diversiory youth work sessions are provided weekly in Stromness for circa 30 people. Young people are involved in ensuring that what is provided is what they need and that they feel they can drop into a safe space. The diversiory youth work sessions are in partnership with our Community Learning and Development staff.

"I enjoy getting out of the house with my worker, it has helped me speak up when things are not good"

Over an 8-month period, a young person who was refusing to attend school, and wouldn't engage with services, is now attending school part-time and working to return full-time and is engaging in other activities to improve their physical and emotional wellbeing.

Priority Area 5 – Early Intervention and Prevention

Prevention and early intervention at every stage of a person's life is vital to all our priorities. We want to empower people to be more aware of and responsible for their health and wellbeing, whatever their age or background.

Communities and the local environment play an important role in promoting good health and providing opportunities to be active, to be involved, and to connect with others.

Preterm Babies

The [NICE guideline](#) recommends that, due to the increased risk and prevalence of developmental problems and disorders in children born preterm (before 37 completed weeks of pregnancy), preterm babies are given enhanced developmental surveillance and support up to the age of two (corrected age). Our support pathway implemented in January 2022 has received 32 referrals that have, when needed, led to early intervention by paediatricians and speech and language therapy. Reports from developmental surveillance are shared with Health Visitors, GPs and medical records to support multidisciplinary team working.

The support includes a minimum of two face-to-face follow-up developmental assessments between the age of three and five months, another at 12 months and a detailed face-to-face assessment at two years. Assessments are completed by Paediatric Physiotherapy and Occupational Therapy. We will gain an understanding of the benefits of enhanced developmental surveillance and support in 2024 when the majority of children complete the pathway after their two-year assessment.

Health Visiting

Our Health Visiting team work with families to support the health and wellbeing of young children until they start school. Support in this early period of a child's development reduces the likelihood that intervention will be needed in later life.

We work with the Midwifery teams in Orkney, Aberdeen (and other areas if needed) and many other service providers including the wider Children's Health Services, Childsmile, early years services such as nurseries and Third Sector agencies such

Orkney Health and Social Care Partnership.

as [Home-Start Orkney](#), Orkney Foodbank, Women's Aid Orkney and the Social Work team.

We use a number of support methods and favour the [Solihull Approach](#) which helps parents adapt to how they react to their children and see things from their perspective. Our role is to actively listen and, in many instances, allow the parents to find solutions themselves. There are a range of strategies to enhance parent/child relationships and activities are designed to encourage a reflective style of parenting that leads to more sensitive and effective parenting. Parents are helped to understand how they can influence their relationship with their child through play.



We provided classes in baby massage in various locations. Baby massage promotes bonding and can enhance the release of hormones, including growth hormones and can spark neurons in the brain to grow and improve mental processing.

Use of the [NHS Orkney Health Visitors](#) Facebook page has helped to promote what we do and improve community engagement.

To support families who are unable to access library based sessions - for example families who live on the Isles - we delivered [Bookbug](#) for the Home which supports people to share songs, rhymes and stories with their children.

We manage the service where trained volunteers provide confidential one-to-one support to women with infant feeding challenges. The volunteers also facilitate a weekly drop-in group in Kirkwall and a weekly 'baby walk' which includes free entry at the end of the walk to the soft play facilities at the Pickaquoy Centre, Kirkwall.

Diabetic Eye Screening

As part of the national programme, our [Diabetic Eye Screening service](#) checks people over 12 years of age who have type 1 or type 2 diabetes for diabetic retinopathy and maculopathy. Left untreated, these conditions can result in serious eyesight damage or blindness.

Prior to the introduction of Optical Coherence Tomography (OCT) we routinely referred high risk patients to an eye clinic which happens monthly and is staffed by visiting consultants. We now scan and decide if patients need to attend the eye clinic and, of the 73 OCT scans, only 11 patients were referred to an eye clinic thus freeing 62 appointments which were used for treatment and urgent cases.



Neurological Care

Having completed Phase 1 work for the Neurological Care and Support: Framework for Action 2020 – 25 we have been working on four Phase 2 objectives and have:

1. Developed a one-stop [Neurological Conditions website](#).
2. Aimed to develop a pathway for [Functional Neurological Disability](#) (FND) but this was unachievable within the project timescales. The team managed to describe what patients can expect in the journey of diagnosis and support in Orkney and this is available in the FND section of the NHS Orkney website. We will continue to engage with ongoing discussions and development of a local/national FND pathway.
3. Developed a local pathway to guide clinicians on the assessment, management and referral of people with a neurological condition who present with a cognitive and/or behavioural change.
4. Provided education locally and nationally on Anticipatory Care Planning (ACP) to people that care for and support individuals living with or affected by neurological conditions. We were unable to achieve our ambition of being able to identify people with any neurological condition and an ACP however we were able to do this for Multiple Sclerosis (MS) and Motor Neurone Disease (MND) where the number of people with a completed ACP increased by 110% (July 2021 to October 2022). We reviewed the Think Ahead document that supports the completion of an ACP and created a pathway to guide the process. To improve sharing of ACP information we are investigating the use of Digital ReSPECT (Recommended Summary Plan for Emergency Care and Treatment).

Despite adopting a flexible approach and utilising technology, the team found it challenging to undertake work on these objectives whilst fulfilling their clinical roles.

School Health

Our School Health team offered [Let's Introduce Anxiety Management \(LIAM\)](#) sessions to young people in schools. LIAM was developed by NHS Education for Scotland (NES) and is being used in various areas across Scotland. It is a cognitive behaviour informed approach developed to address the high prevalence of anxiety reported by children and young people in Scotland. Providing early intervention, and the right help, at the right time, to understand their anxiety and how it affects their thoughts, body, and actions, and teaching ways to cope with their anxiety, should prevent escalation.

LIAM is for eight to 18 year olds who have symptoms of mild to moderate anxiety and is delivered in six-eight structured 1 on 1 active sessions of approximately an hour each. It is goal focused and the young person is encouraged to complete tasks between sessions.

For the period April 2022 to March 2023, 17 young people took part in LIAM. We also held drop-in sessions at Stromness Academy and Kirkwall Grammar School to raise awareness of LIAM and used the opportunity to provide information and talk with young people about varied subjects, such as suicide prevention, breast cancer, etc.

Oral Health

[Childsmile](#) is a national programme to improve the oral health of children by reducing inequalities in dental health and access to dental services. The toothbrushing element is about distributing toothbrushes to children and supporting daily supervised brushing in nurseries and schools. Community practice addresses oral health inequalities through embedding support workers in communities to offer oral health support. Fluoride varnish is about delivering preventive care interventions to children aged two and upwards who are at increased risk of dental decay.

We worked with partners to promote shared health improvement messages and joined Sleep Scotland staff at an event on Shapinsay and we joined Strynd nursery in their supper and story evening to promote positive bedtime routines, including healthy suppers and toothbrushing.

New babies are referred to the Childsmile programme and are offered a first appointment for early oral health advice and support including advice about dental registration. Access to dental services remains challenging so the Childsmile team support families until such time as they can register with a dentist.

We recruited an additional member to the Childsmile team and plan to develop more community-based work throughout Orkney including the ferry-linked Isles. We have restarted visiting groups such as parent and toddler groups.

Caring for Smiles is a national programme to improve the oral health of older people, particularly those living in care homes through health promotion, training and support. Currently we do not offer nationally accredited training however we provided focused practical tips sessions for care home staff. We supported good daily oral hygiene by providing oral care resources to care homes and hospital wards.

We provided oral health resources to priority and vulnerable groups through Orkney Foodbank, Women's Aid Orkney and homeless accommodation units.

We delivered oral health improvement sessions to Orkney College students studying Health and Social Care and Childcare and these are now part of the curriculum.

The [National Dental Inspection Programme](#) results for 2022 were positive in that the pre-pandemic levels of oral health amongst primary aged children were maintained at 85% of children showing no evidence of dental decay. Whilst this felt like an achievement, it is a measure we view with caution for each new cohort of children.

Vaccination Service

We invited circa 8,000 people as part of our autumn/winter extended flu/COVID-19 vaccination programme with an uptake of 80.6%.

We visited schools to administer flu vaccinations to primary and secondary school pupils and on the ferry-linked Isles vaccinations were done by the local General Practice (GP). We recognise the need and are working to increase the uptake by secondary school pupils.

Babies were vaccinated by Vaccination Practitioners visiting Skerryvore, Dounby and Daisy Villa GPs.

Traditionally, GPs administered vaccinations however in 2017 it was agreed nationally that the local HSCP would take on this responsibility and the Vaccination Transformation Programme (VTP) would support the move. There are plans from April 2023 for the NHS Orkney Vaccination Service to take over responsibilities from GPs, with the exception of Stromness Surgery and ferry-linked Isles patients who remain the responsibility of their local GP. The service has responsibility for pre-school, school based, travel, flu and at risk and age group vaccinations.

Our vaccination team is made up of Vaccination Practitioners, Healthcare Support Worker Vaccinators, Administrators, a Business Support Officer and a Clinical Lead, and are supported by Bank Vaccinators.

The Vaccination Centre in Kirkwall was established because of the response needed to COVID-19. Following detailed planning, in February 2023 the Vaccination Centre moved from its temporary accommodation and began operating from premises within the Balfour Hospital. The move of premises has received predominantly positive feedback and the service is running smoothly.

Uptake for our spring COVID-19 booster programme is good (over 80%). Those aged 75+ were invited to clinics at a venue in Kirkwall, with weakened immune system patients being invited to clinics in the hospital. Local arrangements were made for people under the care of Stromness GP and those living on ferry-linked Isles.

Family Support

The Family Support Team works with children and their parents/guardians to try to reduce the risk of problems escalating to a point of crisis and ultimately reduce the need for crisis intervention. We work with approximately 40 people representing almost 20 families, to normalise family support and to provide emotional and practical support by building relationships with children and their families, and engaging in 1 on 1 activities. We work with children on emotional regulation, respect, building confidence and relationships, creating positive self-image, and providing positive role models on a consistent basis. With parents, we work on practical skills such as implementing plans and schedules, working on improving home conditions, and making timetables for housework and chores. Sometimes the support the team provides is as simple as providing a listening ear to a parent who is completely overwhelmed with the pressures of life.

We are working to improve networking between support workers and between agencies, to maximise the use of available resources, in order to ensure that the right type of support is available for each family member.

We have identified an assessment and evidence tool that will support the work of the team and its partners. At specified check-in points, the impact of services provided and progress made will be readily seen.

Children and Families

Planning work has started to develop a pre-referral discussion pathway. This will support children and their families at the earliest opportunity via the named person and other professionals around the child and family. We are exploring the use of a guidance framework that will assist professionals to have a common understanding of referral processes. Multi-agency training is also being planned as part of this work.

Priority Area 6 – Tackling Inequalities and Disadvantage

Tackling inequalities and disadvantage links with and across each of the other five priorities, with the potential for all to be affected by the inequalities and disadvantages that some people in our community experience. To address this, we will:

- Work to keep children, young people, and vulnerable adults safe.
- Work to make sure that everybody is able to access the service or treatment that they might need.
- Work to remove barriers to accessing services.
- Work with partners to address financial hardship.
- Work with partners to ensure that Orkney is a safe and happy place to live for everyone.

A number of the previous sections include examples that also fit under this priority area.

The Isles

We would make particular travel mention of the challenges people in the isles face in accessing some services. Whilst every effort has been made by the health and social care partnership to bring services to the isles, this is not always possible. Often, this will mean isles residents have to travel to Kirkwall, or the Scottish mainland, to access services.

Some of the examples, below, indicate how we are trying to address this in-balance in access to services. We will continue to try to identify more opportunities to take services to the isles, as well deploying technology to reduce the need to travel, and arranging mainland-based appointments around convenient travel schedules.

Health Visiting

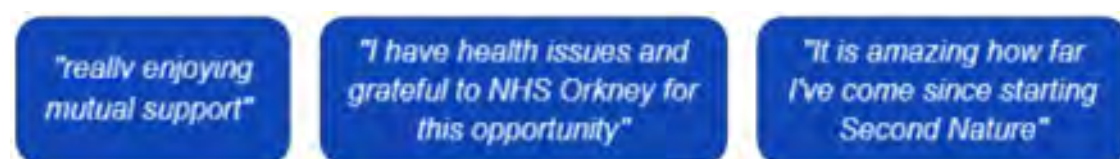
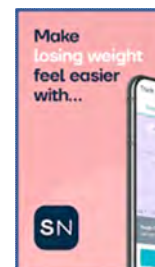
We do face-to-face visits as per the Scottish Universal Health Visiting Pathway; however, due to staffing pressures, we currently offer clinics for three to six, 13 to 15 and 27- to 30-month-olds and four to five year olds. Each Health Visitor has children who live on the ferry-linked Isles as part of their caseload. As previously outlined, to support families who are unable to access library based sessions - for example families who live on the ferry-linked Isles - we deliver [Bookbug](#) for the Home, which supports people to share songs, rhymes and stories with their children.

School Nursing

The School Nursing team regularly visit schools in the ferry-linked Isles to try to ensure equity of provision for our children and young people.

Dietetics

To help tackle inequalities in weight management provision in Orkney, our Dietetics service offers and supports people to use the [Second Nature](#) app. This allows participants from all over Orkney to access online support with regards to their eating behaviours, lifestyle changes, physical activity and sleep. Early results show 95% uptake from referred patients and 4.5% weight loss at 6 weeks. We are developing a Second Nature pilot for staff.



Dietetics had a stand at the Wellbeing event in January 2023 and provided information on fats and sugars in foods, pre-diabetes, diabetes advice and eating well on a budget. This was well received by visitors to the event and a good opportunity to improve connections with Third Sector agencies such as [Orkney Foodbank](#) and [Greener Orkney](#) who can support our work.

Financial Performance and Best Value

The IJB agrees a joint budget and commissions a range of HSCP 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 2022/23 the IJB controlled the direction of £61,273,000 of financial resource to support the delivery of its strategic objectives.

The Scottish Government requires Public Authorities to assess whether [Best Value](#) has been achieved in terms of the planning and delivery of services. 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.

Audit and Inspection Reports

The Performance and Audit Committee met on the following dates over 2022/23 and discussed the following Audit and Inspection reports:

[6 July 2022](#)

Internal Audit Report and Opinion for 2021/22.

Orkney Health and Social Care Partnership.

Internal Audit Charter for 2022/23.

[28 September 2022](#)

External Audit Report to those charges with Governance.

[22 March 2023](#)

Internal Audit Strategy and Plan 2023/24.

Internal Audit – Workforce Planning.

Internal Audit – IJB Adjustment –which was commissioned by NHS Orkney and shared with the IJB, in terms of the agreed protocol.

Internal Audit – OHAC Contract Managed Services – which was commissioned by Orkney Islands Council and shared with the IJB, in terms of the agreed protocol.

Fostering, Adoption and Adult Placement Services – Care Inspectorate inspections.

By clicking on the dates above, readers will be taken to the pages for each meeting where reports can be viewed under “related downloads”.

Inspection of services

Health and Social Care services delivered by statutory and non-statutory providers in Orkney are monitored and inspected in a range of ways to give assurance about the quality of care. Orkney IJB is required to report details of inspections carried out relating to those services delegated to them.

The Care Inspectorate is a scrutiny body which looks at the quality of care in Scotland to ensure it meets high standards. Their vision is that everyone experiences safe, high-quality care that meets their needs, rights and choices.

Healthcare Improvement Scotland (HIS) provides public assurance about the quality and safety of healthcare through the scrutiny of NHS hospitals and services.

In addition to inspections, Orkney IJB's commissioning officers also apply contract monitoring processes to services commissioned to deliver health and social care.

During 2022/23 there were 13 inspections of care services, undertaken by the Care Inspectorate, whilst there were no inspections of hospital services. The aim is to have all regulated services graded at good or above (scores 4, 5 or 6). Those areas marked with 'N/A' were not included within the remit of the inspection.

Tables listing inspections and outcomes.

Service.	Inspection Publication Date.	Grade.				
		Wellbeing.	Leadership.	Staffing.	Setting.	Care and Support.
Adoption Services.	26.09.22.	2.	1.	2.	N/A.	1.
Adult Placement Services	26.09.22.	3.	2.	3.	N/A.	3.
Braeburn Court (Housing Support Services).	02.03.23.	3.	2.	N/A.	N/A.	3.
Braeburn Court (Support Services).	02.03.23.	3.	2.	N/A.	N/A.	3.
Fostering Service.	26.09.22.	2.	1.	2.	N/A.	1.

Service.	Inspection Publication Date.	Grade.				
		Wellbeing.	Leadership.	Staffing.	Setting.	Care and Support.
Hamnavoe House.	15.06.21.	4.	N/A.	N/A.	5.	4.
Orkney Responder Service.	21.12.23.	5.	4.	N/A.	N/A.	N/A.
Short Breaks 32/34 Pickaquoy Loan.	23.06.22.	4.	3.	4.	4.	4.
Smiddybrae House.	02.09.22.	4.	4.	N/A.	N/A.	N/A.
St Rognvald House.	30.09.22.	4.	3.	3.	3.	4.
Sunnybrae Centre (Housing Support Services).	24.03.23.	3.	2.	2.	N/A.	N/A.
Sunnybrae Centre (Support Services).	24.03.23.	3.	2.	2.	N/A.	N/A.

Service.	Inspection Publication Date.	Grade.
		How well do we support children and young people's rights and wellbeing.
Aurrída House.	31.10.22.	5.
Rendall Road.	27.10.22.	3.

Service.	Inspection Publication Date.	Grade.			
		Care and Support.	Environment.	Staffing.	Management and Leadership.
Kalisgarth and Very Sheltered Housing (Care at Home).	10.10.19.	5.	N/A.	N/A.	3.
Kalisgarth Day Centre.	10.10.19.	5.	4.	4.	3.
Kalisgarth and Very Sheltered Housing (Housing Support Services)	10.10.19.	5.	N/A.	N/A.	3.
Care at Home Services (Housing Support).	31.10.19.	5.	N/A.	N/A.	4.
Care at Home Services (Support Services)	31.10.19.	5.	N/A.	N/A,	4.
Disability Resources Support Accommodation (Glaitness Housing Support Services).	03.04.19.	4.	N/A.	N/A.	4.
Disability Resources Support Accommodation (Support Services).	03.04.19.	4.	N/A.	N/A.	4.
Family Focus Service (Aurrida).	09.01.20.	5.	N/A.	N/A.	5.
Gilbertson Day Centre.	06.07.17.	4.	4.	4.	4.
Glaitness Centre (Support Services).	14.06.18.	4.	4.	4.	4.
Learning Disability Service – Supported Living Network (Housing Support Services).	24.04.19.	3.	N/A.	3.	3.
Learning Disabilities Service – Supported Living Network (Support Services).	24.04.19.	3.	N/A.	3.	3.
Lifestyles Service.	21.06.16.	5.	5.	5.	5.
West Mainland Day Centre.	18.07.17.	4.	4.	5.	4.

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 and breaks down the information into four family groups of eight, depending on which performance metrics are being looked at.






The Adult Social Care Services information, which falls in the People Services group of metrics, is grouped by affluence of each partnership, 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.	Eileanan 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 Partnerships are shown on the left, the most deprived on the right.

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

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

Orkney HSCP's ranking in the LGBF:

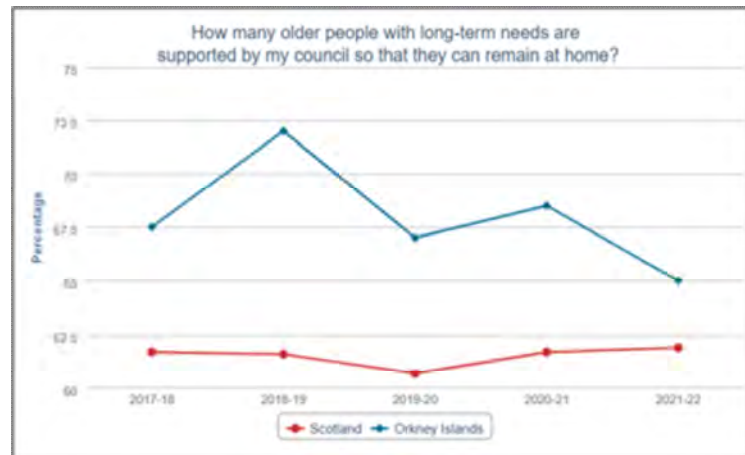
Reference.	Measure.	Direction of Travel.	Previous Period.	Most Recent (2021/22).
SW1.	Home care costs per hour for people aged 65 or over.		30.	29.
SW2.	Self-directed support (direct payments & managed personalised budgets) spend on adults 18+ as a percentage of total social work spend on adults 18+.		14.	13.
SW3a.	The percentage of people aged 65 and over with long-term care needs who are receiving personal care at home.		6.	11.
SW4b.	The 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.	9.
SW4c.	Percentage of adults supported at home who agree that they are supported to live as independently as possible.		1.	1.
SW4d.	Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.		2.	30.
SW4e.	Percentage of carers who feel supported to continue in their caring role.		2.	2.
SW5.	Residential cost per week per resident for people aged 65 or over.		31.	31.
SW6.	Rate of readmission to hospital within 28 days per 1,000 discharges.		1.	2.
SW7.	Proportion of care services graded 'good' or better in Care Inspectorate inspections.		31.	32.
SW8.	Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+).		15.	12.

Source: [Improvement Service](#).

Orkney HSCP's performance in LGBF shows a more mixed picture compared with the previous reporting period, with Orkney HSCP nationally ranking first or second in three rather than five of the 11 metrics.

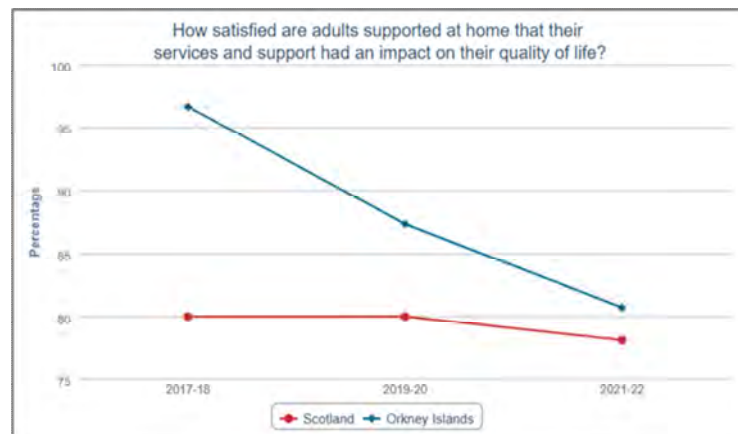
The percentage of people aged 65 and over with long term care needs who receive personal care at home (**SW3a**) dropped from 69% in 2020/21 to 65% in 2021/22, resulting in a drop in the national ranking from 6th to 11th.

Our Chief Officer, Stephen Brown, notes:

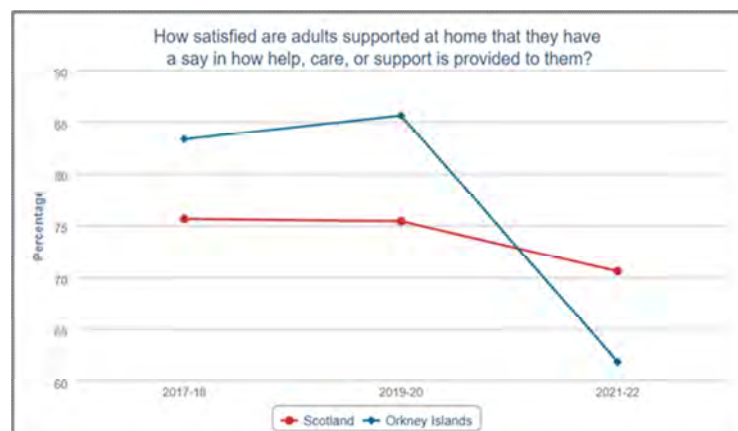


“This is related, in part, to the ongoing recruitment challenges within the service combined with more extensive care packages utilising two carers being required for a number of service users. These factors together have impacted on the overall number of people being supported. Another factor which has some bearing on our productivity are travelling distances.”.

The number of adults who agreed that their services and support had an impact in improving or maintaining their quality of life (**SW4b**) reducing from 87% in the previous period (2019/20) to 81% in the current reporting period.



The percentage of adults supported at home who agree they had a say in how their help, care or support was provided (**SW4d**) reducing from 86% to 62%.



Our Chief Officer notes:

“It is difficult to understand the reason for this significant drop and services are currently working with people they support to try and understand what the issues may be. The issue has not featured in complaints received by services or indeed through reviews. Through future reviews staff will pay particular

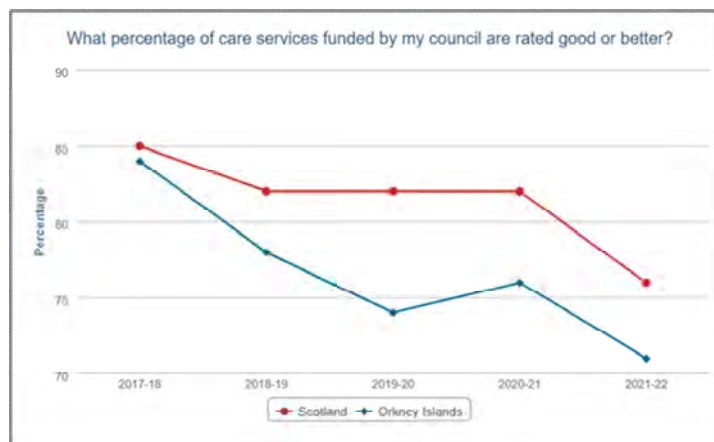
attention to this aspect of care delivery and ensure that people are given every opportunity to have a say in their care and support.”.

Despite the reduction in the previous two metrics, Orkney HSCP maintained its top ranking in the metric that measures the percentage of adults supported at home who agree that they are supported to live as independently as possible (**SW4c**), even though the percentage reduced from 98% to 90%.

Orkney HSCP has ranked top in this metric in all but one of the past five reporting periods.

Nationally, 22 out of the 32 HSCPs saw a reduction in the number of people who felt they were supported to live as independently as possible.

The proportion of care services graded ‘Good’ or better in Care Inspectorate inspections (**SW7**) reduced from 76% to 71%, leading to a drop in the national rankings from 31st to 32nd for the Orkney HSCP when compared with the previous reporting period 2020/21. This comes after the partnership’s performance improved between 2019/20 and 2020/21.

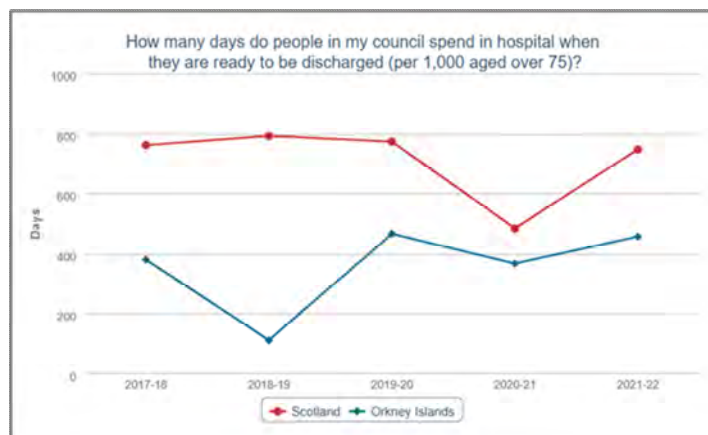


Our Chief Officer notes:

“It is disappointing to note that, having made some progress through 2020/21, the performance in this indicator has dropped again. With the Care Inspectorate resuming its routine post-COVID, many areas across Scotland have witnessed a decline in grades, in part due to many improvement plans being put on hold in response to the pandemic and due to new elements of inspection being introduced in relation to Infection Prevention and Control.

Orkney HSCP is in the process of re-establishing a Social Work Governance Board which will bring greater visibility of Inspection improvement plans and ensure the delivery of actions necessary to improve performance in this indicator.”.

Orkney HSCP saw its national ranking improve from 15th to 12th for the number of day people spend in hospital when they are ready to be discharged for people aged 75 and over (**SW8**), despite the number of days per 1,000 population increasing from 368 days to 458 days.



Our Head of Health and Community Care, Lynda Bradford, notes:

“This remains a worrying statistic which we continually try to decrease. The causative factors have shifted over the years such that lack of legal powers and unavailability of care at home are the more dominant reasons rather than the lack of care home places.”.

Metrics **SW1** (Home care costs per hour for people aged 65 and over) and **SW2** (The percentage spent on Self Directed Support of the total amount spent on social work for adults aged 18 and over) saw improvements in ranking, improving from 30th to 29th on SW1, and from 14th to 13th for SW2.

A link to the full LGBF paper will be added to this report once it is available.

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) have not yet been finalised for reporting. Indicators one to nine are based on the Scottish Health and Care Experience Survey (HACE) commissioned by the Scottish Government. The survey is carried out every two years. The primary source of data for indicators 12 through to 16 are Scottish Morbidity Records (SMRs) which are nationally collected discharge-based hospital records. Following recommendations made by Public Health Scotland (PHS) and communicated to all HSCP, the most recent reporting period available is calendar year 2022; this ensures that these indicators are based on the most complete and robust data currently available.

National indicators 1 – 9 as reported for 2021/22

Indicator	Title	Orkney	Scotland	Orkney West	Isles	Orkney East
NI – 1.	Percentage of adults able to look after their health very well or quite well.	93%.	91%.	94%.	93%.	92%.
NI – 2.	Percentage of adults supported at home who agreed that they are supported to live as independently as possible.	90%.	79%.	...	...	...
NI – 3.	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided.	62%.	71%.	...	...	...
NI – 4.	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated.	57%.	66%.	...	...	...
NI – 5.	Percentage of adults receiving any care or support who rate it as excellent or good.	91%.	75%.	...	...	...
NI – 6.	Percentage of people with positive experience of care at their GP practice.	88%.	67%.	89%.	92%.	86%.
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.	81%.	78%.	...	...	...
NI – 8.	Percentage of carers who feel supported to continue in their caring role.	43%.	30%.	41%.	43%.	42%.
NI – 9.	Percentage of adults supported at home who agreed they felt safe.	85%.	80%.	...	...	...

Please note that results for questions have been suppressed where there were fewer than 20 responses as they may be unrepresentative and may risk identifying respondents.

The data shown here is the same as reported in the 2021/22 Annual Performance Report. This is because the survey on which these figures are based is collected every other year, with the next time the survey is run being 2023/24.

Orkney HSCP Localities data for National Indicators 12 to 16 between 2015/16 and 2022/23.

Data for these indicators has not been verified for the most recent reporting period, and as such has been marked as 'na'.

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

Locality.	2015/16.	2016/17.	2017/18.	2018/19.	2019/20.	2020/21.	2021/22.	2022/23.
Isles.	10,545.	8,964.	10,286.	11,582.	9,718.	8,290.	10,800.	na.
Orkney East.	12,604.	9,994.	11,214.	11,682.	11,142.	10,592.	10,874.	na.
Orkney West.	8,839.	8,990.	7,881.	8,909.	8,310.	8,749.	9,880.	na.

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

Locality.	2015/16.	2016/17.	2017/18.	2018/19.	2019/20.	2020/21.	2021/22.	2022/23.
Isles.	97,560.	75,326.	77,300.	94,123.	86,508.	82,335.	72,375.	na.
Orkney East.	94,882.	89,217.	92,465.	80,502.	99,108.	72,696.	89,419.	na.
Orkney West.	87,380.	83,784.	74,743.	89,594.	73,323.	71,394.	82,770.	na.

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

Locality.	2015/16.	2016/17.	2017/18.	2018/19.	2019/20.	2020/21.	2021/22.	2022/23.
Isles.	63.	76.	85.	75.	69.	65.	73.	na.
Orkney East.	90.	76.	86.	85.	73.	85.	74.	na.
Orkney West.	67.	81.	67.	81.	54.	66.	65.	na.

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

Locality.	2015/16.	2016/17.	2017/18.	2018/19.	2019/20.	2020/21.	2021/22.	2022/23.
Isles.	93%.	90%.	92%.	93%.	88%.	92%.	94%.	na.
Orkney East.	90%.	92%.	91%.	88%.	90%.	92%.	92%.	na.
Orkney West.	94%.	92%.	90%.	91%.	91%.	94%.	92%.	na.

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

Locality.	2015/16.	2016/17.	2017/18.	2018/19.	2019/20.	2020/21.	2021/22.	2022/23.
Isles.	13.	13.	13.	10.	5.	10.	6.	na.
Orkney East.	27.	23.	19.	21.	22.	17.	16.	na.
Orkney West.	20.	21.	15.	11.	16.	17.	18.	na.

Looking Forward

The provision and delivery of health and social care services sits in the context of significant demographic changes. In Orkney, in 2018 the number of people aged 75 and over was 2,345 (10% of the population) but is predicted to increase to 4,366 (20% of population) by 2043. Over this period demand for care services by the over 75 aged population will inevitably increase; however, the number of people aged 16-65 is forecast to fall by 1,656, resulting in a reduced working population available to deliver care services.

Throughout the next year we will identify specific measures for each of the priority areas and will measure our performance against those to inform our 2023/24 quarterly reporting and the next Annual Performance Report. All six priorities will continue to be a focus for us, and we will endeavour to work with and alongside our communities and partner organisations to achieve our delivery aims.

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 necesita 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.

E-mail: OHACfeedback@orkney.gov.uk.

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