



Working together to make a real difference

Strategic Planning Group – Utilisation for Brinkies Wing

Minute | 2 September 2025 | 1000 | Teams

Present: Cllr Rachael King (Chair), Stephen Brown, Deborah Langan, Shaun Hourston-Wells, Ruth Lea, Michelle Mackie, Sam Thomas, Lou Byrne, Joanna Nicolson, Danny Oliver, Cathy Martin, Kirstie Moar, Helen Sievwright, John Daniels, Lynda Bradford, Shauna Stockan, Julia Walker, Wendy Lycett, Caroline Penman, Scott Robertson and Stephanie Johnston (notes)

Apologies: Morven Gemmill, Davie Hall, Morven Brooks, Frances Troup, Ryan McLaughlin, Steven Johnston, Diane Young and Lou Willis.

1. Welcome and Apologies

Rachael welcomed everyone, including the additional invitees to aid discussion, to the meeting and the apologies were noted.

2. Minute from the Previous Meeting

It was agreed to defer this item.

3. Utilisation for Brinkies Wing

Stephen provided an overview of the fourth wing, Brinkies, at Hamnavoe House, noting that there has never been recurring revenue to staff this wing. He provided a brief overview of the challenges facing the residential care homes, and the wider system pressures. One of the actions within the Strategic Plan Delivery Plan 2025/26 is to identify a proposed use for the wing. Members were asked to consider if the wing was open what could it be used for should there be funding and staffing available.

Lynda advised that the information which had been circulated prior to the meeting was to allow opportunity to have early sight to help inform discussions. It was noted that Brinkies, has never been opened except for a six month period in the Pandemic where it was used as a step-down facility. The demographic and complexity of need challenges were highlighted and that people are now coming to services already at the point of significant crisis. This can impact on what services are able to offer and to do and the knock on effect that has for other people. Data on current short breaks provisions and dependency needs in the care homes was presented. It was noted that there are occasions when people have a short break provision who then are assessed as unable to return home which has knock on effects.

It was noted that in 2024/25 there were 1,154 referrals to Adult Social Work for a new social work assessment which is on average 4.4 referrals every working day of the year. 49 of those were for a short break. However, it was advised that this figure does not capture the true demand, as many individuals do not reach the point of

referral. The challenges of managing competing demands for limited short break spaces and the impact on carers and families was shared. Recent experience is that if the beds were used solely for short breaks there is a risk that these would become permanently occupied.

The challenges faced by Adult and Learning Disability Social Work were echoed by the adult Allied Health Professions services. Individuals are experiencing more co-morbidities which if not managed well for example nutrition and/or pain management could result in their families/carers being even more exhausted. Due to the level of individuals in crisis, teams are struggling to provide early intervention and prevention work. It was highlighted that services are being incredibly creative however and finding ways to support individuals to best meet their needs. The challenges with lack of flow in the system was noted and the knock on affect that has on teams' capacity.

The current total number of delayed discharges was acknowledged, noting of that there are 100.5 hours of Care at Home via Home First and 28 hours just for Care at Home required per week to achieve discharge. At present the care at home capacity delivers 1621 hours care per week allocated across 161 individuals. 37% of those receiving over 10 plus hours of care. The breakdown of individuals receiving over 24 hours and over 50 hours per week was advised. When there is an urgent situation, care is shuffled around to support discharges where safe to do so.

An overview of the Intermediate Community Therapy team's activities was given, noting that they have supported 97 individuals in 2025 so far. 62 of those are to prevent admission and 35 being to support discharge. The challenge for the team is the individuals the team are supporting after the six week period. The team are seeing the complexity faced by others. It was suggested using Brinkies Wing for step-up/step-down care for one or two beds would be beneficial. The outcome from the Dounby pilot GP Bed was noted and the challenges from patients as it was considered by the individual to be too far from home.

It was advised that there is an increase demand for the Aging Well Service, with five classes being delivered across the community. The community referrals for Physiotherapy have also seen an increase over the last 12 months as well as the needs in acute settings. The Allied Health Professions were in agreement that potentially utilising a couple of the beds for Step Up/Down would be beneficial. Ruth also suggested that potentially using the beds as respite, if there was a way to ensure that following an episode of care individuals did in fact return home..

Sam advised that the Balfour has 49 beds in total, 38 of which are for acute admissions. Currently 45 beds are in use with a number of those patients being delayed discharges of care patients. The weekly average presentations have risen to 180 from 130. It was noted that over the last nine weeks, and previous to that, on average three theatre procedures have had to be cancelled every day due to there being no room in the system for an overnight stay if required following elective

operations. At times, for example the beginning of the year, there has been a stop in the system and converted the day case unit into inpatient beds for a short period of time to create a breather and enable some discharge traction. The average age for someone in inpatients 1 is 83-84 years old and around 50% of patients who are in would be considered delayed transfers of care. There was acknowledgment that services are doing all they can to avoid admissions, and also to enable discharges, there is still significant pressures within the Hospital. At times the maternity beds are being utilised for some acute capacity and to enable Ambulances to be 'off loaded' at the front door, bearing in mind that on some days there is only one Ambulance.

In terms of residential care, it was highlighted that the needs of residents in the last five years has increased significantly with individuals coming to the care homes in a much more frail state or advanced state of dementia. There is a high level of dependency currently in the care homes, which means there is a high risk of falls, increase of medication and intervention work and an increase of comorbidities.

Around two thirds of residents requiring 'doubling' up to provide personal care and mobilisation. There is also an increase in specialist diets and assistance require to eat/drink. It was acknowledged that as none of the care homes have nursing home registration tasks are carried out by social care staff rather than by a nurse. In terms of respite requirements it was noted that following assessment a significant number of those receiving respite are unable to return to their own homes, due to a number of reasons, which puts additional pressure on the system.

Cathy also raised concerns on the impact of carers who are looking after, including providing personal care, those with a mental illness and/or lack capacity. Teams are working hard collectively to safely support individuals but on occasions there is a requirement for admission to a care home when an individual requires 1:1 care. This inevitably adds pressures but mitigates some risks in the community and prevents someone being placed outwith Orkney. Keeping individuals in Orkney is a testament to the work staff do, some of whom go above and beyond. Cathy also highlighted a need for a bed for older people with enduring mental health needs to mitigate the need to be transferred to the Royal Cornhill Hospital or to support them before/after admission/discharge.

If Brinkies wing were to open there would be need to be consideration given to the staff mix, depending on the use, to meet individual needs in the best way. In terms of respite/short breaks asks which is not making their way to the Resource Management Meeting, it was noted that work can commence collating this information.

Another issue to consider is following the move to Kirkjuvagr House, there will be four less beds available, however St Rognvald House has not been completely filled since residents started to be readmitted. The need for a care home with a nursing registration was highlighted as the care homes are working to the top of their licence. As well as this there is the rising demographics which is seeing a decrease in the number of working age people compared to those of non working age.

Concerns were raised around the impact of system pressures on staff retention and recruitment and the importance of the wider Integration Joint Board members being fully informed of the discussions and challenges highlighted. It was advised that the Chairs Assurance Report would reflect the key points raised. **Action:** Rachael. It was highlighted some key members missing from the discussion today being the Third Sector and Housing. Stephen agreed to have a session with the Third Sector to get their views and liaise with Housing for their input. **Action:** Stephen.

Everyone was thanked for their input, and it was advised that following engagement with the Third Sector and Housing, a proposal will be developed for consideration at a future meeting. **Action:** Stephen.

4. AOCB

None.

5. Date of Next Meeting

Wednesday, 12 November: 1500-1700.

Stephen Brown (Chief Officer)

Orkney Health and Social Care Partnership

01856873535 extension: 2601

OHACfeedback@orkney.gov.uk



Chair's Assurance Report to the Integration Joint Board

Title of Report:	Strategic Planning Group – Utilisation for Brinkies Wing.	Date of Meeting:	02 September 2025.
Prepared By:	Cllr Rachael King.	Presented By:	Cllr Rachael King.
Purpose:	To present the minutes from the Strategic Planning Group – Utilisation for Brinkies Wing meeting on 2 September 2025.		

Positive Assurances:	Decisions Made:
<ul style="list-style-type: none">• Staff commitment: Staff and teams were praised for the care they provide for individuals, with staff going above and beyond to support individuals and, in some instances, maintain care for the individual in Orkney.• Multi Disciplinary Working: Teams are working collaboratively to ensure wrap around support to vulnerable people in the community to prevent admissions but also to enable discharges from the Hospital.	<ul style="list-style-type: none">• Third Sector Engagement: A separate session to be organised with the Third Sector to get their input on the utilisation of the wing• Housing Involvement: To ensure that Housing have the opportunity to feedback any views to the utilisation of the wing.
Areas of Concern or Key Risks to Escalate:	Major Actions:
<ul style="list-style-type: none">• System wide pressures: Capacity issues are impacting the discharge process which is having a knock on impact to service delivery such as operations being cancelled, lack of intervention work being undertaken or service working with individuals far longer than normal. The demand in the	<ul style="list-style-type: none">• Brinkies Wing: The assessment of strategic planning will continue with a view to a report with recommendations being presented to the Strategic Planning Group before then being presented to the Integration Joint Board at the earliest opportunity.

Stephen Brown (Chief Officer)

Orkney Health and Social Care Partnership

01856873535 extension: 2601

OHACfeedback@orkney.gov.uk



<p>community for residential care and respite care was also noted.</p> <ul style="list-style-type: none">• Dependency Levels in Care Homes: Individuals are entering the care homes with much higher levels of complex need which means a higher risk of falls as well as increasing numbers of medication and intervention work. Two Thirds of residents are requiring 1:1 support.• Staff retention and recruitment: Staff are under pressure due to rising complexity and workload.• Nursing Home Registration: Currently the care homes are working at the top of their licence, and in instances, care workers are providing care more aligned to that of a nursing role.	
Comments on Effectiveness of the Meeting:	
The meeting was well attended, with some key professionals joining this specific meeting to share their views from their services.	