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Agenda Item: 9

Integration Joint Board

Date of Meeting: 18 February 2026.

Subject: Utilisation of Fourth Wing, Hamnavoe House Proposal.

1. Purpose

1.1. To present Members with the proposed use of the fourth wing of Hamnavoe House for approval.

2. Recommendations

It is recommended:

2.1. That Members approve the principle of the utilisation of the vacant fourth wing (Brinkies) at Hamnavoe House as a dedicated 10 bed short break facility.

2.2. That Health and Social Care Partnership Senior Officers are remitted to identify possible sources of funding to meet the cost of utilising the fourth wing of Hamnavoe House, estimated at up to £822,825, and thereafter submit a draft Direction to the Board for approval.

2.3. That, should financial and staffing resources in respect of the fourth wing at Hamnavoe House be secured, the short break provision currently in Hamnavoe House, Smiddybrae House and St Rognvald House and/or Kirkjuvagr House be allocated as permanent places.

3. Background

3.1. As members will recall Hamnavoe House is a four wing care setting, with each wing containing 10 beds. At the time of the build to replace St Peter's House it was agreed as a future proofing mechanism to increase physical capacity to 40 places. Revenue funding for the fourth wing did not accompany the plan nor was there a proposed timescale for the wing's opening. The fourth wing has only opened once, for a period of six months during the COVID19 pandemic as a stepdown facility.

3.2. The registered complement of permanent and respite beds in the three residential care homes are as follows:

	Permanent Beds.	Respite Beds.
Hamnavoe House.	27.	3.
Smiddybrae House.	30.	2.
St Rognvald House.	40.	4.

3.2.1. Following the opening and transition period from St Rognvald House to Kirkjuvagr House there will be 38 places earmarked as permanent and two earmarked as short break places however these can be used flexibly to meet the most pressing need at the time of allocation.

3.3. One of the Strategic Plan Delivery Plan 2025/26 actions is to agree the plan for how the fourth wing at Hamnavoe House will be commissioned.

4. Strategic Planning Group Discussion

4.1. On 2 September 2025, there was a dedicated meeting of the Strategic Planning Group to discuss possible uses for the unused Brinkies Wing (the fourth wing) at Hamnavoe House.

4.2. Information and views were invited from the Care Home Managers, Adult and Learning Disability Social Work, Care at Home, Home First, Occupational Therapy, Physiotherapy, Intermediate Community Therapy teams to help provide further details which highlighted the current situation and pressures being faced across the whole system.

4.3. It is evidenced that all services in the community are operating at the top of their registration licence. Adult Social Work referrals rise each year and people now come to services with greater frailty, higher levels of dementia, and multiple health conditions. What this means in effect is that there is little by way of early intervention or prevention including short break provision. This in turn leads to intervention only at the point of crisis and as such many people admitted for a short break are de facto a temporary admission leading to permanency.

4.4. Pre-pandemic care homes held their own short break diaries and individuals were able to agree a year in advance how their short break opportunities would be planned and where they would take place. Now, in order to ensure equity and best decisions based on priority of need, those decisions take place each week within the Resource Management Meeting.

4.5. Despite delivering in the region of 180 hours per week of care at home provision there are around 50 individuals on the waiting list at the time of writing who have been agreed as requiring some form of care at home but capacity cannot be found either within the Council's care at home service or with third sector partners. Without those packages or a short break, the needs of those individuals can only rise.

4.6. At the time of the Strategic Planning Group meeting, The Balfour was running close to maximum capacity, that position has not changed. The average presentations to the Emergency Department have increased from 130 to 180 per week. Over the previous nine weeks, three theatre procedures per day on average had to be cancelled due to lack of bed capacity for post-operative stays.

4.7. Following discussion there were several opportunities identified for utilisation of Brinkies Wing:

- Short Break provision: A dedicated wing could support carers and reduce crises in the community. Strategic Planning Group Members emphasised the importance of ensuring people using respite can return home after their stay.
- Step up/step down care: Allied Health Professionals highlighted that one or two beds for short-term step-up/step-down care would help avoid unnecessary hospital admissions and assist with timely discharges.
- System flow: Additional permanent capacity could help reduce delayed discharges across the whole system, supporting both acute care and community teams.

4.8. A follow up discussion was held at the meeting of the Strategic Planning Group held on 12 November 2025, where it was proposed that Brinkies Wing be dedicated to providing residential short break opportunities. It was suggested that this approach could alleviate the current challenges of emergency respite admissions, which often transition into permanent care placements.

4.9. It was acknowledged that many current short break admissions are, in practice, temporary admissions that become permanent due to the services having reduced ability in relation to the provision of early intervention, lengthy waits for care at home in addition to a lack of short break availability. Consolidation of respite care to one dedicated wing may facilitate improved planning and scheduling.

4.10. It was proposed that the current respite beds located in care homes could be transferred to permanent beds, thereby increasing capacity for long term care.

4.11. The net effect of the move to Kirkjuvagr House and the opening of Brinkies wing is six more places in the overall system.

5. Proposal

5.1. As described above in Section 4 the proposal is three-fold: to identify financial resource to enable the recruitment to the staffing model described in 7.1 below to open Brinkies wing as a 10 place short break wing within Hamnavoe House for all older peoples' residential short breaks.

5.2. Once Brinkies wing is open, other residential short break places within Kirkjuvagr House, Smiddybrae House and within the other wings in Hamnavoe House would cease.

6. 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.	No.
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.	No.
Sustainability: To make sure economic and environmental factors are balanced.	Yes.

7. Resource and financial implications

7.1. The costs required to open the fourth wing are significant. This is multifactorial; the frontline staffing needs to be robust as ten ever changing individuals are far more resource intensive with different needs and challenges compared with a more static group of residents. As a short breaks facility there will be the requirement for a speedy turnaround of places in order to maximise the opportunity which can be offered to people. Increasing the capacity from 30 to 40 with the associated rapid turnover also considerably increases the need for supervisory oversight.

7.2. The proposed staff model is therefore as follows:

- 1 FTE Senior Social Care Worker with 10% unsocial hours supplement: £73,485.
- 8.4 FTE Social Care Workers with 10% unsocial hours supplement: £507,150.
- 2 FTE Night Social Care Worker with 33% unsocial hours supplement: £144,900.
- 2 FTE Domestic with 10% unsocial hours supplement: £97,290.

7.3. This would total £822,825, at 1 April 2026 rates. Subsequent further increases may be applicable dependant on the timing of implementation.

8. Risk, equality and climate change implications

8.1. Whether the proposal is agreed, or funding not identified or there is the inability to recruit staff the risk is the same: that fewer and fewer people are able to be afforded a short break. Increasing numbers of people who are coming forward for a short break are already at a crisis point with the result that following a short break

they are in reality unable to safely return home. This therefore results in fewer short break opportunities available to others.

8.2. There is a further risk that the provision of fewer short breaks in turn leads to increased carer burnout and non-compliance with the new carers' legislation, the Care Reform (Scotland) Act 2025.

8.3. An Equality Impact Assessment and an Island Communities Impact Assessment have been carried out and are attached as Appendices 1 and 2 respectively to this report.

9. Direction required

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

NHS Orkney.	No.
Orkney Islands Council.	No.

10. Escalation required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.

11. Author and contact information

11.1. Stephen Brown (Chief Officer), Integration Joint Board. Email, telephone: 01856873535 extension 2601.

11.2. Lynda Bradford (Head of Health and Community Care), Orkney Health and Social Care Partnership. Email, telephone: 01856873535 extension 2601.

12. Supporting documents

12.1. Appendix 1: Equality Impact Assessment.

12.2. Appendix 2: Island Communities Impact Assessment.



Equality Impact Assessment

The purpose of an Equality Impact Assessment (EqIA) is to improve the work of the Integration Joint Board (Orkney Health and Social Care Partnership) by making sure it promotes equality and does not discriminate. This assessment records the likely impact of any changes to a function, policy, or plan by anticipating the consequences, and making sure that any negative impacts are eliminated, or minimised, and positive impacts are maximised.

1. Identification of Function, Policy or Plan	
Name of function / policy / plan to be assessed.	Utilisation of the fourth wing, Brinkies, at Hamnavoe House.
Service / service area responsible.	Health and Community Care.
Name of person carrying out the assessment and contact details.	Shaun Hourston-Wells, telephone: 01856873535 extension 2414.
Date of assessment.	29 January 2026.
Is the function / policy / plan new or existing? (Please indicate also if the service is to be deleted, reduced, or changed significantly).	This is a new proposal to deploy the fourth wing, Brinkies, of Hamnavoe House as a 10-bed short break facility.

2. Initial Screening	
What are the intended outcomes of the function / policy / plan?	To increase the provision of short break facilities for unpaid carers and their families.
State who is, or may be affected by this function / policy / plan, and how.	All service users and their unpaid carer(s).
Is the function / policy / plan strategically important?	Yes. Supporting Unpaid Carers is one of the Integration Joint Board's six Strategic Priorities.
How have stakeholders been involved in the development of this function / policy / plan?	Access to short break provision, often referred to as respite, has been at the heart of discussions with unpaid carers and service providers, for a

	number of years. The potential use of Brinkies Wing for this purpose has been discussed as a possible factor in increasing access to respite, at the last two Carer Conferences.
Is there any existing data and / or research relating to equalities issues in this policy area? Please summarise. E.g. consultations, national surveys, performance data, complaints, service user feedback, academic / consultants' reports, benchmarking (see equalities resources on OIC information portal).	Those with caring responsibilities is identified as a Protected Characteristic for the purposes of identifying equalities' issues, for Integration Joint Board reports. Local and national surveys consistently identify the access to short breaks/respite as the biggest concern of unpaid carers.
Is there any existing evidence relating to socio-economic disadvantage and inequalities of outcome in this policy area? Please summarise. E.g. For people living in poverty or for people of low income. See The Fairer Scotland Duty Interim Guidance for Public Bodies for further information.	Unpaid carers are consistently identified as likely to be at a socio-economic disadvantage.
Could the function / policy have a differential impact on any of the following equality strands?	(Please provide any evidence – positive impacts / benefits, negative impacts, and reasons).
1. Race: this includes ethnic or national groups, colour and nationality.	No.
2. Sex: a man or a woman.	No. However, local and national surveys consistently identify that females account for around 70% of unpaid carers.
3. Sexual Orientation: whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.	No.
4. Gender Reassignment: the process of transitioning from one gender to another.	No.
5. Pregnancy and maternity.	No.

6. Age: people of different ages.	No. However, data indicates that a majority of unpaid carers are aged over 50, with a large number exceeding 65.
7. Religion or beliefs or none (atheists).	No.
8. Caring responsibilities.	Yes. This policy is intended to provide support to those with caring responsibilities.
9. Care experienced.	No.
10. Marriage and Civil Partnerships.	No.
11. Disability: people with disabilities (whether registered or not).	Yes. This policy will support the carers of those with a disability.
12. Socio-economic disadvantage.	Yes. Data indicates a significant proportion of unpaid carers can be defined as at a socio-economic disadvantage. This policy will support unpaid carers to develop and maintain social contacts.

3. Impact Assessment

Does the analysis above identify any differential impacts which need to be addressed?	No. Any differential impacts are considered entirely positive.
How could you minimise or remove any potential negative impacts?	N/A.
Do you have enough information to make a judgement? If no, what information do you require?	Yes.

4. Conclusions and Planned Action

Is further work required?	No.
What action is to be taken?	N/A.
Who will undertake it?	N/A.
When will it be done?	N/A.
How will it be monitored? (e.g. through service plans).	N/A.

Signature:



Date: 29 January 2026.

Name: Shaun Hourston-Wells.



Island Communities Impact Assessment

The purpose of an Island Communities Impact Assessment (ICIA) is to improve the work of the Integration Joint Board by making sure it considers whether the impact of any policy, strategy or service on an island community is likely to be significantly differently from its effect on other communities (including other island communities).

PRELIMINARY CONSIDERATIONS	Responses
Please provide a brief description or summary of the policy, strategy, or service under review for the purposes of this assessment.	Utilisation of the fourth wing, Brinkies, at Hamnavoe House.
STEP 1 - Develop a clear understanding of your objectives	Responses
What are the objectives of the policy, strategy, or service?	To increase the provision of short break facilities for unpaid carers and their families.
Do you need to consult?	No.
How are islands identified for the purpose of the policy, strategy, or service?	The totality of Orkney and its islands.
What are the intended impacts/outcomes and how do these potentially differ in the islands?	The intention of this proposal is to increase the provision of short break facilities, often referred to as respite, for unpaid carers, in the Mainland.
Is the policy, strategy, or service new?	This is a new approach, using facilities not deployed previously, to deliver short break services.
STEP 2 - Gather your data and identify your stakeholders	Responses
What data is available about the current situation in the islands?	There is currently short breaks placement provision in Hamnavoe House, Smiddybrae House and St Rognvald House in the Mainland and Kalisgarth Care Centre on Westray.
Do you need to consult?	No. The formal and informal consultation undertaken with unpaid carers, over the last several years, is considered sufficient to validate the need for this increased service provision.
How does any existing data differ between islands?	There is currently short breaks placement provision in Hamnavoe House, Smiddybrae House and St Rognvald House in the Mainland and Kalisgarth Care Centre on Westray.
Are there any existing design features or mitigations in place?	N/A.
STEP 3 - Consultation	Responses
Who do you need to consult with?	N/A.

How will you carry out your consultation and in what timescales?	N/A.
What questions will you ask when considering how to address island realities?	N/A.
What information has already been gathered through consultations and what concerns have been raised previously by island communities?	N/A.
Is your consultation robust and meaningful and sufficient to comply with the Section 7 duty?	N/A.
STEP 4 – Assessment	Responses
Does your assessment identify any unique impacts on island communities?	There is currently short breaks placement provision in Hamnavoe House, Smiddybrae House and St Rognvald House in the Mainland and Kalisgarth Care Centre on Westray. This is, however, the situation at present.
Does your assessment identify any potential barriers or wider impacts?	Service users in the ferry-linked isles will still have to travel to either the Mainland or Westray to access short breaks/respite beds. The withdrawal of short breaks beds in Dounby and Kirkwall means that some service users and their families will need to travel to Stromness, which some may see as inconvenient. It is the experience of officers, however, that service users, families and carers are grateful for short break services, wherever they are delivered, and, consequently, the inconvenience of travelling to Stromness is considered to be outweighed by the increased service capacity.
How will you address these?	While there would be no change to the current short breaks provision on Westray, the opportunities for access to services on the Mainland will be increased.



You must now determine whether, in your opinion your policy, strategy, or service is likely to have an effect on an island community that is significantly different from its effect on other communities (including other island communities).

If your answer is **NO** to the above question, a full ICIA will NOT be required, and **you can proceed to Step SIX**. If the answer is **YES**, an ICIA must be prepared, and **you should proceed to Step FIVE**.

To form your opinion, the following questions should be considered:

- Does the evidence show different circumstances or different expectations or needs, or different experiences or outcomes (such as different levels of satisfaction, or different rates of participation)?
- Are these different effects likely?
- Are these effects significantly different?
- Could the effect amount to a disadvantage for an island community when compared to other islands in Orkney (especially the Mainland)?

STEP 5 – Preparing your ICIA	Responses
In Step Five, you should describe the likely significantly different effect of the policy, strategy, or service:	
Assess the extent to which you consider that the policy, strategy, or service can be developed or delivered in such a manner as to improve or mitigate, for island communities, the outcomes resulting from it.	
Consider alternative delivery mechanisms and whether further consultation is required.	
Describe how these alternative delivery mechanisms will improve or mitigate outcomes for island communities.	
Identify resources required to improve or mitigate outcomes for island communities.	
STEP 6 - Making adjustments to your work	Responses
Should delivery mechanisms/mitigations vary in different communities?	N/A. Short break beds will be made available in a single, Mainland-based facility and Westray.
Do you need to consult with island communities in respect of mechanisms or mitigations?	No.
Have island circumstances been factored into the evaluation process?	Yes. This proposal will increase access to short break provision for those throughout Orkney.
Have any island-specific indicators/targets been identified that require monitoring?	No.
How will outcomes be measured on the islands?	The numbers of people in crisis seeking formal services are expected to drop.
How has the policy, strategy, or service affected island communities?	Increased service provision is yet to be implemented.
How will lessons learned in this ICIA inform future policy making and service delivery?	The proposal will deliver increased access to service provision, across Orkney. This is true of the ferry linked isles, too, although residents will need to travel to the Mainland or Westray to access this service.
STEP 7 - Publishing your ICIA	Responses
Have you presented your ICIA in Easy-Read Format?	No.
Does your ICIA need to be prepared in Gaelic, or any other language?	No.
Where will you publish your ICIA, and will relevant stakeholders be able to easily access it?	Alongside the following report on the Orkney Islands Council's website: Utilisation of Fourth Wing, Hamnavoe House Proposal, dated 18 February 2026.
ICIA completed by:	Shaun Hourston-Wells.
Position:	Policy and Performance Manager.

Signature:	
Date complete:	29 January 2026.
Who will sign-off your final ICIA and why?	Lynda Bradford, as Head of Health and Community Care.
Signature:	
Date approved:	29 January 2026.