

Item: 15

Policy and Resources Committee: 3 December 2020.

Integration Joint Board's Annual Performance Report.

Report by Chief Officer / Executive Director, Orkney Health and Care.

1. Purpose of Report

To present the annual performance report of the Integration Joint Board in planning and carrying out the integration functions for Orkney.

2. Recommendations

The Committee is invited to scrutinise:

2.1.

The Integration Joint Board's Annual Performance Report 2019/20, attached as Appendix 1 to this report, in order to obtain assurance that services commissioned by the Integration Joint Board to the Council are performing to an acceptable standard.

3. Background

3.1.

Attached as Appendix 1 to this report, is the IJB's Annual Performance Report for 2019/20, which was considered by the Board on 30 September 2020 and agreed for submission to the Scottish Government. The Annual Performance Report was subsequently submitted to the Scottish Government on 22 October 2020.

3.2.

The Annual Performance Report is required, by statute, to be submitted to Orkney Islands Council and NHS Orkney.

3.3.

The Annual Performance Report is based on national information collected by Public Health Scotland to highlight the performance of Orkney Health and Care in respect of both the National Suite of Indicators and the Ministerial Steering Group (MSG) Indicators. Performance information relating to these indicators has been provided by the Public Health Scotland Local Intelligence Support Team.

3.4.

Orkney Health and Care needs to develop local measures to further understand its effectiveness in delivering the Strategic Plan and to plan future services. Development of further local measures will start following recruitment to the vacant post of Planning and Performance Officer.

3.5.

Following the impact of COVID-19, the Scottish Government allowed Integration Authorities to postpone the deadline for completion of Annual Performance Reports, which was agreed by the IJB from the end of July to the end of October 2020.

4. Summary of Performance Report

4.1.

Orkney Health and Care's performance in respect of the core suite of indicators is generally positive.

4.2.

In the performance reporting Orkney is compared to six 'peer group' areas and the other partnerships in Scotland, namely:

- Aberdeenshire.
- Argyll and Bute.
- Highland.
- Moray.
- Na h-Eileanan Siar.
- Shetland Islands.

4.3.

The emergency admission rate across Orkney decreased marginally by 3.5% in 2019 to 10,340 admissions per 100,000 population. This followed a consistent year on year rise over the past three financial years. 2019 figures were mirrored across all three of Orkney's localities and remained broadly consistent with that of Orkney's peer group rate of 10,370 per 100,000 population (Integration Indicator 12 and MSG 1.a). In contrast however, while Orkney reported a decline this year the Peer Group and national emergency admission rate continued to rise.

4.4.

While there was a decrease in emergency admissions, the number of patients attending A and E increased for a fifth consecutive year in Orkney (MSG Indicator 3.a). Taking both measures together, despite an increase in A and E presentations less people were admitted to hospital. This is positive because it avoids unnecessary hospital admissions and frees up hospital capacity for planned services. Moreover, during 2019 96% of people attending A and E were seen within 4 hours (MSG Indicator 3.b).

4.5.

The emergency readmission rate within 28 days per 1,000 discharges decreased by 18% in 2019. This represented the steepest decline over the past four years and contrasts to the higher and unchanging Peer Group and National rates. What is more, Orkney represented the lowest readmission rate within 28 days across Scotland during 2019. At the locality level in Orkney all areas followed similar trends to that of Orkney as a whole. Orkney West recorded the most acute decrease of 35% while Isles decreased the least by 12%. Orkney East recorded the highest level of emergency readmissions within 28 days at 70 admissions per 1,000 discharges.

4.6.

For those over the age of 65, the number of people per 1,000 who suffered a fall resulting in a hospital admission remained unchanged in Orkney during 2019. Despite this across Orkney the falls rate declined year on year between 2015/16 and 2018/19. The 2019 Orkney fall rate was the third lowest across Scotland and represented the third year in a row where the falls rate was lower than the Peer Group and the National rate. Orkney East represented the highest level in the population of falls for those aged 65+. Continually, the two mainland localities, Orkney East and West, reported an increase in 2019 compared to the Isles which reported a decrease of 50%.

4.7.

On the whole, this is positive news and is reflected in the relatively low percentage of health and care resource spent on emergency admissions to hospital over the past three years. Orkney spent the seventh lowest proportion of resource on emergency admissions in 2019. This was on par with the Peer group proportion of 20.8%.

4.8.

Due to the importance of the improvement work being done to date in regard to children and young people, the performance report contains progress to date, rather than from February 2020 (when the joint inspection report was published) to 31 March 2020.

4.9.

Information relating to national indicators 1-9 for 2019/20 was originally due to be published in April 2020 but, due to staff redeployment during the COVID-19 pandemic, the publication was delayed and so the most recent survey results were not available for inclusion within this report. These indicators will be updated when the data becomes available later this year.

4.10.

The Committee is invited to scrutinise the Annual Performance Report in order to obtain assurance that the services which the Integration Joint Board has commissioned to the Council are being delivered to an acceptable standard.

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 financial implications directly arising from this report.

7. Legal Aspects

7.1.

Under Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014, Orkney's Integration Joint Board must prepare a performance report for the reporting year setting out an assessment of performance during the reporting year to which it relates in planning and carrying out the integration functions for the area of the local authority. The Integration Joint Board must publish the performance report by 31 July each year and provide a copy of it to each constituent authority, in this case NHS Orkney and Orkney Islands Council.

7.2.

In terms of Schedule 6, paragraph 8, of the Coronavirus (Scotland) Act 2020, the Integration Joint Board may decide to postpone complying with the duty to publish the annual performance report if it is of the view that complying would be likely to impede its ability to take effective action to prevent, protect against, delay or otherwise control the incidence or transmission of coronavirus. In the present case the Integration Joint Board, in exercise of its powers under Schedule 6, paragraph 8, published the annual performance report for reporting period 1 April 2019 to 31 March 2020 in September 2020.

8. Contact Officers

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9. Appendix

Appendix 1: Integration Joint Board's Annual Performance Report 2019/20.



Annual Performance Report

Orkney Health and Care
Integration Joint Board
2019/2020



For Further information

Visit: www.orkney.gov.uk/Service-Directory/S/orkney-health-and-care.htm

Telephone: 01856873535 extension 2611

E-mail: OHACfeedback@orkney.gov.uk

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

Care Opinion: www.careopinion.org.uk

This document is also available in large print and other formats and languages upon request. Please contact: [**OHACfeedback@orkney.gov.uk**](mailto:OHACfeedback@orkney.gov.uk)

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Annual Performance Report

This is the fourth report from Orkney Integration Joint Board. It sets out how we have delivered on our visions and commitments over 2019/20. We review our performance against agreed local and national performance indicators and against the commitments set out in our second Strategic Plan, covering the period 2019/22.

The main elements of this report set out:

1. The current strategic approach.
2. How we have been working to deliver strategic priorities over the period.
3. The financial performance.
4. Key work areas we will be focusing on as we move forward.

Executive Summary



Councillor Rachael King.

CHAIR

Welcome to the fourth Annual Performance Report for the Orkney Integration Joint Board.

We are the body responsible and accountable for the design, commissioning and oversight of the delivery of integrated community-based health and care services and unplanned hospital admissions through our statutory partners, Orkney Islands Council and NHS Orkney known locally as 'Orkney Health and Care'. We undertake this in partnership with our Third Sector colleagues, people who use our services, their carers and the community as a whole. The breadth of this remit is to ensure that services in the community both seek to prevent the need for admission to hospital but also to facilitate early discharge from hospital so that people can remain with family and friends and importantly within their own communities and homes.

Our homes are important to us all, but when our needs mean that we must leave that familiar place we want to know that wherever we are accessing services, the environment is as welcoming as it can be. This year has seen the opening of the new Balfour Hospital in Kirkwall, where we commission a range of services, and



Gillian Morrison.

INTERIM CHIEF OFFICER

In the last year, Orkney Health and Care has experienced several staffing changes, with key staff moving on, including the former Chief Social Work Officer and the former Chief Executive of both Orkney Islands Council and NHS Orkney. A major change for Orkney was saying goodbye to the old Balfour Hospital, when services moved across to the new hospital, The Balfour, including some Orkney Health and Care services, in June 2019. The residents from the former St Peter's House also enjoyed moving into their new home, Hamnavoe House, which looks out over the sea in Stromness (pictures below).

Our first priority in 2019/2020 has been developing and driving forward our Orkney Partnership Children's and Young People's Inspection Improvement Plan, which followed a joint inspection report published in February 2020.

Hamnavoe House in Stromness. Hamnavoe House is evidence of the collaboration of not only designers and engineers, but staff, patients, residents, carers and the community to ensure seamless support for our residents.

This collaborative approach has been echoed across our work over the past 12 months.

We have seen a significant change to the way in which Orkney Health and Care seeks to engage with and seek contributions from the community. Instead of expecting the public to come to us, we have travelled to where the community chooses to naturally gather. Senior staff attended each of the agricultural shows, Stromness Shopping Week, met people for a day in the foyer of a local supermarket as well as attending Community Councils to engage directly on strategic plans to commission services. Staff also ensured that the voices of our younger community members were heard, and actively involved them in discussions surrounding the design of services in particular mental health, early intervention and services for young people in need of care. As a board, we hope that we have also demonstrated the value that we place on the immense contribution and role that unpaid carers play in supporting the health and care needs of their families, friends and neighbours.

We have strengthened our commitment to work with voluntary and independent colleagues as equal partners through the inclusion of representatives identified by the Third Sector Forum to not only join but also to share the strategic leadership of our new Programme Boards. These integrated forums have been tasked with taking forward our exploration of how emerging technology and the strengths of our communities can influence and shape the commissioning of improved and sustainable services for the future.

Whilst we can achieve so much locally to address the challenges which we face, as a board we also recognise that we need to look beyond our own community to influence national forums across Scotland to ensure that the needs of our island communities contribute to the direction of health and social care in Scotland.

The close of this year saw the COVID-19 pandemic reach our shores and whilst the full impact and implications of this global event are as yet unfolding, we

There has been significant engagement with our communities to take account of their views in the development of various key documents such as the Strategic Plan, Learning Disability Strategy, the draft Mental Health Strategy and the draft Dementia Strategy. In recognising the critical importance of community engagement, Orkney Health and Care found new ways to engage with stakeholders, consulting with Community Councils, having a stall at each of the Agricultural Shows, meeting with children and young people, and inviting a Community Choir to launch the Learning Disability Strategy. Through these, and other methods of engagement such as a more embedded relationship with Orkney Opinions, we have endeavoured to ensure that our strategies reflect the views of the Orkney community to ensure Orkney Health and Care, along with all its partners, is **Getting it right for Orkney**.

This year also saw significant progress on our approach to Community Led Support, which aims to help individuals work with stakeholders to build on their own skills and strengths to improve their own quality of life. This has included a carers' workshop which aimed to think about how CLS could help support their needs. More information can be found on page 16.

The biggest challenge in 2019/2020 arrived towards the end of this period, with growing certainty that we were about to experience the Coronavirus pandemic, which had, and still has, the potential to significantly affect the lives of the most vulnerable people in Orkney. The staff within Orkney Health and Care, working alongside Council, Health Board and third sector colleagues, have worked tirelessly to

must take assurance from the knowledge that we have a strong community which continues to demonstrate that its strength lies in its ability to work together.

So my thanks on behalf of the Integration Joint Board for all the hard work that not only the Orkney Health and Care staff do, but to colleagues in all departments of Orkney Islands Council and NHS Orkney who support our work and to the voluntary and independent organisations without whom we would not have the richness and depth of provision in all corners of our islands. Last but by no means least, a particular 'thank you' to those who have first-hand experience of using services, their families, friends and carers, who have supported the Integration Joint Board over the last year to continue to ensure that the services we provide are the best that they can be.

provide the best quality care, support and protection possible within the resources we have in these uncertain times.

The Integration Joint Board

Orkney Integration Joint Board (IJB) is responsible for all social work, social care and community health services in Orkney. These include Mental Health services, Primary Care services, Children's Health services, Children and Young People's Social Work and Criminal Justice Social Work.

The IJB Voting Members

Councillor Rachael King, Elected Member and IJB Chair.

David Drever, NHS Non Executive Director and IJB Vice Chair.

Councillor John Richards, Elected Member.

Issy Grieve, NHS Non Executive Director.

Councillor Steve Sankey, Elected Member.

Davie Campbell, NHS Non Executive Director.

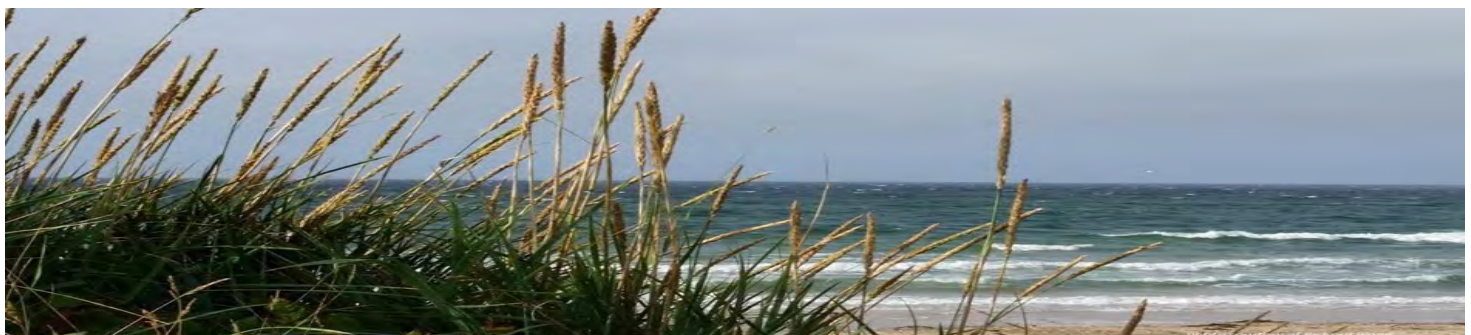
Other people involved in the IJB

In addition to the voting members, the IJB also has a range of professional advisors and stakeholder representatives of health and care services, and other relevant services such as housing, third sector, service user, carer and staff side representatives.

In this period, we have had a few changes in membership. On 13 May 2019 the period of chairing, as agreed, reverted back to an Elected Member with Councillor Rachael King taking up the position of Chair on 14 May 2020 and David Drever the Vice Chair.

Other changes include Scott Hunter, Chief Social Work Officer, leaving his position on 20 February 2020, with interim/acting up measures put in place from 21 February. The Council staff side representative and carer representative left their positions on 11 December 2019 and work is ongoing to appoint new representatives.

Full membership can be found [here](#).





The National Health and Wellbeing Framework

The Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations require Partnerships to assess their performance in relation to the nine National Health and Wellbeing Outcomes, as detailed above. These outcomes provide a strategic framework for the planning and delivery of our health and social care services. The focus is on the experience and quality of services for patients, services users, carers and their families

Key Achievements



Opening of Hamnavoe House

After many years of planning, the new Stromness Care Facility, Hamnavoe House was completed in 2019. To involve the families and local community and partners, an open day was held on 24 January 2020, which saw over 700 people attending. There were many positive comments and people were in awe of the facility and the quality workmanship by Orkney Builders.

A huge amount of planning and effort was put in by the whole team over many months, alongside the other residential unit managers. Various staff supported the move to enable a smooth transition. The move to Hamnavoe House took place on the 29 January 2020.

Opening of The Balfour

Following two years of construction, NHS Orkney's new hospital and healthcare facility was completed and many OHAC services moved to this new building. NHS Orkney offered patients and the public the opportunity to visit the new facility and tour around the departments.

Over the course of the public open days, held between 24 and 27 May 2019, 2,128 people visited the new facility. Staff tours took place over March, April and May 2019.



Development of Key Documents

- Strategic Plan.
- Medium Term Financial Plan.
- Learning Disabilities Strategy.
- Draft Mental Health Strategy.
- Draft Dementia Strategy.
- Primary Care Improvement Plan.

Some staff gave up their weekend to ensure the resident's rooms were prepared and welcoming by moving personal items prior to the removal day so that when the residents arrived their rooms looked homely and welcoming. All residents moved from St Peter's in 3.5 hours which was a fantastic achievement by all. The building is designed to provide 'group living' accommodation for 10 residents living in each wing. The unit promotes a reablement/enablement ethos and the residents have embraced the facility and the opportunities to remain as independent as possible. Some residents have been making cups of tea, washing up, baking and supported with making their own tea which was not possible at St Peter's house due the lay out and facilities. People appear very happy with their new home and have all settled well into their new environment and all residents appear to embrace the new facility. Individual wings have provided a homely environment and a great deal of consideration went into the move to identify the allocation of rooms in consultation with the residents. One of the main aims was to ensure those who are friends could



maintain relationships. The residents appear happy and motivated and the external views towards Stromness and the harbour have proved to be meaningful and stimulate conversation particularly for those who have an interest in the sea and boats.

The state-of-the-art building and the lay out has provided an enhanced working environment and the staff team appear happy and are enjoying working as a team at Hamnavoe House and take pride in it.



Key Challenges

Children and Young People

The priority challenge is the implementation of the Joint Children and Young People's Inspection Report Improvement Plan following publication of the Inspection Report in February 2020.

The Coronavirus Pandemic

The Coronavirus pandemic lockdown began in March 2020 although planning for a potential pandemic started within the IJB earlier in 2020.

Recruitment

There have been significant challenges in recruitment to key posts in OHAC due to very low unemployment in Orkney. Another challenge has been the lack of available affordable housing.

Performance Monitoring

At present we don't have our own local integrated performance framework due to staffing vacancies. Our aspiration over the year ahead is to develop an insightful performance framework tailored for Orkney.

Financial Pressure

A contribution was required from Orkney Islands Council (OIC) for £165,700 from the Outwith Orkney Placement Fund to achieve a breakeven position. An efficiencies target of £130k was applied at year end by NHS Orkney (NHSO) for financial year 2019/20 and is represented in the accounts. However, NHSO has agreed that additional budget of £130k will be reinstated in the budget for financial year 2020/21.

2020/21 Aspirations

In 2020/21, the main aspirations are:

- Implementing the Joint Children and Young People's Inspection Report Improvement Plan.
- Agreeing the model for the Kirkwall Care Home.
- Approving the Mental Health Strategy.
- Approving the Dementia Strategy.
- Developing the Strategic Commissioning Implementation Plan.
- Streamlining governance.
- Scoping the budget savings plan
- Starting the statutory review of the Integration Scheme.

Orkney Health and Care Localities



Locality Planning

Presently, Orkney has two localities: the isles and the Mainland, with the Mainland split between the East and West Mainland. The IJB is also a key partner in the Orkney Partnership Board's planning arrangements, taking responsibility for community level governance and setting priorities for their areas.

The legislation requires that in addition to establishing an IJB we are also required to establish at least two 'localities' for the purpose of planning services at a local level. OHAC agreed that Orkney should have two localities: The Mainland, which will be subdivided into the West and East Mainland, and the Isles. Given that the Community Planning Partnership had identified its priority locality as the Isles, it was anticipated that this geographical match would foster a co-ordinated planning approach to address health inequalities in the Isles.

Localities should play a key role in the strategic planning process and our local GPs and other health and care professionals, along with people who use services and people who are unpaid carers will, through the Strategic Planning Group, have the opportunity to have an influential voice in determining how the Board plans and commissions services that deliver improvements in the nine health and wellbeing outcomes set by Scottish Government.

One of the areas of work for the remainder of the life of the Strategic Plan will be to develop a Localities Plan.

Approaches to Service

Community Led Support



Community Led Support

Community Led Support is an approach that encourages communities and local organisations, such as churches and local voluntary organisations, to run and manage local services designed around the needs of local communities. These organisations work alongside the people who use the services to be responsive and relevant to the needs of the local community. This can be through providing church run lunch clubs, local transport solutions, or simply places to meet to reduce isolation and loneliness. The key element is that the people using services have a say in how they are run and managed. This approach builds on the strong foundation within local community areas.

The IJB commissioned the National Development Team for Inclusion (NDTi) in January 2019 to facilitate an 18-month Community Led Support (CLS) programme, with match funding from the Scottish Government. At that time Orkney was one of five Scottish sites embarking on the process, with this increasing to nine Scottish sites during the following year.

The first half of 2019 saw a number of community engagement sessions take place, across Orkney. 123 people attended 'taster sessions' to hear about CLS and over 100 people came to 'Getting Started' workshops, where people gathered to connect and continue the good conversations that were being had. Over 20 face to face opportunities allowed us to develop ideas from colleagues across many professions and included third sector, carers and members of the public. The Orkney community voted and determined how CLS will operate locally, with Blethers being set up in various locations, as trials.

Following a further voting process it was agreed in February 2020 that the THAW building in Kirkwall would be the first 'fixed' Blether venue, along with Blethers in Sanday and St Margaret's Hope. Unfortunately, Covid and the national wide lockdown, forced us to pause progress on the programme. However, the Orkney Coronavirus Community Support Hub that opened on 30 March 2020, to support the people who were shielding, was an excellent example of a Blether in practice. We had a variety of colleagues redeployed from across NHSO, OIC and the third sector, who worked together to make contact and provide support to over 700 people.

Nationally, the Orkney CLS 'model' is gaining attention, due to us having a real mix of professionals involved, as well as the great response we have had from the public. The team involved in CLS have attended various national events to present 'the Orkney way' and showcase how we listened and responded to what the Orkney public told us.

Moving forward, the learning from COVID-19 from the statutory bodies, carers and communities is helping to shape how CLS is delivered locally. Regular national meetings with other areas have been identified as a positive step to improve services/information known to enhance individual's experience. It has been identified that more in-depth good conversation training with individuals who would be keen to become trainers would be beneficial as well as a joint seminar for Elected Members, NHS Board Members and IJB Members to ensure 'buy-in' and to show the benefits of CLS.



Technology Enabled Care



Following being accepted as a Named Person to East Ayrshire's pathfinder, an ask was made to Scottish Government for some additional money to assist with funding a temporary post to support progress in developing Orkney's Tech Enabled Care action plan, to do research and link with various stakeholders including NHSO, OIC and East

Ayrshire. This was approved in December 2019 and it is anticipated that this post will be held within the third sector community to strengthen relationships and knowledge. Work was undertaken to complete a Job Description and Person Specification for this post, however due to pre COVID-19 work, this was delayed. The Job Description and Person Specification has been amended to include the learning and experience from the pandemic.

Following the award of Named Partner status in the National TEC Programme, (joining East Ayrshire their "Think TEC First" project), Alex Clarke of the Improvement Hub, and Margot White of the National Pathfinder Programme, both of whom are involved in the TEC programme, came to Orkney in October 2019 to deliver a TEC Discovery and a Define workshop to ensure continued discussion between relevant stakeholders and to ensure 'buy in' from the statutory bodies. Statutory and third sector partners from throughout Orkney attended the day long workshop, held at the Town Hall in Kirkwall, where they learned about the contribution that TEC can make to transforming local systems, particularly 'upstream', towards prevention and supported self-management.

The IJB's Tech First Programme Board has met to identify ways where technology can support carers and enhance wellbeing of individuals. There have been ongoing discussions with NHSO's Tech Programme Board to merge the two groups to reduce meetings and resources and to enhance partnership working. This was agreed, although due to capacity issues during the pandemic this has been delayed.

A year in the life of Orkney Health and Care

181 births in 2019

7,497 people visited the Emergency Department at The Balfour

481 individuals attended the Selbro Open Afternoon

331 people attended Speech and Language Therapy, **51** to inpatients

149,720 care at home (OHAC) staff visits providing care for **275** people aged 65

110 CAMHs referrals and **928** CMHT referrals

82 Minor Adaption Direct jobs were completed (cost <£250)

4,550 page visits to the OHAC webpages (hosted on OIC), **3,441** unique page views

74 children and young people that we are the Corporate Parent for

19,313 Community Nurses home visits (mainland only)

750 Community Care Alarms were in use

72 People organised their own care and support with a direct payment

6,376 hours unpaid work (Compulsory Payback Orders) carried out--

Orkney Health and Care 'Plan on a Page'

Our Vision

Our Values	Our Priorities	Our Approach	Key Measures
<ul style="list-style-type: none"> Person Centered Enabling Caring Empowering 	<ul style="list-style-type: none"> Develop Community Hubs Value and Support Unpaid Carers Mental Health Support to Children and Young people Improve Primary Care Promote Self Management Revisit Models of Care 	<ul style="list-style-type: none"> Good Conversations Community Led Support Tech Enabled 	<ul style="list-style-type: none"> Investment in Workforce Improve Mental Health Services A Tech First Approach Carers Health and Wellbeing Safe Self Management Community Focused Reviewed and Improved Services

Getting it right for Orkney

Strategic Plan 2019/20



The first Strategic Commissioning Plan covered the period from 2016-19. Following comments and feedback received it was agreed that a more concise document would be beneficial and more user friendly.

During the development of the draft Strategic Plan, it was decided to have a 'plan on a page' which detailed at a glance what the vision, values, approach and key measures for the Strategic Plan are.

In March 2019 a draft Strategic Plan was presented to the IJB for approval to go out to consultation. In May 2019 the draft Strategic Plan was put out for public consultation. Copies of the draft were circulated to various stakeholders including third sector partners; OIC, NHSO and IJB, trade unions; OHAC staff; and Community Councils.

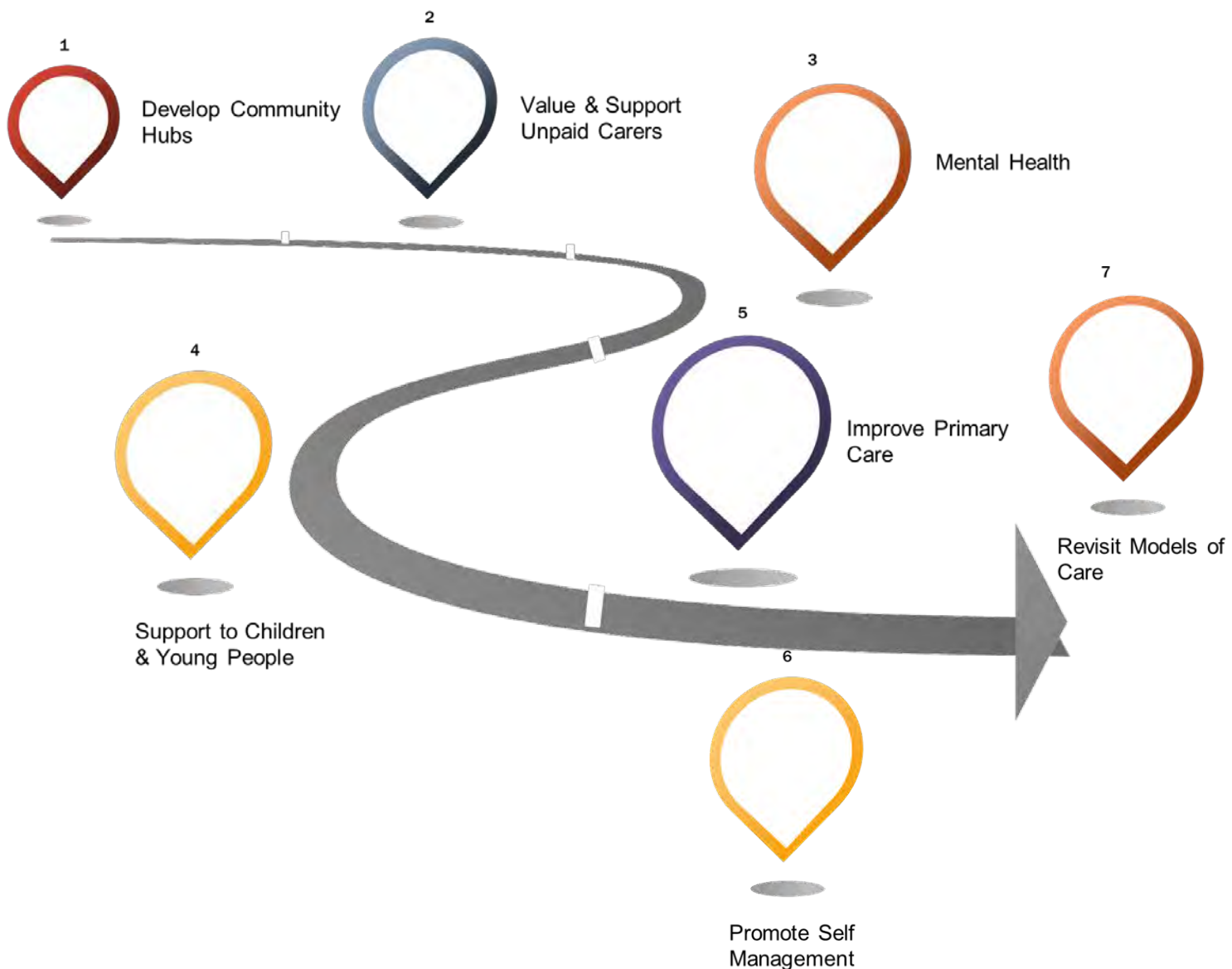


The Chief Officer attended various Community Council meetings to discuss the Plan and answer questions. The OHAC Senior Management Team had a stand at each of the local Agricultural Shows where they could speak to the public about OHAC Services and the Strategic Plan to gain people's views. As well as this, we were able to attend one day at Stromness Shopping Week and a day in the foyer at Tesco.



Following the end of the consultation period the comments were collated and a session was arranged with key officers to review the feedback and make the necessary changes.

Orkney Health and Care Strategic Priorities



On 3 October 2019, the IJB approved the new three-year Strategic Plan which outlines the visions, values and priorities.

The new Strategic Plan takes account of national strategies and legislation, regional planning, OIC Council Plan 2018-23, Orkney Partnership Board's Plan 2019-22 and NHSO's Annual Operational Plan 2019/20.

The Section below outlines some key developments in priority areas as set out in the Strategic Plan.

Priority Area 1: Support to Children and Young People

Joint Inspection of Services for Children and Young People in Need of Care and Protection in Orkney

Throughout the summer of 2019 the Care Inspectorate in partnership with Education Scotland, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary in Scotland carried out a joint inspection of services for Children and Young People in need of care and protection in Orkney. The report can be found [here](#).

More detail can be found on page 45.

Looked After Child Review

On 25 June 2019, the IJB approved the recommendations contained within the Looked After Child (LAC) review, which can be found [here](#). The key thematic areas are highlighted below. Due to the importance of this work, it has been agreed to present what has been completed to date rather than to end March 2020 only.

Early Intervention

Key Issue 1: The Social Work duty service is provided in an ad hoc way resulting in varying approaches to referral from partner agencies.

- We have tightened the process of Duty to ensure there is a named Duty Social Worker responding to all enquiries, calls and referrals linked with the Administrative Support Team to ensure adherence to the Customer Charter. All Duty referrals are now overseen by the Duty Operational Manager. We have clarified roles and responsibilities of Social Workers in receiving and responding to Child Protection concerns and referrals, as well as Operational Managers for ensuring managerial oversight of the Duty system to review and ensure appropriate and proportionate action is taken, in a timely manner in relation to our duty to protect children.
- All documents are stored in the child's electronic file – detailing the outcome, and Named Persons are informed and feedback provided timeously.
- Inter-agency Referral Discussions, when held, are recorded.
- We have issued Interim Inter-agency Child Protection Guidelines (easily accessible on computer desktops) which provide clear step by step actions for referring agencies and for appropriate responses from Social Work, the Police and NHS Orkney. Training and reflective discussions have been held with all staff on the new Guidelines, which is also referred to when discussions are being held with partner agencies.
- Within the Improvement Plan Delivery Group it has also been made clear that referring agencies are entitled to feedback and where for any reason this has not been provided, they should escalate the matter as required.
- Within the Interim Inter-agency Child Protection Guidelines we have strengthened the section on Inter-agency Referral Discussions and we have a

“Draft Inter-agency Referral Discussion Procedure” under review for agreement and implementation.

Key Issue 2: Skilled family support workers are being used to carry out tasks that do not make full use of their skills but are still statutory duties.

- We are extending the contracts of 3 additional Family Support Workers in recognition of the valuable work they undertake directly with children, families and young people. Their important roles have been highlighted to managers in a paper from the CSWO and there is a review of the process for their engagement with families as requested by allocated Social Workers.
- The Family Support Team provides additional support to our most vulnerable children, young people and families and they are an integral part of the Children and Families Social Work Service. As such, there will be no requirement for Social Workers to “make a referral” for their services. Instead there will be planned meetings to discuss the specific roles and joint working requirements to ensure maximum support. This will clarify roles and responsibilities to ensure their skills, engagement abilities, relationship building qualities and practical support will be fully recognised.
- There will continue to be times when their flexibility and responsiveness to social need will be required, meaning their roles may be extended, with appropriate support and supervision, to meet need in times of particular challenge or crisis. The team has demonstrated, particularly during times of critical staff absences in the Children and Families Team, their willingness and ability to act up into such roles.

Edge of Care, including Looked After at Home Children

Key Issue 1: Intensive support services are not designed to offer flexible crisis care within an evidence-based approach.

- We have awarded a contract for early support and assistance (intervention) to Action for Children and are finalising arrangements for location and operations. This will not be a solution in itself but will be part of an early support and diversion approach which will be developed through the review of our GIRFEC Guidelines. This will include strengthening the Team around the Child approach and introduction of the Whole Systems Approach (which is evidenced-based) which requires further partnership work and understanding.
- The CSWO has met with the Chief Executive of Voluntary Action Orkney to explore greater connectivity and joint working arrangements with Third Sector partners to support children and families. There is potential for the Enhancing Wellbeing in our Island Communities project to be extended to include children, young people and families with news that funding for the project has been continued for a further two years. The project deploys Coordinator’s whose role is distinctive from other kinds of support worker or link worker roles in Orkney, in its dual focus on one to one support and advice for individuals in the islands, and a focus on the development and support of services in the islands to meet the needs of residents.

Looked After and Accommodated Children and Young People

Key Issue 2: The capacity of the fostering service is insufficient to meet placement demands.

- There is a national shortage of foster carers particularly for; older children, large sibling groups, children who display aggressive and sexualized behavior and children with disabilities.
- Rural and island communities are particularly impacted and it has been challenging to recruit the number of carers for our need. For example, our Intensive Fostering Service (IFS) is funded for 5 carers and we have managed to recruit 3.
- Recruitment activity has been continuing with new materials developed using a media recruitment agency. The team was present at local shows to provide first-hand information and answer questions. COVID has restricted face to face work and created new challenges and there are currently discussions with the Council Communications Team to increase our media presence on various social media platforms.
- A particular success has been the development of the Orkney Fostering Facebook pages - this shares articles and allows questions directly to members of the team.

Key Issue 3: There is a limited range of mental health support services available to meet both the specialist and general mental health and wellbeing agenda of looked after children.

- The Child and Adolescent Mental Health Service (CAMHS) has a positive working relationship with the Children's House and is regularly invited to team meetings to discuss mental health and wellbeing and individual support for young people.
- Third Sector counselling services staff have been invited to team meetings and young people have been referred to services e.g. Y People Counselling.
- Orkney Rape Crisis has provided a number of informal sessions for young people on issues of sexual health and they have built positive relationships with young people.

Key Issue 4: There is no independent oversight of looked after children placements. Such oversight is critical to ensure outcomes are being met and where outcomes are not being met corrective action is taken in good time.

- We have employed a temporary Independent Reviewing Officer to address this action.

Continuing Care

Key Issue 1: There is a gap in service provision of supported tenancies that can effectively bridge the gap between leaving care and independence. This is the delivery of statutory supports to the young person's 26th birthday.

- Y People supported accommodation is available but this generally does not meet the needs of care experienced young people who need increased support packages. Supported Tenancies with a continuation of support being provided by the children's house would be beneficial and could be tailored to the young person's needs which will be explored with Housing Services.

Key Issue 2: There is a gap in service provision of consistent support to care experienced young people at points of crisis. This is the delivery of statutory supports to the young person's 26th birthday.

- Support to care experienced young people is provided predominantly by the Youth Services post which is 28 hours.
- The current requirement for throughcare and aftercare is 41 young people who are entitled to receive support to age 26 years. This varies from intensive social work support to practical help. Social Care Workers are allocated as Pathways Supporters and their priority is young people in the Children's Houses.
- Social Care Workers, who cover 24 hours over 7 days per week, provide vital emergency support and know the young people well although their capacity is limited by way of providing more regular planned support.
- We have a Draft Continuing Care policy which addresses the implications of the Children and Young People (Scotland) Act 2014 and our responsibilities for providing Continuing Care for young people and the financial implications. In addition the policy will address the key transitions to Continuing Care from Foster Care, Kinship Care and Residential Care.
- We have also developed a Draft Financial Policy for Throughcare and Aftercare which sets out the principles for the provision of Financial Support, Leaving Care Grant and associated housing costs, living costs for 16 and 17 year olds, additional grants and allowances, and the payment procedure.

Learning and Development.

- **Key Issue 1:** Investment in the practice framework is key in maintaining skills and knowledge and in developing a child centred culture of service delivery that can deliver the outcomes of this review.
- Following this an IJB development session was held on 28 January 2020, to look into the progress on Children Services and to share ideas. It was recognised that the more work that is done in early intervention will prevent children and young people from becoming Looked After Children. For early intervention to work there needs to be collaboration with young people and partnership with third sector, education, Police etc. It was highlighted that not one service has the solution/answer, but solutions are to be found across the range of services.

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Priority Area 2: Develop Community Hubs

In the Strategic Plan we outlined that we want to change the culture and practice of community health and social work delivery so that it becomes more clearly values-driven, community focused in achieving outcomes, empowering staff and a true partnership with local people.

The Blethers, spoken about under the Community Led Support section, are our first step towards developing Community Hubs. As described, we worked closely with communities to determine what the hubs should look like, as well as what we should call them – and this is where the ‘Blether’ name came from. To date we have hosted Blethers in three venues in Kirkwall, one venue in St Margaret’s Hope and one planned in Sanday that had to be postponed due to weather, not long before lockdown happened.

As part of preparing our staff teams for this culture change, we provided ‘good conversation’ training, so that we always start our conversations with you around ‘what is going well?’ and ‘what matters to you?’. In the first round of training we had almost 100 people come along and we plan to continue to offer this to all colleagues.

Priority Area 3: Mental Health

Mental Health Strategy

The national Mental Health Strategy for Scotland was published in 2017 to run over a 10-year period. It was recognised that a local strategy required to be developed. OIC and NHSO staff, along with stakeholders from the third sector, were invited to a Mental Health Strategy Development Session, at the Town Hall, Kirkwall, in June 2019. More than 40 participants provided invaluable input that helped to inform the draft iteration of the strategy, which was subsequently the subject of a wider public consultation.

On 3 October 2019, the IJB approved the draft Mental Health Strategy going out for consultation pending changes discussed at the meeting. The draft Mental Health strategy was launched for consultation in November 2019. Following discussion with a third sector stakeholder it was agreed to extend the consultation period to the 29 February 2020, a further four weeks, to take into account the festive period. In the Strategic Plan 2019/22, Mental Health is identified as one of the main priorities for the IJB.

Mental Health Consultation

A member of OHAC Senior Management Team met with some young people to get their feedback from the strategy and the strategy was circulated to a range of stakeholders including third sector organisations, Area Partnership Forum, Orkney Partnership Board, IJB's Joint Staff Forum. Due to the wealth of consultation material received, superimposed by implications of preparing for COVID-19, the key officer session to look at the feedback received from the consultation had to be postponed until July 2020. Once this is approved an action plan will be developed.



National Mental Health Event

On 27 November 2019, delegates from across OHAC and NHSO attended the Mental Health Strategy Annual Forum 2019. Feedback from the event included:

“The day was very interesting, and showed how all the services working together, could make such a difference, to the patient’s journey, and for the benefit of services resources. It was great to see how enthusiastic all the members of the different services were about it. I met some really nice people from statutory services, and third sector agencies. The workshops in the afternoon were informative, and made me reflect on my own service, and practice.”

Recruitment and Training

The national Mental Health Strategy recommended 40 identified actions for improvement, with some actions having financial resources attached to them. All of the Action 15 funding, received to date, has been utilised as detailed in the plan agreed by Scottish Government, which saw the appointment of two adult Clinical Associate in Applied Psychology (CAAP) workers and an administrative post to increase clinical capacity.

In September 2019, a Social Worker successfully completed the Mental Health Officer (MHO) training. With two other Social Workers commencing their MHO training, which is due to be completed in September 2020. This will help build capacity into the team.

Due to personnel change mid-year, Grampian was unable to replace the Consultant Psychiatrist and NHSO agreed to fund a fulltime locum in this respect. Future aspiration is to recruit to a permanent Adult Consultant Psychiatrist post. In addition, due to the increase in waiting list caused by the Consultant gap, NHS Orkney funded two agency Community Mental Health Nurses to help address the length of waiting times.

Increased Patient Transfers

During 2019/20 there were 33 supported transfers to Royal Cornhill Hospital a 32% increase from the previous year, this created additional capacity issues within the team as some day to day activity had to be postponed.

Dementia

On 9 May 2019, The Pickaquoy Centre in Kirkwall was the venue for a day-long conference highlighting the issues faced by those suffering from dementia, their families, carers and friends. More than 100 delegates were in attendance, with more folk streaming the event via the live feed. The conference, organised by The Life Changes Trust, saw contributions from OIC, NHSO and Age Scotland Orkney, as well as other third-sector partners and, most movingly, contributions from those who care for dementia sufferers.

The keynote speech was delivered by OHAC's Chief Officer. The afternoon session centred upon a round-table discussion where delegates were given the opportunity to discuss the challenges that they face, along with ways that these might be addressed. The final session featured the launch of a fund, open to third sector organisations, to assist in the development of services for those with dementia, and their carers. This generated the basis for a grass roots priority led Orkney Dementia Strategy (draft) alongside other extensive consultation to finalise a draft strategy which the IJB agreed consultation for. This is now going forward to request adoption in September.

Further to this, £45k funding has been secured to evaluate the Strategy. A Post Diagnostic Support Worker – Dementia has been commissioned through Age Scotland Orkney. There have been discussions with Alzheimer Scotland, who have agreed to fund a 25 hour post. As well as this, the collaborative working has managed to secure funding to support continuation of the Hub.

We started to roll out a programme of Essentials training to care homes and extra care housing. Life Changes Trust have supported community group funding which will provide a range of dementia specific activity in our communities.

Priority Area 4: Value and Support Unpaid Carers

What Matters to Carers? Workshop

2019 was the year of Community Led Support, with fantastic support received from staff, service providers, the third sector and, significantly, the Orkney public. One of the highlights of the enormous number of engagements, training and information workshops held throughout the year was a session specifically designed for those at the forefront of care delivery: the carers themselves.

The session was hosted by Cally Ward, from the NDTi team. As the mother of a 38-year-old man with learning disabilities, Cally had an excellent understanding of the challenges faced by carers and how Community Led Support could help communities to deliver better lives for carers and their loved ones.

The workshop, entitled “What Matters to Carers?” was held at the Pickaquoy Centre, Kirkwall, in September and was attended by 21 people. Feedback from the event was excellent, with carers commenting that they really felt empowered and able to contribute to the positive development of Community Led Support

The success of the workshop was highlighted by Cally at the NDTI-hosted Community Led Support National Virtual Festival, in June of 2020, when Cally fondly recalled her experience in Orkney, specifically commenting upon the engagement in Community Led Support by carers, in Orkney. She even had the opportunity to renew her acquaintance with an Orkney carer, who was able to attend the event!



OHAC Carers Strategy

The Carers Strategy was approved by in Spring 2019. The strategy identified key themes which are:

- I am supported to identify as a carer and am able to access the information I need.
- I am supported as a carer to manage my caring role.
- I am respected, listened to and involved in planning the services and support I need, both I and the person I care for receive.
- I am supported to have a life along with caring, if I choose to do so.

Support to unpaid carers has been identified as a priority need developed in 2019 and will be taken forward by the Care Strategy Group.

During 2019 work was done to develop and publish information for both adult and young carers on the OHAC webpages.

There has been an increase in the number of carer assessments completed and submitted to the Allocation of Resource Committee (ARC).

Priority Area 5: Improve Primary Care

Scottish Government Visit

We were delighted to welcome four members of the Scottish Government Primary Care Team to visit our islands, as well as the mainland of Orkney, to allow them to experience first-hand some of the challenges we have in providing care. We invited the team to extend their visit to ensure they had the opportunity to meet with IJB Members, NHS Board members and GP Practices on the mainland as well as visits to Rousay and Hoy.

We received positive feedback from the meeting and the team remarked that the decision to stay longer and visit more areas allowed them a greater understanding and appreciation of the geography and challenges of providing care across an island setting. In particular, the island visits highlighted the experience of travelling on boats and the impact of caring for patients in such remote settings, when the weather can make transportation difficult and also raised awareness of the need to ensure we have adequate clinical cover in place.

We took the opportunity to discuss the NHSScotland Resource Allocation Committee (NRAC) formula and how this appeared to be detrimental to a small Board who is required to deliver the same level of care as a Practice in central Scotland. We likewise discussed the Primary Care Improvement Plan and the additional workload this put on small Boards with a smaller workforce to deliver a change programme with no additional funding as regards project management. They listened and appreciated the concerns and within two weeks of their visit all the Island Boards received additional monies to allow a two year post to be funded to lead on the Primary Care Improvement Planning.

The meeting has likewise allowed increased peer support and understanding which has ensured the Islands are regularly mentioned at Primary Care Scottish Government updates and now policy changes refer to the need for Remote and Rural areas to be allowed a degree of flexibility in recognition of our geographical situation.

Primary Care Improvement Plan

We continued to work towards implementation of the Primary Care Improvement Plan. The Community Treatment Room and Urgent Care aspects were hampered somewhat by the lack of clinical leadership in post.

Vaccination Transformation Programme

Objective: Reduce workload for GPs by shifting Vaccinations to other parts of the system allowing GPs to focus as expert medical generals.

Public Health has taken the lead with this and produced an options paper. Agreement has been reached to remove all aspects of vaccination delivery apart from the national Flu programme. Further discussion around agreeing funding streams to ensure we can support removing of all aspects will take place during 2020/21.

Pharmacology Services

Objective: Develop sustainable pharmacology service for practices.

We have employed two Pharmacists to date. A further options paper has been developed which articulates the additional funding and personnel required to provide all aspects as set out within the memorandum of understanding. Further agreement and discussion about future spend will take place in 2020/21.

Community Treatment and Care Service.

Objective: Transfer services from GPs to Community based services.

The Memorandum of Understanding articulates a requirement to remove service provision from Practices. An options appraisal is required that articulates how to deliver a board service that provides, Phlebotomy, dressings, Ear syringing and Suture removal. We failed to deliver an options appraisal due to lack of clinical lead nursing in post during this financial year. We fully anticipate this will be rectified during 2020/21.

Urgent Care

Objective: To explore alternatives to Urgent Unscheduled Care in order to free up GP time for scheduled care.

We have had discussions via the GP cluster around this issue but as yet have not managed to formulate a clear vision around this area. Further discussion will continue as we progress through 2020/21.

Additional Professional Services

Overall Objective: To ensure Services for patients with needs delivered by clinicians other than GPs (focus on: Physiotherapy and Musculoskeletal (MSK), Community Mental Health, Community Link Workers).

Options papers have been developed for all the above services. To date funding for two Physiotherapists, two Community Mental Health Nurses and 1.5 Community Link Workers has been approved. We will have further discussions and agree any future investment in these areas as 2020/21 progresses.

Priority Area 6: Promoting Self-Management

Throughout the year, training in relation to Stress Control; Mental Wellbeing and Resilience; and Trauma Informed was made available to all Orkney Health and Care staff.

We will progress this priority through year 2 and 3 of the Strategic Plan.

Priority Area 7: Revisit Models of Care

We will progress this priority through year 2 and 3 of the Strategic Plan.

Let's Talk About Co-Production

OHAC has developed a strong relationship with Healthcare Improvement Scotland's iHub, over the last few years, looking at ways that collaborative commissioning can help to develop quality services, in Orkney. With this in mind, the two organisations co-hosted a workshop, held at the Town Hall, Kirkwall, in June 2019, entitled "Let's Talk About Co-Production?"

Looking to build upon the excellent response to the launch of CLS in Orkney, the workshop asked how we ensure communities are supported to find solutions to meet their needs and how do service providers overcome barriers within their own systems?

The event was attended by more than 40 people from across the statutory and third sectors, all of whom were keen to work together to achieve a vision of sustainable, community led health, care and wellbeing in Orkney.

Red Rules / Blue Rules Workshop

One of the major findings of the co-production workshop in June of 2019 was that rules often prevent organisations from doing what they think is best for their clients and service users. In response to this, the iHub and Orkney Health and Care's CLS team hosted a follow-up workshop, held again at the Town Hall, in Kirkwall, in November 2019.

Entitled "Red Rules / Blue Rules", the workshop examined what the Red Rules ("it's the law") and Blue Rules ("it's the way we do things, here") are, and how service providers, agencies and third-sector providers can overcome those Blue Rules that get in the way of delivering services that are better placed to serve people in Orkney.

Response to the COVID-19 Pandemic

The Orkney Coronavirus Community Support Hub

As a result of the COVID-19 Virus on 22 March 2020, the Government announced that individuals with specific health conditions that made them more vulnerable to serious illness if they were to contract the virus, were to isolate indoors and have no contact with anyone outside their household. This group were referred to as 'shielded'. In effect they became vulnerable by virtue of their inability to source basic necessities to live day to day.

Local authorities throughout the UK were instructed to set up Humanitarian Assistance Centres (HAC) under emergency planning legislation. In the initial stages the clear remit of the HAC was to provide a point of contact for the Shielded community to facilitate requests for food, medicine and any other related issues. In line with other Local Authorities the HAC was renamed The Orkney Coronavirus Community Support Hub (HUB).

A suitable premise was sourced (the Pickaquoy Centre) that was capable of facilitating call handling and that was large enough to ensure staff were able to work with a distance of 2 meters between each workstation. (social distancing). It was also important that the premise had enough room to deal with the large-scale storage and distribution of food, as at this stage the responsibility for supplying food was unclear.

All Councils were to have a functioning HUB by 30 March 2020 which was achieved. A pool of staff was swiftly recruited, through the redeployment of those staff who were not essential for other purposes, and who had experience of dealing with the public either face to face or by telephone. 20 Staff, in general from Customer Services, Libraries and Democratic Services were identified and on 27 March 2020 a fully functioning HUB facility was complete, ready to support our shielding community. In addition, an Adult Social worker and a physiotherapist were identified to provide support to call handlers at the Hub, utilising their knowledge and experience in care and welfare support services.

Volunteers were sourced through Voluntary Action Orkney (VAO) to assist with the delivery of prescriptions and the supply of food in emergency circumstances.

Brinkies Wing

At the start of the COVID-19 pandemic, the Scottish Government requested that, wherever possible, patients should be discharged from hospital to ensure bed space for COVID patients and capacity for service redesign. A safe and appropriate alternative to the Balfour Hospital was explored. The agreed model of care, by NHSO and OIC, was an Allied Health Professionals-led Rehabilitation inpatient service in Hamnavoe House, using a vacant wing. This provided a facility for patients who did not require 24hour Medical and Nursing care but who still required assessment and rehabilitation prior to discharge to their own home or to a social care facility. By introducing this "step down" model of care inpatient beds were released to assist in the reprofiling which was required to implement separate COVID-19 and non COVID-19 flows within the Balfour. Staffing to support the new

facility was provided via redeployment of those available following the pausing of some services as well as through bank arrangements.

Preparation for Brinkies wing to open for the first patients, on 1 April 2020, occurred throughout March 2020.

Service Updates



All Age Learning Disabilities

The 2019-2022 Strategic Plan identifies the Learning Disability Strategy as a key component to the delivery of services. In the spirit of co-production, the first draft of the strategy was developed with input from service users, their families, carers, service providers and other stakeholders, through development sessions and surveys.

July 2019 saw the launch of the strategy at an event held in the St. Magnus Centre, Kirkwall, and was preceded by one of the most memorable occasions of the year: a performance by a choir made up of service users, families and service providers, performing several songs on the steps of Kirkwall's iconic St. Magnus Cathedral. A large crowd of locals and tourists gathered to hear the performance, as did local media, providing the perfect platform to launch the service's Learning Disability Strategy.

Aurrida House

Aurrida House turned 20 in 2019 and a party was held on Sunday 9 June 2019 to celebrate with staff, service users and families – both past and present. There were games, stalls, refreshments and face painting which were enjoyed by all.

Universal and Target Offerings and National KIDS website

The Paediatric Occupational Therapy team were busy redesigning service provision to link in with the national drive to deliver 'Universal, Targeted and Specialist' provision. This meant that more children benefited from their advice in their everyday lives rather than having to have therapy appointments or to fit referral criteria. The occupational therapists can signpost parents and teachers to websites, which offer suggestions on a variety of everyday issues. If you are working with children or young people take a look at this website for ideas on the 'resources' tab, <https://www.nhsggc.org.uk/KIDS>.

Foetal Alcohol Spectrum Disorder (FASD)

We had four members of staff who attended training on Foetal Alcohol Spectrum Disorder, and are participating in a local Short Life Working Group to raise awareness of the condition and develop appropriate local pathways for assessment. A very successful and thought provoking event was held in the Pickaquoy Centre in February, with multi-agency attendance. More training is planned. Three Child Health staff were trained in the use of the Bayley Scales, which is a standardised developmental assessment used in the diagnostic assessment, and this helps bring us in line with other areas of Scotland.

Move and Improve Project and Pathways

The Paediatric OTs 'Move and Improve' project (in which we screened all Primary 1 pupils for their gross motor skills) is now mainstreamed, so that PE teachers are noticing pupils who may not be achieving their milestones, and we are happy to receive good quality referrals as a result. We are also participating in numerous pathway development groups locally and nationally, in order to ensure that local children and young people receive quality services in a timely way.

Criminal and Community Justice

Over 2019/20 Justice Social Work Services witnessed a number of staff changes including the retirement of the Manager in May 2019 and the departure of the Community Justice Co-Ordinator in August 2019. Despite this depletion in staff membership Justice Services continued to ensure an equitable service was delivered and following the recruitment process a Manager and Community Justice Co-Ordinator

Unscheduled Care Site Visit

On 27 September 2019 Christina Bichan, Head of Transformational Change and Improvement for NHSO, led the Balfour programme including a presentation outlining local improvement activity.

Feedback received from the event included

- "It was incredibly useful to meet with colleagues from SG and other Health Boards. I think the very fact that the timetable changed as we went proved testament to the level and breadth of discussion that was taking place."
- "A really valuable visit where we were able to recognise similar challenges with different locality based solutions. The visit provided great conversations and opportunities to discuss similar challenges and good practice."
- "Visitors very much appreciated the opportunity to hear from Orkney on their challenges and successes. The openness and sharing was appreciated and extremely valuable."
- "Really valuable visit providing lots of ideas of our own new build. Enjoyed and learned from the Orkney experience of building (including planning) of new build. Lovely newness to the departments."
- "It would be very beneficial to build a remote and rural network to explore ideas and opportunities for shared models/joint working."

Further information and actions resulting from the visit can be found [here](#).

Near Me Trailblazer

The Speech and Language Team were trailblazer's in the adoption and use of NearMe in offering appointments in Orkney.

were appointed in October 2019 and January 2020, respectively.

Community Payback Orders offer real opportunities to achieve positive outcomes for both those who are involved in offending behaviour and communities. As such, although assisting with the grass cutting at a number of residential settings remains a consistent focus, Justice Services have also been involved in a considerable number of community based projects. These include the painting of the frontage of a local charity shop, repairing the seating at various local beauty spots and repairing the access/walkway of public footpaths. Efforts to support both the community and the environment via recycling always remain high on the agenda. Hence, over the reporting year firewood and kindling were cut, bagged and regularly sent to the Elderly inhabitants on an outer island where solid fuel is still a common heat source with kindling in short supply.

Collaborative Training

Dietetics and Occupational Therapy collaborated to deliver ward training for the new Healthcare Support Workers with a focus on eating, drinking, and nutrition.

Practice Education

Practice Education supported a Physiotherapist who successfully Returned to Practice and has provided maternity cover.

Financial Performance

This section aims to demonstrate our efficient and effective use of resources. The Annual Accounts 2019/20 is our statutory financial report for the year. Revenue and Expenditure Monitoring Reports (REMRs) are provided to the IJB regularly and can be found [here](#).

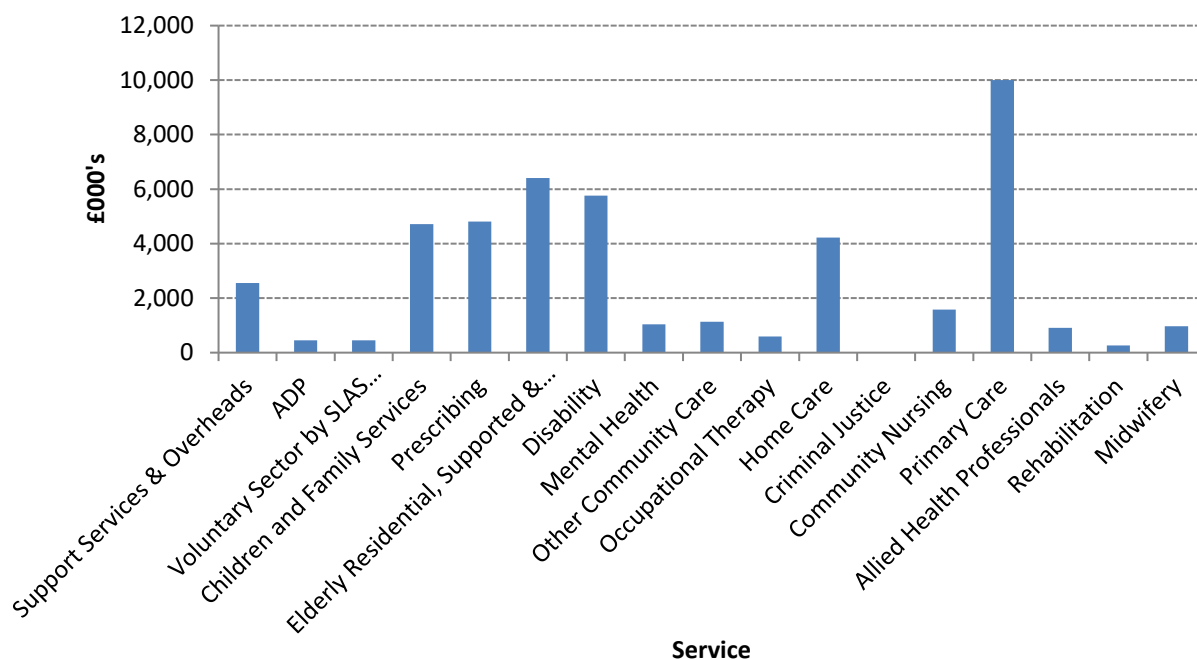
Summary of Financial Position

The year end over/underspend within each partner body was as follows:

	Indicative Budget	Additional Allocations	Reduction in Funding	Full Year Budget	Full Year Spend	Variance
	£000	£000	£000	£000	£000	£000
Council	19,552	388	0	19,940	19,940	0
NHS	24,927	10,087	(130)	34,884	34,542	(342)
Total.	44,479	10,475	(130)	54,824	54,482	(342)

The unscheduled care budget of £.617 million was not formally delegated to the Orkney IJB and is part of the additional allocations of £10.087 million noted above. A reduction in funding of £130k was applied at year end by NHSO for financial year 2019/20 and is represented in the accounts. However, NHSO has agreed that additional budget of £130k will be reinstated in the budget for financial year 2020/21. The outturn position showed an overall underspend of £342k at the financial year end. The net funds excluding unscheduled care provided the following services:

Expenditure On Commissioned Services £000's



The main financial issues reported throughout the year were:

Children and Families

There have been various underspends within the service due to not having a full complement of intensive foster carers. The requirement for throughcare/ aftercare services was also less than anticipated but, as this is a demand led service, this can fluctuate depending on the young people receiving these payments. The Children and Adolescent Mental Health Service (CAMHS) also had a vacancy which contributed to the service having an overall underspend.

Elderly

Significant staff absences have resulted in double running costs and the reliance on agency staff to ensure that the service remains within staffing levels as agreed with the Care Inspectorate. However due to a reduction in the requirement of high cost packages of care this has enabled this area to stay within balance.

Disability

There continues to be overspends within this service due to placements out with Orkney, with increased supporting living rates.

Mental Health

There have been additional costs in regard to employing a locum consultant psychiatrist locally as well as agency nursing being required to cover vacancies.

Home Care

Introduction of Self-Directed Support was to enable choice and flexibility in how people receive their care and should not incur additional costs. However, there is an inability to reduce the current, limited, in-house service provision. An internal audit report was presented to the Orkney IJB Audit Committee on 19 November 2019 which highlighted 8 recommendations which will strengthen policies and procedures. Work to progress this was superseded by preparation for the pandemic and will be taken forward in the next financial year. In addition, the demand continues to grow, which is largely as a result of keeping people at home for longer and to keep hospital stays to a minimum length of stay. Although there were additional resources received in 2019/20 (£26,000) in regard to the commitment of Free Personal Care to all under 65s who require it, regardless of condition (known as Frank's Law), the resources received have been insufficient to cover this additional commitment. This could also see a further increase in demand for personal care services.

Primary Care

There is an underspend due to the Dental Primary Medical Services as a result of restructuring. There were also vacancies within Primary Care throughout the year and a reduction in requirement for locum cover which all contributed to an overall underspend within the service.

Unscheduled Care

Within the Public Bodies (Joint Working) (Scotland) Act 2014 and regulations there is a requirement that the budget for hospital services, used by the partnership population, is included within the scope of the Strategic Plan. Where a Health Board and an Integration Authority are coterminous (cover the same area), unscheduled adult inpatient services must be delegated to the Integration Authority, based on the functions included in the legislation. This budget was not formally delegated to the Orkney IJB for financial year 2019/20. NHSO has advised that this budget will be delegated for financial year 2020/21 and a report will be submitted to the Orkney IJB in September 2020 for approval. This budget will be formally delegated in financial year 2020/21 with a Direction delegating the associated budget to provide services within the legislation.

Medium Term Financial Plan

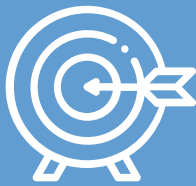
The Medium Term Financial Plan outlines the financial opportunities and challenges the IJB faces and provides a framework which will support financial sustainability. It also complements the Strategic Plan. It highlights how the partnership's financial planning principles will support delivery of the IJB's strategic objectives and priorities.

The key messages highlighted:

- Demand is rising significantly whilst, in real times, available public spending is reducing. Over the next few years the IJB will require to achieve its ambitious commissioning decisions to support change, alongside a decommissioning plan that enables NHSO and OIC to deliver year-on-year efficiencies, to sustain priority services.
- As a very small area, with a hospital that cannot be further reduced in number of beds available, as agreed in the new hospital and healthcare facility business case, a demographic profile and geography that presents some of the biggest challenges in Scotland in terms of the increasing number of older age and older people, we have very limited scope to make significant resource shifts from other forms of care. Most of the shift in resource was completed prior to implementation of integrated working, i.e. a ward closed, and the Intermediate Care Team was created.
- The significant demographic pressures which public bodies face over the next few years are particularly acute in Orkney. Increased community, third sector and voluntary participation is essential to manage the increase in demand that will materialise. This will require re-prioritisation of resources to provide more integrated and outcome-focused services.
- If no additional funding is received from our partner organisations or the Scottish Government to fund these pressures, the recurring savings required will be in the region of £1.6 million per annum for financial years 2019/20
- To manage these pressures whilst remaining financially sustainable requires transformational change in the way that services are delivered and, in response, to this, OHAC has recognised three key areas for development:
 - Community First.
 - Tech First.
 - Strategic Commissioning.

Performance

This section reviews key performance information based on service audits conducted during the financial year and the National Performance Indicators. This information is used to track key outcomes related to health and social care integration, as well as promoting quality standards in service provision. Data is updated annually and bi-annually and made available to Partnerships.



Local Service Targets



Audit Reports

External and Internal evaluations of services. These audits help services strive to meet national standards.



National Data

Allows IJBs to monitor performance and benchmark against others .

Inspections

Care Inspectorate Service Grades

Orkney directly provides a number of services which are subject to a rolling programme of independent inspection from the [Care Inspectorate](#). Inspections assure us that services are working well and highlight areas for improvement. The inspectors examine the overall quality of care and support, staffing, the management and leadership, and the environment that care has on people's individual needs. Managers use the inspection findings to prioritise their continuous improvement work plans.

The Evaluation table provides the grades our services received using a six-point scale:

6.	Excellent.	Outstanding or sector leading.
5.	Very good.	Major strengths.
4.	Good.	Important strengths, with some areas for improvement.
3.	Adequate.	Strengths just outweigh weaknesses.
2.	Weak.	Important weaknesses – priority action required.
1.	Unsatisfactory.	Major weakness – urgent remedial action required.

Evaluation of Services as at April 2020

Service.	Date.	Care and Support.	Environment.	Staffing.	Management and Leadership.
Adoption and Fostering.	02.09.19.	3.	N/A.	N/A.	3.
Aurrida House.	21.05.19.	5.	N/A.	5.	N/A.
Braeburn Court (Housing Support and Support Services).	05.11.19.	4.	N/A.	4.	N/A.
Care at Home (Housing Support and Support Services).	31.10.19.	5.	N/A.	N/A.	4.
Disability Resource Support Accommodation (Glaitness).	03.04.19.	4.	N/A.	N/A.	4.
Family Focus Service (Aurrida House).	09.11.16.	4.	N/A.	5.	N/A.
Gilbertson Day Centre.	06.07.17.	4.	4.	4.	4.
Glaitness Centre (Care Home).	03.04.19.	4.	N/A.	N/A.	4.
Glaitness Centre (Support Services).	14.06.18.	4.	4.	4.	4.
Kalisgarth and Very Sheltered Housing.	10.10.19.	5.	N/A.	N/A.	3.
Kalisgarth Day Centre.	10.10.19.	5.	4.	4.	3.
Orkney Responder Service.	31.10.19.	5.	N/A.	5.	N/A.
Lifestyle Service.	21.06.16.	5.	5.	5.	5.
Learning Disability Services – Supported Living Network (Housing Support and Support Services).	24.04.19.	3.	N/A.	3.	3.
Rendall Road.	23.05.19.	4	N/A.	3.	N/A.
Sunnybrae Centre.	05.12.19.	5.	N/A.	4.	N/A.
West Mainland Day Centre.	18.06.17.	4.	4.	5.	4.

In July 2018, the Care Inspectorate introduced a new framework for inspections of care homes for older people. The new approach remains familiar to people who have experienced inspections in recent years, however it better reflects Scottish Government's new Health and Social Care standards and provides more transparency around what is expected. The new Quality Framework for Care Homes for Older People is structured around the five questions:

1. How well do we support people's wellbeing?
2. How good is our leadership?
3. How good is our staff team?
4. How good is our setting?
5. How well is our care and support planned?

As with the previous inspection (grades) of service this is based on the new six-point scale. The following inspections have been undertaken using the new framework.

	Date	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is care and support planned?
Braeburn Court (Care at Home and Care Home Services).	05.11.19.	5.	N/A.	N/A.	N/A.	4.
Hamnavoe House*	24.07.19.	4.	3.	4.	2.	4.
Kalisgarth Care Centre	10.10.19.	5.	3.	N/A.	N/A.	5.
Smiddybrae House	28.08.19.	5.	N/A.	N/A.	N/A.	5.
St Rognvald House	13.06.19.	4.	N/A.	N/A.	N/A.	4.
32/34 Pickaquoy Loan	25.06.19.	4.	3.	4.	4.	4.

*Note: the inspection was carried out in the old St Peter's building, before the move to Hamnavoe House.

Joint Inspection of Services for Children and Young People in need of Care and Protection

At the request of Scottish Ministers, the Care Inspectorate leads on joint inspections for children and young people in need of care and protection across Scotland. These inspections look at the differences that the community planning partnerships are making to the lives of children and young people in need of care and protection; or whom community planning partnerships have corporate parenting responsibilities. Between 26 August and 4 October 2019, the Orkney Community Planning Partnership was inspected in respect of its services for children and young people in need of care and protection. The inspection was led by the Care Inspectorate and it published the report detailing its findings on 25 February 2020.

The inspections take account of the full range of work with children and young people in need of care and protection and their families within a community planning partnership area.

The inspections focus on answering five key questions:

1. How good is the partnership at recognising and responding when children and young people need protection?
2. How good is the partnership at helping children and young people who have experienced abuse and neglect stay safe, healthy and recover from their experiences?
3. How good is the partnership at maximising the well-being of children and young people who are looked after?
4. How good is the partnership at enabling care experienced young people to succeed in their transition to adulthood?
5. How good is collaborative leadership?

The Care Inspectorate published a revised quality framework for children and young people in need of care and protection in July 2019. This is the framework used in the inspection and consists of 22 quality indicators. This framework is based on European Foundation for Quality Management (EFQM). Of these 22 indicators, the inspection report applies evaluation to 3 indicators and 1 overall evaluation:

Date.	Indicator.	Grade.
26.02.20.	Improvements in the safety, well-being and life chances of vulnerable children and young people.	Weak.
	Impact on children and young people.	Weak.
	Impact on families.	Adequate.
	They also provide an overall evaluation for leadership.	Unsatisfactory.

The report identified the following strengths and areas for improvement:

Strengths are: 1. The majority of children and young people in need of care and protection and their families benefited from genuine and enduring relationships with

a key member of staff or carers. 2. The majority of care leavers were well supported in their transition to adulthood by staff providing aftercare and others helping them with accommodation, further education and employability. 3. Together, children's panel members, the children's reporter and social workers went out of their way to make the experience of attending a children's hearing as child centred as possible and to provide continuity for those attending review hearing on mainland Scotland.

Priority areas for improvement are: 1. Ensuring key child protection processes including inter-agency referral discussions, risk assessment, case conferences and core groups work effectively to protect children at risk of harm. 2. Publishing comprehensive up-to-date inter-agency child protection procedures and training staff on these to clarify roles and responsibilities, and to help staff to be confident in their work. 3. Bringing about a step change in impact of corporate parenting by delivering tangible improvements in the wellbeing and life chances of looked after children, young people and care leavers. 4. Strengthening key child protection processes, fully implementing the Getting it right for every child (GIRFEC) approach, and commissioning services to meet priority areas of need including therapeutic and family support services. 5. Improving the effectiveness and oversight of the public protection committee in carrying out core functions to protect children and young people.

An action plan has been developed which is routinely updated and monitored.

The report identified 24 improvement areas, 8 of which had progressed by the end of March 2020. Key areas were:

- Inter-agency Child Protection Guidelines
- Recruitment of a Lead Nurse for Public Protection
- Corporate Parenting Plan
- Improving ICT

The progress to date on the Looked After Children Review, detailed earlier, directly links into the progress on the improvement areas.

A detailed report on the Joint Inspection of Children and Young People Implementation Plan will be presented to the October 2020 IJB meeting, noting that the report was published in February 2020.

Audit Reports

Internal Audit

- [Implementation of Integration Joint Board Strategy](#), by Scott-Moncrieff.
- [Localities Review](#), by Council Internal Audit.
- [Self-Directed Support Audit](#), by Council Internal Audit.
- [Paris Review](#), by Council Internal Audit.
- [Internal Audit Plan 2019/20](#), by Scott-Moncrieff.
- [Annual Report and Assurance Statement](#), by Council Internal Audit.

External Audit

- [Annual Audit Plan for 2019 to 2020](#), by Audit Scotland.
- [External Annual Audit Report](#), by Audit Scotland.

National Integration Indicators

Key Guidance notes on Interpretation of National Data

Indicators 1 – 9

These indicators are normally reported in the [Scottish Health and Care Experience Survey](#) commissioned by the Scottish Government. Data relating to these indicators for 2019/20 was originally due to be published in April 2020 but, due to staff redeployment during the COVID-19 pandemic, the publication was delayed and so the most recent survey results were not available for inclusion within this report.

Indicators 11 - 20

Use of 2019 calendar year data instead of 2019/20 financial year data for indicators 12, 13, 14, 15, 16 and 20.

The primary source of data for these indicators are Scottish Morbidity Records (SMRs) which are nationally collected discharge-based hospital records. In accordance with recommendations made by Public Health Scotland (PHS) and communicated to all Health and Social Care Partnerships, the most recent reporting period available is calendar year 2019; this ensures that these indicators are based on the most complete and robust data currently available. It is not expected that these numbers will differ greatly to 2019/20 financial year figures, once available, and so should not affect any conclusions that have been drawn.

Percentage of adults with intensive care needs receiving care at home (indicator 18).

This information is published in the [Insights in Social Care](#) release produced by Public Health Scotland. The data relating to 2018/19 is not due to be published until 25 August 2020 and therefore was not available for inclusion within this report.

Health and Social Care Partnership Peer Group

Aberdeenshire, Argyll and Bute, Moray, Highland, Orkney, Shetland, Western Isles.

Performance Summary 2019/20

The emergency admission rate across Orkney decreased marginally by 3.5% in 2019 to 10,340 admissions per 100,000 population. This followed a consistent year on year rise over the past three financial years. 2019 figures were mirrored across all three of Orkney's localities and remained broadly consistent with that of Orkney's peer group rate of 10,370 per 100,000 population (Integration Indicator 12 and MSG 1.a). In contrast however, while Orkney reported a decline this year the Peer Group and National emergency admission rate continued to rise. Comparatively in 2019 the emergency admission rate in Orkney was the fifth lowest nationally.

While there was a decrease in emergency admissions, the number of patients attending A and E increased for a fifth consecutive year in Orkney (MSG Indicator 3.a). Taking both measures together, despite an increase in A and E presentations less people were admitted to hospital. This is positive because it avoids unnecessary hospital admissions and frees up hospital capacity for planned services. Moreover, during 2019 96% of people attending A and E were seen within 4 hours (MSG Indicator 3.b).

The emergency readmission rate within 28 days per 1,000 discharges decreased by 18% in 2019. This represented the steepest decline over the past four years and contrasts to the higher and unchanging Peer Group and National rates. What is more, Orkney represented the lowest readmission rate within 28 days across Scotland during 2019. At the locality level in Orkney all areas followed similar trends to that of Orkney as a whole. Orkney's West Mainland recorded the most acute decrease of 35% while Isles decreased the least by 12%. Orkney's East Mainland recorded the highest level of emergency readmissions within 28 days at 70 admissions per 1000 discharges.

For those over the age of 65, the number of people per 1000 who suffered a fall resulting in a hospital admission remained unchanged in Orkney during 2019. Despite this across Orkney the falls rate declined year on year between 2015/16 and 2018/19. The 2019 Orkney fall rate was the third lowest across Scotland and represented the third year in a row where the falls rate was lower than the Peer Group and the National rate. Orkney's East Mainland represented the highest level in the population of falls for those aged 65+. Continually, the two mainland localities Orkney's East and West Mainland reported an increase in 2019 compared to the Isles that reported a decrease of 50%.

This is all positive news and is reflected in the relatively low percentage of health and care resource spent on emergency admissions to hospital over the past three years. Orkney spent the seventh lowest proportion of resource on emergency admissions in 2019. This was on par with the Peer group proportion of 20.8% and lower than the National proportion of 23%.

Some challenges facing Orkney highlighted in the national data are that for the second year in a row the proportion of services graded good or better by the Care Inspectorate decreased. 74% of care services were graded good or better in Care Inspectorate inspections during 2019. Orkney compared below average compared to its Peer Group Partnerships in 2019/20 and regrettably represented the lowest rate nationally during 2019/20.

An additional challenge facing Orkney over 2019/20 was the significant increase in the number of days people aged 75+ spend in hospital while ready to be discharged. The number of days recorded in 2019/20 was in line with the rates across the past four years despite the sharp increase from 2018/19. However, while 2018/19 recorded the lowest level of delayed discharge days it should be highlighted that 2019/20 recorded the highest rate over the past five years for Orkney. Put into the wider context Orkney recorded the fourth lowest rate in 2019/20.

As highlighted previously while less people are being admitted to hospital as an emergency, when they do so they spend longer in hospital. 2019 seen the highest rate of emergency bed days in Orkney over the past four years. This represented a 3.8% increase from 2018/19 and was the second year in a row this rate increased. Comparatively however, emergency bed days in Orkney have consistently remained lower than the Peer Group rate and well below the Scottish emergency bed day rate. In terms of the localities of Orkney, the East Mainland reported the highest rate and increase from 2018/19 of 13%. Conversely, both Orkney's Isles and West Mainland reported a decrease in emergency bed days.

Over the past five there has been a gradual decline in the proportion of people spending the last 6 months of life in the community across Orkney. The same trend appears across the Peer Group however, a marginally higher proportion of people spent their last 6 months of life living in the community across the peer group. Across Orkney's localities there has been little change over the past five years. The two mainland localities – Orkney's East and West Mainland reported a higher proportion of people spending their last 6 months of life in the community compared to the Isles locality.

Indicators 1 – 9

Indicator Number and Description	Partnership	2013/14	2015/16	2017/18	2019/20
NI – 1: Adults can look after their health very well or quite well.	Orkney	97.1%	95.7%	95.6%	----
	Peer Group	96.0%	96.0%	94.0%	----
	Scotland	94.0%	95.0%	93.0%	----
NI – 2: Adults supported to live as independently as possible at home.	Orkney	88.7%	87.4%	99.6%	----
	Peer Group	83.0%	81.0%	84.0%	----
	Scotland	83.0%	83.0%	81.0%	----
NI – 3: Adults supported at home had a say in how their help, care, or support was provided.	Orkney	87.6%	74.2%	83.3%	----
	Peer Group	82.0%	76.0%	77.0%	----
	Scotland	83.0%	79.0%	76.0%	----
NI – 4: Adults supported at home felt their health and social care services seemed to be well co-ordinated.	Orkney	82.6%	71.5%	90.9%	----
	Peer Group	77.0%	72.0%	74.0%	----
	Scotland	78.0%	75.0%	74.0%	----
NI – 5: Total % of adults receiving any care or support who rated it as excellent or good.	Orkney	91.9%	82.1%	94.7%	----
	Peer Group	84.0%	80.0%	84.0%	----
	Scotland	83.0%	81.0%	80.0%	----
NI – 6: Percentage of people with positive experience of the care provided by their GP practice.	Orkney	95.9%	97.7%	93.6%	----
	Peer Group	87.0%	89.0%	85.0%	----
	Scotland	85.0%	85.0%	83.0%	----
NI – 7: Services had an impact on improving or maintaining patients' quality of life.	Orkney	98.1%	87.1%	96.3%	----
	Peer Group	87.0%	85.0%	82.0%	----
	Scotland	85.0%	83.0%	80.0%	----
NI – 8: Carers felt supported to continue in their caring role.	Orkney	51.2%	48.6%	48.9%	----
	Peer Group	46.0%	44.0%	40.0%	----
	Scotland	43.0%	40.0%	37.0%	----
NI – 9: Adults supported at home felt safe.	Orkney	89.2%	81.6%	97.2%	----
	Peer Group	85.0%	81.0%	86.0%	----
	Scotland	85.0%	83.0%	83.0%	----

Indicator Number and Description	Partnership	2015	2016	2017	2018	2019
NI – 11: Premature mortality rate per 100,000.	Orkney Islands	379	285	432	336	319
	Peer Group	394	360	374	364	357
	Scotland	441	440	425	432	426
	Indicator Number and Description	Partnership	2015/16	2016/17	2017/18	2018/19
NI – 12: Emergency admission rate (per 100,000 population).	Orkney Islands	11,049	9,515	9,962	10,719	10,340
	Peer Group	10,118	9,886	10,161	10,329	10,370
	Scotland	12,295	12,229	12,210	12,275	12,602
	NI – 13: Emergency bed day rate (per 100,000 population).	Orkney Islands	93,363	88,285	85,456	86,210
Peer Group		105,765	105,547	99,693	100,013	97,710
Scotland		128,541	126,891	123,383	120,177	117,478
NI – 14: Emergency readmissions to hospital within 28 days (rate per 1,000 discharges).		Orkney Islands	79	78	80	82
	Peer Group	82	85	94	97	96
	Scotland	98	101	103	103	104
	NI - 15 % of last 6 months of life spent at home or in a community setting.	Orkney Islands	91.9%	91.8%	90.9%	90.3%
Peer Group		90.0%	90.1%	90.4%	90.4%	90.5%
Scotland		87.0%	87.3%	88.0%	88.1%	88.6%
NI – 16: Falls rate per 1,000 population aged 65+.		Orkney Islands	22.0	20.7	16.6	15.5
	Peer Group	16.7	17.7	16.8	17.1	17.7
	Scotland	21.1	21.4	22.2	22.5	22.7
	Indicator Number and Description	Partnership	2015/16	2016/17	2017/18	2018/19
NI – 17: % of care services graded 'good' (4) or better in Care Inspectorate inspections.	Orkney Islands	74.3%	74.3%	84.1%	78.4%	74.4%
	Peer Group	78.0%	81.5%	85.0%	84.2%	82.8%
	Scotland	82.9%	83.8%	85.4%	82.2%	81.8%
	Indicator Number and Description	Partnership	2015	2016	2017	2018
NI – 18: Percentage of adults with intensive care needs receiving care at home.	Orkney Islands	73.5%	69.5%	62.5%	73.4%	---
	Peer Group	66.0%	65.1%	63.3%	65.9%	---
	Scotland	61.2%	61.6%	60.7%	62.1%	---
	Indicator Number and Description	Partnership	2015/16	2016/17	2017/18	2018/19
NI – 19: Days 75+ spent in hospital when ready to be discharged (per 1,000 population).	Orkney Islands	382.5	434.4	381.0	110.9	484.0
	Peer Group	1159.7	1069.6	906.0	917.7	870.1
	Scotland	915.0	840.6	762.2	792.9	793.3
	Indicator Number and Description	Partnership	2015/16	2016/17	2017/18	2018/19
NI – 20: % of health and care resource spent on emergency admission hospital stays.	Orkney Islands	19.9%	19.7%	20.2%	20.9%	20.7%
	Peer Group	21.4%	21.1%	21.4%	21.3%	20.8%
	Scotland	23.2%	23.4%	24.1%	23.7%	23.2%

Integration Indicators at Locality Level

Indicators 1 – 9

Indicator Number and Description	Locality	2017/18
NI – 1: Adults can look after their health very well or quite well.	Orkney West	96.0%
	Orkney East	95.0%
	Isles	93.0%
NI – 2: Adults supported to live as independently as possible at home.	Orkney West	---
	Orkney East	100.0%
	Isles	99.0%
NI – 3: Adults supported at home had a say in how their help, care, or support was provided.	Orkney West	---
	Orkney East	76.0%
	Isles	86.0%
NI – 4: Adults supported at home felt their health and social care services seemed to be well co-ordinated.	Orkney West	---
	Orkney East	88.0%
	Isles	93.0%
NI – 5: Total % of adults receiving any care or support who rated it as excellent or good.	Orkney West	---
	Orkney East	96.0%
	Isles	86.0%
NI – 6: Percentage of people with positive experience of the care provided by their GP practice.	Orkney West	94.0%
	Orkney East	93.0%
	Isles	91.0%
NI – 7: Services had an impact on improving or maintaining patients' quality of life.	Orkney West	---
	Orkney East	95.0%
	Isles	93.0%
NI – 8: Carers felt supported to continue in their caring role.	Orkney West	56.0%
	Orkney East	46.0%
	Isles	45.0%
NI – 9: Adults supported at home felt safe.	Orkney West	---
	Orkney East	96.0%
	Isles	99.0%

Indicators 12 – 19

Indicator Number and Description	Partnership	2016/17	2017/18	2018/19	2019/20
NI – 12: Emergency admission rate (per 100,000 population).	Orkney West	8,990	7,881	8,909	7,947
	Orkney East	9,994	11,241	11,682	10,926
	Isles	8,921	10,286	11,582	9,291
NI – 13: Emergency bed day rate (per 100,000 population).	Orkney West	90,482	76,130	90,787	66,880
	Orkney East	89,933	93,236	81,134	91,935
	Isles	75,674	77,865	95,030	85,177
NI – 14: Emergency readmissions to hospital within 28 days (rate per 1,000 discharges).	Orkney West	81	67	81	52
	Orkney East	76	86	85	70
	Isles	76	85	75	66
NI – 15: % of last 6 months of life spent at home or in a community setting.	Orkney West	92%	90%	91%	91%
	Orkney East	92%	91%	89%	90%
	Isles	90%	92%	93%	89%
NI – 16: Falls rate per 1,000 population aged 65+.	Orkney West	21	15	11	16
	Orkney East	23	19	21	22
	Isles	13	13	10	5
NI – 19: Days spent in hospital when ready to be discharged (per 1,000 population).	Orkney West	275.9	293.9	123.7	575.9
	Orkney East	356.3	581.4	139.2	458.5
	Isles	190.1	58.3	29.7	208.9

Ministerial Strategy Group Indicators

Indicator Number and Description	2015/16	2016/17	2017/18	2018/19	2019*
1 a: Number of Emergency Admissions.	1,862	1,626	1,711	1,856	1,321
Indicator Number and Description	2015/16	2016/17	2017/18	2018/19	2019/20
1 b: A and E Conversion Rate.	31%	27%	27%	27%	25%
Indicator Number and Description	2015/16	2016/17	2017/18	2018/19	2019*
2 a: Number of unscheduled hospital bed days: Acute Specialties.	13,682	12,760	12,490	13,497	9,574
2 a: Number of unscheduled hospital bed days: Mental Health Specialties	2,548	2,374	2,672	22,49	2,356
Indicator Number and Description	2015/16	2016/17	2017/18	2018/19	2019/20
3a: A and E attendances.	5,302	5,377	5,664	6,098	6,356
3b: % A and E Presentations Seen within 4 Hours.	98.10%	97.60%	96.13%	95.59%	96.10%
4: Delayed Discharge Bed Days.	1,131	1,642	1,411	452	1,375
Indicator Number and Description	2015/16	2016/17	2017/18	2018/19	2019*
5a. Percentage of last six months of life by setting: Community.	91.87%	91.80%	90.91%	90.25%	89.74%
Indicator Number and Description	2014/15	2015/16	2016/17	2017/18p	2018/19p
6. Balance of care: Percentage of population in community or institutional settings.	92%	93.67%	93.65%	93.57%	93.73%

Conclusion

The pandemic is still with us and continues to be our focus in that we are working hard to ensure that we can meet the health and care needs of our community, at this very challenging time.

However, for the year 2020/21, there are some priorities that we need to take cognisance of and drive forward, namely the implementation and embedding of the Joint Children and Young People's Inspection Report Improvement Plan, agreeing the model for the Kirkwall care facility, approving and delivering on the Mental Health Strategy; approving and delivering on the Dementia Strategy, developing the Strategic Commissioning Implementation Plan and commencing the statutory review of the Integration Scheme.