

Bringing Health and Social Care together to improve outcomes for the people of Orkney

Working together to make a real difference

Strategic Commissioning Plan 2016 - 2019



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FOREWORD



Foreword by Chief Officer

In Orkney we are proud of our established reputation for good joint working between Orkney Islands Council and NHS Orkney, as well as our wider community planning partners. To date we have led the way nationally, and have many examples of working with people and communities to develop services that fit with local needs. This can be challenging, because of the nature of our remote and rural home, how fragile some of our communities are due to their geographical location, and the make-up of our population who are often predominately older.

New legislation, in the form of the Public Bodies (Joint Working) (Scotland) Act 2014, enables us to build on our successes to date, and to respond to the changing needs of our population – children, young people, adults who need additional support, and older people. Orkney Health and Care is the name that has been adopted for the new Integration Joint Board that has been formed as a result of this new legislation and this Strategic Commissioning Plan sets out Orkney Health and Care's ambitious intentions to improve health and wellbeing in Orkney.

Orkney Health and Care aims to 'help the people of Orkney live longer, healthier and more independent lives within their own homes and communities wherever possible', and in doing so improve the health and wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. Orkney Health and Care will do this through delivering the planning and commissioning approach set out in this plan. The plan covers a three year period but will be reviewed annually, to ensure it keeps pace with changing circumstances.

I believe that in Orkney we are well placed to build on the work that has previously been done through NHS Orkney and Orkney Islands Council in our previous partnership approach, under the banner of Orkney Health and Care. The new Integration Joint Board is picking up that banner and taking the work on to the next stage, with the aim to commission services that achieve improvements that can be seen locally and that support improvement in each of the nine health and wellbeing outcomes, as set by the Scottish Government.

C. Sinclair

Caroline Sinclair

Chief Officer / Executive Director.

Section 1

1. Introduction

NHS Orkney and Orkney Islands Council formally established a partnership arrangement in 2010 which was called Orkney Health and Care. Orkney Health and Care brought together Local Authority/Council and NHS responsibilities into an integrated management and governance arrangement with each parent body (i.e. NHS Orkney and Orkney Islands Council) continuing to retain individual organisational accountability for statutory functions, resources and employment issues.

Much has happened since 2010 including a shift in the health and care policy landscape, new initiatives, new local ambitions and importantly a deeper understanding of what our communities want from us. Orkney Islands Council and NHS Orkney remain committed to delivering joined-up care and services closer to home. This plan continues to build on this work to ensure the commissioning decisions of the new Orkney Health and Care deliver the changes that further improve people's health and wellbeing across Orkney.

The Scottish Government has set out nine national health and wellbeing outcomes to explain what health and social care partners are attempting to achieve through integration, and through working with individuals and local communities. Orkney Health and Care will link its plans to these outcomes.

Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer.

Outcome 2: People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected.

Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Outcome 5: Health and social care services contribute to reducing health inequalities.

Outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.

Outcome 7: People using health and social care services are safe from harm.

Outcome 8: People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services.

1.1 New Arrangements

The new policy landscape requires Councils and NHS Boards to integrate adult health and social care services. It also allows them to integrate other services, such as children's health and social care services and criminal justice social work services. In Orkney we have agreed to include children's services and criminal justice social work services in our new integration arrangements. The new 'Integration Joint Board' to be known as Orkney Health and Care was formally established in February 2016 and will become fully operational from 1 April 2016.

The voting members of the new Board as of 1 April 2016 are (left to right) David Drever, NHSO Non-Executive Board Member, Councillor Alan Clouston, Jeremy Richardson, Vice Chair and NHSO Non-Executive Board Member, Councillor Russ Madge, Chair, Gillian Skuse, NHSO Non-Executive Board Member and Councillor John Richards.

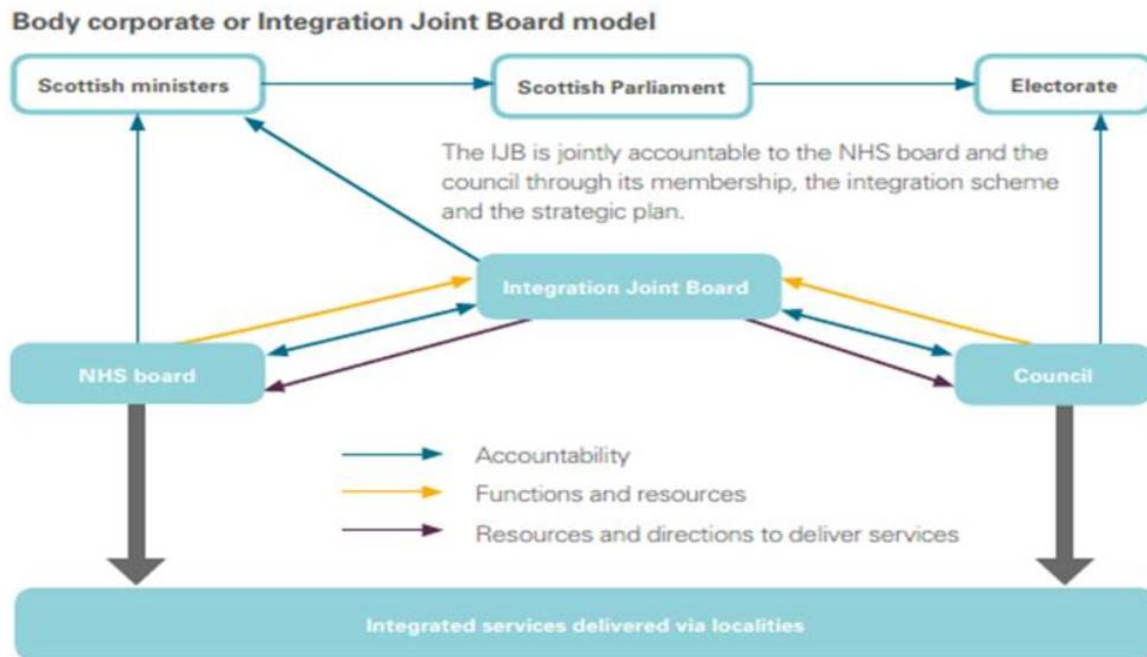


You can find a copy of the Orkney Integration Scheme on the Orkney Health and Care website. The integration Scheme shows which services have been delegated by NHS Orkney and Orkney Islands Council to the Integration Joint Board, and how the Board will operate.

Diagram 1 outlines the relationship between the new Board and Scottish Government, and locally with NHS Orkney and Orkney Islands Council.

Council and NHS staff working in this arrangement will continue to be employed by either NHS Orkney or Orkney Islands Council.

Diagram 1 (Audit Scotland - Health and Social Care Integration, December 2015)



To help support our new arrangement a Chief Officer, Caroline Sinclair, has been appointed. Caroline will have a dual role and will be accountable to the Orkney Health and Care Board for the responsibilities placed on the Integration Joint Board by legislation and Orkney’s approved Integration Scheme and to the NHS Board and Orkney Islands Council for operational responsibility for integrated services, as set out in the Orkney’s Integration Scheme. The Chief Executives of the Council and NHS Board are responsible for line managing the Chief Officer to ensure that their accountability for the delivery of services is properly discharged.

In addition a Chief Finance Officer has been appointed, under the terms of Section 95 of the Local Government (Scotland) Act 1973, who has formal responsibilities for the financial affairs of the Orkney Health and Care Board and whilst the Board does not employ any staff it will have planning and commissioning responsibilities that will require good financial governance arrangements to be in place.

Budgets allocations from Orkney Islands Council and NHS Orkney for delegated functions have already been agreed and these will transfer to the new Board to plan and commission future services that deliver improvements in each of the Scottish Governments nine national health and wellbeing outcomes.

1.2. Localities

The legislation requires that in addition to establishing an Integration Joint Board we are also required to establish at least two ‘localities’ for the purpose of planning services at a local level. Orkney Health and Care agreed that Orkney will have two localities: the Mainland which will be subdivided into the West and East Mainland and the Isles. Each locality will be supported in its operation by a nominated ‘locality

manager'. Locality management will be a function of existing staff roles, and not new posts. The locality managers will lead their respective locality groups and will act as the liaison between each locality group and the Strategic Planning Group, which has the overall planning function for the Board. The ways in which localities function and plan together will have to be shaped to suit their specific geography and populations. For example, the isles locality may operate primarily through a virtual forum, rather than as a physical meeting, in recognition of the dispersed nature of its members, whereas the mainland locality may function best as a physical meeting in a set location. In practice, a great number of the services in Orkney will work across both locality areas, due to our small size, and it may be difficult to clearly attribute the use of specific resources to individual localities as the Scottish Government have asked, however as the locality working approach is developed, this matter will be one that will be reviewed.

Localities will 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.

The role of localities sits well alongside the new Community Empowerment Act which aims to help empower community bodies through the putting in place more opportunities to have ownership of land and buildings, and by strengthening their voices in the decisions that matter to them. It also aims to improve outcomes for communities by improving the process of community planning, ensuring that local service providers work together even more closely with communities to meet the needs of the people who use them. The Community Empowerment Act does a number of things including: extending the community right to buy, making it simpler for communities to take over public sector land and buildings, and strengthening the statutory base for community planning. This focus on ensuring the local voice is heard as part of planning processes is the same theme underpinning locality planning and the new Board will be keen to see this working in practice.

1.3. Strategic Planning Group (SPG)

In Orkney we have ensured that the SPG has a wide membership including people who use services and their unpaid carers, health and social care professionals, third sector bodies carrying out activities related to health and social care, commercial and non-commercial providers of health and social care services, people involved in housing services and people who can represent the interests of each localities.

The Board of Orkney Health and Care has sought the views of the SPG to inform the proposals that are contained within this Strategic Commissioning Plan. The SPG will also play a key role in the annual review of the plan. NHS Orkney and Orkney Islands Council will provide support for strategic planning through their respective strategic planning and corporate service support systems.

In addition, both the Council and NHS Board will inform the Orkney Health and Care Board where they intend to make a change to one of their own services which may

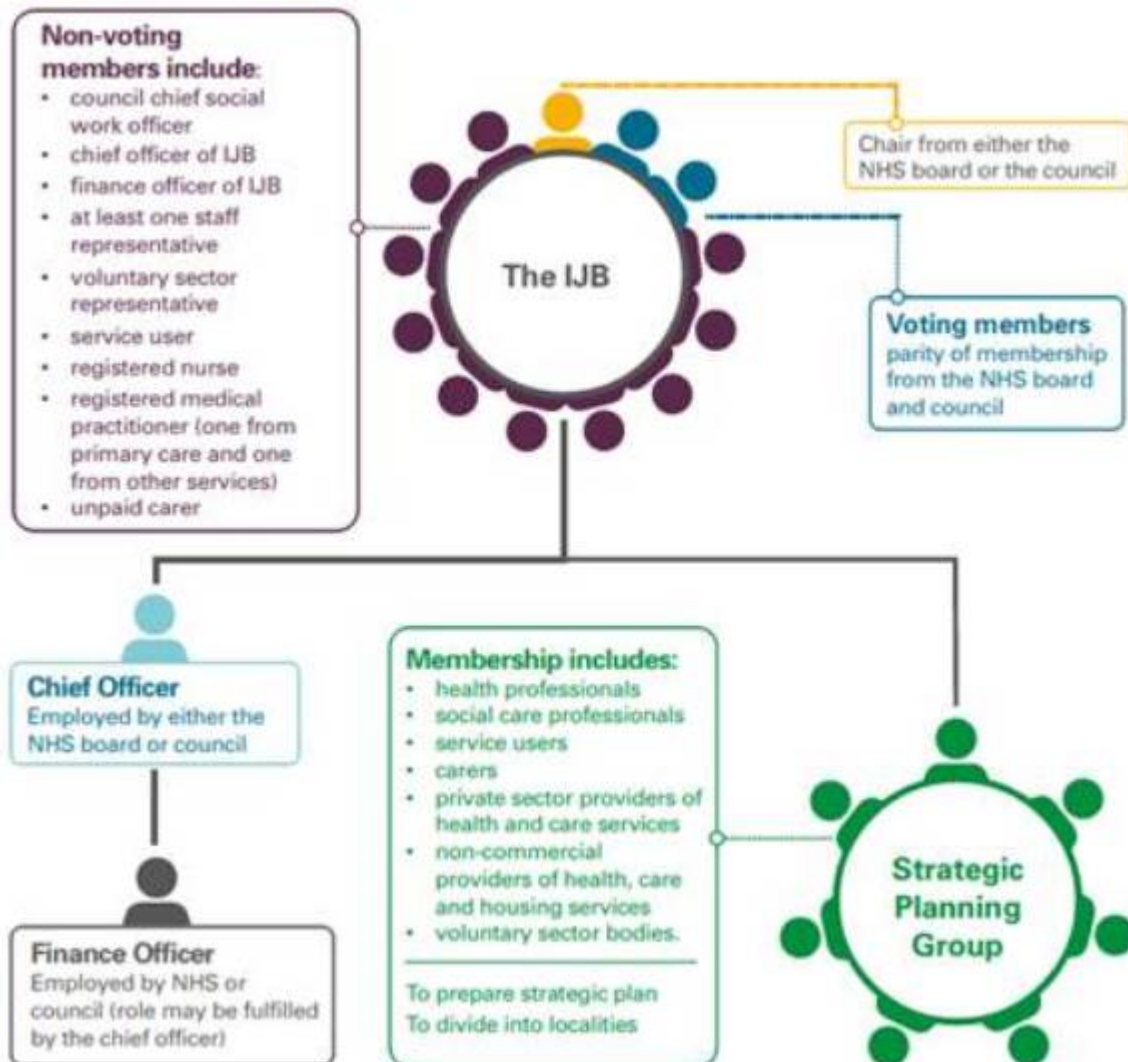
have an impact on the delivery of this Strategic Commissioning Plan. This Plan will be reviewed to fit with Council and NHS Board planning cycles so that we begin to better align our activities within a wider community planning context.

1.4. Orkney Health and Care – Our Local Integration Joint Board

Diagram 2 describes a typical organisational chart for an Integration Joint Board. Locally this is Orkney Health and Care. In summary, the diagram provides information on the legislation requirements in terms of supporting infrastructure and membership.

Diagram 2 (Audit Scotland - Health and Social Care Integration, December 2015)

Exhibit 5
Organisation chart for a typical IJB



Source: Audit Scotland

Appendix 1 of this report shows the full membership of the Board as at 1 April 2016.

Section 2

2. About Orkney

2.1. Local Context

Orkney is a great place to live, learn, work, visit and invest in. We are proud of the way in which to date we have been working towards joined up delivery of health and care services by our NHS Board and Council. However we are also ambitious and we want to be able to respond to the future noticeably higher than average proportion of older people. This alone will impact on the health and social care services that need to be provided including the management of complex and multiple long term conditions, a higher number of injuries resulting from trips and falls and the care and treatment of age-related diseases. This Plan also looks to commission services for children, young people and adults.

However the Integration Joint Board - Orkney Health and Care is also mindful that these new arrangements described in section one of our Plan are only just being implemented. In this regard, during 2016 the Board will work closely with localities and the Strategic Planning Group to fully understand the needs of the population who use, or can be expected to use, the Orkney Health and Care services. This work will inform future commissioning decisions. In addition, the Board will also review the direction detailed within the Director of Public Health's annual report. This report provides the Board with an overview of public health activity undertaken over the year contributing to key health and wellbeing outcomes and work on the reduction of inequalities. It will also review the annual report by the Chief Social Work Officer, which sets out the local position in terms of statutory social work provision each year, and take account of the profile of demand for these services in setting the direction of travel, to ensure statutory social work duties can continue to be met. In the meantime, the Board has taken account of the facts and figures detailed in this section of the Plan and used this information to set a plan for how services will be shaped going forward.

2.2. The Case for Change

There are a number of reasons why we need to change the way health and social care services are planned and commissioned in future, based on current health challenges, health intelligence and future projections. The Joint Strategic Needs Assessment demonstrates the challenges associated with an aging population, and with increasing numbers of people with long term conditions and complex needs putting pressure on local health and social care services.

The Scottish Government estimates that in any given year, high resource individuals (HRI) - around 2% percent of the population, account for 50% of hospital and prescribing costs and 75% of unplanned hospital bed days. In 2013/2014, 2.3% or 393 people in Orkney consumed 50% of total health expenditure and 68% (13,924) of hospital bed days. Investment in prevention and early intervention and joint planning involving the Strategic Planning Group members and NHS Board and Council may enable a 'shift in the balance of care' activity from the hospital to the community. This shift would also help our response to:

- The changing expectations of older people, their carers and families as more people look to access self-directed support to improve their personal outcomes and situation.

This Plan also needs to consider the expectations of people with learning disabilities and physical disabilities and their aspirations to participate in society as equal members. The Scottish Government has been progressively working to address the inequalities that people with such disabilities have traditionally faced, from the closure of long stay hospitals for people with learning disabilities and the shift to community based care, to the development of self-directed support approaches, aimed at enabling people to design and commission services that best meet their own identified outcomes. Throughout these developments the need for health and social care services to work in partnership to plan community based services has been a recurring theme. The Orkney Health and Care Board is well placed to take this forward.

The mental health of the population is also important in the development of the plan. A focus on prevention, anticipation and supported self-management is central to taking forward mental health policy in Scotland and the Board of Orkney Health and Care will want to ensure that the services it commissions have a clear focus on this approach, as well as ensuring appropriate care is provided for people who require it.

The ambition for all of Scotland's children is that they are successful learners, confident individuals, effective contributors and responsible citizens. To achieve this every child and young person needs to be safe; healthy; achieving; nurtured; active; respected and responsible; and included. Orkney's ambition for children and young people is that this is a place where service providers and the community work together so that, as children and young people grow up, they get the right help, at the right time, in the right way. The children's services workforce in Orkney use a collaborative approach to put children and their families at the heart of their decision making and aim to focus on prevention of issues and early action at the first signs of any difficulty. This Plan seeks to align the national objectives with the Board's direction of development.

Planning for Criminal Justice services has also been delegated to the new Board of Orkney Health and Care. Nationally, positive progress has been made in building safer and stronger communities in Scotland in recent years. Reoffending rates are at their lowest in over a decade, recorded crime has fallen by 35% since 2006/2007, illegal drug use in the general adult population has declined by more than a fifth since 2006, and there were 190,000 fewer victims of crime in 2012/2013 than in 2006 (Scottish Government Crime and Justice Statistics 2015). The Scottish Government's vision for a safer, fairer and stronger Scotland is set out in the Strategy for Justice in Scotland. Locally, in line with this, the Board of Orkney Health and Care will want to see services working together to promote community safety, work to reduced offending and re-offending where possible, and meet the requirements of the Courts.

2.2.1. Case for Change - Reason 1: National and Local Strategic Policy Drivers

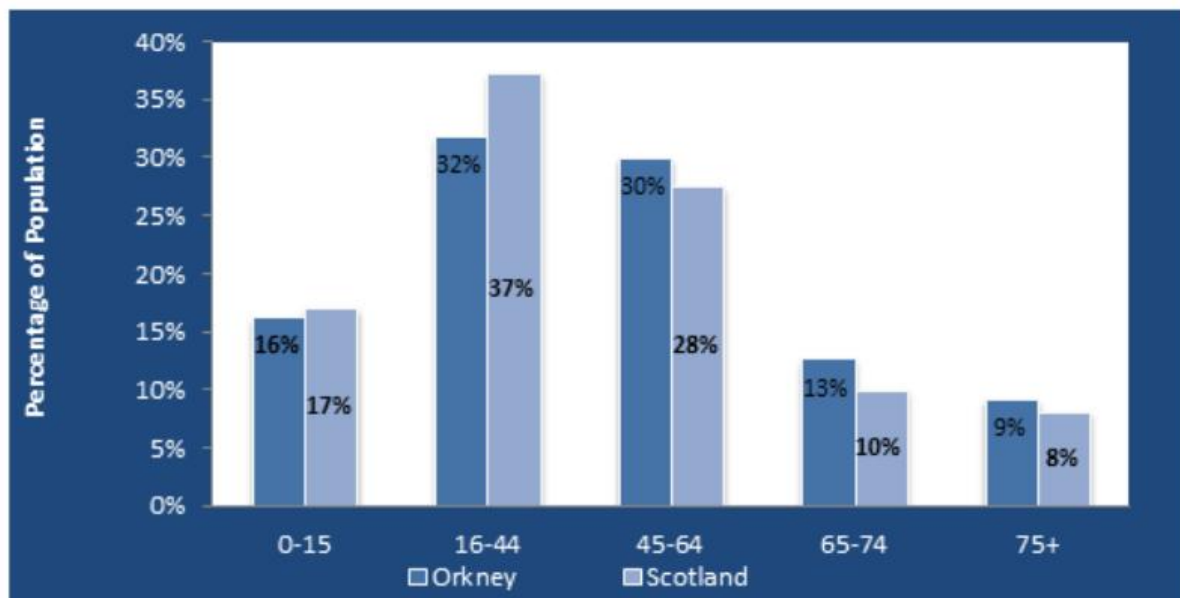
Health and social care is undergoing a period of major change. This Strategic Commissioning Plan recognises the need to reflect this context and has been developed in response to a number of strategic policy drivers. The common themes across these policies culminate in service developments which are designed with and for people, their carers and communities; are safe, effective, and person-centred; involve partnership and whole systems working to improve care; and are aimed at reducing inequalities and promoting equality.

2.2.2. Case for Change - Reason 2: Demographic Change

In Orkney and across Scotland people are living longer due to improvements in our living standards and levels of care and support.

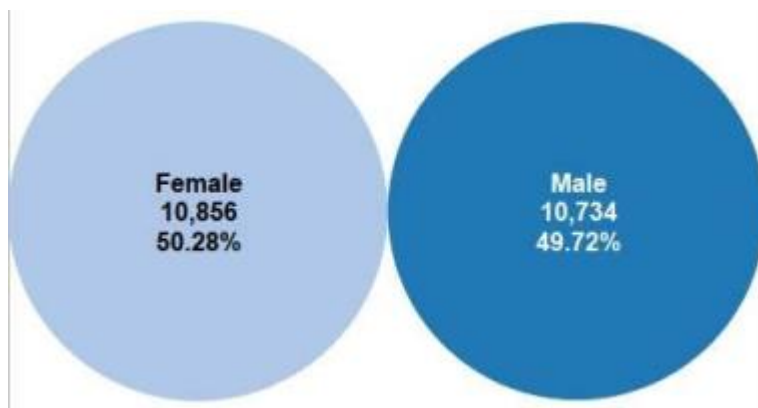
- The National Records of Scotland (NRS) 2014 reports the population of Orkney as 21,590, of which 84% (18,080) were over 16 years.

Population profile of Orkney by Age Group



Source: NRS 2014

The current split of the population between males and females is:

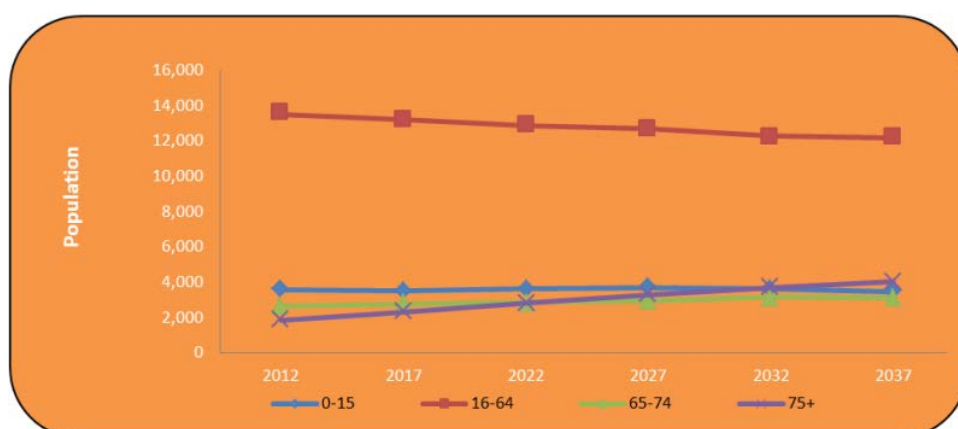


The population of Orkney has a higher than national average proportion of older people. Between the 2001 and 2011 censuses, the number of people aged 65 and over grew by 32.5% (the highest of all Boards). Orkney's overall population is projected to increase by **5.5%** in **2037** and the largest increase will be seen in the older population aged 75 and over.

- **0 – 15** will decrease by **3%**.
- **16 – 64** will decrease by **10%**.
- **65 – 74** will increase by **20%**.
- **75+** will increase by **116%**. (Extract from NHS NSS (ISD) document produced for Orkney Health and Care Integration August 2015)

People in the older age groups are the ones most often in need of health and social care services therefore we can confidently predict a steady growth in demand for health and social care services. The Board of Orkney Health and Care, in making its commissioning decisions, is mindful of this as well as the Government's policy direction to, achieve the 4 hour Accident and Emergency standard, reduce emergency admissions and readmissions in the over 75 age group and continue to meet the delayed discharge standard.

Orkney Population Projections 2012-2037

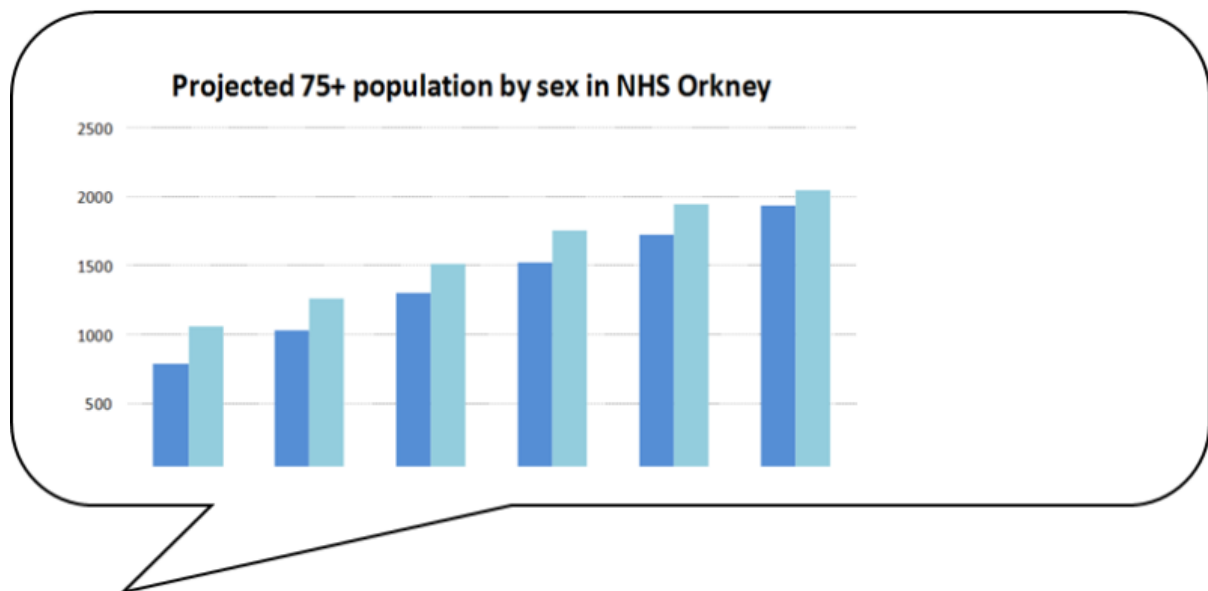


Source: NRS 2014

Although this challenge is not unique to Orkney, our older population is increasing faster than the national average. In addition, significant numbers of our working age population are leaving the Islands, and so fewer people are available to provide the care and support required with the predicted levels of chronic illness and disabilities. This reality was also highlighted in NHS Orkney’s Transforming Services Strategy ‘if nothing else changes in the way we deliver care, this means that for every 10 people over 85 currently accessing health and social care services, there will be 31 people over 85 accessing it by 2033. Equally, if nothing else changes, for every 10 people providing care to people over 85 we will need 31 people by 2033.’

However, alongside the challenges, the contribution that older people make to our society also needs to be recognised. For example, people over 65 years of age deliver more care than they receive – acting as unpaid carers, child minders and volunteers. Their contribution to family and communities should be valued. We need to harness this contribution and ensure it influences the priorities and decisions of the Orkney Health and Care Board.

The figure below shows the projections of the 75+ population in Orkney by 2037.



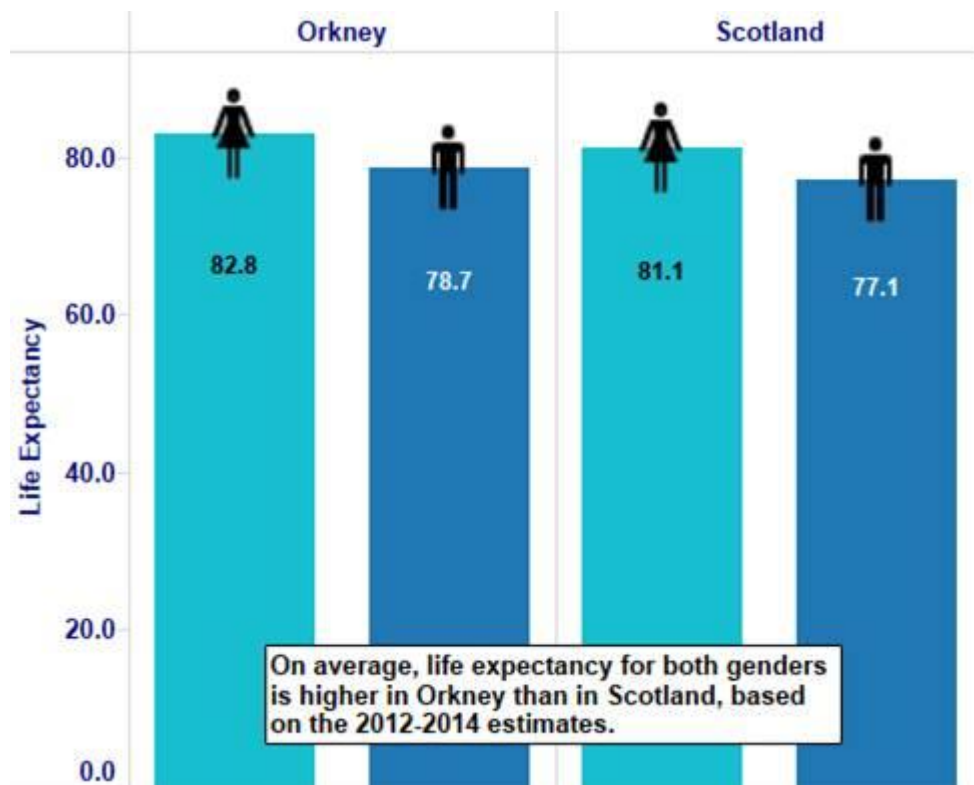
Source: NRS 2014

Supporting and caring for older people is not just a health or social care responsibility, we all have a role to play: families, neighbours and communities; providers of services like housing, transport, leisure, community safety, education and arts; and the commercial sector. People using services and their carers need to be involved with service providers in designing their care and support.

2.2.3. Case for Change Reason 3: Increase in Chronic Health Conditions

People living in Orkney tend to live longer and enjoy a high level of wellbeing, with 86.4% reporting their health as good or very good (Census 2011).

Life Expectancy at birth for males and females in Orkney is higher than in Scotland.



Source: NRS 2014

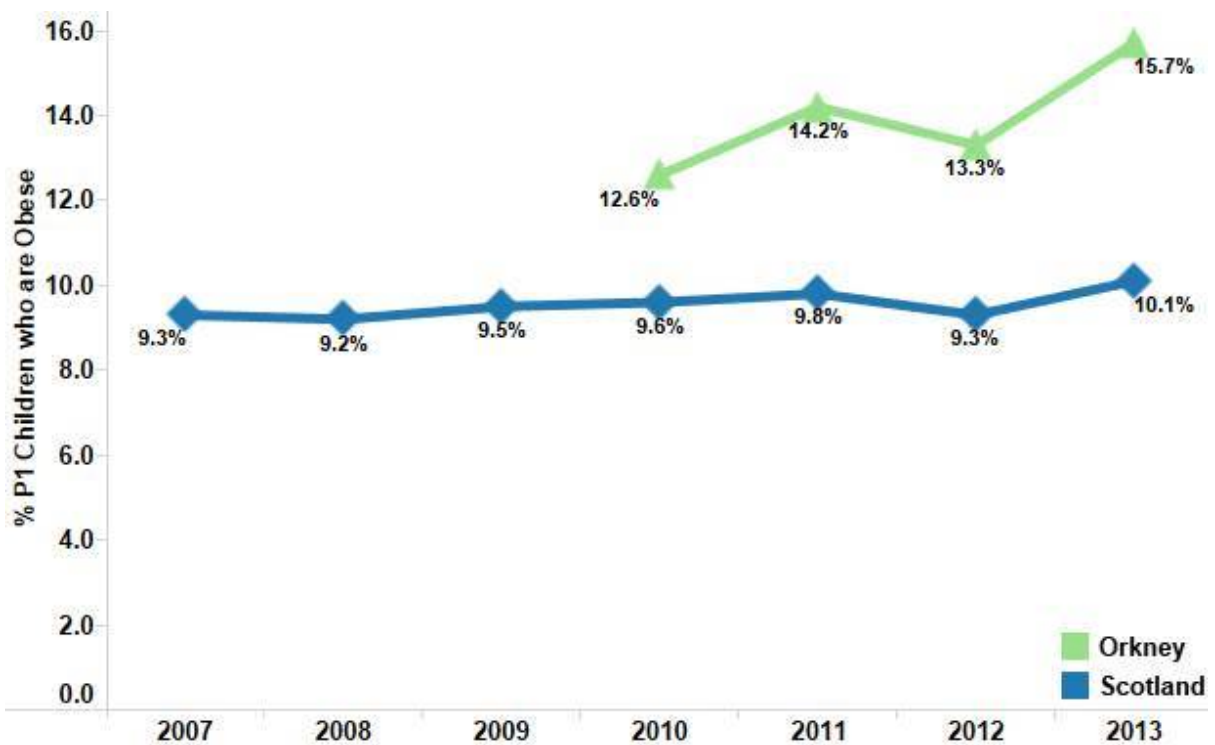
Rates of teenage pregnancy and children living in poverty are among the lowest in Scotland. Broadly speaking, people living in Orkney enjoy low levels of crime and income deprivation.

However,



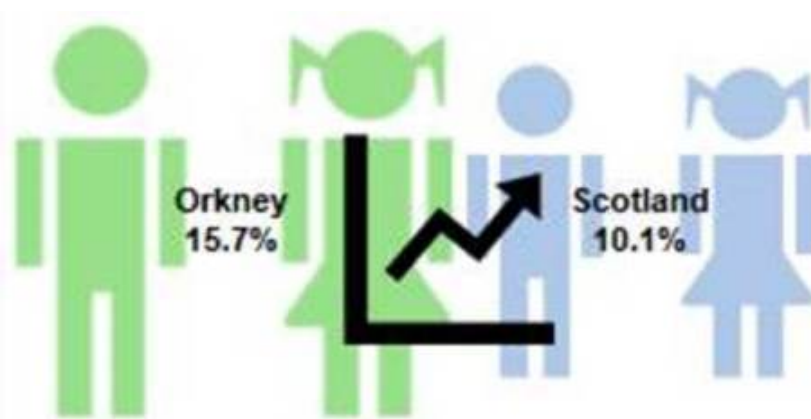
There are also some appreciable economic and environmental inequalities between Orkney's local communities, such as accessibility of services, standards of accommodation and fuel poverty.

Childhood Obesity Orkney has historically had a high prevalence of childhood obesity, with increasing trends in Primary 1.



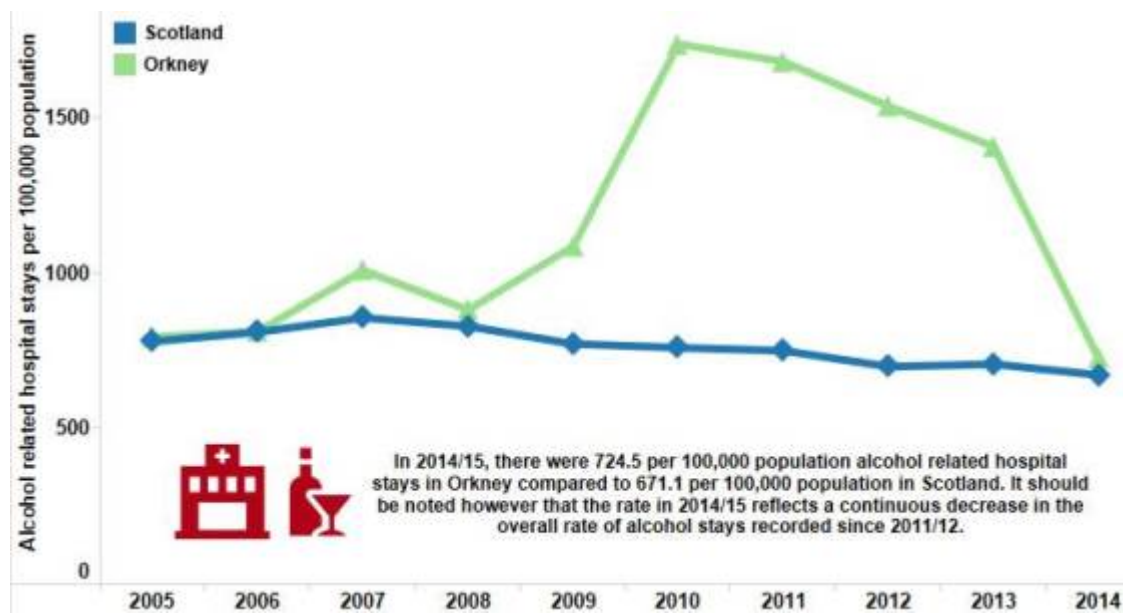
Source: ScotPHO

In 2013/2014, there were 34 children in Primary 1 who were obese. This equates to 15.7% of Primary 1 children in Orkney in that year compared to 10.1% across Scotland.



Orkney has one of the highest percentages of children of an unhealthy weight in Schools (NHS Orkney 2013/14 Annual Public health report). There were 34 children in Primary 1 whose BMI was within the UK 5% reference range for obesity for their age and sex.

High Rates of Alcohol Related Hospital Admissions The rate of alcohol related hospital stays in Orkney has historically been higher than the Scottish average.



Source: ScotPHO

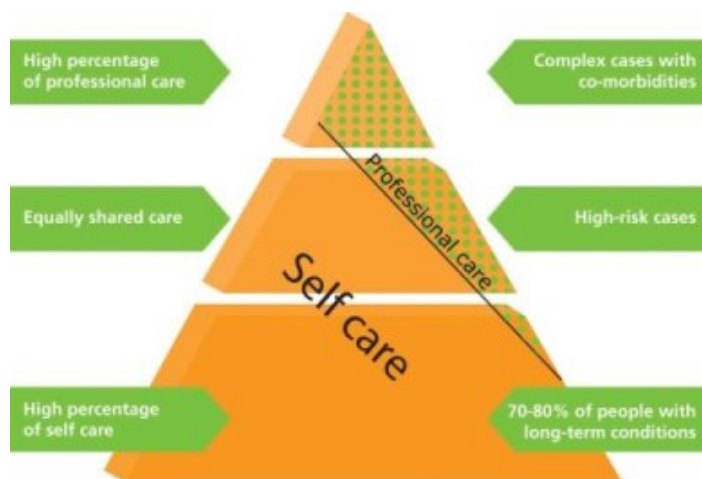
Despite a decline in the overall rate of alcohol related hospital stays over recent years, alcohol continues to cause an unacceptable level of harm and ill-health in Orkney, placing a considerable demand on health and social care services.

Orkney has a very active multi agency alcohol and drugs partnership (ADP). The ADP considers how best to use the available funding to support actions that minimise the impact of substance misuse in Orkney, and promote harm reduction and improved health and wellbeing. The funding is allocated through an ADP commissioning process, built on a clear set of outcomes to be delivered. Orkney Health and Care's substance misuse services are part of this collective partnership approach to this significant issue.

The Orkney ADP was informed in its approach by a local alcohol and drugs needs assessment undertaken in 2013 which led to the identification of 24 potential priority areas for action, of which nine have been selected for early action.

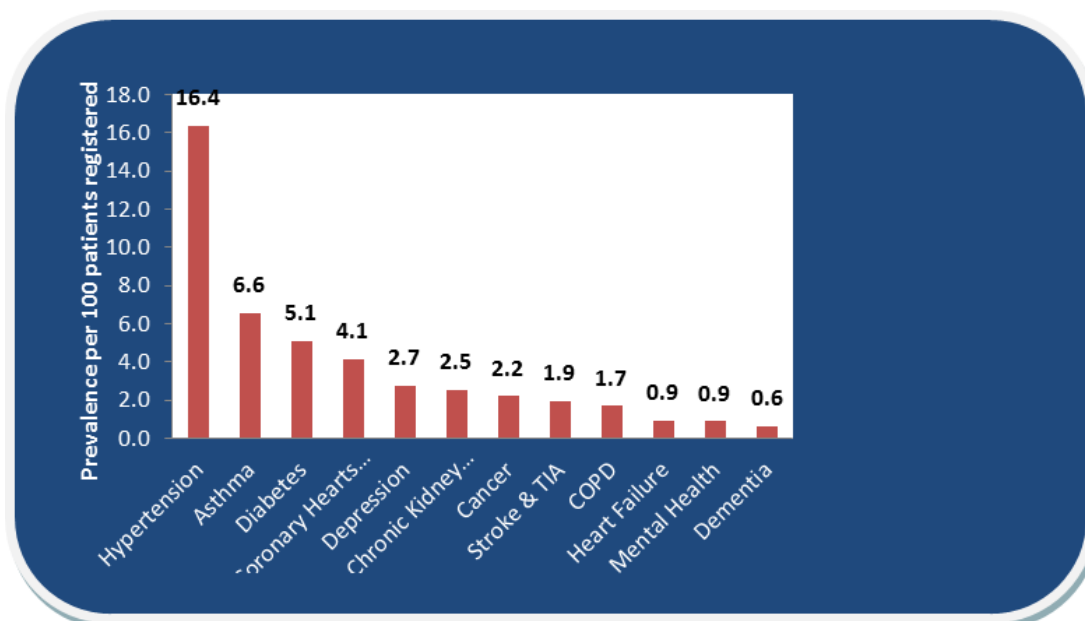
You can find more information on the work of the Orkney ADP on the website at <http://www.orkneyadp.org.uk/>

Chronic Disease Pyramid of Intervention



In the 2011 Census, 29.5% of the population in Orkney reported they had at least one long term condition. Furthermore, the GP Quality and Outcome Framework (QOF) reports on the prevalence of diagnosed long term conditions (LTC). Hypertension was the most prevalent condition in Orkney, a similar pattern observed across Scotland.

Prevalence of Long Term Conditions per 100 patients registered (March 2015)



Source: QOF, ISD

Long Term Conditions People living with a long term condition(s) such as hypertension, diabetes and cancer can place significant resource demands on health and social care services. A number of important observations are apparent when looking at the overall patterns:

People with One Long Term Condition

- 650 people aged 65-74 had one LTC in 2012/2013 rising to 668 in 2013/2014 or by 3%.
- 375 people aged 75-84 had one LTC in 2012/2013 rising to 397 in 2013/2014 or by 6%.

People with Two or more Long Term Conditions

- 505 people aged 65-74 had two or more LTC in 2012/2013 rising to 523 in 2013/2014 or by 4%.
- 469 people aged 75-84 had two or more LTC in 2012/2013 rising to 482 in 2013/2014 or by 3%.
- 236 people aged 85+ had two or more LTC in 2012/2013 rising to 258 in 2013/2014 or by 9%.

Source: IRF, ISD

Dementia An accurate estimate of those with dementia is unknown. Alzheimer's Scotland estimates that there are 401 people living with dementia in 2015 in Orkney, with approximately 388 of these people being aged 65 and above. The rate of dementia is expected to rise with an increase in the number of older people in Orkney.

Mental Health. There were 185 people with a mental health condition on the GP register in March 2015, which is likely to be an underestimate. Local mental health services have seen a sustained upturn in referral rates in recent years. For example, there has been a year on year increase in statutory interventions under the Mental Health (Care and Treatment) (Scotland) Act 2003 from four interventions in 2010/2011 to 34 in 2014/2015 (Source: CSWO Annual Report 2014/2015). Of course not all work to support people with mental ill health is statutory in nature, but this upturn is being seen across all areas of the service. This may in part be due to efforts locally and nationally to reduce the stigma of mental ill health, leading to increased numbers of people feeling able to seek services, which is a positive, and it may be in part due to a rise in mental ill health. Approaches to supporting good mental health also continue to develop, with an increasing use of evidence based approaches such as psychological therapies. The Orkney Health and Care Board will want to see services moving in line with evidence based practice and the Mental Health Strategy for Scotland 2012/2015 which has a wide range of commitments focused on mental health improvement, recovery, and to ensuring delivery of effective, quality care and treatment for people suffering from mental illness, their carers and families.

2.2.4. Case for Change Reason 4: The demand for health and care is increasing

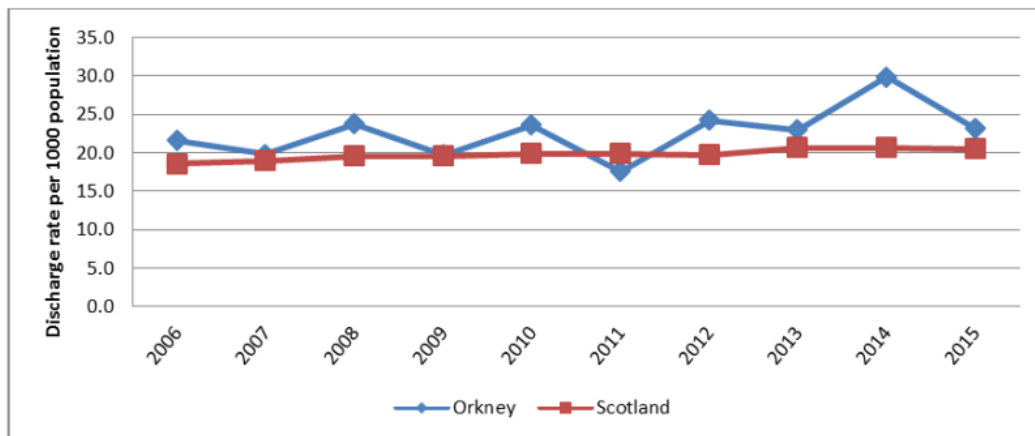
Partly because of the increasing numbers of people over the age of 85, if we don't make changes to the way we do things, then we are predicting significant increases in demand, which we will struggle to meet, across a range of health and care services. The number of hospital admissions per thousand residents in Orkney is

approximately the same as the Scottish figure at about 33 admissions per thousand residents, and is expected to increase by 15% over the next 10 years if we continue to provide services in the way we do now. The need for investment in prevention and early intervention alongside attracting other providers to support an anticipated increase in self-directed support is now very important to support the needed change in how we deliver care in future.

In addition, the use of primary care services will increase as the population is “ageing” with an estimated 8% more contacts per annum from 2007 to 2017; a rise from 102,320 practice contacts to 110,862. The changes being proposed in the GP contract and a move away from our traditional GP led model of care will require service providers – i.e. the NHS Board to align its service delivery models around the localities that we have established – Mainland, split into East and West and the Isles.

Emergency hospital admissions The number of people admitted to hospital as an emergency admission has increased slightly. This is disappointing as it is despite investment from the NHS Board to the previous Orkney Health and Care partnership using the Change Fund and more recently the Integrated Care Fund. This demonstrates a need to further look at how services have been arranged and delivered and a preparedness to make further changes in how we commission services in order to change these results and deliver better outcomes for individuals. There is a need for more innovative solutions to maintain people in their own homes and communities and in doing so improve their wellbeing.

Patients discharged following an Emergency Admission.



Source: ISD

Carers Around 9.3% of the population or 1,978 people have a caring role in Orkney. Of these, 468 provided 50+ hours of unpaid care per week and of these, approximately 34% were themselves 55-64 and another 34% were 65 and above (Census 2011).

Home Care Home care services provided an average of 1,610 hours of care per week to 225 service users in December 2015. 20% of adults aged 65 and above received 10 or more hours of care at home that year. Over the previous 2 years there has also been a general increase in the size of the packages required to meet

the assessed needs of individuals. Further to this the increase in number of service users who require 2 carers to undertake their visits has also increased. This increase in package size and double-up visits has a direct impact on the number of service users that we are able to provide services for with the contracted hours of the staff in the service. Demand for services will increase in the future with an ageing population. However a recent report (Home Delivery A Profile of the Care at Home, 2015) has highlighted that in Scotland ten Councils reduced the number of care at home hours they provided over the period 2003-2013. In particular, there have been considerable reductions in hours provided in North Lanarkshire (-42.5%), Orkney (-44%) and in Glasgow City Council (-35%). In real terms, these reductions would be even greater given the population growth of 15.6% for this age group over the same period. However, this data has to be viewed alongside the increasing number of people who now direct their own support in place of receiving traditional home care services. In Orkney the number of people arranging their home care support themselves has almost doubled since 2012, from 25 people to 49, and at the time of writing an additional 784 hours of care a week are currently being provided in this way, on top of the 1610 hours provided by the home care service itself.

Care Facilities for Older People Orkney has 3 care homes. St Rognvald House (44 resident places) in Kirkwall, Smiddybrae House (32 resident places) in Dounby and St Peter's House (32 resident places) in Stromness. In addition there are 3 respite single occupancy facilities within older people's services. For every 25 people over the age of 65 in Scotland, there is 1 care home bed, whereas in Orkney, for every 42 people over 65 there is 1 care home bed (Care Home Census, ISD). Given the demographic changes, the amount of residential care capacity in Orkney needs to be increased.

Although not solely for older people there are also extra care housing facilities which are predominantly utilised by older people. These are Sunnybrae (Kirkwall) which has twenty-four tenancies, Kalisgarth (Westray) which has seven tenancies and Braeburn Court (St Margaret's Hope) which has thirteen tenancies. These tenancies enable people to remain in their own home with the benefit of staff presence twenty four hours per day.

In addition for younger adults with physical disability there are seven extra care properties with a separate respite facility. Similarly to the facilities described above this facility enables people to remain in their own home with the benefit of staff presence twenty four hours per day.

The future model of health and social care as described in recent work to inform the Care Campus development highlighted the need for greater investment in social care places/accommodation. The Board of Orkney Health and Care will require to commission services that are then able to meet the dual challenge of increasing demand on health and care resources whilst recognising that delivering health and care within our remote and rural context is challenging both economically and geographically, as well as from a workforce perspective.

Services for People with Learning Disabilities A local Health Needs Assessment Report commissioned in 2011 identified that there are estimated to be around 450 people in Orkney who have a diagnosed Learning Disability, of which an estimated

380 people have a mild to moderate learning disability and up to 80 people have a profound or multiple disability. There are currently around 100 people in Orkney who access some form of learning disability specific service such as day services, short breaks, supported accommodation or self-directed support. There has been an increase in referrals to services of 21% over the past two years. Research indicates that the number of adults with learning disabilities aged over 60 is likely to increase by 36% between 2001 and 2021 (Improving the Health and Wellbeing of people with Learning Disabilities, NHS 2009). The Board of Orkney Health and Care will require to commission services that are focussed on supporting people with learning disabilities to be active engaged members of the community and to be able to engage with learning, work and activities effectively.

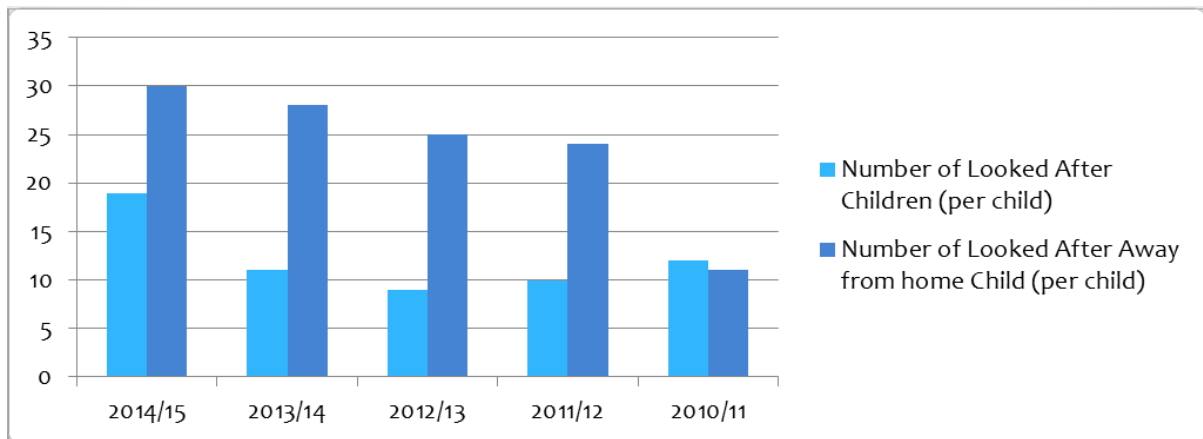
Children's Services There are increasing numbers of families who are vulnerable and require early interventions to help them to care for and protect their children. Nationally, there has been a steady 34% increase in the number of children on the child protection register (Scottish Government 2014) and this has impacted across children's health and social care services.

Locally we have increasing numbers of children looked after away from home. The provision of long term, permanent care away from home in terms of adoption, fostering or kinship care creates additional pressures and responsibilities on care, social work and legal services. Recent legislation aimed at offering young people who are looked after greater security and continuity of care from 16 to 26 years old, will be positive for them, however it will also inevitably reduce the availability of foster placements. The Council currently has the main or sole parental rights and responsibilities for the highest number of children (11) it has held to date. Our need for foster carers has increased year on year and we predict that this trend will continue over the next few years.

One of the greatest financial pressures is in relation to placements for looked after children out with the local authority area. This can be caused by a lack of suitable placements available in the local authority. One reason for this is our small local population, which results in there being a relatively low number of people locally who wish to become foster carers.

The Children and Young People (Scotland) Act 2014 will also have implications for public sector children's services, as it places a duty to report on what is being done to take forward the realisation of the rights set out in the United Nations' Convention in the Rights of the Child. It is anticipated that the introduction of the 'Named Person' as a statutory duty will increase the workload of health visitors and midwives.

Prevention and early intervention are key to addressing these challenges. The Board will want to see investment in training to equip staff to work in partnership with families, trying to strengthen families at an earlier stage.



Source: CSWO Annual Report 2014 – 2015

Criminal Justice Services The Criminal Justice service in Orkney is currently part of the Northern Community Justice Authority (NCJA). This arrangement will change in the coming years, with the establishment of the new Community Justice Partnerships. Orkney is generally a safe place to live. One year reconviction rates for the NCJA area (which have been used as a proxy indicator for re-offending), have fallen by a total of 5.1%. In Orkney, as in the other Island Authority areas, this figure has been prone to year-on-year fluctuation reflecting relatively low population sizes, but has on average been comfortably below both Scottish and Northern overall figures, despite higher local rates of Police detection, which would tend to inflate the figures. The most recent one year reconviction rates were published by the Scottish Government in March 2015, for the 2012/2013 “Offender Cohort”, and stand at Scotland 28.6%, Northern CJA Area 26.3%, Orkney Area 21.9%.

Section 10 of the Management of Offenders etc. (Scotland) Act 2005, requires the Police, Local Authorities, Health Boards and the Scottish Prison Service, as the Responsible Authorities, to establish multi-agency arrangements known as MAPPA to assess and manage the risk posed by certain categories of offender. The purpose of MAPPA is public protection and the reduction of serious harm. MAPPA aims to achieve this by providing a framework for agencies to share information, jointly assess risk and apply resources proportionately to manage the risk of serious harm posed to the public by relevant offenders. From the 31 March 2016, these arrangements extend beyond registered sex offenders and mentally disordered restricted patients to also include those offenders who, by reason of their conviction, are assessed as posing a risk of serious harm to the public. This will be an additional workload on services involved in MAPPA arrangements.

The Board will also want to ensure that any services it commissions are aware of their duties under national strategies to minimise the risks of people in their communities becoming radicalised, and countering risks of terrorism, in line with the overarching CONTEST UK wide strategy and its associated guidance documents such as the Prevent Strategy, and are able to provide appropriate training and advice to staff on this matter.

2.2.5. Case for Change - Reason 5: Financial Context

Demand is rising significantly while in real terms, available public spending is falling. Over the next three years the Board of Orkney Health and Care will require to balance its ambitious commissioning decisions to support change alongside a de-commissioning strategy that enables NHS Orkney and Orkney Islands Council to deliver year on year efficiencies to sustain priority services. This means that carrying on with 'business as usual' is not sustainable and will impact on our aspiration to improve outcomes as described within this plan.

Due to increasing resource constraints there has never been a more critical time for the statutory service providers, Orkney Islands Council and NHS Orkney, to work together to make best use of their collective workforce, facilities and financial resources so that they can continue to contribute to improving outcomes for people who require care and support in the future.

The current service provision will not meet the future health needs of the population, with the predicted rise in long term conditions, and health and care presentations associated with an ageing population. The Board of Orkney Health and Care must, through its commission powers, move to services which have a stronger focus on prevention and enablement and a stronger community focus. Services cannot continue to be planned and commissioned in the way they have been; the current situation is neither desirable in terms of optimising wellbeing, nor financially viable.

2.2.6. Housing Contribution Statement

The Housing Contribution Statement (HCS) is a statutory requirement, as set out in the Government's Housing Advice Note, 'Statutory Guidance to Integration Authorities, Health Boards and Local Authorities on their responsibilities to involve housing services in the Integration of Health and Social Care, to support the achievement of the National Health and Wellbeing Outcomes'.

The HCS sets out the contribution of housing and related services in Orkney towards helping achieve priority outcomes for health and social care. It serves as a key link between the Strategic Commissioning Plan and the Local Housing Strategy and supports improvements in aligned strategic planning and the shift to prevention.

As a local housing authority, the Council has a statutory duty and a strategic responsibility for promoting effective housing systems covering all tenures and meeting a range of needs and demands.

The Council's strategic housing plan is articulated in the Local Housing Strategy which is underpinned by the robust and credible evidence from the Housing Need and Demand Assessment (HNDA).

The Council's Housing services are represented on the Strategic Planning Group to actively promote the housing sector's role in health and care integration.

Of the national health and wellbeing outcomes to be delivered through integration outcome 2 is of particular relevance to setting out the housing contribution.

Outcome 2: People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

The housing functions that are delegated to Orkney Health and Care are:

- Housing Adaptations (General Fund and Housing Revenue Account) – an adaptation is defined in housing legislation as an alteration or addition to the home to support the accommodation, welfare or employment of a disabled person or older person, and their independent living. The Housing Revenue Account is where any adaptations for tenants of Council houses are funded.
- The General Fund adaptations are carried out by Orkney Care and Repair and are for owner occupiers and tenants of private landlords. This constitutes the Disabled Grants and Small Repairs Grants in so far as an aid or adaptation applies only.

Other housing functions which have a close alignment with health and social care outcomes but are not part of any delegated functions are:

- Housing support services and homelessness.
- Other wider functions to address future housing supply, specialist housing provision and measures to address fuel poverty.

The Local Housing Strategy (2011/2016) sets out the vision for Housing in Orkney:

“Orkney Islands Council is committed to ensuring that its citizens have access to a warm, dry, secure, and affordable home, suited to their particular needs and, wherever possible, in a community of their choice.”

The Local Housing Strategy sets out 6 priorities:

- Adequate housing supply.
- Climate change and fuel poverty.
- Housing support / housing for particular needs.
- Homelessness.
- Improving housing standards in the private sector.
- Sustaining Orkney’s communities.

All the priorities within the Local Housing Strategy are relevant to the Housing Contribution Statement.

The demographic changes set out in section 2.2.2. are highly relevant as increases, particularly amongst those of a more advanced age, may well require additional housing stock which may include the provision of additional support. In addition it is likely there will be higher demand for aids and adaptations whether in social or private homes.

The Housing Needs and Demand Assessment is currently being updated and refined, as is the Local Housing Strategy. The Housing Contribution Statement will be reviewed in 2017 as a direct result.

Housing Contributions to Integration:

- Encourage future housing supply that is the right size and in the right location across all tenures; built to modern standards and future-proofed design, mainstreaming of barrier-free, dementia friendly design and promoting provision for the use of assistive technologies.
- Maintaining the provision of specialist housing including sheltered housing and very sheltered housing and endeavouring to extend provisions of accessible housing, homes with support and homes for life.
- Developing better shared assessment processes with health and care teams to link with housing support plans and the housing allocation process.
- Reviewing housing lettings policy to ensure that it continues to match people with housing that is suitable for their needs.
- Maintaining our existing housing options approach but extending it to improve longer term planning and anticipating future needs by extending our prevention / early intervention approach to housing need.
- Providing a flexible and adaptable housing support service in all areas.
- Anticipate an increase in the number of adaptations required. The range and flexibility of adaptations should be reviewed to enable choices and to allow for future planning to happen as early as practicable. Timescales and priorities for adaptations to be kept under review.
- Increase the number of accessible houses in the Council's housing stock.
- Integrating telecare and telehealth technology with provision of adaptations.
- Recording and analysing a range of data and indicators on housing need, demand and provision to provide a robust baseline of future and anticipated needs.

Challenges

Demographic – projected rapidly ageing population will present a universal challenge in terms of delivering services to meet projected increased demands.

Financial – continued financial pressure on public sector budgets will present a number of challenges going forward. Changes to welfare benefits will impact on the housing sector.

Knowledge – there is a real need to develop better, shared baseline information about the housing and support needs of people with long term, multiple health conditions and complex needs.

Support needs – demographic change suggests that there will be a small but significant number of people who will require intensive levels of support and care. This will bring challenges in small, mainly rural local authorities where availability of specialist services may not always be locality based. There is also likely to be an increase in the demand for lower level housing support to enable people to sustain their own tenures and allow them to continue to be supported at home as far as is practicable.

Housing Stock – Provision of sufficient affordable housing of the right size in the right area remains a challenge for Orkney. Given the relatively small size of its housing stock, statistical distortions can occur such as an imbalance in one size of properties, currently there is significant demand for three bedroom housing.

Resources

Budget for delegated functions: Housing Adaptations (Disabled Grants and Small Repairs Grants.) General Fund £248,600.

Close partnership working will be essential, both strategically and operationally to ensure that housing’s contribution can be achieved.

The Disabled Grants and Small Repairs Grants (in so far as an aid or adaptation is concerned) are delivered through Orkney Care and Repair which is subject to a contract currently held by Orkney Housing Association Ltd. This contract has successfully provided a range of adaptations. With projected increased demand for adaptations to enable people to stay in their own homes, resources for aids and adaptations are likely to require close monitoring and review.

Programmes of maintenance and investment in housing stock have ensured that tenants in the social rented sector have homes that meet the Scottish Housing Quality Standard. Continued planned investment will focus on an Energy Efficiency Standard for Social Housing which makes a significant contribution to health inequalities.

The Council and Orkney Housing Association Ltd work in partnership to deliver the Strategic Housing Investment Plan which is the development of a new build programme to meet the needs and priorities identified through the LHS. The current new build plan contains provision for a broad range of housing provision in various areas of Orkney.

Monitoring and Review

This statement forms the link between the Local Housing Strategy and the Strategic Commissioning Plan. Actions will be reviewed jointly through monitoring arrangements for both documents.

Theme Detail - Outcomes relevant to the housing contribution.

Theme	Detail
Outcomes relevant to the housing contribution (Note 1).	Orkney Health and Care’s Strategic Commissioning Plan identifies a number of national and local health and social care outcomes that will be used to measure progress with reshaping care. These include seeking to reduce the number of emergency admissions to hospital and in the number of people whose discharge has been delayed, so that hospital resources can be better used. Investment in specialist housing, housing improvements,

	<p>adaptations, equipment and housing support services has significant potential to bring about positive health and quality of life outcomes for older people and their carers, and will impact on all the outcomes listed above, as well as produce important savings in health and social care budgets. For example, research has clearly demonstrated that provision of housing improvements and adaptations and equipment helps to prevent falls, as well as a number of other physical health problems, and can reduce admission to, and delayed discharge from, hospital and residential care. The provision of housing adaptations and equipment also produces positive health impacts for carers by preventing back injuries and reducing stress. Our Older Person's Housing Strategy 2011/2016 includes the main outcomes:</p> <p>To ensure the provision of sufficient housing of the right type, size, quality, adaptability and cost, and the provision of a range of effective housing support services, to meet the housing needs and aspirations of older people in Orkney.</p> <p>To work jointly to actively enable people to remain in their own homes for as long as possible.</p> <p>To endeavour to create homes for life.</p> <p>To seek to improve our knowledge of the wider housing stock and housing support needs.</p> <p>Our Local Housing Strategy 2011/2016 includes a priority in respect of the provision both of affordable housing and housing for people with particular needs.</p>
<p>Provide a brief overview of the shared evidence base and key issues identified in relation to housing needs and the link with health and social care needs (Note 2).</p>	<p>Various data sources have been utilised in respect of developing the Strategic Plan.</p> <p>The plan includes data in respect of demographic change and the anticipated impact on service provision.</p> <p>The Housing Need and Demand Assessment will be reviewed during 2016 and aligned with Orkney Health and Care's data to produce a Joint Strategic Needs Assessment.</p>
<p>Set out the shared outcomes and service priorities linking the Strategic Commissioning Plan and Local Housing Strategy (Note 3).</p>	<p>This links to the Council's corporate priority of care and support for those who need it and housing for Orkney's people. In particular this relates to the provision of services for our ageing population and for those with particular needs especially in remote and rural communities.</p>
<p>Provide an overview of the housing-related challenges going</p>	<p>Orkney faces challenges generally in respect of the provision of affordable housing and endeavours to provide a resource of specialist housing to meet particular</p>

<p>forward and improvements required (Note 4).</p>	<p>needs. This coupled with issues in respect of remoteness and consequently challenges in respect of the delivery of support and care services provides a significant challenge.</p>
<p>Set out the current and future resource and investment required to meet these shared outcomes and priorities. Identify where these will be funded from the Integration Authority's integrated budget and where they will be funded by other (housing) resources (Note 5).</p>	<p>Budgets to be incorporated into the Integrated Joint Board have already been determined and notified accordingly. These cover the provision of aids and adaptations including disabled adaptation grants. Housing Services will remain responsible for the provision of housing related functions and some aspects of housing support (excluding aids and adaptations).</p>

Section 3

3. Service Area – Children and Families Services

3.1 About the Services

The Board of Orkney Health and Care will continue to commission/fund services for children and families, notably:

- Health visitors.
- School nurses.
- Midwifery services.
- Paediatric therapy services (occupational therapy, physiotherapy and speech and language services).
- Children and families social workers.
- Family support team.
- Fostering and adoption team, including the intensive fostering service.
- Children young people's residential services.

The Board of Orkney Health and Care expects service providers to work to national health and social care standards and quality / safety programmes.

The Children and Young People (Scotland) Act 2014 places a duty on local authorities and health boards to develop joint children's services plans, in co-operation with a range of other service providers, such as the Police, Children's Hearing system and the Third Sector. In Orkney we already undertake our integrated planning in conjunction with a number of service providers who have an effect on the well-being of children and we will continue to plan our services jointly, while ensuring we include the views of service users and the Third Sector. The Board of Orkney Health and Care endorses this joined up approach and will continue to commission services on this basis.

The Board of Orkney Health and Care expect its service providers to remain committed to ensuring that our children and young people are well supported as they grow up and that they get the right help, at the right time, in the right way. Service Providers will be expected to continue to endeavour to Get It Right for Every Child and will implement the Named Person service in August 2016, as required by legislation, to ensure that services are brought together more effectively to provide help and support for children, young people and their parents when they need it. This approach supports children and young people's rights and it is the Board's expectation that this way of working will also involve children and young people wherever possible in any service delivery decisions that affect them.

Most children and young people get the support they need from their parents, wider families and communities, and from universal services, like health and education. However, because children and families can experience difficulties that may affect well-being, the Board intends commissioning an approach that will ensure that children, young people and their parents have a single point of contact they can turn to if they need additional advice or support.

Specifically, as well as funding universal health and care services, the plan below highlights how the Board will focus on two of the three national outcomes for children.

1. We will ensure our children have the best start in life – by providing the right help, at the right time, in the right way.

2. We will improve the life chances for children, young people and families at risk – by providing the right help, at the right time, in the right way.

The remaining national children’s outcome is primarily education based and will be led by officers from Orkney Islands Council’s Education Services, with NHS Orkney and other staff from Orkney Islands Council contributing as appropriate. Our objectives align with the Integrated Children’s Services Plan and Orkney Islands Council’s Council Plan and NHS Orkney’s Local Delivery Plan (LDP).

Commissioning the future direction for the service.	What national and or local priorities this links to.	How we will measure the change.
The Orkney Health and Care Board will commission increased home visiting offered by Health Visitors.	The Children and Young People (Scotland) Act 2014. NHS Orkney LDP. Children’s Outcome 1.	By using health visiting data to ensure implementation of the revised health visiting pathway.
The Board expects its service providers namely NHS Orkney and Orkney Islands Council to implement the named person legislation and the services offered to families from birth through a single point of contact.	The Children and Young People (Scotland) Act 2014 NHS Orkney LDP. Children’s Outcome 1.	By using health visiting data to ensure that all parents / carers are informed of the service at the first contact visit. 85% of children will reach the expected developmental milestones at the time of the their 27 – 30 month review, by end 2016.
The Board wishes to be kept informed of the impact of the healthy weight initiatives and child healthy weight programmes, provided by NHS Orkney on an individual and school basis.	NHS Orkney LDP. Children’s Outcome 1. National Health and Wellbeing Outcome 4.	By monitoring the engagement in these initiatives. Reduce % of P1 children with a BMI in the obese category. Reduce % of

		women who have a BMI over 30 at booking appointment reduces.
The Board, through its participation in the Community Planning Partnership Board, will both influence and inform the Early Years Collaborative projects and initiatives.	Getting It Right for Every Child and the Integrated Children's Services Plan. Children's Outcome 1.	Through evidence of continued local early years collaborative improvement projects.
The Board will continue to invest in on-line parenting support information hosted on the Orkney Communities website. Internet and social media will be used more to offer services.	Local Parenting Strategy. Children's Outcome 1.	Parenting information available on the website. Monitor the number of hits the site receives.
The Board wishes to be kept informed in regard to NHS Orkney's baby friendly accreditation status and the ongoing participation in the Maternity patient safety programme.	NHS Orkney LDP. Children's Outcome 1.	Successful re-accreditation and participation in the SPS Maternity Collaborative. Improvement in breast feeding rates.
The Board will continue to invest in the development of the Intensive Fostering Service and core Fostering Service. In addition, the Board wish to get in right for all children being formally 'looked after' in any settings.	OIC (Council) Plan. Children's Outcome 2 National Health and Wellbeing Outcome 9.	Improved outcomes for children being looked after. Reducing the number of placements out of Orkney.
The Board will look for evidence from OIC and NHSO that demonstrates work being done on preventative approaches and early identification of children at risk, to enable service providers to work with families at an earlier stage.	Getting it Right for Every Child. Children and Young People (Scotland) Act 2014. Children's Outcome 2.	Identify the proportion of interventions at an early stage through the audit of social work case notes.
The Board expects to see a reduction in the use of formal care and protection proceedings, following on from the actions above.	OIC (Council) Plan. Children's Outcome 2. National Health and Wellbeing Outcome 9.	Reduction in formal proceedings as per recorded data.
The Board expects, through its funding of the services above, to see both NHSO and OIC practitioners being	Getting it Right for Every Child.	Identify the proportion of interventions at an

supported to focus their time on preventative and therapeutic interventions.	Children and Young People (Scotland) Act 2014. Children's Outcome 2.	early stage . Reduction in formal proceedings as per recorded data.
The Board will commission and support the development of systemic therapy approaches.	Getting it Right for Every Child. Children and Young People (Scotland) Act 2014. Children's Outcome 2.	Through individual and group supervision /consultation feedback sessions, utilising local support where appropriate to identify this.

Section 4

4. Service Area – Criminal Justice Service

4.1. About the Service

The Scottish Government specifically funds Scotland's local authorities to provide Criminal Justice Social Work (CJSW) Services, responsible on behalf of Scottish Courts and the Parole Board for supervising those offenders aged 16 and over who have been subject to a community disposal from Court, or post-custody licence in the community, and other associated matters. CJSW provide reports to Courts to assist with sentencing decisions, and a range of other services, such as the provision of Unpaid Work for the benefit of the community. They also work jointly with the Police and other agencies to provide Multi Agency Public Protection Arrangements (MAPPA), primarily in relation to registered sex offenders. The Orkney Health and Care Board will now be responsible for planning, commissioning and overseeing the service delivery provided by Orkney Islands Council.

The Service is delivered in line with National Outcomes and Standards issued by the Scottish Government and the Board will ensure the directions set by Government are implemented.

From 2017, these services will form a key part of a wider local strategic Community Justice Partnership brought into being by the Community Justice (Scotland) Bill, as passed by the Scottish Parliament in 2016. This is the most significant current area of change for this work, moving from the regional Community Justice Authorities which have been in place since 2007, and will be abolished.

As the Criminal Justice service is entirely statutory in nature, there is little to no scope to make locally decided changes in the way the service is delivered. The Board, in its oversight role, will therefore ensure the plan for the service in the coming years is focussed on meeting the new requirements of the Community Justice (Scotland) Bill. The Board is also keen to encourage staff working in children and families services to engage with colleagues working in criminal justice services towards a reduction in the number of children being looked after at home or by foster carers or accommodated, who later enter the criminal justice system.

Commissioning the future direction for the service	What national and or local priorities this links to	How we will measure the change
The Board will oversee the establishment of a Shadow Orkney Community Justice Partnership in 2016-2017.	The Community Justice (Scotland) Bill, (Scottish Parliament in 2016). National Health and Wellbeing Outcome: 9	Inaugural meetings of the Orkney Community Justice Partnership held in June and September 2016.
The Board will direct the development and delivery of a local plan for commencement in	The Community Justice (Scotland) Bill, as passed by the Scottish Parliament in	Timeous submission of a first Orkney Area Community Justice

April 2017.	2016. National Health and Wellbeing Outcome: 9.	Outcomes Improvement Plan in 2017.
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Section 5

5. Primary and Community Care Services

5.1. About the Services

Primary and Community Care is a term that covers a very broad range of NHS and social care services that aim to work together to support people in the community.

The Primary and Community Care services provide healthcare and support to adults including older people in their own homes, in the communities where they live or in a homely setting such as a care home. The services also aim to develop skills, confidence and resilience within communities to support health and wellbeing through providing advice and education to people and by promoting self-management.

The Board of Orkney Health and Care will continue to commission primary and community care services (although GP contractual arrangements and monitoring for independent practices will remain the responsibility of NHS Orkney), notably:

- Occupational Therapy and Rehabilitation Services.
- Respite provision.
- Day Care.
- Home Care including re-ablement services.
- Care Homes.
- Services for people with physical disabilities and sensory impairment.
- Adult social work services including assessment and care management services.
- Primary care - GP Practices, Out of Hours GP services, Dental Services, Community Pharmacy and Ophthalmology.
- Community nursing.
- Specialist nursing services for long term conditions.
- Allied Health Professional services – occupational therapy, physiotherapy, speech and language therapy and dietetic services.
- Telecare and mobile community responder services.
- Community pharmacy services.

The Board expects service providers to work to national health and social care standards and quality/safety programmes.

The principal national policy documents which relate to the above services are as follows:

- The Christie Commission 2011, sets out a reform programme for public services culminating in the Public Bodies (Joint Working) (Scotland) Act 2014.
- Social Care (self-directed support) (Scotland) Act 2013, sets out legislation empowering people to have greater choice and control of the supports available to them.
- NHS Scotland Palliative Care guidelines, promotes the provision of palliative and end of life care to all regardless of diagnosis.

- The Healthcare Quality Strategy for NHS Scotland embraces three quality ambitions and provides a vision for NHS Scotland.
- The National Clinical Strategy for Scotland published in 2016 aims to improve the care of people with life limiting illnesses.
- Active and Independent Living Programme (AILP), sets out how Allied Health Professionals help people with illness, disability or injury to lead healthy lives and stay in their own homes.
- National Care Standards describe what each individual can expect from any care service used and focus on the quality of life an individual might experience.
- Pulling together: transforming urgent care for the people of Scotland (independent review of Primary Care Out Of Hours Services – Sir Lewis Ritchie 2015).
- Childsmile Programme.
- Scottish Government 2020 Vision for health and social care.
- Prescription for Excellence.
- Our Voice: working together to improve health and social care – Scottish Health Council.
- Equality Outcomes and Mainstreaming Report 2015 (Scottish Government).

At a local level individual service plans translate the national policies and guidance into the local context.

Commissioning the future direction for the service	What national and or local priorities this links to	How we will measure the change
The Board will invite NHSO to Investigate ways that self-help and self-management information can be more easily available through the use of on line provision such as NHS 24 – ‘Living it up’ and other sources such as podcasts, and promotion of these routes.	National Health and Wellbeing Outcomes: 1, 5 and 9.	Number of “hits” on websites and podcasts – target to increase from baseline once established.
The Board will commission NHSO to work with communities to support the delivery of the falls prevention programmes in the Isles.	National Health and Wellbeing Outcomes: 1, 2, 7 and 9.	Number of sessions and attendance rates. Numbers of trips/falls related hospital admissions.
The Board will commission NHSO to expand foot care provision using the third sector to provide an alternative service.	National Health and Wellbeing Outcomes: 1, 2, 5 and 9.	Establish third sector personal foot care service. Number of people attending alternative this service. Reduce the waiting time for people receiving

		NHS podiatry services.
The Board will commission NHSO to implement the Active and Independent Living programme focusing on prevention, early intervention, rehabilitation and promoting self care.	National Health and Wellbeing Outcomes: 1 and 9.	Measure against the national AILP framework and guidance.
The Board will commission NHSO to increase anticipatory care planning to contribute to reducing emergency admissions and readmissions in people over 75 years of age.	National Health and Wellbeing Outcomes: 2, 6 and 9. Out Of Hours Review and GP Contract. 2020 Vision.	Increase in number of Anticipatory Care Plans in place. Increase in number of carers assessment being carried out.
The Board will commission OIC to provide equipment aids and adaptations to support people to live longer healthier lives in their own homes.	National Health and Wellbeing Outcomes: 2 and 9.	Number of people supported at home. Achieve agreed waiting times and reduce number of unmet needs.
The Board will commission OIC and NHSO to provide enabling services that help people to manage their lives as best they can, in their own homes.	National Health and Wellbeing Outcomes: 2 and 9.	Record re-ablement activity - care at home including referrals, numbers of assessed care hours at outset v's numbers of assessed care hours post re-ablement. Record outcomes measures in Intermediate Care Team. Care Survey results.
The Board will commission NHSO and OIC to work together to prevent unnecessary hospital admissions and for those patients presenting at A/E to achieve the 4 hour waiting time standard.	National Health and Wellbeing Outcomes: 2 and 9.	Reduce the number of presentations to A and E. Measure number of redirection calls to Intermediate Care Team on-call service. Number of admissions subsequently prevented.
The Board will commission the analysis of a pilot job role specifically focused on ensuring Third Sector services are properly taken into account and involved in supporting hospital discharges and avoiding	National Health and Wellbeing Outcomes: 2 and 9.	Reduce the number of delayed discharge. Reduce the inpatient bed day rates for over 75s.

unnecessary hospital admissions.		
The Board will commission analysis of the West Mainland residential care bed pilot supported by West mainland GPs, Out of Hours GPs and in/out of hours community nurses and social care staff to determine future viability.	National Health and Wellbeing Outcomes: 2 and 9.	Numbers of referrals. Numbers that would otherwise have led to a hospital admission. Numbers of hospital bed days used.
The Board expects service providers along with Third Sector partners to establish a locality planning approach that includes people who use services and carers in planning and monitoring services using virtual engagement where appropriate.	National Health and Wellbeing Outcome: 3. Clinical Strategy. Our Voice: working together to improve health and social care.	Increase number of people / carers participating in events and through social media.
The Board will commission the Council and NHSO to continue the programme of dementia skills training in care settings and continue to develop dementia champions.	National Health and Wellbeing Outcome: 4.	Training sessions delivered and uptake of dementia champions course.
The Board will commission Council led improvements in the capacity and quality of the environment of residential care, bringing bed numbers closer to national average ratios for our population and meeting the need for additional residential care capacity.	The Council Plan. Priority 1 – Care and support for those who need it. National Health and Wellbeing Outcome: 9.	New builds will meet the NCS quality statements on physical environment. Increased numbers of care home places available and reduction in waiting times for care home places. Reduced numbers of delayed discharges.
The Board will continue to participate in the Community Planning Partnership's priority areas notably: positive aging and healthy and sustainable communities.	National Health and Wellbeing Outcome: 5. CPP measures as described in the LOIP.	As per specific measure for each workstream within the delivery groups.
The Board will commission the Council and NHSO to establish a rural generic support worker role, deliver the role, and evaluate its effectiveness.	National Health and Wellbeing outcome: 8 and 9.	Establishment of development posts. Outcome of evaluation.
The Board will commission NHSO to provide technology led care to improve self management especially for	National Health and Wellbeing Outcomes: 1 and 9.	Reduction in numbers of patients seen in Grampian who could be

patients with long term conditions and to support repatriation of services.	2020 Vision. e-Health strategy. NHS LDP.	seen remotely or in Orkney. Increase in numbers of remote consultations. Health and Care Survey results.
The Board will commission the Council to pilot the use of 'pool cars' in the care at home services.	National Health and Wellbeing Outcome: 9.	Reduced expenditure.
The Board expects to see a review of the senior staffing model in care homes, and physical disability and learning disability services, to identify the best structure to support staff and meet service needs.	National Health and Wellbeing Outcome: 9.	Stabilise fragile structure and improve quality.
The Board will commission the Council to review Orkney's care at home service to further improve access to the service.	National Health and Wellbeing Outcomes: 2, 3, 4 and 9.	Report and business case setting out additional investment arguments. Reduced service waiting lists.
The Board will commission NHSO to continue its review of Public Dental Services to further implement a General Dental Service to increase registration numbers and reduce expenditure.	LDP. National Health and Wellbeing Outcomes: 4 and 9.	Increase registration - PSD quarterly registration figures and reduce expenditure.
The Board will seek evidence from NHSO that prescribing is both effective and efficient.	LDP. National Health and Wellbeing Outcomes: 4, 7 and 9. Prescription for Excellence.	Reduce expenditure through a review of prescribing.
The Board will seek reassurance of robust arrangements regarding safe and effective medicine administration in social care settings through the input of NHSO pharmacy technician.	National Health and Wellbeing Outcomes: No 7.	Reduction of numbers of medicine administration incidents detailing near misses and errors.
The Board expects all providers to be aware of PREVENT training initiative and of programmes to deal with any individual who is vulnerable to being drawn into terrorism / radicalization.	Scottish Government specific requirement. National Health and Wellbeing Outcomes: 7.	Audit of awareness raising undertaken.

Section 6

6. Services for people with Learning Disabilities

6.1. About the Services

The Board of Orkney Health and Care will continue to commission learning disability services, notably:

- Day opportunity services.
- Residential care, short breaks and supported living.
- Social work services.
- Allied health professional services – physiotherapy, occupational therapy, speech and language therapy and dietetics services.

The Board expects service providers to work to national health and social care standards and quality / safety programmes.

In Orkney people with learning disabilities will continue to be supported to live as independently as possible within our community. As well as having a range of services that are specialised, people with learning disabilities also make use of the full range of generic services as well, such as education and health services. The Board is keen to address the health inequalities of people with learning disabilities and to support people with learning disabilities to fulfill their potential in terms of accessing mainstream services and being able to take advantage of the types of everyday life opportunities that we all have such as going to college or going to work.

Commissioning the future direction for the service.	What national and or local priorities this links to.	How we will measure the change.
The Board will support and continue to commission the investment made in developing Learning Disabilities specialist health services to address health inequality and health access issues for this population including offering annual health checks.	National Learning Disabilities Strategy: 'Keys to Life'. National Health and Wellbeing Outcomes: 3, 5, 8 and 9.	Improve the access to universal health care services. Increase the uptake of annual health checks.
The Board will commission the Council to develop a plan for the diversification of accommodation and independent living support models and resources for people with learning disabilities.	National Learning Disabilities Strategy: 'Keys to Life'. National Health and Wellbeing Outcomes: 2. Council Plan Priority One – Care and Support for those who need it.	Reporting, via 'Keys to Life' designated national support units, on accommodation and independent living support model options

		within Orkney.
The Board will continue to participate in the Community Planning Partnership's priority areas notably: healthy and sustainable communities and in particular contribute to the creation of social enterprise opportunities.	National Learning Disabilities Strategy: 'Keys to Life. National Health and Wellbeing Outcomes: 2.	Increase the employment opportunities for people with a learning disability.
The Board invites service providers to offer employability options and pathways for people with learning disabilities.	National Learning Disabilities Strategy: 'Keys to Life. National Health and Wellbeing Outcomes: 4.	Numbers of people in work or supported work.

In some aspects of our learning disability services there is little scope for change because of the need to focus on meeting the daily care needs of people who are unable to do this for themselves however there is scope to change and develop some areas of our services to ensure service providers are responding the key national strategies that are relevant to the service and the most relevant pieces of legislation such as:

- The Keys to Life - Improving Quality of Life for People with Learning Disabilities, the new learning disability strategy in Scotland, following on from, and building on the principles of The same as you?
- Social Care (self-directed support) (Scotland) Act 2013 - sets out legislation empowering people to have greater choice and control of the supports available to them.

Section 7

7. Mental Health Service

7.1. About the Services

The Board of Orkney Health and Care will continue to commission mental health services, notably:

- Assessment, care planning, treatment and review services for adults.
- Assessment, care planning, treatment and review services for people with dementia.
- Child and Adolescent Mental Health services.
- Substance misuse services.
- Mental Health officer services.
- Psychology services.
- Psychiatry services.

The Board expects service providers to work to national health and social care standards and quality / safety programmes.

Mental health, emotional wellbeing and resilience are important to overall good welfare. Good mental health and resilience are fundamental to physical health, relationships, education and work, as well as being key to enabling people to achieve their potential.

Common mental health problems such as anxiety, depression, panic disorders, phobias and obsessive compulsive disorder can cause great emotional distress, and can affect how people cope with day-to-day life. Less common conditions, such as psychosis, can make people experience changes in thinking and perception severe enough to significantly alter their experience of reality and ability to function effectively. These conditions include schizophrenia and affective psychosis, such as bipolar disorder, and can have the same lifelong impact as any long-term physical condition.

Mental health services in Orkney are provided by an integrated multi-disciplinary team of staff, working from a recovery focused perspective. The service supports people in the community in Orkney and works closely with in-patient services out with Orkney on occasions where a hospital admission is required. The service also works closely with local third sector services and mental health service user and carer groups as key local stakeholders.

The mental health service is an area where there is scope to change and develop to best meet local needs and to ensure we are responding the key national strategies that are relevant to the service and the most relevant pieces of legislation such as:

- The National Dementia Strategy 2013/2016, which sets out the supports that should be available to people with dementia and their family members and carers.

- The Healthcare Quality Strategy and Efficiency and Productivity Framework, which sets out the three quality ambitions for services.
- The National Clinical Strategy, which makes proposals for how clinical services need to change in order to provide sustainable health and social care services fit for the future.
- Mental Health Strategy for Scotland 2012/2015.
- Mental Health (Care and Treatment) (Scotland) Act 2003.

Commissioning the future direction for the service	What national and or local priorities this links to.	How we will measure the change.
<p>The Board will commission NHSO to provide mental health services that focus on enabling timely access to services for those who need them through meeting the Scottish Government standards for access to treatment.</p> <p>The Board wishes to see services focused on ensuring systems (in terms of the managing of demand, access and capacity) are effective and support the provision of timely care.</p> <p>In addition, the Board wish to complement traditional mental health services with access to timely psychological therapies.</p> <p>For children and young people, the Board will commission CAMHS services that are accessible including, where necessary, out of area placements.</p>	<p>Scottish Mental Health Strategy 2012-2015.</p> <p>National Health and Wellbeing Outcome: 4.</p>	<p>Meet the 18 weeks referral to treatment NHS HEAT standard for access to psychological therapies.</p> <p>Meet the 18 week referral to treatment NHS HEAT standard for access to CAMHS services.</p> <p>Further targets to be developed as details of the national mental health support programme are made available.</p>
<p>The Board will commission NHSO to establish a psychiatry service for the people of Orkney that works in partnership as part of the regional planning in the North and that is not dependent on the use of locum cover.</p>	<p>National Health and Wellbeing Outcomes: 4 and 9.</p>	<p>Stable arrangement developed for psychiatrist service to Orkney. Reduced expenditure (locum costs).</p> <p>Collaborative working across the region to support best service user / patient care.</p>
<p>The Board will commission NHSO to improve access to mental health</p>	<p>National Health and Wellbeing Outcomes: 4</p>	<p>Increase numbers of VC consultations.</p>

<p>services and reduce unnecessary travel by promoting an increase in the use of VC consultations where appropriate.</p>	<p>and 9.</p>	
<p>The Board will commission NHSO to establish a peer support approach. NHSO will be encouraged to test this change through a pilot involving the Third Sector. The pilot will focus on supporting people to integrate back into Orkney following discharge from an out of area placement.</p>	<p>Scottish Mental Health Strategy 2012-2015. National Health and Wellbeing Outcomes: 4 and 9.</p>	<p>Reduce readmission rates. Use of activity tools relating to patient transfers. Patient experience measures.</p>
<p>The Board will commission service providers notably NHSO to respond to the independent review of the Community Mental Health Team (CMHT) service. NHSO are invited to develop a service options paper by end June 2016 which addresses the recommendations from the review.</p>	<p>Scottish Mental Health Strategy 2012-2015. National Health and Wellbeing Outcomes: 1, 2, 4 and 9.</p>	<p>A service options paper utilising Experience Based Co-Design improvement methodology. Work in partnership with north of Scotland regional NHS Boards. Use of activity tools relating to acute admission activity.</p>
<p>The Board will commission NHSO to strengthen psychological therapies input into the CAMHS service and support additional CAMHS capacity and the welfare of CAMHS client group. The Board wishes to see this delivered through a 2 year pilot funded through the NHS mental health innovation fund that sees a Clinical Associate in Applied Psychology (CAAP) working with the CAMHS team and key stakeholders such as education services. In addition the Board wish to see a strengthening of psychological therapies direct referral input into Primary Care and enhanced collaborative working through the establishment of a (CAAP) Primary Care worker post and a consequent development of psychological therapy capacity in Primary Care and</p>	<p>Scottish Mental Health Strategy 2012-2015. Health and Wellbeing Outcomes: 1, 2, 3, 4, 5, 7, 8 and 9. Council Plan, Priority One.</p>	<p>Meet the 18 weeks referral to treatment NHS HEAT standard for access to CAMHS and psychological therapies. CORE net outcome reporting (psychological therapies).</p>

<p>the Third Sector. This 2 year pilot will also be funded through the NHS Mental Health Innovation Fund.</p>		
<p>The Board will commission NHSO to provide appropriate interventions to people who use substances to excess based on harm reduction and recovery focused principles, and best evidence.</p>	<p>National Health and Wellbeing Outcomes: 1, 2 and 4.</p>	<p>Meet the 3 weeks referral to treatment NHS HEAT Standard for people who misuse substances.</p>
<p>The Board will commission support for people with a diagnosis of dementia by ensuring a year of targeted support post diagnosis through the multi-disciplinary team. In addition, the Board expects NHSO to improve access to support and advice for carers of people who have recently received a diagnosis through the routine offering of a referral for a carer's assessment.</p>	<p>The national dementia strategy 2013 – 2016. National Health and Wellbeing Outcomes: 1, 2 and 4.</p>	<p>Meet the one year NHS HEAT Standard post diagnostic support target for people with a diagnosis of dementia. Number of carers assessment carried out for people caring for someone with a diagnosis of dementia.</p>

Section 8

8. Services and Support for Carers

8.1. About the Services

The Board of Orkney Health and Care will commission services and support for carers.

Carers play a crucial role in the delivery of the health and social care in Orkney and this role will become more important as a result of the demographic and social changes we outline in this Plan. Carers, therefore, need to be at the heart of a reformed health and social care system which promotes a shift from residential, institutional and crisis care to community care, early intervention and preventative care. In making these radical changes to the health and social care system, it is crucial carers are supported and sustained in their caring role.

The Carers (Scotland) Bill was presented in March 2015 and is currently going through parliamentary processes.

The Bill proposes to:

- Introduce the adult carer support plan.
- Introduce a young carers statement to recognise the unique needs of young carers.
- Place a duty on local authorities to provide support to carers and young carers based on local eligibility criteria.
- Ensure that carers and young carers will be at the centre of decision making on how services are designed, delivered and evaluated.
- Place a duty on Integration Joint Boards to direct and commission local authorities to create an information and advice service.

Local health and social care services will include the requirements of any legislative changes for Carers following the guidance produced Scottish Government as part of ongoing service planning.

Commissioning the future direction for the service.	What national and or local priorities this links to.	How we will measure the change.
<p>The Board will commission the Council and NHSO to provide a range of accessible information to carers.</p> <p>The Board expects carers support needs to be recognised and carers to be offered their own assessment routinely.</p>	<p>National Health and Wellbeing Outcome: 6. GP Patient Experience Survey.</p>	<p>Survey of carers' views on accessibility of relevant information.</p> <p>Percentage of carers who feel supported to continue in their caring role.</p>
<p>The Board will expect NHSO to</p>	<p>National Health and</p>	<p>Feedback from carers</p>

<p>update/develop and agree a Carers strategy in collaboration with services users and carers, and Third Sector partners.</p> <p>The Board will also use the outcomes from the Orkney College commissioned survey of Carer's needs to inform the development of the strategy.</p>	Wellbeing Outcome: 6.	and third sector representatives.
<p>The Board will expect NHSO and the Council to involve carer's representatives in service planning. The Board will support carers to engage in its Strategic Planning Group and Board.</p>	National Health and Wellbeing Outcome: 6.	Carer involvement and evidence of needs being met.
<p>The Board will expect NHSO and the Council to actively work with carers and undertake or arrange for assessments for unpaid carers to ensure they are supported and recognised as equal partners in care.</p>	National Health and Wellbeing Outcome: 6.	Number of assessments completed. Monitor complaints and compliments received by service providers.
<p>The Board will seek comment and respond to the anticipated new carers Act when enacted.</p>	9 National Health and Wellbeing Outcome: 6.	Evidence of consultation on new Act and guidance.

Section 9

9. Finance

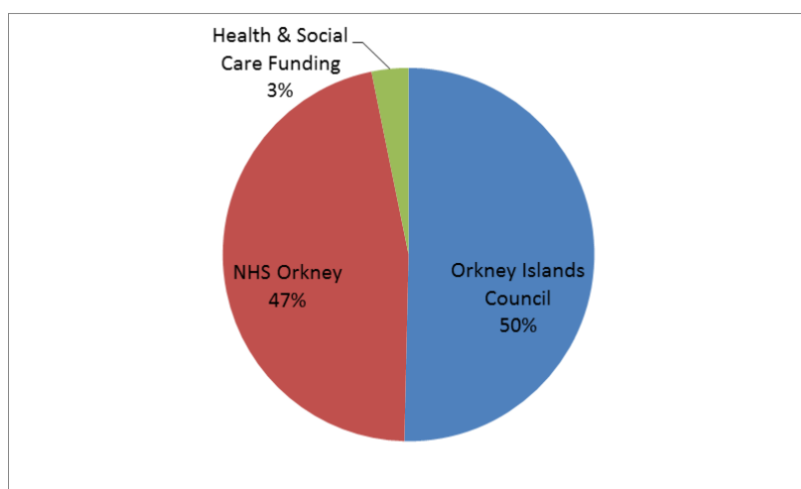
This Strategic Plan incorporates a 3 year Financial Plan for the resources within the scope of the Plan. These resources comprise:

- The payment made to the Integration Joint Board by Orkney Islands Council for services that have been delegated.
- The payment made to the Integration Joint Board by NHS Orkney for the delegated healthcare services.

The plan sets out the resources that are available during the period and priorities how these will be utilised in supporting the needs of the Orkney population for those services and functions delegated.

As functions, strategies and services are reviewed and integrated, it is likely that the current pattern of spend will alter as the Board seeks to operate in accordance with the Integration Planning Principles and takes steps, along with the two Statutory Partners and other sectors, to shift the balance of care from reactive to preventative and early intervention spend.

As set out below the total available revenue funding for 2016/2017 is £33.4M.



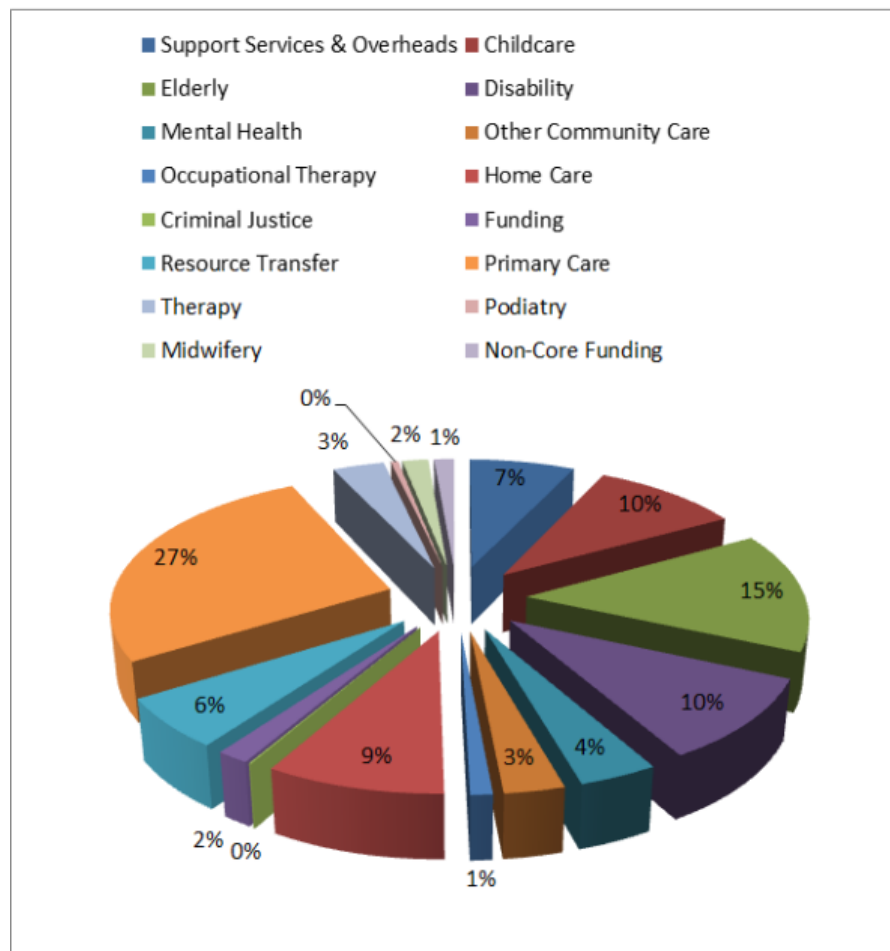
OIC have deducted agreed savings plans from the base budget. NHSO have not delegated savings targets to budget areas for 2016/2017 but are taking a whole systems approach to ensure that savings plans do not have unintended adverse consequences. NHSO will be working towards achievement of a 5% savings target for 2016/2017 and this will involve ongoing discussion with delegated functions to secure agreed budget reductions.

The recent Scottish budget announcement sets out significant revenue reductions for future years. The Council and Health Board only have only a one year funding agreed, but as a prudent approach we are expecting a 2% cut in Council Funding

and 3% cut in Health Board's future year's allocations. The indicative budgets are illustrated as follows based on current year budgets;

	Initial Budget 2016/17 £000	Indicative Budget 2017/18 £000	Indicative Budget 2018/19 £000
Orkney Islands Council	16,833.6	16,496.8	16,166.8
NHS Orkney	15,516.5	15,051.0	14,599.6
Health & Social Care Funding	1,073.0	1,073.0	1,073.0
	<u>33,423.1</u>	<u>32,620.8</u>	<u>31,839.4</u>

In addition to the core funding described above there has also been additional funding received from Scottish Government. This funding is for investment in Social Care. The funding is allocated to Health Boards via the annual allocations and must be transferred to Integration Joint Boards. In regards to Orkney, the allocation is £1,073,000 for 2016/2017. The first priorities are implementing the living wage and to address poverty in non-residential care charging. The residual amount shall be allocated to improving outcomes for Social Care.



In addition to the resources that Orkney Health and Care has direct responsibility for, there is also a requirement to jointly plan wider aspects of the local overall health service alongside NHS Orkney's acute services.

This includes the following services:

NHS Orkney – Segmentation of Service Areas

Services Provided in the Balfour Hospital £9.3m.	Services Provided out of Orkney and Visiting Services £9.7m.
Medical staff. Visiting services. Wards. Acute Receiving. Acute. Assessment and Rehab. Renal. Macmillan. High Dependency Unit. Theatre. Day surgery. Labs. Radiology. Audiology. Infection control. Clinical administration. Pharmacy – spend of £5.3M is inclusive of both hospital and primary care services.	Service Level Agreements. Grampian. Acute block. Mental Health and Learning Disability services. Cardiac services. Workforce. Visiting specialists. Electrophysiology. Film reporting. Lab support. Eden Unit. Greater Glasgow. Highland. Ophthalmology. Tayside. SCC project. Shetland. Labs. Pharmacy. Lothian. Unplanned Activity. Patient travel.

The details of the joint planning work can be found in NHS Orkney's Improvement and Co-Production Plan, which was developed as part of NHS Orkney's Local Delivery Plan for 2016/2017.

The Performances Framework that has been developed for the Board ensures Members the opportunity to scrutinise progress on the full range of activities affecting the health and social care landscape in Orkney by sharing reports in relation to both the Strategic Commissioning Plan and the Improvement and Co-Production Plan.

Section 10

10. Performance

The Board of Orkney Health and Care has a planning, commissioning and oversight role. The Board in its oversight role will expect timely performance management information and assurance from service providers, notably: Orkney Islands Council and NHS Orkney. To avoid any duplication or added bureaucracy the Board will accept the performance systems and information already prepared and used by the NHS Board and Council, as a core strand of its assurance and scrutiny role. However, to meet the Board's specific requirements a performance framework has been developed to capture the information which will enable the Board to produce its annual statutory report.

The performance framework is attached as Appendix 2 of this plan.

Performance reports will be publicly available as part of the Board's papers.

Appendix 1 – IJB Membership

Section A – Voting Members		Deputies
Orkney Islands Council.	Councillor Russ Madge (Chair). Councillor Alan Clouston. Councillor John Richards.	Councillor Gwenda Shearer. Councillor Bill Stout.
NHS Orkney.	Jeremy Richardson (non-executive board member) (Vice Chair). Gillian Skuse (non-executive board member). David Drever (non-executive board member).	Naomi Bremner (non executive board member). Ronnie Johnson (non executive board member).
Section B – Non-Voting Members (Professional Advisors).		
Chief Officer of the IJB appointed under section 10(1) of the Bill.	Caroline Sinclair.	
Chief Social Work Officer of Orkney Islands Council.	Jon Humphreys (temporary).	
The proper officer of the IJB appointed under section 95. The Chief Finance Officer of the IJB.	Pat Robinson.	
Registered Medical Practitioner who is a registered GP.	Dr Andrew Trevett.	
Registered Nurse.	Elaine Peace.	
Registered Medical Practitioner who is not a GP.	Dr Louise Wilson.	
Section C – Non-Voting Members (Stakeholder Members)		
Staff representative	Sally George – Unison.	
A third sector representative carrying out activities related to health or social care.	Gail Anderson, Chief Executive Officer, VAO.	
An unpaid carer.	Olivia Tait – Crossroads Orkney (temporary 3 months).	
A service user.	Janice Annal.	

Section D – Additional Non-Voting Members

Recommend – an additional staff representative to ensure equal representation for NHS and OIC.	Fiona McKellar – Employee Director NHSO.	
Recommended – a representative of OIC Housing services.	Frances Troup – Head of Housing and Homelessness.	

Appendix 2 – Performance Framework

Indicator Name.	Description.	Requirement.	National Health and Wellbeing Outcome.	Current Frequency
Antenatal Care.	At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation.	LDP Standard.	1,4.	Bi-Annual.
CAMHS.	90% of young people to commence treatment for specialist Child and Adolescent Mental Health service within 18 weeks of referral.	LDP Standard.	4,7.	Bi-Annual.
Psychological Therapies.	90% of patients to commence Psychological therapy based treatment within 18 weeks of referral.	LDP Standard.	1,3.	Bi-Annual.
Dementia Diagnosis.	All people newly diagnosed with dementia will have a minimum of a year's worth of post-diagnostic support.	LDP Standard.	2,4.	Bi-Annual.
GP access and booking.	Provide 48 hour access or advance booking to an appropriate member of the GP Practice Team.	LDP Standard.	3.	Bi-Annual.
Drug and alcohol treatment.	90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.	LDP Standard.	1,4.	Bi-Annual.
18 week	90% of	LDP Standard.	3,4.	Bi-Annual.

Indicator Name.	Description.	Requirement.	National Health and Wellbeing Outcome.	Current Frequency
Referral to Treatment.	planned/elective patients to commence treatment within 18 weeks of referral for services Commissioned by Orkney Health and Care.			
12 weeks for first outpatient appointment.	95% of patients of services Commissioned by Orkney Health and Care to wait no longer than 12 weeks from referral (all sources) to first outpatient appointment.	LDP Standard.	3,4.	Bi-Annual.
Alcohol Intervention.	Sustain and embed alcohol brief interventions in 3 priority settings (primary care, A and E, antenatal) and broaden delivery in wider settings.	LDP Standard.	4,5.	Bi-Annual.
A and E Treatment.	95% of patients to wait no longer than 4 hours from arrival to admission, discharge, or transfer for A and E treatment. Boards to work towards 98%.	LDP Standard.	3,4	Bi-Annual.
Finance.	Operate within the IJB agreed Revenue Resource Limit, and Cash Requirement.	LDP Standard.	4,9.	Bi-Annual.
Looked After Children – Weekly (residential).	The Gross Cost of "Children Looked After" in Residential Based Services per	LGBF.	4,9.	Annual.

Indicator Name.	Description.	Requirement.	National Health and Wellbeing Outcome.	Current Frequency
	Child per Week.			
Looked After Children – Gross (residential).	Gross Costs (Looked After Children in Residential) (£000s).	LGBF.	4,9.	Annual.
Looked After Children – Children (residential).	No. Of Children (residential).	LGBF.	7.	Annual.
Looked After Children – weekly (Community).	The Gross Cost of "Children Looked After" in a Community Setting per Child per Week.	LGBF	9,7	Annual
Looked After Children – Gross (Community).	Gross Costs (Looked After Children in Community Setting) (£000s).	LGBF.	9,7.	Annual.
Looked After Children – Children (Community).	No. Of Children (community).	LGBF.	7.	Annual.
Looked After Children (Balance).	Balance of Care for looked after children: % of children being looked after in the Community.	LGBF.	7.	Annual.
Homecare – 65+.	Older Persons (Over 65) Home Care Costs per Hour.	LGBF.	9.	Annual.
Homecare – Gross.	Total Homecare (£000s).	LGBF.	9.	Annual.
Homecare – Hours.	Care Hours per Year.	LGBF.	2,9.	Annual.
SDS – Adult Spend.	SDS spend on adults 18+ as a % of total social work spend on adults 18+.	LGBF.	9.	Annual.

Indicator Name.	Description.	Requirement.	National Health and Wellbeing Outcome.	Current Frequency
SDS – Gross.	SDS Spend on over 18s (£000s).	LGBF.	9.	Annual.
Finance – Gross (adults).	Gross Social Work Spend on over 18s (£000s).	LGBF.	9.	Annual.
Homecare – Intensive needs.	% of people 65+ with intensive needs receiving care at home.	LGBF.	2.	Annual.
Quality of Services.	% of Adults satisfied with social care or social work services.	LGBF	3	Annual
Finance – Older People Residential.	Older persons (over 65's) Residential Care Costs per week per resident.	LGBF.	9.	Annual.
Finance – Care Homes.	Net Expenditure on Care Homes for Older People (£000s).	LGBF.	9.	Annual.
Residential – Long Stay.	Number of long-stay residents aged 65+ supported in Care Homes.	LGBF.	3.	Annual.
Adult Health.	Percentage of adults able to look after their health very well or quite well.	NCI.	1.	N/A.
Independence.	Percentage of adults supported at home who agreed that they are supported to live as independently as possible.	NCI.	2,3.	N/A.
Engagement.	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support	NCI.	2,3.	N/A.

Indicator Name.	Description.	Requirement.	National Health and Wellbeing Outcome.	Current Frequency
	was provided.			
Coordination of Services.	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated.	NCI.	2,3.	N/A.
Adult Support.	Total % of adults receiving any care or support who rated it as excellent or good.	NCI.	3.	N/A.
GP Care.	Percentage of people with positive experience of the care provided by their GP practice.	NCI.	3.	N/A.
Quality of Life.	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life.	NCI.	2,3.	N/A.
Carers' Support	Total combined % carers who feel supported to continue in their caring role	NCI	6	N/A
Feeling Safe.	Percentage of adults supported at home who agreed they felt safe.	NCI.	2,7.	N/A.
Premature Mortality.	Premature mortality rate per 100,000 persons.	NCI.	4.	N/A.
Emergency Admission.	Emergency admission rate (per 100,000 population).	NCI.	4.	N/A.
Emergency	Emergency bed day	NCI.	4.	N/A.

Indicator Name.	Description.	Requirement.	National Health and Wellbeing Outcome.	Current Frequency
Bed Day.	rate (per 100,000 population).			
Readmissions.	Readmission to hospital within 28 days (per 1,000 population).	NCI.	4,9.	N/A.
End of Life - Care Setting.	Proportion of last 6 months of life spent at home or in a community setting.	NCI.	2.	N/A.
Falls Rate.	Falls rate per 1,000 population aged 65+.	NCI.	1.	N/A.
Quality of Service – Care Inspectorate.	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections.	NCI.	3,4.	N/A.
Intensive Care Needs.	Percentage of adults with intensive care needs receiving care at home.	NCI.	2.	N/A.
Delayed Discharge.	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population).	NCI.	2,3.	N/A.
Emergency Admission Costs.	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency.	NCI.	9.	N/A.
Care Home – Hospital Admissions.	Percentage of people admitted to hospital from home during the year, who are discharged to a care home.	NCI.	2.	N/A.
Delayed Discharge –	Percentage of people who are discharged	NCI.	2,3.	N/A.

Indicator Name.	Description.	Requirement.	National Health and Wellbeing Outcome.	Current Frequency
72 hours.	from hospital within 72 hours of being ready.			
End of Life – Finance.	Expenditure on end of life care, cost in last 6 months per death.	NCI.	9.	N/A.
Breastfeeding.	Percentage of babies exclusively breastfeeding at First Visit/6-8 week review by year of birth.	NOS (Children).	1.	Annual.
Child Dental.	Percentage of Children in Primary 1 with no obvious Dental Cavities.	NOS (Children).	1,5.	Annual.
Fostering – in-house.	Percentage of fostered Looked After and Accommodated Children who are fostered by an in-house placement.	NOS (Children, Young People and Families).	4,7.	Annual.
Fostering - out of Area Placements.	Number of out of area placements: a) foster care. b) residential.	NOS (Children, Young People and Families).	4,7.	Annual.
Child Protection.	No of Children and Young People on Child Protection Register.	NOS (Children, Young People and Families).	4,7.	Annual.
Court Reports.	Percentage of Social Work Reports submitted by noon on the working day before the adjourned hearing.	NOS (Crime).	3.	Annual.
Community Payback Order – Initial Appointment.	Percentage of new CPO clients with a supervision requirement seen by a supervising officer within a week.	NOS (Crime).	3,7.	Annual.

Indicator Name.	Description.	Requirement.	National Health and Wellbeing Outcome.	Current Frequency
Community Payback Order – Induction.	Percentage of CPO Unpaid work requirements commenced induction within five working days.	NOS (Crime).	4.	Annual.
Community Payback Order – Work Placement.	Percentage of individuals on new CPO unpaid work requirement began work placements within seven days.	NOS (Crime).	4.	Annual.
Complaints.	Proportion of complaints responded to following Scottish Public Services Ombudsman targets.	Public Bodies (Joint Working) (Scotland) Act 2014.	4.	Annual.
Fluoride Varnish.	Proportion of 3 and 4 year olds in each Scottish Index of Multiple Deprivation quantile to have twice yearly Fluoride Varnish Applications.	NHSO.	5.	Annual.

Key standards, outcomes and indicators:

[Local Delivery Plan Standards \(LDP\)](#)

Local Delivery Plan Standards are priorities that are set and agreed between the Scottish Government and NHS Boards.

[Local Government Benchmark Framework \(LGBF\)](#)

The Local Government Benchmarking Framework brings together a wide range of information about how all Scottish councils perform in delivering services to local communities.

['Scotland Performs' National Outcomes \(NOS\)](#)

Sixteen National Outcomes describe what the Government wants to achieve and help to sharpen the focus of government, enable our priorities to be clearly understood and provide a clear structure for delivery.

[National Core Integration Indicators \(NCI\)](#)

This suite of core indicators draw together measures that are appropriate for the whole system under integration and have been developed in partnership with NHS Scotland, COSLA and the third and independent sectors.

[National Health and Wellbeing Outcomes](#)

The National Health and Wellbeing Outcomes are high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care.

NHS Orkney Executive Performance Targets (NHSO)

NHS Orkney produces an Executive Performance Report which measures the performance of services against specific targets. Some of these services are commissioned by the Orkney Health and Care Board and include some relevant measures which are to be reported under this Performance Framework.

NHS Orkney Improvement and Co-Production Plan 2016/2017

NHS Orkney will focus on the delivery of nine national strategic priorities, which will be evidenced through a number of Local Delivery Plan Measures. For services which are commissioned by the Orkney Health and Care Board, these measures will be reported as part of the Performance Framework.