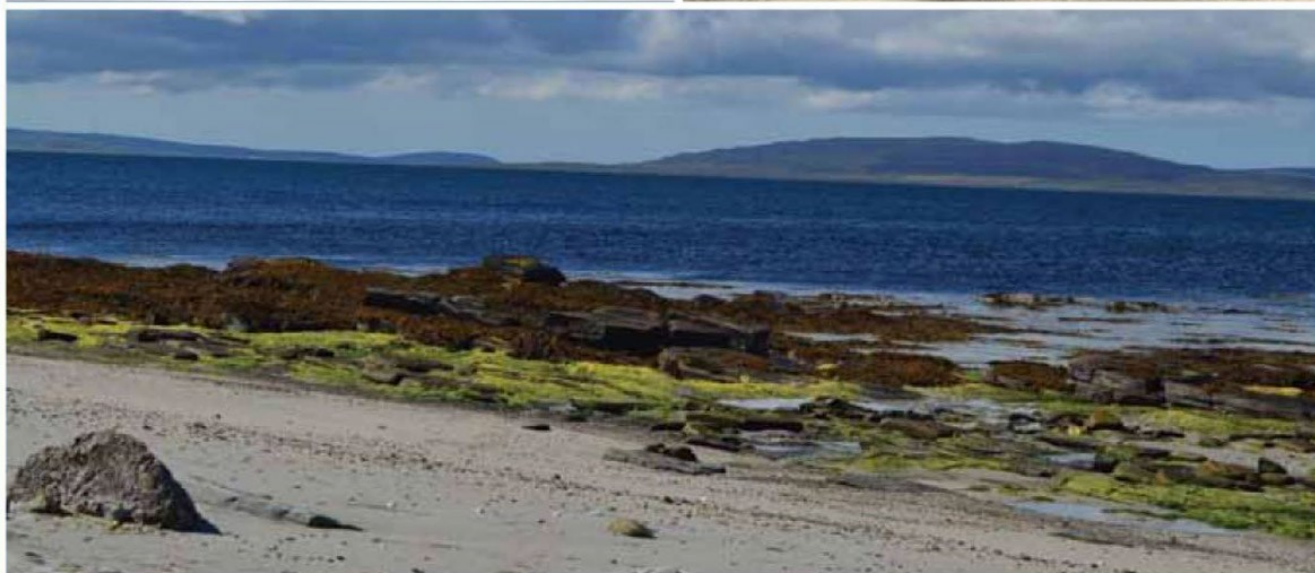


Bringing Health and Social Care together to improve outcomes for the people of Orkney

Working together to make a real difference

Strategic Commissioning Plan Refresh 2017 - 2019



Contents

Foreword by Chief Officer	3
1. Executive Summary	4
2. Action Plans by Service Area	9
2.1 Children’s Services	9
2.2. Criminal Justice Social Work Services	17
2.3. Primary and Community Care Services	20
2.4. Services for People with Learning Disabilities.....	41
3.5. Mental Health Services	45
2.6. Substance Misuse Services	53
2.7. Services and Support for Unpaid Carers.....	57
2.8. Cross Service Matters and Underpinning Areas of Work.....	62
Appendix 1 – SCP Narrative	67
1. Orkney’s Integration Joint Board.....	67
2. Orkney’s Strategic Planning and Locality Planning Groups	69
3. The Scottish Government’s National Health and Wellbeing Outcomes.....	70
4. The Local Context	71
5. National Context.....	87
Appendix 2 – Financial Framework.....	90
Appendix 3 – Performance Framework	92

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FOREWORD



Foreword by Chief Officer

The Integration Joint Board prepared a Strategic Commissioning Plan for 2016 - 2019, setting out what changes and developments in services it wished to see, with a focus on work throughout 2016 – 2017. The original Strategic Commissioning Plan can be accessed [here](#).

Although the plan that was published was a three year plan, at the time of publication it was agreed that it would be refreshed after one year, recognising that this type of planning was a new way of working in Orkney and as such it would evolve and change, and would need to be updated for the remaining period of the plan.

This document sets out the refreshed plan. It does not repeat all aspects of the original plan, particularly the information on the local context, rather it aims to recap the key highlights, provide further information that was not available at the time of writing the original plan, and set out the changes and developments in services the Integration Joint Board wishes to see from 2017 to the end of the plan. It will be further refreshed for the final year of the plan in due course.

A great deal was achieved in 2016 – 2017 as can be seen in performance reports that are regularly reported to the Integration Joint Board and can be accessed on the Orkney Health and Care website [here](#). In addition, a full Strategic Commissioning Plan Performance Update for 2016 – 2017 will be published in June 2017. However, there is still a great deal more that the Integration Joint Board hopes to achieve in Orkney to respond to the changing needs of our population – children, young people, adults – who need additional support, and to deliver improvement in each of the nine health and wellbeing outcomes, as set by the Scottish Government.

A handwritten signature in black ink that reads "C. Sinclair".

Caroline Sinclair

Chief Officer

1. Executive Summary

The purpose of the strategic commissioning plan is to assist the integrated health and social care partnership to assess and forecast the needs of the population and link investment in community based health and social care services to outcomes which meet those needs.

The plan recognises the need to get best value for investment in services by monitoring spend in relation to quality outcomes.

It does not attempt to articulate the fine detail of every pound allocated to each service nor does it try to direct the operational detail as to how services will deliver on the outcomes. Rather it outlines the financial envelope and directs providers as to the next steps necessary in a journey towards achieving quality health and social care services, within the context of the population, and political and economic challenges we encounter.

The integrated health and social care partnership will continue to invest in statutory provision for health and social care with regard to protection of children and adults who may be at risk.

The integrated health and social care partnership will continue to evaluate the way it invests in care to those with the greatest health and social care needs to ensure efficiency and best value.

The key areas of focus in this refreshed plan are as follows:

Children's Health and Social Care

We require services to:

- Promote healthy weight for children – NHSO and OIC.
- Maximise use of online options for communicating information to this service group – OIC and NHSO.
- Shift the balance of care from residential children's care to individual placements, fostering and intensive fostering where appropriate – OIC.
- Explore options for the care needs for children who require specialist support to be delivered in Orkney – OIC.

Criminal Justice Social Work

We require services to:

- Implement a community justice partnership arrangement and develop a community justice outcomes improvement plan – OIC.

Primary and Community Care

We require services to:

- Increase capacity in both care at home services and residential care homes – OIC.
- Help people to be able to remain at home to receive care for as long as is possible, or return to home with care and community based rehabilitation – OIC and NHSO.
- Maximise efficiency of out of hours services to ensure they are responsive to the health and social care needs of the population – NHSO and OIC.
- Ensure people who present for unscheduled care are directed to the most appropriate service for meeting their need – NHSO and OIC.
- Review the provision of locally enhanced services in relation to locality need as demonstrated by local data – NHSO.
- Engage with people to ensure end of life care is delivered in an appropriate setting - NHSO.
- Re-profile the podiatry services to ensure it is providing a service in line with the national foot care guidance – NHSO.
- Review community optometry provision – NHSO.
- Revise community pharmacy input into care homes to minimise risk of medication errors – OIC and NHSO.
- Revise prescribing practices to ensure prescribing is moving towards being in line with formulary guidance – NHSO.
- Utilise continuous improvement methodology to revise hospital discharge processes and ensure they are in line with current best practice – NHSO.
- Monitor and review transitions from hospital to home to identify areas for improvement and inform future planning decisions – NHSO and OIC.
- Ensure a focus on single shared assessment in all partner organisations to remove duplication from care planning processes, improve the patient or service user experience and maximise efficiency – NHSO and OIC.
- Report on the pilot of a “generic worker” to identify development of appropriate models of care – NHSO.
- Implement and evaluate additional rapid responder capacity to inform future models of care and investment – OIC.
- Implement and evaluate provision of GP direct referral bed in a residential care home to inform future models of care and investment – OIC/NHSO.
- Identify opportunities for working with stakeholders and emergency services for synergies in utilisation of resources to achieve outcomes for local communities – OIC / NHSO / Scottish Fire and Rescue Service.
- Implement and evaluate community based discharge planning role to maximise use of third sector and community resilience provision at the earliest opportunity
- Invest in community re-ablement services – OIC and NHSO.
- Implement and evaluate the meaningful use of anticipatory care planning within existing services – NHSO.
- Evaluate the provision of local re-ablement services against the outcomes of the Active Independent Living Improvement Programme with a local action plan - NHSO.

- Revise the way people with more than one long term condition are reviewed to facilitate a more holistic multidisciplinary model – NHSO.
- Develop and implement clear pathways of self-care direction and education for those identified with a long term condition especially maximising technology enabled care – NHSO.
- Implement new primary care strategy – NHSO.

Services for People with Learning Disabilities

We require services to:

- Facilitate a programme of annual health checks for people with learning disabilities in recognition this population is at greater risk of receiving sub optimal health care provision – NHSO.
- Develop an options appraisal for a sustainable model of residential support for people with learning disabilities based upon local data, to inform future models of care and investment – OIC.
- Implement a diagnostic pathway for neurodevelopmental conditions – NHSO.

Mental Health Services

We require services to:

- Develop and implement a local action plan in relation to the national dementia strategy – NHSO.
- Update and implement the integrated dementia care pathway – NHSO.
- Articulate and implement a standard model of post diagnostic support which is flexible enough to respond to individual need and maximises evidence based outcomes – NHSO.
- Evaluate the Home Based Memory Rehabilitation project – OIC.
- Implement a service development plan as identified from the strategic deployment matrix for mental health developed in February 2017 in response to the 2015 mental health review – NHSO.
- Maximise the use of technology enabled care to improve speed of access to specialist Mental Health provision – NHSO.
- Review demand capacity activity and queue in the community mental health services to inform future service development and investment – NHSO.
- Evaluate and report on the outcomes measures for psychological therapy interventions – NHSO.
- Evaluate and report on the provision of Clinical Associates in Applied Psychology to inform future models of care and service investment – NHSO.

Substance Misuse Services

We require services to:

- Revise advisory structures for the Alcohol and Drugs Partnership to ensure ongoing partnership engagement in strategic deployment of investment resources for substance misuse treatment and recovery programmes in line with national priorities – NHSO / OIC / Police / Third Sector.

- Implement arrangements which enable the prescription of Methadone within an agreed recovery plan – NHSO.
- Invest in treatment and recovery programmes which assure a timely response to substance misuse problems – NHSO / OIC / Third Sector.
- Focus on recovery and anticipatory care planning for people who have multiple admissions due to addiction as a primary cause – NHSO.
- Develop an agreed pathway of care to respond to people who present for unscheduled care in an intoxicated state. – NHSO.

Services and Support for Carers

We require services to:

- Develop and implement an action plan in response to the new carers legislation – NHSO and Third Sector.
- Implement carers assessments and support planning strategies which help facilitate people's ability to continue caring for the people they care for – OIC.
- Implement a programme of information promoting the requirements of the new carers legislation – NHSO / OIC / Third Sector.
- Develop a means for unpaid carers to self-assess and submit an initial level self-assessment – OIC and Third sector.
- Ensure up to date information on services is available and appropriately signposted through the online platform, A Local Information System for Scotland (ALISS) – Third Sector.
- Provide a carers information and advice service – OIC.
- Implement a training programme for those working in health and social care services to raise the profile of carers needs (Equal Partners in Care (EPIC)) – OIC and NHSO.

Cross Service Matters

We require services to:

- Update the local advocacy strategy/plan – Third Sector
- Respond to the requirements of self-directed support legislation in line with evolving guidance and best practice – OIC.
- Revise eligibility criteria for access to chargeable social care services – OIC.
- Review processes for the allocation of resources across social care services – OIC.
- Evaluate and report on the opportunities for enablement across social care which will assist with future models of care, concepts of market facilitation and the focus of investment going forward – OIC / NHSO / Third Sector.
- Maximise co-location, integrated working practices and hot desking to ensure efficiency of resource and closer working practices – NHSO / OIC / Third Sector.
- Work together to plan the workforce of the future – OIC / NHSO / Third Sector.
- Explore opportunities offered by shared services concepts and technological opportunities, in utilising resources more efficiently to facilitate disinvestment in outmoded practices and reinvestment in future services – NHSO / OIC / Third Sector.

[Appendix 1](#) to this plan sets out information on the structure of the Integration Joint Board and its members and planning structures, and local context that drives this plan.

[Appendix 2](#) to this plan sets out the financial framework of the IJB.

[Appendix 3](#) to this plan sets out the performance framework that will be used to monitor the effectiveness of implantation of the plan.

2. Action Plans by Service Area

Section 3 of this report sets out the actions by service areas that the Integration Joint Board wishes to see going forward for the remainder of the life of the current plan. It will be refreshed again for 2018 – 2019 in order to ensure it remains current.

The action plan area aims to identify what strategic level outcome the Integration Joint Board wishes to see progressed, how in more detailed terms that strategic level action is to be delivered (what the 'Directions' of the Integration Joint Board are), what national or local outcome indicator the actions relate to, and how and when they are to be measured.

For each action the plan highlights where the Integration Joint Board is commissioning the service, report, or change from i.e. from NHS Orkney, from Orkney Islands Council, or from a Third Sector service. Where only one commissioning source is identified, that commissioning source is being given the lead role for the action. It is not intended to imply that no other service providers are to be engaged in work in relation to the action, or consulted on the action. In some cases more than one commissioning source has been identified where the commissioning responsibility must be shared more widely.

It is not the role of the Strategic Commissioning Plan to specify at a detailed level how the actions are to be delivered. There must be scope for those from which the services are commissioned to have the ability to shape, plan and deliver their services to meet the actions and outcomes in a flexible way. Therefore, for example, the actions do not generally dictate specific staffing models, unless this is a new development that the Integration Joint Board wishes to see.

2.1 Children's Services

About the Services

The Integration Joint Board commissions a range of services for children and families, notably:

- Health visiting.
- School nursing.
- Midwifery services.
- Paediatric therapy services (occupational therapy, physiotherapy, dietetics 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.
- Independent advocacy.
- Services from Relationship Scotland Orkney.

The Integration Joint Board expects service providers to work to national health and social care standards and quality/safety programmes and for organisations who have responsibilities as corporate parents to consider how they can fulfil this role, supporting our most vulnerable children and young people. A corporate parent is an organisation or person who has special responsibilities towards children and young people who have been in formal care proceedings. Of most relevance to the Strategic Commissioning Plan is the Health Board and Local Authority's role as a corporate parent. Being a corporate parent is not just a responsibility, it is an opportunity to promote the welfare of looked after children and work to address some of the inequalities that they experience.

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 Integration Joint Board endorses this joined up approach and will continue to commission services on this basis.

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 Integration Joint 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 Children's Services Plan, Orkney Islands Council's Council Plan and NHS Orkney's Local Delivery Plan (LDP).

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.
<p>The Integration Joint Board will support children in Orkney to have the best start in life by ensuring that their health and development is monitored regularly so that any issues can be identified and appropriate action taken.</p>	<p>A locally appropriate model is to be developed to ensure that goals and outcomes of the new Scottish Universal Health Visiting Pathway, Pre Birth to Pre School 2015 are delivered - commissioned from NHSO.</p>	<p>Children's outcome numbers 1 and 2. National Health and Wellbeing Outcome numbers 4 and 5. On-going survey of nursery providers (annually from 2012) identified increased numbers of children with delayed language in pre-school children and a significant proportion (30% in 2015 survey) had not accessed any relevant support services for this matter.</p>	<p>A count of the numbers of pregnant women at the 34 week antenatal appointment in Orkney annually who are on the new health visiting pathway – annually. 27 – 30 month review will record numbers of children with delayed language – annually including identifying those who have had previous involvement from professionals - biannually.</p>	<p>100% on appropriate new pathway. 85% of children will reach the expected developmental milestones at the time of their 27 – 30 month review, by end 2016. Reduction in proportion of children requiring service who have not had it from base line of 30%.</p>

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.
			Annual nursery providers' survey.	
The Integration Joint Board will support the health and wellbeing of children and young people, and consequently the health and wellbeing of the adult population in future years, through actions to support them to be of a healthy weight.	Health Weight initiatives for children are to be delivered – commissioned from NHSO.	Children's outcome number 1. National Health and Wellbeing Outcome numbers 1, 4 and 9. The local needs assessment indicates that a greater number of primary 1 age children in Orkney are obese than the Scottish average.	Numbers of healthy weight initiatives delivered – annually. Primary 1 school screening programme will provide evidence of performance and change – annually.	Primary 1 screening evidences a reduction in the numbers of overweight and obese children from the current baseline.
The Integration Joint Board will support children in Orkney to have the best start in life which includes ensuring that parents in Orkney have ready access to information to support them in their parenting role.	The potential to use on line options for the provision of information, resources and support tools is to be maximised – commissioned form NHSO and OIC. Services within the remit of the IJB make a contribution to this but	Children's outcome number 1. National Health and Wellbeing Outcome numbers 1, 4, 6 and 9. Identified as an area for development through recently undertaken consultation with parents.	A range of information, resources and tools will be available on line – checked bi-annually. NHS Orkney and Orkney Islands Council will signpost to these	As this will be a new way of communicating we will monitor the number of hits on the site, from a baseline of 0, in the first six months.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.
	overall ownership rests with the Orkney Children and Young People's Partnership.		resources from their own web sites / pages - checked bi-annually.	Measure the number of access hits including a check box for 'did you find this useful feedback'
	Respond to new policies and emerging findings from national and other area reports on the safe and effective provision of maternity services with a locally developed plan that takes account of relevant information and provides a 'best fit' for Orkney.	Children's outcome number 1. National Health and Wellbeing Outcome numbers 1, 3, 5 and 9.	Report to the Board – one off. Delivery of any resulting action plan – annually.	30 September 2017. 90% of actions completed on time.
	Respond to new policies and emerging findings from national and other area reports on the safe and effective provision of maternity services	Children's outcome number 1. National Health and Wellbeing Outcome numbers 1, 3, 5 and 9.	Report to the Board – one off. Delivery of any resulting action plan – annually.	30 September 2017. 90% of actions completed on time.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.
	with a locally developed plan that takes account of relevant information and provides a 'best fit' for Orkney.			
	<p>The Intensive Fostering Service is to be continued – commissioned from OIC.</p> <p>Ways to develop local residential provision to meet more complex and specialist care needs are to be explored and options reported on - commissioned from OIC.</p>	<p>Children's outcome number 2.</p> <p>National Health and Wellbeing Outcome numbers 2, 3, 4, 5, 7 and 9.</p>	<p>A shift in the balance of placements with residential care reducing as a proportion of placements in favour of foster and kinship care arrangements. This balance being at or above the national level - annually.</p> <p>A report to the Integration Joint Board on potential developments, if any, to local residential care services to enable</p>	<p>Balance of placements in favour of foster or kinship care to be at or above the national level by 31 March 2018.</p> <p>Report to Board by 31 December 2017.</p> <p>Increase on 2016 – 2017</p>

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.
			them to meet more complex and specialist care needs.	base rate.
<p>The Integration Joint Board will support the life chances of children and young people who require to be 'looked after away from home' (The Children (Scotland) Act 1995, defines 'Looked After Children' as those in the care of their local authority. The term 'looked after away from home' refers to a child or young person placed under one of a number of legal routes, away from their normal place of residence, usually a family home.) improved through the provision of care in family and community settings wherever possible. This will be supported by disinvestment in residential care places for children particularly out of Orkney, and more efficient investment in alternative forms of care that support the</p>	<p>Multi-agency involvement in the Permanence and Care Excellence (PACE) work supported by Scottish Government and CELCIS (Centre for Excellence for Looked after Children in Scotland) commissioned from OIC as lead.</p>	<p>Children's outcome numbers 1 and 2. National Health and Wellbeing Outcome numbers 3, 4, 5, 7, 8 and 9.</p>	<p>Number of actions in the new plan that relate to actions by services commissioned by the IJB completed within identified timescales - annually.</p>	<p>90% of actions completed on time. No children to be deemed to have been left at risk of harm where action could have been taken.</p>

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.
delivery of better outcomes for children and young people.				
The Integration Joint Board wishes to be assured that appropriate action is taken to support the life chances of children and young people who are identified to be at risk through Child Protection and Looked After Children processes. The Integration Joint Board wish to see the highest standards of integrated assessment, planning and intervention taking place with a clear focus on achieving safe and stable care for children, preferably at home/within the family network or, where this is not possible, in a permanent alternative care placement.	Assurance is to be sought that Compulsory Measures and care proceedings are used appropriately in Orkney – commissioned from the Child Protection Committee.	Children’s outcome number 2. National Health and Wellbeing Outcome numbers 3, 4, 7 and 9.	The Child Protection Committee Continuous Improvement Group to identify numbers of cases where, after review, it was concluded that a different care proceedings route should have been taken – quarterly.	No children to be deemed to have been left at risk of harm where action could have been taken. No children to be deemed to have been taken into care unnecessarily.

2.2. Criminal Justice Social Work Services

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 Integration Joint Board is responsible for commissioning and overseeing the service delivery provided by Orkney Islands Council.

The Service is delivered in line with National Outcomes and Standards, utilising ring-fenced funds issued by the Scottish Government. The Integration Joint Board wishes to see the directions set by the Scottish Government and legislation in relation to provision of Bail information and Supervision, Community Payback Orders, Criminal Justice Social Work Reports, Diversion from Prosecution, Parole Board and Scottish Prison Service Home Circumstances Reports, Statutory and Voluntary post-custody Supervision and Support, MAPPA and Prisoner Throughcare fully implemented.

From 1 April 2017, these services now form a key part of a wider local strategic Community Justice Partnership brought into being by the Community Justice (Scotland) Act 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 have now been abolished.

As the Criminal Justice Social Work service is almost entirely statutory in nature, there is little to no scope to make locally decided changes in the way the service is delivered. The Integration Joint 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) Act 2016. The Integration Joint 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.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.
<p>The Integration Joint Board requires the services it commissions to plan and deliver with a greater emphasis on collaborative working by working in partnership with relevant local and national stakeholders to embed the new Orkney Community Justice Partnership and support delivery of the four national priorities for community justice</p> <ul style="list-style-type: none"> • Improve community understanding and participation. • Strategic planning and partnership working. • Effective use of evidence-based interventions. • Equal access to services. 	<p>The Community Justice Partnership to be operational over the course of the year – commissioned from OIC as host of coordinating post.</p> <p>The services the IJB commissions that relate to community justice to engage in the Care Inspectorate framework of self-evaluation in relation to community justice delivery and the outcome of the self-evaluation to be reported to the IJB – commissioned from the Community Justice Partnership.</p>	<p>National Health and Wellbeing Outcome numbers 8 and 9. Community Justice (Scotland) Act 2016.</p>	<p>Review meeting attendance by IJB commissioned services - annually Evidence of completion of self-evaluation and report to Board.</p>	<p>Attend 100% of meetings held. Report the self-evaluation to the Board by 31 March 2018.</p>
<p>The Integration Joint Board requires clear measures of performance in community justice terms developed and delivered.</p>	<p>A Community Justice Outcomes Improvement Plan to be developed in line with national guidance –</p>	<p>National Health and Wellbeing Outcome numbers 3, 4, and 9. Community Justice (Scotland) Act 2016.</p>	<p>Baseline of outcome measures to be established in 2017 – 2018 as first reporting year –</p>	<p>Baseline established.</p>

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.
	Commissioned from the Community Justice Partnership.		annually.	
The Integration Joint Board requires a range of services to contribute to the strategic goal of 'improvement of public understanding' about the role of specific issues in community justice through contributions to the Community Justice Outcomes Improvement Plan, specifically, the role of learning disabilities, mental health issues, physical health issues, substance misuse issues, relationship issues, and having a history of being formally 'looked after' by the local authority.	Co-ordinated by the Community Justice Partnership officer, hosted by OIC, all relevant services will make a contribution to the Community Justice Outcomes Improvement Plan – commissioned from OIC.	National Health and Wellbeing Outcome numbers 4 and 5.	Completed plan to include relevant information.	Completed plan by 31 March 2018.

2.3. Primary and Community Care Services

About the Services

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

The primary and community care services commissioned by the Integration Joint Board 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 Integration Joint Board 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 across local authority and third sector services.
- Day Care and Day Opportunities and transport to these services.
- Home Care across local authority, and third and independent sector providers.
- Re-ablement and intermediate care services and step up / step down care services across NHSO, local authority and third sector providers.
- Care Homes.
- Extra Care Housing and Supported Accommodation.
- Services for people with physical disabilities and sensory impairment across NHSO, local authority and third sector providers.
- Adult social work services including assessment and care management services.
- GP Practices and Out of Hours GP services.
- Dental Services.
- Community Pharmacy.
- Ophthalmology.
- Community nursing.
- Specialist nursing services for people with long term conditions.

- Allied Health Professional services – occupational therapy, physiotherapy, speech and language therapy, podiatry and dietetic services.
- Telecare and mobile community responder services.
- Palliative Care services.
- Independent Advocacy.
- Community led lunch clubs and day activity services

The Integration Joint Board expects service providers to work to national health and social care standards and quality/safety programmes and to be enablement and re-ablement focused in their services.

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

- The Christie Commission 2011.
- 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.
- The Community Empowerment (Scotland) Act 2015.
- NHS Scotland Palliative Care guidelines.
- The Healthcare Quality Strategy for NHS Scotland.
- The National Clinical Strategy for Scotland published in 2016.
- Active and Independent Living Improvement Programme (AILIP).
- Pulling together: transforming urgent care for the people of Scotland (independent review of Primary Care Out Of Hours Services – Sir Lewis Ritchie 2015).
- 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.
- Health and Social Care Delivery Plan 2016.

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

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.
<p>Integration Joint Board will see the health and wellbeing of people who require support to live at home promoted and their support needs met in an appropriate manner through the provision of adequate effective services.</p>	<p>Plans must be developed and delivered to increase capacity in the care at home service – commissioned from OIC.</p>	<p>National Health and Wellbeing Outcome numbers 2, 3, 4 and 9. Joint Inspection of Services for Older People Recommendation.</p>	<p>Number of service hours available in Orkney – annually. Waiting list data – home care service – quarterly. Delayed discharge data re causes of delay – quarterly.</p>	<p>An increase in available hours from 2015-2016 base line. Reduction in home care waiting list. Reduction in people delayed in hospital due to a wait for the home care service. 50%reduction in non excluded 9 delays by 31 March 2018.</p>
	<p>An Integrated Care pathway for bone health including responses to, and after, falls, is to be put in place and work is to be undertaken jointly with Scottish Ambulance Service to</p>	<p>National Health and Wellbeing Outcome numbers 1, 2, 4, 7 and 9.</p>	<p>Falls admissions data – quarterly. Outcomes of falls programmes – bi-annually.</p>	<p>Reduced admissions to hospital as a result of a fall from 2015 – 2016 base line. 100% of people completing a</p>

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.
	develop a different response to falls, with more focus on supporting people at home – commissioned from NHSO.			falls programme will have a personal exercise plan in place.
	A joint review of data is to be undertaken to understand reasons behind conveyance to hospital of people who have fallen – commissioned from NHSO working with SAS.		Outcome of data analysis.	Report by 30 September 2017.
	There will be a review of unscheduled health and social care services provided out of hours including GP services and a change plan brought forward informed by this review – commissioned from		National Health and Wellbeing Outcome numbers 2, 3, 4, 5, 6, 7, 8 and 9.	Outcome of the review to be reported to the Board with an action plan and clear timescales.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.
	NHSO.			
	A questionnaire to gather views of patients using the Out of Hours GP service is to be developed and carried out – commissioned from NHSO.	National Health and Wellbeing Outcome number 8.	Questionnaire completed and results reported.	Questionnaire by 31 November 2017. Report by 31 December 2017.
	Additional services commissioned from GP practices through the Local Enhanced Services (LES) approach will be driven by knowledge of local need – commissioned from NHSO.	National Health and Wellbeing Outcome numbers 2, 4, 5, and 9.	LES programme for 2017 – 2018 to be agreed and underpinned by local data – annually.	A report of outcomes for the year to be submitted to Board by 30 June 2018.
	A working group bringing public health and primary care together for planning purposes is to be established – commissioned from	National Health and Wellbeing Outcome numbers 1, 2, 4, 5, 8 and 9.	Meetings to take place – bi-annually.	Meetings taking place.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.
	<p>NHSO.</p> <p>The Integration Joint Board directs NHSO to facilitate an Emergency Department redirection policy to ensure that avoidable hospital admissions are minimised and sign posting and redirection to alternative services is undertaken effectively at the stage of considering admissions – commissioned from NHSO and OIC.</p>	<p>National Health and Wellbeing Outcome numbers 2, 3, 4, 8 and 9.</p>	<p>Redirection options are used appropriately – bi-annually.</p>	<p>Reduce the number of presentations to A and E.</p> <p>Zero breaches of 4 hour waiting times target.</p> <p>Measure number of redirected calls to Intermediate Care Team on-call service.</p> <p>Number of admissions subsequently prevented.</p> <p>Utilisation rates of alternatives to admission cross refer here GP referral bed</p>

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.
				and Rapid Short Term Responder Service. Increase in % of 'see and treat' from base line.
	There will be support in place to enable people to make a choice to die at home or in a homely setting through the ongoing provision of a service across Orkney and the provision of training and support for staff in services that support people at home in managing end of life care – commissioned from NHSO.	National Health and Wellbeing Outcome numbers 3, 4 and 8.	Proportion of people ending life in a hospital setting – annually.	Improvement to achieve the national average rate.
	A local phototherapy service is to be made	National Health and Wellbeing Outcome	Proportion of people requiring	Demonstrated shift in service

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.
	available through primary care to reduce the need for people to travel to Aberdeen for treatment.	numbers 3, 8 and 9.	phototherapy treated in Orkney v's in Aberdeen – bi-annually.	delivery proportions towards services closer to home.
	The Integration Joint Board wishes to see NHSO Podiatry Service fully implement the national footcare guidance – commissioned from NHSO.	National Health and Wellbeing Outcome numbers 1 and 9. NHS delivery standard.	Musculoskeletal waiting times and 12 weeks for all podiatry achieved – quarterly.	90 % achievement of 4 week referral to treatment Waiting time target for Musculoskeletal appointments and 12 weeks for all podiatry referrals. No inappropriate NHS podiatry appointments in line with national guidance on access. 80%

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.
				assessments for diabetic foot screening for people with diabetes and a high risk score completed in SCI DC.
The Integration Joint Board will support the health and wellbeing of people who are supported in a residential or extra care settings and by the community based services delegated to it, in a safe and appropriate manner.	Process are to be in place for medicine management and administration in social care settings. Appropriate staff training and support is to be available – commissioned from OIC.	National Health and Wellbeing Outcome numbers 2, 3, 4, 7, 8 and 9. Joint Inspection of Services for Older People Recommendation.	Analysis of incident reports using Datix (NHSO) and social care reporting mechanisms – quarterly.	Reduction in medicine related incidents / errors in social care settings.
	Prescribing practices will be monitored and opportunities for improvement and change identified and delivered.	National Health and Wellbeing Outcome numbers 8, and 9.	Reduction in non-formulary prescribing compliance – annually.	Reduction in non-formulary prescribing compliance.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.
	Processes are to be in place to minimise the impact of any outbreaks of bacterial or viral infection in social care settings based on public health service advice including appropriate use of infection control methods and appropriate staff sickness absence management – commissioned from OIC.	National Health and Wellbeing Outcome numbers 3, 4, and 7.	Assurance provided that infection control processes are optimum – annually. Assurance that staff affected by relevant illness not to return to workplaces where there are vulnerable people until 48 hours symptom free – annually.	All outbreaks managed appropriately. Confirmation of policy applied 30 September 2017.
	Residential care place capacity is to be adequate to meet demand – commissioned from OIC.	National Health and Wellbeing Outcome numbers 2, 3, 4, 7 and 9.	Numbers of care home places – annually.	Increase on 2015 – 2016 base line by 2018.
			Delayed discharge data measured through reported use of code 9, 71x	By December 2018 no people who require residential care

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.
			– quarterly.	will be delayed in hospital because there is no residential care home capacity in Orkney to accommodate them.
			Residential care waiting list data – quarterly.	By December 2018 no people who require residential care will be delayed in a community setting or at home because there is no residential care home capacity in Orkney to accommodate them.
The Integration Joint Board requires services it commissions to work	The Hospital Discharge Planning policy and	National Health and Wellbeing Outcome	Timely identification of expected dates	Estimated dates of

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.
closely with NHS Orkney’s in patient services to ensure that transitions between home and care settings, or care setting to care setting, are carefully planned and undertaken so that they promote people’s welfare and minimise stress and distress.	processes will be updated and awareness of them promoted – commissioned from NHSO.	numbers 3, 4, 6, 8 and 9.	of hospital discharge as identified through case note audit – quarterly.	discharge to be identified for all in patients at the point of admission.
			Numbers of hospital discharges that are delayed due to necessary assessments or referrals not being completed as identified by delayed discharge coding (Source: ISD.) – quarterly.	Zero delays for assessment reasons.
			Numbers of discharges resulting in Datix reporting as not well planned – quarterly.	Target to be nil.
	A gap analysis is to be undertaken in relation to	National Health and Wellbeing Outcome	Report to Board setting out current	Report by 30 September

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.
	services to support people to make transitions from hospital to home including transport and collection of any necessary medication arrangements, in order to inform further planning decisions – commissioned from NHSO.	numbers 2, 3, and 6.	arrangements and identifying any gaps.	2017.
The Integration Joint Board wishes to be assured that appropriate action is taken to support the welfare and safety of adults who are identified to be at risk through Adult Protection processes.	Assurance is to be sought from the Adult Protection Committee that statutory interventions are used appropriately in Orkney – commissioned from the Adult Protection Committee.	National Health and Wellbeing Outcome numbers 7 and 9. Joint Inspection of Services for Older People Recommendation.	The Adult Protection Committee Case Review Sub Group to identify numbers of cases where, after review, it was concluded that a different protection route should have been taken – quarterly.	No adult to be deemed to have been left at risk of harm where action could have been taken – risk assessment and risk management plans in each case are

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.
				<p>deemed appropriate on review.</p> <p>No adult to be deemed to have been subject to statutory intervention through the use of a legal order unnecessarily.</p>
	<p>Assurance is to be sought from the Adult Protection Committee that processes are in place to ensure that the governance and quality assurance role of the committee and the Chief Officers Group is appropriately fulfilled.</p>	<p>National Health and Wellbeing Outcome numbers 7 and 9.</p> <p>Joint Inspection of Services for Older People Recommendation.</p>	<p>The Adult Protection Committee to provide detail on governance and quality assurance processes – one off.</p>	<p>Report provided to Integration Joint Board 30 June 2017.</p>
<p>The Integration Joint Board expects service delivery models to be tested</p>	<p>The Single Shared Assessment (SSA) will</p>	<p>National Health and Wellbeing Outcome</p>	<p>Initial survey of use of SSA undertaken</p>	<p>Improve on baseline by 31</p>

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.
and developing away from traditional and ‘silo’ approaches towards more flexible and sustainable approaches, focused on meeting the needs and supporting the welfare of people.	be used appropriately across health and social care services, minimising the amount of repeat assessment that takes place and maximising effective and appropriate information sharing – commissioned from NHSO / OIC.	numbers 2, 3, 4, 6, 8 and 9.	to provide baseline. Repeat to measure change – annually.	Mach 2018.
	The Generic Worker pilot commissioned by the Integration Joint Board is to be reported to the Board. This will inform consideration of appropriate models of care and skill mix in the community – commissioned from NHSO.	National Health and Wellbeing Outcome numbers 2, 3, 4, 8 and 9.	Evaluation undertaken – one off.	Evaluation report to Board by 31 December 2017.
	The Rapid Short Term Responder Services that was commissioned	National Health and Wellbeing Outcome	Evaluation undertaken – one	Evaluation to Board by 31 December

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.
	by the Integration Joint Board is to be evaluated and the evaluation is to be reported to the Board – commissioned from OIC.	numbers 2, 3, 4, and 9.	off. Reduction in emergency admissions – quarterly. Increase in redirections from A and E – quarterly.	2017. Emergency admissions reduced. Redirections increased.
	The GP direct referral pilot bed commissioned by the Integration Joint Board is to be evaluated and the evaluation is to be reported to the Board – commissioned from OIC.	National Health and Wellbeing Outcome numbers 2, 3, 4, 8 and 9.	Evaluation undertaken – one off. Numbers of referrals – quarterly. Numbers of avoided admissions – quarterly.	Evaluation report with this data to Board by 30 September 2017.
	Work with the Scottish Fire and Rescue Service to pilot different job roles / different ways of working in remote areas – commissioned from NHSO.	National Health and Wellbeing Outcome numbers 2, 3, 4, 8 and 9.	A clear project plan to be developed to drive this work. This plan to set out details and timescales. This plan reported to the	Project plan by 30 June 2017.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.
	<p>Third sector service inputs are to be routinely considered and, where appropriate, included at the earliest stages of hospital discharge planning and hospital admission avoidance planning. – Commissioned from OIC.</p>	<p>National Health and Wellbeing Outcome numbers 2, 8 and 9.</p>	<p>Board – one off. Case note sampling undertaken on hospital admission avoidance and hospital discharge cases - quarterly. Survey of third sector service providers on perceptions re inclusion and perceived barriers - annually.</p>	<p>No base line currently exists – local views on inclusion and identification of perceived barriers to be established by 30 September 2017.</p>
	<p>Further work is required to understand how different ways of supporting the small percentage of the population who make use of the largest proportion of services could be put in place.</p>	<p>National Health and Wellbeing Outcome number 9.</p>	<p>Further analysis of the data – one off. Hospital admissions that are assessed to be inappropriate are to be Datixed to support improved understanding of</p>	<p>Further report by 30 June 2017 and further actions to be developed from there.</p>

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.
	As a first step the IJB wishes to see the data analysed further and reported to the Strategic Planning Group – commissioned from NHSO.		this area – quarterly.	
The Integration Joint Board requires the planning of care and support services for people to be focused on promoting people’s independence and choice, and including individuals directly in planning their care.	There will be a greater focus on re-ablement for people assessed as requiring a care at home service – commissioned from OIC.	National Health and Wellbeing Outcome numbers 1, 2, 3, 4, 5 and 9.	Re-ablement plans in place – bi-annually. Measures of support hours required from initial to post re-ablement input – bi-annually.	Increase on current base line number by 31 March 2018. Reduction in support hours required from initial to post re-ablement.
	A clear process will be put in place to enable Anticipatory Care Plans (ACPs) to be an effective tool in supporting people to consider and plan their own care. The process	National Health and Wellbeing Outcome numbers 1, 2, 3, 4, 5 and 9. Joint Inspection of Services for Older People Recommendation.	A system in place to enable key information in ACPs to be available to relevant services – one off. Numbers of ACPs	An increase in number of eKIS records being sent from primary care and viewed within secondary care.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.
	will include ensuring the key aspects of the plans can be shared with those who need to know – commissioned from NHSO.		in place for ‘high value individuals’ annually.	ACPs in place for 25% of high value individuals by 31 March 2018 and 50% by 31 March 2019.
	An action plan will be agreed to ensure the principles of the Active and Independent Living Improvement Programme underpins service provision in Orkney – commissioned from NHSO.	National Health and Wellbeing Outcome numbers 1, 2, 4 and 9.	Measure against the national AILIP framework and guidance – one off.	Assurance that work is progressing in line with national plan through reporting on the action plan by 31 December 2017.
	People with more than one long term condition will be offered a holistic review, rather than separate condition specific reviews – commissioned from	National Health and Wellbeing Outcome numbers 1, 2, 3, 4, 5 and 9.	A holistic review process developed and delivered – one off. Numbers of holistic reviews undertaken – bi-annually.	Baseline of holistic reviews to be established as starting point by 30 September 2017 and improvement

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.
	NHSO.			target set from there.
	People with long term conditions will be supported to avoid deterioration in their conditions through the development of clear care pathways and direction to tailored support which can be accessed following diagnosis – commissioned from NHSO.	National Health and Wellbeing Outcome numbers 1, 2, 3, 4, 5 and 9.	The support package will be developed in three long term condition areas initially – support for people with diabetes to be initial stage.	Reporting as developed for diabetes by 30 December 2017. 1 further area by 31 March 2018. 1 further area by December 2018.
	Technology led care to be available to improve self-management especially for patients with long term conditions – commissioned from NHSO.	National Health and Wellbeing Outcomes numbers 1 and 9.	Technology led care options to be available - annually. Areas to be targeted initially should be informed by health needs assessment.	Increase on current base by 31 March 2018. Current level is nil.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.
The Integration Joint Board will plan and delivery of primary care services focused on meeting national and local priorities.	The Integration Joint Board wishes to be assured that the new primary care strategy produced during 2016 – 2017 is being implemented – commissioned from NHSO.	National Health and Wellbeing Outcome numbers 8 and 9.	Report to the Board on delivery - annually.	31 March 2018.

2.4. Services for People with Learning Disabilities

About the Services

The Integration Joint Board will continue to commission learning disability services from the local authority, NHS Orkney and the third sector, notably:

- Day opportunity and support at home services across local authority and third sector providers.
- Residential care, Short Breaks, respite care and supported living across local authority and third sector providers, Scottish Autism and Enable Scotland.
- Social work assessment, care planning and review services.
- Allied health professional services – physiotherapy, occupational therapy, speech and language therapy and dietetics services.
- Learning Disability Nursing.
- The commissioning of speciality additional assessment services as required.

The Integration Joint Board expects service providers to work to national health and social care standards and quality/safety programmes and to work together locally with education services ensure the support children and young people with learning disabilities receive across the range of settings they access is joined up, through primary, secondary and tertiary education settings.

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 Integration Joint Board is keen to address the health inequalities of people with learning disabilities and to support people with learning disabilities to fulfil 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.

In some aspects of our learning disability services there is limited scope for development 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.

The outcome the IJB is commissioning	How this is to be achieved – specific commissioning directions	What national and or local priorities this links to and what data or evidence base sits under it	How the change will be measured	What the target is
<p>The Integration Joint Board will work to see the health inequalities experienced by people with learning disabilities addressed and their physical and mental health and welfare promoted.</p>	<p>This will be achieved by:</p> <ul style="list-style-type: none"> • Identifying the learning disabled population within each GP practice and offering annual health checks to these individuals. • Designing a process and assessment tool that is appropriate. • Developing and monitoring ongoing individualised Health Action Plan process following each initial health check. 	<p>National Health and Wellbeing Outcome numbers 1, 2, 4, and 5.</p>	<p>A database of people with learning disabilities with a record of health check uptake and completed individual Health Action Plans – one off. Annual monitoring and evaluation of the above.</p>	<p>Database in place. Improvement from a 0% baseline to at least 40% received by 31 March 2018 with Health Action Plan completed following each health check. Further improvement target established for the following year.</p>

The outcome the IJB is commissioning	How this is to be achieved – specific commissioning directions	What national and or local priorities this links to and what data or evidence base sits under it	How the change will be measured	What the target is
	<ul style="list-style-type: none"> Through subsequent health check – commissioned from NHSO. 		Easy read literature about screening programmes for people with a Learning Disability will be made available through public health and learning disability services working together – one off.	Easy read information available by 31 August 2017.
The Integration Joint Board will commission a report from the learning disability service that sets out a strategy for the provision of supported accommodation for people with learning disabilities. The Integration Joint Board wishes to see the report consider how people with learning disabilities can be supported in their own community in a way that promotes their welfare and inclusion but also considers efficiencies within the service and the potential for the service to be delivered by a provider	An options appraisal report underpinned by a needs assessment will be made available to the IJB by 31 July 2017 – commissioned from OIC.	National Health and Wellbeing Outcome numbers 1, 2, 4, 5 and 9.	The report will be made available to the Board in the identified time frame – one off.	Report to IJB by 30 September 2017.

The outcome the IJB is commissioning	How this is to be achieved – specific commissioning directions	What national and or local priorities this links to and what data or evidence base sits under it	How the change will be measured	What the target is
other than the local authority.				
The Integration Joint Board wishes to see the needs of people with neurodevelopmental conditions across the age range supported.	A diagnostic pathway(s) for neurodevelopmental conditions is to be put in place/articulated. The pathway to include the provision of robust pathways for identification of and differentiation between neurodevelopmental conditions including learning disabilities but also encompassing conditions such as such as autism and Attention Deficit Hyperactivity Disorder (ADHD), and awareness of it to be raised with relevant staff groups – commissioned from NHSO.	National Health and Wellbeing Outcome numbers 1, 2, 4, 5 and 9.	Approved pathway in place – one off. Numbers of people assessed through the pathway – annually. Database of diagnostic demographic established – one off.	Each developmental diagnosis has been delivered in accordance with pathway and evidenced as such. Trends in diagnostic prevalence available annually initially 31 March 2018.

3.5. Mental Health Services

About the Services

The Integration Joint Board will continue to commission mental health services from the local authority, NHS Orkney and the third sector, 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.
- Mental Health Officer services.
- Psychological therapy services.
- Psychiatry services.
- Day support and activities across local authority and third sector providers.
- Independent Advocacy.

The Integration Joint 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. However it is important that services take a recovery focused approach to support people to be as well as they can be. The local Mental Health Stakeholder Group brings together a wide range of people with an interest in mental health services and has developed a Mental Health Activity Plan which was considered by the Healthy and Sustainable Communities Group, a sub group of the local Orkney Community Planning Partnership, in 2016. Work on delivery of the plan will now progress and the Integration Joint Board has aimed to align its strategic planning objectives with the work of this group.

The mental health services that are commissioned need to be informed by, and respond to, national strategies that are relevant to the service and the most relevant pieces of legislation such as:

- The new National Dementia Strategy which the Scottish Government will publish in 2017.
- The new Mental Health Strategy which the Scottish Government will publish in 2017.
- 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 (Care and Treatment) (Scotland) Act 2003.
- Adults with Incapacity (Scotland) Act 2007.

The outcome the IJB wishes to commission	How this is to be achieved – specific commissioning directions	What national and or local priorities this links to and what data or evidence base sits under it	How the change will be measured	What the target is
The Integration Joint Board will support people with dementia on a pathway from diagnosis through to the provision of ongoing support.	The new local dementia action plan, reflecting the new national strategy, is to be completed and publicised including clear timescales – commissioned from NHSO.	National Health and Wellbeing Outcome numbers 1, 2, 3, 4 and 9. NHS delivery standards.	Action Plan in place and reported on.	Action Plan by 30 June 2017. 80% of actions completed on time.
	The dementia care pathway is to be updated and awareness of it raised with relevant	National Health and Wellbeing Outcome numbers 1, 2, 3, 4 and 9.	Pathway approved and in place – one off. Staff aware of	Pathway in place by 30 June 2017. Awareness

The outcome the IJB wishes to commission	How this is to be achieved – specific commissioning directions	What national and or local priorities this links to and what data or evidence base sits under it	How the change will be measured	What the target is
	staff – commissioned from NHSO.	Joint Inspection of Services for Older People Recommendations.	pathway – evidence of awareness raising - annually. Diagnosis rates across Orkney – annually.	raising completed by 30 September 2017. Increase on current diagnosis rate of 0.6 per 100 to national average of 0.8 per hundred by end of plan. Next reported 31 March 2018.
	A standardised model of post diagnostic support for people with dementia is to be put in place – commissioned from NHSO, OIC and the Third Sector.	National Health and Wellbeing Outcome numbers 1, 2 and 9. Joint Inspection of Services for Older People Recommendation.	Standardised model developed – one off.	Model by 31 July 2017.
	The national standard	National Health and	Post diagnostic	Meet the

The outcome the IJB wishes to commission	How this is to be achieved – specific commissioning directions	What national and or local priorities this links to and what data or evidence base sits under it	How the change will be measured	What the target is
	for the provision of one year’s post diagnostic support for people with dementia is to be delivered - commissioned from NHSO, OIC and the Third Sector.	Wellbeing Outcome numbers 1, 2, 3, 4 and 9. Joint Inspection of Services for Older People Recommendation.	support delivered - annually.	national standard of provision to 100% of all newly diagnosed people by 31 March 2018.
	Evaluation of the occupational therapy led Home Based Memory Rehabilitation project for people with dementia, to be provided to inform further investment decisions - commissioned from OIC.	National Health and Wellbeing Outcome numbers 1, 2 and 9.	Evaluation completed and reported to the Board – one off.	30 September 2017.
The Integration Joint Board wishes to see provision of appropriate services to support people with mental ill health through the development of a new, sustainable, model of service delivery that provides access to the right level of care at the right time.	The 2015 review of mental health services and the 2017 further review work is to be responded to with a detailed action plan with clear timescales including for	National Health and Wellbeing Outcome numbers 1, 2, 3, 4 and 9. NHS delivery standards.	Action Plan reported to the IJB by 31 July 2017 – one off. Regional links established for required specialties	85% of actions in the plan delivered on time. Reduction in number of in-patient

The outcome the IJB wishes to commission	How this is to be achieved – specific commissioning directions	What national and or local priorities this links to and what data or evidence base sits under it	How the change will be measured	What the target is
	development of regional network links that enable access to specialist advice, expertise, and consultation where it is necessary, and not possible to provide this on Orkney - commissioned from NHSO.		where a service is not currently in place.	admissions in general adult psychiatry from base line of 2015-2016 level.
	Maximise the use of technology to enable consultations and other forms of intervention to take place virtually, in order to improve speed of access to the right services and reduce unnecessary travel-commissioned from NHSO, OIC and the Third Sector.	National Health and Wellbeing Outcome number 9.	Use of VC options - staff surveyed on levels – annually. Use of on line tools – bi-annually.	Increase use from current level. Increased uptake of NHS24 telephone CBT service from current base line.
	The processes used in the delivery of community mental	National Health and Wellbeing Outcome	DCAQ work undertaken within the service and	Analysis undertaken by 31 August

The outcome the IJB wishes to commission	How this is to be achieved – specific commissioning directions	What national and or local priorities this links to and what data or evidence base sits under it	How the change will be measured	What the target is
	health team services to be reviewed to ensure efficiency using recognised Demand, Activity, Capacity and Queue (DCAQ) approach. Work to be completed with the new Mental Health Access Improvement Programme for Psychological Therapies and Child and Adolescent Mental Health Services - commissioned from NHSO.	numbers 8 and 9.	action plan for improvements. Evidence of engagement with the national support programme – one off.	2017. 85% of resulting actions delivered in line with timescales.
The Integration Joint Board will commission services that support people with mental ill health that take a recovery focused and person centered approach.	The Peer Support 'Home from Hospital' service currently commissioned from the Blide Trust is to be evaluated and this is to be reported to the Board, to inform further	National Health and Wellbeing Outcome numbers 2, 3, 7 and 9.	Evaluation undertaken.	Evaluation report to Board by 30 September 2017.

The outcome the IJB wishes to commission	How this is to be achieved – specific commissioning directions	What national and or local priorities this links to and what data or evidence base sits under it	How the change will be measured	What the target is
	investment decisions – commissioned from the Third Sector.			
	The impact that services have on improving outcomes for people with mental ill health is to be measured – commissioned from NHSO.	National Health and Wellbeing Outcome numbers 4 and 9.	Reporting on outcomes, as well as timescales for services delivery, to be undertaken – bi-annually.	CORE net outcome reporting (psychological therapies) showing positive impact.
The Integration Joint Board will support the mental welfare of children and young people.	The Child and Adolescent Mental Health (CAMHS) Clinical Associate in Applied Psychology (CAAP) post outcomes / impact is to be evaluated and reported to the Board, to inform further investment decisions – commissioned from NHSO.	National Health and Wellbeing Outcome numbers 1, 2, 3, 4, and 9.	Evaluation undertaken – one off.	Evaluation report to Board by 31 December 2017.
	The NHS standard for	National Health and	Performance	90% of

The outcome the IJB wishes to commission	How this is to be achieved – specific commissioning directions	What national and or local priorities this links to and what data or evidence base sits under it	How the change will be measured	What the target is
	access to CAMHS services is to be met – commissioned from NHSO and OIC.	Wellbeing Outcome numbers 1, 2, 3, 4, and 9. NHS delivery standards.	against the NHS standard – quarterly.	children and young people will wait no longer than 18 weeks from referral to treatment by the CAMHS service.
	Links to be established with the developing counselling service in the schools to ensure criteria, referral processes and pathways between these services, CAMHS services, and relevant Third Sector services are clear and in place – Commissioned from OIC, NHSO, the private sector and the Third Sector.	National Health and Wellbeing Outcome numbers 8 and 9.	Clear pathway for access to mental health support services for young people.	Pathway produced 30 September 2017.

2.6. Substance Misuse Services

About the Services

The Integration Joint Board will continue to commission substance misuse services from the local authority, NHS Orkney and the third sector, notably:

- Assessment, care planning, treatment and review services for adults with substance misuse issues.
- Recovery focussed Counselling services and the delivery of a range of recognised therapies and interventions through the third sector.
- Residential rehabilitation.
- In patient and at home detoxification support.
- Independent Advocacy.

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

Drug and alcohol misuse is a complex issue and while the numbers of people with serious and complex dependency problems is relatively small, the impact of these issues spreads to affect not just the individuals themselves but those around them, and all aspects of their daily lives. Services to support people with substance misuse needs to offer interventions at a range of levels, appropriate to need.

Much of the work in Orkney on substance misuse is planned and considered through the local Alcohol and Drugs Partnership. The budget for this partnership and the strategic planning responsibility for the work of the partnership are delegated to the Integration Joint Board and the Board will want to be informed by the views of the Alcohol and Drugs Strategy Group.

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

The substance misuse services that are commissioned need to be informed by, and respond to, national strategies that are relevant to the service and the most relevant pieces of legislation such as:

- National drugs Strategy for Scotland 2008.
- Scotland's National Alcohol Framework 2009.

- Alcohol (Scotland) Act 2010.
- The Strategy for Justice in Scotland.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.
The Integration Joint Board will commission appropriate recovery based treatment services to support people with substance misuse issues.	Arrangements for methadone prescribing are to be put in place – commissioned from NHSO.	National Health and Wellbeing Outcome numbers 1, 2, 3, 4, 5, 7 and 9.	Availability of methadone prescribing measure of service use – quarterly.	Prescribing available by 31 July 2017. Measure of service use reported as increased.
	Tier three substance misuse services are to meet the NHS standard - Patients will wait no longer than 3 weeks from referral to receive appropriate drug or alcohol treatment that supports their recovery – commissioned from NHSO.	National Health and Wellbeing Outcome numbers 1, 2, 3, 4, 5, 7 and 9. NHS delivery standards.	Performance against the NHS standard – quarterly.	90% of patients wait no longer than 3 weeks from referral to treatment.
	Targets for Alcohol Brief Interventions (ABIs) are to be delivered in the	National Health and Wellbeing Outcome numbers 1, 4, 5, and 9.	Performance against the NHS standard –	ABI delivery target 80% met in

	three priority areas namely antenatal services, primary care and Accident and Emergency services – commissioned from NHSO.	NHS delivery standards.	quarterly.	priority areas.
	Development of multiagency and anticipatory care planning for individuals who have multiple admissions related to alcohol – commissioned from NHSO, OIC and Third Sector.	National Health and Wellbeing Outcome numbers 1, 2, 4, and 9.	Hospital bed day usage for people admitted with substance misuse as a primary factor – quarterly.	10% reduction on current base line 2016 – 2017 bed day usage.
	A pathway for care and response to intoxicated patients is to be developed and implemented – commissioned from NHSO.	National Health and Wellbeing Outcome numbers 1, 2, 4, and 9.	Datix reports re intoxicated patients - quarterly. Establishment of pathway – one off. Use of pathway.	Reduction in numbers of Datix reports as a result of unclear service provision for intoxicated patients. Pathway 31 Oct 2017. Base line for use of pathway to

				be established.
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2.7. Services and Support for Unpaid Carers

About the Services

The Integration Joint Board will commission services and support for unpaid carers from the local authority, NHS Orkney and the third sector.

Unpaid 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 identified in our needs assessment work. Unpaid 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 led 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) Act 2016 will be commenced towards the end of 2017 – 2018 and places a range of new duties, primarily on local authorities.

The Act will:

- 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 identified needs, which meet the local eligibility criteria.
- Ensure that carers and young carers are involved in 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

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.
The Integration Joint Board will support unpaid carers in their caring	Carers Assessments, referred to in the new	National Health and Wellbeing Outcome	Count of numbers of Carer Support	From a baseline of 0%

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.
role through the provision of assessments of their support needs.	legislation as Carer Support Plans, are to be routinely offered to unpaid carers – commissioned from OIC.	numbers 1, 4 and 6. The Carers (Scotland) Act 2016. Joint Inspection of Services for Older People 2016 recommendation.	Plans offered to identify unpaid carers based on those accessing support from the Carers Centre – quarterly.	offered to 50% of identified unpaid carers by 31 March 2018 rising to 85% of identified unpaid carers by 31 March 2019.
The Integration Joint Board will develop an approach that makes it easier for unpaid carers to identify themselves as such, and identify themselves to services in order that their support needs can be assessed.	Awareness of the role of unpaid carer and the new carers rights under the Act to be raised in line with introduction of the new legislation – commissioned from OIC, NHSO and the Third Sector.	National Health and Wellbeing Outcome numbers 1, 4 and 6. The Carers (Scotland) Act 2016.	Evidence of awareness raising activity through local press – annually.	At least one press release in relation to the new Act undertaken by implementation date.
	A means is to be developed for unpaid carers to undertake and submit an initial level self assessment – Commissioned from	National Health and Wellbeing Outcome numbers 1, 4 and 6.	An initial level unpaid carer self assessment form to be devised. Number of	Form devised by 30 June 2017. Base line to be established in

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.
	OIC and the Third Sector.		completed initial level unpaid carer self assessment forms received – quarterly.	initial year.
The Integration Joint Board will support unpaid carers in their caring role through the provision of readily availability information about services that can be accessed.	Up to date and comprehensive information on local services to be available through the on line platform called A Local Information System for Scotland (ALISS) – commissioned from the Third Sector. Signposting to the ALISS platform from health and social care service websites – commissioned from OIC and NHSO.	National Health and Wellbeing Outcome numbers 1, 6 and 9. The Carers (Scotland) Act 2016.	Twice yearly check of the accuracy of the data on the ALISS platform – bi-annual.	Information on the system assessed as up to date and accurate, following amendments if necessary, at each six monthly check.
The Integration Joint Board will support unpaid carers in their role by ensuring they are involved in and	Carers will be directly involved and informed in the health and social	National Health and Wellbeing Outcome numbers 1, 2, 3, 6 and	Survey of unpaid carers views using carers accessing	Baseline to be established by July 2017.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.
informed about the care planning for those they care for, where health and social care services are involved in this.	care, care planning processes and plans, for those they care for including assessment, review and discharge planning where applicable – commissioned form OIC and NHSO.	9. The Carers (Scotland) Act 2016.	support form Crossroads Orkney as the survey group – one off.	Improvement target to be set form there as a percentage increase.
The Integration Joint Board is commissioning the local authority to provide an unpaid carers information and advice service in line with the requirements of the legislation.	The local authority will provide the IJB with assurance that an appropriate service is in place in line with the requirements of the legislation – commissioned from OIC.	National Health and Wellbeing Outcome numbers 1, 6 and 9. The Carers (Scotland) Act 2016.	Assurance received by the Integration Joint Board – one off.	Assurance by 31 August 2017.
The Integration Joint Board requires staff within the services it commissions to work with a local appropriate stakeholder group to develop an up to date plan for the delivery of the new national carers strategy that reflects the	An updated action plan aligned to the new national carers strategy is to be produced in collaboration with an appropriate range of stakeholders –	National Health and Wellbeing Outcome numbers 1, 6 and 9. The Carers (Scotland) Act 2016.	Action Plan updated and publicised by 31 March 2018 – one off.	Delivery of 85% of actions in line with timescales by end of plan.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.
requirements of the new legislation and to publicise this.	commissioned from NHSO and the Third Sector.			
The Integration Joint Board will make training available to staff working in health and social care services and those in the third sector that raises awareness of the importance of the role of unpaid carers.	Equal Partners in Care (EPiC) training to be promoted to people working in a health or care setting, or services, and those with an interest in supporting unpaid carers – commissioned from OIC and NHSO.	National Health and Wellbeing Outcome numbers 6 and 8. The Carers (Scotland) Act 2016.	Baseline of completion rate to be established and improvement target set – annually.	Increase on baseline number of completions – target to be defined.

2.8. Cross Service Matters and Underpinning Areas of Work

The Integration Joint Board commissions a range of services that cannot be clearly defined into specific service areas. In addition there are a range of factors and aspects that support the delivery of a wide range of services.

The actions set out below contribute to delivery of the strategic direction of the Integration Joint Board overall.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.
The Integration Joint Board will support people who need assistance to engage with services and represent their views through the provision of an appropriate independent advocacy service.	Updated local advocacy three year plan 2017 – 2020 to be delivered – commissioned from Third Sector.	National Health and Wellbeing Outcome numbers 3. A range of legal duties for the provision of independent advocacy services.	Reporting of progress in delivering the plan through the Advocacy Group which in turn will be reported to the IJB – bi-annually.	85% of action plan targets being delivered on time up to end of plan.
The Integration Joint Board wishes to be assured that the local approach to self-directed support is up to date and in line with evolving guidance and best practice.	The action plan arising from the Self Directed Support review report commissioned in 2016 from the local authority is to be fully implemented – commissioned from OIC.	National Health and Wellbeing Outcome numbers 1 and 9.	Delivery of the actions in the action plan – bi-annually.	85% of agreed actions completed on time.
The Integration Joint will seek assurance that the social care	Review of eligibility criteria for access to	National Health and Wellbeing Outcome	Review undertaken and presented to	Report by 31 July 2017.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.
service resources that have been delegated to it are being deployed effectively to ensure there are not inequalities in service provision.	chargeable social care services i.e. home care, day care, residential respite care, residential care, supported and extra care accommodation, day support – commissioned from OIC.	numbers 2 and 9. Joint Inspection of Services for Older People recommendation.	the Board – one off.	Further actions to be developed following the detail of the report.
	Processes for the allocation of resources across services are to be reviewed to ensure they are up to date.	National Health and Wellbeing Outcome numbers 2 and 9. Joint Inspection of Services for Older People Recommendation.	Review undertaken – one off.	Any required changes reported to the Board and implemented by 31 November 2017.
The Integration Joint Board wishes to see people who need support during the day able to access services that are focused on re-ablement and enablement and services that are in line with up to date models of care provision and	A review report and options appraisal will be made available to the IJB by 31 September 2017 - Commissioned from OIC.	National Health and Wellbeing Outcome numbers 1, 2, 4, 5 and 9.	The report will be made available to the Board in the identified time frame – one off.	An options appraisal report underpinned by a needs assessment and EQIA will

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.
therefore will commission a review of the current model of day service / day opportunity provision across all service areas. The IJB wishes to be presented with potential options for change and to see the report consider efficiencies within the service and will seek to disinvest in spend on maintaining traditional buildings based services in favour of other more diverse models.				be made available to the IJB by 30 September 2017. Further action to be defined following the receipt of the report.
The Integration Joint Board wishes to see staff in the services it commissions able to benefit from the opportunity work more closely together, to share information and learn together, and to plan and deliver services in a seamless way wherever possible.	Opportunities to co-locate staff from a range of disciplines to be maximised – commissioned from OIC, NHSO and Third Sector.	National Health and Wellbeing Outcome numbers 8 and 9.	Numbers of co-located and ‘hot desking’ opportunities – annually.	Increase on current baseline.
	Training opportunities to be made available across services and disciplines – commissioned from OIC, NHSO and Third	National Health and Wellbeing Outcome numbers 8 and 9.	Training opportunities offered across service boundaries for appropriate courses – annually.	Evidence of training offered across services. Annual

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.
	Sector.		The continuous professional development needs of staff are assessed and planned for in line with organisational policies – annually.	appraisal targets for NHS and OIC staff met.
	Opportunities to make appropriate information sharing, and mobile and efficient working, easier through IT solutions to be maximised – commissioned from OIC and NHSO.	National Health and Wellbeing Outcome numbers 8 and 9.	Evidence of work continuing to progress in this area through the production of a joint IT action plan across NHSO and OIC – bi-annually.	Monitoring of delivery on action in joint plan in line with timescales – further targets to be defined.
	A local joint workforce plan to be developed following completion of the Scottish Government’s overarching framework for this – commissioned	National Health and Wellbeing Outcome numbers 8 and 9.	Production of local plan following framework received from Scottish Government – annually.	To be defined following provision of national framework.

The outcome the IJB is commissioning.	How this is to be achieved – specific commissioning directions.	What national and or local priorities this links to and what data or evidence base sits under it.	How the change will be measured.	What the target is.
	from OIC and NHSO.			

Appendix 1 – SCP Narrative

1. Orkney's Integration Joint Board

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 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 the introduction of the Public Bodies (Joint Working) (Scotland) Act 2014, which required all areas to formally bring community health and social care services for adults together. In all but one area in Scotland this arrangement is overseen by a new legal body known as an Integration Joint Board. In Orkney we were fortunate to be able to build on the partnership arrangement that was already in place through Orkney Health and Care to form this new Integration Joint Board which continues to be known as Orkney Health and Care.

Members of the Integration Joint Board as of 1 April 2017



The voting members of the Board are (left to right) David Drever; Councillor Alan Clouston; Jeremy Richardson, Vice Chair; Councillor Russ Madge, Chair; Gillian Skuse and Councillor John Richards.



The non-voting members of the Board are (left to right) Gail Anderson; Jon Humphreys, Pat Robinson; Frances Troup; Olivia Tait. In front: Caroline Sinclair.

Missing from the photo is Dr Andy Trevett; Dr Louise Wilson; Elaine Peace; Sally George, Janice Annal and Fiona MacKellar.

The Integration Joint Board is made up of voting and non-voting members. The voting members are drawn from Orkney Islands Council's Elected Member group, and NHS Orkney's Non-Executive Board Members. The non-voting members provide professional and stakeholder advice and views to the Board and are drawn from a wide range of roles.

Councillor Russ Madge.	Voting Board Member and Chair.
Jeremy Richardson, NHSO Non-Executive Board Member.	Voting Board Member and Vice Chair.
Councillor Alan Clouston.	Voting Board Member.
David Drever, NHSO Non-Executive Board Member.	Voting Board Member.
Councillor John Richards.	Voting Board Member.
Gillian Skuse, NHSO Non-Executive Board Member.	Voting Board Member.
Caroline Sinclair – Chief Officer of the IJB.	Non-Voting Board Member.
Jon Humphreys – Chief Social Work Officer.	Non-Voting Board Member.
Pat Robinson – Chief Finance Officer of the IJB.	Non-Voting Board Member.
Dr Andrew Trevett – Registered Medical	Non-Voting Board Member.

Practitioner who is a GP.	
Dr Louise Wilson – Registered Medical Practitioner who is not a GP.	Non-Voting Board Member.
Elaine Peace – Registered Nurse.	Non-Voting Board Member.
Sally George – Staff Representative.	Non-Voting Board Member.
Gail Anderson – Third Sector Representative.	Non-Voting Board Member.
Olivia Tait (temporary) – Unpaid Carer Representative.	Non-Voting Board Member.
Janice Annal – Service User Representative.	Non-Voting Board Member.
Fiona MacKellar – Employee Director, NHSO.	Non-Voting Board Member.
Frances Troup – Head of Housing, Homelessness and Schoolcare Accommodation Services, OIC.	Non-Voting Board Member.

2. Orkney’s Strategic Planning and Locality Planning Groups

The Public Bodies (Joint Working) (Scotland) Act 2014 requires that in addition to establishing an integration arrangement, as described above, each partnership must establish a Strategic Planning Group. The role of the Strategic Planning group is to act as an advisory group, receiving information, considering and informing service planning, and making recommendations to the Integration Joint Board. This helps to inform the planning and oversight role that the Integration Joint Board has, and its investment and disinvestment decisions.

In Orkney we have ensured that the Strategic Planning Group has a wide membership including people who use services and their unpaid carers, health and social care professionals, a representative of third sector bodies carrying out activities related to health and social care, people involved in housing services and people who can represent the interests of each locality. The membership of the Strategic Planning Group can be found [here](#).

The Strategic Planning Group will be informed in its work by the views of locality level groups that are made up of professionals and stakeholders in local areas. This structure aims to ensure that service planning and change can be led and informed by the needs, views and ideas of communities, the people who know their area and what it can achieve, best.

The legislation required each partnership area to have at least two localities. The Integration Joint Board agreed that the Mainland would be treated as one locality, which will be subdivided into the West and East Mainland, and the Isles would be the second locality. The role of localities and the link to the Integration Joint Board can be illustrated as follows



Each locality is to be supported in its operation by a nominated ‘locality manager’. Locality management is 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 advisory function for the Integration Joint Board. The ways in which localities function and plan together will have to be shaped to suit their specific geography and populations, and work is underway to bring this process into life. Initial visits have been undertaken to all of the isles, and a number of discussion sessions have been held on the mainland of Orkney. The feedback from these meetings has been taken into account in the development of this plan and this work will continue. It has taken some time to get the locality approach up and running in Orkney but we look forward to this settling into a fully functioning arrangement in 2017 – 2018.

3. The Scottish Government’s National Health and Wellbeing Outcomes

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. The Integration Joint Board 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.

4. The Local Context

The Integration Joint Board's first Strategic Commissioning Plan set out the local context which informs, shapes, and in some ways dictates, the way services are designed and delivered. The original plan can be accessed [here](#). This refresh of the plan does not seek to repeat the position set out in the original plan. Rather it summarises some of the key issues of local context and sets out a summary of the key points from the additional needs assessment and other pieces of work that have been done since the original plan was produced. This new needs assessment work, which was completed in July 2016, informs the actions that are set out in section three of this plan and can be accessed [here](#). In addition, a Market Facilitation Statement has been developed which aims to set out the areas in which there is scope for third or independent sector service providers to develop their delivery in the overall health and social care market by indicating the areas where service growth or change are likely to generate new opportunities. The Market Facilitation Statement can be accessed [here](#).

While national and local policy changes are clearly a key force behind change at a local level there are also specific factors relevant to Orkney that drive a need for change and different ways of working including:

4.1. Demographic changes

There are an increasing number of older people living in Orkney. Data and projections show that the percentage of people living in Orkney who are at the older age end of the age spectrum is greater, and expected to grow at a greater rate, than the rest of Scotland.

In Orkney and across Scotland people are living longer due to improvements in our living standards and levels of care and support. The population of Orkney has good life expectancy but also 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 in Orkney by 32.5% (the highest growth of all areas). Orkney's overall population is projected to increase by 5.5% by 2037 and the largest increase will be in the older population aged 75 and over.

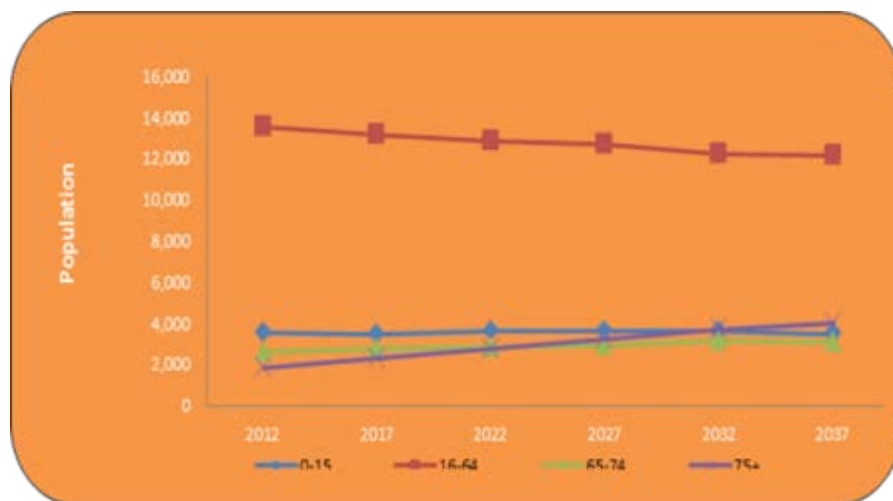
- 0 -15 will decrease by 3%.
- 16 - 64 will decrease by 10%.
- 65 - 74 will increased by 20%.
- 75+ will increase by 116% (Source: Extract from NHS NSS (ISD) document produced for Orkney Health and Care August 2015.).

Although many older people make a very positive and invaluable contribution to the local community, and support themselves, and others, in a range of ways, it is still true that people in the older age groups are the ones most often in need of health and social care services.

Life expectancy is going up, which is good news, but healthy, or disability free life expectancy is rising more slowly than life expectancy, therefore we can confidently predict a steady growth in demand for health and social care services.

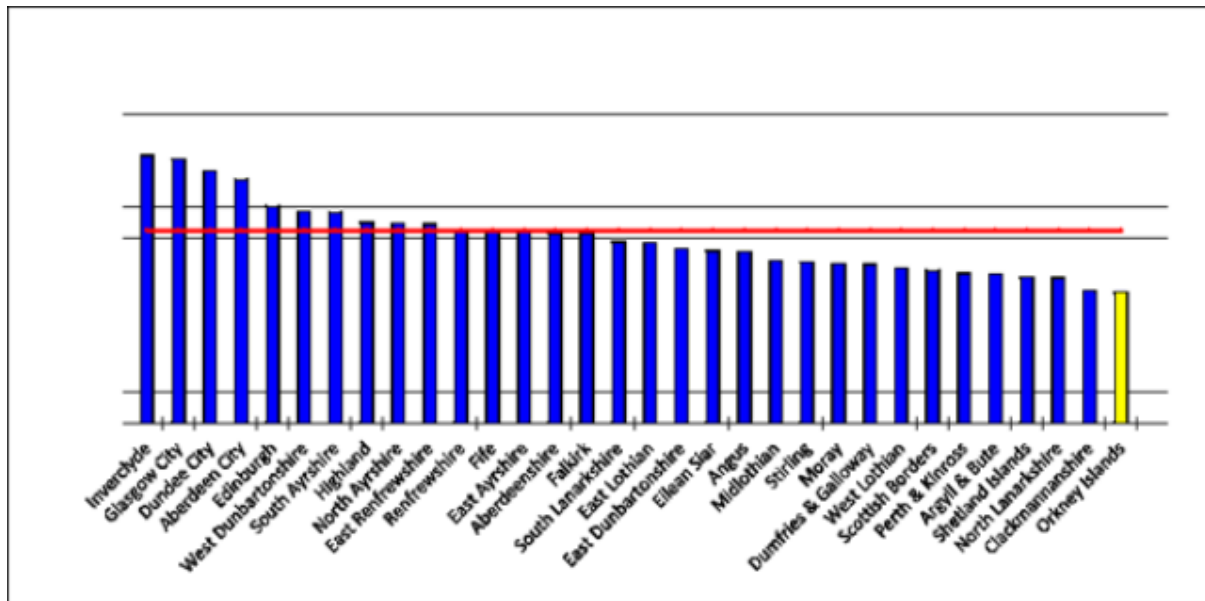
The information above also highlights the projected reduction in the working age portion of the population. This is a significant factor in how health and care needs can be met in future.

Orkney Population Projections 2012 – 2037.



Provision of adequate, appropriate services, including access to information and advice, is key to supporting people with health and care needs, the majority of whom are older people, to live as well as they can, and engage as positively as they can in their own communities. Analysis shows that in Orkney we are currently under capacity in some key service provision areas. Of particular note is care home place capacity for those who require this level of care, as illustrated below.

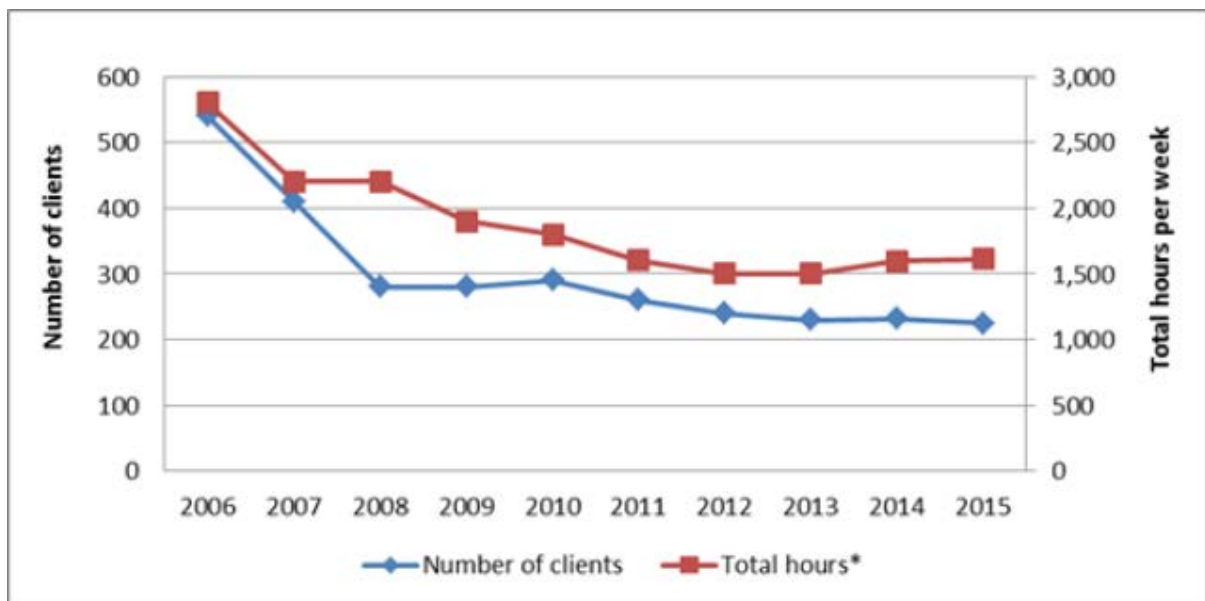
People Aged 65+ Supported in Care Homes 2014 – 2015 Rate per 1,000 population.



Although the focus in care services has been, and will continue to be, on supporting people to remain at home, there will always be a number of people for whom residential care is the only appropriate care option therefore we must plan to address this challenge.

Also of significant note is home care service capacity. As the levels of dependency of people cared for in the community are increasing, the static home care resourcing which has been in place over a number of years is now meeting the needs of fewer people as illustrated below.

Home Care – number of service users and hours of care provided per week.



Source: Health and Social Care dataset; Orkney Islands Council. Note: Figures for Home Care hours from 2010 exclude 24-7 care. This has resulted in a break in the time series between 2009 and 2010.

The profile of use of the home care service by age category is currently as follows.

Percentage of homecare service users by age group, December 2015.

18-64	65-74	75-84	85+
9%	12%	30%	49%

Source: Health and Social Care dataset; Orkney Islands Council.

Although the above shows a steady decrease in the number of people being supported by the home care services since 2010, it must also be acknowledged that there are now a significant and growing number of people arranging their own service in lieu of home care through Direct Payments, which is not represented in the graph above. At present this represents an overall increase in resourcing by in excess of 429k per annum for 2016 – 2017, providing support to an additional 36 people.

Locality level discussions in all areas also highlighted concerns in communities about the level of availability of home care services. The service itself and the staff who provide it were highly valued but across Orkney people could see that service availability was no longer meeting demand and this was a key concern they wanted to raise.

Given the known demographic pressures, the identified shortfall or pressures in the care home and home care provision are two areas of significant concern for the Integration Joint Board and therefore the Board will wish to see action taken to address these shortages. The Council has approved two new care home build projects, one in Kirkwall and one in Stromness, which will help to address this issue and a small budgetary uplift has been agreed by the Council to provide additional funding for the home care service. This will be used to recruit additional home care staff.

There are some specific areas where the needs assessment work has identified that there may be opportunities to work differently to support older people and other people whose health and welfare is at risk. For example, when considering standardised rates more adults aged 65 and above are admitted to hospital following a fall in Orkney than in the rest of Scotland. There is scope to work differently with partners such as the Scottish Ambulance Service in this area and the Integration Joint Board will also want to see this opportunity explored.

In addition to what we know locally about our services for older people during 2016 we also received an independent inspection of our health and care services for older people from the Care Inspectorate and Healthcare Improvement Scotland, working together. This joint inspection was underpinned by an inspection methodology that includes a set of quality indicators that services are inspected against. The

inspection process is comprehensive and took 24 weeks to complete. The inspection team that undertook the work was made up of inspectors and associate inspectors from both the Care Inspectorate and Healthcare Improvement Scotland, clinical advisers seconded from NHS Boards, and 'lay' inspectors who are carers, and public partner members. The inspection is referred to as the Joint Inspection of Services for Older People and the full inspection report can be accessed [here](#).

The inspection is detailed and the narrative in the full report is an excellent source of information about the health and social care services in Orkney. At a high level, the report concludes with gradings in the nine inspection areas as follows

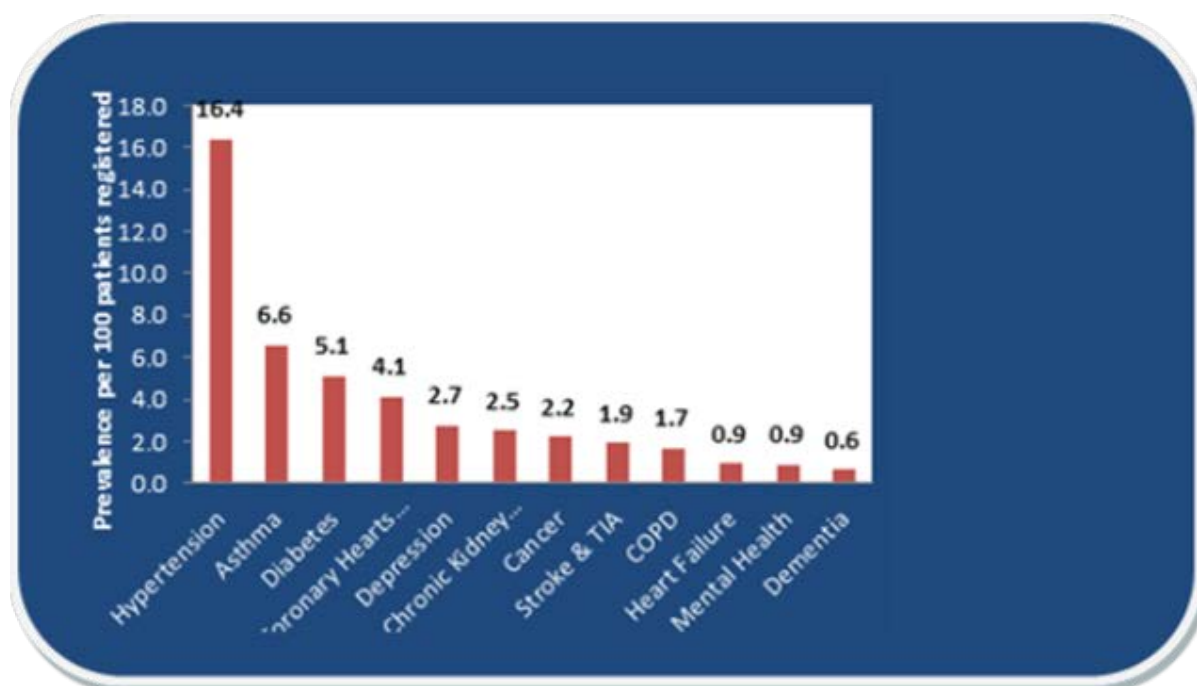
Quality Indicator.		Evaluation.	Evaluation Criteria.
1.	Key Performance Outcomes.	GOOD.	Excellent – outstanding, sector leading. Very Good – major strengths. Good – important strengths with some areas for improvement. Adequate – strengths just outweigh weaknesses. Weak – important weaknesses. Unsatisfactory – major weaknesses.
2.	Getting help at the Right Time.	ADEQUATE.	
3.	Impact on Staff.	GOOD.	
4.	Impact on the Community.	ADEQUATE.	
5.	Delivery of Key Processes.	ADEQUATE.	
6.	Policy Development and Plans to Support Improvement in Service.	ADEQUATE.	
7.	Management and Support of Staff.	GOOD.	
8.	Partnership Working.	ADEQUATE	
9.	Leadership and Direction.	GOOD.	

The inspection report made a number of specific recommendations for action which have been taken into account in action plan section of this report at section three.

4.2. Changes in health profiles - Increasing numbers of people living with long term conditions, and with complex and multiple conditions

The 2011 Census identified that 29.5% of the population in Orkney reported they had at least one long term condition. Hypertension was the most prevalent long term condition in Orkney, a similar pattern can be observed across Scotland.

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



Source: IRF, ISD.

Although dementia appears to be the long term condition with the lowest prevalence in Orkney, accurate estimate of those with dementia are unknown. Alzheimer's Scotland estimates that there would have been 401 people living with dementia in 2015 in Orkney, based on national prevalence data, with approximately 388 of these people being aged 65 and above. However local diagnosis rates do not reach this level. Regardless of current figures, the rate of dementia is expected to rise with an increase in the number of older people in Orkney.

A number of important observations are apparent when looking at the overall patterns in relation to long term conditions:

Numbers of people with one long term condition are rising:

- 650 people age 65-74 had one LTC in 2012/13 rising to 668 in 2013/14 or by 3%.
- 375 people age 75-84 had one LTC in 2012/13 rising to 397 in 2013/14 or by 6%.

Numbers of people with two or more long term conditions are also rising:

- 505 people age 65-74 had two or more LTC in 2012/13 rising to 523 in 2013/14 or by 4%.
- 469 people age 75-84 had two or more LTC in 2012/13 rising to 482 in 2013/14 or by 3%.
- 236 people age 85+ had two or more LTC in 2012/13 rising to 258 in 2013/14 or by 9%.

The Integration Joint Board will want to be assured that staff have the skills and access to resources to support people with long term and multiple conditions and that advice and tools to support them will be available to enable people to manage

their own care as best possible. Networks of advice and support are important in this area and these networks may be in Orkney, or where additional support is required, may work best where they are extended to include other areas of Scotland. The Integration Joint Board also wishes to see services to support people with long term conditions taking a holistic, whole person, approach, rather than focusing on separate conditions at separate times and in separate ways.

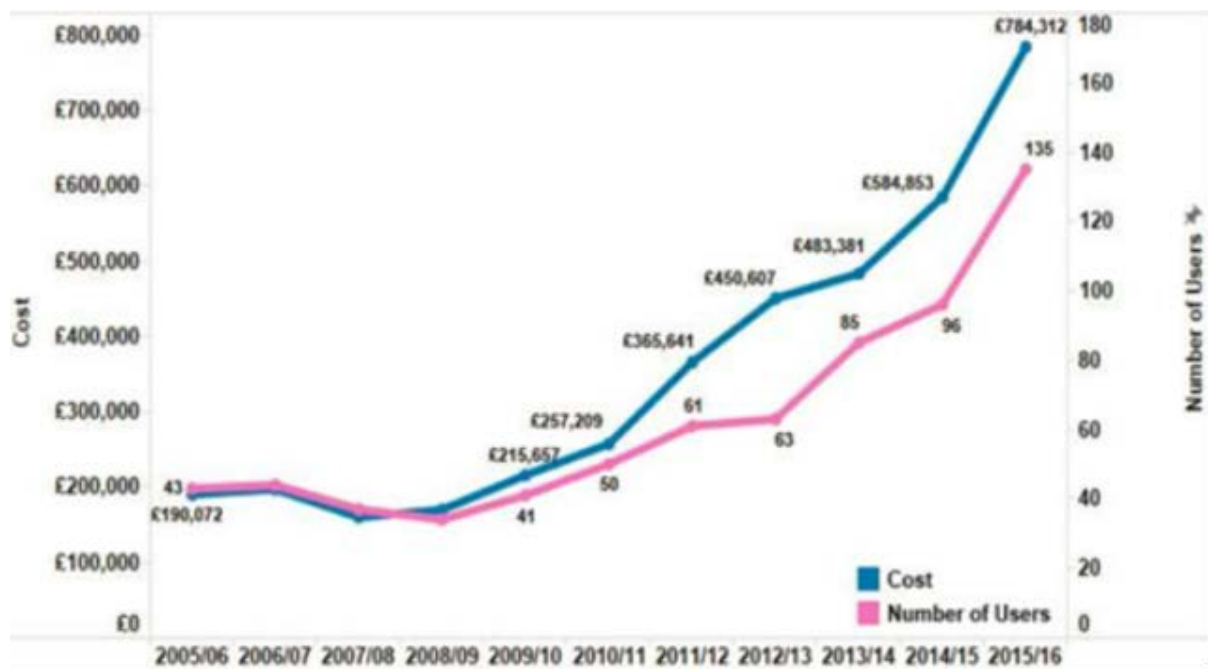
4.3. The challenge in providing necessary health and care services across our island setting

Our geography is an extremely significant factor in how health and care services are resourced, organised and funded, both in terms of the relationship and dependencies between Orkney as a whole and specialist services access on the mainland of Scotland, and also in terms of the relationship between Orkney's islands, and Orkney's mainland. As an island setting, it is inevitable that there are greater costs associated with the provision of front line health and care services than there are in a setting without the geographical barriers that we have.

The Integration Joint Board recognises that while the overall objective is to support people in their own homes via robust generalist services and to provide services closer to home wherever possible, in order to ensure safe and effective care at times of need it can still be necessary for people to access more specialist services on the Orkney mainland, or on the mainland of Scotland. The Board will wish to be assured that where people have to travel for services this is because it is the most appropriate way of receiving those services, and that staff who work in remote areas, in small teams or as lone practitioners have access to a network of support and advice to assist them to respond appropriately in the first instance, where they do not have a the specialist skill to provide all aspect of the required care themselves. As with work in relation to people with long term conditions, this requires a network approach both within Orkney itself, and with partners in the North of Scotland and beyond, for highly specialised services. It also requires a willingness to continue to use and pilot new approaches and virtual forms of consultation, intervention and support where appropriate. A key area of feedback from the isles locality meetings was that while the health and care services provided on the islands are generally very highly regarded, there was a wish to see some specialties visiting more frequently and some specific identified services, namely services for people who need support with their mental health, being more available.

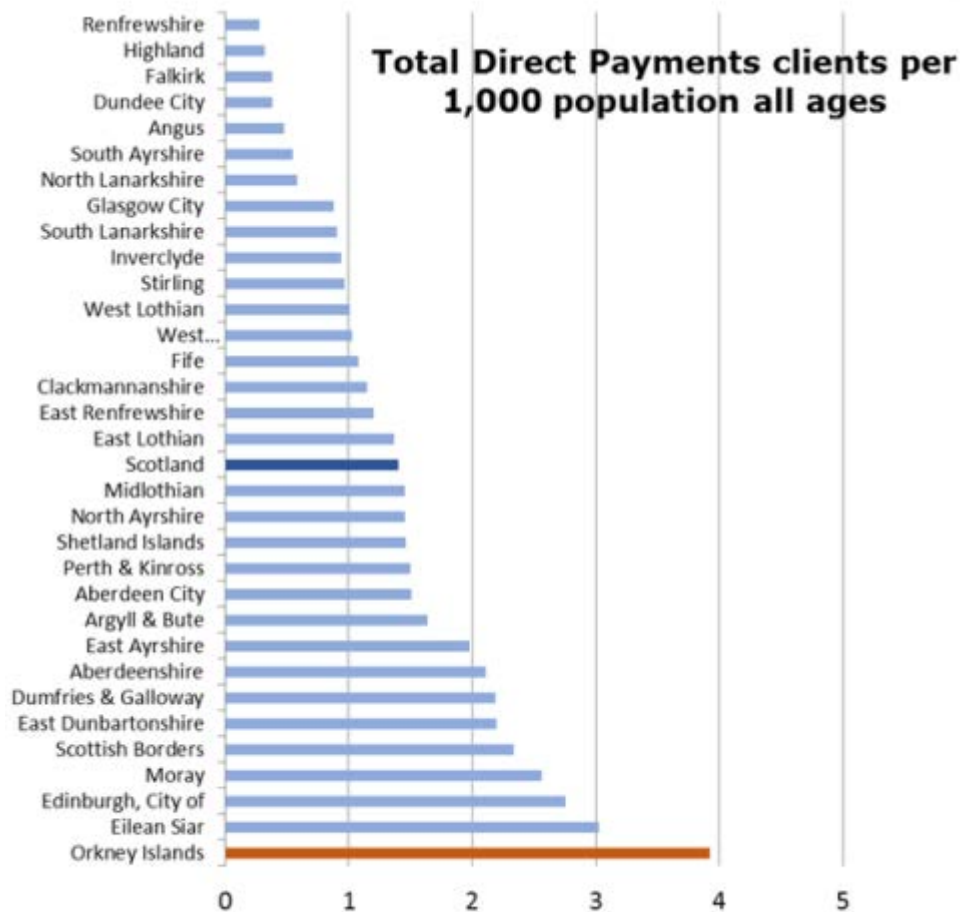
Meeting the challenges of delivery of health and care services across the whole of Orkney also requires services to think imaginatively with people who require care and support about how best that can be provided, recognising that there cannot be a one size fits all approach. Social care services in Orkney have been taking this work forward very successfully, to ensure more people can direct their own care through the promotion of self-directed support and has the highest proportion of direct payment packages per head in Scotland. The growth rate in people receiving a budget rather than a directly provided service, and directing their own support, is illustrated below.

Direct Payment Cost and Numbers of Service Users 2005 – 2016.



Direct payments in Orkney. Source: Orkney Islands Council.

This is positive for people in helping them to achieve their identified health and care outcomes, but it can be a challenge to provide the types of choices people might want to make, across Orkney as a whole, particularly on the islands.



In the original Strategic Commissioning Plan the Integration Joint Board asked that the approach to self-directed support in Orkney be reviewed and this review has taken place. In the refreshed Strategic Commissioning Plan the Integration Joint Board will wish to be assured that the action areas identified in the review are being taken forward in the services it commissions.

The Integration Joint Board will also wish to see services, through the locality planning approach, continuing to work with the third sector to develop new approaches to working with communities, and to consider different roles and ways of working particularly for the most remote and isolated communities in Orkney. The Integration Joint Board will continue to encourage and support innovative use of technology, within a continuous improvement framework, to maximise efficiency and promote service improvement especially in the most fragile communities.

The Integration Joint Board will also look to work closely with partners through the Orkney Community Planning Partnership, known as the Orkney Partnership, to support delivery of its objectives. This is because matters such as digital connectivity, transport and economic sustainability are intrinsically related to how health and social care services are provided and how well people are able to look after their own health and wellbeing and the Orkney Partnership provides the forum to consider these important underpinning issues, along with partnership working in

relation to the Orkney Partnership's three priority areas – positive ageing, healthy and sustainable communities, and a vibrant economic environment.

4.4. Considering how best to support the very small number of people who account for use of the greatest proportion of our health and care services

It is important to think about the possibility of working differently to support the small percentage of our population who use the greatest proportion of health and social care resources. The Scottish Government estimates that in any given year around 2% percent of the population account for 50% of hospital and prescribing costs and 75% of unplanned hospital bed days.

In 2013/14, 2.3% or 393 people in Orkney accounted for 50% of total health expenditure and 68% (13,924) of hospital bed days used.

At any given time the majority of the population is healthy, and a minority requires significant support. Therefore this pattern is natural. However, that does not mean there is no scope to look at different ways of supporting these people. Promoting early intervention, holistic care planning, and self-help and care, may help to reduce this challenge and free up resources to support a 'shift in the balance of practice' from hospital to outreach and community settings. The Integration Joint Board will want to see work done to better understand this area and to look at the scope to support this small percentage of the population differently.

4.5. Working to address the inequalities that people with physical and learning disabilities face

Scottish Government policies aim to support people with learning disabilities and physical disabilities in 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.

The numbers of people with learning disabilities, including complex and co-occurring disabilities being supported to live in the community in Orkney, is growing and there is a need to engage people in how we plan to meet these needs. In addition, people with learning disabilities experience significant health inequalities and it is important that this is recognised and steps take to address this where possible.

The last local Health Needs Assessment on this subject reported in 2011. It identified that at the time there were estimated to be around 450 - 460 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. These are largely people with moderate profound disability. Research indicates that the number of adults with learning disabilities aged over 60 has been increasing and is likely to have a total increase of 36% between 2001 and 2021 (Source: Improving the Health and Wellbeing of people with Learning Disabilities, NHS 2009). This results in increasing demand on services with a corresponding increase in referrals to learning disability services of 21% over the past three years.

The Integration Joint Board will wish to see proposals for the ways in which accommodation, day opportunity and inclusion based services such as those focused on promoting education and employment opportunities will be progressed as well as action taken to begin to proactively support the physical health needs of people with learning disabilities.

4.6. Working to support people with mental health needs

There is a need to support people to be mentally well, recognising that mental health issues are believed to affect one in four of the population over their lifespan, which means a focus on prevention, anticipation and supported self-management, as well as a recovery focussed approach, is central to taking forward mental health policy, as well as ensuring appropriate care is provided for people who require it.

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 (Chief Social Work Officers Report 2014 – 2015). At all the locality level discussions that took place the issue of adequate provision for people with mental health support needs was raised. There was a clear feeling that there was not currently sufficient support available and that was a matter of concern for people.

In addition to seeking to ensure that advice and support is available to people to help them to maintain their mental wellbeing, the Integration Joint Board will wish to see action taken to ensure appropriate services are in place for people who have mental health support needs. This will include ensuring an appropriate mix of skills in those working to support people with mental health needs, and a range of forms of intervention from low level to intensive, in line with the severity of the mental health need. While Mental Health services in Orkney have diversified in terms of the types of interventions available in recent years, including the introduction of a Clinical Counselling Psychologist and Clinical Associates in Applied Psychology to the locally available services and an increased availability of interventions such as Cognitive Behavioural Therapies and Psychological Therapies across a range of services, the profile of service delivery does not reflect the changing demographic pattern for Orkney in that there has been little growth in availability or range of services to support people with dementia. The Integration Joint Board will wish to see this taken into account in service planning along with clear a clear prioritised delivery plan in response to the review of mental health services that was undertaken during 2016.

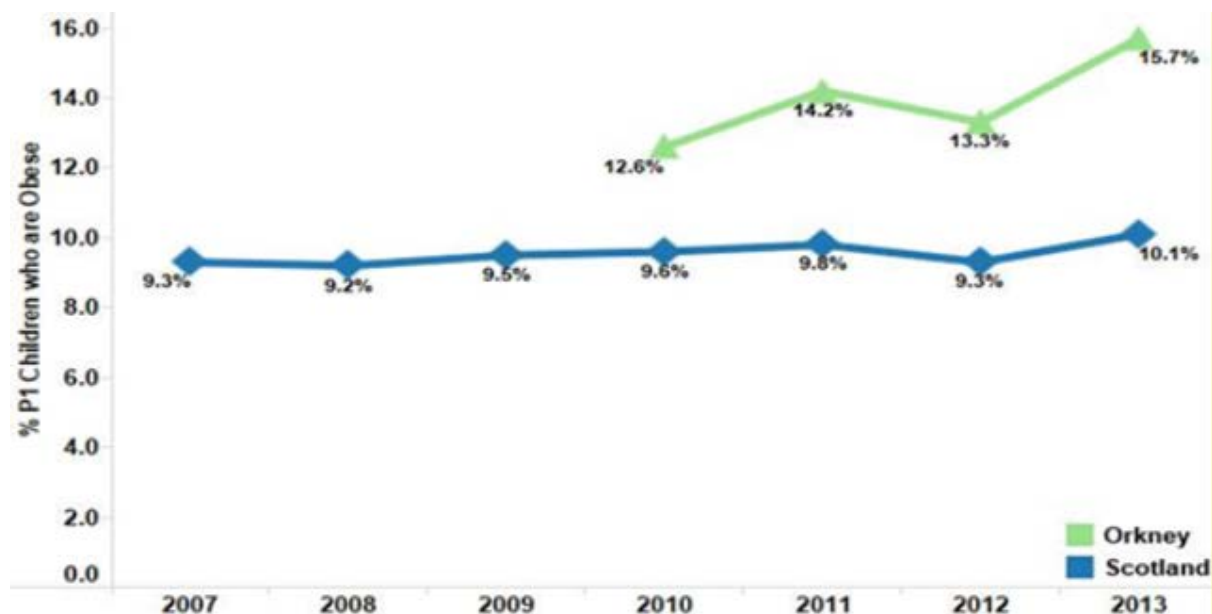
4.7. Working to support Orkney's children and young people to fulfil the Scottish Government's ambition for all of Scotland's children to be successful learners, confident individuals, effective contributors and responsible citizens

The ambition for all of Scotland's children is that they are able to be successful learners, confident individuals, effective contributors and responsible citizens, in line with the Scottish Government's vision. In order to do this they need to be safe; healthy; achieving; nurtured; active; respected; responsible; and included.

Orkney's ambition for children and young people is that Orkney 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.

There are many positive indicators for children and young people in Orkney. Rates of teenage pregnancy and children living in poverty are among the lowest in Scotland however there are areas of concern. The number of children entering early learning and childcare reported as having little to no language was 13% in 2015 and of those children 30% had had no contact with services to support this area of development (Orkney Islands Council Early Learning and Childcare Annual Survey). Orkney also has historically had a high prevalence of childhood obesity, and its significant negative health impacts, and this continues to be an issue for the adult population too.

Percentage of primary 1 age children classed as obese.



There are also 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 34% increase in the number of children on the child protection register (Scottish Government 2014) and Locally we have had increasing numbers of children looked after away from home, with the number more than doubling from the number in 2010. The Integration Joint Board will wish to see action taken to respond to these needs, and provide the best possible outcomes for children and young people who require this type of care, recognising that much of this will be done in partnership with a wide range of services and agencies through the new Children's Services Plan.

The Scottish Government has introduced a new Universal Health Visiting Pathway in Scotland - Pre Birth to Pre School, and the Integration Joint Board will wish to be assured that the objectives of this pathway are also being implemented locally, in a manner that suits Orkney, and that health advice and support is available at the right time to children and young people with additional support needs and their families.

Preventative and early intervention approaches are also areas the Integration Joint Board wishes to see services working to deliver through existing joint planning structures for children's services and linking to the Children's Services Plan.

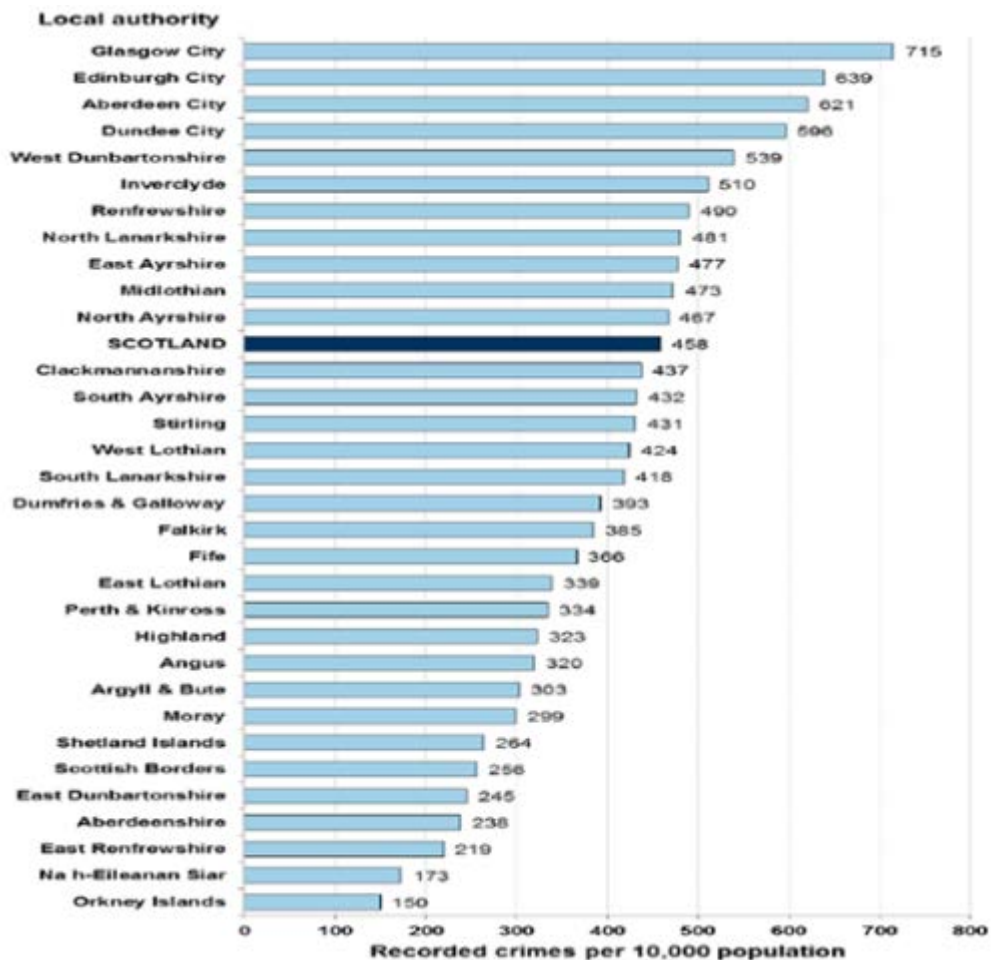
4.8. Planning arrangements for Community Justice are changing

Changes to the planning arrangements for Community Justice Partnerships are underway. Local Community Justice Partnerships will take responsibility for planning at a local authority boundary level from 1 April 2017. Work is in hand to achieve this and 2017 will prove to be an initial year of testing and reflection on how well the new arrangements are working to support positive community justice outcomes.

As planning for Criminal Justice Social Work Services is delegated to the Integration Joint Board this must also be taken into account in the service planning process.

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, reported 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 (Source: Scottish Government Crime and Justice Statistics 2015). Orkney is generally a safe place to live. In 2015 - 2016, Orkney had the lowest crime rate in Scotland. This rate is consistent, and is currently on a slow, downward trajectory along with the other 31 Local Authorities areas in Scotland. During the year, 150 crimes per 10,000 population were recorded, which is well below the national average of 458.

Number of Crimes recorded per 10,000 population.



Source: Scottish Government.

One year reconviction rates for the Northern Community Justice Area (which have been used as a proxy indicator for re-offending), have fallen from 30.7% in 2006 - 2007 to 25.1% for the group 2013 – 2014. 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 well 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 2016, for the 2013 – 2014 “Offender Cohort”, and stand at Scotland 28.3%, Northern CJA Area 25.1%, Orkney Area 13.8%.

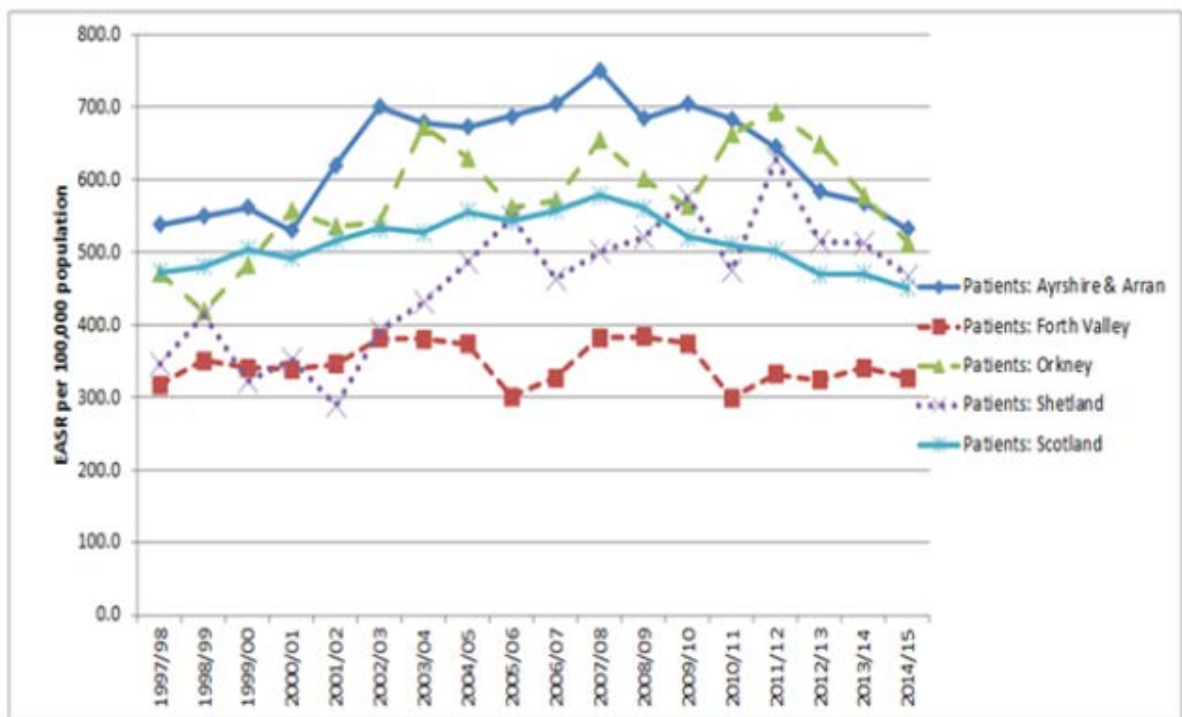
The local Community Justice Partnership has undertaken a local Community Justice Needs Assessment which is available [here](#).

4.9. Tackling alcohol and drug misuse, and the harm they cause, continues to be an area of work in Orkney

Alcohol misuse, and its negative effects, is widely agreed to be a significant issue in Orkney. 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, and stress on individuals and families.

Alcohol related admissions (number of patients admitted per 100,000 population).

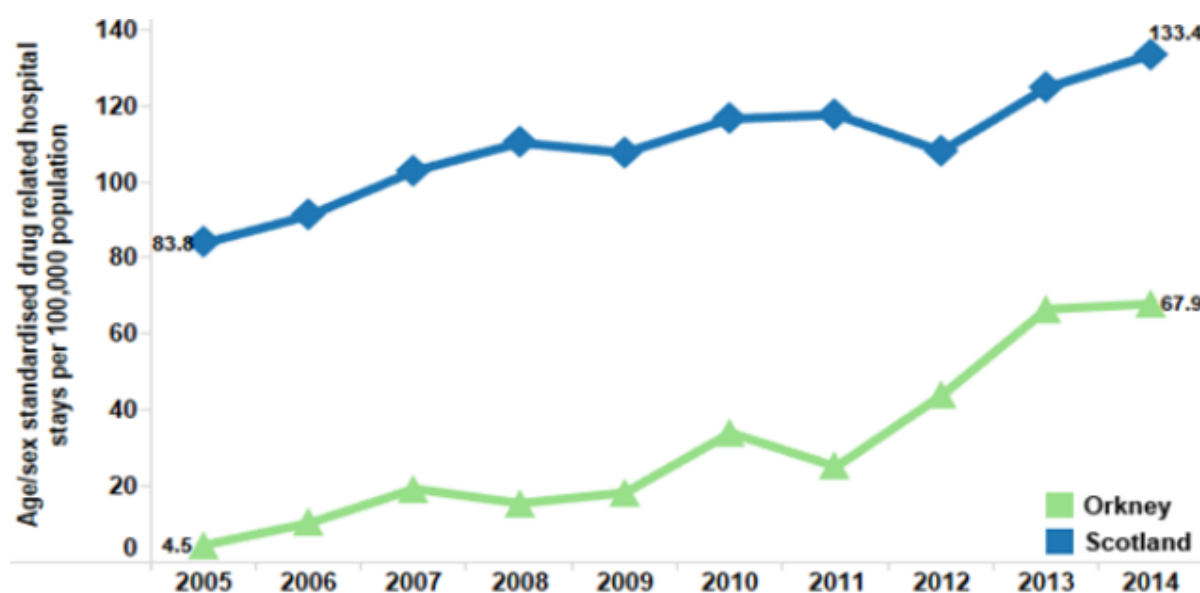


Source: Information Services Division, October 2016.

Drug use can also lead to significant problems within Orkney as it does in Scotland as a whole. The estimated prevalence of problem drug use in both males and females is significantly lower in Orkney than Scotland. This could be attributed to some drugs being harder to obtain in an isolated Island community, which is potentially reflected in the number of students aged 15 that are offered drugs in Orkney, which, according to ScotPHO data is consistently below the national average, however prevalence appears to be rising.

Overall drug related hospital stays in Orkney are significantly lower than the Scottish average, however the rate has seen a gradual upward trend from 22.6 per 100,000 population in 2004 - 2005 to 45.1 per 100,000 in 2013 - 2014. While this is clearly a source of concern, being a significant growth in Orkney, this rate compares favourably with the national rate which rose from 85.4 to 116.6 per 100,000 during the same time period. The use of New Psychoactive Substances (NPS), or 'legal highs' has increased significantly over recent years, as it has done across Scotland, and awareness raising of the risks of this type of substance misuse will be an important part of the local response to this concerning area.

Age-sex standardised drug related hospital stays per 100,000 population.



Source: ScotPHO.

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 available funding is allocated through an ADP commissioning process, built on a clear set of outcomes to be delivered. While the Integration Joint Board ultimately has the strategic planning responsibility for this area, it aims to be informed by the ADP group and will want to see the services it commissions working closely together through this forum as part of this collective partnership approach to this significant issue.

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

4.10. There is a need to support unpaid carers

Unpaid carers make a huge contribution to supporting people with health and care needs in the community. 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 aged 55 to 64 and another 34% were aged 65 and above (Census 2011).

The actions set out in section three of this report contribute to delivery of the Scottish Government's Health and Social Care Integration Core Data Suite – national indicator 8, 'the percentage of carers who feel supported to continue in their caring role'. Most up to date local performance is for the period 2014 - 2015 and was 43% against a Scottish average of 41%.

New legislation due to come into force soon will place additional duties on health and care services to ensure carers are offered access to assessments of their own support needs, and to the information, advice and services they require. It has been identified that carers in Orkney are not routinely being offered these assessments at

present, and where they are being offered and accessing assessment, the outcome of that assessment is not routinely shared with staff and services that would benefit from having access to the information. The Integration Joint Board will wish to see improvements in this key area of support along with a local action plan for the implementation of the new national Carers Strategy when this is published.

5. National Context

5.1 The Scottish Government's Health and Social Care Delivery Plan

In December 2016 the Scottish Government set out its agenda for health and social care services up to 2021 in a Health and Social Care Delivery Plan which can be accessed [here](#). The plan aims to respond to the national challenges in delivering health and social care services, which were most recently highlighted in the Audit Scotland report NHS in Scotland 2016 which can be accessed [here](#). The Audit Scotland report identified that while there have been great improvements in the way health services are delivered, and in people's general health, life expectancy and patient safety over the past 10 years, there continue to be considerable challenges in meeting the increasing demand for health services in a climate of financial challenge.

The Scottish Government's Health and Social Care Delivery Plan focusses on three areas, as follows, often referred to as the 'triple aim':

- We will improve the quality of care for people by targeting investment at improving services, which will be organised and delivered to provide the best, most effective support for all (better care).
- We will improve everyone's health and wellbeing by promoting and supporting healthier lives from the earliest years, reducing health inequalities and adopting an approach based on anticipation, prevention and self-management (better health).
- We will increase the value from, and financial sustainability of, care by making the most effective use of the resources available to us and the most efficient and consistent delivery, ensuring that the balance of resource is spent where it achieves the most and focusing on prevention and early intervention (better value).

Across those aims the Scottish Government describes the delivery of its actions as being driven by four major programmes of activity as follows:

- Health and social care integration.
- The National Clinical Strategy.
- Public health improvement.
- NHS Board reform.

In relation to the first programme of activity, which is the area of direct interest to the Integration Joint Board, the Scottish Government sets out three key areas for action:

- Reducing inappropriate use of hospital services.
- Shifting resources to primary and community care.
- Supporting capacity of community care.

The second programme of activity is also of direct interest to the Integration Joint Board although elements of it relate to services that are not the strategic planning responsibility of health and social care partnerships. It is broken down into the following area for action:

- Strengthen primary and community care.
- Improve secondary and acute care.
- Focus on realistic medicine (Click [here](#) for the realistic medicine report by the CMO).

The final two workstreams also have areas of relevance to the Integration Joint Board, particularly in terms of the responsibility to work jointly with NHS services not delegated to the Board for strategic planning. The delivery plan goes on to specify the vision for these areas further. The detail is not repeated in this document.

The actions set out in this refresh of the Strategic Commissioning Plan aim to align with the direction of the Health and Social Care Delivery Plan. This plan does not go into detail on the full range of activity identified by the Scottish Government in the delivery plan, but that information can be found in the full delivery plan document.

5.2. Audit Scotland Report – Health and Social Care Series, Social Work in Scotland

In addition to the Audit Scotland report ‘NHS in Scotland 2016’, Audit Scotland also produced an audit report on the national position for social work and social care services in Scotland in 2016 which can be accessed [here](#). The key messages from this report were very much in line with the messages in the NHS audit in that there is a significant challenge in delivering demand led social work and social care services in Scotland in the context of reduced funding to local authorities. The report highlighted the need to work with communities to find different ways of providing support to those who need it through building community capacity. It also acknowledged the more complex governance landscape that the creation of Integration Joint Boards had brought with it and emphasised the need for local partners to work together to make the new arrangements effective and ensure that Council elected members retain a clear assurance and scrutiny role for the statutory services that they continue to be responsible for.

The actions set out in this refresh of the Strategic Commissioning Plan aim to align with the recommendations of the Audit Scotland report.

5.3. Audit Scotland Report – Health and Social Care Series, Changing Models of Health and Social Care and Reshaping Care for Older People Impact Report

In March 2016 Audit Scotland considered how well work was progressing on changing the traditional and unsustainable models of health and social care across Scotland. The report can be accessed [here](#). In May 2016 Audit Scotland Published the Reshaping Care for Older People Impact Report. The full report can be access [here](#). Both reports reflected on the national position and how well work was progressing on the identified challenges. Key messages were that although there was evidence of new approaches, and change, the pace of change was not fast enough to meet the growing demand. The Integration Joint Board has considered

this report and has aimed to reflect change efforts and different ways of working in its plans.

Audit Scotland will undertake further audits of local partnerships, and national progress overall, in the coming year, which will provide further analysis that the Integration Joint Board will review.

Appendix 2 – Financial Framework

In real terms, demand for health and social care services is rising, while available public spending is falling.

Over the coming years the Integration Joint Board 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.

It will be necessary for services to demonstrate that they make a positive impact on delivering the outcomes that matter and they are cost effective. If they cannot demonstrate this, the Integration Joint Board will look to have those services delivered differently, or not at all. Cost benefit analysis should become part of strategic planning.

Within the IJB there are payments made from the two parent bodies which are NHS Orkney and Orkney Islands Council.

The current and indicative budget for the remainder of this plan is as follows;

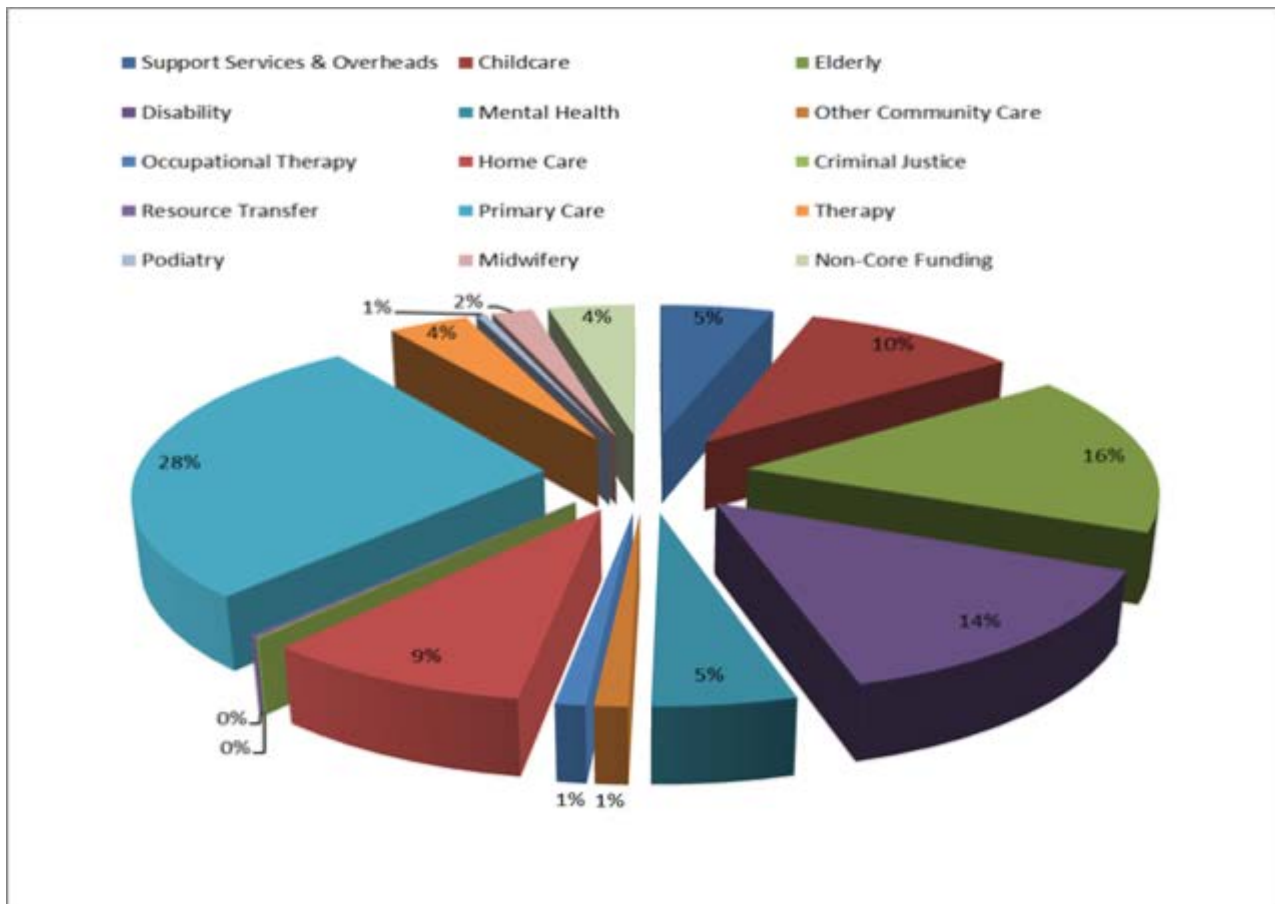
	Initial Budget 2017/18 £000.	Indicative Budget 2018/19 £000.
Orkney Islands Council.	17,660.7	17,308.5
NHS Orkney.	21,463.0	20,820.1
	39,123.7	38,128.6

Within the previous Strategic Commissioning Plan the Community Prescribing budget (£4.411m) was not included within the NHS Orkney element of the budget. This budget is now included within the figures stated above for 2017/18 onwards.

All savings targets have been applied and deducted from the budgets. However, if there are overspends at the year end, the Council and Health Board can carry this overspend which will result in less spending power for this and future financial years.

There are still significant revenue reductions anticipated for future years. Therefore as a prudent approach we are assuming a 2% cut in Council funding and a 3% cut in Health Board's future year's allocations.

The initial budgets have been allocated to the following services as follows:



Throughout the year there will be budget movements between functions within the financial year as most budgets are not ring fenced and may be reallocated to service pressure areas.

In addition to the resources for which the Integration Joint Board has direct responsibility there is also a requirement to jointly plan wider aspects of the local overall health service alongside NHS Orkney within the set aside budget.

The direction of the joint planning work can be found in NHS Orkney's Local Delivery Plan for 2017 - 2018. This will be further developed in NHS Orkney's regional delivery plan which will be produced in September 2017 and will contain some areas of relevance to the Integration Joint Board.

The Performances Framework that has been developed for the Integration Joint 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.

Appendix 3 – Performance Framework

The Integration Joint Board has a planning, commissioning and oversight role. The Integration Joint Board in its oversight role will expect timely performance management information and assurance from service providers. To avoid any duplication or added bureaucracy the Integration Joint 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 Integration Joint 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.

Work continues around the development of some specific areas of measurement and as such the measures set out in the action plan and performance framework may be revised over time as testing identifies improvements to the measures that are included at the time of drafting.

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

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.
Drug and alcohol	90% of clients will wait no longer than 3 weeks	LDP Standard.	1,4.	Bi-Annual.

Indicator Name.	Description.	Requirement.	National Health and Wellbeing Outcome.	Current Frequency.
treatment.	from referral received to appropriate drug or alcohol treatment that supports their recovery.			
18 week Referral to Treatment.	90% of planned / elective patients to commence treatment within 18 weeks of referral for services Commissioned by Orkney Health and Care.	LDP Standard.	3,4.	Bi-Annual.
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 Child per Week.	LGBF.	4,9.	Annual.
Looked After Children – Gross (residential).	Gross Costs (Looked After Children in Residential) (£000s).	LGBF.	4,9.	Annual.
Looked After Children – Children (residential).	Number of Children (residential).	LGBF.	7.	Annual.

Indicator Name.	Description.	Requirement.	National Health and Wellbeing Outcome.	Current Frequency.
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).	Number of Children (community).	LGBF.	7.	Annual.
Looked After Children (Balance).	Balance of Care for looked after children: Percentage 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.
Home Care – Gross.	Total Homecare (£000s).	LGBF.	9.	Annual.
Home Care – Hours.	Care Hours per Year.	LGBF.	2,9.	Annual.
SDS – Adult Spend.	SDS spend on adults 18+ as a percentage of total social work spend on adults 18+.	LGBF.	9.	Annual.
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.	Percentage of people 65+ with intensive needs receiving care at home.	LGBF.	2.	Annual.
Quality of Services.	Percentage of Adults satisfied with social care or social work services.	LGBF.	3.	Annual.
Finance – Older People	Older persons (over 65's) Residential Care	LGBF.	9.	Annual.

Indicator Name.	Description.	Requirement.	National Health and Wellbeing Outcome.	Current Frequency.
Residential.	Costs per week per resident.			
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 was provided.	NCI.	2,3.	N/A.
Coordination of Services.	Percentage of adults supported at home who agreed that their health and social care services seemed to be well coordinated.	NCI.	2,3.	N/A.
Adult Support.	Total percentage 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.

Indicator Name.	Description.	Requirement.	National Health and Wellbeing Outcome.	Current Frequency.
Carers' Support.	Total combined percentage of 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). Local target reduction of 264 total for 2017 / 2018.	NCI. Integration Performance Indicators as defined by Scottish Government.	4.	N/A.
Emergency Bed Day.	Emergency bed day rate (per 100,000 population). Local target reduction of 1311 total for 2017 / 2018 for emergency bed days across all acute specialties.	NCI Integration Performance Indicators as defined by Scottish Government.	4.	N/A.
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. No specific improvement target set for this area.	NCI. Integration Performance Indicators as	2.	N/A.

Indicator Name.	Description.	Requirement.	National Health and Wellbeing Outcome.	Current Frequency.
		defined by Scottish Government.		
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). The target will initially be to reduce non code 9 reason delays by 50%, from 882 in 2016 to 441 in 2017, a reduction of 441.	NCI Integration Performance Indicators as defined by Scottish Government.	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 – 72 hours.	Percentage of people who are discharged from hospital within 72 hours of being ready.	NCI.	2,3.	N/A.
End of Life – Finance.	Expenditure on end of life care, cost in last 6 months per death.	NCI.	9.	N/A.

Indicator Name.	Description.	Requirement.	National Health and Wellbeing Outcome.	Current Frequency.
A and E Attendances.	Numbers of attendances at A and E. A target of a reduction of 297 attendances in the year 2017 / 2018.	Integration Performance Indicators as defined by Scottish Government.	4.	TBC.
Balance of care.	Percentage of population in community or institutional settings. No specific improvement target has been set in this area for 2017 / 2018.	Integration Performance Indicators as defined by Scottish Government.	2,3.	TBC.
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: 1. Foster Care. 2. Residential.	NOS (Children, Young People and Families).	4,7.	Annual.
Child Protection.	Number of Children and Young People on Child Protection Register.	NOS (Children, Young People and Families).	4,7.	Annual.

Indicator Name.	Description.	Requirement.	National Health and Wellbeing Outcome.	Current Frequency.
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.
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.

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.