Strategic Commissioning Implementation Plan 2021 – 2022

Integration Joint Board

Version.	Draft Strategic Commissioning Implementation Plan 2021/22.
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Date Approved by IJB.	30 June 2021.
Date for Review.	31 March 2022.

Contents

Executive Summary

This Strategic Commissioning Implementation Plan 2021-2022 sets out the detail of how the vision and strategic objectives within the Strategic Plan 2019-2022 are to be achieved within the remainder of the period of the Strategic Plan. It also lays out the improvement priorities and outcomes – both national and local - for the Integration Joint Board (IJB) in relation to the health and social care delegated functions in the Integration Scheme. These are presented in the context of the Medium Term Finance Plan. The Strategic Commissioning Implementation Plan provides overall direction to our valued partners – Orkney Islands Council, NHS Orkney and the third sector - in how the resources available to the IJB are to be used to meet these strategic priorities and improvement plans for the benefit of the Orkney public.

The Strategic Commissioning Implementation Plan should be understood in its wider context, linking to the suite of strategic documents that has been produced to show how good quality, person-centred practice needs to be delivered across all our services, such as the Mental Health Strategy, Dementia Strategy, Learning Disability Strategy, Integrated Children's Services Plan etc. These documents provide not only the details of the IJB's commissioning intentions for 2021-2022, but for future years depending on the period covered by each strategy.

To achieve the priorities set out in the Strategic Plan, the third sector is key in providing the integrated services for the community of Orkney, as well as NHS Orkney and Orkney Islands Council, seeking to address common challenges and develop supports and services that will be of value to the people who use them and for their carers.

1. Introduction

Following on from the publication of the Orkney 'Strategic Plan 2019-2022 – Planning for our Future,' this Strategic Commissioning Implementation Plan (SCIP) seeks to outline the detailed commissioning intentions over the period of the Strategic Plan to help reshape our services in the face of anticipated demographic, financial and workforce challenges.

The Coronavirus pandemic has presented significant issues for health and social care services and, in an ideal world, a fresh Strategic Plan would have been helpful from 2021 onwards to address the impacts of the pandemic, revisiting the priorities of the existing Strategic Plan 2019-2022. However, the development of a new three-year Strategic Plan takes significant planning, and would have required the initial commissioning of a refreshed strategic needs assessment as an evidence base for the commissioning and de-commissioning of services at a time that we were going into national lockdowns due to the pandemic. These lockdowns required the Senior Management Team of Orkney Health and Care and Public Health Scotland to focus on the immediate concerns of public health protection. Therefore, this SCIP 2021-22 (for the one year remaining within the three-year span of the current Strategic Plan 2019-22) has been developed based on both the priorities of the existing Strategic Plan and also with a firm focus throughout on recovery from the impacts of the Coronavirus pandemic, The SCIP also presents a sharpened focus on the existing key priority of improvement in services for children and young people. Planning ahead, a comprehensive joint strategic needs assessment has now been commissioned through Public Health Scotland which will inform the priorities for the Integration Joint Board's next Strategic Plan, 2022-2025. This plan will combine the refreshed needs assessment, the IJB's strategic commissioning intentions, the detailed implementation plan and the market facilitation statement into one strategic commissioning plan.

It is a Scottish Government requirement that the SCIP sets out the commissioning intentions of all services delegated to the Integration Joint Board. Our proposals have focused in more detail on particular service areas which the partnership considers are ready for change and development over the year 2021 to 2022, or have the potential for significant, positive impact in improving outcomes for the individuals who use our services and their families within this limited timeframe.

Our commissioning intentions are shaped around both the strategic priorities as set out in the Strategic Plan and our remaining vital statutory services. The agreed strategic priorities are:

- Developing Community Hubs.
- Valuing and Supporting Unpaid Carers.
- Mental Health.
- Supporting Children and Young People.

- Improving Primary Care.
- Promoting Self-Management.
- Revisiting Models of Care.

There are nine national health and wellbeing outcomes which apply to integrated health and social care and these are also a focus of the SCIP:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
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.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities
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.
7. People who use health and social care services are safe from harm.
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.
9. Resources are used effectively and efficiently in the provision of health and social care services.

We have recognised the highly significant impact of the Coronavirus Pandemic on the people who need our services and the resulting service changes have been incorporated into the SCIP.

Clearly, we must highlight the challenging national and local financial context in which we plan for the future, exacerbated by the economic impacts of the Coronavirus pandemic.

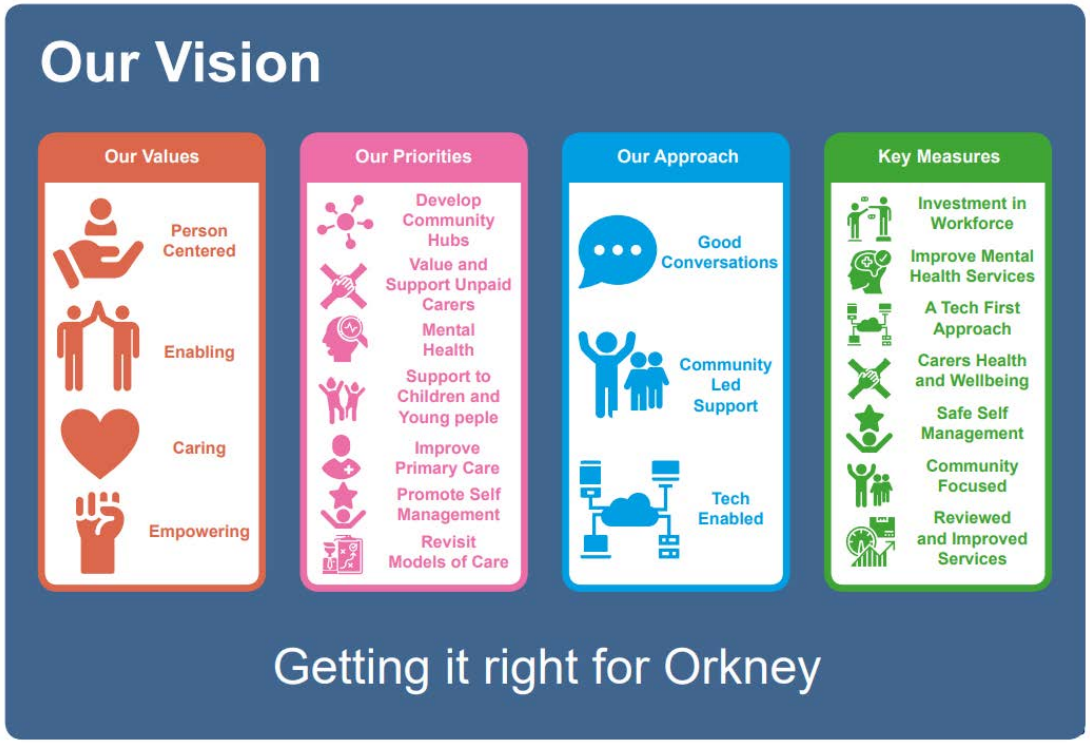
We must also acknowledge the publication of the Independent Review of Adult Social Care in Scotland, the remit of which was to recommend improvements to adult social care. This report recommends changes in the role of IJBs in 'commissioning for public good' which, depending on the Scottish Government's response to the report, could significantly reshape IJBs and their commissioning role.

We recognise that our intentions will be of interest to many stakeholders including those from the independent, third and housing sectors from which we presently commission services or those from whom we may do so in the future.

With this in mind, the previously approved Market Facilitation Statement is incorporated into this plan as Appendix One. The Statement offers additional information that is intended to be of value by helping to enhance awareness and understanding of our local health and social care marketplace. We aim to sustain existing relationships and align our respective organisational aims and ambitions in the future.

2. Visions, Values and Priorities

Given the diversity and complexity of the IJB's delegated functions and the interdependency with the IJB's partner organisations, Orkney Islands Council and NHS Orkney, it is crucial that all our developments and activities are strategically coherent and co-ordinated and that there is a strong, clear alignment with our vision, values and priorities.



Our vision, values and priorities are expressed in each and every one of our strategic policies or plans and we seek to evidence these in all of our current activities and future developments.

3. Our Approach to Commissioning

Our approach to commissioning is shaped by the Scottish Government's guidance on strategic commissioning plans which defines strategic commissioning as:

"all the activities involved in assessing and forecasting needs, linking investment to agreed outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place."

We see commissioning as collaborative decision-making about how to achieve defined, agreed and jointly owned outcomes, generating a broader and more innovative range of options, as set out in the Scottish Government's commissioning diagram, at Figure 1 below, where the person is always at the centre. Our focus will be on innovation, efficiency and continuous improvement of the health and wellbeing of all those living in Orkney and reduction of the health inequalities that exist in our community.

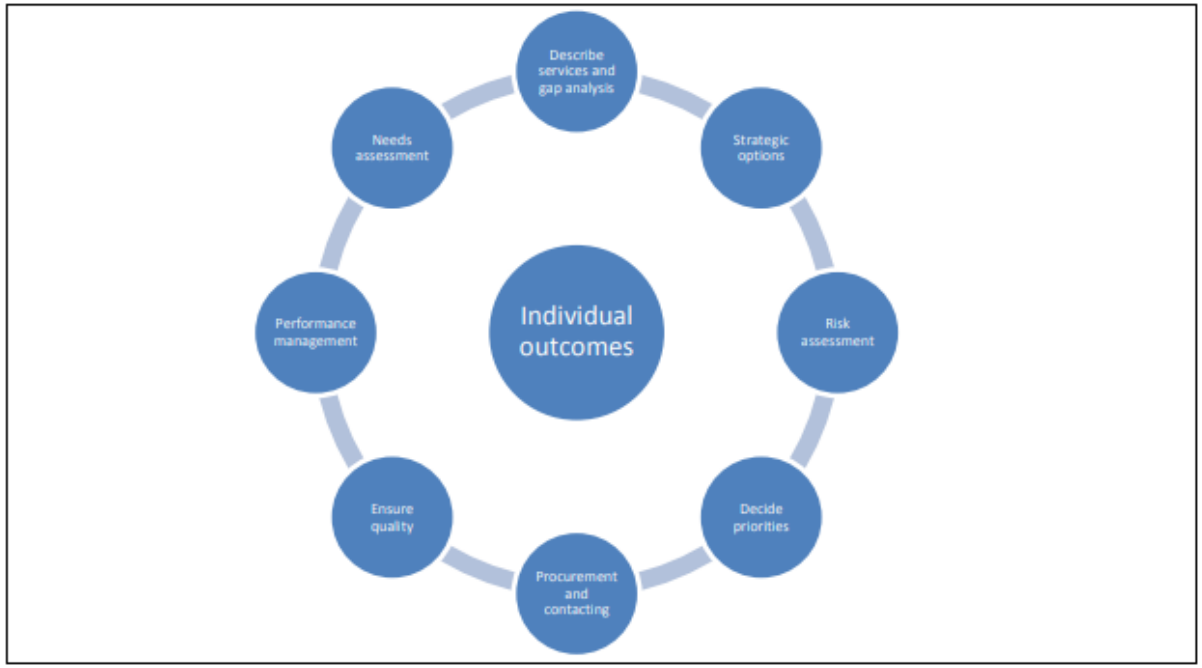


Figure 1, Page 10, Strategic Commissioning Plans Guidance.

To achieve our vision of effective strategic commissioning, we will work towards embedding the eight principles of good commissioning into our practice as follows:

- Understanding the needs of users and other communities by ensuring that, alongside other consultees, you engage with the third sector organisations, as advocates, to access their specialist knowledge.
- Consulting potential provider organisations, including those from the third sector and local experts, well in advance of commissioning new services, working with them to set priority outcomes for that service.
- Putting outcomes for users at the heart of the strategic planning process.
- Mapping the fullest practical range of providers with a view to understanding the contribution they could make to delivering those outcomes.
- Considering investing in the capacity of the provider base, particularly those working with hard-to-reach groups.
- Ensuring contracting processes are transparent and fair, facilitating the involvement of the broadest range of suppliers, including considering sub-contracting and consortia building, where appropriate.
- Ensuring long-term contracts and risk sharing, wherever appropriate, as ways of achieving efficiency and effectiveness.
- Seeking feedback from service users, communities and providers in order to review the effectiveness of the commissioning process in meeting local needs.

3.1. The Coronavirus pandemic: providing safe service and recovery

Clearly, and as stated in the introduction, almost all our services have been reshaped during 2020/21 in line with Scottish Government restrictions due to the Coronavirus pandemic and our remobilisation planning. These changes are anticipated to continue within the period of this plan, and into the future, as we also adapt our services to ensure they are future-proofed in light of the pandemic. Our main focus in 2021/22 must be on continuing to ensure that we provide vital health and social care services safely for our service users, patients and carers, taking account of the varying restrictions which reflect the changing course of the pandemic. We are also continuing to focus our services on addressing the impacts on the individual health and wellbeing of our service users, patients and carers, through all our services and our mental health service in particular. We will also continue to lead the multi-agency ‘Care for People’ resilience group in line with our statutory duties in relation to emergency planning to ensure that changing needs are addressed. Protection and recovery from the pandemic are not new for 2021/22, but they should be read as implicit throughout our objectives and outcomes for this SCIP and one of the two key priorities for our leadership team (the other being improvements in the protection of children and young people). A word about capacity in relation to the Coronavirus

pandemic: we are committed to achieving the strategic aims of our approved IJB strategies, reflected in the objectives within this SCIP, but should the pandemic require greater senior leadership capacity, this, and child protection, will continue to be our key priorities.

3.2. Ensuring we make the right links

Nationally, there is an ambitious and wide-ranging legislation and policy agenda for the provision of health and social care, both in terms of individual support and protection where needed through to a broader population health and inequality perspective in relation to the development and implementation of stronger collaborative approaches to strategic commissioning and service delivery. Locally, the IJB has already approved a range of strategies which set out our commissioning intentions for service users, for example our Dementia Strategy, our Learning Disability Strategy and our Mental Health Strategy. We also have existing policies in relation to adult and child support and protection. It is important that these national and local strategies and policies inform our commissioning intentions within the SCIP.

A key emphasis of our approach is the anticipated positive impact on individual experiences and outcomes. Through an appropriate and consistent focus on prevention and early intervention alongside an integral enablement approach, we will seek to support people through their lives. We will avoid a uniform, one-size-fits-all commissioning approach but instead strive to have good conversations with the people we support and their carers to co-produce plans, taking account of their views and rights in helping them to live their best life.

Supporting our unpaid carers is a key thread that runs through all of our developmental and operational activities. The Orkney Health and Care Carers' Strategy 2019 to 2022 demonstrates how we will fulfil the requirements of the Carers (Scotland) Act 2016 (Adult Carers Support Plans/Young Carers Statements, Information and Advice services, Short Breaks statement) and our wider ambitions to support carers to have a meaningful life alongside that caring role if they so choose.

Our Workforce Plan (2020 to 2022) states we will continue to support and develop a skilled and valued workforce, including the third sector, valuing those staff who make such a significant contribution to the wellbeing of others so that individuals are able to live longer, healthier lives at home, or in a homely setting. The dedication and commitment of this workforce has always been recognised by service users, carers and employers. We must continue to seek ways to do more to support and value our staff, who have provided outstanding, selfless service during the Coronavirus pandemic, working to protect and support service users at time of heightened risk to themselves and their families.

Delivering a seamless experience to those who use our health and care services requires us to be as strategically coherent and co-ordinated in practice as possible. This involves all our partner organisations and stakeholders, working together to co-design and co-produce the solutions to the challenges that we face now and that we will face in the future.

3.3. Our localities

In line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 we have identified 2 localities (Non linked islands, and the Orkney Mainland).

The purpose of creating localities is to provide an organisational mechanism for local leadership of service planning, to be fed upwards into our strategic commissioning intentions and activities.

The respective Locality Leadership Groups have a pivotal role in bringing together individuals and organisations to discuss the needs of the local populations and how these might be best served.

The Locality Plans will reflect the overarching ambition and direction previously set out in the Strategic Plan and, additionally, they will show where other activities and supports can be developed that will minimise the isolation and loneliness experienced by a great many individuals, strengthen community bonds and improve the health and wellbeing of the local population.

Locality Managers will progress with these plans in consultation with multi-disciplinary teams that engage with the third and independent sectors, once these teams are more developed.

3.4. Quality

The quality of the services that we commission and what this means for the personal experiences and outcomes of the individuals who use our services and their carers are very important to us.

It is important for the IJB, the health and social care partnership and the partners to know and understand how well we are doing in relation to the nine national health and wellbeing outcomes, but it is also crucial that we know and understand what positive difference we are making to people's individual health and wellbeing and their experiences of the services that we provide through qualitative feedback. That is why we have invested in a performance and planning officer to develop an improved performance framework for all stakeholders, and filling the gap in local performance information to support improvement.

Our ambition is to be recognised as a high-performing partnership and for that to happen, all our services across the health, social care, third and independent sectors must aspire to deliver effective, good quality services.

Our own improvement activities and quality assurance processes as well as positive, supportive relationships with the Care Inspectorate, Health Improvement Scotland and other regulatory bodies will help us to deliver safe, responsive and effective activities and services.

3.5. Financial Context

Demand is rising significantly because of changing demographics, whilst in real terms, available public spending is reducing. Over the next few years, the Orkney IJB will be required to balance its commissioning decisions to support change alongside its decommissioning decisions, which will enable NHS Orkney and Orkney Islands Council to deliver year-on-year efficiencies in order to sustain priority services. A financial summary of current services delegated to, and commissioned by, the IJB is attached as Appendix Two.

The Medium Term Financial Plan (link in Executive Summary above) illustrates the current and future pressures on Health and Social Care Partnerships and how we need to close the financial gap.

A significant three year savings target of £4.2 million - of which only £259.4K has been identified as recurring - highlights the urgent need to change how the IJB commissions its services and how these are delivered by Orkney Islands Council and NHS Orkney through the Health and Social Care Partnership. In addition to the ongoing efficiency activity carried out by Orkney Health and Care through the budgetary processes of both NHS Orkney and Orkney Islands Council, we have held two finance workshops to highlight the challenges and involve staff in looking at ways that we can do things differently. The Senior Management Team of OHAC will also hold a series of meetings jointly chaired by the NHS Orkney Director of Finance and the IJB Chief Officer to identify further efficiencies through best value principles. A Council review of third sector commissioned services will also be undertaken led corporately by the IJB Chief Officer.

4. Our Commissioning Intention

4.1. Overview

Our overall commissioning intentions are to shift the balance of care to enhanced, community-based models. This will require us to reshape our overall provision across many different areas but our initial areas of focus will be as set out in the following ten main strategic priorities and delegated services:

1. Strategic Priority One: Developing Community Hubs.
2. STRATEGIC PRIORITY TWO: Valuing and Supporting Unpaid Carers.

3. STRATEGIC PRIORITY THREE: Mental Health.
4. STRATEGIC PRIORITY FOUR: Supporting Children and Young People.
5. STRATEGIC PRIORITY FIVE: Improving Primary Care.
6. STRATEGIC PRIORITY SIX: Promoting Self-Management.
7. STRATEGIC PRIORITY SEVEN: Revisiting Models of Care.
8. SERVICE AREA: Criminal Justice.
9. SERVICE AREA: Health and Community Care, and other Primary Care Services.
10. SERVICE AREA: Crosscutting Services.

The first seven areas listed here are the strategic priorities set out in the Strategic Plan 2019-2022 and the remaining three address the delegated service areas which are not considered through the 7 priorities. The addition of the latter three service priorities is to meet the requirement of the Scottish Government Guidance on Strategic Commissioning Plans (see link at the start of section 3 above) to ensure that all delegated services are addressed within the Commissioning Plan.

For each of these ten areas, we set out our commissioning intentions, transformational change that needs to take place as appropriate and the objectives and outcomes we are seeking for service users, patients and carers, and the costs. Clearly, and as stated in the introduction, almost all our services have been reshaped during 2020/21 in response to the changing needs of our services users and patients, and in line with Scottish Government restrictions due to the Coronavirus pandemic and our remobilisation planning. These changes are anticipated to continue within the period of this plan, and into the future, as we also adapt our services to ensure they are future-proofed in light of the pandemic.

5. Strategic Priority One: Developing Community Hubs

5.1. Outline

It is identified in the Strategic Plan that ‘we want to change the culture and practice of community health and social work delivery so that it becomes more clearly value-driven, community focused in achieving outcomes, empowering of staff and a true partnership’.

In early 2019 the Integration Joint Board commissioned the National Development Team for Inclusion (NDTi) to assist us in developing a Community Led Support approach. Community Led Support is based on seven principles:

- Co-production brings people and organisations together around a shared vision.
- There has to be a culture based on trust and empowerment.

- There is a focus on communities and each will be different.
- People are treated as equals, their strengths and gifts built on.
- Bureaucracy is the absolute minimum it has to be.
- People get good advice and information that helps avoid crises.
- The system is responsive, proportionate and delivers good outcomes.

Community Led Support can be used as a useful approach in relation to prevention and early intervention. It can be implemented in ways that are bespoke to each community but the over-arching vision includes the ambition:

- That local people receive support that is responsive, community based and focused on what matters to them.
- That community groups and organisations are actively involved in shaping and delivering local support and develop solutions to respond to need.
- That social care and health practitioners feel supported and trusted, experience increased morale and ability to determine local working practices, to have strengths based conversations with people and are skilled in identifying local solutions to achieve outcomes and have a positive approach to risk and to community supports.
- That third sector partners, providers and other statutory agencies are involved in the delivery of information and support at a local level and work in a joined up, holistic way.
- That statutory services are of a high quality, are efficient and responsive, deliver excellent ‘customer service’ and are fit for purpose in their ability to respond to increased demand on services within restricted budgets.

Since March 2020, the development of Community Led Support has had to proceed at a slower pace due to the deployment of key leaders on the development and maintenance of Coronavirus support services. Subject to resourcing, we plan to increase the momentum to effect the proposed changes below.

5.2. Strategic Commissioning Intentions

- Further identification of availability of staff and partners to support the development of local and virtual Community Hubs, named by communities as ‘Blethers’, so that communities receive place based early intervention advice and support to help meet their needs effectively.
- Utilisation of remaining support days from NDTi to assist in re-establishing the Community Hub format, both virtually and in person where feasible, to ensure that lessons learned from the pandemic are incorporated as part of future proofing our response.

- Utilisation of remaining support days from NDTi for refresher ‘Good Conversation’ sessions, open to a wide audience of partners to promote a continued, primary focus on individual and community strengths.
- Formalise links with partners (community link practitioners) and the third sector to staff the Blethers.
- Small identified budget of £2,000 allocated for the purpose of on-the-spot solutions to be identified for problems and issues, where possible and reduce further deterioration or escalation of the issue, for the person.

Due to the impacts of the Coronavirus pandemic, and the subsequent need to maintain considerable focus and capacity on service delivery and remobilisation planning, it is important that every effort should be made to move forward with the transformational change aims of Community Led Support within the year of this SCIP, noting that this concept features strongly in the report of the Independent Review of Adult Social Care. These aims should be understood as the direction of travel for this change initiative, reflect a desire to have the right people in the right place at the right times, either physically or virtually, harnessing community strengths to improve wellbeing for individuals. This will include support, information sharing and meaningful discussion with service users to help them live their best lives.

For the Blether we need ‘people and place’ - identified social workers and health professionals, as well as third sector colleagues, administrative support, IT and advertising. All Community Led Support evidence clearly identifies that without dedicated resource, in the form of staffing and budget, the programme will not realise the intended benefits.

Ease of access to these ‘Blethers’, which are supported by local third sector organisations, enables people to have someone to talk to quickly and easily, and this helps prevent crises developing. We will need to reshape our overall provision across many different areas, but our initial areas of focus will be to further develop the work that has been undertaken in establishing community Blethers - in doing this we continue with our ambition to encourage individuals to take increased control of their support options, by using initial ‘good conversations’ to identify strengths and opportunities.

5.4. Objectives and outcomes

	Objectives	**Outcomes**	**Measured by**	**Lead**	**Due Date**
1.	Fully embed the Community Led Support Principles into practice to enhance prevention and early intervention.	Community Led Support principles will be mainstream practice of health and social care workers so that there is a pivotal shift towards, sustainable, local solutions,	Community Led Support update report to the IJB.	Head of Children’s Health.	2024 and this action will also be included in the SCP 2022-25.

		where support is flexible, innovative and designed around personal outcomes and a 'what matters to you?' approach, leading to better wellbeing.			
2.	Establish a digital platform to host virtual Blethers.	Blethers will reach a greater number of people, as well as reflecting post-pandemic best practice to identify supports for people that make the most difference to them.	As above.	Chair, Team Orkney Community Led Support.	As above.
3.	Identify Social Work, Health professionals, third sector and administrative support.	Staff are well informed about Community Led Support to help meet people's needs in different communities. As above.	As above.	Chair, Team Orkney Community Led Support.	As above.
Allocated budget: Included within allocated budget within Appendix 2.					

6. Strategic Priority Two: Valuing and Supporting Unpaid Carers

6.1. Outline

The Strategic Plan identified that 'the vison set out in our carers strategy is that organisations, communities and citizens work together to ensure that carers in Orkney are fully valued, respected and supported and that their vital contribution is recognised'.

The Scottish Government has observed, on many occasions, that the care system could not cope without the enormous contribution from unpaid carers. The Carers (Scotland) Act 2016 recognised this contribution, promising to 'promote, defend and extend the rights' of adult and young carers across Scotland. The Act enhances and extends the rights of carers, with carers now entitled to their own support plan.

The role of unpaid carers is also recognised in the Scottish Government's nine National Health and Wellbeing Outcomes – see Outcome 6 as set out in section 1 above. This recognition is local too, with support for unpaid carers being one of our strategic priorities.

6.2. Strategic Commissioning Intention

The Carers' Strategy Group, a group with membership from across the statutory and third sectors, as well as unpaid carer representation, is charged with delivery of the Carers' Strategy. The group has developed an Action Plan detailing the tasks required to deliver the strategy. Several of these tasks are now complete, including delivery of Adult Carer Assessments, Young Person Statements and the publication of our Short-Breaks Statement.

In the summer of 2020, the local Carers Strategy group was refocused to bring forward the actions which were identified which required improvement. As a result, it was agreed that, in light of the learning from the Coronavirus pandemic, some of the actions needed revisited and rephrased to ensure that they were still suitable for Orkney's carers.

Through a series of 4 statements, OHAC's Carers' Strategy 2019 - 2022 sets out our strategic intentions in relation to carers:

- Statement 1: I am supported to identify as a carer and am able to access the information I need.
- Statement 2: I am supported as a carer to manage my caring role.
- Statement 3: I am respected, listened to and involved in planning the services and support which both I and the person I care for receive.
- Statement 4: I am supported to have a life alongside caring, if I choose to do so.

We have a profile of unpaid carers in Orkney as well as a sense of the scale of the number of carers we are yet to identify. We also have an understanding of the impact that the caring role can have, and we know the support that is currently available to carers. This information has led us to the development of the plan's 4 statements, which will enable more carers to identify as such; enhance and improve the support available to carers; reduce the impact of the caring role, and involve carers more in the design and delivery of services, both for carers and for the people they care for. In Orkney, we want to ensure that we get it right for all adult and young carers.

But there is still a great deal of work to do. Extrapolating from national estimates we believe that there may be as many as 3,700 unpaid carers, here in Orkney. This means many people are unaware of their right to support. Through local traditional and social media, we have undertaken a number of promotional campaigns, and will continue this work, especially in partnership with our local carers' support service, Crossroads Orkney.

6.3. Transformational Change

The key changes we wish to make through the Carers' Strategy's four statements detailed above are to enable more carers to identify as such; enhance and improve the support available to carers; reduce the impact of the caring role, and involve carers more in the design and delivery of services. This is urgent work, given the additional pressures on carers as a result of the Coronavirus pandemic.

6.4. Objectives and outcomes

	Objectives	**Outcomes**	**Measured by**	**Lead**	**Due Date**
1.	Review actions in line with learning from Coronavirus Pandemic.	The impact of the pandemic upon Unpaid Carers will be reflected in future services leading to better support to meet Unpaid Carers' needs.	The Carers' Strategy Group Action Plan performance reporting.	Chair, Strategy Group.	March 2022.
2.	Deliver the priority actions within the local Carers Strategy.	Each action will deliver a positive effect upon the lives of Unpaid Carers.	Published Updated Report to IJB.	Chair, Strategy Group.	March 2022.
3.	Deliver against the '4 statements' commitment in the Carers' Strategy.	The lives of Unpaid Carers will be measurably improved with increased advice, information and support.	The Carers' Strategy Group Action Plan. The Unpaid Carer survey will be used to measure this.	Chair, Strategy Group.	April 2022.
4.	Commission a survey on what would make life better for carers.	Improved understanding leading to better outcomes for unpaid carers, based on their expressed wishes for change.	Analysis and benchmarking exercise.	Chair, Strategy Group.	March 2022.
5.	Take forward from the IJB Audit Carers Scotland Act 2018 recommendations.	To be added once the recommendations are known.	Audit recommendations are addressed.	Head of Health and Community Care.	TBC.
Allocated budget: Included within allocated budget within Appendix 2.					

7. Strategic Priority Three: Mental Health

7.1. Outline

NHS Orkney and Orkney Islands Council have delegated the following services: Child and Adolescence Mental Health; Older Adult Mental Health; Adult Mental Health; Substance Misuse; Psychological Therapies and Out of Hours service.

Many colleagues from the third sector including: Orkney Blide Trust, Age Scotland Orkney, YPeople and Relationship Scotland Orkney provide invaluable support and services for individuals dealing with mental health conditions.

7.2. Strategic commissioning intentions

The Strategic Plan sets out that 'we must prevent and treat mental health problems with the same commitment, passion and drive as we do with physical problems. That means working to improve:

- Prevention and early intervention.
- Access to treatment and joined up accessible services.
- The physical wellbeing of people with mental health problems.
- Rights, information use, and planning.

7.2.1. Mental Health Strategy

We have developed a five year Orkney Mental Health Strategy, and we are seeking to ensure this is embedded throughout our communities. Following approval of this strategy by the IJB in October 2020, a steering group was established to develop a more detailed action plan and to prioritise the work for the period of the plan. The approved strategic vision is as follows: "**Help people in Orkney to ensure that preventive measures are deployed at the earliest opportunity and that those with enduring mental health conditions live longer, healthier and more independent lives within their own communities. Getting it right for everyone applies equally to those with mental health conditions as it does those with physical health conditions**."

The Mental Health strategy identifies the following priorities:

- Build capacity and capability.

- Promote collaborative working.
- Promote and support recovery-based approaches.
- Enable individuals and communities to have greater choice and control.
- Invest in our young people.
- Improve on life opportunities.
- Reduce stigma and discrimination.

7.2.2. Dementia Strategy

Another key document setting the strategic direction for mental health in Orkney is the Dementia Strategy, approved in September 2020 Dementia Strategy 2020 - 2025. A steering group has been established to implement the agreed actions.

The Dementia Strategy identifies 11 commitments:

- We will engage with communities, voluntary and statutory services to increase awareness of modifiable risks associated with dementia and will support people to make positive changes to reduce risks.
- We will work collaboratively to improve awareness of the benefit of diagnosis, the process and rate of diagnosis in Orkney. This will involve a multi-agency approach between community groups, voluntary and statutory services and a full review of current assessment and diagnostic service provision.
- We will support a trial of an integrated care pathway for every person newly diagnosed with dementia. We will also review current support and services to facilitate provision of grass roots informed, multi-agency post diagnostic support beyond the minimum period of one year by realigning resources.
- We will fully involve people living with dementia and carers in the delivery and evaluation of this strategy, recognising their vital role as valued experts and equal partners in care, whilst recognising and supporting their individual needs and wellbeing.
- We will fully involve people living with dementia and carers in the delivery and evaluation of this strategy, recognising their vital role as valued experts and equal partners in care, whilst recognising and supporting their individual needs and wellbeing.
- We will continue to support people to live in their own homes wherever possible by continuing to build resilience and capacity in line with demand on current cross sector community based services, as well as exploring new and innovative solutions, including assistive technology.

- We will review support and services to explore options to safely reduce transfers outwith Orkney and, where possible and appropriate, hospital admission will be avoided or reduced. Where hospital is the optimal location for care – adverse effects of admission will be reduced.
- We will undertake a robust cross sector training needs analysis in line with the Promoting Excellence Framework. We will support training in line with results to ensure support for people with dementia is provided by a knowledgeable and skilled workforce.
- We will embed accessible, preventative and reactive allied health support into post diagnostic support to promote independence, optimise strengths, build resilience and prevent unnecessary crises.
- We will ensure that every person diagnosed with dementia will experience Rights Based support and services throughout their dementia journey. This will include recognition of dementia as a priority in every relevant work stream, initiative and procedure.
- We will support Orkney to become a dementia friendly, inclusive place where people with dementia are valued and welcomed as part of their own community by their own community. This commitment will be central to all other commitments. Dementia Friendly initiatives started to be implemented prior to the pandemic. This included training and information for businesses and community groups, open access to a suite of simulated symptoms, community awareness raising, training/informative sessio9ns and collaborative social initiatives with education facilities. This will be recommenced as restrictions and capacity allow.

The key strategic commissioning intentions for 2021/22 are:

1. Work collaboratively to increase awareness of the benefit of early diagnosis and to improve the rates and experiences for people throughout the assessment and diagnostic process.
2. To work towards the provision of person centred, open ended post diagnostic support.

Each of the additional commitments detailed will be addressed through the process of agreement of the Steering Group. The process of evaluation will be determined at the next meeting of the Steering Group due to be held in April 2021.

7.3. Transformational Change

In order to achieve improved outcomes and experiences for people with dementia and carers a detailed action plan which includes the elements below will be required:

1). Actions to raise awareness of the benefits of diagnosis.

2). Development of a sustainable and efficient pathway for diagnosis – this will involve a full review of current service provision as well as exploration of alternative models for diagnosis. The optimal model for Orkney will be explored by a short life working

group which is set up to meet in June 2021. Two options identified to date include remote older age psychiatry which has been successful in Shetland or potentially GP with special interest. We will also link in with national colleagues to fully explore all options and assess their usefulness in Orkney.

3). Review of current service provision and potential re-alignment to support open ended multi-disciplinary post diagnostic support. Community, voluntary and statutory contribution will be pivotal to success.

7.4. Objectives and outcomes

7.4.1. Mental Health

	Objectives	Outcomes	Measured by	Lead	Due Date
1.	Deliver the prioritised actions from the Mental Health Strategy (see Strategy document (Orkney Mental Health Strategy 2020-2025) for detail).	Our outcomes are: 1. Improved quality of life for individuals experiencing mental health problems, through a strength based, prevention and recovery orientated mental health service provision. 2. Support for a professional workforce, including robust training and strong multi-disciplinary culture. 3. Provision of a range of community-based support services, which promotes prevention, self-management, self-reliance and resilience from birth to old age. 4. Decrease mental health inequality, stigma and	Report to the IJB. Mental Health Strategy Steering Group performance framework.	Chair – Mental Health Strategy Steering Group.	March 2022.

		discrimination through greater community awareness. 5. Improved access to information and communication. 6. Develop opportunities for developing more effective use of resources accessible through all stakeholder groups and across all communities, to enhance support services to individuals and carers. 7. Improved access to a range of supports for carers.			
2.	Publish agreed the new Orkney Alcohol and Drugs Partnership Strategy and deliver the first year of the plan.	Fewer people develop problem drug or alcohol use. People access and benefit from effective, integrated, person-centred and holistic support to achieve their recovery. Children and families affected by alcohol and drug use will be safe, healthy, included and supported. Vulnerable people are diverted from the justice system wherever possible and those within justice settings are fully supported.	IJB Report. Annual Report on progress to IJB.	Alcohol and Drugs Partnership Coordinator.	March 2022.

3.	Progress the priority actions from the Mental Health Task and Finish Group.	As above in row 1.	Update report to the Joint Clinical and Care Governance Committee. IJB Annual Performance Report.	Service Manager – Mental Health.	November 2021.
4.	Continued partnership working to address the required improvements in the Orkney Partnership Children's Services Improvement Plan.	Children grow up loved, safe and respected so that they realise their full potential. Improved public awareness of who we are, and what we do. Relationships with other services will improve.	Orkney Partnership Children's Services Improvement Plan. Update Report to IJB.	Operational Manager, Community Mental Health Team.	Regularly during 2021/22.
5.	General support for people affected by the Coronavirus pandemic and lockdown including specifically people who were hospitalised , including those people with 'long-COVID'.	Improved individual mental wellbeing depending on specific circumstances.	IJB Annual Performance Report.	Service Manager – Mental Health.	November 2021.
6.	Taking account of Coronavirus pandemic impacts, progress with the use of computerised Cognitive Behavioural Therapy (cCBT) to work with patients.	All of the Mental Health outcomes but more specifically the following: Provision of a range of community-based support services, which promotes prevention, self-management, self-reliance and resilience from birth to old age.	IJB Annual Performance Report.	Consultant Psychologist.	November 2021.

7.	Taking account of Coronavirus pandemic impacts, embed Near me in mental health service delivery.	All of the Mental Health outcomes listed at row I above, but more specifically the following: Provision of a range of community-based support services, which promotes prevention, self-management, self-reliance and resilience.	IJB Annual Performance Report.	Service Manager – Mental Health.	November 2021.
8.	Taking account of Coronavirus pandemic impacts, all mental health staff will be 'decider' trained.	Decider training teaches patients how to cope with their emotions, in a positive way to promote self-reliance and resilience.	IJB Annual Performance Report.	Service Manager – Mental Health.	November 2021.
9.	Progress discussions with Scottish Government around an isles alliance to improve inter-island working and to strengthen the voice of the three isles.	Patients living in remote and rural islands receive more timely and effective treatment.	Meetings begin between the 3 Isles and Scottish Government to benefit our patients and staff.	Service Manager – Mental Health.	November 2021 and ongoing as this objective will require longer term leadership and is dependent on external buy-in.
10.	Approve the ongoing Distress Brief Intervention work, subject to future funding being identified.	Timely support which is preventive in nature and reduces further impact on individuals and services.	Report to IJB for approval.	Head of Health and Community Care.	August 2021.
11.	Collaborate with NHS Orkney with a view to directing NHS Orkney to	Provide sustainability and continuity of psychiatric community based treatment to improve patients access	Post appointed.	Medical Director / Head of Health and Community Care.	March 2022.

	employ a permanent Adult Consultant Psychiatrist.	resulting in improved mental wellbeing.			
12.	Collaborate with Orkney Islands Council with a view to directing Orkney Islands Council, subject to capital and revenue funding, to provide supported accommodation for people with long term, enduring, mental health needs.	Creation of purpose built accommodation for people with long term, enduring, mental health needs which promotes prevention, self-management, self-reliance and resilience.	First stages – Report to IJB regarding specification and successful inclusion in Capital Project planning process.	Head of Health and Community Care.	First stages - March 2022.
Allocated budget: This will be incorporated within the overall Mental Health Budget of £1.019m.					

7.4.2. Dementia

	Objectives	**Outcomes**	**Measured by**	**Lead**	**Due Date**
1.	Deliver the prioritised actions from the Dementia Strategy.	People living with dementia, and unpaid carers of people with dementia, are able to say: • I have my rights upheld and do not experience inequality, stigma or discrimination. • Orkney is a dementia friendly, inclusive place where I feel valued and welcomed as part of the community, by my own community. • I see people working collaboratively to review,	Reports to the Joint Clinical and Care Governance Committee and to the IJB setting out progress on actions.	Chair – Dementia Strategy Steering Group.	March 2022.

		redesign, resource and deliver high quality joined up, efficient and effective support and services with and for me. • I am supported by a skilled, knowledgeable workforce. • In Orkney there is increased awareness of: modifiable risks for dementia, signs of dementia, benefits of diagnosis and how to access a diagnosis in a community setting. • As an unpaid carer, I am valued as an expert and equal partner in care and support. I am able to access support in the right way at the right time in the right place. My contribution is recognised as being valuable and my own needs are met, as well as the person I care for. • I have the opportunity to access high quality, person centred post diagnostic support through all stages of my illness. • I am able to remain in my own home where possible.			

		• I am only admitted to hospital where this can't be avoided and I stay there only for as long as necessary. There is a plan in place to get me home as soon as possible. • I have access to flexible, innovative, planned and reactive respite solutions. • I find it easy to access advice and information in a way I can understand. I understand what support (including self-directed support) is available to me and there are people available who can guide me clearly to the help I need when I need it.			
2.	Increase awareness of benefit of early diagnosis.	Improved rate of earlier diagnosis and diagnosis rate overall. Earlier post diagnostic support will improve individual wellbeing and quality of life outcomes.	Reports to the Joint Clinical and Care Governance Committee and to the IJB setting out progress on actions using the dementia strategy steering group reporting mechanism.	Dementia Post Diagnostic Support worker / Dementia Specialist Nurse.	Ongoing with first annual report March 2022.

3.	Improve provision of person centred, open ended post diagnostic support.	Good quality post diagnostic support will improve individual wellbeing and quality of life outcomes.	As above.	As above. National PDS Public Health Scotland quarterly reports.	Ongoing with first annual report March 2022.
Allocated budget: Included within allocated Mental Health budget within Appendix 2.					

8. Strategic Priority Four: Supporting Children and Young People

8.1. Outline

The children's and young people's services delegated to the Integration Joint Board are: social work services for children and young people; child care assessment and care management; looked after and accommodated children; child protection; adoption and fostering; special needs/additional support; early intervention; through-care services; youth justice services; children's residential care; children's occupational therapy services; children's physiotherapy services; health visitors; school nurses; community speech and language therapy; family health service prescribing; sexual and reproductive services excluding hospital obstetrics/gynaecology services.

Our key priority in relation to services for children and young people is to continue to implement the recommendations from the review of services to children and young people in need of care and protection. This report followed the joint inspection by the Care Inspectorate, Education Scotland, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary for Scotland and was published in February 2020. The improvement plan was developed with key stakeholders.

We are also focusing on wider children's services planning and a draft statutory Integrated Children's services plan has been developed through the Orkney Children and Young People Partnership, informed by engagement with our children and young people. This plan will take forward the developments needed to improve our services across health, social care, education services, the police and the third sector. Through a series of engagement sessions, including with the Youth Forum, care experienced young people and pupil councils, we have agreed together that the vision for all children and young people in Orkney should be 'The Promise', which is Scotland's Ambition from the 2020 Independent Care Review for children and young people: 'We grow up loved, safe and respected so that we realise our full potential.'

8.2. Strategic Commissioning Intention

As stated, the key commissioning intentions for children and young people are set out in first, the Children's and Young People's improvement plan following the 2020 inspection (the latest version can be found at Inspection Plan. It is therefore not proposed to duplicate the detail here. Secondly, commissioning intentions will also flow from the draft Integrated Children's services plan being developed through the Orkney Children and Young People Partnership. Actions from this latter will be added to the Children's and Young People's improvement plan to maintain a co-ordinated focus.

8.2.1. Orkney Partnership Children's Service Improvement Plan

The Improvement Plan looks beyond the finding of the inspection and embodies the partnership's focus for continuous improvement. It is an organic continuous improvement plan which pulls together all the improvements required across Children's Services. There are four significant Improvement Areas within the plan which are a focus for progression in 2021/22 which are:

- Improving recognition and response to neglect.
- Embedding 'Getting it Right' throughout children's services.
- Developing and embedding a Partnership Self-evaluation model and Continuous Improvement approach.
- Improving Permanency Planning.

8.2.2. The Children's Integrated Service Plan (currently in draft)

Although this is not yet formally approved, details will be available once the plan is placed on the Council's website. In general terms, feedback from children and young people and other stakeholders has indicated that, in the overall context of the impacts of the Coronavirus pandemic, the actions will relate to the following key priorities for 2021 onwards:

- Mental Health and Wellbeing.
- Support and Information.
- Overcoming Disadvantage.
- Care and Protection.
- Equality and Empowerment.
- Options and Opportunities.

8.3. Transformational change

We are moving at pace to further develop our culture and services so that we support our children, young people and their families as much as we can through prevention and early intervention. This is important to ensure children have positive childhoods and families are supported to care for their children wherever possible.

The impact of this whole system focus on prevention is anticipated to take several years to fully embed. We will know we are making a difference to outcomes for children and young people when our number of children and young people subject to child protection or statutory measures of care starts to decline. This shift will also reflect on the broader children's services planning agenda and reporting with anticipated improvements being reflected in the measurement of children and young people's wellbeing.

Child health planning is also being taken forward to redesign services and create new pathways such as neuro development and more local birth opportunities, always with the emphasis on the provision of locally delivered services where this is feasible.

8.4. Objectives and outcomes

	Objectives	**Outcomes**	**Measured by**	**Lead**	**Due Date**
1.	Deliver the recommendations of the Review of Services for Children and Young People in need of Care and Protection 2018.	Children and young people are kept safe and are cared for; and are healthy, achieving, nurtured, active, respected, responsible and included. There is a focus on the national outcome for children and young people 'We grow up loved, safe and respected so that we realise our full potential'.	External scrutiny by Progress. Review Inspection Return.	Chief Social Work Officer.	August 2021.
2.	Re-establish the Orkney Children and Young People's Partnership and approve the Integrated	Clearer focus on the Getting It Right for Every Child outcomes, principles and values, and the national outcome for children and	Re-establish the meetings and actions identified in the plan to be monitored and evaluated by Orkney	Chair, Orkney Children and Young People's Partnership.	March 2022.

	Children's Services Plan 2021-2023.	young people 'We grow up loved, safe and respected so that we realise our full potential'.	Children and Young People's Partnership.	Head of Children's Health / Chief Social Work Officer / Head of Education.	
3.	Develop outcome measures around clinical pathways and data already collected.	To be able to demonstrate improved patient/user experience and outcomes.	Waiting time data. Outcome data. Patient experience.	Head of Children's Health.	April 2022.
4.	Continued partnership working to address the required improvements in the Orkney Partnership Children's and Young People's Services Improvement Plan.	Children and young people are kept safe and are cared for; and are healthy, achieving, nurtured, active, respected, responsible and included. There is a focus on the national outcome for children and young people 'We grow up loved, safe and respected so that we realise our full potential'.	Update reports to Chief Officers Group; Joint Clinical and Care Governance Committee; Orkney Public Protection Committee and Orkney Partnership Board. Scrutiny by Care Inspectorate and self-evaluation.	Head of Children's Health / Chief Social Work Officer / Head of Education.	
5.	Key performance indicators will be agreed and approved for measures relating to the health actions in the Children's Services Plan.	Health services will be able to demonstrate improved support for children and improved health outcomes.	Performance monitoring against the Key Performance Indicators.	Head of Children's Health.	June 2021.
6.	Paediatric services service redesign will be scoped and proposed models will be presented based on our	Orkney's children will have health services that meet their identified needs, locally as far as possible.	Initial proposal to NHS Orkney Senior Management Team for scoping to be undertaken.	Head of Children's Health.	March 2022.

	children and young people's needs.				
7.	Improve recognition and response to neglect. Key areas: • Early intervention service with Action for Children (AFC) identified. • Identify, distribute and embed 'neglect toolkit' across partnership.	The signs of neglect are recognised. Professionals and clinicians consistently respond to neglect.	Project plan to be developed for this improvement area.	Chief Social Work Officer.	Specific deliverables to be outlined in the project plan.
8.	Embedding 'Getting it Right' throughout children's services. Key areas: • Refresh of 'Getting it Right' Guidance. • Selection of 'Integrated Assessment and Child's Plan' model. • Practice Model. • Circulation, promotion and embedding. • Training. • This will ensure the following outcomes: • Families are supported by children and young people receiving the right	Consistent approach to children in need of universal services support and specialist support as required.	Getting it Right Project Plan and Strategic Group.	Service Manager – Children and Families Services.	Specific deliverables detailed in the project plan.

	help, at the right time, from the right people. • 'Getting It Right' becomes a mindset and is evidenced in what we do. • Consistent approach to children's plans and chronologies.				
9.	Develop and embed a Partnership Self-evaluation model and Continuous Improvement approach. Key areas: • Develop Self-evaluation model and Improvement Framework, and develop Partnership Measurements Plan. • Implementation and training. • Embedding within structure and function of partnership, Chief Officers Group (COG) and Public Protection Committee (PPC). This will ensure the following outcomes: • Self-evaluation becomes embodied in our thinking and action.	Children's Services recognise their own strengths and areas for development. We set an improved culture of identifying and responding to the needs of children.	Self-Evaluation and Continuous Improvement Approach. Partnership Measurements Plan.	Chief Social Work Officer.	Delivery of partnership self-evaluation for 2021/22. 31 March 2022.

	• A culture of 'support and challenge'. • Robust Self-evaluation drives Continuous Improvement. • The PPC and the COG have the data and assurance they need to deliver their key functions and responsibilities. • Outcomes for care experienced children continue to improve.				
10.	Improve Permanency Planning. Key areas: • Review process, meet with managers, understand reasons and identify improvement actions. This will ensure the following outcomes: • Reduction in Permanency Planning delays	We secure permanence for children at the earliest possible time to ensure the best outcomes possible for children.	Permanency metrics as outlined in the measurements plan.	Chief Social Work Officer.	Multi-year improvement area. Improvements to be delivered within 2021/22.
Allocated budget: This will be incorporated within the overall Children and Families Budget of £4.679m					

9. Strategic Priority Five: Improving Primary Care

9.1. Outline

The aim of the Scottish Government in relation to primary care is to create a world class publicly funded health care system for Scotland, which starts with General Practice and all the support networks around it with the intention of NHS Boards, Health and Social Care Partnerships and GPs to do everything they can at local level to accelerate service redesign. The IJB intends to commission based on those services which can deliver the best outcomes for the community of Orkney within the funding provided by NHS Orkney.

Primary Care Transformation is focused on the modernisation of primary care to deliver a safe, effective and person-centred healthcare services. This new approach focuses on services on multidisciplinary team working, to reduce pressures on services and ensure improved outcomes for patients with access to the right professional, at the right time, as near to home as possible'.

The new national GP contract agreed between the Scottish Government and the British Medical Association came into effect from 1 April 2018. The contract was designed to address national concerns about the detrimental impact of workload pressures in General Practice upon GP recruitment and retention.

The new contract moves away from the traditional model in which GP consultation is the route of access for all services. Instead it promotes the development of a multidisciplinary approach, meeting patient needs through a team of professionals from a range of disciplines working together within primary care. This is intended to support the role of GPs as 'expert generalists' and enable them to focus their expertise in the delivery of care to people with the most complex needs.

As part of the new Contract directive, a Memorandum of Understanding (MoU) between Integration Joint Boards, Scottish Government Primary Care, NHS Boards and Scottish Government was published. This detailed a number key areas of change to be implemented by 2021, namely:

- Vaccination services.
- Pharmacotherapy.
- Community treatment and care.
- Urgent care.
- Additional professional roles (musculoskeletal first contact practitioners, mental health workers and community link workers).

Since this agreement was reached, the Coronavirus pandemic has resulted in not only an inability to deliver the plan within the original timeframe, but also the need to consider whether previous assumptions and modelling are still relevant. As a result, the Scottish Government and the British Medical Association issued a joint letter in December 2020 which set out new timescales, as follows:

- Vaccination services – October 2021.
- Pharmacotherapy – 2022/23.
- Community treatment and care – 2022/23.
- Urgent care – 2023-34.
- Additional professional roles (musculoskeletal first contact practitioners, mental health workers and community link workers) - further update to be issued by end of 2021.

9.2. Strategic Commissioning Intentions

To date the IJB has commissioned areas of work within vaccination services, pharmacotherapy and additional professional roles (musculoskeletal first contact practitioners, mental health workers and community link workers). However, there is much work still to be done in order to achieve the ambitious transformation intended through the new GP contract.

The greatest risk to developing the services that will be required within Orkney to deliver the outcomes of the MOU is the level of funding allocated to Orkney for this purpose. This is provided via the National Resource Allocation Calculation https://www.isdscotland.org/Health-Topics/Finance/Publications/2014-02-25/Resource-Allocation-How-Formula-works-in-practice.pdf.

It is now widely recognised that the funding available will be insufficient to provide all the services detailed in the MoU across the whole of the population in Orkney. This presents a considerable challenge. Detailed analysis is underway in order to appropriately understand the healthcare needs and priorities for specific patient groups, local communities and the Orkney population as a whole. Primary care service provision to meet these needs will need to be carefully balanced against the constraints in funding, capacity and workforce, in order to achieve the most benefit for the greatest number of people. A meeting was held with the Scottish Government and the British Medical Association (BMA) in April 2021 at which Orkney GP and Primary Care representatives were advised that discussion was taking place at a national level in particular around mental health and Urgent Care developments. We have been further advised to anticipate that funding for these two areas is expected to become part of the unscheduled care work which is currently being developed.

The Scottish Government and the BMA have asked that GPs, Health Boards and IJBs work together to find local solutions to implementing the MOU. Discussion is underway in order to achieve the complex and challenging commissioning decisions required.

9.3. Transformational Change

The IJB is committed to working towards the core ambitions of the new GP contract, namely, improving patient outcomes by promoting multidisciplinary team working in primary care and maximising the potential of the role of GPs as expert generalists.

9.4. Objectives and outcomes

	Objectives	Outcomes	Measured by	Lead	Due Date
1.	Agree the prioritised recommendations in the Primary Care Improvement Plan (PCIP) with approval by the IJB, noting the Scottish Government and BMA expectation that the IJB prioritise the Vaccination Transformation Programme, Pharmacy and Treatment Room Services. It was also noted that we should review our current reserves funding to ascertain if we can use this to roll out an expansion of the Treatment Room services to all Practices.	Resources are focused on agreed priority areas to provide community based care by a range of clinical professionals which will reduce the workload of GPs and allow them to concentrate on the patients with most complex needs. (Details of improvements in wider population health outcomes will be available once the final content of the PCIP is developed and approved, the latter anticipated to be June 2021. The outcomes relating to each service development are set out below.)	We are engaged in national work with Public Health Scotland around the national monitoring and evaluation network. This will look at measuring beyond the GP workload shift to measuring the impact of the Primary Care reforms on wider population health outcomes. We will be cognisant of any unintended consequences as a result of the change. This will ensure that we capture all	Head of Primary Care services.	June 2021.

			learning and ensure that the objective has positively impacted our community. Currently it is proposed we review this as part of a once for Scotland approach. By following this approach, we ensure our quality of care matches our partners in other boards, allowing future collaboration, sharing of good practice and joined up problem solving.		
2.	To plan for delivery of Vaccination Transformation Programme service to ensure smooth transition when this service is removed from GP contract in October 2021.	A Board delivered service would reduce the winter workload by taking away the flu vaccine programme and would allow additional Practice Nursing capacity enabling them to concentrate on chronic disease management by no longer having to undertake the childhood vaccination programme.	As above.	Jointly between Head of Primary Care and Public Health.	June 2021.
3.	To plan for delivery of Community Treatment and	An Orkney wide treatment room service would enable	As above.	Jointly between Head of Primary	March 2022.

	Care service to ensure smooth transition when this service is removed from the GP contract by March 2023.	patients to have their consultation where it was most convenient for example whilst at work rather than having to travel to their GP Practice to have bloods or treatment undertaken.		Care and Clinical Nurse Manager.	
4.	To plan for delivery of level 1 Pharmacotherapy service to ensure smooth transition when this service is removed from GP contract in March 2023.	By reducing the workload in relation to pharmacotherapy, GPs will be able to use their time more effectively to focus on patients with more complex needs.	As above.	Jointly between Head of Primary Care and Head of Pharmacy.	March 2022.
5.	To maximise benefit from the expansion of Pharmacy First Services throughout communities of Orkney.	Supporting the extension of Pharmacy First services will: • Reduce GP workload • Facilitate better access to care • Support Self-management • Ensure continuity of service • Reduce inequalities of care by providing better support to remote communities.	Patient numbers accessing services.	Jointly between Head of Primary Care; Head of Pharmacy and Chemist Contractor Committee.	March 2022.
6.	Increased capacity of Pharmacist independent prescribers.	In the future, all Pharmacists will graduate as independent prescribers, while those already qualified will undertake further training to become Independent Prescribers	"Hours saved" in other areas, hours dedicated to additional service provision,	Jointly between Head of Primary Care; Head of Pharmacy and Chemist Contractor Committee.	March 2022 initially and this will transfer into the Strategic Plan 2022-25.

		working across all sectors of Health Care. This will: create more capacity in the system to allow GPs to become community health experts in their areas; and create safer and more effective patient-centred care by reducing the time patients wait for prescription reviews.	Prescriptions issued or reviewed; Patient Satisfaction surveys.		
Allocated budget: £747.910.					

10. Strategic Priority Six: Promoting Self-Management

10.1. Outline

Self-management can be described as a set of approaches which aim to enable people living with long term conditions to manage their own health and have more control over their health and their care (Scottish Government). Effective self-management is key to supporting and improving outcomes for those with long term conditions.

10.2. Strategic Commissioning Intention

We continue with our ambition to encourage individuals to take increased control over their support by considering and using the options of Self Directed Support. Reshaping our overall provision increases real opportunity for individuals to have an increased suite of options from which they can purchase or have help to direct. Developing effective services and supports that will promote improved health and wellbeing and provide flexible and responsive care through periods of transition or times of crisis are of significant value in preventing unscheduled admission to hospital and minimising discharge from hospital delays.

This will require a change in the way resources are deployed and in which services are developed and commissioned.

In 2019, Orkney was successful in becoming a Named Person, in the Scottish Government's Pathfinder programme, to East Ayrshire. The idea of this approach is to utilise digital solutions to support individuals, to free up the human resource capacity to support the individual in areas only a human can assist with. Following funding received from the Scottish Government in relation to

this programme, in December 2020 a Tech Peer Mentor was employed by the third sector. The main aims of this role are: to be a digital champion, supporting individuals with basic digital skills; peer mentoring; assisting services to look at digital/TEC issues; helping with any issued that crop up and raising awareness of digital solutions.

Following discussion two pilots have been identified:

- Home First approach – to assist the team in looking for digital solutions to support individuals in their home environments.
- Helping the isles without fixed links to have increased access to services – to assess if there are digital solutions to assist in the delivery of services on the outer isles as there are unique additional challenges in ensuring services are provided on these islands – particularly financial and staffing challenges.

10.3. Transformational Change

The Pathfinder programme supports participants to use the Scottish Approach to Service Design in identifying and implementing TEC based solutions to identified problems. The Tech Peer Mentor project is informed by Service Design principles of: User-centred, Research-based, Iterative, Collaborative, Co-design.

10.4. Objectives and outcomes

	Objectives	**Outcomes**	**Measured by**	**Lead**	**Due Date**
1.	Pilot the use of Home First approach.	Earlier supported discharge to maintain independence and reablement thereby reducing some need for ongoing support.	Establishing a Home First approach team with initial analysis.	Service Manager – Health and Community Care.	March 2021.
2.	Evaluate the pilot Home First approach.	As above.	Pilot evaluation to determine reduction in delayed discharges and inpatient bed days.	Head of Health and Community Care.	June 2021.
3.	Explore the potential use of Hospital at Home.	Hospital at Home will also reduce the likelihood of admission to hospital.	Exploration of hospital at home within local context.	Clinical Director – GP/ Head of	September 2021.

		As above.		Health and Community Care.	
Allocated budget: Included within overall budget allocated in Appendix 2.					

11. Strategic Priority Seven: Revisiting Models of Care

11.1. Outline

We want to explore all service areas to assure ourselves about the quality, effectiveness, efficiency of our service. We know that if we retain the models of services that we currently have, even if every person of working age came into the sector, then by 2035 we would not have the Community Led Support we will look at how we work with our communities to work in a different way – letting communities make better sense of how to meet need in their communities.

11.2. Strategic Commissioning Intentions

In February 2021 a pilot Home First Approach, funded by NHS Orkney's Winter Planning budget, was agreed. Home First is a person-centred care initiative devised to facilitate timely discharge from hospital by offering at home assessment and reablement support. Reablement is an approach that irrespective of diagnosis, aims to improve service users' independence and prolong their ability to live safely at home. The Home First service will comprise of an occupational therapist, social worker and home carers. Rapid access to physiotherapy is also available. There are no specific eligibility criteria for the service, rather, through multidisciplinary collaboration, individuals who require a new or increased care package on the mainland to enable discharge from hospital will go home supported by this team. The home first team will work with the individual to set functional goals and track progress over a 6-week period. Initial assessments will be completed by an occupational therapist or physiotherapist in the person's home and be used to inform their support plan. This pilot will work with the Tech Peer Mentor, funded by the Named Person pathway, to look at ways support can be assisted with digital solutions. It is hoped that, following the data from the pilot, this approach will be agreed as an effective and efficient way to deliver services to ensure that they meet the outcomes of individuals.

Construction is ongoing to finalise an initial Learning Disability Core and Cluster model. The first phase has three houses and one house which will be utilised as a staff base.

The Home First service is intended to facilitate timely discharge and reduce the expectation on long term packages of care and the reliance and expectation that the In-house service can meet the needs and demands of the local population and that by effectively

commissioning and working partnership with third sector providers, to broker packages of care which will assist in managing overall capacity and locality based working to reduce pressures on the In-house Service.

11.3. Objectives and outcomes

	Objectives	Outcomes	Measured by	Lead	Due Date
1.	Develop local locality plans.	Quality evidence of locality needs will ensure service planning shaped around current and projected needs, ultimately leading to better individual outcomes.	Approval by the IJB of Plan.	Locality Manager Isles / Locality Manager Mainland.	2021/22.
2.	Progress the Tech Enabled Care work to ensure digital resources are used to free up staff.	Staff resources in place for future growth in need.	Through Annual Performance Report re 9 national outcomes.	Tech Peer Mentor.	March 2022.
3.	Finalise the Learning Disability Core and Cluster model.	Tenants feel well supported yet independent through integrated community living.	Individuals residing in the houses and tenant feedback.	Service Manager – Health and Community Care.	December 2021.
Allocated budget: Included within overall budget in Appendix 2.					

12. Service Area: Criminal Justice

12.1. Outline

NHS Orkney and Orkney Islands Council have delegated the following function areas for criminal justice: services to courts and parole board; assessment of offenders; diversions from prosecution and fiscal work orders; supervision of offenders subject to a community based order; throughcare and supervision of released prisoners; multi agency public protection arrangements.

Orkney Islands council has a statutory duty to provide criminal justice social work services for individuals awaiting sentence, subject to community based disposals or custodial sentences. The Service ensures that all those who are referred to the service are

assessed, supervised and any presenting risks are managed appropriately. The service works with all individuals over the age of 16 years who have come to the attention of the Court and it is responsible for the delivery and development of all criminal justice activity within Orkney. This includes the production of court reports and risk assessments to aid the Court in making effective sentencing decisions, reducing reoffending and public protection through supervision, managing those who are subject to community based disposals and assisting with rehabilitation and reintegration of those who have been subject to a custodial sentence. The service also offers support and advice to families.

12.2. Strategic Commissioning Intentions

The strategy for justice in Scotland sets out the government's approach to reduce reoffending and making sure the right services are provided to ensure the best outcomes are achieved for all.

The Community Justice Scotland Act 2016 places the responsibility for community justice with community justice partners, with oversight and assurance to Ministers being provided by Community Justice Scotland. In Orkney a local community justice partnership is established and is responsible for producing a strategic plan that addresses local and national priorities.

Those involved in the justice arena are often the most vulnerable and disadvantaged in terms of poor mental health, childhood trauma, experience of poverty and associated poor outcomes. Nonetheless, people must be held to account for their offending, in a way that recognises the impact on victims of crime and is mindful of risks to the public. It is acknowledged that re-integrating those who have committed offences into the community, and helping them to realise their potential will create safer communities for all. Criminal justice social work services are statutory partners in ensuring effective community justice in local communities and the third sector are a vital part of this process. Indeed, third sector interventions can also improve the efficacy of services delivered by public sector agencies, by helping to develop strong relationships and working across services to assist in the delivery of joined-up support.

With the aim of rehabilitating members of our community who enter the justice system and maintaining public confidence, the Orkney Community Justice Partnership’s Outcome Improvement Plan 2018-21 identifies the Objectives listed at 12.3 below.

12.3. Objectives and outcomes

The following Objectives contribute to the following national outcomes for Community Justice:

	Objectives	Outcomes	Measured by	Lead	Due Date
1.	Increased partnership working to further promote and develop 'The no one left behind agenda'.	Communities improve their understanding and participation in community justice. Life chances are improved through needs, including health, financial inclusion, housing and safety, being addressed.	Detailed in Community Justice Local Annual Report.	Service Manager, Public Protection.	March 2022.
2.	Effective multi-agency training in risk assessment and public protection, including early effective intervention via education.	Partners plan and deliver services in a more strategic and collaborative way.	Detailed in Community Justice Local Annual Report.	Service Manager, Public Protection.	March 2022.
3.	Identification and development of clear pathways into mental health and addiction services following release from custody.	People have better access to the services that they require, including welfare, health and wellbeing, housing and employability.	Detailed in Community Justice Local Annual Report.	Service Manager, Public Protection.	March 2022.
4.	Focus on opportunities for diversion and early intervention to increase the potential for change whilst minimising the additional harm caused by unnecessary progression	Effective interventions are delivered to prevent and reduce the risk of further offending.	Detailed in Community Justice Local Annual Report.	Service Manager, Public Protection.	March 2022.

	through criminal justice services.				
5.	Continued monitoring of Domestic Abuse reports, enhancing liaison with third sector partners to identify measures that could be implemented that support victims of domestic abuse and address offending behaviour.	As above.	Detailed in Community Justice Local Annual Report.	Service Manager, Public Protection.	March 2022.
Allocated budget: This will be incorporated within the overall Criminal Justice net budget of £0.50m, noting that there is ring fenced funding which is received. Therefore, the total available budget is £350,400 for 2021/22 to deliver the overall service.					

13. Service Area: Health and Community Care, and Primary Care (apart from section 9 above)

13.1. Outline

NHS Orkney and Orkney Islands Council have delegated the following function areas: social work services for adults and older people; Services and support for adults with physical disabilities and learning disabilities; mental health services; drugs and alcohol services; adult protection and domestic abuse; community care assessment teams; care home services; adult placement services; day services; respite provision; occupational therapy services; reablement services, equipment and telecare; support services; mental health services provided in a hospital; community mental health service; clinical psychology services; substance misuse services; district nursing; primary medical services provided under a general medical service contract; general dental services; public dental services; ophthalmic service; Out of Hours GP service; community learning disability services; community psychotherapy, dietetics and Occupational Therapy services; intermediate care services.

The services are usually split between the Health and Community Care directorate and the Primary Care services directorate.

13.2. Strategic Commissioning Intentions

13.2.1. Health and Community Care

The major strands of work in Health and Community Care for 2021/22 apart from implementation of the Mental Health and Dementia Strategies (addressed in section 3 above) are:

- Improving Adult Social Work.
- Implementation of the Alcohol and Drugs Partnership Strategy, once approved.
- Implementation of the Learning Disability Strategy.

Where not yet in place, steering groups will be convened in respect of each with prioritised workplans developed to cover the lifespan of each strategy or improvement plan.

During 2020/21 some of the winter funding has been used to create and deliver a pilot project to introduce Home First as a mechanism to reduce the overall number of people in a delayed discharges situation with the associated use of hospital bed days. This pilot is led by the Occupational Therapy service but incorporates a range of health and social care staff. This will continue into 2021/22.

The effects of the Coronavirus pandemic and the required national responses led to the cessation of the provision of day care services for service users with learning disabilities and older people. It is recognised that many service users have developed different means of support and it is timely to review our traditional models of this type of support. In addition, the replacement of St Rognvald House due in 2023 will necessitate the review of day care services provided from Gilbertson day care centre.

In relation to the replacement care home for St Rognvald House, the specification for the model of care has been approved by the IJB subject to further discussion with clinicians and professionals about the rehabilitation and reablement opportunities which need to be designed into the internal layout. This planning, which will continue into 2021/22, will contribute to better outcomes for older people who may be able to continue to live safely in their own homes by using the facilities flexibly on a temporary basis, with the ultimate goal of returning home with support. The design will focus on flexibility to continually meet people’s changing needs.

13.2.2. Primary Care

The major development area for primary care is the Primary Care Improvement Plan and this is addressed in section 9 above.

Within Dental Services, a focus on health improvement and prevention of dental disease remains a high focus for the whole population and key priority groups including children, special care and dependent elderly patients. The Childsmile and Caring for Smiles oral health improvement programmes were suspended due to the Coronavirus pandemic, and it is essential that these programmes are re-established as early as is possible. Working together with partners in Education and Childcare, and Health and Social Care is essential for implementing these preventative programmes.

Additionally, the Coronavirus pandemic continues to have a profound impact on the provision of dental services. The provision of COVID-safe Aerosol Generating Procedures within Dental Services impacts on the number of staff required to carry out a procedure. An additional member of staff is currently required to support those in-surgery. Due to its remote location and low number of COVID-19 cases, Orkney is proving a popular destination to reside in. Houses are selling quickly and the number of new residents seeking dental treatment and registration is increasing. There is no capacity at the current time within the Independent Dental practices to register additional NHS patients. Due to the uncertainty around the Coronavirus pandemic situation, the remaining working practice restrictions and increased demand for treatment, there may be a need to review the current operating structure within the public dental service to allow additional capacity. In addition, recruitment and retention in a period of change is likely to be unpredictable. The impact this will have in Orkney is not yet clear and the ability to find affordable housing is proving difficult.

Optometry services In Orkney continue to remobilise. Specsavers have been providing a valuable additional peripatetic service to the community in addition to the current resident Optometric service. Remobilisation of the peripatetic service is proving difficult due to the need to find alternative accommodation that reflects all the additional health and safety legislation following the Coronavirus pandemic. This is having an additional impact on the workload and capacity to meet all the additional demands on the resident Optometry service. Optometry services will continue to work as a matter of urgency with the peripatetic provider and Scottish Government to reach a solution that will allow increased optometry availability to our community whilst also providing some potential additional new capacity around domiciliary visiting or low vision services.

The rise in the prevalence of Diabetes continues across Scotland and also within our local community. Currently demand is higher than the capacity our Specialist Nursing capacity can provide which is by one full time Nurse and a review of our current service model is required to allow a discussion about what future provision of Diabetic Specialist care should look like.

13.3. Objectives and outcomes

	Objectives	Outcomes	Measured by	Lead	Due Date
Objectives and outcomes – Health and Community Care					
1.	Deliver the actions from the self-evaluation of Adult Protection.	Assurance that adult protection measures are in place that are fit for purpose.	Increase in both referrals and planned action taken.	Head of Health and Community Care / Chief Social Work Officer.	December 2021.
2.	Deliver the actions from the Allocation Resource Committee (ARC) Review.	Assurance that ARC processes are fit for purpose.	Smoother process which stakeholders agree is more inclusive and timely.	Head of Health and Community Care.	September 2021.
3.	Embark on a piece of work which shows the current pressure on all our community services in relation to ageing population.	Joint Strategic Needs Assessment can evidence impact of growing older population on services.	Service pressures are articulated in new Strategic Plan.	Service Manager – Health and Community Care.	March 2022.
4.	Kirkwall Care Facility built and open.	Modern care facilities for those who require it on a flexible, temporary or permanent basis, with the overarching aim of rehabilitative support to enable people to remain in their own homes, ensuring their best quality of life.	Numbers of residents who are supported in their own homes through temporary respite and rehabilitative stays. Capture of qualitative feedback in relation to lengthened opportunities to remain at home and	Head of Health and Community Care.	2023.

			extent of increased wellbeing.		
5.	Respite and day opportunity review.	Expanded and broader range of respite and day care opportunities.	Revisit respite and day opportunities in light of learning from the Pandemic, and services which have been put in place instead.	Service Manager – Health and Community Care.	March 2022.
6.	Revisit the Learning Disability Strategy.	A broader range of models of care available for families to consider which are less reliant on traditional models.	Review the Learning Disability Strategy in light of the learning from the Pandemic.	Service Manager – Health and Community Care.	March 2022.
Allocated budget: Included within overall Primary Care budget within Appendix 2.					
Objectives and outcomes – Primary Care Services					
	Objectives	**Outcomes**	**Measured by**	**Lead**	**Due Date**
1.	Review operational structure of Public Dental Service to provide additional planning capacity to see and treat patients over the next 12 - 24 month period.	This will improve patient outcomes by providing additional appointment capacity to review patients who currently are on the waiting list and unable to register currently with a General Dental provider.	Appointment data and patient registration waiting list.	Head of Primary Care and Director of Dentistry.	June 2021.
2.	Re-establish the National preventative programmes in Oral Health. In line with national guidance, work to restore Oral health improvement programmes at the earliest opportunity.	This will ensure we again provide educational support to children in school settings around toothbrushing to allow understanding of the importance around oral	School and care home involvement.	Director of Dentistry and Oral Health Team Lead.	October 2021.

		hygiene and therefore prevent decay in later life.			
3.	Review Peripatetic Optometric Service.	To allow service to review and the potential to expand the service to some patients i.e. domiciliary visits/low vision services. This review will allow us to determine if an additional on island presence would be of benefit. Additional capacity would increase local appointment access for our population for both routine eye care plus additionality for those who are housebound.	Data from Practitioner Services, waiting list and discussion with SG re new optometric initiatives.	Head of Primary Care and local Optometric Advisor.	June 2021.
4.	Review Specialist Diabetes Nursing Service to determine change or expansion in current model of care. We will as a result of the review update our current local pathway to ensure we are reviewing patients with the highest requirement for specialist support at an early stage within our community setting.	Earlier advice and treatment resulting in improved health outcomes, focusing on both community and secondary care settings.	Appointment data and workload analysis.	Community Nurse Manager and Director of Nursing, Midwifery and Allied Health Professionals.	September 2021.
Allocated budget: see Primary Care.					

14. Service Area: Crosscutting Services

14.1. Outline

The single key cross-cutting service delegated to the IJB is the ‘set aside’ budget, amounting to £7,777,000 which relates to unscheduled acute hospital care. These include accident and emergency services provided in a hospital, inpatient hospital services relating to a range of medicine, palliative care services provided in a hospital, inpatient hospital services provided by general medical practitioners, services provided in a hospital in relation to an addiction or dependence on any substance and mental health services provided in a hospital, except secure forensic mental health. There is a statutory requirement that the budget for these hospital services, used by the partnership population, is included within the scope of the IJB services and therefore these need to be addressed in the Strategic Commissioning Implementation Plan.

We also plan to review our commissioned services from the independent sector as part of a wider programme of review of commissioned services across Orkney Islands Council.

14.2. Strategic Commissioning intentions

Following an Internal Audit on budgetary processes it was recommended that there was a need to prioritise the establishment of robust and timeous processes for the planning, performance, management and budgetary performance monitoring of set aside hospital functions and associated resources. It was further recommended that regular and detailed reports should be provided to the Orkney Integration Joint Board on progress made towards meeting each of six key steps for implementing the set aside arrangements as set out in statutory guidance during the financial year 2020/21 with a view to the IJB managing this budget direct.

These actions are set out in detail in a report to the IJB of 30 September 2020 Set Aside Budget. The actions are about establishing baseline hospital bed capacity used by Integration Authority residents in the delegated specialties and the resource affected and developing projections and agreed plans for the bed capacity that will be needed in future. The risks relating to any reduction in hospital beds and the transfer of budget from hospital to community is a shared risk between the IJB and NHS Orkney.

The outcomes of these discussions will form the strategic commissioning intentions in relation to the set aside budget. It is envisaged that relatively little opportunity exists in relation to hospital bed reduction at present, given bed use data. However, progress in relation to the six actions will confirm future commissioning opportunities.

Orkney Islands Council’s senior management team is commissioning an independent review of the Council’s third sector services to identify improvements in quality standards, monitoring and efficiencies. The IJB Chief Officer is sponsoring this programme as

corporate lead. Council has a clearly defined strategy for third sector commissioned services which delivers value for money and aligns services to outcomes.

14.3. Objectives and outcomes

	Objectives	Outcomes	Measured by	Lead	Due Date
1.	Improved alignment of budgets across acute and community services to meet the needs of the patient population through a more comprehensive analysis of costs in relation to Set Aside budget.	Patients have better health and wellbeing outcomes due to receiving health treatment and care services at home where feasible.	This will be established once the analysis takes place.	Chief Finance Officer.	December 2021.
2.	Independent review of the Council's third sector services to identify improvements in quality standards, monitoring and efficiencies.	Commissioned third sector services better meet the outcomes of individuals and demonstrably achieve best value through improved strategic planning processes.	Third Sector feedback; improvement plan actions completed.	Chief Officer / Executive Director, Orkney Health and Care.	Subject to resources being secured, review will be commissioned by June 2021 and review completed by December 2021 with the improvement plan then defining timescales for inclusion in the Strategic Commissioning Plan 2022-25.

Allocated budgets: Set Aside budget: The figure for 2020/21 was £7,777,000. Third Sector service budget: This is included within existing resources within Appendix 2.

15. Commissioning services, including procurement

15.1. Strategic Planning Group and Programme Boards

The Strategic Planning Group membership is defined in legislation which contains third sector, service user, carer representatives with a range of service professionals. The aim of the Strategic Planning Group is to give scrutiny, challenge and engagement with a range of stakeholders on the development of the Strategic Commissioning Plan.

15.2. How Orkney Health and Care procures services

Orkney Health and Care utilises the procurement services from NHS Orkney and Orkney Island Council and ensures adherence to their relevant policies and procedures. The procurement of any service involves discussion with finance and contracting/procurement colleagues.

15.3. How contracts are managed

Contract management is about active management of the relationships between OHAC and the provider over the life of the contract for the delivery of services to the agreed standard. There are three aspects to effective contract management, all of which must be actively managed:

- Performance Management.
- Relationship Management.
- Contract Administration.

These activities have been the subject of internal audit review across Orkney Islands Council and improvement actions are underway through the senior management teams of Council services and Orkney Health and Care.

Appendix 1: Market Facilitated Statement

Purpose of this Market Facilitation Statement

Welcome to this Market Facilitation Statement (MFS) produced by Orkney Health and Care, the Integration Joint Board (IJB) of the Orkney Health and Social Care Partnership.

'Market facilitation' is a part of the strategic commissioning process that the IJB leads. It aims to influence, shape and change markets to deliver a wider range of affordable and long-term services, to deliver good outcomes for people, and to meet the needs of the population, both now and in the future. The purpose of the MFS is to share information that supports a forward thinking, innovative social care market, where we might achieve good outcomes for the people in Orkney who require health and social care support, in the most efficient manner.

The MFS does not set out a description of all services that are formally commissioned or purchased through Service Level Agreements, and does not seek to evaluate or comment on the performance or efficiency of the services currently commissioned or purchased; rather it seeks to show the areas where there is scope to provide services differently in a way that might enable third or independent sector services providers to develop their role in the overall health and social care sector. For this reason, the key information provided in this document is focused on the areas of pressure in the health and social care system, the reasons for this, and the potential scope for development. In the interests of succinctness, the MFS is therefore limited to these areas.

The IJB does, however, recognise that positive contributions are made by people with health and social care needs and those of advancing years, to their communities, to their own wellbeing and that of others, and to Orkney as a whole.

The IJB believes that through cooperation, coproduction and partnership working there can be more options for quality care services for people and hopes the MFS is helpful and informative, as a means of providing an insight into how the Board believe care and support services could look in Orkney.

Orkney Context

Health and social care services in Orkney are delivered across the sector as a whole by the local authority, health board and a wide number of third sector services, as well as a small number of independent sector service providers.

The profile of social care service delivery in Orkney is significantly different from most areas in Scotland, with a much greater proportion of these services being provided directly by the local authority than is usually seen elsewhere in Scotland and the rest of the United Kingdom. There are a number of factors behind this current profile including the challenges of geography, the impact this

has on the attractiveness and financial viability of working in Orkney for external providers, and public opinions about the appropriateness of outsourcing services that have, traditionally, been the preserve of the local authority, such as Care at Home services.

The MFS also aims to raise awareness of the potential developments there may be for third and independent sector providers through the Self-Directed Support (Scotland) Act 2013. This Act introduced new duties and responsibilities, with an explicit requirement of local authorities to provide choice and control to service users. This policy has been successfully implemented locally, with a steady rise over time in the number of people opting to manage their own support through the receipt of a Direct Payment and employment of a personal assistant. However, the choice for service users beyond a Direct Payment or local authority service provision is still very limited. There is scope for development in this area in the form of structures that allow people to use funds to purchase care directly from third and independent service providers.

It is not the intention of the IJB to imply that the way services are currently provided is not good; however, the Board does wish to explore whether different ways of working, different partners working together, and a more diverse range of options would promote choice and add resilience into the way in which services are provided. For example, the IJB's recent commitment to Community Led Support captures this fresh approach to service provision, particularly in the most remote and fragile of Orkney's communities.

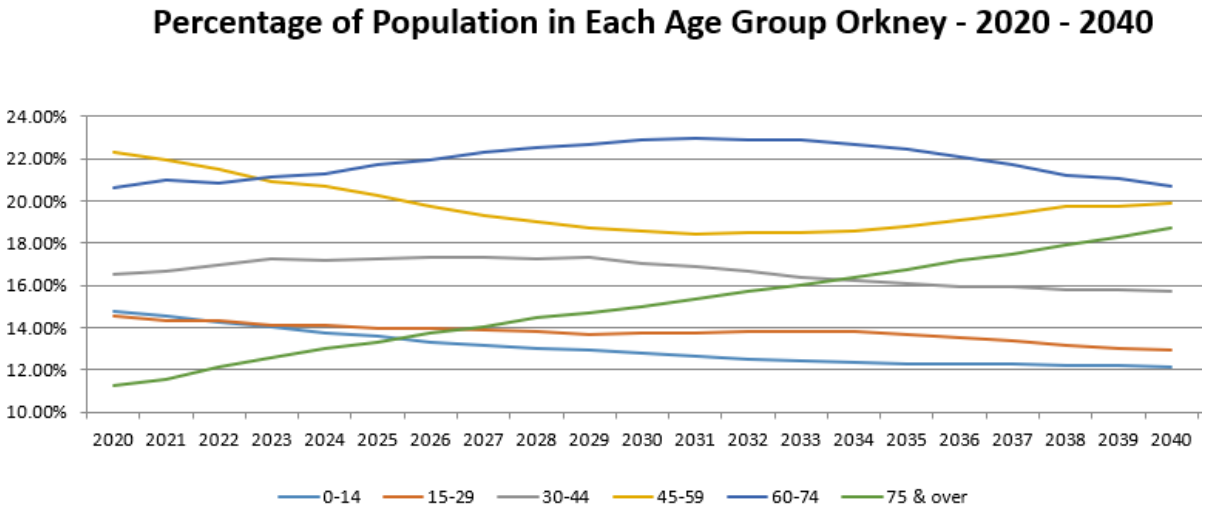
Scope

This document is intended to set out some of the key health and social care issues and challenges in Orkney and to examine some of the options for service delivery growth, both now and in the future.

It is not intended to be read in isolation, but as part of our broader strategy for the commissioning and delivery of health and social care services for the people of Orkney, which will be examined in detail in the Strategic Commissioning Implementation Plan which is currently under development.

Demographic Change and Future Demand

Adult social care is in the midst of significant demographic change. In Orkney people aged 75 and over currently account for 11% of the population. This is predicted to increase to 19% by 2040.



Source: NRS 2018 mid-year population estimate.

Advances in medical science are enabling more people to live for longer, many with long-term conditions, and this is continuing to change the profile of our population. This will inevitably lead to greater demand for social care support across all groups, especially amongst our older population.

This increase in demand is unlikely to be matched by any increase in government funding to support service increases, so new ways to deliver social care support need to be created.

Although this challenge is not unique to Orkney, our older population is increasing faster than the national average. In addition, significant numbers of our working age population are leaving the islands, and so fewer people are available to provide the care and support required by the predicted levels of chronic illness and disabilities. This reality was also highlighted in NHS Orkney's Transforming Services Strategy:

'if nothing else changes in the way we deliver care, this means that for every 10 people over 85 currently accessing health and social care services, there will be 31 people over 85 accessing it by 2033. Equally, if nothing else changes, for every 10 people providing care to people over 85 we will need 31 people by 2033.'

It should also be noted that there are an increasing number 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.

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

There are an increasing number of people of all ages self-funding the social care support that they need. However, regardless of how social care is funded, people want greater choice, control and flexibility over how their social care needs are met.

Drivers for Changing Service Delivery

As we have seen, an increasing population, especially amongst people over 75, will mean a greater demand on services. Furthermore, we must manage this demand with less funding.

This challenging environment, as well as advances in technology, will mean that we must change the way that services are delivered. For example:

- There is a national expectation that support to unpaid carers needs to be increased to build capacity in the unpaid care sector. This expectation is realised in the Carer (Scotland) Act 2016.
- There is a need to grow supports that provide early intervention and prevention to support the move away from long-term dependent care provision, along with the avoidance of unnecessary hospital admissions and the support of timely hospital discharge.
- The role of information and advice in the market is expected to grow to support people in taking choice and control over how their needs are met.
- The use of assistive technology needs to be further embedded into mainstream support provision to enable more people to maintain their independence for longer.
- Life expectancy is increasing; including those with long-term conditions, so there will need to be an increase in self-care initiatives to support long-term health and wellbeing.
- Focus will move towards shorter-term, intensive social care packages focused on reablement and returning home.

In addition, the emphasis on choice and control, the delivery of individual outcomes and Self-Directed Support means that we need to consider new models of social care delivery.

Community Led Support

One such model is Community Led Support (CLS), an approach to social care that is now at the heart of service planning. CLS aims to provide the foundation for a more modern, effective way of delivering social and community health care support, strengthening individual and community resilience, and well-being.

It is a concept based upon joined up working across the Council, NHS Orkney, and third sector and community partners, working collaboratively in the interests of the individual and the community. It builds on what is already working, consolidating and joining up good practice and innovation, whilst drawing on the resources of an individual, their family and social circle, and their community, whilst empowering care practitioners to adopt a common-sense approach to care delivery.

At the heart of the approach is a set of underpinning principles, describing how local support should be delivered, and it is these principles that steer local service development, ensuring that the detail of what happens, how it happens - is determined with and by local people. The principles are summarised below:

- Co-production brings people and organisations together around a shared vision.
- There is a focus on communities and each of those communities will be different.
- The culture of care organisations is based upon the trust and empowerment of care staff and their clients.
- People receiving care are treated as equals, and their strengths and gifts are built upon.
- Organisational bureaucracy is kept to an absolute minimum.
- The care system is responsive, proportionate and delivers good outcomes.

What We Did During 2018 and 2019 in Relation to Market Facilitation

We have made consistent efforts throughout the 2018-19 financial year in support of market facilitation. Some of the highlights include:

- Publication of the new Strategic Plan 2019 - 2022. This shows the areas of change and development that the IJB will be prioritising during the lifetime of the plan.

- Community Led Support Launch. Events were held throughout the Mainland and isles to promote CLS and encourage broader community involvement in community health and social care delivery.

Healthcare Improvement Scotland. Working with colleagues from Healthcare Improvement Scotland, a number of workshops were undertaken for third sector organisations, looking at how laws and regulation might allow micro-provision of services at a community level.

How Providers can Begin to Adapt

The drive to deliver seamless services through the integration of health and social care and support services is well underway. Providers who re-shape their service delivery models will be better placed to respond to future procurement opportunities.

Providers should therefore:

- Consider how their services are or can be made “early intervention and prevention” focussed and how they support people to be as independent as possible.
- Consider how their services work within local communities, especially within the context of CLS, and how they support the building of capacity within those communities.
- Recognise that increasingly the purchasing partner will no longer be the Local Authority / Health Board but will be the service user. This will require providers to market their services differently and mean that they will need to make access to their services straightforward.
- Develop ways to record, evidence, analyse and report on outcomes. In the changing market of adult social care and support, quality and reliability will be what differentiates providers.
- Create smarter partnership working opportunities, e.g. sharing expertise, resources or back office support to increase impact and efficiency. This could be via formal or informal arrangements.
- Think about ways to collaborate across services to achieve something that is greater than the sum of its individual parts and delivers best value.
- Collaborate with place and interest-based community, voluntary, faith and leisure groups to reduce loneliness and isolation.

Our Commitment

- We are committed to working closely with our partners in the third and independent sectors to re-shape the landscape of community health and social care provision. This will deliver the best possible services for people in Orkney, right now and in the future.
- We continually analyse the needs of our communities to ensure that we can develop strategic priorities that will meet those needs, and will actively share demand and demographic information.
- We will engage with providers to learn how we can support them to overcome perceived barriers to planning and implementing new care models.

By being clear with providers about how we will intervene in the market, about how we will allocate funding in the future and what services we will invest in, and about what support and advice we can give, we hope to drive effective change that will allow us to both achieve a balance in the supply and demand for services and improve the overall availability and quality of services.

Appendix 2: Summary of Current Commissioned / Procured Services (2021/22)

The figures below are based on the baseline budget approved in regard to financial year 2021/22. These budgets will increase once further allocations are received throughout the year.

Types of Commissioned Services.	**Total Commissioning Budget. £000.**
Support Services and Overheads.	3,032.
Alcohol and Drugs Partnership.	455.
Children and Families.	4,778.
Prescribing.	4,929.
Elderly.	7,155.
Disability.	6,019.
Mental Health.	1,042.

Community Care.	1,012.
Occupational Therapy.	672.
Home Care.	4,140.
Criminal Justice.	63.
Community Nursing.	1,649.
Primary Care.	11,041.
Allied Health Professionals.	959.
Rehabilitation.	246.
Midwifery.	1,067.
Savings	-800.
Set Aside	7,435.
Total.	**54,894.**