

Annual Performance Report

2020/2021



Integration Joint Board



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The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Joint Boards to publish an Annual Performance Report, setting out an assessment of performance in planning and carrying out those functions for which they are responsible.

This is the fifth report for the Orkney Integration Joint Board (IJB) and within it we look back upon the last year (2020/21). We consider progress in delivering the priorities set out in our second [Strategic Plan \(2019-22\)](#), with key service developments and achievements from the last twelve months highlighted.

Within this report, we also review our performance against agreed local Key Performance Indicators, as well as in relation to the National Integration Indicators and those indicators specified by the Ministerial Strategic Group (MSG) for Health and Community Care.

Foreword

Integration Joint Board Chair – Issy Grieve

Welcome to the fifth Annual Performance Report of the Orkney Integration Joint Board.

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



Chief Officer – Stephen Brown



Welcome to the fifth IJB Annual Performance Report and of course my first in post as the Chief Officer of Orkney Health and Care.

Firstly I want to extend a heartfelt thank you to the staff of both NHS Orkney and Orkney Islands Council, and all of our partners in the third sector and Emergency Services for their incredible work over the last year. Staff should be incredibly proud of all the efforts they have spent as every week stories were heard of those in our community going the extra mile to support those in need during the pandemic.

From my first days as Chief Officer I could see the strong community spirit which runs through the heart of Orkney and the amazing lengths people go to when supporting friends, colleagues, neighbours and even complete strangers with the shared goal of making sure everyone within our communities are well and coping. It is truly amazing and something that Orkney, quite rightly, takes pride in.

COVID-19 has provided the most challenging of times and during a global emergency such as this, we must utilise all available resources to overcome the challenges ahead. We are proud to contribute to finding solutions alongside our communities.

In partnership with NHS Orkney and Orkney Islands Council we are working towards a strong recovery and adapting to new practices to improve how our services are developed, managed and provided, creating a more sustainable future with

increased access to services whilst building resilience from the lessons learned throughout this pandemic.

IJB Membership

The current IJB membership consists of three members from NHS Orkney (NHSO) and Orkney Islands Council (OIC). These members have two NHSO deputies and 3 OIC deputies respectively.



Standing from left to right:

Davie Campbell (NHS Non Executive Director).
Issy Grieve (Chair and NHS Non Executive Director).
Councillor John Richards, (Elected Member).

Seated from left to right:

Councillor Rachael King (Vice Chair and Elected Member).
David Drever (NHS Non Executive Director).
Councillor Steve Sankey (Elected Member).

Others who are involved

The IJB also holds a number of Non-Voting members including professional advisors and stakeholder members.

Non-Voting members who act as professional advisors include:

- Chief Officer of the IJB.
- Chief Social Worker Officer.
- Chief Finance Officer to the IJB – Proper Officer appointed under s95.
- A Registered Medical Practitioner who is a GP.
- A Registered Medical Practitioner who is not a GP.
- A Registered Nurse.

Non-Voting Members (Stakeholder Members):

- Staff Representative.
- Third Sector Representative.
- Unpaid Carer Representative.
- Service User Representative.

Additional Non-Voting Members (Locally Agreed in Addition to Requirements) include:

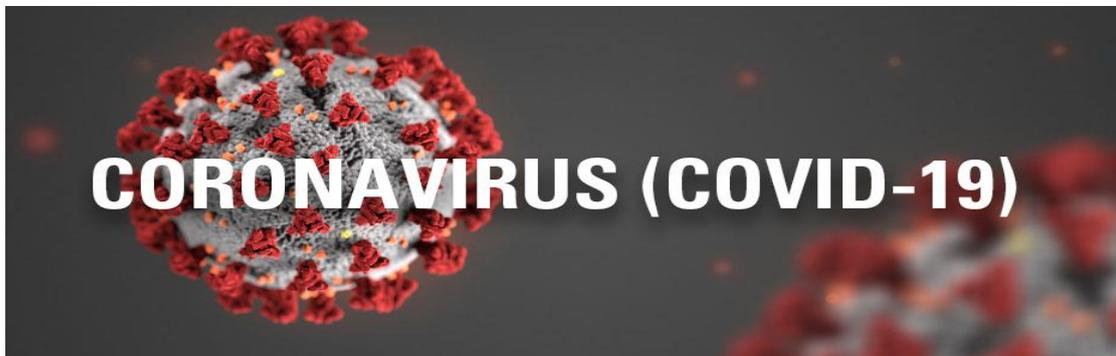
- An additional Staff Representative.
- A Housing Representative.

In this period, a few changes have been seen with Issy Grieve commencing as Chair of the IJB, with the previous Chair, Councillor Rachael King, commencing the role of Vice Chair in May 2021.

Gillian Morrison ended her time as Interim Chief Officer for the IJB with the arrival of Stephen Brown as a permanent appointment to the Chief Officer role in May 2021.

Non-Voting Members (Stakeholder Members) also saw the appointment of Danny Oliver as OIC's Staff Representative and Joyce Harcus appointed as the Unpaid Carer Representative.

An up-to-date list of membership can be found [here](#).



The impact of COVID-19 on services commissioned by the Orkney IJB has been unprecedented. It has required a significant degree of service change within a short period of time, ultimately having service delivery impact, which is likely to continue over the medium term.

All frontline staff attended workplaces and undertook frontline duties including seeing all vulnerable people where feasible within the Scottish national COVID-19 regulations. Some services required to change their models of delivery in line with guidance and so, for example, Day Care centres were closed and staff were deployed to deliver outreach support.

The opening of the fourth wing at Hamnavoe House showed true integrated working whereby people were discharged from hospital as quickly and safely as possible and received rehabilitation support before returning home.

Some other staff were redeployed for emergency responses whilst maintaining statutory service delivery within Scottish Government guidance.

A Humanitarian Aid centre was also opened within the Pickaquoy Centre within days of lockdown to help those most vulnerable through COVID-19 by offering services such as assisting with medication and sustenance deliveries and befriending.

The Parties quickly ensured staff had the relevant Information Technology (IT) equipment so that services could continue as much as possible. Meetings were very swiftly able to be held virtually via Microsoft Teams.

There were resilience meetings including Care for People meetings weekly with partners to discuss and co-ordinate emergency responses.

A Service Operational Recovery Team (SORT) was set up and these weekly meetings were held to identify priorities for commissioning and decommissioning emergency response services, scaling back and reopening services in line with Scottish Government COVID-19 advice.

With staff capacity already an issue pre-pandemic due to an almost full employment market in Orkney, this further exacerbated the need to staff additional emergency services within a small system where staff already have multiple roles and responsibilities. In addition, some staff needed to self-isolate or shield during periods of lockdown. With already small teams, this had a substantial impact and therefore there was a requirement to employ further agency staff to ensure a safe and sustainable service.

Locally (as of 23 August 2021) Orkney has had 186 confirmed cases of coronavirus (one case per 770 residents) with four associated COVID-19 deaths.

NHS Orkney Covid Vaccination Response

NHSO commenced the COVID-19 Vaccination Programme on Monday, 14 December 2020. The first clinics were delivered for frontline Health and Social Care staff within the Kirkwall Vaccination Centre (KVC) alongside clinics within the local care homes.

Since mid-December, the KVC has continued to provide a daily service offering bookable weekday appointments for all cohorts of patients that are eligible to attend for vaccination. In addition, we have delivered Mass Vaccination Clinics in alternative venues to ensure the maximum possible protection was delivered to our community as quickly as possible.

Clinics were run at a variety of venues across mainland Orkney to capture as much of the population as possible. Although no targets were set for numbers of vaccinations at each clinic, information regarding the clinic times and dates were widely circulated to each age group to allow good attendance numbers for vaccination.

Integration Joint Board Annual Performance Report

A summary of our mainland clinics is listed below:

Venue	Type of clinic	Clinics	Patients per clinic (Approx)
Outpatients Department - Balfour Hospital	Mass Vaccination Venue (Weekend only)	14	500
The Pickaquooy Centre	Mass Vaccination Venue (weekday and weekend)	11	600
Kirkwall Vaccination Centre	Daily venue – ongoing	150	110
Kirkwall Vaccination Centre	Evening drop in clinics	3	25
Warehouse Buildings – Stromness	Community Vaccination Venue	2	200
Milestone Church – Dounby	Community Vaccination Venue	2	200
The Kirk - St Margaret's Hope	Community Vaccination Venue	2	150

For the non-linked isles, a significant amount of logistical work was undertaken to ensure that each island had a supply of vaccines in time to match the delivery happening on the mainland. Across the islands, the vaccinations were delivered by GPs, Advance Nurse Practitioners and Community Nursing staff, normally within the local practice setting.

In addition to the vaccination clinics, housebound patients across all the islands were supported by the Community Nurses to be vaccinated within their own homes.

A summary of our results so far is listed below (as at 13 September 2021):

COVID-19 Vaccines – NHSO	
Total first doses delivered	17,637
Total second doses delivered	16,821
Total vaccines delivered	34,458

NHSO – COVID-19 Vaccine Uptake	
Population aged 16+ received first dose	92.70%
Population aged 16+ received second dose	87.50%

The COVID-19 Vaccine requires two doses for effective immunity, meaning that although Orkney has an approximate population of 21,000 the total vaccines delivered upon completion of the programme will be close to 40,000.

From a staff point of view, the programme has been supported by over 100 different vaccinators drawn from Nursing, Dental, Paramedics, Podiatrists, GPs and Hospital Consultants.

The programme is supported by a dedicated administration team of three full time and one part time staff members with management, logistical and operational support provided by the Primary Care team. Strategic direction has been provided by the Public Health Department.

The programme has been assisted by Voluntary Action Orkney (VAO) who supported by organising over 2,200 hours of volunteer time to help support the programme.

Where possible data was gathered by NHSO management and Public Health. Learnings were shared nationally and best practice throughout Scotland implemented where suitable at each NHS Board area.

NHSO performed well, despite there being no targets set for the vaccine roll out throughout Orkney, which was done efficiently and at speed with great uptake of the vaccine seen within the community. This success was largely due to the collaborative efforts of the community and the many people who helped to make this happen not only at the NHSO but including those who volunteered their time to assist with aspects of the project such as marshalling.

Performance of COVID-19 Response

The Scottish Government targets for Scotland aim to ensure that at least 90% of those over the age of 16 are fully vaccinated against COVID-19 upon completion of the vaccination programme. As of 13 September 2021, Orkney has performed very well with 92.70% receiving their first dose and 87.50% fully vaccinated with a second dose. These figures grow daily with Orkney continuing to be one of the highest vaccinated areas in Scotland.

This was supported by excellent communication with the community by Primary Care as although no formal targets were set for attendance at clinics the performance was very good with high turnout at all venues.

Looking to the future, currently COVID-19 vaccinations in those under 16 are continually under review, as we progress new targets are likely to be set over 2021/22.

Key Priorities for Recovery

Implementation of recovery plans is underway, following carefully planned approaches in how services can begin to reopen in line with government guidance.

Staff have now largely moved back to their own substantive posts as services have re-opened, in the context of the continued delivery of statutory services which have been prioritised throughout the emergency phase.

Services have been capturing all the information, lessons learned and new ways of working so that they are prepared for further emergency responses should they arise.

A pilot has commenced in regard to a Home First Approach, a discharge to assess model, which is in the very early stages, but it is anticipated this will make an impact on hospital discharges for people able to return to the community as quickly as possible. It is anticipated that care at home services will also have a pivotal role in the Home First pilot which aims to aid timely hospital discharge.

The IJB approved a pilot for the Home First service which has been extended to operate for one year including one full winter, until 31 March 2022. Following evaluation of the pilot, a report will be brought to the April 2022 IJB meeting as this will have more comprehensive outcome data and a recommendation based on the results of the pilot.

Early results from the Home First pilot show significant improvements in delayed discharge times which are leading to greater patient experiences and more effective use of services. Although full details are not currently available this early success will be explained in full in the pilot evaluation report in April 2022.

Day care services have resumed, however due to the requirement to meet physical distancing requirements, there is reduced capacity. Some people have opted to have their care needs received in a different way due to lockdown. It is hoped that where these have worked well and are more personalised to the individual, this support can continue rather than resuming traditional service delivery if the former is preferred. This will require considerable service redesign to services for both older people and those with learning disabilities and will require consultation with all stakeholders to determine what future services might look like.

Key Achievements

Despite the challenges presented by the pandemic the IJB has seen many successes over 2020/21, some of our key successes are highlighted below:

Highly Successful Vaccination Programme delivering 34,458 Vaccinations within Orkney.

Roll out of Virtual Clinics (Near Me) 6,569 Calls made over 2020/21.

Maternity Unit received UNICEF Commendation for full "Baby Friendly accreditation".

Creation of the Strategic Performance Management Framework.

Roll out of the Strategic Commissioning Implementation Plan.

Employment of a new permanent Chief Officer for Orkney Health and Care.

Introduction of new specialists into GP practices through the Primary Care Improvement Plan.

Introduction of Orkney's Good Parenting Plan 2020-2025.

Creation of the Children's Health Services Improvement Plan (2020-2022).

Positive report upon the developments made following Children's Services Inspection.

Development of the COVID-19 Vaccination and Testing Centre.

Creation of a Humanitarian centre supporting the people of Orkney throughout the pandemic.

The Orkney Health and Care Workforce Plan 2020-22 was approved in December 2020.

Health Visitors achieve "Baby Friendly accreditation" in high scoring UNICEF assessment.

Piloting of Home First project, improving delayed discharges and organisation of post hospital care.

Key Challenges

Over 2020/21 there have been several challenges facing the IJB, none more prominent than COVID-19 which has been discussed earlier in this report. There were however several additional challenges outlined below:

Requirements of Service Change

The impact of COVID-19 on services commissioned by the IJB has been unprecedented. It has required a significant degree of service change within a short period of time, ultimately having a substantial financial impact, which is likely to continue over the medium term.

All frontline staff attended workplaces and undertook frontline duties including seeing all vulnerable people where feasible within the Scottish national COVID-19 regulations. Some services required to change their models of delivery in line with guidance and so, for example, Day Care centres were closed and staff were deployed to deliver outreach support.

Some other staff were redeployed for emergency responses whilst maintaining statutory service delivery within Scottish Government guidance.

The Parties quickly ensured staff had the relevant Information Technology (IT) equipment so that services could continue as much as possible. Meetings were very swiftly able to be held virtually via Microsoft Teams.

There were resilience meetings including Care for People meetings weekly with partners to discuss and co-ordinate emergency responses.

A Service Operational Recovery Team (SORT) was set up and these weekly meetings were held to identify priorities for commissioning and decommissioning emergency response services, scaling back and reopening services in line with Scottish Government COVID-19 advice.

Senior Management

Orkney Health and Care had a number of gaps within the Senior Management Team over 2020/21 which were filled with interim posts. One such post was that of our Chief Officer with the position being filled on an interim basis by Gillian Morrison before the employment of Stephen Brown as a permanent Chief Officer at the beginning of 2021/22.

Currently, there are still some vacancies which are reliant on interim staff such as the Head of Children and Families, Criminal Justice and Chief Social Work Officer.

Workforce, Recruitment and Agency Worker Reliance

Staff within the Health and Social Care Partnership continue to be recruited in a timeous manner due to the need to cover the staffing vacancies at the earliest possible point in social care.

With staff capacity already an issue pre-pandemic due to an almost full employment market in Orkney, this further exacerbated the need to staff additional emergency services within a small system where staff already have multiple roles and responsibilities. In addition, some staff needed to self-isolate or shield during periods of lockdown. With already small teams, this had a substantial impact and therefore there was a requirement to employ further agency staff to ensure a safe and sustainable service.

The use of agency staff adds significant financial pressure to services however this continues to be monitored with an ongoing focus on ways in which we can recruit and develop home grown talent going forward.

Mental Health

The demand on services has increased substantially over the last decade. At the start of 2021 this service also saw a significant increase in demand for urgent referrals and complex cases requiring more multi-agency meetings. This has added additional demands upon the service.

With the additional complex cases there has also been extra use of the transfer bed within the Balfour. This bed is used for patients who have been detained and who require transfer to inpatient mental health services in Cornhill Royal Hospital for a period of treatment. The use of this bed places challenges on CMHT staff who are required to provide staff cover for what can be a prolonged period of time until the transfer can take place. This results in planned work being postponed with the result that other patients do not receive much needed appointments. This has been a slowly growing but nonetheless an increasing trend even in the pre-pandemic phase. The Service Manager post vacancy adds additional pressures with less support available for operational matters. Currently this vacancy is out to advert with the aspiration to have this role filled during 2021/22.

Historical and long term challenges around having a local mental health consultant resource continues, one of the aspirations is to attain a permanent long term consultant to review the process of patients transfers and cases to improve quality and increase the quality of service assurance. At the time of writing this post is currently out to advert.

To address the known issues the following aspirations have been set within the mental health strategy:

- Continued work with our colleagues in Grampian, utilising the SLA, to ensure appropriate input for population.
- Review of our demand and allocation in relation to staffing levels to ensure we meet the 90% treatment time guarantees for referrals to treatment.
- Improve and further develop close working with school nurses, social workers and other third sector agencies with regard to adolescents less than 16 years of age. (National Strategy Actions 2 and 8).
- Increase formal supervision for staff who find themselves holding difficult cases. (National Strategy Action 6).

- Explore programmes and ways to document patient contact, risk assessments and any other current records to promote effective communication and record keeping.
- Review our data collection with specific regard to rejected referral for CAMHS service. (National Strategy Action 18).
- Improve access to Psychological Therapies for young people who have experienced Childhood Sexual Abuse.
- We will work with our colleagues in the Justice System to improve mental health care for Young Offenders (National Strategy Actions 7 and 10).

Although out with the reporting period it should be noted that considerable funding has been made available to substantially increase the CAMHS resource during 2021/22

Children's Services

There have been issues across Social Work services with the systems support resource, of the Social Work management information system, presenting challenges with information management, data collection and analysis.

There have been significant, and at times, prolonged gaps in Children and Families staffing, including the Service Manager, Operational Manager, Social Workers across the service, Family Support Workers and Admin staff.

Locum staff were employed to ensure the functioning of the service and statutory duties for Child Protection could be met. There was significant staff turnover related to sickness absence, people leaving, short term contracts, retirement, and recruitment challenges.

This has meant, amongst other things, significant challenges associated with the operational delivery of Children and Families Social Work services. These issues were reflected in the Care Inspectorate inspection of 2019 (published February 2020).

Three of the main challenges facing social work are:

- Recruitment and retention.
- Capacity.
- Funding.

To deliver high quality Social Work and Social Care services to the local community we need to recruit and retain capable, strong, resilient professional, suitably qualified staff. We have been experiencing high levels of staff turnover and sickness, particularly in Children and Families services which has impacted on the staff team and disrupted the continuity of care and support for our children, young people, and families. This is noted in the Care Inspectorate Progress Review of August 2021.

Recruitment from within our local communities remains a challenge; due, amongst other things, to:

- Population size.
- Varied career choices.
- Challenges of dual relationships.

Suitable candidates, with the required qualifications and experience are often located out with Orkney, requiring time to find suitable accommodation in Orkney to allow people to relocate. The lack of accommodation can impact on successful recruitment.

The second point, capacity of small councils and health and Social Care partnerships can present challenges for undertaking the range and scope of all requirements expected of any such organisations. Operating in such smaller care and health systems can present both challenges and opportunities, which can hinder or enhance innovation and transformation. Here the small-scale nature, for example, of our operational Social Work services can lead to speedy and effective new service delivery models and practice being introduced and embedded.

The third challenge facing Social Work and Social Care services relates to the climate of public funding including savings requirements within the context of the above mentioned 2016 Audit Scotland report, which highlighted the challenges of available resource and funding set against public demand and expectation.

Workforce, Recruitment and Agency Worker Reliance

Staff within the Health and Social Care Partnership continue to be recruited in a timeous manner due to the need to cover the staffing vacancies at the earliest possible point in social care.

With staff capacity already an issue pre-pandemic due to an almost full employment market in Orkney, this further exacerbated the need to staff additional emergency services within a small system where staff already have multiple roles and responsibilities. In addition, some staff needed to self-isolate or shield during periods of lockdown. With already small teams, this had a substantial impact and therefore there was a requirement to employ further agency staff to ensure a safe and sustainable service.

The use of agency staff adds significant financial pressure to services however this continues to be monitored with an ongoing focus on ways in which we can recruit and develop home grown talent going forward.

The availability of accommodation locally has been an ongoing issue. The previous expectation was that once the hospital build had been completed with the contractors leaving the island, this would free up more accommodation allowing us to accommodate experts we require on island. However, this has not been the case, the availability of accommodation in Orkney is very low and a significant challenge to not only ensure we have enough agency workers to staff services but also when trying to attract staff from other areas who wish to move to Orkney.

Data Availability

The availability of data over 2020/21 has been reduced, many of the key measures used by the Scottish Government have been delayed or changed in ways which make data comparisons harder. One such example, as will be seen later in this report, are the National Health and Wellbeing outcomes and Core Suite of Indicators where some measures have been amended to reflect the calendar year unlike previously where they were measured over the financial year.

This has been caused by the need to capture learnings from COVID-19 with regular reporting stopped to free up capacity in data analysts and performance management teams. This allowed the Scottish Government to make informed choices around how they managed the pandemic.

With many services coming to a halt during lockdowns there are also wide periods of time where much of the data for areas such as Outpatient Clinics have no information to show, giving no availability of information to feed into reporting over parts of the year.

Over 2021/22, it is hoped that much of the standard reporting that was seen in previous years will return with the previous reporting schedules re-aligned to those pre-pandemic. As the requirement to report on COVID-19 related data reduces, much of the original reporting workstreams will return and staff will return to their previous roles.

Performance Reporting

Performance reporting over 2020/21 became limited, as mentioned the priority for all partners was how to safely continue services within the COVID-19 advice at various stages over the pandemic.

Much of the local intelligence teams have faced additional requests from the Scottish Government to provide increased reporting for COVID-19 related data throughout the pandemic and continue to see increased requests for areas that were not previously captured or recorded upon systems. This has resulted in increased workstreams to improve service recording systems to capture this data as well as continued development of reports which can be used to pull the data from these systems.

However, with the recruitment of a Planning and Performance Officer at the end of the 2020/21 financial year there is now increased capacity to capture areas which can be reported upon with assistance from the Local Intelligence Support Team (LiST). This capacity will increase the understanding of data that can be captured and help to develop a culture of continual improvement and learning across services.

How we measure what we do

As a Health and Social Care Partnership we recognise the importance of self-evaluation, quality assurance and performance monitoring to enable us to identify areas of strength that we wish to build upon and areas for improvement.

Our commitment to continuously improve services, in order to promote good outcomes for individual and families, underpins everything that we do. Over 2020/21 ensuring the safe continuation of services was the main priority meaning that for much of this period performance reporting was not submitted over the past year.

Looking ahead to 2021/22, performance reporting will be an essential part of capturing learnings from COVID-19. Although there were few examples of performance reporting submitted over 2020 with the remobilisation of services and adoption of new ways of working there will be a return to six monthly performance reporting at the Orkney Health and Care (OHAC) Committee and regular reporting to the IJB upon a variety of newly launched strategies all linked to the Strategic Plan.

Benchmarking with other Health and Social Care Partnerships (HSCP) assists the interpretation of data and identifies areas for improvement. Partnerships with similar traits, including population density and deprivation have been grouped into 'peer groups', which consist of seven comparator Partnerships. Orkney is placed in a peer group along with, Aberdeenshire, Argyll and Bute, Dumfries and Galloway, Highland, Scottish Borders, Shetland and the Western Isles.

Clinical, care and professional governance is an important aspect of our work to improve the wellbeing of people and communities by ensuring the safety and quality of health and social care services. During 2020/21 work has continued to consolidate clinical, care and professional governance activities within all teams across the Partnership, further steps have been taken to strengthen these links through the review of the Clinical and Care Governance Committee which has now become the Joint Clinical and Care Governance Committee. Operational teams continue to report through appropriate governance groups to ensure a strong focus on governance activities on Annual Performance Report 2020/21.

Further work is to be done in 2021/22 on the reporting of the hosted services through governance systems. To support improvements to governance more regular performance reporting will be required with quarterly performance reporting continuing to be shared with heads of service to evidence our progress and an overarching annual report to evidence progress over the year.

We recognise that our commitment to continuous improvements means that further work will be required during 2021/22 to build on and strengthen the self-evaluation, quality assurance, performance monitoring and clinical, care and professional governance arrangements that are already in place. A key priority over the next 12 months will be to ensure enhanced collation, analysis and reporting of information at a locality level.

Local Government Benchmarking Framework

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



It is a high-level benchmarking tool designed to help senior management teams and elected members ask questions about key council services. This tool allows Orkney to compare its performance at a glance to all 32 Local Authority partnerships in Scotland with the highest performers placing first in each measure.

Orkney Health and Care presented the most recent benchmarking framework to the OHAC Committee in July 2021. The data shared was for the 2019/20 period with a summary of where Orkney was placed amongst the 32 peers below.

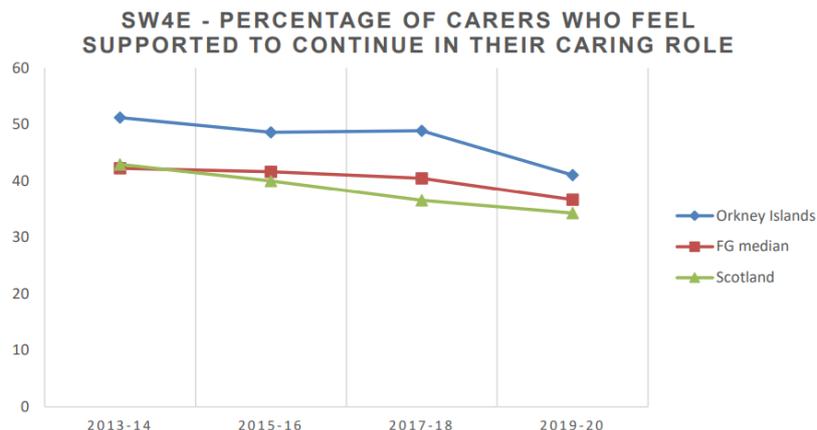
No	Measure	Position
1.	Home care costs per hour for people aged 65 or over.	30
2.	Self-directed support (direct payments + managed personalised budgets) spend on adults 18+ as a percentage of total social work spend on adults 18+.	10
3.	The percentage of people aged 65 and over with long-term care needs who are receiving personal care at home.	2
4.	The percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.	2
5.	Percentage of adults supported at home who agree that they are supported to live as independently as possible.	1
6.	Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.	2
7.	Percentage of carers who feel supported to continue in their caring role.	2
8.	Residential cost per week per resident for people aged 65 or over.	31
9.	Rate of readmission to hospital within 28 days per 1,000 discharges.	1
10.	Proportion of care services graded 'good' or better in Care Inspectorate inspections.	29
11.	Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+).	10

The overall performance is good. Orkney has six measures which placed as either top or second top performer in Scotland. Those measures are:

- The percentage of people aged 65 and over with long-term care needs who are receiving personal care at home.
- The percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.
- Percentage of adults supported at home who agree that they are supported to live as independently as possible.
- Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.
- Percentage of carers who feel supported to continue in their caring role
- Rate of readmission to hospital within 28 days per 1,000 discharges.

Scoring so highly in these measures compared to our peers was a success however there are still opportunities to improve our services.

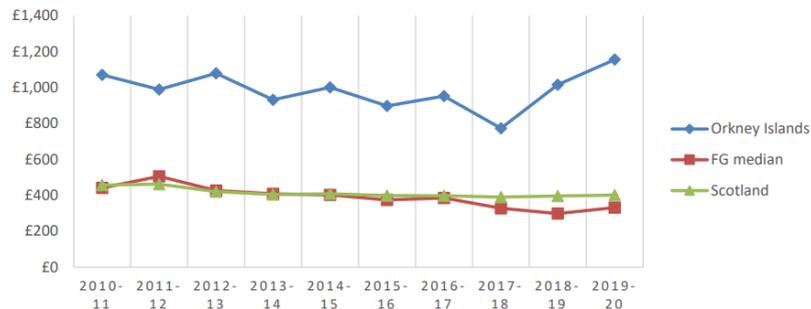
Considering the results further one measure which shows one of these opportunities was the “Percentage of carers who feel supported to continue in their caring role”:



As can be seen despite placing highly amongst other Local Authority partnerships, placing second for this measure in Scotland it is a concern that less than 50% of carers feel supported to continue in their caring role.

To improve this measure Orkney Health and Care have re-established the Carers' Strategy Group during 2020 and have carried out some awareness raising. Furthermore, we will discuss how we may capture data better going forward, to make vital improvements where required.

SW5 - OLDER PERSONS' RESIDENTIAL CARE COSTS PER WEEK PER RESIDENT

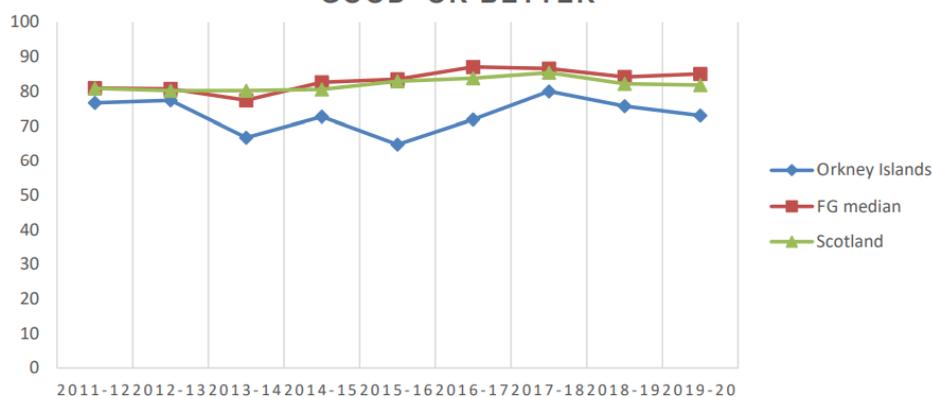


Our lowest scoring measure, “Residential cost per week per resident for people aged 65 or over”, there are several reasons for the higher cost. Our residential care homes meet the needs of individuals with very high dependency as we have no nursing homes on the islands. Rarely are people placed on mainland Scotland.

Care homes within Orkney are managed by the Health and Social Care Partnership which have higher running costs, often due to better staff terms and conditions than those offered by private care home providers on mainland Scotland. Additionally, we are now in the position of having to rely to some extent on agency staff which is more expensive both in salary but also in the need to provide accommodation. This is due to difficulty to recruit and higher levels of sickness for multifactorial reasons but includes an ageing workforce.

To ensure we are doing all we can to improve this score, we will continue to closely monitor our costs, especially staff costs. We will ensure our reliance on agency staff is minimised by robust sickness management and innovative attempts to recruit locally and ‘grow our own’.

SW7 - PROPORTION OF CARE SERVICES GRADED 'GOOD' OR BETTER

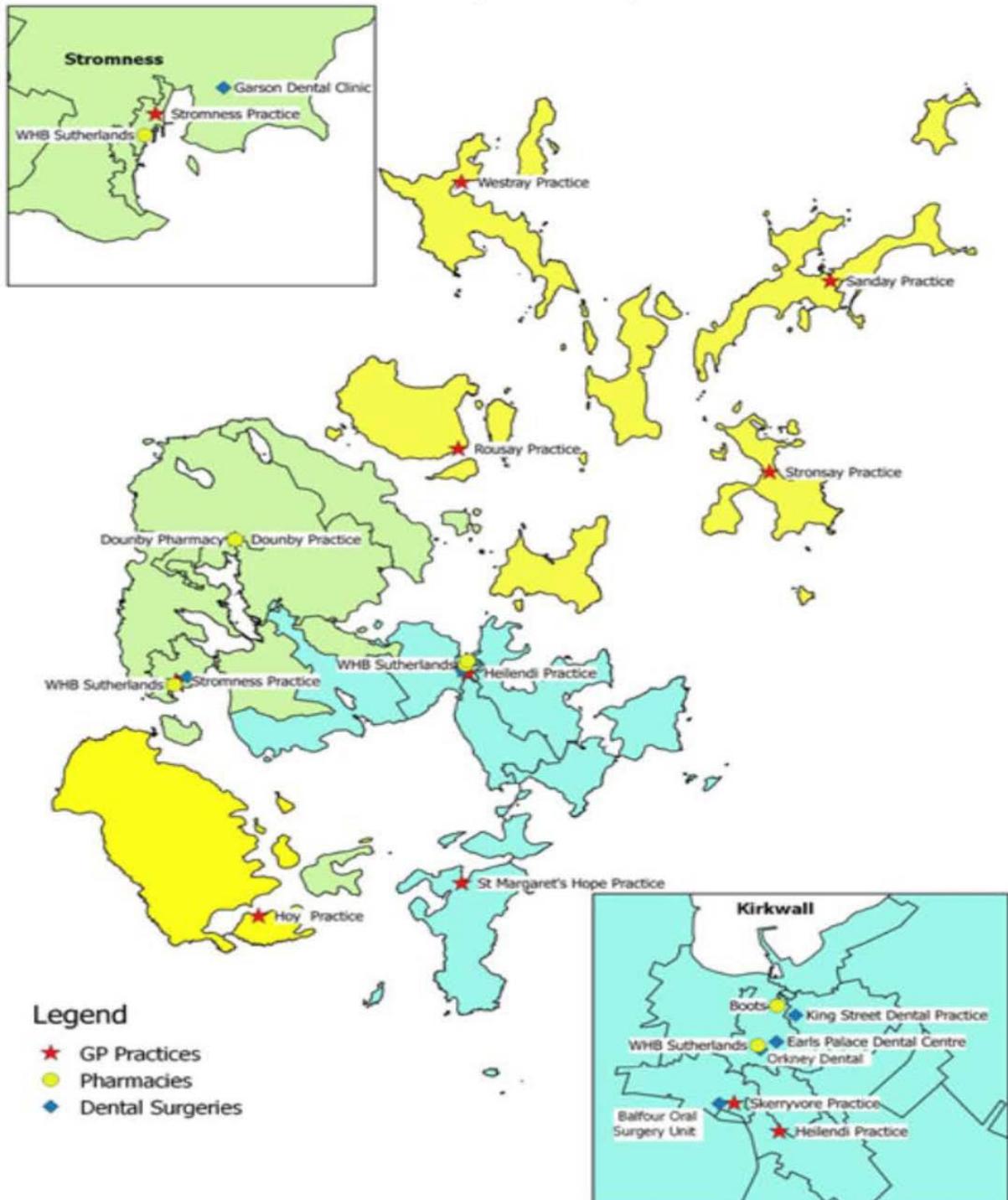


The second lowest measure was “Proportion of care services graded ‘good’ or better in Care”. We are aware that the ageing St Peter’s House received poor grades for environment. This may well account for the 2.71% points dropped during 2019/20, a 2.71% increase in this score would have placed us amongst our peers within this measure. We were also awaiting an inspection of Hamnavoe House which was put on hold due to the effects of the pandemic. Over 2021/22 period this inspection has

taken place and Hamnavoe House received a great inspection grade which we expect will raise this score when national benchmarking is republished.

In addition, we will ensure that Health and Social Care Partnership services managed by OHAC with grades less than good develop action plans to not only meet any recommendations but also are sufficient to improve the grade.

Orkney Health and Care Localities



Locality Planning

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

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

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

One of the areas of outstanding work from the last report is the development of a Localities Plan to work alongside the current Strategic Plan.

Locality Data

As with many areas, one of the main challenges with locality data has been the availability of data over 2020 due to postponed reporting during the COVID-19 pandemic.

Where data is available the performance has been positive in the following key areas:

- Up to 95% of adults able to look after their health well or very well.
- 100% of people in Orkney East feel they are supported to live as independently as possible.
- 82% of adults feeling they have a say in how their care or support is provided.
 - Although this is a good performance in this measure, we will continue to look at ways to improve performance and understand why 18% feel this is not the case.
- 89% of adults in Orkney East receiving care or support rate it as excellent or good.
- GP Practices are highly rated throughout Orkney with between 92-95% of adults having a positive experience.
- 88% of adults in Orkney East feel their services and support improved their quality of life.
- 98% of supported adults in Orkney West felt safe at home.

An area of concern that has been highlighted is National Indicator 8: Percentage of carers who feel supported to continue in their caring role. As discussed in the Local Government Benchmarking section this was identified as an area of concern with Orkney Health and Care taking action to improve this measure. Broken down to locality level satisfaction across mainland and isles localities differ significantly with the Isles communities showing 59% of carers feel supported to continue within their caring role whilst on mainland Orkney only 35% and 38% feel supported in the West and East localities. It will be important to understand why there is such a significant difference between satisfaction levels although over 2021/22 we would hope actions can be taken to greatly improve these scores.

On the next page the Local Integration Indicators (Core Suite) results are displayed at locality level.

Locality Performance

Local Integration Indicators (Core Suit)

Number	Description	West	East	Isles
NI1.	Percentage of Adults able to look after their health very well or quite well.	95%	94%	94%
NI2.	Percentage of adults supported at home who agree that they are supported to live as independently as possible.	...	100%	...
NI3.	Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.	...	82%	...
NI4.	Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated.	...	76%	...
NI5.	Percentage of adults receiving any care or support who rate it as excellent or good.	...	89%	...
NI6.	Percentage of people with positive experience of care at their GP practice.	95%.	92%	92%.
NI7.	Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.	...	88%	...
NI8.	Percentage of carers who feel supported to continue in their caring role.	35%	38%	59%
NI9.	Percentage of adults supported at home who agree they felt safe.	98%
NI12.	Emergency admission rate (per 100,000 population).	8,310	11,132	9,761
NI13.	Emergency bed day rate (per 100,000 population).	70,849	70,695	82,299
NI14.	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges).	66	85	66
NI15.	Proportion of last 6 months of life spent at home or in a community setting.	94%	92%	92%
NI16.	Falls rate per 1,000 population aged 65+.	18	18	11

... = Data either unavailable or suppressed due to small numbers.

Approaches to Service Community Led Support



Community Led Support

Community Led Support is an approach that encourages communities and local organisations, such as churches and local voluntary organisations, to run and manage local services designed around the needs of local communities. These organisations work alongside the people who use the services to be responsive and relevant to the needs of the local community. This can be through providing church run lunch clubs, local transport solutions, or simply places to meet to reduce isolation and loneliness.

The key element is that the people using services have a say in how they are run and managed. This approach builds on the strong foundation within local community areas.

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

Following a further voting process, it was agreed in February 2020 that the THAW building in Kirkwall would be the first 'fixed' Blether venue, along with Blethers in Sanday and St Margaret's Hope. Unfortunately, COVID-19 and the national wide lockdown, forced us to pause progress on the programme which we were unable to run fully over 2020.

However, the Orkney Coronavirus Community Support Hub which opened on 30 March 2020, to support the people who were shielding, was an excellent example of a Blether in practice and continued to support the community throughout the pandemic. We had a variety of colleagues redeployed from across NHSO, OIC and the third sector, who worked together to make contact and provide support to over 700 people.

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

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

Technology Enabled Care



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

The long term aims of this post are to strengthen relationships and knowledge whilst maximising the learning and capturing the experiences of the community throughout the pandemic.

Due to the implications of the pandemic and capacity issues the joined Tech Programme Boards have been delayed. To progress the Orkney TEC Named Partner work it was agreed to reinstate the Programme Board: Tech First. The group have had presentations from the third sector following the engagement with both the West Mainland and Kirkwall consultation and the non-linked isles consultation to enable discussion on understanding local data and need, with colleagues from East Ayrshire joining to provide valuable feedback from their own engagement. A follow up session is arranged shortly.

Over 2020/21 one of the major successes supported through TEC was the expedited roll out of Near Me Virtual Clinics at NHSO. Health Care providers in Orkney were recognised nationally for embracing the technology to safely deliver services within Orkney with many taking part in national events to discuss best practice and how this helped them to deliver safe and effective care throughout the pandemic. Within Scotland, Orkney remained the top user of Near Me per 100,000 population over the entire period of 2020/21.

A total of 6,569 Virtual Appointments were held by clinicians in Orkney over 2020/21, these included a mixture of GP, Mental Health, Dental and a variety of outpatient specialities. Additionally to these appointments held locally NHS Grampian and Tayside also hosted Virtual Clinics to support those on Orkney who were unable to travel for treatment throughout lockdown.

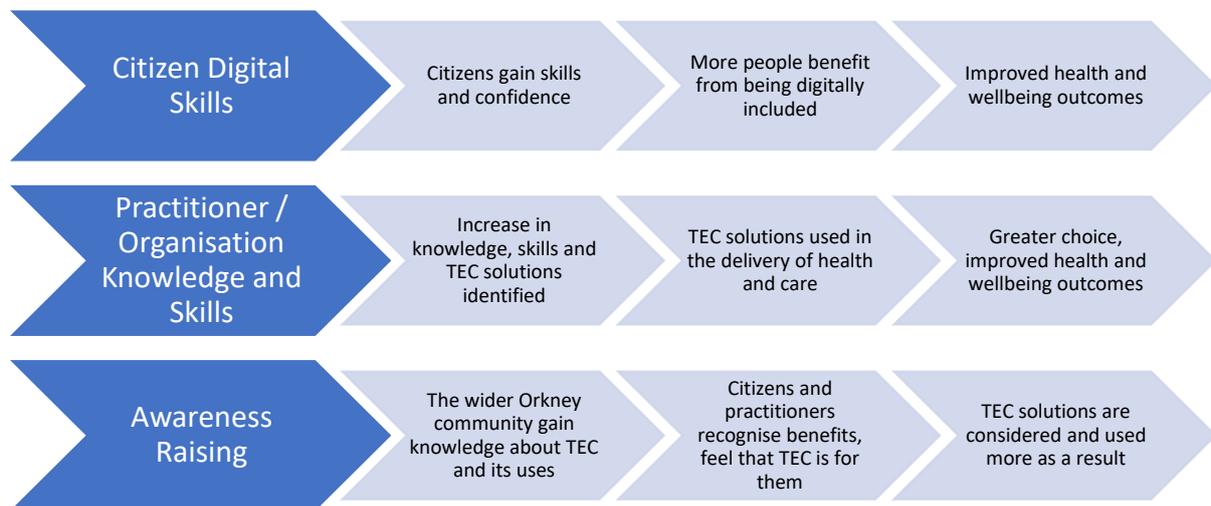
Tech Peer Mentor Project information – OHAC Annual Report 2020/21

Funding for the 18-month Tech Peer Mentor project was secured through a joint bid from VAO and OHAC to TEC Scotland's Transforming Local Systems (TLS) Pathfinder Programme. This ambitious programme involves four Lead Partners: East Ayrshire, Midlothian, Highland and Aberdeen City with matched Named Partners. Orkney is a Named Partner area and is matched with East Ayrshire.

Pete McAndrew was appointed to the post of Tech Peer Mentor with VAO on 1 December 2020 to develop the Tech Peer Mentor project. During that month the main activities were: induction to VAO, attending Digifest 2020 (Digital Health and Care Scotland Conference online), orientation within the TLS Pathfinder programme

and network building with the National TEC Scotland team and matched Lead Partner (East Ayrshire). Pete also liaised with Orkney's Telecare team learning about their systems, processes and equipment.

The main focus during January 2021 was in developing a project plan and pursuing development opportunities for the Tech Peer Mentor, including completion of the core Digital Champion training and liaising with the TEC Scotland national team and Lead Partners in relation to issues such as the Scottish Approach to Service Design and data management. The full Orkney and East Ayrshire TLS teams agreed to meet bi-monthly and the project approach was completed and agreed by the end of January. This approach is to pursue three pathways towards the overall aim of increasing the use of Technology Enabled Care within Orkney. These pathways are summarised below:



The Health and Social Care Partnership's Programme Board: Tech First group was re-established in February 2021 and scheduled to meet every six weeks to share information about digital and technology developments and provide governance to the Tech Peer Mentor Project. It was agreed that the project would include two focus areas:

- 1) Delayed hospital discharge.
- 2) Access to services on the ferry-linked isles.

In relation to delayed discharge, Pete joined the Home First team undertaking a project evaluating the 'discharge to assess' model. Pete also liaised with the Island Wellbeing Project to explore how this second area could be progressed.

Considerations at the Programme Board: Tech First during this period and subsequently have included discussion and planning regarding the use of data in service development within Orkney, in line with the principles of the Scottish Approach to Service Design (SAtdSD). The Tech Peer Mentor project was set up on Matter of Focus's 'Outnav' software platform which is being used for evaluation and reporting.

The project commenced a trial of the 'Buddi' GPS mobile alarm device and a GSM home hub and wristband unit in March 2021 and subsequently compiled and distributed a report. A Buddi Unit is now available (October 2021) for service users through OHAC's Telecare Team.

Access was provided through the TLS Programme to 'Digital Storytelling' training from the Third Sector Lab and through the Tech Peer Mentor project training sessions were arranged and offered to local Third Sector and Statutory Service partners within Health and Social Care. The training was attended by participants from NHSO, OIC and the third sector and the skills learned during this training were subsequently put to use in producing a short promotional video for the Tech Peer Mentor Project.

Following this initial discovery and initiation stage a launch event was planned for 6 May 2021 after which engagement and activities would commence with citizens, practitioners and the local health and care sector.

Orkney Health and Care Vision



Strategic Plan 2019-2022

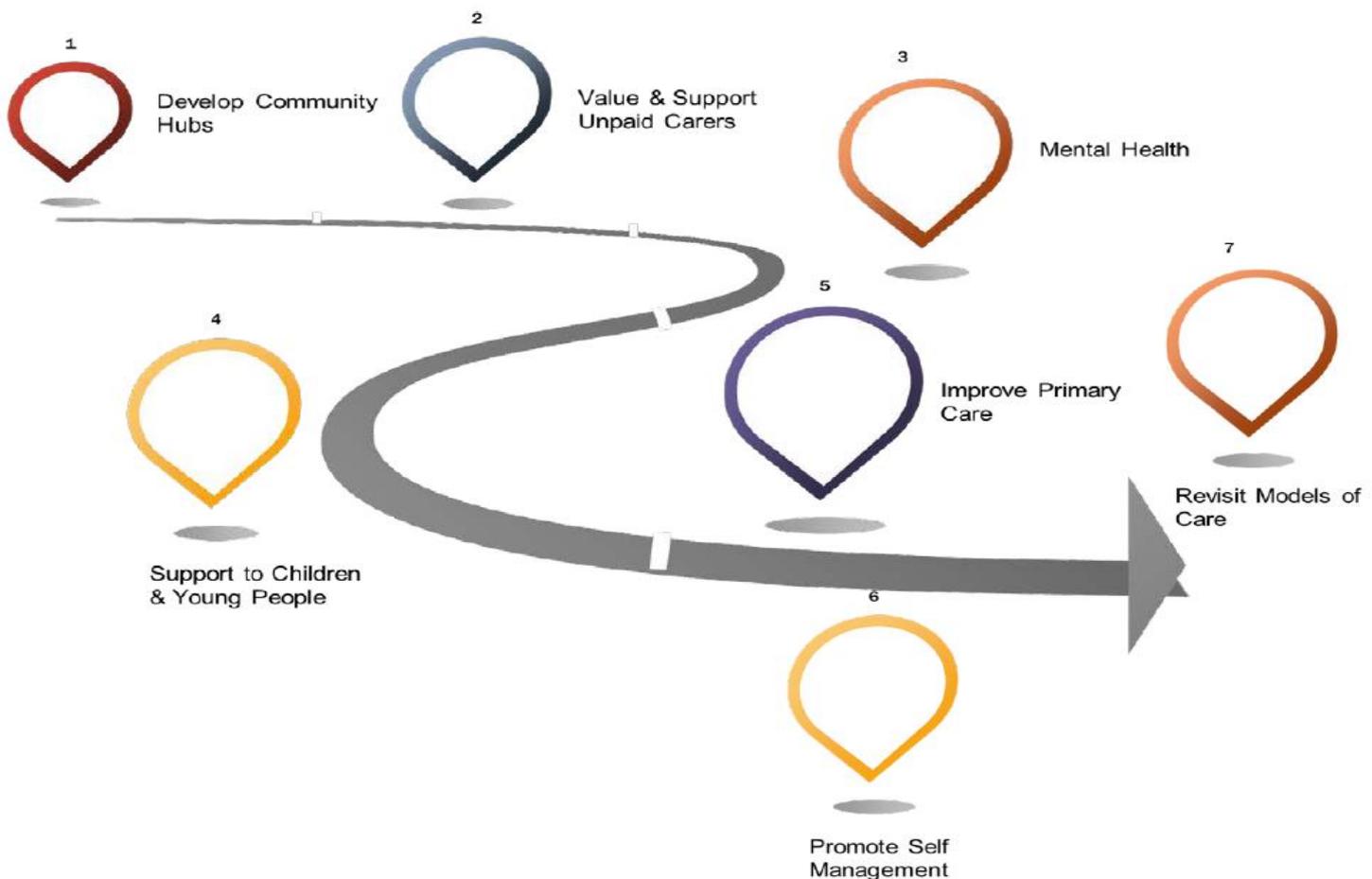
The Strategic Plan 2019-22 is designed to be public facing and primarily includes infographics for ease of reading and understanding. Although it was anticipated that the programme board approach would be implemented this has not progressed as anticipated. Therefore, the Strategic Planning Group was reconvened which is in accordance with legislation.

Although the Strategic Plan for 2019-22 was approved by the IJB on 2 October 2019, there was a delay in producing the Strategic Commissioning Implementation Plan (SCIP) due to the impact of COVID-19 and the management priorities having to focus on the response to the pandemic.

This plan sets out the detail of how the vision and strategic objectives outlined in the Strategic Plan 2019-22 are to be achieved within the remainder of the period. It also lays out the improvement priorities and outcomes, both national and local for the IJB in relation to the health and social care delegated functions in the Integration Scheme. This was approved for the last year of the Strategic Plan 2019-2022 and Directions were issued to NHSO and OIC following presentation to the IJB in June 2021.

Looking towards the future, steps have been taken to begin the process of strategic planning with initial work commenced towards the Strategic Plan 2022-25 with a Joint Strategic Needs Assessment being developed to inform, enable and support strategic planning into the 2022-2025 period.

Orkney Health and Care Strategic Priorities



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

Strategic and Operational Overview

In June 2020 a report on Directions, including a draft template, was presented to the IJB for approval. This is a process whereby the IJB delivers its Strategic Plan by issuing 'Directions' to the Local Authority and the Health Board as appropriate. The updated template which takes into consideration the key actions within the 2020 Statutory Guidance was approved by the IJB on 30 June 2020. Throughout 2020/21 key governance documents were updated including:

- Freedom of Information Policy and Publication Scheme.
- Market Facilitation Statement.
- Records Management Plan.
- Workforce Plan.
- Stakeholder/Representative Expenses.
- Alcohol and Drugs Partnership Framework.
- Role Descriptors.
- Risk Management Strategy.
- Communication and Engagement Strategy.
- Complaints Handling Procedure.

In this section we give an overview of some of the achievements at operational level and how they link to our strategic priorities. However, throughout the pandemic, there were various staffing challenges and capacity levels, resulting in senior managers needing to focus their time more on ensuring safe operational delivery rather than strategic planning. Despite this, strategic planning progress continued to be made in the seven priorities identified in the Strategic Plan, which is outlined below.

Developing Community Hubs

Due to COVID-19 pandemic, a decision was made to halt the development of community hubs over 2020/21, with government guidance encouraging no physical gatherings. Until such time as restrictions are further eased the ability to create community hubs will be limited.

Over 2021/22, if possible, this priority may be revisited to consider what may be possible in light of the learnings from COVID-19 to ensure whatever is proposed is both safe and effective to meet the needs of our communities.

Value and Support Unpaid Carers

Raising Awareness

2020 was the year when the invaluable role of Unpaid Carers was recognised nationally. Organised by Scottish Government, and supported locally by the Carers' Strategy Group, a high-profile television, social and print media campaign sought to raise the profile of Unpaid Carers. Many carers are unaware of the support services available to them, and the campaign addressed this very issue, describing common-place circumstances, and asking people if they recognised themselves. The local

campaign directed people to Crossroads Orkney, our local carers' support organisation.

Carer Support During the Pandemic

Speaking of Crossroads Orkney, the organisation has provided exceptional support to our Unpaid Carers during these challenging times. Some highlights from the last year include:

- Crossroads worked with the PPE hub and directed unpaid carers to where they could get PPE.
- Though the vaccination programme, Crossroads were able to contact unpaid carers and inform them of where-and-when they could get their vaccines. Word soon spread, with unpaid carers not known to Crossroads getting in touch, providing the opportunity to tell them about the support available.
- Crossroads have been creative in their approach to the Time to Live funding, as well as the extra funding available through the government's Winter Fund. Covid prevented from taking a short break, so Crossroads looked at other ways in which folk could use the money, to promote mental health and wellbeing. Some opted for a magazine subscription, a garden bench, money towards an e bike, craft kits, and even a reclining chair. These are just small things, but carry a huge benefit to Unpaid Carers, many of whom had no or little services available to them, owing to the pandemic.
- They secured three iPads, allowing some folk to keep connected, helping with social isolation and loneliness.
- The busy staff at Crossroads provided more support than usual over the phone, and did weekly check-ins with many folk.
- Extra respite was given to folk who were unable to go to Day Care, as well as compensating for the unavailability of residential respite.
- Crossroads even managed to take on extra clients, providing care where homecare provision was limited.

Positive Audit

The duties that fall upon local authorities, to Unpaid Carers, are associated with the Carers (Scotland) Act 2016. The Council's internal audit team undertook an audit of the local response to the Act, with the subsequent report describing much positive work to support Unpaid Carers, in Orkney. There were no high priority recommendations in the report. Some low and medium level recommendations have tasked the Carers' Strategy Group, and health and social care staff, with further actions to improve the support available locally to Unpaid Carers. Some are already addressed, with the remainder due for delivery by the spring of 2022.

More Raising Awareness!

The Carers' Strategy Group continues to promote and support the work of Unpaid Carers, in Orkney. The highest priority remains to help people realise they are carers, and make them aware of the services available to them. A video, featuring real examples, in Orkney, was produced and promoted. Unpaid Carers have also featured in our local paper, The Orcadian, with a high profile promotional campaign,

in June, during Carers' Week. This included social media promotion, posters and leaflets in Mainland and isles' shops, and a stand at Kirkwall's Tesco store.

Mental Health

Two strategies were approved in the autumn of 2020 - the Orkney Dementia Strategy 2020-25, which was approved on 30 September 2020, and the Mental Health Strategy 2020 – 2025, approved on 29 October 2020 both after extensive consultation processes.

The purpose of the Orkney Dementia Strategy 2020-2025 is to set out a renewed vision for dementia care and support in Orkney. It draws on a wide range of evidence and inter-related policies, including Scotland's third National Dementia Strategy. Most importantly of all, it draws on the experiences and views of people living in Orkney whose lives are affected by dementia. Some of these people are living with dementia and others are unpaid carers, often family, supporting people living with dementia.

There is often a lack of awareness and understanding of dementia, resulting in stigmatisation, inequality and barriers to diagnosis and care. The impact of dementia on carers, family and wider society can be physical, psychological, social and economic. We have adopted a social model of dementia as a disability, recognising the challenges people with dementia face and affording the same priority to reduce impact, as we do for physical disabilities. Dementia is one of the foremost public health challenges worldwide. There is currently no cure for dementia. However, there are treatments, therapies and supports which are effective in maintaining skills and independence and contributing positively to the experiences of people with dementia and unpaid carers.

With an ageing population within Orkney, a projected increase in numbers of people with dementia (from 418-800 between 2016 and 2041) presents a range of challenges, not only for the people who develop dementia, and their families and carers, but also for the statutory and voluntary services that provide care and support.

The local Dementia Strategy will span a five-year period, with evaluation of outcomes and progress being reported through the performance monitoring of the Strategic Plan.

Orkney's Mental Health Strategy 2020 – 2025 provides a framework for the improvement and development of mental health and wellbeing supports across all our communities. This strategy reflects the vision, objectives and priorities within the Orkney Strategic Plan 2019 - 2022. It recognises the complexities of providing a wide range of services to individuals, from birth to end of life, focusing on enabling people to access their own strengths and supports where possible; preventing onset of ill-health and providing early intervention and support for recovery; and developing personal and community resilience.

We all share a common factor, that being our health. Our mental and physical health is fundamentally linked and is influenced by factors such as living standards, education, employment and access to community local supports, as well as the way we think, behave, react to personal diversity and interact with those around us.

By working in close partnership with individuals, carers, communities, statutory and voluntary sector providers we are seeking to build upon existing services, to improve upon these and to develop additional supports through effective use of all resources available.

Over the coming five years we will seek to achieve the following outcomes:

- Improved quality of life for individuals experiencing mental health problems, through a strength based, prevention and recovery orientated mental health service provision.
- Support for a professional workforce, including robust training and strong multi-disciplinary culture.
- Provision of a range of community-based support services, which promotes prevention, self-management, self-reliance and resilience from birth to old age.
- Decrease mental health inequality, stigma and discrimination through greater community awareness.
- Improved access to information and communication.
- 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.
- Improved access to a range of supports for carers.

These strategies provide a focus to help successfully deliver dementia support and services and mental health services based on the principles and priorities outlined in the Strategic Plan.

Support to Children and Young People

Throughout the summer of 2019 the Care Inspectorate in partnership with Education Scotland, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary in Scotland carried out a joint inspection of services for Children and Young People in need of care and protection in Orkney.

Five key areas were identified as requiring improvement from this inspection, they were:

- Ensuring key child protection processes including inter-agency referral discussions, risk assessments, case conferences and core groups work effectively to protect children at risk of harm.
- Publishing comprehensive up-to-date inter-agency child protection procedures and training staff on these to clarify roles and responsibilities, and to help staff to be confident in their work.

- Bringing about a step change in the impact of corporate parenting by delivering tangible improvements in the wellbeing and life chances of looked after children, young people and care leavers.
- Strengthening key child protection processes, fully implementing the Getting it right for every child (GIRFEC) approach, and commissioning services to meet priority areas of need including therapeutic and family support services.
- Improving the effectiveness and oversight of the public protection committee in carrying out core functions to protect children and young people.

This first period following the inspection in the first months of 2020 also coincided with several departures of key senior leaders and managers in Orkney. As a result, progress was initially limited. However, when the progress review took place the Care Inspectorate felt it was evident from Summer 2020 onwards that leaders and senior officers, including those appointed into interim positions, were taking the inspection's findings very seriously.

With the appointment of a new chair, there were renewed commitments made at the Chief Officers Group (COG) to work more closely together and to support the improvement programme. A further and more comprehensive version of the improvement plan was produced, supported by a project management delivery approach. Even with this effort, senior leaders recognised that improvements were not being achieved as quickly as anticipated. They identified that some of the foundations of good practice, including the provision of guidance for staff, were missing and needed to be rebuilt. They also recognised that there was an entrenched culture of practice in Orkney, particularly around recognition of harm and thresholds for intervention, that would take time, drive, energy and resources to change.

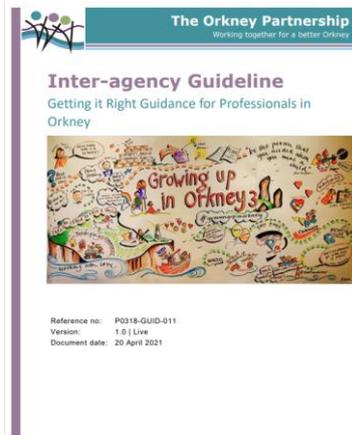
Consequently, in the second post-inspection period, during autumn 2020, significant developments were made in relation to updating and improving policies and procedures. These were followed up by implementation launch events into spring 2021. To reinforce the change that was required, these were led by leaders and key individuals from both within the partnership and external agencies.

The focus of this third period since the inspection, from the end of 2020, was on effective staff engagement, as partners recognised the need to gain their support if they were to embed and sustain improvements. Governance and reporting arrangements between strategic groups were also strengthened, although some uncertainty remained about their specific roles. Accountability was more clearly identified and the project management approach, which partners adopted, enabled them to begin to evidence progress on the improvements they needed to make. The pace of change picked up significantly and there was a renewed approach to ensuring greater transparency and accessibility surrounding the plan.

The Care Inspectorate now feel partners fully recognise the scale of improvement required to achieve their aspirations for children and young people in need of protection in Orkney. They have also accepted that cultural change will take time to achieve.

Some of the improvements made over 2020/21 included policies and procedures such as:

Getting it Right for Every Child



There are five Key Priorities that are widely recognised and will be part of our focus as we move forward, these are:

1. Recognising and responding to neglect.
2. Developing practice supporting Chronologies of Significant Events.
3. Further developing the approach to Initial Referral Discussions (IRDs) for greater consistency.
4. Strengthening the approach to receiving, recording and responding to the voice of the child, including independent advocacy.
5. Strengthening the approach to receiving, recording and responding to the views of parents, carers and families.

Following this progression review the Care Inspectorate and its scrutiny partners will continue to monitor progress and to offer support for improvement to community planning partners in Orkney. Over the next year, the Care Inspectorate expects to see the changes that have been made being consolidated and added to so that they can be sustained over time. We would also anticipate that the positive effect of these changes on the lives of children in need of care and protection in Orkney will become evident and will lead to demonstrably better outcomes for them.

To provide evidence of this, Orkney Health and Care must explore opportunities with partners in Orkney to gain the views of children, young people and their families as part of our ongoing monitoring work. This will be key to a second progress review that will include a focus on their lived experience. In the meantime, support will continue to be offered as required and progress will be monitored through existing link inspector arrangements.

The performance of the service towards making the requested improvements has been positive, within the most recent update the following was noted:

“Despite the initial delay where opportunity for change and improvement was potentially lost, we are confident that partners have subsequently taken the findings of the joint inspection of services for children and young people in need of care and protection in Orkney, published in February 2020, very seriously. Chief officers have prioritised necessary change and improvement alongside responding to the demands of the COVID-19 pandemic. There was evidence of progress, much of which was quite recent, in relation to the four priority areas for improvement from the inspection that our review focussed on.”

These comments are very welcome and an indication of good performance and adoption of the recommendations of the initial report. With work ongoing and continuation of the children’s improvement plan further information will become available over the 2021/22 period with ongoing reporting at senior level throughout the organisation to ensure momentum is maintained and this continues to be a key focus of the service’s development going forward.

Improve Primary Care

The Primary Care Improvement Plan for Orkney sets out an ambitious vision for how services will be delivered in General Practice and Primary Care that operate in partnership with the wider health and care system.

There are particular challenges associated with delivery of these aspirations within the financial envelope available, particularly in regard to more remote and rural geographical areas. Work has continued with NHSO to identify how the resources available can meet the needs of Orkney’s patient population, taking account of Scottish Government strategic priorities and taking account of clinical priorities. Previously, the plan had been developed to the stage where further decisions in regard to the roll-out of the plan were made at the IJB in June 2021.

With the improvement plan in motion Primary Care has seen a number of improvements with additional professionals working directly from GP practices. This has seen the commissioning and introduction of:

Pharmacotherapy

This aims to transfer appropriate pharmaceutical tasks, most of which were being undertaken by GPs, to the pharmacy team. The team consists of a Lead General Practice Pharmacist, a General Practice Pharmacist and a part time General Practice Pharmacist. This team have assisted with core activities such as re-authorisation of repeat medications and acute prescribing.

This additional support will assist GPs by freeing up time and providing additional support to focus on improvements they would like to make within the practice. Over time the intention is to employ more staff within the Pharmacotherapy workstream to maximise benefit to our practices and make the most effective use of the skills and resources available.

Community Treatment and Care (CTAC)

The CTAC workstream involves taking work such as phlebotomy and wound care out of the mainland GP practices. From discussion amongst practices two Practices have agreed to participate in a test of change around the set-up of this service with other practices expressing an interest once the service is up and running. Currently however the financial situation means that further roll out of the service is unlikely at this stage.

Community Link Workers

The IJB commissioned, from VAO, 1.5 WTE Community Link Worker (CLW) Service. Initially a significant induction and trial period was undertaken with the CLWs based in two GP Practices.

The Link Workers commenced the service to patients in January 2020, and in September 2020 VAO commissioned and presented a review of the activity to date along with evidence of the key impacts of the service. The key findings of the review were very positive with significant benefits to both patients and services noted.

Currently the GP Practices are recommending an extension of this service from 1.5 WTE to 2.5 WTE so that patients of all practices can benefit from the service.

Vaccine Transformation Programme (VTP)

The IJB has previously commissioned the childhood vaccine programme, staff have recently been recruited and induction commenced. Scottish Government is currently placing a high priority on vaccination delivery. The Government likewise appreciates the additional workload GP Practices are currently experiencing as a result of COVID-19 and as such are removing all responsibility for vaccines from Practices and onto boards from October 2021.

These additional services have supported patients to access the services they need closer to home making treatments more available to patients with services not being so focused to The Balfour facilities. Progress is ongoing and will continue to be monitored with reporting to return to the IJB over 2022.

Promote Self-Management

Throughout the year, training continued to be offered to support stress control, mental wellbeing and resilience. Trauma Informed training continued to be made available to Orkney Health and Care staff. The health and wellbeing of staff is a priority, it is well documented that staff who are empowered and settled within their roles are more productive and produce a higher quality of work. Managers have been asked to ensure that Health, Safety and Wellbeing are a standing item in team meetings.

Throughout COVID-19 isolation has become an increasing concern with the importance of wellbeing and self-care more important than in previous years. The courses offered have supported staff and assisted them to become more informed about services available to them if they felt they required them.

A variety of opportunities continue to be offered to staff throughout Orkney Health and Care with graduate apprenticeships available in several areas. These courses help staff to become professionally qualified and support the development of “home grown” talent, increasing resilience and skill sets within the work force.

Four tenancies have been allocated to services users of Learning Disability as part of the new build at Carness. There is also a staff base with 24/7 staffing support. It is the intention to provide and introduce the use of Komp devices as a mechanism to enable individuals to enjoy privacy and independent whilst maintaining the ability to call for support if required and for staff to be assured of service user wellbeing.

Revisit Models of Care

A considerable level of work has been undertaken during the 2020/21 period to review urgent care and how this operates. Orkney joined partners from Shetland, the Western Isles, Highland and Forth Valley to commit to ongoing tests of change and to share learnings on the experiences.

The Orkney Health and Care Workforce Plan 2020-22 was approved in December 2020. This was the first such plan, which identifies longer term needs and risks in relation to workforce planning, alongside a commitment to identify the workforce needs of the third sector to include in the next plan.

The Set Aside budget was received from NHSO in accordance with legislative requirements on 30 September 2020 and a plan was agreed by the IJB for further work to be undertaken to take on further operational management.

Funding was secured by VAO to establish and deliver a project called “Enhancing Wellbeing in Our Island Communities” which was to look at how community led care solutions could be developed on the smaller isles of Orkney. Further funding has been secured to continue and expand the project to 2022.

The proposed new replacement Kirkwall care facility, namely provision of a future-proofed 40 place facility, was approved with a start date for construction in autumn 2021, with delivery in early 2024.

The Joint Winter Plan was approved in February 2021. The aims of the plan are to create a set of conditions which improve resilience by building capacity to absorb, respond and recover from disruptive challenges. As part of the winter plan a pilot of Home First was introduced. Funding has been agreed to continue the pilot through the summer of 2021. Initial data is highly compelling about how individuals’ future needs should not be determined whilst in hospital.

Created and Future Workstreams

Orkney Health and Care is a named partner alongside East Ayrshire who are the Lead Pathfinder taking forward a project called “thinking differently and think TEC first”. An agreement was reached that the Third Sector Interface would host a Tech Peer Champion post. Unfortunately, there were significant delays due to COVID-19. However, that post is now filled, and a launch event was held in May 2021.

A Finance Workshop was delivered in August 2020 which saw over 40 staff attend. This was informative on the current financial position and the challenges ahead. This was followed by a session of looking for ideas from all attendees on areas that could be looked at to try and ensure a sustainable service moving forward. This was also delivered to the IJB Members for information. An action plan has been drafted to look at all ideas and to take forward proposals

Independent Adult Social Care Review

On 1 September 2020, the First Minister announced that there would be an Independent Review of Adult Social Care in Scotland as part of the Programme for Government.

The principal aim of the review was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and the experience of people who work in adult social care. The review took a human-rights based approach.

The Independent Review concluded at the end of January 2021 and its report was published on 3 February 2021.

The Health Secretary accepted the findings of this review and is working on key recommendations. The first measure in response has been the announcement of the Community Living Change Fund. This is for the redesign of services for people with complex needs including intellectual disabilities and autism, and for people who have enduring mental health problems.

National Care Service Consultation

In response to the Independent Review of Adult Social Care, published in February 2021, the Scottish Government is now undertaking a consultation on the creation of a National Care Service for Scotland, for which responses are due by 2 November 2021.

The proposals contained within the consultation on the creation of a National Care Service for Scotland go beyond the scope and recommendations of the Independent Review of Adult Social Care and seeks to give Scottish Ministers accountability for all social work and social care services, including children’s services, alcohol and drug services and community justice.

The proposed reform of social care represents one of the most significant pieces of public service reform to be proposed by the Scottish Government and has the potential to be the biggest public sector reform in Scotland for decades. The proposals are wide-ranging and cover:

- Improving Care for People.
- A National Care Service and its scope.
- Community Health and Social Care Boards.
- Commissioning of Services.
- Regulation.
- Fair Work and Valuing the Workforce.

Implementation of the recommendations of the Independent Review of Adult Social Care and the current consultation regarding a National Care Service provide an opportunity to shape the future approach to addressing some of the challenges in the delivery of social care in Scotland as highlighted before and during the pandemic.

The Scottish Government believes the proposals present an opportunity to change the way that Scotland delivers support and services, placing human rights at the centre of decision making; shifting the emphasis to prevention; empowering people to engage positively with their own care; embedding fair work and ethical commissioning and strengthening the commitment to integrating social care with community healthcare, which was last legislated for in 2014.

Care Inspections

Care Inspectorate Service Grades



Health and Social Care services delivered by statutory and non statutory providers are regularly monitored and inspected in a range of ways to give assurance about the quality of people’s care. Orkney Health and Care is required to report details of any inspections carried out relating to the functions delegated to the Partnership.

The Care Inspectorate is a scrutiny body which looks at the quality of care in Scotland to ensure it meets high standards. Their vision is that everyone experiences safe, high quality care that meets their needs, rights and choices.

Healthcare Improvement Scotland (HIS) provides public assurance about the quality and safety of healthcare through the scrutiny of NHS hospitals and services.

In addition to inspections, the Partnership’s commissioning officers also apply contract monitoring processes to services commissioned to deliver health and social care on behalf of the Partnership.

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

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

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

Care Homes, Extra Care Housing and Respite

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

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

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

Over the pandemic, with travel restricted, inspections were unable to happen within Orkney over 2020. However, the below table shows the most up to date results of our most recent inspections within our care homes.

	Care & Support	Leadership	Staffing	Setting	Planning
Aurrida House	5	3			
Braeburn Court	5		5		
Rendall Road	4		3		
Care at Home Services	4		4		
Glaitness Centre	4	4			
Hamnavoe House	4			5	4
Kalisgarth and Very Sheltered Housing	5	3			
Smiddybrae House	5		5		5
St Colm's Respite Bungalow	4	4	4	3	4
St Rognvald House	4				4

Please note, this table also includes the first and highly successful inspection of Hamnavoe House since its opening. This inspection was held on 15 June 2021.

On the following page, an evaluation of our remaining services has been provided. Performance across inspections has been strong with most areas both across our care homes and support services graded as either good or very good.

Evaluation of Services as of April 2021

Service	Date	Care and Support	Environment	Staffing	Management and Leadership
Adoption and Fostering	02/09/2019	3	N/A	N/A	3
Aurrida House	21/05/2019	5	N/A	5	N/A
Braeburn Court (Housing Support and Support Services)	05/11/2019	4	N/A	4	N/A
Care at Home (Housing Support and Support Services)	31/10/2019	5	N/A	N/A	4
Disability Resource Support Accommodation (Glaitness)	03/04/2019	4	N/A	N/A	4
Family Focus Service (Aurrida House)	09/11/2016	4	N/A	5	N/A
Gilbertson Day Centre	06/07/2017	4	4	4	4
Glaitness Centre (Care Home)	03/04/2019	4	N/A	N/A	4
Glaitness Centre (Support Services)	14/06/2018	4	4	4	4
Kalisgarth and Very Sheltered Housing	10/10/2019	5	4	4	3
Orkney Responder Service	31/10/2019	5	N/A	5	N/A
Lifestyles Service	21/06/2016	5	5	5	5
Learning Disability Services - Supported Living Network	24/04/2019	3	N/A	3	3
Rendall Road	23/05/2019	4	N/A	3	N/A
Sunnybrae Centre	05/12/2019	5	N/A	4	N/A
West Mainland Day Centre	18/06/2017	4	4	5	4

National health and wellbeing outcomes

The national health and wellbeing outcomes apply across all integrated health and social care services, ensuring that Health Boards, Local Authorities and Integration Authorities are clear about their shared priorities by bringing together responsibility and accountability for their delivery.

The national health and wellbeing outcomes also provide the mechanism by which the Scottish Ministers will bring together the performance management mechanisms for health and social care. The national health and wellbeing outcomes provide a strategic framework for the planning and delivery of health and social care services. This suite of outcomes, together, focus on improving the experiences and quality of services for people using those services, carers and their families. These outcomes focus on improving how services are provided, as well as the difference that integrating health and social care services should make, for individuals.

Out of the nine Core Suite Indicators, derived from the Scottish Health and Care Experience Survey (2017/18), Orkney outranked every other Health and Social Care Partnership (HSCP) area throughout Scotland in eight of these nine outcomes. In the remaining indicator, relating to Engagement, Orkney ranked third in Scotland and was bettered by only one of its six 'Peer Group' HSCP areas.

However, the carer's support indicator needs to be highlighted. Although Orkney is again ranked first, it is in fact not a good news story. This indicator relates to how well carers feel supported to continue in their caring role. Only 49% of carers reported that they feel supported. There is a newly developed Carers' Strategy which will be presented to the IJB over 2021/22, it is important that there will be ways to measure the effectiveness of this strategy. Carers' health and wellbeing could be at risk and if we lose this vital workforce then greater demand on the already stretched services will be experienced.

Many of the issues around waiting times are due to the inability to recruit. Where there are small teams any staff absence could reduce the capacity by 50% in some services.

There is a national shortage in recruiting to specific posts. The Scottish Government has recognised some of these issues and has provided additional investment i.e. commitment to increase Mental Health workers.

The most recently released data for these outcomes are presented on the next page.

Nine National Health and Wellbeing Outcomes

These indicators are only released every two years. The published information available is as follows:

Indicator	Description	Scotland 2017/18	Orkney 2017/18	Scotland 2019/20	Orkney 2019/20
Adult Health	Percentage of adults able to look after their health very well or quite well.	93%	96%	93%	95%
Independence	Percentage of adults supported at home who agreed that they are supported to live as independently as possible.	81%	100%	81%	98%
Engagement	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided.	76%	83%	75%	86%
Coordinator of Services	Percentage of adults supported at home who agreed that their health and social care services seemed to be well coordinated.	74%	91%	74%	83%
Adult Support	Total percentage of adults receiving any care or support who rated it as excellent or good.	80%	95%	80%	90%
GP Care	Percentage of people with positive experience of the care provided by their GP practice.	83%	94%	79%	94%
Quality of Life	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life.	80%	96%	80%	87%
Carers' Support	Total combined percentage of carers who feel supported to continue in their caring role.	37%	49%	34%	41%
Feeling Safe	Percentage of adults supported at home who agreed they felt safe.	83%	97%	83%	99%

Integration Joint Board Annual Performance Report

Local Indicators

The way these figures have been recorded over the COVID-19 period has changed with the most recent figures shared as annual records for 2020 and are as follows:

Indicator	Description	Scotland 2019/20	Orkney 2019/20	Scotland 2020	Orkney 2020
Premature Mortality Rate.	Premature mortality rate (per 100,000 persons by calendar year)	426	319.	457.	308.
Emergency Admissions	Emergency admission rate (per 100,000 persons)	12,522	10,002	11,100	9,443
Emergency Bed Days	Emergency bed day rate (per 100,000 population)	118,288	88,776	101,852	71,594
Readmissions	Readmission to hospital within 28 days (per 1,000 population)	105	67	114	75
End of Life – Care Setting	Proportion of last 6 months of life spent at home or in a community setting	89%	90%	90%	92%
Falls Rate	Falls rate per 1,000 populate aged 65+	23	17	22	17
Quality of Services – Care Inspectorate	Proportion of care services graded ‘good’ (4) or better in Care Inspectorate Inspections	82%	74%	83%	83%
Intensive Care Needs at Home.	Percentage of adults with intensive care needs receiving care at home.	63%	73%	63%	76%
Delayed Discharge	Number of days people spend in hospital when they are ready to be discharged for people aged 75+ (per 1,000 population)	774	467	488	381
Emergency Admission Costs	Percentage of health and care resources spent on hospital stays where the patient was admitted in an emergency	24%	19%	21%	17%

Financial performance

Revenue Expenditure Monitoring Reports were presented at IJB meetings throughout the year. The purpose of the reports is to set out the current position and projected financial year end out-turn.

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

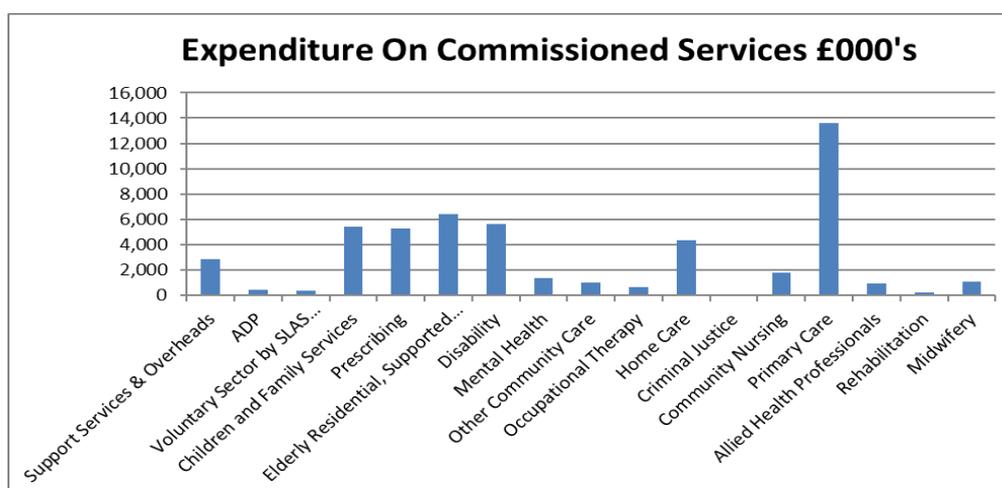
Partner Organisation	Opening Budget	Set Aside	Additional Allocations	Reduction in Funding	Full Year Budget	Full Year Spend	Variance
	£000	£000	£000	£000	£000	£000	£000
Orkney Islands Council	20,343	0	109	0	20,452	20,452	0
NHS Orkney	26,381	7,777	8,057	0	42,215	39,892	(2,323)
Total Allocation	46,724	7,777	8,166	0	62,667	60,344	(2,323)

The unscheduled care budget of £7.777 million was formally delegated to the IJB in September 2020. There were additional allocations throughout the year totalling £0.840 million resulting in a total set aside budget of £8.572 million.

The outturn position showed **an overall underspend of £2.323 million at the financial year end.**

The underspend of £2.323 million was in relation to funding received for specific services, some at a late stage, which was not fully utilised and therefore will be held within earmarked reserves. Within this figure there is COVID-19 funding unutilised which will be carried forward for use in 2021/22 which totalled £671k.

The net funds excluding unscheduled care provided the following services:



The main financial issues reported throughout the year were:

Children and Families – There were additional staffing requirements within the service due to sickness absence within the Children and Families team and the additional work required for the joint inspection improvement plan. There are also additional costs for residential care within Orkney due to the current children's house being at full capacity.

There has been a requirement for agency staff due to vacancies within the Speech and Language service. The successful recruitment process, in both adults and paediatric posts, will see a reduction in projected costs once candidates are in post.

Elderly – There is a continued reliance on agency staffing due to recruitment issues and long term sickness absence within residential care homes. Some of the COVID-19 costs are incurred within these cost centres. There are residual costs such as maintenance and security in regard to St Peter's House, the former residential care facility in Stromness. A recruitment campaign was launched in autumn to promote roles within Social Care services. Pending the usual recruitment checks this should reduce some reliance on agency staff. However, it should be noted that our workforce is ageing and much of the work is physically demanding despite modern day equipment.

Prescribing – Inflation and growth associated with medicines has been significant during the year which has resulted in a considerable over-spend within this budget. This is in part associated with increasing numbers of new and more effective medicines and access to these, which brings associated health benefits to our population at a significant financial cost. The full and long-term impact of COVID-19 and Brexit on medicines inflation, often driven by shortages, is not yet known and continues to be a significant financial risk.

Mental Health – There are additional costs regarding employing a locum consultant psychiatrist locally as well as agency psychiatric nursing being required to cover vacancies. NHS Orkney is having ongoing discussions in regard to a reduction in Service Level Agreement costs. In the next financial year, there will be a reduction in costs relating to agency nursing as a key post has been recruited to.

Home Care – The demand for Home Care continues to grow as the ageing population is continuing to increase. Once an assessed need has been identified and agreed, budget availability cannot be a deciding factor on provision of service due to the current eligibility criteria.

There is currently an increase in short term sickness within the team whereby there is a requirement to use agency staffing.

Primary Care – The underspend is around ring fenced Dental Primary Medical Services funding. This is allocated centrally each year from Scottish Government and reduced accordingly dependent on a yearly service review.

Set Aside – Within the Public Bodies (Joint Working) (Scotland) Act 2014 and regulations there is a requirement that the budget for hospital services, used by the partnership population, is included within the scope of the Strategic Plan. Where a Health Board and an Integration Authority are coterminous (cover the same area), unscheduled adult inpatient services must be delegated to the Integration Authority, based on the functions included in the legislation. This budget was formally delegated to the IJB in September 2020.

The main financial pressures within the Set Aside budget are in relation to unfunded posts and the increases in drug prices and growth have been greater than the inflationary uplift.

Medium-Term Financial Plan

The IJB's Strategic Plan illustrates how the IJB plans and commissions future services. The Strategic Plan 2019-22 was approved on 2 October 2019 and the draft Strategic Commissioning Implementation Plan for 2021/22 was also developed and submitted to the IJB in June 2021, which was approved. The delay in this plan is in relation to staff prioritising the care and wellbeing of our community as part of the COVID-19 response.

Finance and performance reports are submitted to the IJB on a quarterly basis and highlight the financial position and projections to the year end, together with any significant variances and areas of concern.

A Medium-Term Financial Plan, which was approved in June 2019, provides an overview of the key messages in relation to the IJB's financial planning for 2019-22, and which links with the Strategic Plan, was also approved. It also provides an indication of the challenges and risks that may impact upon the finances of the IJB in the future as we strive to meet the health and social care needs of the people of Orkney. This will work alongside the Strategic Commissioning Implementation Plan.

There was regular reporting in regard to the costs of COVID-19 which were submitted to Scottish Government via Health Boards.

Audit Reports

Audit Scotland provided a briefing note to explain how audits would function over 2020/21. This paper was presented to the IJB Audit Committee on 23 June 2020 and can be found [here](#).

The following audits have taken place over 2020/21:

Internal Audit

[Annual Reports and Assurance Statement](#) – by Azets.

[Integration Joint Board Budgetary Process](#) – by Council Internal Audit.

[Annual Plan 2020/21](#) – by Council Internal Audit.

[Care Contribution Charing](#) – by Council Internal Audit.

[IJB – Budgetary Process](#) – by Council Internal Audit

[Corporate Governance](#) – by Azets.

[Corporate Governance](#) – by Azets.

External Audit

[External Annual Audit Report](#) – by Audit Scotland.

The annual audit plan for 2021/2022 was also published on 10 March 2021 and can be found [here](#).



Health and Social Care Partnership Group

Aberdeenshire, Argyll and Bute, Dumfries and Galloway, Highland, Scottish Borders, Shetland and the Western Isles.

2019/20

HSCP	NI1	NI2	NI3	NI4	NI5	NI6	NI7	NI8	NI9
Aberdeenshire	95.0	85.7	79.3	76.4	85.0	76.3	84.4	36.6	81.0
Argyll and Bute	93.2	79.9	72.5	73.7	78.3	84.5	76.5	35.0	78.7
Dumfries and Galloway	93.4	80.3	76.0	76.0	80.1	84.1	81.6	34.7	81.7
Highland	94.0	82.3	75.4	69.1	79.2	85.1	78.0	33.3	82.2
Orkney Islands	94.6	98.3	85.6	83.1	90.3	93.5	87.3	41.1	98.6
Scottish Borders	94.3	81.1	69.6	70.0	85.0	82.3	80.1	32.1	80.5
Shetland Islands	95.3	93.8	87.3	93.6	96.9	85.8	88.2	49.9	95.7
Western Isles	94.3	80.6	70.2	79.7	86.3	87.5	85.8	39.4	85.8
Scotland	92.9	80.8	75.4	73.5	80.2	78.7	80.0	34.3	82.8

Partnership	NI11	NI12	NI13	NI14	NI15	NI16	NI17	NI18	NI19	NI20
Aberdeenshire	348	8002	72645	112	91	16	91	58	208	18.4
Argyll and Bute	398	10790	94863	91	92	25	87	72	346	19.2
Dumfries and Galloway	392	11843	118790	103	89	20	81	71	262	22.5
Highland	397	9766	98800	115	91	15	86	54	834	20.8
Orkney Islands	308	9465	73194	75.1	92.2	17.2	83.1	75.7	381	17.7
Scottish Borders	367	10433	104782	114	89	18	90	60	601	18.0
Shetland Islands	356	9238	55505	87	93	23	93	72	158	11.5
Western Isles	408	13335	105778	99	90	29	83	63	764	16.2
Scotland	457	11111	102961	115	90	22	82	63	488	21.2

NI - 1	Percentage of adults able to look after their health very well or quite well
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated
NI - 5	Percentage of adults receiving any care or support who rate it as excellent or good
NI - 6	Percentage of people with positive experience of care at their GP practice
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life
NI - 8	Percentage of carers who feel supported to continue in their caring role
NI - 9	Percentage of adults supported at home who agreed they felt safe
NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work

NI - 11	Premature mortality rate per 100,000 persons
NI - 12	Emergency admission rate (per 100,000 population)
NI - 13	Emergency bed day rate (per 100,000 population)
NI - 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)
NI - 15	Proportion of last 6 months of life spent at home or in a community setting
NI - 16	Falls rate per 1,000 population aged 65+
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections
NI - 18	Percentage of adults with intensive care needs receiving care at home
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency

Indicators 12, 13, 14, 15, 16, and 20 calendar year 2020 as a proxy for 2020/21

NI11 & NI 18 = Calendar year 2020

NI17 & NI19 = Financial Year 2020/21

Performance Analysis 2020/21

The Public Bodies (Joint Working) (Scotland) Act 2014 requires that Integration Authorities publish an Annual Performance Reports within four months of the end of the reporting period. Normally the end of the reporting period would be 31 March however, due to data completeness issues which exist for hospital activity data between January to March 2021, PHS have advised Integration Authorities to report on calendar year 2020 rather than financial year ending 31 March 2020 for indicators 12, 13, 14, 15, 16 and 20.

The emergency admission rate across Orkney decreased marginally by 5.6% in 2020 to 9,443 admissions per 100,000 population. This is a further reduction compared to last year's figures. 2020 figures were mirrored across all three of Orkney's localities and remained broadly consistent with that of Orkney's peer group rate of 10,370 per 100,000 population (Integration Indicator 12 and MSG 1.a). This followed the national trend, with the expected cause in the reduction being an effect of lockdown. Comparing to last year the 2020 emergency admission rate in Orkney was the sixth lowest nationally. It is however worth noting that due to COVID-19 and pressures across Council and NHS services that this figure has been amended and measured as calendar years compared to previous years where it was measured over the financial year.

Alongside the reduction in emergency admissions there was also a decrease in the number of patients attending A and E which is the first reduction in six years in Orkney (MSG Indicator 3.a). Attendances dropped from 7,651 seen in 2019 to 5,813 patients seen in 2020. Taking both measures together, this is positive because it avoids unnecessary hospital admissions and frees up hospital capacity for planned services. Moreover, during 2020 there was a slight improvement seen in the 4-hour target during 2020/21 this increased from 96% (2019) to 97% (2020). (MSG Indicator 3.b).

The emergency readmission rate within 28 days per 1,000 discharges increased by 15.4% over 2020. Although again this measure was amended to calendar years compared to previously being measured per financial year. Amongst our Peer Group and National Rates the increase was seen comparatively across all areas.

Orkney had the second lowest representation of readmission rate within 28 days across Scotland during 2020, with Shetland now showing the lowest figures. At the locality level in Orkney all areas followed similar trends to that of Orkney as a whole. Orkney West recorded the most acute increase with an additional 14 emergency readmissions, equating to a 21% increase, Orkney Isles maintained figures showing no change and Orkney East recorded the highest level of emergency readmissions within 28 days at 86 admissions per 1,000 discharges and increase of 16 readmissions per 1,000 discharges equating to a 22% increase.

For those over the age of 65, the number of people per 1,000 who suffered a fall resulting in a hospital admission increased by 9% in Orkney during 2020. Across Orkney the falls rate increased in Orkney West with Orkney Isles showing the greatest increase, a reduction of 18% was seen in Orkney East. The 2020 Orkney fall rate was the fourth lowest across Scotland and represented the fourth year in a row where the falls rate was lower than the Peer Group and the National rate.

A success to highlight for 2020 in Orkney is the proportion of services graded good or better by the Care Inspectorate increased from 74% to 83% for Care Inspectorate inspections during 2020, an increase of 9%. However, Orkney compared below average compared to its Health and Social Care Partnership Peer Group Partnerships in 2020/21 but has now raised to above the national average of 82.5%. This increase has also saw Orkney lift from the lowest rate nationally during 2019/20, now placing eighth lowest and far closer to the middle of the table. Although this is far from where we would hope to be, this shows great signs of improvement over the last year and represents a positive change in performance over 2020/21 in this measure.

Performance also improved over 2020/21 in the in the number of days people aged 75+ spend in hospital while ready to be discharged. The number of days recorded in 2020/21 was in line with the rates seen across the past five years. Put into the wider context Orkney is now mid table and recorded as the ninth lowest rate in 2020/21.

As highlighted previously less people are being admitted to hospital as an emergency, this has also seen a reduction in the number of emergency bed days from 16,198 to 13,063, a reduction of 19.4% in 2020 when compared to 2019/20. This data has however been amended to be measured against the calendar year over 2020 compared to previously being measured over the financial year. At a glance this is however good news with less bed days being assigned to emergency admissions. Comparatively, emergency bed days in Orkney have consistently remained lower than the Peer Group rate and well below the Scottish emergency bed day rate. In terms of the localities of Orkney, Orkney Isles reported the highest rate and for 2020 despite this it is still a decrease of 3%. Conversely, Orkney West showed an increase in emergency bed days from 66,880 to 70,849 whilst Orkney East decreased from 91,935 to 70,695, a significant decrease of 23%.

There has been an increase over 2020 in the proportion of people who spent the last 6 months of life in the community across Orkney, this increased from 90% in 2019/20 to 92.2% in 2020 (although again this measure has been changed to calendar years). The same trend appears across the Peer Group with the likely cause an increased focus on care within the community where possible. Compared nationally, Orkney is the fourth best performer in this measure with Shetland, Angus, Argyll and Bute holding the top three positions, Orkney also places considerably above the Scottish average of 90.1%. All localities have shown an increase in this measure with Orkney West placing highest with 94% followed closely by both Orkney East and Orkney Isles with 92%

Conclusion

The COVID-19 pandemic and management of the recovery continues to be a focus for the IJB and all partnerships in Orkney, as is the case throughout Scotland. Meeting the health and care needs of the community and delivering services in a safe and effective way has taken precedence over the last twelve months. As a result, many of the strategic priorities have not progressed as far as would have been hoped over 2020/21.

Despite these significant challenges, the IJB has shared many great successes as has been discussed in this report with improvement across many of the national measures, increased learning throughout the pandemic, improvement within our children's services and a wide array of tests of change and new ways of working.

Notwithstanding, the adversity it has faced the partnership has shown exceptional resilience and adoption of new ways of working through the use of Microsoft Teams, increased practices of remote working and finding the most effective ways to keep the community safe throughout the pandemic.

Over 2021/22 the priorities of the IJB will be to develop a new Strategic Plan which will be supported by the Joint Strategic Needs Assessment, created in partnership between LiST, Orkney Health and Care, NHSO, OIC and our third sector partners.

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