

# STRATEGIC PLAN 2025 – 2028

## ORKNEY HEALTH AND SOCIAL CARE PARTNERSHIP

*Getting it Right for Orkney*



# Contents

Contents .....	2
1. Introduction.....	4
Chair of the Integration Joint Board.....	4
Chief Officer .....	4
2. What Is Health and Social Care Integration? .....	5
3. Orkney Integration Joint Board and Orkney Health and Social Care Partnership.....	6
Our Workforce.....	6
4. What is a Strategic Plan? .....	9
5. How We Can Work Together .....	10
What WE will do to make a difference.....	10
What YOU can do to make a difference.....	10
Get Involved.....	10
6. Localities.....	12
7. Our Priorities.....	13
Our Priorities .....	14
Tackling Inequalities and Disadvantage.....	15
Early Intervention and Prevention .....	16
Unpaid Carers.....	18
Supporting People to Age Well .....	21
Community Led Support .....	23
8. Facts and Figures.....	30

9. How Housing Services Will Help .....32  
    Introduction to the Housing Contribution Statement.....32  
10. Financial Implications .....39

# 1. Introduction

## Chair of the Integration Joint Board

I am delighted to present our fourth Strategic Plan. Working in partnership with NHS Orkney, Orkney Islands Council, and a range of other partners across the statutory and third sector, the Integration Joint Board oversees the commissioning and development of community health and care services across our islands.

The quality of our island life can be significantly enhanced by the health and social care provision and the fact that many of us are living longer means that we require to retain a focus on how we support older people and also those who care for them. In addition, for parents and carers of people with physical and learning disabilities, mental health or addiction issues, it is vital that we find effective and creative ways of caring for the carers as well as those who require care.

With the ongoing cost of living crisis, reducing public sector investment and increased demand on mental health services it will be crucial that we continue to focus on our priorities in the coming year and build upon the progress made from the Strategic Plan 2022 – 2025.

Along with our communities, we hope to continue to develop and evolve a health and social care system that we can be proud of.

**Rachael King – Chair of the Integration Joint Board.**

## Chief Officer

The priority areas in this Plan have been identified following extensive analysis of the health and care profile of our islands and in engagement with communities through various ways.

Our biggest challenge (albeit not unique to Orkney) remains our workforce gaps. There are nationwide issues in recruiting to the social care workforce and we also have a number of vacancies across our health services too, most notably within our Allied Health professions. It is testament to our existing staff teams across Orkney that we have managed to not only keep services operating but, in many instances, still managed to make improvements. There is, of course, still much to do and the financial challenges faced by all public sector bodies in the years ahead will be a real test of how we work with our communities and those who need our support.

As we continue to design and deliver services to meet the needs of our entire population, these priorities will help inform not only what we do but how we do it.

**Stephen Brown – Chief Officer, Integration Joint Board.**

## 2. What Is Health and Social Care Integration?



Health and Social Care integration is when health boards and councils work together to jointly plan services.

Integration is about making sure that every person who uses health and social care services gets the right care and support, at the right time, and in the right place, for them.

The government passed a law in 2014 called the Public Bodies (Joint Working) (Scotland) Act 2014. This law required most adult community health and social care services to be integrated or brought together, with the ability to add further services.

In Orkney there was a decision to include not only services for adults, but also many of the services that used to be delivered separately by NHS Orkney and Orkney Islands Council (OIC).

These services are delivered jointly by the Orkney Health and Social Care Partnership (HSCP). The services delegated to the partnership include adult health and care services, primary care (GP surgeries and dental services, for example), children's health and social care services, and justice services. You can find the full list of services, [here](#).

### 3. Orkney Integration Joint Board and Orkney Health and Social Care Partnership



In April 2016, the Orkney Integration Joint Board (IJB) was formed. This is a legal body, separate from both NHS Orkney and OIC with responsibility for planning, resourcing, and overseeing, integrated health and social care services.

The Orkney IJB is made up of members from NHS Orkney, OIC, and the third sector, as well as staff, unpaid carers, housing and service user representatives.

The Orkney IJB meets regularly to discuss, plan, and monitor how integrated health and social care services are delivered in Orkney. You can find a full list of Orkney IJB members [here](#).

The Orkney IJB makes decisions about integrated services at each meeting. The Orkney Health and Social Care Partnership are then directed to deliver services based on those decisions.

#### Our Workforce

Orkney HSCP has over 1,000 staff working for NHS Orkney and OIC, including our colleagues in the independent and third sectors.

This includes staff who provide frontline care services, business support staff, and senior and operational managers. For example, NHS Orkney and OIC deliver services such as Care at Home, residential care in our care homes, GP surgeries, dentists, and opticians, whilst Crossroads Care

**Over 1,000 staff, from NHS Orkney, OIC, independent organisations, and the third sector, deliver health and social care services in Orkney**

Orkney provide unpaid carer support services, Age Scotland Orkney deliver services for older people, and Orkney Blide Trust support people with mental health problems.

As a HSCP, recruiting to some key jobs and professions has been a big challenge over the past few years. Although this is a problem across the country, Orkney has seen a larger reduction in the proportion of working-aged people who are available to take up roles and careers in health and social care.

Some of the most difficult areas to recruit to have included social care, social work, speech and language, physiotherapy, dentistry, and community nursing. Our people our greatest asset and the high number of vacancies in some of our teams has an impact on our ability to deliver timely, high-quality services.

We are especially focussing our efforts on attracting younger people into these professions, as well as train and support our people to use technology and innovation to constantly improve the care we give to people in Orkney.

We have introduced some key initiatives over the last few years to fill posts, including international recruitment, Grow Our Own (a scheme to train staff to take on new roles) and the introduction of recruitment incentives such as Golden Hellos and Refer a Friend. Whilst the results of these initiatives have been mixed, we will continue to focus on creative and innovative ways to recruit staff, throughout the lifetime of this plan.

## Award Winners!

The hard work and dedication of our staff is consistently acknowledged by the community. For example, two of the three Awards in the inaugural Orkney Islands Council VIP Awards went to health and social care staff, with multiple nominations in each category. In NHS Orkney's Team Orkney Awards four of the Awards went to health and social care staff within Orkney HSCP.

The Partnership puts people at the heart of everything we do. Through the hard work, dedication, and commitment of NHS Orkney, OIC, independent, and third sector employees, we work together to focus on the health and wellbeing of the people who live in our communities.

As with all health and social care services, locally and nationally, it is challenging to make sure we have the right staff with the right skills, in the right place, at the right time.



## 4. What is a Strategic Plan?

The Scottish Government requires each IJB to create a Strategic Plan for the services it provides. This Plan is a roadmap for delivering health and social care services in the community. Here's what the Plan must do:

- **Deliver on national outcomes:** Show how the nine National Health and Wellbeing Outcomes will be met locally. [You can find these outcomes here.](#)
- **Set priorities:** Clearly outline the Orkney IJB's main goals and how these will be achieved.
- **Identify local areas:** Highlight the specific "localities" within Orkney that the plan will focus on.
- **Work with others:** Develop the Plan with all our partners, including patients, service users, staff, third sector organisations, and IJB members.
- **Guide implementation:** Be the foundation for the Strategic Plan Delivery Plan, which will detail how, when, and by whom, the goals will be achieved.
- **Monitor progress:** Be regularly reviewed, with updates provided in the Orkney IJB's Annual Performance Report, to show how well we are doing.
- **Stay current:** Be updated every three years. You can view Orkney's previous plans in the "Related Downloads" section [here](#). Our most recent Strategic Plan covered 2022 – 2025.



### Performance Review

Every year, the Orkney IJB will report on progress with this Strategic Plan, through our Annual Performance Report. More regular quarterly performance reports will also be provided to the Orkney IJB's Performance and Audit Committee and, afterwards, to the Health Board and Council. You can read our recent Annual Performance Reports [here](#).

## 5. How We Can Work Together

### What WE will do to make a difference

- We will work with communities to make sure their voice is heard.
- We will focus on prevention and enablement – this means we will help people to help themselves.
- Money for public services is tight, so we will be realistic about what we can do, whilst providing safe and effective services.
- We will be more creative and courageous in how we design and deliver our services.
- As technology, especially digital technology, becomes the norm, we will use this more widely in our daily work.
- We will deliver on our Plans. You can read our Strategies and Plans [here](#).

### What YOU can do to make a difference

- Take control of your own health and wellbeing.
- Whatever your stage in life, stay active.
- Make sure you know how to best address your health concerns.
- Keep an eye on the wellbeing of others in your community.
- Be active and involved in your local community.
- Join-in the conversations to help shape health and social care services for the future. Please see the final section of our Plan, [“Get Involved”](#).



### Get Involved

We would really welcome your feedback. Here's how you can have your say:

- Just drop us an email with your comments and we'll get back to you: [OHACFeedback@orkney.gov.uk](mailto:OHACFeedback@orkney.gov.uk).
- We also have a dedicated area within Engage Orkney where you can contribute your views: [www.engageorkney.com/](http://www.engageorkney.com/).

- You can call us for a chat, and we'll direct you to the right person! 01856 873535 extension 2601.
- You can still write to us! Our address is: Orkney Health and Social Care Partnership, School Place, Kirkwall, Orkney, KW15 1NY.
- We are always looking for input from folk and have spaces on some of our strategic groups. Please call us on the number above, for a chat.

## 6. Localities

As we mentioned earlier, the Public Bodies (Joint Working) (Scotland) Act 2014 requires the Orkney IJB to identify specific localities for the planning and delivery of services at a local level.

Identifying localities helps services to work together across primary and secondary health care, social care, third and independent sector services. There is a strong focus on community involvement and engagement, which is at the heart of one of our Priorities, Community Led Support.

We have identified two localities in Orkney, one across the Mainland and linked south isles, and one across the ferry-linked isles. These two localities are large enough to allow us to plan and develop services, but small enough to allow local involvement and recognise that every parish and every island is different.

There are two Localities in Orkney.

Most Community Council areas have committed to produce a local place plan. We have been working with these communities to make sure health and social care issues are included and addressed in their place plans.

We will also work with those communities who have decided not to produce their own local plan, to ensure we tackle their health and social care needs, too.



## 7. Our Priorities

**It is clear that people in Orkney want us to keep the six Strategic Priorities.**

Listening to and engaging with our communities is very important to us, and we have continued to do so for the last three years, the lifetime of our previous Strategic Plan.

We have hosted a number of events to hear from unpaid carers, third sector and community groups, staff teams working within health and social care, Community Councils, elected members, and many others. Overwhelmingly, people have told us that the six Strategic Priorities from our previous plan are still relevant and cover the most pressing issues facing health and social care services in Orkney.

We have compared these responses with our most recent Joint Strategic Needs Assessment (JSNA) and subsequent JSNAs undertaken in relation to Alcohol and Drugs and Community Justice purposes. These are assessments we do regularly, identifying where there is the most need for health and social care services.

This has allowed us to identify themes that have been consistently highlighted by you, the government, and our staff.

Consultations and plans that we have taken consideration of include:



**The Orkney Mental Health Strategy 2020 – 2025.**

**Dementia Strategy 2020 – 2025.**

**The Child Poverty Strategy 2022 – 2026.**

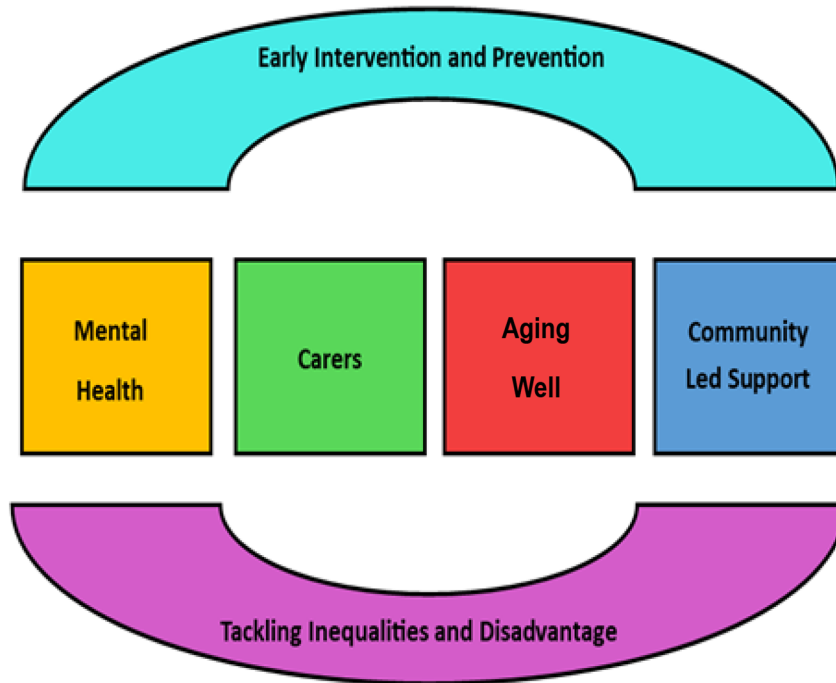
**NHS Orkney Clinical Strategy 2022 – 2027.**

**Orkney Unpaid Carers Strategy 2023 – 2026.**

**The Orkney Islands Council Plan 2023 – 2028.**

**NHS Orkney Corporate Strategy 2025/26.**

**Orkney Partnership Local Outcomes Improvement Plan 2025 – 2030.**



## Our Priorities

- Unpaid Carers.
- Supporting People to Age Well.
- Community Led Support.
- Mental Health and Wellbeing.

Two overarching Priorities encompass our approach:

- Early Intervention and Prevention.
- Tackling Inequalities and Disadvantage.

However, all our Strategic Priorities are directly linked, with the work we do to address one priority having a direct impact on the others. For example, a lot of our work to support unpaid carers, and the help available to them, is because of work done to develop Community Led Support. Helping people to maintain good mental health will help them to look after their physical health, too, meaning they are less likely to need support services, especially residential support services, when they get older.

## National Health and Wellbeing Outcomes

Scottish Government's plan to improve health and wellbeing across Scotland is summarised in the nine National Health and Wellbeing Outcomes. You can read more about these outcomes [here](#). You will find a summary of the Outcomes addressed by each of the Strategic Priorities, below.

## Our Priorities into Action

The following sections of the Plan detail what we have been doing in relation to our Strategic Priority areas and provides an update on what we plan to do moving forward. We have developed an accompanying Delivery Plan which provides specific detail of what we will do on each of our Priorities, throughout 2025/26. Our progress will be reported via our Performance and Audit Committee and we will review and update our Delivery Plan annually.

## Tackling Inequalities and Disadvantage

### This Strategic Priority Contributes to the following National Health and Wellbeing Outcomes:

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

Inequalities and disadvantage are known to affect how people access services and maintain good health. For example, people in rural communities and, especially, those in the ferry-linked isles, often have to take multiple bus, ferry, and plane trips just to get to a hospital appointment.

We recognise, too, that people living in poverty are more likely to have a poor diet, may struggle to heat their homes, and are less likely to participate in their communities, often resulting in poor mental and physical health.

We have supported the Isles Wellbeing Project to tackle the barriers people in isles face in accessing health and social care services.

We are working with our partners in the Orkney Partnership to directly tackle disadvantage and have made inequalities a priority in the new Local Outcomes Improvement Plan. You can read more about The Orkney Partnership [here](#).

We have also supported the Isles Wellbeing Project to tackle the barriers that living in the ferry-linked isles can present when trying to get access to health and social care services. We will continue to support this project, alongside others, by making sure we are:

- **Protecting vulnerable groups:** Keeping children, young people, and vulnerable adults safe from harm.
- **Improving access:** Ensuring everyone can reach the services or treatments they need.
- **Removing barriers:** Identifying and breaking-down obstacles that stop people from using services.
- **Supporting financial wellbeing:** Partnering with others to help people facing financial hardship.
- **Building a strong community:** Working with partners to make Orkney a safe, welcoming, and supportive place for all.

Our goal is to create a fairer Orkney where everyone can live well.

## Early Intervention and Prevention

### This Strategic Priority Contributes to the following National Health and Wellbeing Outcomes:

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

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

Prevention and Early Intervention, throughout people's lives, is vital to all our priorities. We want to give people the power to be aware of, and responsible for, their health and wellbeing, whatever their age or background.

We are committed to improving the health and wellbeing of children, young people, and adults, in Orkney. Communities and the local environment play an important part in promoting good health and providing opportunities to be active, to be involved, and to connect with others.

### What are we doing now?

There are clearly defined rules and regulations that set out how health and social care services must work. Most of the services we deliver are statutory services, which means we are required to deliver these services, by law. Some examples of statutory services include protecting vulnerable children, young people, and adults, or delivering primary care and community services, such as GP and Care at Home services.

**We want to avoid, where possible, people waiting until they have a crisis in their life before they look for support.**

We will continue to deliver high quality core services but will also be exploring how we can change the emphasis of our services to preventing crises from happening.

Something else we are doing is participating in an initiative called 'Getting It Right For Everyone'. This is a nationwide programme that provides a more personalised way for people to get the help and support they need. In Orkney, we have focussed our work on helping people to "age well", delaying, or even removing altogether, the need for Care at Home or residential care.

### What do we plan to do?

We will continue to redesign how we deliver services so that people get the right advice and support, meaning they need crisis services much less often: we want to avoid, where possible, people waiting until they have a crisis in their life before they look for

support. For example, we will be working with families to ensure we can identify health conditions early in children under five, reducing the likelihood of life-long poor health.



Our strengthened focus on prevention and early intervention will promote good, positive, physical, mental health and wellbeing, for all people, whatever their age.

We know how damaging inactivity can be to health. In fact, The World Health Organisation estimates that nearly 1.8 billion adults across the world are at risk of disease from not doing enough physical activity.

OIC's Leisure and Cultural Services recognise their role in helping people to be more physically active and has developed their Physical Activity and Wellbeing Strategy. This sets-out how they will work with services across OIC, other statutory organisations, and the third and private sectors, make the most of resources and get people in Orkney active and healthy.

## **How will we know we have made a difference?**

Prevention and early intervention can take place at different stages of the progression of a person's condition, including before it has developed, when it is in its early stages, or when it is more established. At every stage this can improve a person's condition by slowing down, or stopping, further development or complications.

We will continue to strengthen our approach to prevention and early intervention by further developing multi-professional teams in primary care. This means that physiotherapists, mental health nurses, pharmacists, community link workers, and other specialist nurses and practitioners, will work alongside GPs and practice nurses. This will see patients able to receive support from the most appropriate professional, at the earliest opportunity, and help support adults and young people to adopt healthy lifestyles, reducing their risk of developing a wide range of health problems.

## Unpaid Carers

### This Strategic Priority Contributes to the following National Health and Wellbeing Outcomes:

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

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

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

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

### Some facts and figures

The Carers Trust estimate there are 800,000 unpaid carers in Scotland, which is nearly 15% of the total population of the country. This includes at least 30,000 young carers under the age of 18.

Did you know, the Carers Trust estimate that 15% of people in Scotland are unpaid carers?

Estimates vary substantially around the value of unpaid care. Scottish Government, for example, suggest £12.8 billion, whilst Oxfam Scotland analysis, in 2020, estimated this figure to be nearer £36 billion. Whichever is more accurate, these are astonishing figures, especially as spending on social care in Scotland was £5.75 billion in 2022/23. This means unpaid care is worth between two and six times the total national spend on social care services.

Unpaid care in Scotland is thought to be worth as much as £36 billion.

Scottish Government recognised this when they introduced the Carers Act. This Act, introduced in 2018, means unpaid carers can get help from their local authority.

So much for figures, but what does this mean for Orkney? Well, there are just over 22,000 people in the county, which means there are around 3,500 unpaid carers in Orkney, including more than 100 young carers. Even if we take the lowest estimate for Scotland, this means unpaid care here in Orkney is worth around £51 million.

These are, of course, enormous sums of money and are difficult to comprehend. Perhaps it is easier just to say that, without the care delivered every hour of every day, up-and-down the land, social care services would be unable to cope.

## Who are unpaid carers?

An unpaid carer is anyone looking after a loved one who needs help with their care. This could be a family member, a friend, or a neighbour. They might have an illness, a disability, a physical or mental health problem, or an addiction.

Anyone who provides care for a loved one is an unpaid carer.

And unpaid carers can be any age, too. For example, many young people look after parents and other family members.

You do not have to be related to, or live with, the person, to be a carer, and you do not need to be registered as a carer.

## How have we been helping unpaid carers?

Some of the things we have been working on to support unpaid carers during the last three years include:

- Holding the first Unpaid Carers Conference, where we were able to highlight the support available for unpaid carers.
- Publishing our new Unpaid Carer Strategy.
- Developing our new Adult Carer Support Plan for adult carers, and a Young Carer Statement for young carers.
- Improving ways to identify carers.
- Appointing our new Carer Lead Officer, and Carer Support Worker, who will spend all of their time working to improve services for unpaid carers.

We held the first Unpaid Carers Conference, in 2023.

But it's clear we must do a lot more. A survey carried out every two years has consistently showed Orkney to be the second-best place in the country for getting the right support to be an unpaid carer. However, the actual number of people who said they felt supported was only 43% in 2022, and fell to 34%, last year.

As we have seen, we think there are around 3,500 unpaid carers in Orkney, but only 400 or so are asking for support from services, meaning it is likely around 3,000 are not asking for any support. No wonder only 34% of carers feel supported!

This means, of course, that we must work much harder to identify these folk and help them to get the support they need and are entitled to.

We must make sure unpaid carers get a break from caring.

Our biggest challenge, though, is to make sure that our unpaid carers can get a break from caring, which is called respite. It's been difficult for us to provide planned respite, so we are now working on new ways of helping unpaid carers to get the break they need.

## What are our plans to continue supporting unpaid carers?

Along with our partners in the third sector, we will:

- Invest even more time and money in services that allow unpaid carers to take a break.
- Continue to work hard publicising the support available to our unpaid carers.
- Train our staff to identify unpaid carers and help them to access support.
- Make sure we offer an assessment (called an Adult Carer Support Plan or Young Carer Statement) to everyone who wants one.
- Hold another Unpaid Carers Conference.
- Write a Strategy specifically for our young carers.

We will hold our second Unpaid Carers Conference, in 2025.

## How will we know we are making a difference to unpaid carers?

If we manage to make more people aware of the support available to unpaid carers, we can expect to offer more Adult Carer Support Plans and Young Carer Statements. We will also record how many staff are being trained to identify unpaid carers.

The ultimate test is to ask carers whether they feel they are supported. The more people who say they do, the better and more effective our support will be.

We will ask carers if they feel supported.

## Where can I find out more about Unpaid carers?

We have published a strategy explaining how we will help Unpaid carers. You can find it [here](#).

Additional information for unpaid carers can be found on the Carers Trust website [here](#)

The carer support service in Orkney is delivered by our partners at Crossroads Care Orkney. You can find their website [here](#). They offer a number of services for unpaid carers, including information, advice, emotional support, advocacy, and training, as well as respite care.

## **Supporting People to Age Well**

### **This Strategic Priority Contributes to the following National Health and Wellbeing Outcomes:**

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

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

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

### **What have we done?**

More older people with complex needs are now able to stay at home, than ever before, as our carers are trained to look after people with greater needs. In addition, we support over 800 people who have a community care alarm and other associated alarms to enable them to be safe in the community. Our oldest care home, St Rognvald House, is being replaced during 2025 with Kirkjuvagr House, which offers modern facilities fit for the future. Once that move is complete all of the Council's care homes will be less than 25 years old and all have land surrounding them to enable future extra care housing to be built.

We continue to work with colleagues across statutory and third sector organisations to consider the cost of living crisis and, specifically, what we can do to make things easier for older people.

We have worked with Housing colleagues in respect of the Orkney Housing Market Partnership which seeks to identify where all housing gaps are across the county and plan to resolve

### **What we plan to do?**

We will make sure our Telecare service is ready to cope with the forthcoming telecommunications switch, from analogue to digital, ensuring no one who has Telecare is left without the ability to summon help. Following the move from St Rognvald House we will ensure that day care services, previously provided from Gilbertson Day Centre, are replaced by a service based in one location, wherever possible.

We will make sure people who have challenging behaviours, are able to stay in our care homes, here in Orkney, where they belong.

Adult Social Work will ensure that no older person we are told about is harmed, be it financial, physical, or mental harm. We will also try to make sure people do not harm themselves accidentally, such as by hoarding items in their home and increasing the risk of a fire or a fall.

With the opening of Kirkjuvagr House, we will take the opportunity to consider whether some older people's care home places should be classed as nursing care. Orkney is unusual in that we have no access to nursing care home beds in the county. Our Community Nursing teams support those living in the community, and in residential care but, given that our elderly population is rising, nursing home beds would help to make sure people stay here, even if they are very dependent on support.

We will also consider how best to use the empty wing at Hamnavoe House; this will mean we will have to think about how we staff and fund the wing.

Our multi-disciplinary Intermediate Community and Home First teams also provide huge support to people in the community, meaning they can remain as independent as possible, for as long as possible.

### **How will we know we have made a difference?**

We can monitor our progress via numbers, produced nationally, called Integration Indicators. We will also ask for feedback directly from the people we work with and will check our progress by measuring a variety of numbers. These will include the number of people being supported via Care at Home, the size of our waiting lists for social work assessments, and the number of people in hospital awaiting discharge who are delayed.

# Community Led Support

This Strategic Priority Contributes to the following National Health and Wellbeing Outcomes:

**Outcome 7:** People who use health and social care services are safe from harm.

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

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

## What is Community Led Support

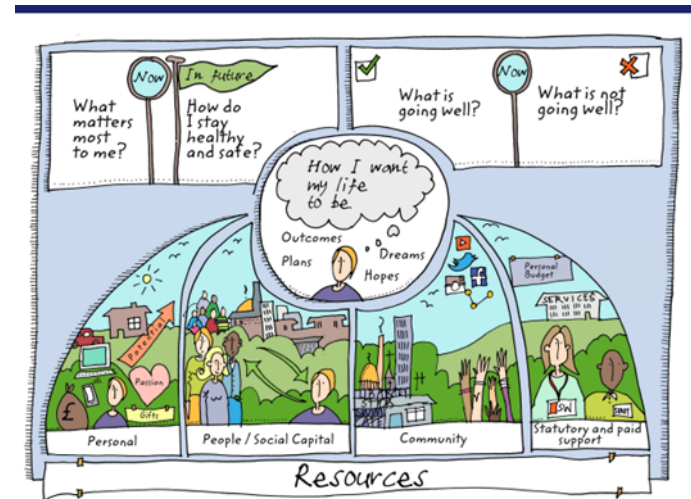
Community Led Support (CLS) means involving people in shaping and running services that meet their needs, with a focus on local solutions. It's about working together as a community to make things better for everyone. People who use the services, along with local groups and organisations, have a say in how things are done, ensuring support is friendly, flexible, and works well for the community.

## What have we done?

Since summer 2019, we've been talking to our communities to understand what's important to them, what helps, and what they need. From these conversations, we created *Blether* spaces in Kirkwall, Sanday, and St Margaret's Hope. These were places where people could drop in to find support if they were struggling or worried about someone they care about.

We also ran workshops called *Good Conversations* to help people learn how to talk in a way that focuses on what really matters to others.

Unfortunately, just as the *Blethers* were starting to grow, the pandemic hit. Resources had to shift quickly to help those most in need. The *Covid Community Support Hub* at the Pickaquoy Centre became a kind of virtual *Blether*, where people could call in for support instead of meeting in person.



Community Led Support means involving people in shaping and running services that meet their needs.

During the first lockdown, over 800 people in Orkney were shielding because of health conditions. Staff from OIC, Social Work teams, and health professionals worked together to check in with them weekly, offering help and reassurance. Local communities also stepped up with their own support efforts, which were hugely successful.

We've learned a lot from these experiences and are now working on a plan to continue this collaborative, community-focused approach.

## Examples of CLS in Orkney

Here are some examples of CLS in Orkney:

**Blether Spaces:** These were drop-in spaces set up in Kirkwall, Sanday, and St Margaret's Hope. They offered a welcoming environment where people could find out about local support services, talk about their concerns, and connect with others in the community.

**Covid Community Support Hub:** During the pandemic, this phone-based hub, hosted at the Pickaquoy Centre, provided help to people shielding or struggling. It was run by redeployed staff from OIC, alongside social workers and health professionals.

**Parish and Island-Led Initiatives:** Local parishes and islands organised their own support systems during the pandemic. For example, volunteers delivered groceries and prescriptions to those shielding, whilst informal networks checked in on neighbours, particularly the elderly and isolated.

Community Led Support focuses on local solutions.

**Community Transport Services:** Some islands operate volunteer-run transport services, helping residents attend appointments, go shopping, or visit family and friends.

**Community Gardens and Food Initiatives:** Groups like the Orkney Blide Trust have created spaces where people can grow food, meet others, and support mental health through gardening activities.

**Youth and Family Activities:** Local groups have organised activities like outdoor learning sessions, after-school clubs, and support for young carers to give children and families a chance to connect and thrive.

**Community Link Practitioners:** Based in GP surgeries across Orkney, Community Link Practitioners help people access support for their health and wellbeing needs. They connect individuals with local services, activities, and groups, such as exercise programs, social groups, or mental health support. This person-centred approach ensures people get the help they need in ways that work best for them.

**Community Wellbeing Coordinators (Isles Wellbeing Project):** Part of the Isles Wellbeing Project, these coordinators work across most of the ferry-linked isles to address specific challenges in rural areas. They help residents access support, create local wellbeing initiatives, and promote a sense of connection and resilience within island communities. Their work empowers people to identify and meet their own community's needs.

These examples highlight how Orkney uses a combination of local leadership, collaboration, and tailored solutions to build stronger, more supportive communities.

## What are we doing to support CLS in Orkney?

To support CLS across Orkney, we will focus on the following key actions:

### Actively Involve Communities:

- **Listen to local voices:** Regularly consult with communities to understand their needs, priorities, and challenges.
- **Support co-design:** Involve community members and organisations in designing services that work for them.
- **Celebrate local efforts:** Acknowledge and highlight successful community-led initiatives to encourage others.

### Strengthen Collaboration:

- **Facilitate partnerships:** Create stronger links between voluntary groups, local organisations, and statutory services to share knowledge and resources.
- **Engage with Community Councils:** Work closely with Community Councils to ensure local leadership is supported.
- **Promote joint working:** Encourage collaboration between Community Link Practitioners, Community Wellbeing Coordinators, and other frontline workers.

### Build Local Capacity:

- **Offer training and resources:** Provide communities with skills such as *Good Conversations* or organising local initiatives.

- **Simplify funding:** Make small grants and funding accessible for grassroots projects that align with CLS principles.
- **Empower volunteers:** Support volunteer networks by offering recognition, training, and practical help.

#### **Ensure Equitable Access:**

- **Support remote communities:** Address the unique challenges faced by Orkney's linked isles, such as transport, digital connectivity, and access to services.
- **Invest in local coordinators:** Expand roles like Community Link Practitioners and Community Wellbeing Coordinators to cover more areas.
- **Enhance digital support:** Improve online access to services and community networks for those in remote areas.

#### **Provide Practical Support:**

- **Create welcoming spaces:** Invest in physical locations, like Blether spaces, where people can connect and access help informally.
- **Help navigate services:** Ensure people can easily find and access the right support through well-structured hubs or clear information pathways.
- **Be flexible:** Allow services to adapt to local needs rather than using a one-size-fits-all approach.

#### **Learn from Experience:**

- **Evaluate regularly:** Collect feedback and data to understand what's working and what isn't.
- **Share success stories:** Highlight effective approaches from across Orkney to inspire and inform others.
- **Stay open to innovation:** Be willing to pilot new ideas and adapt based on community feedback.

By enabling communities to take the lead and providing the right support, we can help ensure CLS thrives across Orkney, building resilience, reducing isolation, and improving wellbeing for all.

## Mental Health and Wellbeing

**This Strategic Priority contributes to the following National Health and Wellbeing Outcomes:**

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

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

**“The service provided has literally made the difference between allowing me to function or spiral downwards”.**

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

**Outcome 7:** People who use health and social care services are safe from harm.

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

### What is Mental Health, Mental Wellbeing and Mental Illness?

Mental health is a part of our overall health, alongside our physical health. It is what we experience every day and, like physical health, it ebbs and flows. Good mental health means we can realise our full potential and feel safe, secure, and can thrive daily.

Mental wellbeing is our positive view that we are coping well psychologically with the everyday stresses of life. It can work productively and fruitfully to allow us to feel happy and live our lives the way we choose.

Mental illness is a health condition that affects emotions, thinking and behaviour, which substantially interferes with, or limits, our lives. Mental illness is a term used to cover several conditions (e.g. depression, post-traumatic stress disorder, schizophrenia) with different symptoms and impacts for varying lengths of time.

### Why is mental health and wellbeing important?

Mental illness is one of the major public health challenges in Scotland. Around one in three people are estimated to be affected by mental illness in any one year.

We think it's important that people who experience mental health problems receive the same level of social and clinical support as those with physical health problems, so we have committed to improve and develop mental health and wellbeing support across Orkney so that people can live longer, healthier, and more fulfilling lives.

## **What are we doing to support mental health and wellbeing in Orkney?**

Orkney's Mental Health Strategy (2020 – 2025) sets out how we will improve and develop mental health and wellbeing support. It was partly influenced by the Scottish Government Mental Health Strategy 2017-2027, as well as what people who use and deliver services said. You can read the Government's Mental Health Strategy [here](#).

We have also extended the pilot of something called the Distress Brief Intervention (DBI), in Orkney. This is an 'ask once, get help fast' approach, and offers connected, compassionate, support to people experiencing distress. This service is being delivered by Orkney Blide Trust and Penumbra, who are working in partnership with the Scottish Ambulance Service and Scottish Police.

Mental Health support for children and young people provided by the Child and Adolescent Mental Health Service (CAMHS) has greatly expanded. We have also extended support for people with Dementia and Learning Disability:

- A GP with Special Interest (Dementia).
- An Admiral Nurse, who is hosted by Age Scotland Orkney and part-funded by the IJB.
- Increased nursing support for learning disability.

We now have funding for an All Age Nurse Led Psychiatric Liaison Team. This will improve the experience of everybody using the emergency mental health transfer room and, importantly, reduce the impact of cancelled appointments on individuals who are in crisis.

We are also finalising the local Suicide Prevention Action Plan. This will set out how the Suicide Prevention Task Force will achieve the four outcomes detailed in the Creating Hope Together: Scotland's Suicide Prevention Strategy 2022-2032. You can read the Strategy [here](#).

## **What future plans do we have to improve mental health and wellbeing?**

Some of our plans to improve mental health and wellbeing services include:

- Improving how statutory and third sector organisations work together, to make sure the needs of people across the community are met.
- Working with third sector organisations to put a greater focus on prevention and early intervention, including increased support for our children and young people, adults, and those affected by substance misuse.
- Encouraging everyone in our community to work together to reduce the stigma sometimes associated with mental illness, as well as encouraging positive conversations about mental health and wellbeing.

- Increasing training of our staff across health and social care, including our third sector colleagues, so that they have the knowledge, skills and resources to provide the sort of support that people need.
- We are working with Orkney Housing Market Partnership to provide homes for people with enduring mental health conditions.
- Delivering a greater awareness of the support available for people in distress. We will do this by creating a webpage detailing support and contact details, as well as promoting the Growing Up In Orkney website for children and young people.

### **How will we know we are making a difference?**

- Many people with significant mental health issues currently receive the support they need from outwith Orkney. However, investment in our services will see an increasing number of these people return home.
- Early intervention will see a reduction in the number of people who need to receive support outwith Orkney.
- As we see earlier access to services, we will be seeking to reduce the number of people who take their own lives.
- The number of people engaging with the new support services available, as well as the Growing Up In Orkney webpages, will increase. You can visit the Growing Up In Orkney website [here](#).

## 8. Facts and Figures

The population of Orkney has increased from 19,220 in 2001 to 21,958 in 2022.

This is an increase of 14.25%. During the same period, the population of Scotland increased by 7.5%.



0 – 15

**1982**

4,453

23%

**2002**

3,818

20%

**2022**

3,510

16%



16 – 64

**1982**

11,417

60%

**2002**

12,248

63%

**2022**

12,976

59%



Over 65

**1982**

3,226

17%

**2002**

3,274

17%

**2022**

5,475

25%



25% of the population in Orkney are aged 65+, whilst across Scotland it is 20%.

Life expectancy in Orkney is 82.7 years for women and 78.7 years for men.



There are around 3,500 unpaid carers in Orkney.



There were 863 people with a Community Care Alarm and/or Telecare, as of the beginning of 2025.



There are 168 people receiving Care at Home services, as of early 2025.

## 9. How Housing Services Will Help

One of our priorities is to support people to stay at home. The Scottish Government, too, wants services to try and support people in their home and community, rather than in a hospital or care facility, so it is important that our colleagues from the OIC's Housing Service plan for how they will support health and social care services to do this.

This is called the **Housing Contribution Statement** and is a really important link between this plan and the OIC's Local Housing Strategy. It highlights, amongst other things, the need to help people who have physical and other support needs and identifies a number of areas for action. In fact, one of the Strategy's key objectives is to support people to stay at home, something that is called Independent Living.

People who need specialist housing or support to live independently can be found across Orkney's population. Some people need these services for a short time whilst, for others, specialist housing or support will be needed for the long-term.

### Introduction to the Housing Contribution Statement

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

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

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

The Council's Strategic Housing Plan is articulated in the Local Housing Strategy (2024-2029) which is underpinned by the robust and credible evidence from the Housing Need and Demand Assessment (HNDA, 2023).

## **Health and Social Care Partnership**

The Public Bodies (Joint Working) (Scotland) Act 2014 establishes the legal framework for integrating health and social care to ensure joined-up, seamless services. In 2015 the Orkney IJB was established as a separate legal entity.

The Head of Community Learning, Leisure and Housing is represented on the Strategic Planning Group to actively promote the housing sector's role in health and care integration.

## **Delegated Function**

The Act sets out a range of health and social care functions, including functions under housing legislation which 'must' or 'may' be delegated to the IJB. These are contained in the Health and Social Care Integration Scheme which was approved by the Scottish Government and came into force from 6 February 2016.

The housing functions that are delegated to the IJB are:

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

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

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

## Local Housing Strategy

The Local Housing Strategy (2024-2029) sets out the vision for Housing in Orkney:

*“Orkney has a wide range of good quality, sustainable homes that are affordable and meet the current and future needs of individuals, families and local communities across the Orkney Islands.”*

Orkney’s three housing priorities over the next five years are:

- More Homes.
- Quality Warm Homes.
- Access and Choice of Housing for all.

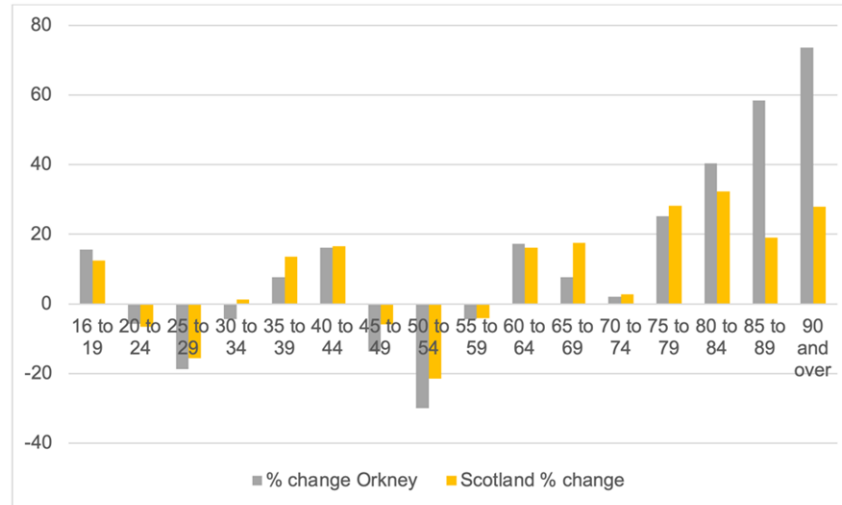
All the priorities within the Local Housing Strategy are relevant to the Housing Contribution Statement, although of particular relevance is ‘More Homes’ and ‘Access and Choice of Housing for all’.

## Demographics

Household projections and existing unmet need (those in temporary accommodation and acute housing need as who are on waiting lists) are the basis of assessing housing requirements in Orkney (HNDA 2023). There has been almost double the rate of [household growth in Orkney at 29.5%](#) over the last 20 years compared to Scotland’s 16%.

Looking forward at a range of different scenarios using National Record of Scotland’s 2018 based household projections, it is predicted that household growth will continue to increase, although at a slower rate and most significantly in the next 15 years. Key points are:

- According to the ‘principal’ projection, there will be 8% household population growth overall.
- Household growth will be mainly driven by 1- and 2-person households – single person households will grow by 18% and two-person households by 9%, with the number of two parent households with children declining by 12%.
- Kirkwall and East Mainland are projected to see growth while the North Isles are projected to see a decline in population.
- The greatest expected proportionate growth is in the older households. There is also some growth projected in the 16-19 age group and 35-44 years age groups, but a drop in the proportion aged 20-34 years and 50-60 years. This means the right type of housing, increased level of adaptations, and care and support services will be required to support the aging households.



Source: [2018-based Household Projections](#) (Council area profiles)

Ongoing pressure in the housing market is evidenced by increasing house prices, and rental prices, and lack of availability of private rented and social rented housing for residents and essential incoming workers. Most recent data from Registers of Scotland shows Orkney house price growth being double the Scottish average (2021/22 and 2022/23).

## Key issues

The [Housing Need and Demand Assessment](#) and the Local Housing Strategy sets out the current provision and the requirements for new supply, and additional accessible, adapted and wheelchair housing.

- Around 300-600 households each year require adaptations to help people remain in their own homes – in practice Orkney Care and Repair typically provides 550 annually, with the most common major adaptations being level access showers, external ramping, stair lifts and grab rails. Recent resource levels (until 2023) have been in line with needs, but with the increasing ageing population, this will mean increasing need, and increasing resource requirements for adaptations. There is currently a significant backlog of level access shower installations, in part due to lack of capacity in the specialised workforce required for this type of adaptation.
- The small repairs service offered by Orkney Care and Repair provided 520 small repairs in 2023. Again, the need will increase with the aging population, projected at 630 small repairs by 2033. This means a need for increasing resources.

- There is very high demand and unmet need for care at home services, in part due to lack of workforce. At the same time, the level of care home provision is well below the Scottish average rate. This does not mean the solution is more care homes, but there must be adequate resources for the alternative including care at home, very sheltered and/or extra care housing as the need increases.
- The Council has recently completed a core and cluster development for people with learning disabilities and the Housing Market Partnership discussed using more core and cluster developments, including extra care housing for mixed client groups (e.g. older people, those with dementia, disabled people). This could be a more efficient and effective approach compared to home care in a rural setting, particularly in the context of travel distances and lack of care workforce.
- There is a gap in supported housing provision for those with enduring mental health needs who currently live on the Scottish mainland due to lack of appropriate provision in Orkney.
- There is limited ability of the public, voluntary and private sectors to be able to recruit and retain key- and essential workers (including interim and agency workers) with lack of availability of the right type, size and price of housing. This is evidence through the Council's Essential Workers Housing Strategy which shows migration being constrained due to the lack of housing for incoming essential permanent workers.

## **Housing Contributions to Integration**

The Local Housing Strategy sets out a comprehensive action plan to meet the needs of aging households, and others with specific housing, care and support requirements.

- The Council and its partners is planning for supply of 60 new affordable homes per annum (across all tenures) in Orkney for the next 10 years, some of which will have to be accessible and wheelchair properties. Some of the supply will also be suitable for Essential Workers (including Mid-Market rent).
- There is strong demand, and provision for/of bungalows among older residents, which will make adaptation for wheelchair use easier.
- There is scope to adapt some of the existing social ambulant disabled housing stock to wheelchair housing to meet this demand.
- New supply will be built which is suitable for older people, and those with a range of other needs – this will be achieved through a core and cluster approach with the 'core' being care homes so that neighbouring independent households can be supported from the 'core'.

- Ensuring sustainable resourcing for the Orkney Care and Repair service, recognising the vital role this plays in enabling timely discharge from hospital and supporting independent living.
- Enhancing the telecare service and introducing SMART homes.
- Putting in place supported housing/care provision for those with enduring mental health needs.
- Review incentives for older people to downsize to move to homes more suitable for their needs.

## Challenges

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

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

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

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

Housing Stock – Provision of sufficient affordable housing of the right size in the right area remains a challenge for Orkney. Given the relatively small size of its housing stock, statistical distortions can occur such as an imbalance in one size of properties, currently there is significant demand for one bedroom housing and this greatly outstrips supply. There are also limitations in respect of our ability to address this through new build, particularly in Kirkwall.

## Monitoring and Review

This statement forms the link between the Local Housing Strategy and the Strategic Commissioning Plan. Actions will be reviewed jointly through monitoring arrangements for both strategies. The Housing Market Partnership meets quarterly and includes representatives from Orkney HSCP to monitor outcomes.

**Local Housing Strategy Outcome:**

People live independently and safely at home or in a homely setting in their own community.

**Actions**

Provide supported accommodation through a core and cluster approach in the campus of each of the three care homes (with the care homes acting as the core) for mixed client groups to maximise efficiency and outcomes for those requiring care and support.

Ensure the housing needs for older people are met on the isles through developments including co-housing.

Review joint adaptations protocol particularly around private housing adaptations to ensure there is equity of access across housing tenure for adaptations.

Ensure there is sufficient provision for wheelchair provision through the More Homes programme, or through conversion of existing amenity housing.

Explore options to supplement the Orkney Housing Association adaptations budget from Orkney Health and Care, recognising the importance of timely adaptations in reducing hospital admissions.

Work in partnership with NHS Orkney/Orkney Health and Care to support resourcing of Orkney Care and Repair to both aid hospital discharge and prevent hospital admission or demands on care services.

Ensure Orkney Care and Repair is sustainably resourced to meet the growing demand which supports independent living

Work in partnership with Orkney Health and Care to enhance the existing telecare provision including provision of SMART homes.

Explore developing local letting initiatives, especially on the outer isles to prioritise housing to health and care staff and other essential workers.

Work with the Development Trusts to advertise vacant social homes, where local letting initiatives exist to prioritise health and care staff, or other essential workers as relevant.

Review current approaches to downsizing to further incentivise smaller older households to move to homes suitable for the needs.

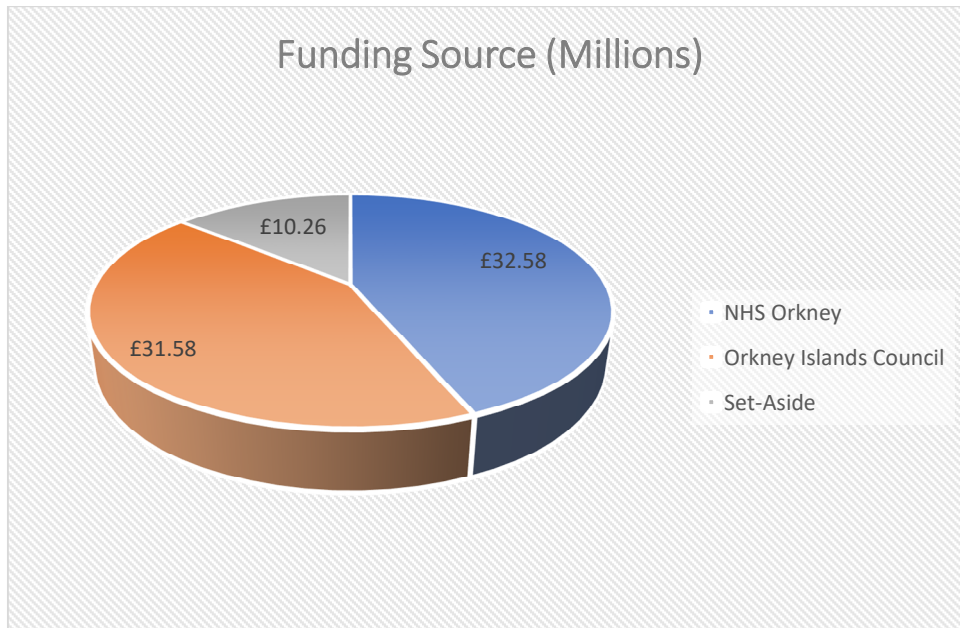
Ensure supported housing/care provision is supplied for people with enduring mental health conditions to enable people living on Scottish mainland to return to Orkney.

Review housing support in the round – enabling the third sector to provide lower level housing support and freeing up resources for more intense provision to be provided by the statutory sector.

# 10. Financial Implications

The Orkney HSCP's budget is funded through delegated money from NHS Orkney and OIC – the budget for 2025/26 is just over £74 million.

A Medium Term Financial Plan is being developed to highlight factors affecting the financial sustainability of the Orkney HSCP over the medium term. This Plan establishes the estimated level of resources required by the Orkney HSCP to operate its services, over the next three financial years, given the demand pressures and funding constraints that we are likely to experience.

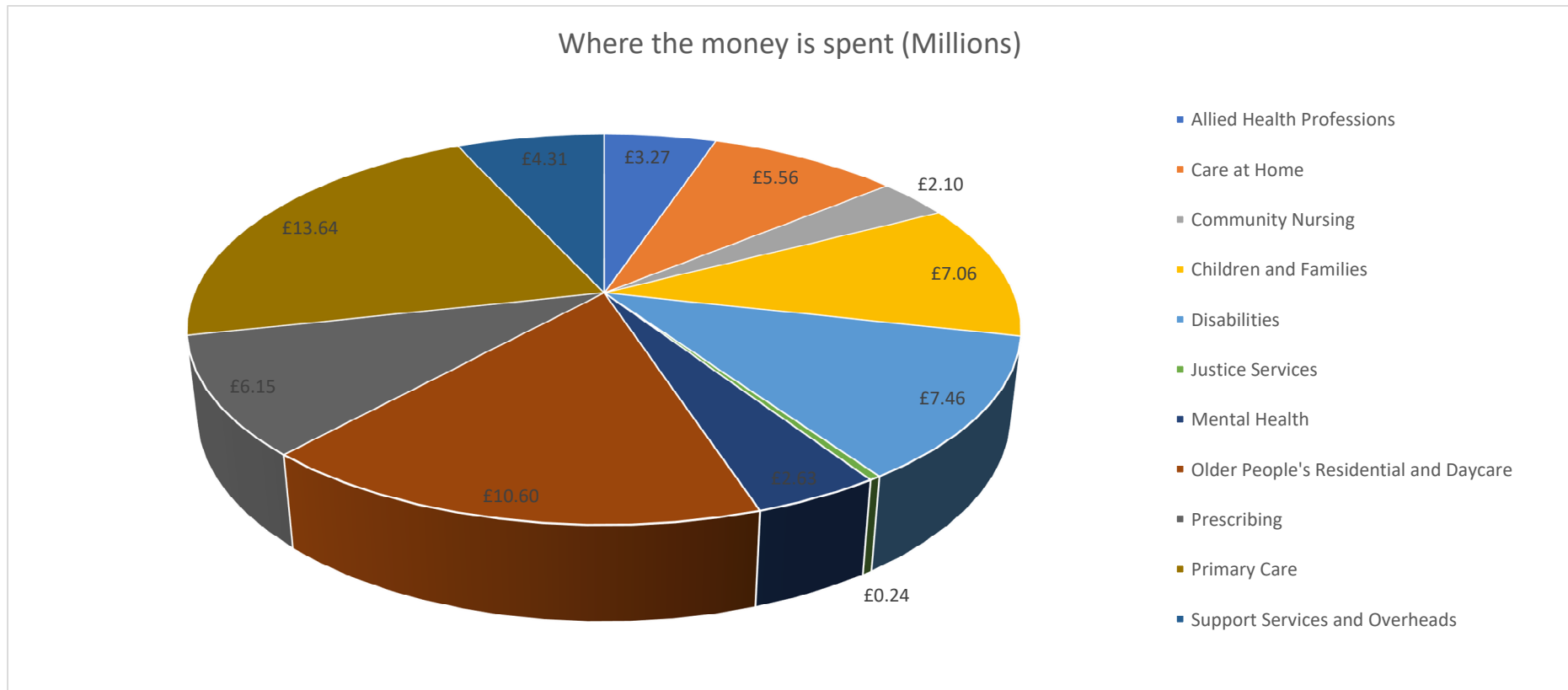


## Local Context

Due to medical advances and improved quality of care, individuals who require, or are in receipt of, complex care have substantial and ongoing health and social care needs. These can be the result of chronic illness, disabilities, or following hospital treatment.

The demand for services continues to grow with funding uplifts struggling to keep pace.

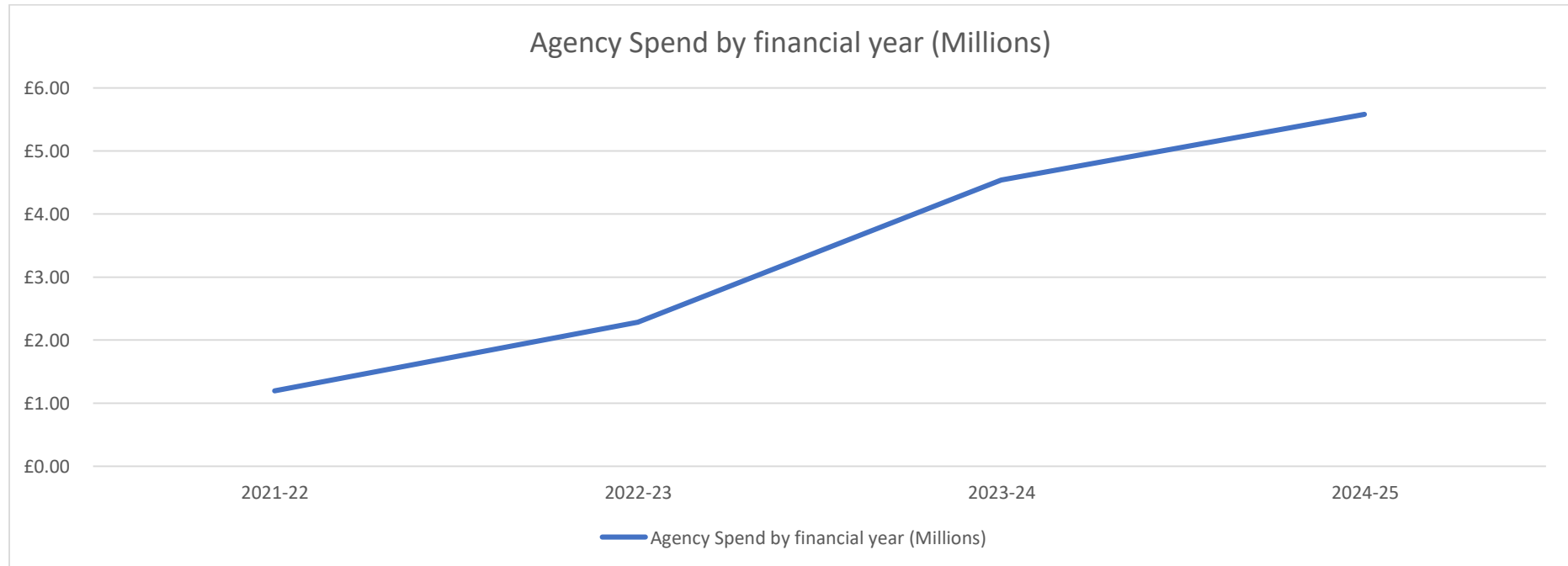
Although this challenge is not unique to Orkney, our older population is increasing faster than the national average. In addition, significant numbers of our working age population are leaving the islands, leaving fewer people available to provide the care and support required. Alongside the challenges, the contribution that older people make to our society also needs to be recognised. For example, people over 65 years of age deliver more care than they receive – acting as unpaid carers, child minders and volunteers. The IJB continues to commission services within the financial envelope available and the chart below illustrates the breakdown of where our money currently goes.



## Budgetary Pressures

The single biggest pressure on our budgets continues to be through the engagement of agency staff to offset our workforce vacancy rate. Many of our services would not have been able to function over the last few years had it not been for the deployment of agency staff to cover critical roles. Whilst this is a situation that is not unique to Orkney, our agency costs are higher than other parts of the country given the need to pay for travel and accommodation costs.

The overall costs of agency staff have continued to grow over the last four years, as illustrated in the graph below.



By the end of 2024/25 our total agency spend in social work and social care alone was £5.58 million with approximately £1 million of that figure accounting for accommodation and travel. Although the rise in costs slowed slightly in 2024/25, they have, nevertheless, continued to increase. We anticipate that some of our substantive recruitment will begin to impact favourably on the position through 2025/26 and further efforts will be made to build on the recruitment initiatives already in place.


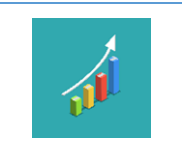
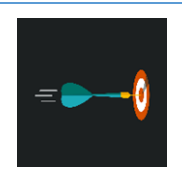
## Additional Funding

The Scottish Government budget for 2025/26 shows a record investment of £21 billion in health and social care. However, budget figures show that most of the 'additional' funding is to support UK and Scottish Government policies in respect of Real Living Wage, and changes to Employers National Insurance contributions (eNIC). Therefore, the additional funding is effectively to meet existing costs.

The UK Government budget policies increase spending by almost £70 billion over the next five years. However, these policies have already been challenged in the March Spending Review. Whether these policies, and subsequent distribution via the Barnett formula to the Scottish Government, can be delivered is unknown as global economic uncertainty has increased sharply, growth has slowed in many of Britain's major trading partners, and borrowing costs have risen across most advanced economies.

While this additional funding is welcome, the Orkney Integration Scheme requires a recovery plan to be put in place to address the forecast overspend and return to a breakeven position. In addition, there is an expectation that savings targets to be met from existing resources will require substantial transformation in service delivery.

## Key Areas Identified to Close the Financial Gap

	<p>Transform and Redesign Services</p> <ul style="list-style-type: none"><li>• Introduce a programme of transformation and service redesign, focussing on identifying opportunities to redesign services and use alternative care models that match the ambitions of the Orkney HSCP's Strategic Plan.</li></ul>
	<p>Improve Efficiency</p> <ul style="list-style-type: none"><li>• Introduce initiatives to deliver services more efficiently.</li></ul>
	<p>Strategic Commissioning</p> <ul style="list-style-type: none"><li>• Ensure services that we commission from external providers deliver the best quality support and focus on the needs of the local population, deliver good quality support, and are aligned to the Strategic Priorities of the Orkney IJB.</li></ul>



### Shift the Balance of Care

- Address a shift in the balance of care away from hospital-based to community-based services.



### Prevention and Early Intervention

- Promote good health and wellbeing, help people to manage their long-term conditions, and intervene earlier, reducing the need for people to receive care outwith their own home.