

Appendix 1: Overview of Health and Social Care Provision in Orkney

Primary care

Orkney mainland and the isles are served by a network of GP surgeries. There is Rural General hospital – the Balfour hospital – in Kirkwall. A new hospital building is being erected on the outskirts of the town. Additional specialist medical provision is primarily provided in Aberdeen through NHS Grampian, including Aberdeen Royal Infirmary (ARI), Woodend and the Royal Cornhill hospitals. Island residents may travel to Aberdeen to access specialist services, and some consultants based in Aberdeen visit Orkney on a semi-regular basis for consultations in the island.

Primary care services in the smaller isles of Orkney vary according to the size of the island, with some larger islands having resident GPs and others having resident Nurse Practitioners supported by regular GP visits. Residents on the outer isles are required to travel in to the Balfour hospital for receipt of specialist medical services (e.g. physiotherapy) and for hospital treatment. The Isles Network of Care was set up in 2010, to support practitioners working in these islands. The network was set up to address some of the challenges of working in very small island based teams – with the network ensuring continuity of care by providing backfill for periods of absence or leave, and clinical governance and peer support being provided through regular videoconference meetings¹.

Emergency Medical Care

The ambulance service is responsible for the provision of emergency medical services in Orkney. On the mainland of Orkney the ambulance service is based in Kirkwall. In the islands the ambulance service retains a responsibility for the provision of emergency medical services, however the staffing is through community first responders, island responders or emergency responders. Community first responders do not operate ambulances and provide voluntary support, island responders operate ambulances and provide voluntary emergency support, emergency responders operate ambulances and are paid on a sessional basis for the emergency support they offer. Due to historical reasons each island operates somewhat differently. In the majority of cases responders are volunteers, but some paid responders are available on Shapinsay and Westray. Training for responders consists of a four-day course which is delivered locally, and with top-up training provided on a regular basis. The role can be demanding and requires individuals who are physically fit and able.

In addition to ambulance services provided on land, medivac evacuations are also performed by helicopter for islanders who require emergency transport to hospital on the Orkney or Scottish mainland.

Intermediate care

An intermediate care team is available to support people in the community, with a particular focus on preventing hospital admission, and allowing swifter discharge. The

¹ <http://scotlandgptraining.blogspot.co.uk/2014/04/orkney-network-of-care.html>

intermediate care team visits people in their own houses and focuses on a reablement ethos. This team operates on the Orkney mainland only.

Intermediate care can be provided to residents of the outer isles through Red Cross House in Kirkwall. Patients can be discharged from hospital to the house where relatives can also be accommodated. The intermediate care team and other professionals visit the house to provide services. Red Cross house is delivered through a partnership between Orkney Health and Care, Orkney Housing Association and the Red Cross (Care Inspectorate & Healthcare Improvement Scotland, 2017)

Home care and home help

Home care is accessed via an assessment of care needs. This can be undertaken by a range of care professionals, however in the majority of cases in Orkney the assessment is undertaken by a social worker. In the outer isles which do not have resident social workers the assessment may be undertaken by a nurse or GP, and later reviewed by a visiting social worker.

Referral for assessment can be made by other health professionals, or by the individual or family members themselves. OHAC have an 'Adult Services Helpdesk' which is operated through the council switchboard, whereby individuals can access support and information about available services including voluntary services, and referral for a care assessment can be made².

In Orkney the majority of home-care provision (in terms of personal care) is provided by Orkney Islands Council. There is one private provider of care: JemmCare³, and two third sector organisations available to provide care: Crossroads and AgeScotland Orkney. JemmCare is a relatively new provider, starting up in 2016, and currently operates on the Orkney mainland only. JemmCare offers live-in and respite care, palliative care, post-operative support, home care and social care.

The Orkney Islands Council home care service provides personal care services, these include assisting with: washing, bathing, dressing, toileting and continence, self-administration of medication, mobility, eating and drinking, and meal preparation. Domestic support provided is limited. Domestic tasks that may be supported are linked to personal care and meal preparation e.g. tidying bathroom or kitchen and washing dishes (OIC, 2018)⁴. Care is provided across the islands of Orkney, with contracted staff on the mainland and on some of the larger outer isles (e.g. Westray, Sanday and Stronsay), in the smaller isles staff are recruited on a relief basis and are called on to provide care as and when basis depending on demand. Care is provided throughout daytime hours. A night support team is available (on the Orkney mainland only) for assistance with e.g. toileting or medication. Services can be provided to anyone over 18 years old whose needs have been assessed, services may be

² <http://www.orkney.gov.uk/Service-Directory/S/adult-services-helpdesk.htm>

³ <http://www.jemmcare.co.uk/>

⁴ www.orkney.gov.uk/Service-Directory/S/care-at-home-services.htm

chargeable depending on the financial assessment, although for those over 65 personal care is provided free of charge (in line with Scottish legislation).

AgeScotland Orkney is a charity based in Kirkwall and offers a range of services including home help, good day calls, a podiatry clinic and a dementia hub. In 2018 a new personal care service is also being set up. Home help is offered through the 'here to help' service which offers general housework services and meal preparation as well as shopping trips, the service is offered at a minimum of one hour per week and costs £16 per hour⁵. The new 'here to care' service will offer personal care on a similar basis as the current home help basis – at a minimum of one hour at a time, chargeable per hour. The costs of the 'here to care' service may be met in part or in full by the self-directed support options one or two. These services are predominantly offered on the mainland, however some island trusts have gone into partnership with AgeScotland to enable the here to help service to be delivered on the islands, and the here to care service is likely to be offered to island trusts on a similar basis. 'Good Day Calls' is a free service whereby individuals receive a daily morning call – this service aims to address feelings of loneliness and vulnerability, with the calls 'making sure [service users] are up and well and provid[ing] a friendly chat to start the day' (AgeScotland Orkney, 2018)⁶. If contact cannot be made through a good day call, AgeScotland alert a named contact for the service user so that they can go and check up on them.

Crossroads Orkney is a charity with the primary purpose of 'improving the life of carers and those for whom they care by giving information, emotional support and practical help' (Crossroads Orkney, 2018)⁷. Crossroads has a responsibility for providing information to carers and respite care, and receives funding from OHAC to fulfil this responsibility. Their annual report for 2016-17 identifies that there are forty-eight care attendants employed by crossroads over the Orkney Mainland and many of the outer isles. As care attendants are trained to deliver personal care and Crossroads is a registered organisation, it is also possible for individuals to purchase care from the organisation directly, or for service users to utilise direct payments through self-directed support options one and two to pay for services. This sees an extension of the work of crossroads from providing solely respite care, to providing wider care services to the general population. Their annual report notes 'a steep rise in the amount of hours purchased from us' during 2016-17, which shows that this is a growing area of the business. All care attendants are trained and 19 of the care attendants are qualified to SVQ2 in Health and Social care. The annual report notes care attendants in the following isles: Westray (5), Sanday (3), Stronsay (2), Hoy (1), Shapinsay (1). In addition, Crossroads have worked in conjunction with the Papa Westray community to recruit two new care attendants in the island, and the annual report notes potential for development of this model.

In addition to provision of respite care, the independent living support service run by Crossroads provides information and advice to individuals and their carers who wish to

⁵ <https://www.ageuk.org.uk/scotland/orkney/our-services/home-help/>

⁶ <https://www.ageuk.org.uk/scotland/orkney/our-services/good-day-calls/>

⁷ www.crossroadsorkney.co.uk/

employ their own care assistants through utilising direct payments. The support offered includes: advertising and recruitment; advice on insurance; organising training; payroll, tax and NI; contracts, job description and health and safety policy. The service is offered free (it is supported by Orkney Islands Council) but there is a small charge for payroll services.⁸

In addition to the options listed here, as home help support is not regulated in the same way as personal care, in practice home help may be provided by a range of small businesses or self-employed individuals. In the island of Westray, the development trust has set up its own home help service for islanders.

Day care and Lunch Clubs

Day care for older adults is provided through four day centres in Orkney where people can go to have their social needs met: West Mainland (Dounby), Gilbertson (Kirkwall), Kalisgarth (Westray), Hoy and Walls (Hoy). Access to day care is by referral following a care assessment. Apart from Hoy and Westray, day care is not available on the non-linked isles. However, the majority of islands have lunch clubs that operate on a weekly or fortnightly basis, and provide opportunity for a meal and some social activities. These lunch clubs can access funding through a community grant available from Orkney Islands Council

Telecare and Mobile Responder Service

Telecare is a service that uses 'a combination of alarms, sensors and other equipment to help people live independently. This is done by monitoring activity changes over time and will raise a call for help in emergency situations, such as a fall, fire or a flood' (Department of Health 2009). In Orkney the Telecare service offers equipment such as: community care alarm, door contacts, smoke detector, personal trigger, passive infrared movement sensor, medication dispenser, chair sensor, bed occupancy monitor, low temperature detector, fall detector, heat detector, enuresis detector, flood detector and epilepsy bed sensor.⁹ When an alarm is activated then a keyholder for the service user's property is notified who is then responsible for visiting the property and checking the service user. The keyholder could be a family member, carer or someone from the community responder service. The community responder service is only available on the Orkney mainland, so in the isles keyholders are primarily family members or carers. Telecare is available to people who have had a care assessment, and where the equipment has been assessed as of benefit¹⁰.

Aids and housing adaptations

The community occupational therapy team and Orkney Care and Repair are based at the Selbro centre in Kirkwall. The community occupational therapy team can give information, advice and support to help people with their daily living. Essential specialist equipment may be provided free of charge on loan. Members of the team can also undertake assessments—and if eligible, direct payments may be available for the purchase of equipment. Following assessment, if minor or major adaptations to buildings are required the occupational therapy team will work with service users and their housing provider (OIC housing division,

⁸ <http://www.crossroadsorkney.co.uk/pg/ilp.html>

⁹ www.orkney.gov.uk/Files/OHAC/Telecare_Leaflet.pdf

¹⁰ www.orkney.gov.uk/Files/OHAC/Telecare_Leaflet.pdf

Orkney Housing Association) or Orkney Care and Repair (for private properties) to support adaptations (OIC, 2018)¹¹. Adaptations to housing may be minor (e.g. installation of grab rails) or major (e.g. installation of ramps or alteration to the structure of the building). These alterations are funded through a variety of means and there may be some cost to the homeowner. Orkney Care and Repair and the Community Occupational Therapy team are based in Kirkwall but are also able to travel to the isles to provide services.

Frozen Meals

Orkney Islands Council operates a frozen meals service, where service users can purchase frozen meals from the council and have them delivered to their door. This service operates across the Orkney mainland and isles. Alternatively, service users may purchase frozen meals from another provider e.g. a supermarket or local retailer, however service users would need to arrange collection or delivery of these items themselves.

Residential and sheltered housing

According to the joint strategic needs assessment there were 3 care homes in Orkney in 2015, and in addition there were '3 respite beds within older peoples supported accommodation which carry a care home bed status'. The care homes in Orkney are based in Kirkwall, Stromness and Dounby, all on the Orkney mainland. Since 2011 the number of available beds and the number of residents has declined slightly. Orkney has a lower proportion of care home beds for adults over 65 than in Scotland generally (24 per 1,000 people in Orkney compared to 39 per 1,000 people in Scotland) (OHAC, 2016: 90). Orkney has no nursing homes, and service users with significant needs are normally cared for in one of the residential homes with input from community nursing and mental health support. There is currently a large construction project underway to build two new care homes to replace the ageing facilities in Stromness and Kirkwall. This will result in a slight increase in bed spaces available in the county.

In addition to residential accommodation, Orkney has some sheltered and very sheltered accommodation for individuals requiring some extra support. Sheltered housing is available at Lambaness in Kirkwall, and Rae's close in Stromness. Sheltered housing is a group of small (one or two apartment) easy to manage properties, grouped together and supported by a warden. All houses have a community alarm system¹². Very sheltered accommodation is available at Eunson Kloss (in Kirkwall), Braeburn court (in St Margaret's Hope) and Kalisgarth (in Westray). These comprise a number of properties all grouped together, with additional support provided broadly equivalent to the services available in residential accommodation. Kalisgarth in Westray combines [a number of flats] but all under one roof, whereas Braeburn and Eunson Kloss comprise a number of separate buildings.

Respite Provision

Respite care to enable carers to have some time off from caring responsibilities can be arranged. This may be through services provided by carers in the home through Crossroads

¹¹ www.orkney.gov.uk/Service-Directory/S/otsi.htm

¹² www.orkney.gov.uk/Service-Directory/H/supported-accommodation.htm

Orkney (as described in the 'home care' section above). Alternatively, an individual can be looked after in one of Orkney's residential homes for a short period of time.

Other voluntary and community organisations

There are a wide range of voluntary organisations involved in the delivery of health and social care. Voluntary Action Orkney (VAO) is a third sector interface (TSI) 'providing information advice and practical services' to the third sector in Orkney¹³. VAO also provides information to the public about community and voluntary groups in Orkney through the Orkney Community Directory. A snapshot of third sector services involved in health and social care is given in Appendix 5 which shows the list of services who are members of, or receive papers for, the Third Sector Forum's Health and Social Care group, which is hosted by Voluntary Action Orkney. Further details about a number of particularly relevant organisations is given below.

a) Orkney disability forum

Orkney disability forum aims to 'improv[e] the lives and opportunities for disabled people in Orkney'¹⁴. The forum runs the Dial-a-a bus service which operates 8am-7pm around the mainland and linked south isles, transporting people between locations of their choice at times of their choice. The service charges an annual membership and fees for each journey. With a concessionary travel card from Orkney Islands Council one return journey per month is offered free of charge. The service is not available on the non-linked isles but islanders can access dial-a-bus for transport between planes and ferries on the mainland. The disability forum also has scooters and wheelchairs available to hire or buy, and has a small range of living aids for sale.

b) Isles Community Transport

On the non-linked isles, where neither public transport or the Dial-a-bus service is available, a number of the larger islands have community transport. This varies in type and function, but in most cases is available for transport to and from lunch clubs, and often providing a bus service around the island to connect with ferry transport. Community transport schemes are normally run by the local community (often through the Development Trusts) and are normally funded through grant funding including the Council's Community Transport Grant.

c) Adult Befriending Service

The Adult Befriending Service is run by Voluntary Action Orkney. It aims to support older people (aged 60 years and over) to 'live more independent lives in their own homes and to have better social connections with their community friends and family' (Voluntary Action Orkney, 2018)¹⁵. Volunteer befrienders are trained to support individuals, with things such as preparing or planning for meals, shopping trips, planning household budgets, paying bills, collecting prescriptions, and socialising in the community.¹⁶ The service also offers group activities and works with community groups and lunch clubs. Currently the service has very

¹³ www.vaorkney.org.uk/about-us

¹⁴ www.orkneycommunities.co.uk/ODF/

¹⁵ <http://vaorkney.org.uk/befriending/adult/882-adult-befriending-service>

¹⁶ As above,

few one to one befriending matches on the non-linked isles of Orkney, although some group activities have run in the past on the isles.

d) Citizens Advice Bureau

The Orkney Citizens Advice Bureau offers free independent, confidential and impartial advice. The specialist welfare rights service offers information and advice about eligibility for benefits, including attendance allowance and other benefits that older people may be entitled to. The Patient Advice Support Service (PASS) provides advice about NHS healthcare including rights and responsibilities and how to make a complaint. Wider CAB services may also help older people in terms of signposting and advice on a range of issues including how to access care services, self-directed support options or how to access an assessment of care needs. CAB offers booked appointments only, and runs sessions on the outer isles a couple of times a year.

Appendix 2: IJB consultation results

IJB Consultation raw data: content and thematic analysis

This analysis was undertaken from the raw data from the IJB consultation, which was published in board papers from the meeting of the IJB on the 6/12/17 (OHAC, 2017b). In addition, the data for Sanday (which was not included in the board papers) was secured separately and analysed.

In the consultation, questionnaires were distributed to eleven island groups (ten islands: Hoy, Graemsay, Flotta, Shapinsay, Sanday, Stronsay, Papa Westray, Westray, Eday, North Ronaldsay and one island group comprising three isles Rousay, Egilsay and Wyre).

Two topics were included in the consultation relating to health and social care:

- Being and staying well
- Health and care: getting help when I need it

Respondents were asked to score their responses on a scale of 1-7 where 1=least satisfied and 7= most satisfied. There was space for free text comments which were reported from 7 island groups.

Figure 1. Satisfaction scores

Island	Being and staying well	Health and care: getting help when I need it	Free text reported
Eday	5	4	√
Flotta	5	4	X
Graemsay	6	4	X
Hoy	5	5	√
North Ronaldsay	5	6	X
Papa Westray	5	4	√
Rousay, Egilsay, Wyre	5	3	√
Sanday	5	4	√
Shapinsay	5	4	√
Stronsay	6	5	√
Westray	5	5	X
Median score	5	4	

Given scales of 1-7 the average or mean (neither least or most satisfied) would be 3.5

On this basis, reported views of both categories 'being and staying well' and 'getting health and care' score slightly above average in terms of satisfaction.

Free text comments for the two health and care related topics were listed verbatim in the consultation report. This next section presents the amalgamated data which has been

analysed using a content and thematic approach. Verbatim quotes from the report are used to illustrate the themes. No literature review or discussion are presented. The analysis focuses on the seven islands that are part of the current study, data from the other isles has not been included at this stage.

Being and Staying Well:

Four main themes arose from the free text data under this topic.

- Health care provision:
- Healthy living:
 - Information
 - Leisure and fitness
 - Healthy eating
- Fragile communities and sustainability
- Lifestyle and the role of the community

1. Health care provision:

All seven of the island groups returning free text comments included this theme.

The majority of comments are very positive and complementary towards the GP and nurse services. Continuity of care is seen as being important and the ease and speed of access to the on-island health care professionals is greatly appreciated.

“Very good doctor and nurse cover and less delays compared to other areas further south”
(Papa Westray respondent)

“Superb health service on the island” (Sanday respondent)

“Although we do not have a resident doctor we have good health service cover. A good ambulance service and the ferry are on call 24/7 and a live-in nurse practitioner is on call 24/7” (Rousay, Egilsay and Wyre respondent)

There is some concern about the quality of health care when the regular GP is away.

“Locum cover tends to sit back and do minimum” (Hoy respondent)

“Follow up is poor, with two nurses and three doctors taking it in turns to cover the duty rota, it’s easy to fall through the net, especially with mental health issues.” (Papa Westray respondent)

And those islands without a resident or permanent GP express concerns

“...living on Egilsay with the GP on the neighbouring island of Rousay, meaning we are restricted by ferry timetable...” (Rousay, Egilsay and Wyre respondent)

“We could do with a permanent doctor” (Sanday respondent)

2. Healthy Living:

a. Information.

Four of the island groups reported free text comments on this theme.

Healthy living information is reported as being available from the resident nurses and local medical staff either during consultations or from materials in the surgery. Other people report they know where to access health information should they need to or obtain it from local newsletters.

“Good information and info spread using The Limpet” (Stronsay respondent)

One respondent notes an opportunity to develop this on their island.

“There is a monthly newsletter on the island but they [the surgery] don’t utilise this service to say anything or encourage people to do things towards a healthy lifestyle e.g. ‘get fit this New Year’, ‘if you need help to stop smoking as part of the campaign this month, come to see X’ etc – so many missed opportunities.” (Rousay, Egilsay and Wyre respondent)

Others note gaps in the information available

“I find there is little information on counselling services and little on mental health and alcoholism” (Shapinsay respondent)

It is felt that health information from health care professionals should be accessible

“I like to have copies of blood test results. They were easy to understand in the past but the format has changed and they are now not intelligible” (Stronsay respondent)

b. Leisure and Fitness.

Six out of the seven responding isles/groups comment on this.

Several comments on the outside environment, stating that the fresh air and wide-open spaces encourages exercise and a suggestion is made to promote this.

“Many beaches are easily accessible for walking. The roads feel safe to walk and cycle.” (Sanday respondent)

“Think by providing something simple like more benches along some of the roadways may encourage more folk to walk along the island more.” (Hoy respondent)

Several of the comments report the benefit of having healthy living centres with fitness facilities on the individual islands. Some isles have gyms and swimming pools. Some respondents think these may be better used if the opening hours are more convenient or if health care staff could prescribe exercise.

“The Sanday Healthy Living Centre is a disappointment. It’s not open enough.” (Sanday respondent)

“Healthy Living centre – limited opening.” (Stronsay respondent)

“There is equipment in the school however this is only accessible by making an arrangement with the key holder” (Eday respondent)

“The Healthy Living Centre is excellent with a gym and instructors. My only suggestion would be to have free gym access for health reasons prescribed by the doctor/nurse.”
(Shapinsay respondent)

With such small populations on the individual islands team sports and more specialist sporting activities are not available on the smaller isles. It is necessary to travel to mainland Orkney to access these and one respondent identifies difficulties in doing this.

“Again, lack of Sunday ferries means it is difficult to attend sporting/leisure activities at the weekends.” (Rousay, Egilsay and Wyre respondent)

c. Healthy eating.

Six out of the seven responding isles/groups comment on this.

Everyone is very supportive of the island shops with views varying about the choice, availability and freshness of the food.

“The local shop has improved greatly in the last six months and stocks a good variety of health foods.” (Eday respondent)

“I think there is a lot of room for improving the fresh fruit/veg in our local shop.” (Rousay, Egilsay and Wyre respondent)

A local initiative to produce fresh food on the islands is seen to have additional benefits.

“The island’s new market garden project is an excellent way to produce more fresh, affordable, local food, whilst also providing opportunity for assisting, giving exercise and company of working together.” (Papa Westray respondent)

Other comments relate to the cost of food in the local shops and the expense of having to travel into Kirkwall for supplies.

“Vegetables can be quite expensive in the local shops.” (Sanday respondent)

“Not enough choice in the local shop. Too expensive to travel to mainland on a regular basis to have more choice. A Tesco delivery service would be a major improvement.” (Shapinsay respondent)

3. Fragile communities and sustainability

Five out of the seven responding isles/groups comment on this.

Islanders raise concerns about the fragility and sustainability of their small communities into the future particularly around on island health care facilities, the viability of community resources such as the shop and transport services.

“The shop is about to close and its future is uncertain.” (Rousay, Egilsay and Wyre respondent)

“Removal of in island GP services has reduced safety” (Rousay, Egilsay and Wyre respondent)

“Budget cuts constantly threaten our services and there is always a fear that we could lose health staff from the islands.” (Sanday respondent)

The recent changes to the Rousay surgery with a visiting GP coming out from the Dounby surgery is seen by many to support the needs of island residents but causes difficulties for those residents working or studying on mainland Orkney. In addition, there is no direct public transport link from Tingwall to Dounby if you needed to attend the Dounby surgery from Rousay.

“You cannot access the doctor at all if you work or study on the Mainland. You would have to take a whole day off to do so.” (Rousay, Egilsay and Wyre respondent)

The need for improved internet and broadband services is seen as crucial to future sustainability.

“The surgery would benefit from a decent broadband service that would enable videoconferencing with health providers and consultants who are off island.” (Papa Westray respondent)

“GPs have remote facilities with Balfour [Hospital] and Aberdeen. However, these are rarely utilised.” (Sanday respondent)

“Depends mainly on internet access. So if internet, good. If not, bad.” (Hoy respondent)

Living in remote areas is felt to impact on access to services and the associated costs.

“It costs too much to get to town to get mental health support or dentists.” (Eday respondent)

The role of the local island group Development Trust is seen as actively supportive of islanders being and staying well.

“The REW DT [Rousay, Egilsay and Wyre Development Trust] does help with the costs of gym and swimming (Picky Centre) tickets.” (Rousay, Egilsay and Wyre respondent)

4. Lifestyle

Five out of the seven responding isles/groups comment on this.

Respondents note the resilience and independence of many of the islanders and the impact of living in harsh environments.

“Many of the residents are very active e.g. crofters, often in their late 70s and 80s. In winter there are limited resources for exercise especially when the weather is in decline.” (Eday respondent)

The independent, self-sufficient characteristic of islanders is also evident from their assertion that being and staying well is very much an individual responsibility.

“It is up to each individual to look after their own health. I would search the internet if I needed health info.” (Sanday Respondent)

“I thought I took care to look after my health, rather than the community enabling me.” (Hoy respondent)

“This [being and staying well] is a personal choice not community. Family or yourself here to be responsible for this.” (Hoy respondent)

“There are lots of opportunities for exercise, social interaction, healthy food shopping and advice. It is up to the individual to make use of these.” (Shapinsay respondent)

“I feel fairly well provided for with health information. It is up to the individual to take these offers.” (Stronsay respondent)

“Again, we are grateful for what we do have.” (Shapinsay respondent)

Health and Care: Getting help when I need it

Four main themes arose from the free text data under this topic.

- Medical care:
 - Mental health
 - General health
 - Emergencies
- Specialist healthcare provision
- Ageing communities
- Island culture and infrastructure

1. Medical care

All seven responding island groups returning free text data identified issues around medical care. The most commonly reported topic is around mental health and mental health services.

a. Mental Health

All seven responding isles/groups comment on this.

The main concern is about the level of mental illness on the isles together with the lack of mental health services, although this is seen as a wider Orkney, or even Scottish, issue.

“Mental health care is probably no different from anywhere else. Six attempted suicides since I have lived here.” (Rousay, Egilsay and Wyre respondent)

“All [health care] very good indeed but for mental health issues which is sadly lacking, with several suicides over the years.” (Sanday respondent)

“Mental health is a bigger problem on Eday than other islands.” (Eday respondent)

“No mental health care provision at all.” (Rousay, Egilsay and Wyre respondent)

Comments are also made about existing and required facilities for mental health treatment.

“Excellent CMHT staff who do come monthly to visit some patients. A counsellor comes monthly for those who have been referred. When someone has a severe mental health issue the lone medical clinician can be severely stretched.” (Eday respondent)

“Mental health issues are dealt with by the doctor but some/most patients don’t get the option of counselling – it’s just controlled by drugs” (Sanday respondent)

“There is a very long wait to access mental health services on Orkney and on the isle nothing but the GP who referred in the first place. A clinic with a CPN would be handy.” (Shapinsay respondent)

“Counselling for mental and other problems would need regular trips mainland. Could it be provided by phone, chat line or Skype?” (Stronsay respondent)

The stigma associated to mental illness is also seen to be enhanced in small communities.

“Because of the stigma related to mental health problems, think most people would like to go ‘of island’ to discuss these.” (Papa Westray respondent)

b. General Health

All seven responding isles/groups commented on this.

General primary health care is perceived as very good on the isles with quick access to GP and nurse services both during surgery times and out of hours. The availability of resident GPs and nurses is much appreciated.

“We have an excellent medical service on Stronsay with staff always very helpful and taking the time to answer any queries you may have.” (Stronsay respondent)

“Small personal service. Out of hours delivered by resident GP.” (Stronsay respondent)

“Easy to access general medical help at the surgery and through the nurse practitioners.” (Shapinsay respondent)

“We have an excellent surgery and the staff, GP and nurse are very approachable” (Hoy respondent)

“Health provision is good” (Papa Westray respondent)

“We have an excellent doctor’s surgery where I have always been able to access immediate care when I have needed it.” (Sanday respondent)

However, accessing healthcare on small island communities can cause some problems.

“The health service on this island is poor at best. We have to wait and there is little diversity in service offering. I understand that anonymity is also part of the issue, where everyone wants to know everyone’s business, services aren’t to be trusted due to gossip. There needs to be more confidentiality, it is so poor...” (Shapinsay respondent)

“Surgery not open as much as it used to be. Prescription service now takes an age and is less reliable.” (Stronsay respondent)

Secondary care is all provided in Kirkwall or Scotland. Respondents note the considerable time and travel involved and see the opportunity for more timely and cost-effective appointments. These also link with the need for better internet and broadband services.

“To have a ten minute appointment in the middle of two long boat trips can be very tedious.” (Sanday respondent)

“Lot of reliance on Aberdeen Hospital thus entailing travel restrictions.” (Rousay, Egilsay and Wyre respondent)

“Appointments in Aberdeen usually require one night on the mainland, sometimes more. Red Cross provides accommodation which is very good”. (Rousay, Egilsay and Wyre respondent)

“The irregularity of Scottish mainland consultants coming to Orkney has often meant extremely long delays in being dealt with.” (Papa Westray respondent)

“No visiting specialists. Have to go to Kirkwall or Aberdeen for specialists... could use VC link if internet more reliable possibly”. (Eday respondent)

c. Emergencies

Respondents describe the reassurance they have from their local surgery and the interagency collaboration that provides rapid responses for emergencies.

“It was made very clear to me how to access the doctors in an emergency” (Sanday respondent)

“Ambulance staff available on a rota.” (Hoy respondent)

“The island is well supported by the Scottish Air Ambulance and Coastguard for emergencies.” (Sanday respondent)

“It’s very good here except for having to call the ferry in an emergency to go to the hospital.” (Hoy respondent)

2. Specialist health care provision

Six responding isles/groups commented on this.

Respondents noted a lack of equality in access to allied health services. They note there is no provision for services such as dental, physiotherapy, audiology and optician without going into Kirkwall.

“Whilst I appreciate the cost implications for delivering dental, physio etc on the islands on a regular (once or twice a month) basis rather than Kirkwall, this type of service would have a huge impact on the island and improve general health to such an extent that the potential benefits greatly outweigh the initial outlay required.” (Sanday respondent)

The lack of specialist end of life care in the isles is also noted.

“...end of life care means leaving home.” (Hoy respondent)

“There is uncertainty as to what extent the current health care provision (through nurses) is there to support people on a day to day basis... for instance with the terminally ill.” (Papa Westray respondent)

3. Ageing communities

All seven responding isles/groups commented on this.

Respondents all noted concerns about the lack of home care support for the ageing population within their communities. Where this cannot be delivered, elderly residents have to leave their home and island for sheltered or residential care in Mainland Orkney.

“Frail/elderly have minimal support so have to leave island for respite/sheltered housing etc.” (Eday respondent)

“Poor homecare for elderly forces them to leave the island.” (Papa Westray respondent)

“Scared I will have to leave the island when I get old. More care needed.” (Shapinsay respondent).

For those older people requiring home care the availability of carers varies between islands although all respondents say they need more. The impact of this on older residents is concerning several respondents

“Home care for service users is often mainland dependent because of a local lack of carers.” (Hoy respondent)

“There has been difficulty in appointing carers which has led to people having to leave the island.” (Papa Westray respondent)

“We have no service available on the island to cover home care at present. People have to depend on others coming across from the mainland to give shower/bath, make dinner etc. And this can be a different person each time which is very confusing for older people.” (Rousay, Egilsay and Wyre respondent)

“There appears to be a big turnover of carers and sometimes ones are sent here from outwith the island.” (Hoy respondent)

“We have fabulous home carers.” (Sanday respondent)

“There was no homecare at all for 2 years and now we have recruited one person to provide homecare but really need more.” (Shapinsay respondent)

“Homecare seems to be very good – so far as I am aware – a very caring team.” (Stronsay respondent)

In addition to home care, support with household and gardening tasks and companionship are also noted.

“Am not sure elderly people have as much care time as they would like especially for things like help with cleaning, shopping, gardening. Carers are not given much time to interact with people.” (Hoy respondent)

“The quality of life for many elderly residents would be enhanced by some help and support with things like cleaning, shopping, gardening and just a little company.” (Shapinsay respondent)

There are several theories as to why there is a shortage of carers in the isles.

“This problem is historical in the sense that care work is casual and carers have no security of employment so leave for more dependable employment when possible.” (Hoy respondent)

“We do not have people willing to undertake home care jobs for two main reasons. The basic rate is not high enough. They can earn more money in other employments. 2. Society in general does not give enough credit to care workers. To ensure I have a reliable person coming in to help me four days a week I have to pay out of my own pocket, £100, otherwise she would look elsewhere.” (Rousay, Egilsay and Wyre respondent)

To ensure the availability of regular care one respondent suggested

“Health and care employees should be encouraged to live on this island and not travel in from elsewhere to work.” (Rousay, Egilsay and Wyre respondent)

In order to extend the ability of older people to remain on their home island as they become less able, respondents suggest developing sheltered/very sheltered or residential and respite care facilities being provided on the islands.

“A care home would be very helpful to enable elderly or disabled people to remain in the community they call home.” (Stronsay respondent)

“It’s a shame on the island that we do not have any sheltered housing near the surgery. It is a service that could be well used on the island, keeping people near their families and homes.” (Hoy respondent)

4. Island Culture and Infrastructure

Four responding isles/groups commented on this.

Respondents recognise that small populations struggle with providing sufficient support for their residents

“Lack of numbers to support with health and care needs.” (Papa Westray respondent)

Whilst the support of a close-knit community is important to the survival of remote island communities, this in itself can create problems for some individuals.

“Very difficult living in a small community to discuss very personal issues when you see that person every day” (Papa Westray respondent)

“There was little empathy shown to X who clearly needed help. The comments on social media about her were shameful and not made by her peers but by older members of the community who should have known better.” (respondent isle withheld to ensure anonymity)

“There is a dangerous habit of disillusioned incomers (with issues) to make anonymous allegations to police/social services.” (respondent isle withheld to ensure anonymity)

As noted in earlier quotes, the issue of isolation and sustainability is identified with improved transport links and internet access being seen as key solutions.

The value of community support through the Development Trusts is noted
“REW DT subsidises the Here 2 Help service which helps older residents but there is nothing support those needing help who are younger i.e. if you have returned from hospital following an operation.” (Rousay, Egilsay and Wyre respondent)

Dr Sue Barnard

8th March 2018

8.1 Positive ageing

Long term vision

	People in Orkney enjoy long and active lives.
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Medium term outcomes

A.	People live independently in their own homes or a homely setting where possible.
B.	People are participating positively in their communities and the economy and are valued for their contribution.
C.	People are enabled to take responsibility for their long term health and wellbeing.

Short term activities and outputs

A.	<ul style="list-style-type: none"> • Hold a mapping workshop to identify current housing support and related advisory services. • Pilot community gardening project(s) for delivery to people unable to maintain the external environment around their homes. • Establish a central point of information [hub] for all to inform, raise awareness and educate on matters relating to older people. • Promote resources to service users, community, service deliverers utilising existing networks, organisations and staff. • Maintain a watching brief on actions to address fuel poverty.
	<p>approach where positive images of older people are the norm.</p> <ul style="list-style-type: none"> • Hold a promotional event for older people by inviting speakers and local groups to offer a wide range of information and activities, e.g. arts and crafts. • Arrange a walking football tournament. • Increase and promote intergenerational activities involving older and younger people. • Explore and establish new community activities for older people to increase the number and type of activities and services within community halls. • Develop and support mechanisms for consultation / engagement with older people and older people's groups to enable effective consultation and engagement.

C.	<ul style="list-style-type: none"> • Establish a "know what your options are" campaign to ensure effective signposting to alternative community services to achieve early intervention. • Develop a toolkit/resource/training to increase awareness of diet/nutrition and physical activity in later life, ensure awareness sessions are delivered and local people are trained to provide advice, information and support. • Establish activities related to men's interests to increase health and wellbeing and encourage men to access information and support and become involved.
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Key indicators

PA1	Emergency hospital admissions (65+) (source: Information Services Division, NHS National Services Scotland)			
	2016-17 Baseline	2017-18	2018-19	2019-20
	950 (959)	Maintain or improve	Maintain or improve	Maintain or improve
PA2	% of residents aged 60+ with a very or fairly strong feeling of belonging to a community (source: Scottish Household Survey 2015)			
	2016-17 Baseline	2017-18	2018-19	2019-20
	91% (87%)	Improve	Improve	Improve
PA3	Mortality rates per 100,000 for people aged under 75 (source: National Records of Scotland)			
	2016-17 Baseline	2017-18	2018-19	2019-20
	285.1 (378.5)	Maintain or improve	Maintain or improve	Maintain or improve

Appendix 4: Non-linked isles – context and background

Demographics

The population trends for the non-linked isles have shown a general decline in population over previous decades (Figure 3.) This contrasts with the linked isles of South Ronaldsay and Burray which have seen increases in their populations. With such small populations, it is the case that planning for service delivery can be challenging as fluctuations in population are common-place, and a slight increase or decrease in the population can have significant consequences in terms of the sustainability of services.

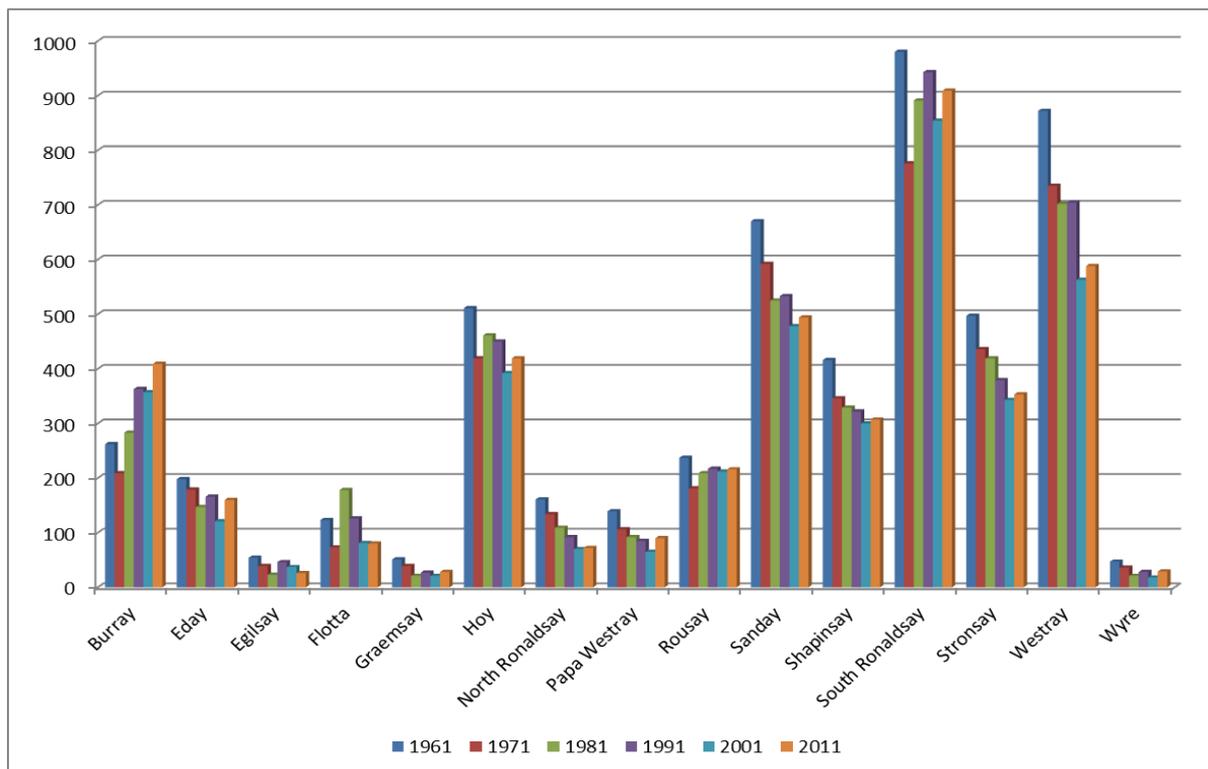


Figure 3. Credit: Luke Fraser, Orkney Islands Council

The demographic profile of residents in the non-linked isles also shows that the population of the isles is generally older than the Orkney mainland population. The isles have consistently proportionally fewer people in the under 44 age brackets and consistently proportionally greater people in the age brackets over 45 (Figure 4). This demographic profile would be consistent with the out-migration of younger people for education and employment, and the in-migration of older lifestyle migrants. Indeed, the Orkney Population Study identifies that many of the outer isles are reliant on in-migration to sustain their populations (HallAitken, 2009)).

In terms of sustainability of the population, if possible in-migration is not considered as part of future population forecasts, the population profiles of the non-linked isles suggest considerable issues with ageing populations and reducing working-age populations. Considering how to attract younger working adults to the islands, and how to ensure the continued in-migration of lifestyle migrants from the 'younger' older adults (e.g. 45-75)

who, although semi-retired may still have capacity for employment or voluntary work is therefore vital to the sustainability of the islands.

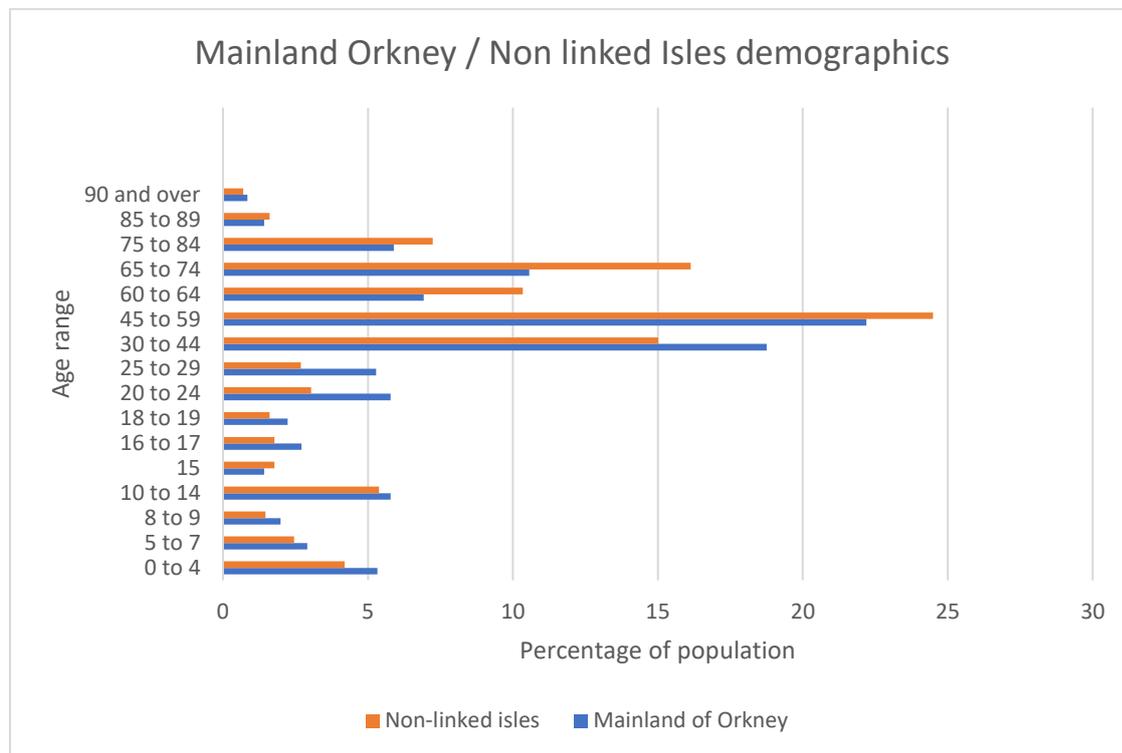


Figure 4. Calculated from census data from 2011

Also worth noting from the demographic profile is that proportionally there are approximately one third more 65-74 year olds in the non-linked isles than the mainland, but this proportional difference is not mirrored in the older age categories with the proportions of 75-84 year olds in the isles greater, but only by a couple of percentage points, the proportion of 85-89 year olds greater but only by a very small margin and, indeed, a lower proportion of the oldest age group in the isles (90 and over). This suggests that in these oldest age groups there may be an out-migration from the non-linked isles to the mainland or elsewhere, and in these cases out-migration for access to health and social care services is likely. Indeed, the Joint Inspection notes that because ‘realistically, the same range and level of services could not be provided equitably across all the islands... this led to some older people with high level needs having little choice but to move to the Orkney mainland’ (Care Inspectorate and Healthcare improvement Scotland, 2017: 36) This kind of migration could either be for accessing residential care, or for moving closer to friends and family for provision of informal care, it is also possible that some older adults move closer to Kirkwall in anticipation of growing health and care needs and the awareness that services are more accessible from the mainland.

Deprivation and fuel poverty

The Scottish Index of Multiple Deprivation shows that relative to the rest of Orkney the outer isles experience greater deprivation (Figure 5). Overall Orkney has no datazones in the 15% most deprived in Scotland, it is important to note that the SIMD tends to under-report deprivation in rural communities which, by their nature, tend to contain a mix of individuals of relatively higher and lower deprivation, rather than individuals experiencing deprivation

being co-located as they can be in urban areas. It is also important to note that whereas Orkney has no datazones experiencing acute deprivation, the SIMD also identifies ‘access deprived datazones’ which are calculated by cost, time and inconvenience to access basic services, and the isles are among the 5% most deprived areas in Scotland.

Figure 17: Map showing Levels of deprivation in Orkney Islands in SIMD 2012 by quintile. Source: SIMD 2012.

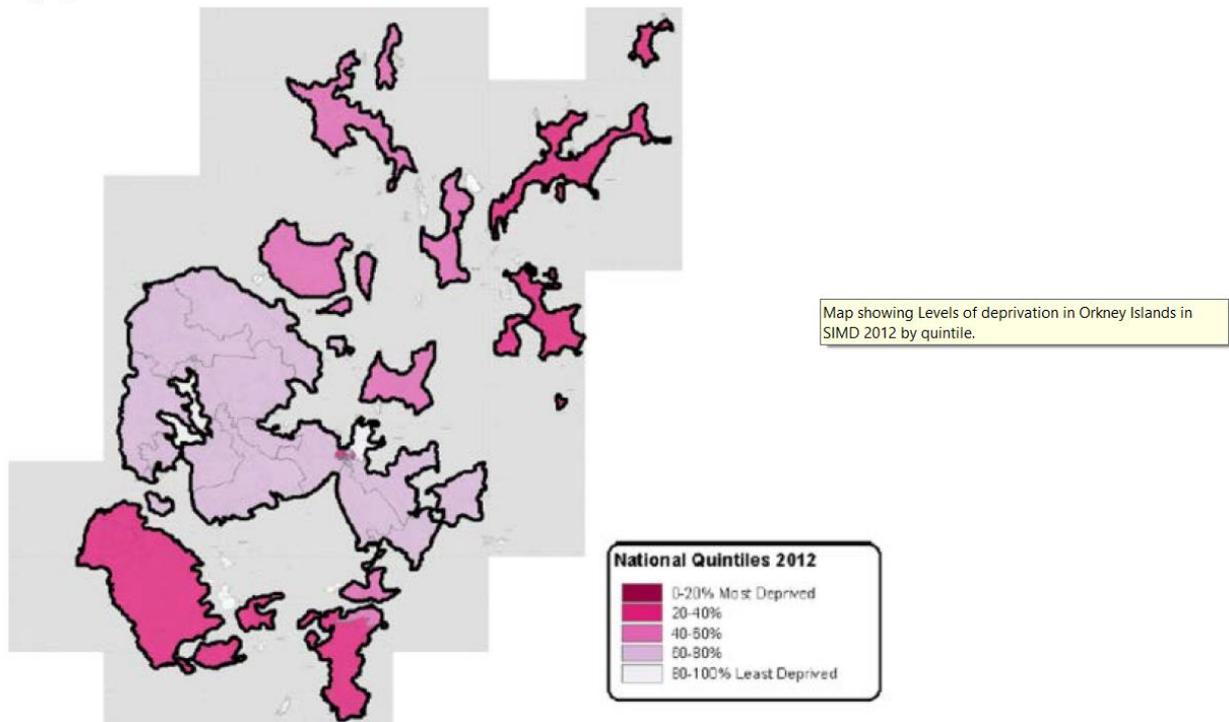


Figure 5: taken from OHAC, 2016: 28.

Fuel poverty in the non-linked isles is significantly higher than in the rest of Orkney, at 72.6%, compared to 48.95%-53.56% in the other super-datazones. This reflects both on the nature of incomes in the isles which are generally lower than on the Orkney mainland, and the nature of the housing stock with a proportionally high number of older less energy efficient housing. Indeed, as the joint strategic needs assessment notes, housing deprivation is most acute in the isles (OHAC, 2016: 35)

Community Councils and Development Trusts

There are ten community councils on the non-linked isles, covering all of the islands in this project.¹⁷ These councils are ‘democratically elected voluntary bodies which have been granted statutory rights of consultation’ (The Orkney Partnership, 2017b: 3). Community Councils are a key channel of communication between Orkney Islands Council and the islands and OIC provides each community council with an annual grant in the region of £3,500 (*ibid*). Alongside the community councils most islands also have Development Trusts. These trusts are charities with independent boards. Each island development trust has an island development plan produced out of local consultation. Common themes in these plans

¹⁷ There are Community Councils in Eday, Flotta, Graemsay Hoy and Walls, North Ronaldsay, Papa Westray, Rousay Egilsay and Wyre, Sanday, Shapinsay, Stronsay and Westray

include transport, broadband, housing, care of older people, retention of younger people, fuel poverty, and tourism (*ibid*). Most development trusts have established communication channels with their island communities through social media and newsletters. Some of the Development trusts generate a regular income through community owned turbines: Westray, Stronsay, Shapinsay, Rousay, Eday and Hoy have community owned 900kW turbines; Sanday has a community share in a small wind farm and North Ronaldsay has six smaller (50 kW) turbines. However, there are issues of curtailment for many of the islands which limits their income, and additionally it should be noted that turbines themselves only have a restricted lifetime, with communities commonly identifying in the region of a further 8-15 years of income.

The island development trusts have all been involved in various projects to support the development of their island communities. These include community transport schemes, heritage centres and initiatives, grant / bursary schemes for education, and in the case of Westray the establishment of the Westray home help service, and in the case of Rousay the subsidising of AgeScotland Orkney's Here to Help service. Highlands and Islands Enterprise (HIE) provide support to the development trusts with delivering their local development plans. They also support trusts to prepare applications to the Scottish Land Fund (for community ownership of land and land assets) and help to ensure applications are appropriate for further applications to the Islands Housing Fund (*ibid*).

Regular meetings of the development trusts are held in Kirkwall, facilitated by Highlands and Islands Enterprise (HIE). In recent years the development trusts have held several meetings on the topic of care for older people. In addition, the trusts have together pursued issues of housing stock, and four of the island groups (Rousay, Shapinsay, Sanday and Stronsay) have been involved in a project with the Highlands Small Communities Housing Trust (HSCHT) to develop a housing needs analysis and options appraisal for each island.

In addition to the development trusts and community councils, two of the island communities have community link officers – Papa Westray and Stronsay. These posts are employed by OIC and were created as part of the Empowering Communities project, which was designed to: 'provide Community Councils in Orkney the opportunity to influence and shape the policies that affect the county's fragile island communities' (OIC, 2018). In particular these posts were created to help administer council services in small island communities including: minor road, harbours and drainage repairs and maintenance; maintenance of core paths and interpretation boards; testing of electrical appliances and minor repairs; waste recycling; management of local facilities (AuditScotland, 2014: 27). Findings from the pilot project with Papa Westray and Stronsay identified that the link officers 'facilitated better working with the Council, improved access to Council services, created opportunities for partnership working, reduced the need for some officers to attend the islands in person, and facilitated some Community Council projects which otherwise would not have been able to go ahead' (OIC, 2017). As a result of the success of the initial pilot, further community link officer posts are due to be created in another two island communities.

It is notable that the existence of an Island Link Officer, with time and funding available, was able to work with Crossroads to create the new carer arrangements on Papa Westray. This suggests that there may be scope to build on this approach to specifically address issues of health and care delivery. Orkney islands council note that 'a key element' going forward with the project will be 'to identify key operational services which can be delivered in a different way and create tangible savings. However, care has to be taken to balance regulation and responsibility and a culture change will be required to develop good working relationships. Closer working, utilising local knowledge alongside professional advice, will allow resources to be used to the best effect in a particular area' (OIC, 2017). This comment recognises the scope for innovation in the isles communities, the potential benefits of utilising local knowledge, and the particular challenges of regulation and responsibility in small communities.

Appendix 5: Voluntary sector Health and Social Care Providers

Third Sector Forum Health and Social Care Special Interest Group – membership January 2018

Active members

Access Panel Orkney
Advocacy
Age Concern Scotland
Arthritis Research UK
Blide Trust
British Red Cross Orkney
Changeworks / Home Energy Scotland
Citizens Advice Bureau
CLAN Cancer Support Orkney
Crossroads
Cruse Bereavement Care Scotland
Dementia Friendly Orkney
Home-Start Orkney
In School Counselling
OACAS
Orkney Heart Support Group
Orkney Infonet
Orkney Rape Crisis
Relationships Scotland Orkney
Scottish Health Council Orkney
THAW
VAO
VAO Adult Befriending Service
VAO Connect Project
Vital Talk Orkney Counselling Service
YPeople

Organisations receiving agenda, minutes and papers

AA Orkney Branch
Action Medical Research Orkney
Alzheimer Scotland Edinburgh (Orkney)
Anxiety Alliance (Orkney)
Autism and Aspergers Support Group
Clic Sargent (Orkney)
Diabetes Scotland - Orkney Group
Eday Partnership
Emergency Care Group
ENABLE Scotland (Ann Clark)
Friends of the Neuro Ward ARI
Healing Rooms Orkney
HeartStart Orkney

IJB Board unpaid carer rep
IJB Strategic Commissioning Group unpaid carer rep
Macmillan Cancer Support
Marengo Centre
Marie Curie Fundraising Group (Orkney)
Marie Curie Orkney
Multiple Sclerosis Society (Orkney)
Orkney Aspergers Support Group
Orkney Care and Repair
Orkney Charitable Trust
Orkney Children's Trust
Orkney Citizens Advice Bureau
Orkney Community Transport Organisation
Orkney Deaf Children's Society
Orkney Disability Forum
Orkney Foodbank
Orkney Local Committee Cancer Research UK Scotland
Orkney Macular Society Support Group
Orkney Street Pastors
Orkney Young Carers Service
Over 60's Deerness Community Association
Papay Development Trust
Rousay Egilsay & Wyre Development Trust
RVS North of Scotland
RVS Orkney
RVS Orkney Patient Escort Service
Salvation Army (Orkney)
Sanday Development Trust
Scottish Autism (Orkney)
Scottish Cot Death Trust (Orkney)
Shapinsay Development Trust
Shapinsay Lunch Club
SiMBA
South Ronaldsay and Burray Development Group
Stroke Support Group Orkney
Stromness Community Development Trust
Stronsay Development Trust
Upside Downs Orkney
VAO Connect Project Autism Support Worker
VAO Young People's Befriending Project
Victim Support Orkney
Westray Development Trust
Women's Aid Orkney