



Working together to make a real difference

Strategic Planning Group

Minutes | 21 January 2026 | 0930 | Teams

Present: Cllr Rachael King (Chair), Stephen Brown, Willie Neish, Shaun Hourston-Wells, Scott Robertson, Morven Brooks, John Daniels, Mohammed Sohail, Danny Oliver, Pippa Easener, Sam Thomas, Darren Morrow, Lynda Bradford, Diane Young, Helen Sievewright, Cathy Martin, Wendy Lycett and Stephanie Johnston (notes).

Apologies: Drew Mayhew, Davie Hall, Lou Willis, Michelle Mackie, Morven Gemmill, Ryan McLaughlin and Frances Troup.

1. Welcome and Apologies

Rachael welcomed everyone to the meeting and the apologies were noted.

2. Minute from the Previous Meeting

The minutes were agreed as an accurate reflection of the meeting.

3. Strategic Priorities Progress Tracker/Strategic Plan Delivery Plan 2026/27 Discussion

Tackling Inequality and Disadvantage

It was advised that both actions are progressing. Stephen provided an update on the access to breakfast action noting that this is on track via the Cost of Living Task Force. It was advised that 39 Learning Disability Health Checks had been undertaken between October and December and where necessary individuals have been referred onto other services.

Early Intervention and Prevention

School Nurses are delivering a health promotion programme across all schools, with tailored topics for each year group and drop-in sessions focusing on lifestyle issues. There is a need to align this work with physical activity initiatives and a discussion with Gary Burton and his team was suggested. **Action:** Darren.

It was advised that key stakeholders recently met to agree on the Neurodevelopmental Pathway's structure. Additional capacity and funding will be required to implement the Pathway effectively. It was also noted that the Clinical Service Review includes a pilot of the Getting It Right for Everyone toolkit, which aims to improve discharge processes and involve carers more effectively.



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Supporting Unpaid Carers

The second carer conference has been held and an evaluation survey has been launched to gather feedback. Assessments for unpaid carers are now routinely conducted, although the process of compiling data remains manual. Work is underway to introduce an electronic system to streamline this process. The Young Carers Strategy is nearing completion, with input from young carers being incorporated into the draft. The Unpaid Carers Policy for Council staff has been drafted and is undergoing consultation with trade unions before being presented to the HR Sub-committee. It was suggested that once approved this could be shared with other employers.

Training has faced challenges, but a short NHS video has been identified as a resource to raise awareness about identifying unpaid carers. This video is being integrated into the Council's iLearn platform and will be made available. It was suggested that the video could be shared more widely for example the third sector. It was advised that the target of 150 new carers seeking support may not be met, based on preliminary discussions with Crossroads Care Orkney, but final figures will be available for the Performance and Audit Committee in March.

Supporting People to Age Well

There are currently 170 individuals receiving Care at Home services with 50 people on the waiting list for new care packages and a small number waiting for an increase in their existing care. There was a discussion on the recent Audit Scotland report recommendations which included involving carers in discharge planning and keeping care packages open for up to four weeks during hospital admissions. It was advised that locally care packages are kept open for one week to maximise capacity and address the high demand for care at home services.

While the care homes have achieved positive inspection grades, the sector remains fragile due to ongoing staffing challenges. A report on Brinkies Wing is expected to be presented to the Integration Joint Board in February. In respect of the transition from analogue to digital it was advised that this is progressing with the necessary equipment being purchased and the project remains on track.

Community Led Support

There is now a health and social care representative on the group working on Place Plans, ensuring health and social care considerations are integrated into these. Regular meetings with representatives from the Community Council are in place and minutes are available publicly. The importance of expanding the concept of Community Led Support to include face to face services and support networks such as the need for Community Link Practitioners having access to a range of resources to refer individuals to.

Mental Health and Wellbeing

It was updated that Morse is set to go live on 3 March following a brief pilot with the learning disability service in mid-February. Training for staff is underway, and Morse champions are being identified to support the rollout. In terms of the All Age Nurse Led Psychiatric Liaison Team, it was updated that the Team Lead has been in post since November and working developing standard operating procedures and governance arrangements. However, recruitment for the Band 6 posts has been challenging, with potential candidates citing concerns about housing availability as a barrier to applying and is due for re-advertising shortly. The Team Lead has been engaging with stakeholders to establish collaborative working relationships.

It was agreed that members would review the tracker and consider whether additional actions or milestones should be included. **Action:** All.

4. Scottish Ambulance Service Mapping Exercise

Pippa provided an overview of the Scottish Ambulance Service mapping exercise, which was developed to improve understanding of the resources and processes available on each island. Pippa shared a draft document which was created to assist the control room and operational staff in navigating the unique logistical challenges across Orkney. The document includes detailed information such as running times for emergency transport, the availability of local responders and the processes for handling emergencies both during and outside of working hours. Each island has its own flowchart, which outlines the steps to be taken in emergencies, including who to contact for different scenarios.

Pippa highlighted that the document is still in a consultation phase, with feedback being gathered from isles clinicians to ensure accuracy and relevance. The aim is to make this a live document that can be updated as circumstances change. Some challenges were highlighted such as some staff printing the document rather than using the online version which might not include recent changes.

It was suggested that the document could be expanded to include a comprehensive mapping of all services available on each island, including third sector and social care resources. There would need to be clarity on who was responsible for maintaining and updating the document to ensure its accuracy. John provided a brief overview that on the isles 999 is not the default option for emergencies which has some inherent governance and clinical risk to lifesaving support being available.

Stephen proposed a follow up meeting with Pippa and Drew to explore how the mapping exercise could be expanded and integrated into a wider community planning framework. **Action:** Stephanie.

5. Primary Care Improvement Plan Regulations

John gave an overview of the Primary Care Improvement Plan including the regulatory elements. Of these, in Orkney, vaccines transformation is fully delivered, Pharmacotherapy is partially delivered and Community Treatment and Care is not currently delivered.

There has been a preference in Orkney to focus on non-regulated services (mental health and physiotherapy) however, these services have faced significant recruitment challenges with some posts remaining vacant for two years. To address these issues, Scottish Government was consulted with and a gap in the regulations was identified. Following this advice was sought from the Central Legal Office and thereafter discussed at the Integration Joint Board.

It was advised that the Board had expressed a willingness to consider any model that is clinically suitable for Orkney's population, even if it does not strictly adhere to regulatory requirements, with an evidence base. The focus is on ensuring that services meet the needs of the community. It was advised that this would be discussed at GP Sub-committee later in the day and the outcome of the discussion will inform a proposed model to be presented to the Integration Joint Board in February for ratification. The importance of aligning the approach with the needs of island communities and ensuring a person-centred model was highlighted.

6. AOCB

6.1. Future Agenda Items

Stephen suggested that a discussion on Neurodevelopmental Pathway challenges at a future meeting may be beneficial with an ask that Education join for that item. It was advised that there are pressures within adult services, with some clinical teams noticing patients privately paying for diagnosis who are then looking for support services. It was also suggested that it might be helpful to have a wider discussion in relation to the Older People Clinical Services Review/Delayed Transfers of Care. Cathy suggested that a future discussion on disability services might be helpful with the increasing demand for resource intensive care packages and the need for strategic planning to address this. **Action:** Stephanie.

Darren also raised concerns around the lack of support for under 18 year olds for drugs and alcohol which is becoming a growing concern.

6. Date of Next Meeting

Tuesday, 11 March 2026: 1000-1200.

Stephen Brown (Chief Officer)

Orkney Health and Social Care Partnership

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Chair's Assurance Report to the Integration Joint Board

Title of Report:	Strategic Planning Group.	Date of Meeting:	21 January 2026.
Prepared By:	Cllr Rachael King.	Presented By:	Cllr Rachael King.
Purpose:	To present the approved minutes from the Strategic Planning Group meeting on 21 January 2026.		

Positive Assurances:	Decisions Made:
<ul style="list-style-type: none">• Strategic Priorities Progress: Good progress on a number of actions in the Strategic Plan Delivery Plan including the number of Learning Disability health checks completed, progress on implementing Morse, equipment purchased for the analogue to digital transition, the carer conference being held and the appointment of the Team Lead for the All Age Nurse Led Psychiatric Liaison Team.• Scottish Ambulance Service Mapping Work: Significant work has been done to improve understanding of the resources and processes available on each island	<ul style="list-style-type: none">• Strategic Priorities Progress: Further discussions on aligning early intervention work with physical activity initiatives.• Scottish Ambulance Service Mapping Work: Agreement for follow up meeting on mapping work and exploration of expansion into wider community planning.• Agenda Items: Agreement to add Neurodevelopmental Pathways, Older People's Clinical Services Review/Delayed Transfers of Care and Disability Services to future agendas.
Areas of Concern or Key Risks to Escalate:	Major Actions:
<ul style="list-style-type: none">• Strategic Priorities Progress: Concerns raised on the pressures and fragility of Care at Home and the care homes, the possible likelihood that the target for 150 new carers would not be met, recruitment challenges for the All Age Nurse Led Psychiatric Liaison Team.	<ul style="list-style-type: none">• Strategic Priorities Progress: Members to review the progress tracker and propose additional milestones where required.

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Comments on Effectiveness of the Meeting:

The meeting was well attended with active contributions from a broad range of stakeholders. Discussions were constructive, with clear alignment on priorities and a strong understanding of system pressures. It would be useful to have a representative from housing attending meetings.