



Working together to make a real difference

Strategic Planning Group

Minutes | 6 May 2026 | 1400 | Teams

Present: Cllr Rachael King (Chair), Stephen Brown, John Daniels, Ruth Lea, Shaun Hourston-Wells, Morven Brooks, Danny Oliver, Diane Young, Scott Robertson, Daniel Aubery, Pippa Easener, Louise Wilson, Helen Sievewright, Darren Morrow, Lou Willis, Carrie Somerville, Georgie Green (item 3 only), Cathy Lyner, (item 3 only), James Wylie (item 4 only), Frances Troup (item 4 only), Lynda Bradford (item 4 only), Drew Mayhew (item 4 only) and Stephanie Johnston (notes).

Apologies: Cathy Martin, Davie Hall, Callan Hunter-Curtis, Ryan McLaughlin, Mohammed Sohail, Willie Neish, Sam Thomas and Wendy Bowen.

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. Neurodevelopmental Pathway

Darren advised that there are currently significant waiting lists for neurodevelopmental assessments, with over 400 children and young people currently waiting. **Post meeting note: After some analysis, it appears that the waiting list is more likely to be around 200 individuals, due to some duplication.** Currently pathways are condition-specific, operating in silos, with no single point of access or consistent prioritisation process. The waiting lists are managed manually which leads to delays and duplication.

Georgie outlined the proposal to develop a single integrated neurodevelopmental pathway. This would include a single point of entry, multidisciplinary triage and be a needs-led approach allowing children, and families, to access support without waiting for formal diagnosis. Appointing a Coordinator to provide clinical leadership, triage oversight and pathway management, which is supported by administrative staff, was highlighted as important. Feedback from parents was shared which highlighted the emotional and practical challenges they face while waiting for assessments. Parents expressed a need for support to help their children understand, and celebrate, their neurodiversity rather than struggling in isolation.

Morven raised the importance of engaging with the third sector, such as Action for Children and the Connect Project, to understand their capacity and role in supporting neurodiverse children and young people. The importance of including key

stakeholders, include the third sector, in discussions was highlighted which will also help map local services for early help and post-diagnostic support.

Concerns were raised about the availability of 1:1 professional support for children and young people post-diagnosis. It was confirmed that there is some immediate post-assessment feedback provided however this is often done as an add-on to existing roles rather than through a designated service. There was also a discussion on the challenges of transitioning from children to adult services, particularly for those still on waiting lists. Diane and Lou shared ongoing efforts to address this gap, including offering assessments to 16-18-year-olds through a Scottish Government initiative. Lou provided an update on Essence-Q and Essence-D, Scottish Government funded projects, which are aimed at improving waiting list management and identifying service gaps as well as providing signposting. These projects are expected to provide valuable data to inform future service planning.

There was a discussion on the need for additional resources to address capacity issues across multidisciplinary teams and prescribing professionals for ADHD medication. It was noted that while there is no immediate funding available, efforts are being made to prioritise resources and explore funding opportunities through the mental health bundle and Children's Services Strategic Group.

Lou, Georgie and the team were thanked for the work undertaken in advancing this critical area.

4. Housing for Older People

Frances provided an overview of the strategic planning around housing for older people, starting with the Housing Contribution Statement, which underpins the Strategic Plan and outlined the role of housing in relation to health and social care. It was advised that a substantial piece of work began in summer 2022 to assess Orkney's overall housing needs. This work is supported by the Local Housing Strategy, which is based on a detailed Housing Need and Demand Assessment signed off by the Scottish Government. The Strategy also informs the Local Development Plan and the Strategic Housing Investment Plan, which outlines the development of affordable housing over the next decade.

Frances advised of the planned housing developments, which include 150 properties by the Council, 200 by Orkney Housing Association, 500 by Places for People Scotland and 50 by Development Trusts across the isles. All new builds are constructed to accessible standards to ensure flexibility for residents as their needs change. Telecare systems can be installed as required, and the Housing Strategy emphasises sustainable resourcing for services like Orkney Care and Repair, who plays a key role in supporting delayed transfers of care and preventing hospital admissions.

In terms of the current provision of supported housing, it was advised that there are sheltered housing schemes in Kirkwall and Stromness, extra care housing in St Margaret's Hope, and very sheltered schemes in Kirkwall and Westray. Orkney Housing Association also provides 200 amenity-standard houses and is the sole provider of wheelchair-accessible properties. There is also supported accommodation options for people with learning disabilities, including shared tenancies and independent tenancies with tailored support.

There is very low demand for specialist housing, with only 22 households waiting for sheltered accommodation, two for extra care and six for supported housing. It was noted that demand for accessible housing is higher, particularly for one-bedroom properties in Stromness, where 90 households are waiting. However, it was acknowledged that needs within existing sheltered housing schemes, such as Raes Close, are increasing, and there may be a need to review the flexibility of current housing models to better accommodate residents as their needs progress.

Following a query in relation to the potential benefits of building accessible housing near care homes to allow for future flexibility in service delivery. It was clarified that while there is no funding for designated core and cluster models, accessible housing near care homes could provide opportunities for future service adjustments. However, allocation of such housing would follow the existing prioritisation process based on housing need rather than being specifically reserved for frail and/or elderly individuals. While there are potential advantages of such arrangements there are challenges posed by current workforce constraints, noting that additional staffing would be required to support such models to comply with the Safe Staffing Act.

The importance of linking housing needs with clinical frailty scores was highlighted and it was advised that Orkney has just been accepted on Healthcare Improvement Scotland's Frailty project. Morven highlighted the importance of engagement with the third sector, especially Age Scotland Orkney and Orkney Disability Forum, in gathering evidence on future housing needs. The need to align the Housing Strategy with the Transport Strategy to ensure accessibility for older people and essential workers, particularly in rural areas.

5. AOCB

None.

6. Date of Next Meeting

Wednesday, 1 July 2026: 1400-1600.

Stephen Brown (Chief Officer)

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Chair's Assurance Report to the Integration Joint Board

Title of Report:	Strategic Planning Group.	Date of Meeting:	6 May 2026.
Prepared By:	Cllr Rachael King.	Presented By:	Cllr Rachael King.
Purpose:	To present the unapproved minutes from the Strategic Planning Group meeting on 6 May 2026.		

Positive Assurances:	Decisions Made:
<ul style="list-style-type: none">• Neurodevelopment Pathway Development: There is a clear progress toward establishing a single, integrated pathway, including a proposed single point of entry and multidisciplinary triage model. This reflects a move toward a more needs-led approach enabling earlier support for children and young people without reliance on formal diagnosis. Essence Q and Essence D will help waiting time management and offer sign posting to individuals.• Strategic Housing Planning: Significant long-term planning is in place for housing for older people, supported by the Local Housing Strategy and Housing Need and Demand Assessment. New housing developments are being built to accessible standards, with integration of telecare.	<ul style="list-style-type: none">• Neurodevelopmental Pathway: Inclusion of key stakeholders, including the third sector, in discussions and to map local services for early help and post-diagnostic support.
Areas of Concern or Key Risks to Escalate:	Major Actions:
<ul style="list-style-type: none">• Neurodevelopmental Waiting Lists and Capacity: There are significant waiting lists for neurodevelopmental assessment, alongside challenges including fragmented	None.

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pathways, manual processes and lack of consistent prioritisation, which create delays and duplication. There were also concerns regarding limited capacity across multidisciplinary teams and prescribing professionals, with no immediate funding available to address pressures	
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Comments on Effectiveness of the Meeting:

The meeting was well attended with contributions from a wide range of partners across health, social care and housing. Discussions were constructive and strategic, with a strong focus on service integration, long term planning and addressing system wide pressures.