Working together to make a real difference

Strategic Planning Group

Minute | 1 July 2026 | 1400 | Teams

Present: Cllr Rachael King (Chair), Willie Neish, Danny Oliver, Scott Robertson, Morven Brooks, Shaun Hourston-Wells, Lou Willis, Darren Morrow, Lynda Bradford, Diane Young, Cathy Martin, Louise Wilson, Wendy Lycett, David Miller, Andrew Mayhew and Stephanie Johnston (notes).

Apologies: Stephen Brown, Davie Hall, Frances Troup, Ryan McLaughlin, Callan Curtis, Michelle Mackie, Helen Sievewright, John Daniels and Katie Spence

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. Introduction to David Miller, (Unpaid) Carer Lead

David advised that he was the new, Unpaid Carer Lead and had been in post for around eight weeks. The role originates from the Carers Act and focuses on ensuring that Orkney's carer support aligns with local needs. David's initial weeks focussed on meeting with various organisations, carers and stakeholders to understand the current position and inform the development of strategies, particularly the Young Carer Strategy. David highlighted the importance of identifying Sub-groups within the carers' community and improving connections with schools, housing, public health and other organisations to promote carer support.

David also shared his efforts to engage with carers directly, including the creation of a forum for carers to voice their concerns and contribute to strategic consultations. There is a need to address specific issues affecting young carers, such as support in schools, transitions to adult carer roles and access to young carer statements. David also highlighted the importance of improving carer assessments and support plans recording, as well as developing local eligibility criteria to ensure equitable access to respite and other support services. The unique challenges faced in Orkney, such as housing and employment barriers, were highlighted, and the importance of tailoring national expectations to local realities was stressed.

Following a query on how consultations and findings would feed into the Strategic Planning Group and the Integration Joint Board, it was advised that the Young Carer Strategy would serve as a template for broader strategies and that he was working to establish channels for escalating information to relevant groups.

Following a discussion on the development and implementation of eligibility criteria for carer support, David explained the importance of an eligibility criteria in determining access to services, including short break care, and how this ensures equity in service provision. The criteria would be set locally and would aim to balance equity with the need for early intervention and prevention to ensure carers with the most significant needs receive appropriate assistance.

Cathy highlighted the operational challenges of meeting statutory duties under the Carers Act, given limited resources and competing priorities. If the eligibility criteria is set too restrictively, this could lead to escalating needs. Examples of how the Adult and Learning Disability Social Work team had supported carers and individuals in crisis were provided, underscoring the need for additional capacity. This was echoed by Children and Families Social Work. The importance of Community Led Support and the need for an Integrated Workforce Plan to address workforce challenges and ensure the sustainability of carer support services was also highlighted.

The importance of effective communication and publicising available support for carers was highlighted. Morven suggested translating information into easy-read formats to improve accessibility.

The challenge of delivering short break services was raised. Lynda raised the issue of funding constraints, including the need for £800,000 to open the Brinkies Wing for short breaks care. The challenges of delivering legislative requirements without sufficient resources were also highlighted.

4. All Age Nurse Led Psychiatric Liaison Team/Mental Health

Lynda advised that the Integration Joint Board approved a staffing model for the All Age Nurse Led Psychiatric Liaison Team comprising of a Band 7 Lead, two Band 6 Nurses, a Band 3 Support Worker and an administrative post for a two year period.

The Band 7 post was successfully recruited, with Megan Marwick appointed in November 2025. Megan has since developed standard operating procedures and written guidance for the service. However, recruitment to the Band 6 posts has been unsuccessful despite seven recruitment campaigns. This reflects a wider national shortage, also affecting community psychiatric nurse recruitment, compounded by the challenges of recruiting to Orkney.

A limited hospital liaison service started in April, although activity has been constrained by the fact that Megan is currently the only practitioner. It was advised that it is planned to discuss a limited service for GPs with the GP Sub-committee later in July. There was recognition that a single practitioner cannot safely provide the full intended service.

It was advised that downgrading the posts to Band 5 development roles would not be appropriate because the work involves complex cases, distressed or unstable

individuals, home visits and, in some circumstances, prescribing and senior clinical decision-making. It was therefore proposed exploring Advanced Nurse Practitioner (ANP) training as an incentive for Band 6 applicants. This could improve recruitment while strengthening local mental health capacity and reducing reliance on delayed or outwith Orkney consultant support.

Diane noted that slightly lower numbers of transfers from Orkney may reflect increased consultant input and greater support for people at home, including at weekends. ANPs with prescribing responsibilities could provide more robust local support and reduce pressure on colleagues in the Balfour.

Cathy strongly supported the service, from her experience as a Mental Health Officer, intensive weekend support from Social Work and Mental Health colleagues had helped people remain at home and avoided detention under the Mental Health Act. Cathy also advised of the wider system pressures when this support is unavailable, with ambulance and police resources potentially being tied up for several hours, creating blockages across services.

Options discussed included exploring a Band 6 to Band 7 development route, expanding the number of Band 7 roles, considering whether existing staff might be attracted by an ANP pathway while recognising potential backfill implications, investigating the use of market supplements, and considering whether a mental health-trained Paramedic Prescriber could fulfil the role.

Diane confirmed that an ANP pathway was compatible with the complexity of the role, provided applicants had significant prior mental health experience and were operating at Band 6 level. The ANP training would be an additional specialist development route rather than a substitute for the required clinical experience.

Lynda advised that a further paper would need to be presented to the Integration Joint Board because the original funding had been approved for a specific staffing structure. Any ANP training route would involve additional costs that were not included in the original budget.

5. AOCB

5.1. Updates on Sub-National Planning

Louise updated that NHS Orkney is well embedded in the East Sub-National Planning Group. It was advised that there are ongoing workstreams, including those focused on scheduled and unscheduled care as well as business support. A Rural and Islands Sub-Group has been established which aims to address the unique challenges faced by remote and island communities.

The Sub-group recently held a workshop facilitated by PricewaterhouseCoopers to explore models of healthcare delivery. The key themes included the need for a clear

framework, the balance between national and local priorities, and the importance of community engagement. NHS Orkney is actively participating in these discussions to ensure that the specific needs of Orkney are represented and addressed.

5.2. Children and Adult Services Challenges

Pressing concerns within children's services, particularly the lack of local placements for children entering care, were raised. The current residential care facilities are no longer sufficient to meet the growing and complex needs of children and young people. This is a national concern amongst all Chief Social Work Officers. Sometimes lack of placements has meant alternative arrangements have been put in place which are far from ideal due to lack of alternatives. Darren advised that there is need for a second children's residential facility to address these challenges. There is also a need for a replacement of Aurrida House, which is no longer fit for purpose due to changes in the complexity of needs and the physical limitations of the building. Darren provided a brief overview of the ongoing development of the Bairns Hoose project, which aims to provide a multifunctional facility tailored for Orkney. It was agreed that this would be discussed at the next meeting. **Action:** Stephanie.

Cathy advised of challenges within adult services, particularly for young adults with learning disabilities. It was advised that there are individuals who are currently homeless or living in short-term accommodation due to a lack of suitable housing and support. Families often advocate for their children to live independently with 24-hour support, but workforce shortages make it difficult to provide the necessary staffing. There is also increasing complexity of cases and there is a need for a strategic approach to address these issues.

Both Darren and Cathy stressed the importance of early intervention and prevention to avoid escalation of needs. They noted that the lack of resources and workforce capacity often results in delayed responses, which can lead to more critical and costly interventions later. Darren also emphasised the need for an integrated workforce plan to address recruitment challenges and ensure alignment with strategic priorities.

Louise suggested that these issues be discussed within the Joint Clinical and Care Governance Committee. Darren confirmed that these matters are being addressed in other forums, including the Social Work and Social Care Governance Board, which reports to the Joint Clinical and Care Governance Committee.

6. Date of Next Meeting

Tuesday, 1 September 2026: 1000-1200.

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Chair's Assurance Report to the Integration Joint Board

Title of Report:	Strategic Planning Group.	**Date of Meeting:**	1 July 2026.
Prepared By:	Cllr Rachael King.	**Presented By:**	Cllr Rachael King.
Purpose:	To present the unapproved minutes from the Strategic Planning Group meeting on 1 July 2026.		

Positive Assurances:	**Decisions Made:**
• **The Unpaid Carer Lead:** Commenced in post and has been actively engaging to help inform future carer support and strategy development across Orkney. • **Unpaid Carer Support**: Progress is being made to strengthen support for unpaid carers, including development of a Young Carer Strategy, improved stakeholder engagement and work towards equitable eligibility criteria for support services. • **All Age Nurse Led Psychiatric Liaison Team**: The Team Lead has been developing standard operating procedures, service guidance and commenced a limited Hospital Liaison service. • **Sub-National Planning:** NHS Orkney is actively engaging in regional arrangements, including participating in the Rural and Islands Sub-Group to ensure the needs of island communities are represented in future service planning.	• **Future Agenda Items**: It was agreed to receive a future report on children's residential care pressures and the Bairns Hoose development.

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Areas of Concern or Key Risks to Escalate:	**Major Actions:**
• **Carers Act:** Concerns were raised regarding the ability to meet statutory duties under the Carers Act due to limited capacity, resource constraints and increasing demand for support services. • **All Age Nurse Led Psychiatric Liaison Team:** There is ongoing difficulties recruiting to the Band 6 posts which has prevented full implementation of the All Age Nurse Led Psychiatric Liaison Team, creating sustainability and service resilience risks. • **Children Residential Services**: There are significant pressures remain within Children's Services due to the shortage of local care placements and the need for additional residential provision to meet increasingly complex needs. • **Social Care:** Services continue to face challenges supporting young adults with learning disabilities due to shortages in suitable housing, workforce capacity and support provision, resulting in risks to timely and appropriate care arrangements.	None.
Comments on Effectiveness of the Meeting:	
The meeting was effective in providing strategic oversight of two of the Strategic Priorities: Unpaid Carers and Mental Health and Wellbeing. Members received assurance on progress being made while identifying significant workforce, funding and capacity challenges requiring ongoing attention.	