

**Annual Strategic Plan Delivery Plan 2025/26**  
**How we will deliver our Strategic Priorities this year**  
**Orkney Health and Social Care Partnership**

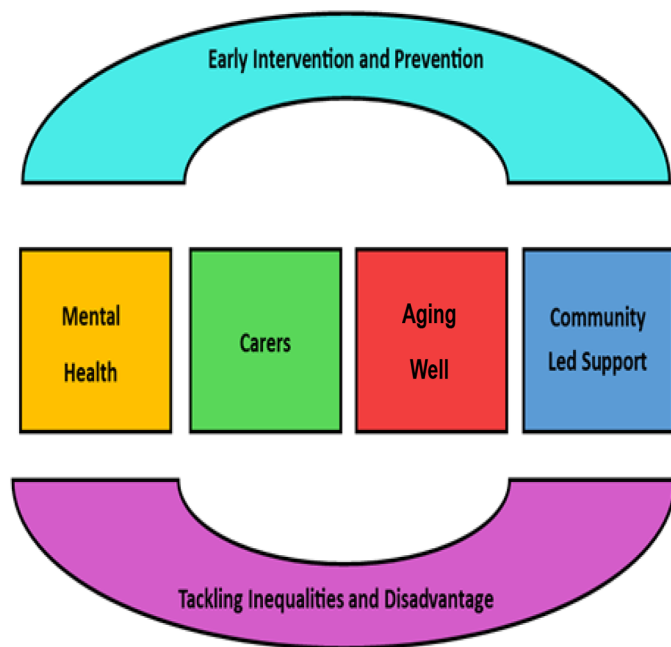


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# Introduction

This Strategic Plan Delivery Plan provides details of how we intend to deliver the Partnership's six Strategic Priorities, over the coming year. We will review this plan at the end of the year and update our Milestones and Measures.



Our Strategic Priorities have been determined through consultation and engagement with service users and professionals.

It is clear people still feel the Strategic Priorities from our previous plan are still relevant, covering the most pressing issues facing health and social services in the County.

Professional acknowledgment that services must respond to changing public expectations, budgetary challenges, staffing shortages, and changing demographics, have resulted in new ideas and innovations in service delivery, such as the use of digital technology.

The priorities must be considered within the broader context and recognition that helping people to maintain their health and wellbeing, providing access to preventative services, and delivering for everyone, regardless of circumstance, will encompass every aspect of strategic planning and service delivery. We will use shared decision making to place our population at the centre of their care, always listening to what matters to you.

Orkney Health and Social Care Partnership's Strategic Plan, and this Delivery Plan, should be read within the context of public services' delivery, in Orkney. There are multiple strategic plans, issued by a number of responsible statutory and third sector agencies, all of which retain common themes. Despite attempting to tackle different challenges, all these plans seek to improve the overall health and wellbeing of the people of Orkney and, consequently, are inextricably linked.

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

Finally, it should be noted that no single Strategic Priority sits in isolation; each has a direct influence and effect on the others. This means co-production, across every aspect of service delivery in the health and social care sector (and in public services delivery, in general) is mandatory if we are to successfully deliver upon our stated Strategic Priorities and, most importantly, improve the health and wellbeing of people in Orkney.

## Priority: Tackling Inequalities and Disadvantage

### Outline

We are committed to:

- Working to keep children, young people, and vulnerable adults safe.
- Making sure that everybody can access the service or treatment that they might need, when they need it.
- Removing barriers to accessing services.
- Working with partners to address financial hardship.
- Ensuring Orkney is a safe and happy place to live, for everyone.

### Strategic Intention

The provision of multi-professional, 21<sup>st</sup> century health and social care, which is tailored to the needs of our population.

#### **This Strategic Priority Contributes to:**

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

<b>Delivery Milestones Year 2025/26.</b>	<b>Measure.</b>	<b>Lead.</b>	<b>Timescale</b>
We will ensure that all school children across Orkney are able to access a breakfast.	All young people attending school will have access to a free breakfast.	Chief Officer Cost of Living Task Force.	End of March 2026.
We will provide annual health checks to those with Learning Disabilities.	We will increase the percentage of Learning Disabled people receiving	Service Manager – Mental Health Service.	End of March 2026.

Delivery Milestones Year 2025/26.	Measure.	Lead.	Timescale
	annual health checks to 100%.		

## **Priority: Early Intervention and Prevention**

### **Outline**

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

### **Strategic Intention**

Prevention and Early Intervention, across the lifespan, is vital to all our priorities. We want to empower people to be more aware of, and responsible for, their health and wellbeing, whatever their age or background. We are committed to improving the overall health and wellbeing of children, young people, and adults, in Orkney. Communities and the local environment play an important role in promoting good health and providing opportunities to be active, to be involved, and to connect with others.

#### **This Strategic Priority Contributes to:**

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

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

<b>Delivery Milestones Year 2025/26.</b>	<b>Measure.</b>	<b>Lead.</b>	<b>Timescale</b>
Implement a partner-approved systems-based approach to Physical Activity.	Deliver update to the IJB in February 2026 to update on progress and outcomes.	Service Manager (Leisure and Culture).	End of February 2026.
Launch a program to promote healthy lifestyles in schools, reaching 100% of students by June 2025.	Deliver workshops on nutrition, mental health, and physical activity in partnership with educators.	Head of Children, Families and Justice Services and Chief Social Work Officer. Service Manager (Children's Health Services). Service Manager (Leisure and Culture).	End of June 2025.
Establish a data-driven falls prevention program, for older people, by June 2025.	Analyse hospital and community data to identify risk patterns and implement tailored interventions.	Head of Community Health and Care.	End of September 2025.
Implement a single pathway for neurodevelopmental assessment for children and young people.	Children and families will experience more timely assessments, with longest waits reducing from 101 weeks to 12 weeks, in line with National Outpatient appointment targets.	Head of Children, Families and Justice Services and Chief Social Work Officer. Service Manager (Children's Health Services). Clinical Director, CAMHS.	End of March 2026.



## **Priority: Supporting Unpaid Carers**

### **Outline**

The Scottish Government has observed that the care system could not cope without the enormous contribution from unpaid carers. The Carers (Scotland) Act 2016 recognised this contribution, promising to 'promote, defend, and extend the rights' of adult and young carers across Scotland. The Act enhances and extends the rights of carers, with carers now entitled to their own support plan.

The role of unpaid carers is also recognised in the Scottish Government's nine National Health and Wellbeing Outcomes. This recognition is local, too, with support for unpaid carers being one of our strategic priorities.

### **Strategic Intention**

The Carers' Strategy Group, a group with membership from across the statutory and third sectors, as well as unpaid carer representation, is charged with delivery of the Carers' Strategy.

The group will make sure that unpaid carers can access the help and support services they need to enable them to continue in their caring role for as long as they wish to.

#### **This Strategic Priority Contributes to:**

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

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

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

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

<b>Delivery Milestones Year 2025/26.</b>	<b>Measure.</b>	<b>Lead.</b>	<b>Timescale</b>
Hold a second Orkney Unpaid Carer Conference.	Hold the conference before the end of 2025.	Policy and Performance Manager.	End of December 2025.
Offer an assessment to all unpaid carers seeking support and measure that number.	Increase the number of carers offered an assessment from 33 in 2022, to 60 by the end of 2025.	Policy and Performance Manager.	End of December 2025.
Prepare and publish a dedicated Young Carer Strategy.	Young Carer Strategy will be approved and published.	Policy and Performance Manager.	End of March 2026.
Deliver an Unpaid Carer-Friendly policy for staff employed by OIC.	Prepare and publish an OIC Unpaid Carer-Friendly policy by the summer of 2025.	Policy and Performance Manager. Head of Human Resources, OIC.	End of September 2025.
Begin training frontline workers throughout statutory and third sector organisations, making them "carer-aware".	Undertake training of at least 100 frontline workers by the end of March 2026.	Policy and Performance Manager.	End of March 2026.
We will reach more people delivering care to family or friends, who have not sought carer services, and measure that number.	Increase the number of unpaid carers contacting Crossroads Care Orkney, for support, from 78, in 2022, to 150, by 2026.	Policy and Performance Manager	End of March 2026.

## **Priority: Supporting People to Age Well**

### **Outline**

Older people consistently tell us they would prefer to stay in their own homes, in their own communities, for as long as possible, rather than move into supported accommodation or residential care. Whilst we have invested significantly in improving sheltered and residential care for our most frail and vulnerable older people (such as the new care home in Stromness, and the planned new care facility in Kirkwall), we recognise people want to receive support, wherever possible, at home.

### **Strategic Intention**

If we are to be more successful in meeting peoples' preferences, we need to ensure we have an adequate workforce, appropriately remunerated and fully trained in the delivery of complex care. We need to ensure all possible use of technology is maximised and we need to ensure all community-based teams are working collaboratively together for the benefit of the people in our care.

We will work together with our partners across the health, care, and third sector to help people access activities and services to meet the needs of vulnerable older people.

We will ensure that people living with frailty are able to access well planned and well-coordinated services which are tailored to their individual needs and support their health, wellbeing, and independence at every stage of their condition.

### **This Strategic Priority Contributes to:**

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

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

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

<b>Delivery Milestones Year 2025/26.</b>	<b>Measure.</b>	<b>Lead.</b>	<b>Timescale</b>
Improve our preparedness for the analogue to digital switchover to ensure that our telecare services are fit for purpose.	We will increase the percentage of service users using digital from 26.5% to 60%.	Service Manager (Community Care). Head of Community Health and Care.	End of March 2026
We will use projected need data to determine and agree the most appropriate use of the currently unutilised wing of Hamnavoe House.	A plan for how the fourth wing in Hamnavoe House will be commissioned, will be available with costings.	Head of Community Health and Care.	End of March 2026.
Individuals who are referred for a social work assessment will receive this in a timely manner.	Reduce the outstanding social work assessments from 59 (as at 31/03/25) to 25.	Service Manager (Adult and Learning Disability Social Work). Head of Community Health and Care.	End of March 2026.
Further improve access to Care at Home provision.	Increase the number of service users in receipt of Care at Home by 5% from 171 (as at 31/03/25) to 180.	Service Manager (Community Care). Head of Community Health and Care.	End of March 2026
We will continue to improve the quality of residential care provision in Orkney.	All Care Home Inspectorate Grades will be at Good or above.	Service Manager (Social Care). Head of Community Health and Care.	End of March 2026.

## **Priority: Community Led Support**

### **Outline**

Community Led Support aims to provide the foundation for a more modern, effective way of delivering health and social care support that strengthens individuals, and community resilience and wellbeing. It is based on joined up working and collaborations across a range of organisations and partners, working collaboratively in the interests of the community, and moves away from professionally led processes and decisions, with the aim of focusing on good, effective conversations with people.

### **Strategic Intention**

Working with communities and partners to collaboratively design services with a focus on prevention, early intervention and on enabling people to be as independent as possible. This will strengthen integrated health and social care provision, improve mental health and wellbeing support, bolster partnership working and drive further development of Community Led Support / care in a co-designed approach.

### **This Strategic Priority Contributes to:**

Outcome 7: People who use health and social care services are safe from harm. They do and are supported to continuously improve the information, support, care, and treatment they provide.

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

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

<b>Delivery Milestones Year 2025/26.</b>	<b>Measure.</b>	<b>Lead.</b>	<b>Timescale</b>
Engage in the co-production of community action plans for Orkney's parishes by December 2025.	Action plans will be available and will include key health and social care data and plans.	Policy and Performance Manager.	December 2025.
We will convene and host quarterly evening meetings with Islands Community Councils and Mainland Community Councils to enhance responsiveness to their health and social care needs.	Schedule of meetings and minutes will be available.	Chief Officer.	End of March 2026.

## **Priority: Mental Health and Wellbeing**

### **Outline**

The Strategic Plan highlights that we think it is important that people who experience mental health problems receive the same level of social and clinical support as those with physical health problems, and that we have made a commitment to improve and develop mental health and wellbeing supports across Orkney, so that people can live longer, healthier, and more fulfilling lives.

### **Strategic Intention**

Our strategic intention is described within the current Mental Health Strategy as “Helping people in Orkney to ensure that preventive measures are deployed at the earliest opportunity and that those with enduring mental health conditions live longer, healthier and more independent lives within their own communities. Getting it right for everyone applies equally to those with mental health conditions as it does those with physical health conditions.” In addition our intention is to bolster the current service and create a sustainable service, recognising the changes in need and demand from our local population.

#### **This Strategic Priority Contributes to:**

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

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

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

Outcome 7: People who use health and social care services are safe from harm. They do, and are, supported to continuously improve the information, support, care, and treatment they provide.

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

<b>Delivery Milestones Year 2025/26.</b>	<b>Measure.</b>	<b>Lead.</b>	<b>Timescale</b>
Publish and implement a Suicide Prevention Plan, by April 2025.	Suicide Prevention Plan will be considered and approved by IJB and the Orkney Community Planning Partnership.	Chief Officer. Corporate Director, Education, Leisure and Housing.	End of July 2025.
Introduce an electronic patient record system for those with mental health issues.	Morse will be fully operational and performance data easier to produce.	Service Manager – Mental Health Services. Head of Health and Community Care.	End of December 2025.
Recruit to the All-Age Nurse Led Psychiatric Liaison Team.	The All-Age Nurse Led Psychiatric Liaison Team is established and operational.	Service Manager – Mental Health Services. Head of Health and Community Care.	End of March 2026
Raise greater awareness of mental health supports available.	We will promote the suicide prevention app 'SOS' and report throughout the year it's utilisation.	Lead Officer, Public Protection.	End of March 2026.
The School Health Team will work with families and schools to offer LIAM (Lets Introduce Anxiety Management Programme) to eligible children.	Eligible children will be offered a place on LIAM programme. Audit and Feedback will inform development of the service and future offer.	Service Manager (Children's Health Services). Head of Children, Families and Justice Services and Chief Social Work Officer.	End of March 2026.



<b>Delivery Milestones Year 2025/26.</b>	<b>Measure.</b>	<b>Lead.</b>	<b>Timescale</b>
Establish Mental Health Practitioner roles to ensure that GPs can access appropriate supports for patients at an early stage.	Mental Health Practitioners will be in place and providing support to patients.	Head of Primary Care Services.	End of December 2025.
Expand the use of telehealth for remote consultations and therapy sessions.	To increase the number of sessions using Near Me from 80% to 90%.	Consultant Psychologist.	End of March 2026.