



**Stephen Brown (Chief Officer)**

Orkney Health and Care

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Agenda Item: 4.

## **Orkney Integration Joint Board**

Wednesday, 22 April 2026, 09:30.

Council Chamber, Council Offices, Kirkwall.

### **Minute**

#### **Present**

##### **Voting Members:**

##### **Orkney Islands Council:**

Councillors Lindsay Hall, Jean Stevenson and Ivan Taylor (proxy for Councillor Rachael King).

##### **NHS Orkney:**

Rona Gold (via Microsoft Teams), Issy Grieve (via Microsoft Teams) and Joanna Kenny.

##### **Non-Voting Members:**

##### **Professional Advisers:**

- Stephen Brown, Chief Officer of the Integration Joint Board.
- Dr Kirsty Cole, General Practitioner representative, appointed by NHS Orkney.
- Darren Morrow, Chief Social Work Officer of the constituent local authority, Orkney Islands Council (via Microsoft Teams).
- Mohammed Sohail, Chief Finance Officer of the Integration Joint Board (via Microsoft Teams).
- Sam Thomas, Nurse representative, employed by NHS Orkney.
- Dr Louise Wilson, Secondary Medical Care Practitioner representative, employed by NHS Orkney (via Microsoft Teams).

##### **Stakeholder Members:**

- Morven Brooks, Third Sector Representative (via Microsoft Teams).
- Willie Neish, Carer Representative.
- Danny Oliver, Staff-side Representative, Orkney Islands Council (via Microsoft Teams).

- Frances Troup, Head of Strategic Housing, Housing Operations and Homelessness, Orkney Islands Council.

## **Clerk**

- Hazel Flett, Service Manager (Governance), Orkney Islands Council.

## **In Attendance**

### **Orkney Health and Social Care Partnership:**

- Lynda Bradford, Head of Health and Community Care.
- John Daniels, Head of Primary Care Services.
- Shaun Hourston-Wells, Policy and Performance Manager.

### **Orkney Islands Council:**

- Veer Bansal, Solicitor.
- Paul Kesterton, Information Governance Officer (for Items 14 and 15).
- Susan Taylor, Committees Officer

## **Not Present**

### **Stakeholder Member:**

- Sarah Kennedy, Carer Representative.

## **Chair**

- Joanna Kenny, NHS Orkney.

## **1. Apologies**

The Chair welcomed everyone to the meeting and reminded members that the meeting was being broadcast live over the Internet on Orkney Islands Council's website. The meeting was also being recorded, with the recording publicly available for listening to after the meeting for 12 months.

Apologies for absence had been intimated on behalf of the following:

- Voting Member:
  - Councillor Rachael King (Councillor Ivan Taylor deputising).
- Non-Voting Member:
  - Ryan McLaughlin, Staff-side Representative NHS Orkney
- Wendy Lycett, Interim Director of Pharmacy, Orkney Health and Social Care Partnership.

## **2. Declarations of Interest**

There were no declarations of interest intimated in respect of items of business to be discussed at this meeting.

### **3. Minute of Previous Meeting**

There had been previously circulated the draft Minute of the Meeting of the Integration Joint Board held on 18 February 2026.

On the motion of Councillor Jean Stevenson, seconded by Councillor Lindsay Hall, the Minute was **approved** as a true record.

### **4. Matters Arising Log**

There had been previously circulated a log providing details on matters arising from previous meetings, together with a list of regular reports, for consideration and to enable the Board to seek assurance on progress, actions due and to consider corrective action, where required.

#### **Matters Arising from Meeting held on 18 February 2026**

Action 2 – Performance and Audit Committee – Stephen Brown advised that revised terms of reference would be considered later in this meeting and, if approved, would result in this item being removed from the Log.

Action 3 – Utilisation of Fourth Wing at Hamnavoe House – Stephen Brown suggested that this item be removed from the Log, as it would be included in the ongoing Care Homes review.

#### **Outstanding Matters Arising from Previous Board Meetings**

Action 1 – Joint Clinical and Care Governance Committee – Stephen Brown advised that revised terms of reference would be considered later in this meeting and, like Action 2 above, if approved, would result in item being removed from the Log.

Action 3 – Neurodevelopmental Provision – Stephen Brown advised that this would feature as a substantive item at the next meeting of the Strategic Planning Group, with a pathway for children drafted.

Action 4 – Service User Representative – Stephen Brown advised that a meeting with individuals interested in the Service User role scheduled for February 2026 had required to be rearranged, however he was confident a recommendation could be made to the June Board meeting.

The Chair commented on the number of updates and progress being made and supported removal of Action 3 (Utilisation of Fourth Wing at Hamnavoe House). However, she queried how the review of Community Nursing was progressing and whether it would meet the target date of March 2027. John Daniels confirmed that he currently anticipated exceeding the timeline with a report submitted earlier than scheduled.

Rona Gold requested that Action 3 (Neurodevelopmental Provision) remain on the Log until the Board had seen a report back from the Strategic Planning Group and queried a timescale. Stephen Brown advised that an update would be provided to the Board by September 2026, and the action made more explicit to relate to children.

Although not on the Matters Arising Log, Issy Grieve asked for an update on the move to Kirkjuvagr House. Lynda Bradford advised that handover of the keys was expected shortly, following which there would be a 12 week handover and familiarisation period for staff, although it was hoped that the full 12 week period would not be required.

Referring back to the Neurodevelopmental Provision, Danny Oliver queried whether adults were included or separate from the workstream, given that discussion had focussed on children's pathways. Stephen Brown advised that this was a separate workstream, although significant progress had been made in that the Board had created a resource in psychology. Although there were still some challenges regarding medication pathways, the team would take learning from the children's work and the update scheduled for September would include the current position for adults.

In relation to Brinkies Wing, Councillor Lindsay Hall queried whether this would be examined through the Financial Recovery Plan. Stephen Brown advised that the Financial Recovery Plan included opportunities to reduce overspends, although pressures had been captured as well, and the Board would be kept updated, therefore the action would not disappear.

After a question from Danny Oliver, Stephen Brown advised that the service was behind schedule in reviewing the Integrated Workforce Plan. However, an internal audit on workforce planning was nearing completion, which would provide learning for both NHS Orkney and the Integration Joint Board, which would also assist with the review of the Integrated Workforce Plan.

Having **scrutinised** the log, the Board took assurance.

## **5. Strategic Planning Group**

There had been previously circulated the approved Minute of the Meeting of the Strategic Planning Group held on 21 January 2026, together with the Chair's Assurance Report, to enable the Board to seek assurance.

In the absence of the Chair of the Strategic Planning Group, Councillor Rachael King, Stephen Brown highlighted that good progress had been made on all six strategic priorities, despite the many challenges. Scottish Ambulance Service had shared the findings of their mapping exercise, which mapped all resources and pathways across all the ferry-linked isles. These findings would inform future resilience plans for individual islands, which had been tested recently with the cable outage.

Councillor Jean Stevenson queried when the outcome of that work would be known and Stephen Brown advised that there were still some gaps in information but considered that those could be collated and a further presentation to the Strategic Planning Group by early Autumn 2026.

In response to a further question from Councillor Jean Stevenson regarding any obvious gaps to be addressed, Stephen Brown advised that there were challenges with recruitment of social care staff and other volunteers, including First Responders, retained firefighters and airfield staff, with many island residents undertaking several jobs.

Councillor Lindsay Hall commented that maintaining the link between payment and recruitment of First Responders on the ferry-linked isles was not yet fully resolved.

Having **scrutinised** the approved Minute of the Meeting of the Strategic Planning Group held on 21 January 2026, together with the Chair's Assurance Report, the Board took assurance.

## **6. Joint Clinical and Care Governance Committee**

There had been previously circulated the approved Minute of the Meeting of the Joint Clinical and Care Governance Committee held on 4 February 2026, together with Chair's Assurance Reports for meetings held on 4 February and 8 April 2026, to enable the Board to seek assurance.

Rona Gold, Chair of the Joint Clinical and Care Governance Committee, highlighted the following positive assurances relevant to the Board:

- 8 April 2026 – assurance had been taken on a range of matters, including mental health services, children's health services and a number of assurance reports received from committees reporting to the Joint Clinical and Care Governance Committee.
- 4 February 2026 – assurance had been taken from the Chief Social Work Officer's annual report, Management of Drug Harms Standard Operating Procedure and the Social Work and Social Care Governance Board.
- Social Care system capacity had been identified as a live risk, with significant ongoing work.
- Progress made on the children's neurodevelopmental pathway as discussed earlier in the meeting.

The Chair welcomed provision of the Chair's Assurance Report from the most recent meeting in advance of the approved Minute.

In response to questions from Councillor Jean Stevenson regarding falls data and staffing shortages for ultrasounds, Sam Thomas advised as follows:

- Falls data was being analysed to identify those falls which had caused harm and that results would be presented at the June meeting of the NHS Orkney Board.
- Additional support had been obtained to allow ultrasound treatment to restart, while recruitment of permanent staff continued, noting there was a national staff shortage.
- Urgent appointments would be carried out with assistance from NHS Grampian staff and through the use of MRI and CT scanning.
- The current situation did not relate to pregnancy related scans, as those would continue to be dealt with by staff in maternity services.

Having **scrutinised** the approved Minute of the Meeting of the Joint Clinical and Care Governance Committee held on 4 February 2026, together with the Chair's Assurance Reports from 4 February and 8 April 2026, the Board took assurance.

## **7. Joint Clinical and Care Governance Committee Work Plan**

There had been previously circulated the Joint Clinical and Care Governance Committee Work Plan for 2026/27, for consideration and approval.

Rona Gold, Chair of the Joint Clinical and Care Governance Committee, advised that the Appendix clearly set out the scheduled reporting to the Committee and, if members considered anything was missing, this could be discussed. She highlighted the inclusion of Primary Care updates to the work plan, thereby allowing robust discussions to take place and for the Board to obtain assurance.

In response to a comment from Councillor Lindsay Hall, the Chair suggested that although acronyms were spelled out at the beginning of reports, a glossary would be welcomed to assist new Board members.

The Board thereafter **approved** the Joint Clinical and Care Governance Committee Work Plan for 2026/27, as circulated.

## **8. Financial Recovery Plan and Budget**

There had been previously circulated the proposed Financial Recovery Plan and the subsequent funding allocations for 2026/27, for consideration and approval.

Mohammed Sohail advised that funding for Commissioned Services for 2026/27 was expected to be £71M, net of £1.1M reserve funding; the same as the forecast outturn amount for 2025/26, namely no real terms increase to account for inflation and pay increases when compared to the latest forecast. The actual budgetary requirement was anticipated to be £74M, which took account of known pay increases, but not energy costs due to the continuing global uncertainties. The objective of the Financial Recovery Plan was to deliver sufficient savings to meet this shortfall.

Despite a proposal that the Financial Recovery Plan be approved as it stood, given the ongoing geopolitical matters that could affect prices going forward, on the motion of Joanna Kenny, seconded by Councillor Jean Stevenson, the Board agreed that the public be excluded from the meeting in respect of discussion of matters contained in the Financial Recovery Plan, on the grounds that it involved the disclosure of exempt information of the classes described in paragraphs 3, 6 and 9 of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973 as amended.

Discussion followed on various items contained in the Financial Recovery Plan, including Self-Directed Support, Agency Spend and Aged Debt.

Some savings had been made within Direct Payments following reviews of packages where individuals' care needs had decreased. It was also confirmed that new packages of care would continue to be assessed and funded as appropriate. The increasing requirement for Direct Payments for children and young people was noted, although some additional budget had been made available for this in 2026/27.

Although there had been a decrease in agency spend in some areas, in other areas it remained constant or increasing. The overall spend had remained steady in real terms over the last two financial years.

It was suggested that some of the items contained in the Financial Recovery Plan would only achieve a reduction in the overspend, rather than realising actual budgetary savings and reference was made to the recent lobbying by COSLA to all political parties ahead of the Scottish Parliamentary Election, advising of a national social care funding shortfall of £750M.

The biggest challenge locally was the cost of agency staff – while this could be put forward as an immediate saving, namely stopping all agency spend, the consequences for local services would be catastrophic.

Upon conclusion of discussion of the matters contained in the Financial Recovery Plan, and thereby exclusion of the public, discussion continued on general budgeting practices.

Issy Grieve queried why Orkney Islands Council could not make provision at the start of the financial year, rather than waiting until the end of the financial year before providing additional resource to cover any overspend, which was increasing year on year. While Councillor Lindsay Hall had some sympathy, he countered that Orkney Islands Council had many other pressing issues that required to be addressed, not least the large sums currently drawn from reserves in order to balance the Council's overall budget, hence why the Council continued to lobby for increased resource from the Scottish Government.

The Board noted:

**8.1.** That the month 9 (December 2025) forecast outturn spend for 2025/26 on commissioned services was £69.646M, comprising the following:

- £35.03M in NHS Orkney (NHSO).
- £34.614M in Orkney Islands Council (OIC).

**8.2.** The forecast overspend for 2025/26 of £2.006M, comprising the following:

- NHSO commissioned services – £1.19M underspend, net of removing the £2.4M historical savings target.
- NHSO Set Aside (non-commissioned) services (£11.187M) at breakeven.
- OIC commissioned services – £3.2M overspend.

**8.3.** That it had been agreed with NHSO to remove the £2.4M historical savings target for 2026/27 NHSO commissioned services.

**8.4.** That, within services commissioned to NHSO, savings of 1.7% of budget (£570k) for 2026/27, in respect of Cash Releasing Efficiency Savings (CRES) had been tasked for affirmative action by the Integration Joint Board.

**8.5.** That, in addition, OIC commissioned services had also been tasked with taking affirmative action to return to operating within the approved revenue budget, with a financial recovery plan savings target of £2.486M.

The Board thereafter **resolved**:

**8.6.** That the Financial Recovery Plan, attached as Appendix 1 to the report circulated, be approved.

**8.7.** That regular progress against the actions contained within the Financial Recovery Plan be considered as part of the revenue expenditure monitoring reports.

**8.8.** That, pending approval of the Financial Recovery Plan, the baseline budget for financial year 2026/27, amounting to £82.141M, as detailed in Annexes 2 to 5 of the report circulated, be approved, noting that the increases were in line with Scottish Government requirements as explained in sections 6.1 and 6.2 of the report.

**8.9.** That work must be undertaken with both partners to deliver savings in order to achieve the required balanced outturn position in 2026/27.

## **9. Appointment of Chief Internal Auditor**

There had been previously circulated a report setting out recommendations for the appointment of a Chief Internal Auditor, for consideration and approval.

Prior to presentation of the report, the Board **suspended Standing Orders** in order to consider a proposal to retain Orkney Islands Council's Chief Internal Auditor as the Board's Chief Internal Auditor, for the next two financial years, which was contrary to a previous decision taken by the Board on 10 December 2025 in respect of the appointment of a Chief Internal Auditor for the Board.

Stephen Brown advised that, following the decision of the Board in December 2025 to appoint Azets, currently NHS Orkney's internal auditors, as the Board's Chief Internal Auditor for the next five years, he had met with representatives from Azets and the Council's Chief Internal Auditor to discuss the practicalities for the handover. It had become apparent that the handover was not as straightforward as initially anticipated. Although Azets currently undertook one audit per year for the Integration Joint Board, as part of the arrangement with NHS Orkney, to fulfil the role of Chief Internal Auditor for the Integration Joint Board, a separate contractual agreement would be required and appropriate procurement rules followed. In addition, Azets' contract with NHS Orkney was scheduled to end in March 2028 and there was, therefore, no guarantee that, following that procurement, Azets would be fulfilling the role.

The Council's Chief Internal Auditor had advised that his team had capacity to retain the role as the Integration Joint Board's internal auditor for 2026/27 and 2027/28, which would allow time for the Integration Joint Board to work with NHS Orkney as it prepared to plan for its own internal audit arrangements beginning in 2028/29.

It was confirmed that both Azets and the Council were content with the proposal now being put forward. Further, going forward, arrangements would be aligned to ensure a similar scenario did not occur in future.

The Board thereafter **resolved** that Orkney Islands Council's Chief Internal Auditor be appointed as the Chief Internal Auditor of the Integration Joint Board for a two year period commencing in April 2026.

## 10. Governance

There had been previously circulated updated governance documents relating to Members' Role Descriptors, an Induction Pack for Board Members and Membership and Terms of Reference for the Board's sub-committees, for consideration and approval.

Stephen Brown highlighted the various amendments and updates to the governance documents which were set out in the body of the covering report, including updates to the Induction Pack for new Board Members and revised Terms of Reference for both the Performance and Audit Committee and the Joint Clinical and Care Governance Committee.

Councillor Lindsay Hall suggested that the Vice Chair of the Performance and Audit Committee should be a representative from the opposite partner agency to the Chair. Hazel Flett advised that, given the small membership of that Committee, reducing eligibility for Vice Chair was not advisable and recommended that the Terms of Reference as proposed were sufficiently flexible.

The Board thereafter **resolved**:

**10.1.** That the updated Members' Role Descriptor, attached as Appendix 1 to the report circulated, be approved.

**10.2.** That the updated Induction Pack for Integration Joint Board Members, attached as Appendix 2 to the report circulated, be approved, subject to inclusion of preparatory work for attending meetings in the Time Commitment section on page 8.

**10.3.** That the updated Terms of Reference for Sub-committees of the Integration Joint Board, attached as Appendix 3 to the report circulated, be approved.

## 11. Strategic Plan Delivery Plan

There had been previously circulated the draft Strategic Plan Delivery Plan for 2026/27, for consideration and approval.

Shaun Hourston-Wells advised that, following adoption of the Strategic Plan 2025 – 2028 in 2025, a Delivery Plan was approved annually, with progress on the six strategic objectives presented quarterly to the Performance and Audit Committee.

The Delivery Plan specified Milestones relating to each of the six priorities and how they would be achieved. A lead officer would be assigned to each Milestone and a target date for completion agreed. The main risk to achieving the Milestones remained funding constraints and savings required to be made by the Board throughout the duration of the Delivery Plan.

While members were generally supportive of the Delivery Plan as drafted, further consideration should be given to the following:

- The target for reducing the number of individuals waiting on a new care at home package.
- Inclusion of more actions within the Community Led Support section, if considered appropriate.

- Reference to the Housing Contribution Statement in the context of reducing fuel poverty, noting that a regular briefing would be issued on energy saving measures and the uptake of funding schemes.

The Chair advised that the Delivery Plan was strategic and therefore did not provide specific information which was included in the regular performance updates provided to the Performance and Audit Committee. However, Shaun Hourston-Wells advised that consideration could be given to numbers rather than percentages, if this would lead to more understandable targets. The Milestones had been developed in collaboration with other services and signposting could be added.

The Board thereafter **resolved** to approve the Strategic Plan Delivery Plan 2026/27, attached as Appendix 1 to the report circulated, subject to inclusion of improvements suggested.

## **12. Financial Regulations**

There had been previously circulated updated Financial Regulations, for consideration and approval.

Mohammed Sohail advised that, in accordance with good practice, the Financial Regulations were reviewed every three years. The most recent review suggested the Financial Regulations remained fit for purpose with very little change proposed, other than cosmetic changes for consistency with other Board documents. Section 7, relating to Reserves, had been updated and, although consideration had been given to amalgamating the Reserves Policy within the Financial Regulations, this was not possible due to the requirement for the Board to have its own transparent and prudent Reserves Policy. A review section had also been added to the Financial Regulations.

The Board **resolved** that the revised Financial Regulations, attached as Appendix 1 to the report circulated, be approved.

## **13. Reserves Policy**

There had been previously circulated the updated Reserves Policy, for consideration and approval.

Mohammed Sohail advised that the only revision required was to add detail of the reviewing period.

The Board **resolved** that the updated Reserves Policy, attached as Appendix 1 to the report circulated, be approved.

## **14. Market Facilitation Statement**

There had been previously circulated the updated Market Facilitation Statement, together with an Equality Impact Assessment and an Island Communities Impact Assessment, for consideration and approval.

Shaun Hourston-Wells advised that the Market Facilitation Statement aimed to inform, influence and change the service delivery market, to provide a wider range of options for service users and to provide information on where there was scope to provide services in a different way, including enabling third or independent sector providers to develop their role in the overall health and social care sector. For reasons of conciseness, the Market Facilitation Statement focused on areas of pressure in the health and social care system.

Whilst the focus of the Market Facilitation Statement remained unchanged from the previous iteration, some wording had been revised in an attempt to make the document more approachable and comprehensible, which reflected the approach in the most recent iteration of the Strategic Plan, along with other relevant strategies and policies. The document also included some changes to reflect the nascent challenges and demands on service provision.

The timeframe of the revised Market Facilitation Statement had been amended to coincide with that of the present Strategic Plan, and would be reviewed alongside the new Strategic Plan in 2028.

In response to a question from Rona Gold, Shaun Hourston-Wells advised that the Market Facilitation Statement was a high-level document rather than a procurement handbook but that contact details could be included to enable users to find more detailed information. While the first Market Facilitation Statement had been prepared in collaboration with third and independent sector stakeholders, further consultation would be beneficial.

The Board **resolved** that the Market Facilitation Statement 2026 – 2028, attached as Appendix 1 to the report circulated, be approved for publication.

## **15. Records Management Plan**

There had been previously circulated the updated Records Management Plan, for consideration and approval for submission to the Keeper of the Records of Scotland.

Shaun Hourston-Wells advised that the Public Records (Scotland) Act 2011 obliged public authorities to prepare and implement a Records Management Plan, which set out proper arrangements for the management of records.

The Board's current Records Management Plan was approved by the Keeper of the Records of Scotland on 5 February 2021. However, three elements of the Plan were approved on the 'Improvement Model' terms and the Keeper required further work to be undertaken, as described in section 4 of the report circulated.

The three key changes to the revised Records Management Plan were as follows:

- Additional links to the Council's Retention and Disposal Schedule included in section 5 of the Plan.
- A paragraph added at section 8, clarifying how the records of the Joint Clinical and Care Governance Committee, retained by NHS Orkney, were held.
- A paragraph referring to the Council's intended move to an Electronic and Document Records Management System removed from section 11, noting that, whilst that process was still ongoing, it was largely complete.

The Board **resolved** that the revised Records Management Plan, attached as Appendix 1 to the report circulated, be approved for submission to the Keeper of the Records of Scotland.

Councillor Lindsay Hall left the meeting at this point.

## **16. Subnational Planning and Delivery Committee (East)**

There had been previously circulated a report presenting an update on progress made by the Subnational Planning and Delivery Committee (East), for information.

Sam Thomas advised that, in response to a request from Councillor Rachael King seeking assurance on orthopaedics, she had undertaken to provide some further information. The report circulated provided an update on the work of the Subnational Planning and Delivery Committee (East), following the Direction Letter issued by the Scottish Government in November 2025 which mandated Health Boards across Scotland to work more closely on five key priorities and agree joint plans to deliver those by 31 March 2026. The Direction Letter established two Subnational Planning and Delivery Committees – East and West – with Orkney part of the East Committee. Some of the timescales had already passed, and membership of the various workstream groups was set out in the Appendix.

Issy Grieve commented that she had ongoing concerns over the impact of the extra workload on small organisations.

In response to queries from Dr Kirsty Cole regarding the number of workstreams and the remote and rural aspect, Sam Thomas advised that there were specific workstreams which crossed over more than one element, with remote and rural aspects embedded across all workstreams, noting that discussions would also be held between the East and West Committees. As well as an Island Communities Impact Assessment being undertaken, a Remote and Rural Impact Assessment would also be carried out.

Dr Louise Wilson confirmed that she was a member of the Remote and Rural workstream and added that the work of the Committee offered opportunities for collaborative working between NHS Orkney and the Integration Joint Board.

The Board noted:

**16.1.** Progress made by the Subnational Planning and Delivery Committee East (SPDCE).

**16.2.** That the Scottish Government issued Direction Letter (DL) (2025)25 in November 2025, which mandated Health Boards across Scotland to work more closely on five key priorities and to agree joint plans to deliver those by 31 March 2026.

**16.3.** That DL (2025)25 was clear that there was no change to the clinical, workforce and financial governance accountabilities of any Health Board.

**16.4.** That the Ministerial Direction was to bring forward plans by 31 March 2026 against the five key priorities, with the expectation that SPDCE and SPDCW would continue to work after that date to ensure delivery against plans by 31 March 2029.

**16.5.** That SPDCE had also commissioned work on Rural and Island healthcare, and terms of reference for orthopaedics, emergency healthcare, digital front door, and Rural and Islands work had been agreed.

## **17. Unpaid Carers**

There had been previously circulated an update of work undertaken to support unpaid carers, for scrutiny.

Shaun Hourston-Wells advised that, following approval of the Orkney Unpaid Carers Strategy in February 2024, it had been agreed to provide an annual update. Attached to the report was the first annual update which provided a comprehensive update on the goals featured in the Carers Strategy along with the milestones and actions arising from those goals and which featured in recent iterations of the Strategic Plan Delivery Plan.

The timeframe of the Strategic Plan Delivery Plan (2022 – 2025) overlapped with that of the Orkney Unpaid Carers Strategy (2024 – 2026) and three of the four actions were completed, with the uncompleted action amended and carried forward in the 2025/26 Strategic Plan Delivery Plan.

The decision of the Partnership to move to yearly delivery plans allowed for the inclusion of the milestones and actions of the Carers Strategy in the Strategic Plan Delivery Plan. The 2025/26 Strategic Plan Delivery Plan included six milestones, one of which was completed, one partially completed and the remaining four uncompleted. The four uncompleted milestones were included with revisions in the new 2026/27 Strategic Plan Delivery Plan, with two expected to be completed in the near future.

Regarding the additional goals which had not been included in the Strategic Plan Delivery Plan, there were notable successes around delivery of short-term short break provision by Crossroads Care Orkney, as well as the recent appointment of a dedicated Carer Lead.

Whilst most of the goals of the Orkney Unpaid Carers Strategy had been achieved, delivery had taken longer than anticipated, partially due to ambitious targets for broadening support for carers which were set after the success of the inaugural carers' conference.

The Chair referred to the proposed Council policy on support for unpaid carers and requested that NHS colleagues be contacted with a view to NHS Orkney producing a similar document. Danny Oliver stressed that the policy should not set the statutory minimum but should strive to make an actual difference to the employee.

Willie Neish commented on the good work done to date, but stressed that carers were looking for a dedicated contact person and that the recent appointment of the Carer Lead should be widely publicised. Shaun Hourston-Wells confirmed that a communications strategy was in place to get that message out.

Darren Morrow commented that the provision of children and young adults' respite at Aurrida House continued to achieve 'very good' inspection results and that work to scope additional provision had begun, as demand increased.

Having **scrutinised** the Milestones and Actions in the Orkney Unpaid Carers Strategy 2024 – 2026, the Strategic Plan Delivery Plan 2022 – 2025 and the Strategic Delivery Plan 2025/26, as detailed in Appendix 1 to the report circulated, the Board took assurance.

### **18. Date and Time of Next Meeting**

It was agreed that the next meeting be held on Wednesday, 16 June 2026 in the Council Chamber, Council Offices, Kirkwall.

### **19. Conclusion of Meeting**

There being no further business, the Chair declared the meeting concluded at 12:33.