

# Public Document Pack



Aberdeen City Health & Social Care Partnership  
*A caring partnership*

To: Members of the Integration Joint Board

Town House,  
ABERDEEN 11 March 2025

## **INTEGRATION JOINT BOARD**

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in **Committee Room 2 - Town House on TUESDAY, 18 MARCH 2025 at 10.00 am.** This is a hybrid meeting and members may also attend remotely.

ALAN THOMSON  
INTERIM CHIEF OFFICER - GOVERNANCE

### **B U S I N E S S**

1.1 Welcome from the Chair

### **DECLARATIONS OF INTEREST**

2.1 Declarations of Interest and Transparency Statements

Members are requested to intimate any Declarations of Interest or Transparency Statements

### **DETERMINATION OF EXEMPT BUSINESS**

3.1 Exempt Business

Members are requested to determine that any exempt business be considered with the press and public excluded

### **GENERAL BUSINESS**

4.1 IJB Membership - HSCP.25.023 - to follow

4.2 Annual Budget Report 2025/26 - HSCP.25.019 (Pages 3 - 68)

- 4.3 Medium Term Financial Forecast - HSCP.25.024 (Pages 69 - 76)
- 4.4 Grant Funding for Voluntary Organisations - HSCP.25.021 (Pages 77 - 108)
- 4.5 Draft Strategic Plan - HSCP.25.020 (Pages 109 - 198)
- 4.6 Local Housing Contribution Statement - HSCP.25.022 (Pages 199 - 244)

#### **ITEMS THE BOARD MAY WISH TO CONSIDER IN PRIVATE**

- 5.1 There are no items under this heading

#### **DATE OF NEXT MEETING**

- 6.1 IJB Meeting - 13 May 2025

Website Address: <https://www.aberdeencityhscp.scot/>

Should you require any further information about this agenda, please contact Emma Robertson, [emmrobertson@aberdeencity.gov.uk](mailto:emmrobertson@aberdeencity.gov.uk)



## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	18 <sup>th</sup> March 2025
<b>Report Title</b>	Annual Budget Report 2025/26
<b>Report Number</b>	HSCP.25.019
<b>Lead Officer</b>	Fiona Mitchelhill
<b>Report Author Details</b>	Name: Amy McDonald Job Title: Chief Finance Officer Email Address: amymcdonald@aberdeencity.gov.uk
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	Yes
<b>Exempt</b>	No
<b>Appendices</b>	<b>Appendix 1A</b> Direction for funding to NHS Grampian <b>Appendix 1B</b> Direction for funding to Aberdeen City Council <b>Appendix 1C</b> Charging Policy IIA <b>Appendix 1D</b> Commissioned Services IIA
<b>Terms of Reference</b>	1a

### 1. Purpose of the Report

1.1 This report provides; the 2025/26 revenue budget for the delivery of the Integrated Joint Board (IJB) responsibilities; and the financial allocations proposed to be made for Aberdeen City Council (ACC) and NHS Grampian to fund the IJB for the 2025/26 year.



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### 2. Recommendations

It is recommended that the Integration Joint Board:

- (a) Notes the IJB has requested additional in year funding of £10.909m from Aberdeen City Council and NHS Grampian to allow the IJB to balance 2025/26 budget;
- (b) Notes Aberdeen City Council agreed its General Fund budget for 2025/26 on the 5<sup>th</sup> March 2025, with an increase of £9.536m of funding for the IJB, which included £4.2m towards the request noted at 2.1.1, and approved revised charges that will increase income for the IJB by £0.381m;
- (c) Notes NHS Grampian meets to agree their 2025/26 budget on the 10<sup>th</sup> of April 2025. This will include consideration of £12.647m of additional funding for the IJB which if approved will include £6.7m towards the request noted at 2.1.1;
- (d) Approves the proposed Revenue Budget for the 2025/26 financial year subject to the decision of NHS Grampian on the 10<sup>th</sup> of April 2025;
- (e) Approves the savings proposed of £14.354m to balance the budget for 2025/26;
- (f) Makes the Directions at Appendix 1B to Aberdeen City Council and Appendix 1A to NHS Grampian and instructs the Chief Officer to issue the Directions to Aberdeen City Council and NHS Grampian respectively; and
- (g) Notes that should the budget assumptions not be approved by NHS Grampian the IJB will convene an urgent meeting to reconsider its budget.

### 3. Strategic Plan Context

- 3.1. The Aberdeen City Health and Social Care Partnership (ACHSCP) must work to provide statutory services within the funding provided by Aberdeen City Council and NHS Grampian (the partners).
- 3.2. The 2025/26 budget sets out to achieve financial balance. To do this will require:
  - 3.2.1 Savings of £14.354m to be achieved.
  - 3.2.2 A real focus and commitment by the IJB in driving through the work required to underpin these savings.





## INTEGRATION JOINT BOARD

3.2.3 To run in parallel to the savings workstream, more transformative projects which look to bring greater efficiency to the delivery of health and care services with the ambition to start developing savings for 2026/27.

- 3.3 The budget for 2025/26 and the following 3 years underpins the delivery of the draft Strategic Plan 2025-29. The medium term financial forecast recognises the focus of improving health outcomes in Aberdeen City.
- 3.4 To be successful in this the model of health and care delivery there will require a continued emphasis on prevention with active steps to develop this approach being taken.

### 4. Summary of Key Information

#### Budget 2025/26

- 4.1 The IJB forecast financial position for 2024/25 will result in:

There being no remaining uncommitted reserves with which to balance financial risk during the 2025/26 financial year, and the budget plan for 2025/26 recognising the underlying deficit from 2024/25 and subsequent years must be addressed.

- 4.2 The 2024/25 forecast budget outturn:

Is a recurring overspend of £16.786m and therefore impacts on the budget gap in 2025/26; and uses the remaining uncommitted available reserves.

- 4.3 The table below illustrates the budget pressure in 2025/26.

<b>Budget Pressures 2025/26:</b>	<b>£'000</b>	<b>£'000</b>
Pay inflation	4,122	
Additional Employers National Insurance Contributions;		
Funded 60%	1,230	
Unfunded 40%	820	
Prescribing	2,524	
Commissioned services	9,344	
Non-pay inflationary pressures	2,091	
In year, 2025/26, budget pressure		<b>20,132</b>
Budget deficit 2024/25		16,786
Total budget pressure		<b>36,918</b>



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### 4.4 The pressures for 2025/26 are significant;

Managing last year's budget overspend, £16.786m;

Pay inflation assumed at 3% together with the additional Employer National Insurance Contributions of which £820k are unfunded;

Prescribing pressures continue to grow – 5% overall increase in cost, £2.524m, largely driven by a forecast 4% growth in increased volumes – this is currently 3.5%;

Commissioned services, £9.344m, covers adult social care pressure of inflation, including the costs of the Real Living Wage Increase and National Care Home Contract rate covering residential care; and

Non-pay inflationary pressures continue to increase, £2.091m, in line with 3% inflation.

### 4.5 The total budget pressure of £36.918m is made up of the 2025/26 in year pressures of £20.132m and the £16,786m 2024/15 budget deficit. This total is 10.2% of the Health and Social Care Budget for 2024/25 before Set-Aside funding.

### 4.6 The table below illustrates the budget position for 2025/26.



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<b>In year, 2025/26, budget position:</b>	<b>£'000</b>	<b>£'000</b>
In year, 2025/26, budget pressure		<b>20,132</b>
<b>2025/26 Budget funding:</b>		
New funding - Real living wage and NHS pay award	- 10,044	
Funding for Employers National Insurance Contributions	- 1,230	
Increase in charges	- 381	
	<b>- 11,655</b>	
In year 2025/26 deficit		<b>8,477</b>
Budget deficit 2024/25		16,786
<b>Budget deficit 2025/26 before savings</b>		<b>25,263</b>
Staff cost savings	2,230	
Property cost savings	203	
Commissioned services	10,886	
Supplier efficiency review	1,035	
Proposed Budget Savings 2025/26		<b>14,354</b>
<b>Budget deficit 2025/26 after savings</b>		10,909
<b>Partner contribution</b>		<b>- 10,909</b>
<b>Budget position after partner contribution</b>		<b>- 0</b>

- 4.7** The budget pressure after new funding is £25.236m. This has increased £0.947m from the £24.316m reported to the IJB on 28<sup>th</sup> February 2025 as a result of an increase in commissioned services costs of £2.285m being offset by a reduction in forecast prescribing expenditure of £1.338m.
- 4.8** Additional national funding for next year of £11.274m and increase in income from local charges of £0.381k results in £11.655m which covers a number of in year pressures with the exception of the 40% additional Employers National Insurance Contributions of £820k. This additional national and local funding reduces the total budget pressure to £25.263m.
- 4.9** Given the financial performance of the IJB within the financial year 2024/25 and as a result, the erosion of its financial resilience through its use of remaining reserves, partners of the IJB have been open to financially supporting the IJB within 2025/26 in order to enable a more financially sustainable model of health and social care to be designed.
- 4.10** Aberdeen City Council supported an additional payment of £4.200m to the IJB on the 5<sup>th</sup> of March. NHS Grampian approve their budget on the 10<sup>th</sup> of April. The IJB propose seeking additional funding of £6.709m from NHS Grampian. The IJB Chief Finance Officer is working with the Chief Finance Officer of NHS Grampian in this regard. If funding is secured from NHS Grampian this would bring £10.909m additional funding into the IJB.



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**4.11** The 2025/26 uplift in funding is shown below:

£'000	New funding - real living wage & NHS pay award	60% employers NIC funding	Sub Total	Additional funding	Total
<b>2025/26 Budget Funding:</b>					
Aberdeen City Council	- 5,033	- 303	- 5,336	- 4,200	- 9,536
NHS Grampian	- 5,011	- 927	- 5,938	- 6,709	- 12,647
	- 10,044	- 1,230	- 11,274	- 10,909	- 22,183
Additional charges to the IJB					- 381
2025/26 additional budget funding					- 22,564

**4.12** The additional funding of £10.909m would allow the IJB to:

- Protect essential frontline services;
- The number of residential care beds are protected;
- Support packages are provided for everyone in need of high and Urgent Care at Home;
- Counselling services to prevent potential increasing demand on mental health services and housing services are still fully delivered;
- Preserve as far as possible day care services and also ways of working with commissioned service providers; and
- Reasonable and proportionate increase in charges.

**4.13** The additional £10.909m funding reduces the scale of savings which the IJB requires to make to balance the budget to £14.354m. These savings will be managed through efficiency savings across service areas which will focus on:

- Achieving better value for money;
- Focusing on essential frontline service delivery; and
- Protecting essential services to meet need.

The table below shows the charges the IJB makes for some of the services provided, with charging uplifts contributing £0.381m of additional income.



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Activity	Unit	2024/25 Charge £	2025/26 Charge £
Day Care	per day	9.25	20.00
Day Care	per 1/2 day	4.65	10.00
Day Care - Meals	per meal	4.35	4.80
Very sheltered housing - meals	per meal	4.35	4.80
Community alarm	per week	3.85	6.00
Sheltered housing warden charge	per week	14.80	16.30
Very sheltered housing warden charge	per week	40.25	44.30
Supported accommodation and housing support	per hour	15.05	16.55
Self-funding rate for BAC residential home care placement*	per week	644.00	825.94
Self-funding rate for BAC nursing home care placement*	per week	758.70	957.57
*Increase consistent with National Care Home Rate			

These charges were approved by Aberdeen City Council on 5 March 2025.

**4.14** Further details of the 2025/26 savings are shown below:

<b>IJB Savings 2025/26</b>	<b>£'000</b>	<b>£'000</b>
Managing staff vacancies	1,346	
Anticipated savings from post reduction	884	
Reducing bank nursing expenditure	999	
<b>Staff savings</b>		<b>3,229</b>
Estates savings - consolidation of properties	153	
Utility savings	50	
<b>Property savings</b>		<b>203</b>
Review of care provision older people and learning disability	3,328	
Review of day care provision	1,449	
Key commissioned service provider review	4,599	
Reviewing mix of residential care provision	336	
Review out of area care	174	
Supplier review	1,035	
<b>Commissioned Services</b>		<b>10,921</b>
<b>Savings 2025/26</b>		<b>14,354</b>

**4.15** The savings will cover staff cost savings:

- Careful management of vacancies;
- Redesigning roles where appropriate; and



## INTEGRATION JOINT BOARD

- Considering if a post needs to be replaced if someone leaves the organisation.

### 4.16 Property cost savings cover:

- Consolidating some working spaces; and
- Reducing gas utility costs.

### 4.17 Commissioning services and supplier savings cover:

- A reduction of non-essential day care services;
- Ensuring care that people receive is within the high and urgent need categories with a focus on community rehabilitation, this includes therapy led re-enablement interventions to support people to recover and retain function. Considering savings of 3%;
- Working closely with key commissioned service provider to manage down budget pressures associated with the increasing costs of care;
- Effectively managing care packages for out of area care to reduce in year cost pressures;
- Ensuring care is delivered by the most efficient means; and
- Reviewing high cost care provision to get better value for money while maintaining essential services.

The Integrated Impact Assessments (IIAs) attached to this report set out the savings proposals that will require more detailed IIAs to be presented to the IJB this year as these projects are developed. That said, it is helpful for the IJB to have an early indication of the work which will be undertaken by ACHSCP and ACC to progress these savings options. Robust evidenced IIAs for these projects will come forward where decisions are required, so that any impacts identified throughout the working life of the projects are given due regard at that time.

### 4.18 The table below gives the details of the budget required for 2025/26 year assuming the additional payment of £10.909m from partners.



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	New Funding £'000	Proposed Revenue Budget £'000
Health and Social Care 2024/25		360,978
Set Aside		55,550
Health and Social Care funding 2024/25		416,528
New funding - Real living wage and NHS pay award	10,044	
Funding for Employers National Insurance Contributions	1,230	
Increase in charges	381	
Partner contribution	10,909	
New funding for 2025/26		22,565
Funding for 2025/26		439,093

**4.19** The details of where the £439,093 expenditure in 2025/26 will be directed are shown below:

IJB Budget ACHSCP	2024/25 Budget £'000	2024/25 Forecast £'000	2025/26 Pressure £'000	IJB 2025/26 £'000	2025/26 Savings £'000	2025/26 Budget £'000	2025/26 %
Community Health Services	47,663	50,111	3,627	53,738	1,482	52,256	11.9%
Aberdeen City share of Hosted Services	31,609	30,300	1,446	31,746	-	31,746	7.2%
Learning Disabilities	41,204	47,753	1,640	49,393	3,045	46,347	10.6%
Mental Health and Addictions	27,363	29,866	809	30,675	270	30,406	6.9%
Older People & Physical and Sensory Disabilities	100,527	112,897	9,220	122,117	9,021	113,097	25.8%
Directorate	2,344	2,324	74	2,398	95	2,303	0.5%
Criminal Justice	235	222	345	567	345	222	0.1%
Housing	1,771	1,771	0	1,771	-	1,771	0.4%
Primary Care Prescribing	51,148	47,446	2,524	49,970	-	49,970	11.4%
Primary Care	47,269	46,745	100	46,845	-	46,845	10.7%
Out of Area Treatments	2,750	2,778	82	2,860	-	2,860	0.7%
Set Aside Budget	55,550	55,550	0	55,550	-	55,550	12.7%
City Vaccinations	2,692	2,558	114	2,672	-	2,672	0.6%
Transforming Health and Wellbeing	3,665	2,995	150	3,145	96	3,049	0.7%
Uplift Funding	740	0	0	0	-	-	0.0%
	416,530	433,316	20,131	453,447	14,354	439,093	

## 5. Implications for IJB

### Budget 2025/26 Financial Risk





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- 5.1 **Budget assumptions** are based on estimations which may not reflect future actual events and therefore carry a degree of risk.
- 5.2 **Prescribing costs** have grown in recent years with growth forecast to continue. There are drugs purchased from America which may go up in price if trade tariffs are imposed.
- 5.3 **The budget base** for the 2025/26 budget is the outturn from the current 2024/25 year. There is a risk the forecast overspend of £16.786m may change due to unknown costs. This could impact on the 2025/26 budget.
- 5.4 **Primary Care** financial sustainability, is a concern with the increased employer's national insurance contributions (eNIC) impacting GP practices.
- 5.5 **Commissioned service providers** will also experience financial pressure due to increased eNIC.
- 5.6 **National Care Home Contract** negotiations have not yet concluded. The IJB recognises the risk of not having an agreed contract rate moving into the new year.
- 5.7 **"Inflation is following a bumpy path"** – Bank of England February 2025. The risk around inflationary pressures will continue to be managed by the IJB.
- 5.8 **IJB unallocated reserves** have now been exhausted and therefore there remains no risk reserve to manage in year budget fluctuations.
- 5.9 **Delivery of savings** – failing to deliver savings must be well managed through the Budget Savings and Oversight Group which will be driving forward projects overseen by the Risk Audit and Performance Committee.
- 5.10 **Additional funding** from partners of £10.909m is required to balance the 2025/26 budget. ACC have approved their share of IJB additional funds, NHS Grampian Health Board will agree their budget on 10<sup>th</sup> April 2025.

## 6. Equalities, Fairer Scotland and Health Inequality

There are no direct equalities implications from this report however there will be an equality impact assessment completed as required for budget savings proposals and future projects, where necessary, as these are brought forward.





## INTEGRATION JOINT BOARD

### 6.1. Financial

Financial implications are noted throughout the report for 2025/26 budget and future years budgets through to 2028/29.

Aberdeen City Council and NHS Grampian should be aware that to balance the 2025/26 budget there is a requirement of additional funding of £10.909m.

### 6.2. Workforce

There are no direct implications as a result of this report.

ACHSCP work with ACC and NHS G when considering all vacancy and post management. The IJB are represented on the vacancy governance groups of both employers and work in collaboration around the decision making for positions which are part of the remit of the IJB.

### 6.3. Legal

The Aberdeen City Integration Scheme sets out that the Chief Officer and Chief Finance Officer will provide an integrated budget based on the Strategic Plan. This report complies with that requirement.

### 6.4. Unpaid Carers

There are no direct implications as a result of this report.

### 6.5. Information Governance

There are no direct implications as a result of this report

### 6.6. Environmental Impacts

There are no direct implications as a result of this report

### 6.7. Sustainability

There are no direct implications as a result of this report



## INTEGRATION JOINT BOARD

### APPENDIX 1A

#### DIRECTION

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING)  
(SCOTLAND) ACT 2014

**GRAMPIAN HEALTH BOARD** is hereby directed to deliver for the Board, the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the Board's Strategic Plan, directions previously issued by the integration joint board and existing operational arrangements pending future directions from the Board.

**Approval from IJB received on:** 18 March 2025

**Description of services/functions:-** All community health services covered by the Aberdeen City Integration Scheme.

**Reference to the integration scheme:-** All services listed in Annex 1, Part 2 and appropriate services listed in Annex 3 of the Aberdeen City Health and Social Care Integration Scheme. All functions listed in Annex 1, Part 1 of the Aberdeen City Health and Social Care Integration Scheme.

**Link to draft strategic priorities (with reference to strategic plan and commissioning plan):**

Strategic Aims	
Shift our focus towards Prevention and Early Intervention	Update our Approach to Service Delivery
Strategic Priorities with examples of associated actions	
<b>Improve Physical and Mental Health</b> <ul style="list-style-type: none"> <li>Improve uptake of cancer screening</li> <li>Improve uptake of immunisations</li> <li>Publish an agreed multi-agency Obesity Action Plan</li> <li>Publish an agreed multi-agency Public Mental Health Action Plan</li> </ul>	<b>Make best use of Resources</b> <ul style="list-style-type: none"> <li>Deliver Budget Savings Options for 2025/26</li> <li>Identify service specific efficiency plans for operating within budget for 2026/27 onwards</li> <li>Collaborate with partners across the City to optimise joint working and reduce duplication</li> </ul>



## INTEGRATION JOINT BOARD

<ul style="list-style-type: none"> <li>• Increase the number of people engaged with Stay Well Stay Connected</li> <li>• Publish an agreed multi-agency Ageing Well Action Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Review Market Position Statements to ensure future needs for services and infrastructure are highlighted particularly demand for specialist housing</li> <li>• Work with partners and providers to plan for achieving efficiencies</li> <li>• Continue support for unpaid carers by delivering our Carers Strategy</li> </ul>
<b>Reduce Harm</b> <ul style="list-style-type: none"> <li>• Decrease smoking in pregnancy</li> <li>• Reduce Vaping amongst young people</li> <li>• Reduce harm caused by use of drugs and alcohol</li> <li>• Deliver Suicide Prevention Strategy</li> <li>• Ensure the homes of those with disabilities where appropriate are adapted to suit their needs</li> </ul>	<b>Transform Service Delivery</b> <ul style="list-style-type: none"> <li>• Maximise the use of technology in all services areas and progress the Digital Innovation Programme.</li> <li>• Deliver the Vision for Primary Care</li> <li>• Refresh the Primary Care Improvement Plan</li> <li>• Match care and support provision to current and future need</li> <li>• Refresh Workforce Plan to clearly set out the capability and capacity we will require to meet current and future needs.</li> </ul>

### Timescales involved:-

Start date: 01 April 2025

End date: 31 March 2026

**Associated Budget:-** The associated budget for these functions and services is £235.066m before ring fenced funding of approximately £12m. Approximately £32m relates to Aberdeen City's share for services to be hosted.

£55.550m is set aside for large hospital services.

This direction is effective from 1st April 2025.



## INTEGRATION JOINT BOARD

### APPENDIX 1B

#### DIRECTION

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING)  
(SCOTLAND) ACT 2014

**The ABERDEEN CITY COUNCIL** is hereby directed to deliver for the Board, the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the Board's Strategic Plan, directions previously issued by the integration joint board and existing operational arrangements pending future directions from the Board.

**Approval from IJB received on:** 18 March 2025

**Description of services/functions:** All adult social care services covered by the Aberdeen City Integration scheme.

**Reference to the integration scheme:** All services listed in Annex 2, Part 2 of the Aberdeen City Health and Social Care Integration Scheme. All functions listed in Annex 2, Part 1 of the Aberdeen City Health and Social Care Integration Scheme.

**Link to strategic priorities (with reference to strategic plan and commissioning plan):**

Strategic Aims	
Shift our focus towards Prevention and Early Intervention	Update our Approach to Service Delivery
Strategic Priorities with examples of associated actions	
<b>Improve Physical and Mental Health</b> <ul style="list-style-type: none"> <li>Improve uptake of cancer screening</li> <li>Improve uptake of immunisations</li> <li>Publish an agreed multi-agency Obesity Action Plan</li> <li>Publish an agreed multi-agency Public Mental Health Action Plan</li> </ul>	<b>Make best use of Resources</b> <ul style="list-style-type: none"> <li>Deliver Budget Savings Options for 2025/26</li> <li>Identify service specific efficiency plans for operating within budget for 2026/27 onwards</li> <li>Collaborate with partners across the City to optimise joint working and reduce duplication</li> </ul>



## INTEGRATION JOINT BOARD

<ul style="list-style-type: none"><li>• Increase the number of people engaged with Stay Well Stay Connected</li><li>• Publish an agreed multi-agency Ageing Well Action Plan</li></ul>	<ul style="list-style-type: none"><li>• Review Market Position Statements to ensure future needs for services and infrastructure are highlighted particularly demand for specialist housing</li><li>• Work with partners and providers to plan for achieving efficiencies</li><li>• Continue support for unpaid carers by delivering our Carers Strategy</li></ul>
<b>Reduce Harm</b> <ul style="list-style-type: none"><li>• Decrease smoking in pregnancy</li><li>• Reduce Vaping amongst young people</li><li>• Reduce harm caused by use of drugs and alcohol</li><li>• Deliver Suicide Prevention Strategy</li><li>• Ensure the homes of those with disabilities where appropriate are adapted to suit their needs</li></ul>	<b>Transform Service Delivery</b> <ul style="list-style-type: none"><li>• Maximise the use of technology in all services areas and progress the Digital Innovation Programme.</li><li>• Deliver the Vision for Primary Care</li><li>• Refresh the Primary Care Improvement Plan</li><li>• Match care and support provision to current and future need</li><li>• Refresh Workforce Plan to clearly set out the capability and capacity we will require to meet current and future needs.</li></ul>

### **Timescales involved:-**

Start date: 01 April 2025

End date: 31 March 2026

### **Associated Budget:**

The associated budget for these functions and services is £137.729m.

This direction is effective from 1 April 2025.

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# Integrated Impact Assessment

The purpose of Aberdeen City Council is to protect the people and the place of Aberdeen from harm, enabling them to prosper and supporting them in the event of harm happening.

The purpose of an Integrated Impact Assessment is to evidence that Aberdeen City Council are making decisions in an informed way, and that the impact of decisions made is understood and accepted. The legislation that is considered within this assessment are:

- Section 2 [Equality Act 2010 protected characteristics](#)
- Section 3 [Socio-Economic](#)
- Section 4 [Human Rights](#)
- Section 5 [Children and Young People's Rights](#)

The term 'policy' is used throughout this document and applies to policies, proposals, strategies, provision, criteria, functions, practice, budget savings and activities that includes delivery of our services.

## 1. About the Policy

### 1.1 Title

Contributing To Your Care and Support - Adult Social Care (Non – Residential) Charging Policy ("the Charging Policy") and associated Procedures 2024 – Review 2025/2026.

### 1.2 What does this policy seek to achieve?

The demand for adult care services continues to increase as does the cost of providing these essential services. This policy seeks to provide a fair and transparent charging mechanism in line with national guidance that can be implemented to offset some of these costs.

The policy sets out the Council's position in respect of charging adults who use or access certain social care services. The chargeable services are identified alongside the potential charging exemptions that may apply to individuals. An outline of the financial assessment process is provided including those elements (Disability Related Expenditure; 25% buffer; and 67% taper) which are designed to minimise the charging impact. The policy also shows that individuals can, where appropriate, request an assessment review, lodge an appeal against an assessment outcome or request a whole or partial waiver of their assessed contribution.

A development plan for 2025/2026 has been proposed which identifies the following areas of charges to be progressed:

- Review Contributing to Your Care policy in-line with any approved increases to charges.
- Cost analysis to understand what charge would need to be levied to enable a total cost-recovery approach.

- Standardise offering and charges for daycare meals.
- Standardise charges for daycare.
- Standardise offering and charges for Very Sheltered Housing Meals.
- Supported accommodation & Housing Support – Review the charge to be more in line with SDS rates and review the function of the 7 hour cap.
- Implement charges for supported living element of care.
- Develop potential charges for training, skills and development.
- Ensure transport is being charged for appropriately and equitably.
- Housing support for in-house service is charged at an appropriate level.
- Robust communication strategy to support staff and service-users.

A commitment to review the rate of charge for self-funding residents in the three residential homes operated by Bon Accord Care (Balnagask, Fergus and Kingswells) in 2025/2026 has also been agreed.

The increases in fees put forward in the ACC budget paper are as outlined below. These were agreed at ACC's budget meeting in March 2025:

IJB						
Day care	per day	£	9.25	£	20.00	C Apr-25
Day care	per 1/2 days	£	4.65	£	10.00	C Apr-25
Day care - meals	per meal	£	4.35	£	4.80	C Apr-25
Very sheltered housing - meals	per meal	£	4.35	£	4.80	C Apr-25
Community alarm	per week	£	3.85	£	6.00	C Apr-25
Sheltered housing warden charge	per week	£	14.80	£	16.30	C Apr-25
Very sheltered housing warden charge	per week	£	40.25	£	44.30	C Apr-25
Supported Accommodation & Housing Support	per hour	£	15.05	£	16.55	C Apr-25
Self-funding rate for BAC Residential Care Home placement	per week	£	644.00	£	825.94	C Apr-25 Increase to National Care Home contract rate
Self-funding rate for BAC Nursing Care Home placement	per week	£	758.70	£	957.57	C Apr-25 Increase to National Care Home contract rate

Whilst the charges have been set by Aberdeen City Council (ACC) in its Budget meeting in March 2025, and the Eligibility criteria in respect of Urgent and High Care will stay the same, the Policy will require to be reviewed to reflect any amendments that come out of the development work mentioned above, particularly in as far as any changes to the methodology of charging which impact the Policy or its associated procedures and an IIA will be completed to ensure that Aberdeen City Council has had due regard to the impacts of any changes.

This proposal also links to the Budget Savings Options around Commissioned Services and the IIA relevant to that project.

### 1.3 Is this a new or existing policy?

Existing – current version of this policy was last approved in August 2024 by the Finance and Resources Committee.

Any amendments to the Charging Policy will need to be approved by Aberdeen City Council. ACHSCP will collaborate with ACC Finance on the Development Plan referred to above around the methodology of charging and this IIA will be a “live” document as the review unfolds and will capture input from any consultations, impacts which are identified and assess mitigations which might be applied. This updated IIA will be part of the report considered by ACC later this year.

Reference is made throughout this IIA to consultation and engagement that has taken place throughout most of 2024 relating to this existing policy. The Communications and Engagement plan providing full details can be accessed here - [Comms plan for Charging Policy Review Phase 1 29 11 23.docx](#)



<b>1.4 Is this report going to a committee?</b>
<p>Yes</p> <p>The changes to the charges contained within the Charging Policy were presented to the Full Council Meeting of Aberdeen City Council on 5<sup>th</sup> March 2025. This is as a part of the appendix “Schedule of Fees and Charges” to the budget report for that meeting</p> <p><a href="#">Link to papers</a></p>
<b>1.5 Committee name and date:</b>
<p>Full Council – 5<sup>th</sup> March 2024 (changes to charges)</p> <p>Contributing to Your Care policy last approved at Finance &amp; Resources Committee 07/08/2024.</p>
<b>1.6 Report no and / or Budget proposal number and / or Business Case reference number:</b>
CORS/25/048
<b>1.7 Function and Cluster:</b>
Aberdeen City Health and Social Care Partnership

## Impacts

This section demonstrates the considerations that have been made in relation to the policy - and that the impact of proposals made is understood and accepted.

## 2: Equality Act 2010 - Protected Characteristics

Aberdeen City Council wants to ensure everyone is treated fairly. This section identifies the [protected characteristics](#) that the policy potentially affects and records the impact and mitigating steps.

2.1 What impact could this policy have on any of the below groups?

Protected Characteristic	What is the impact?				
	Negative			Neutral	Positive
	High	Medium	Low		
<a href="#">Age</a>		X			
<a href="#">Disability</a>		X			
<a href="#">Gender Reassignment</a>				X	
<a href="#">Marriage and Civil Partnership</a>				X	
<a href="#">Pregnancy and Maternity</a>				X	
<a href="#">Race</a>				X	
<a href="#">Religion or Belief</a>				X	
<a href="#">Sex</a>		X			
<a href="#">Sexual Orientation</a>				X	

## 2.2 In what way will the policy impact people with these protected characteristics?

It is more likely that the older a person is, or if they have a disability or health impairment then the greater the possibility that they require to access or use care services to maintain their independence in a homely setting and so there is a greater potential impact of this Charging Policy on them. Current eligibility criteria means that it is generally only these people with the highest needs that gain access to social care support.

Some of these services relating to personal care and unpaid carers are free but others are chargeable unless the individual qualifies for an exemption, for example, because they have a progressive disease that can be reasonably expected to cause their death.

Where a service is chargeable and no exemptions apply then one of two types of charge will apply, depending on the service that is being accessed or used: an assessed contribution or a flat-rate charge. Flat rate charges are not means tested. Flat rate charges currently apply to community alarm, meals provision in day care and Very Sheltered Housing. Social care practitioners are encouraged to explore benefits maximisation and to use “benefits calculator” a resource supported by ACC (Aberdeen City Council) Financial Inclusion Team

To calculate a person’s assessed contribution, a financial assessment will be undertaken to determine if the person is liable for a contribution and if so, what that assessed contribution should be given their income, capital, and expenditure. Charges for particular services are set out each year in the Council’s budget; financial thresholds are set nationally by COSLA (Convention of Scottish Local Authorities) and adopted by ACHSCP.

## 2.3 What considerations have been made in reaching the above assessment?

### **What internal or external data has been considered? What does this data tell us?**

From reviewing D365 data of clients who use services including commissioned care, we have oversight of number per client group across four core groups – older adults/physical disability/learning disability and mental health. Understanding the data has enabled us to give due consideration to our communication activities so that all impacted client groups will have access to the information that they need to understand this policy.

#### Free personal care

We have 1725 individuals in receipt of free personal care (June 2024), of which 1473 is by an Option 3 commissioned service<sup>1</sup> (selection of support, arrangements for provision, and payment by the local authority on behalf of the support person’

#### Housing support

As of June 2024, 727 individuals are in receipt of housing support which is a chargeable service with means testing in place. Within , their main client grouping is as follows:

Older Person/dementia	95
Learning Disability	407
Mental Health	160

<sup>1</sup> [Section 3: The Self-directed Support Options - Social Care \(Self-directed Support\) \(Scotland\) Act 2013: statutory guidance - gov.scot](#)

Sensory impairment	54
Alcohol dependency	8
Drug Dependency	3

360 people who were in receipt of housing support from Granite Care Consortium were identified. This contract started during the pandemic and systems were not sufficiently developed to undertake financial assessments and charge appropriately for services used. A range of communications with individuals and the agencies and providers that support and advocate for them was devised, with a plan to start charging from May 2024 was shared with the intention to charge monthly in arrears for services received.

#### Meals in very sheltered housing

From reviewing information submitted from housing it was clear that a number of anomalies around charges for meals within VSH had arisen over time - we have resolved this by creation of flat rate pricing and revision of agreements to ensure that each person pays for their meals. During the pandemic, the previous cash payment systems ceased due to concerns around infection control. New systems offering alternatives to daily cash interactions were created to resolve and create greater equity for payment.

Going forward we plan to have a charging structure to equalise payments for day care and day opportunities. We currently have a model where adults contribute towards their traditional model of day care whilst no charge has been levied for day opportunities. The revised policy would seek to address this and ensure that both day care and day opportunities are chargeable services.

#### 2025/2026 Development plan

As stated above, the following charges will be developed and delivered:

- Review Contributing to Your Care policy in-line with any approved increases to charges.
- Cost analysis to understand what charge would need to be levied to enable a total cost-recovery approach.
- Standardise offering and charges for daycare meals.
- Standardise charges for daycare.
- Standardise offering and charges for Very Sheltered Housing Meals.
- Supported accommodation & Housing Support – Review the charge to be more in line with SDS rates and review the function of the 7 hour cap.
- Implement charges for supported living element of care.
- Develop potential charges for training, skills and development.
- Ensure transport is being charged for appropriately and equitably.
- Housing support for in-house service is charged at an appropriate level.
- Robust communication strategy to support staff and service users

This work plan has yet to be prioritised (review of charges for self-funding residents in Bon Accord Care establishments will be factored into this). When this is done, relevant information comparable to the housing support data noted above will be collated. Further engagement and consultation will be done with specific affected client groups as the development plan is implemented to ensure implementation is as collaborative as possible.

This IIA will be treat as a 'live' document as the development plan is refined and implemented, and will be updated and re-published accordingly.

### **What consultation and engagement and has been undertaken with officers and partner organisations?**

A wide range of engagement has taken place throughout much of 2024. This has included:

- Engagement with key agencies such as Advocacy Service Aberdeen, Quarriers and the Financial Inclusion Team to support people affected by change.
- Extensive staff engagement via briefings, focussed presentations at the weekly social work forum, attending individual staff meetings and application of the ADKAR model (a change management model).
- Councillor briefings prior to any agreed changes to charging arrangements (Aug 2024).

The Charging Policy working group maintain a detailed Communications Plan, which will be further updated pending approval of the changes to existing policy.

The communications plan will be reviewed at regular intervals over 25-26 as plans develop to ensure it is fit-for-purpose.

### **What consultation and engagement and has been undertaken with people who may be impacted by this policy (e.g. citizens, community groups, or other people/groups)?**

A wide range of engagement has taken place throughout much of 2024. This has included:

- Regular written communication with tenants and individuals affected by changes to charging.
- FAQs and video
- A public consultation in the vaccination centre.
- Engagement with key agencies such as Advocacy Service Aberdeen, Quarriers and the Financial Inclusion Team to support people affected by change.
- Consultation & engagement as a part of the ACHSCP Budget Setting consultation

## **2.4 What mitigations can be put in place?**

### **What mitigations are there against any negative impacts (if applicable)?**

The following mitigations are already in place for other aspects of social care charging. They will also be applicable to any additional charges:

- 1) Not all services are chargeable; those that relate to personal care or unpaid carers are free and are highlighted as free
- 2) Other exemptions to this Policy include:
  - those persons with a progressive disease that is expected to cause their death;
  - people receiving new or additional reablement services following a hospital discharge;
  - people with a mental illness whose social care is mandated by a Community Treatment Order;
  - people in receipt of a criminal justice service;
  - people receiving Outreach Housing Support for a period of less than two years; and
  - children up to the point that they transition to adult services.
- 3) Criteria for a financial assessment to be undertaken include:
  - person is eligible for a service
  - service is chargeable

- charge requires a financial assessment to be undertaken
- no exemptions apply

- 4) A Minimum Income Threshold (MIT) is determined for the individual; if their income is less than this threshold then they are not liable for an assessed contribution.
- 5) The MIT is based on current DWP rates for a single person or couple who are either under or over pension age and a 25% buffer is added to these rates so that for people on low incomes not all of their income is factored into the assessment.
- 6) There are a number of income disregards – including disability-related benefits - which the financial assessment does not consider.
- 7) There are specific household costs which may be deducted from a person's income before a financial assessment is undertaken.
- 8) Any Disability-Related Expenditure (DRE) that the person incurs will be considered by the financial assessment.
- 9) A taper of 67% is applied to a person's available weekly income, as determined by the financial assessment, to give the maximum possible contribution that they will be asked to give.
- 10) If a person is dissatisfied with the outcome of their financial assessment, they can ask for this to be reviewed. If, after the review, they are still dissatisfied they can lodge an appeal against their assessment outcome.
- 11) A person can request a partial or whole waiver of their assessed contribution for a period due to hardship.
- 12) Consideration of referral to Financial Inclusion Team is referenced throughout policy in order that benefits can be maximised, and sustainable debt repayment plans set.
- 13) Access to anti-poverty funding (telecare & community alarms)

**With mitigations in place, what is the new overall rating of the negative impact(s)?**

High	
Medium	
Low	X
Negative Impact Removed	

### 3: Socio-Economic Impacts

This section is used to consider the impact of the policy on people who might be **unemployed, single parents, people with lower education or literacy, looked after children**, those with **protected characteristics** as examples.

Use this guide to understand more on socio-economic inequalities: [The Fairer Scotland Duty: Guidance for Public Bodies \(www.gov.scot\)](https://www.gov.scot/publications/fairer-scotland-duty/guidance-for-public-bodies/pages/1-to-4.aspx)

3.1 What impact could this policy have on any of the below groups?

Group	Negative			Neutral	Positive
	High	Medium	Low		

Low income / income poverty – those who cannot afford regular bills, food, clothing payments.			X		
Low and/or no wealth – those who can meet basic living costs but have no savings for unexpected spend or provision for the future			X		
Material deprivation – those who cannot access basic goods and services, unable to repair/replace broken electrical goods, heat their homes or access to leisure or hobbies			X		
Area deprivation – consider where people live and where they work (accessibility and cost of transport)			X		
Socio-economic background – social class, parents' education, employment, income.			X		

### 3.2 In what way will the policy impact people in these groups?

**Low income:** If an individual's income is less than the minimum income threshold then they will not be required to make an assessed contribution to their care.

**Low wealth:** The tariff income calculation disregards an individual's capital up to the value of £10k meaning that it is not considered when determining an individual's income.

**Material deprivation:** The policy recognises that for some individuals, referrals to the Council's Financial Inclusion Team would be beneficial so that their debts can be managed, and their income maximised. If needs be, individuals can ask for their assessed contributions to be waived on the grounds of hardship.

**Area deprivation:** There is very likely a link between the deprivation profile of any given area and the impact of this charging policy. Areas of high deprivation where individuals have low income and/or low wealth will not experience much of an impact because of the policy mitigations. Other areas of higher income/wealth may find a greater concentration of individuals who are asked to contribute.

**Socio-economic background:** Some health conditions may be more prevalent or severe in adults from more deprived backgrounds making it more likely that they will need to access/use non-residential care services. The mitigations outlined in 2.4 above lessen the impact of this.

#### **Consumer Scotland Act 2020 Duty**

As of 01/04/2024, there is a responsibility on public authorities to consider the impact of strategic decisions on consumers.

In terms of the Consumer Duty, this policy is deemed to be strategically important, therefore evidence of due regard is required.

There are two parts to due regard:

1. The impact of the strategic decision on consumers and the desirability of reducing harm to consumers have been considered throughout the process.
2. An outcomes-based approach has been taken to achieve the best outcomes for consumers.

Both of the aspects of due regard have been met, principally through the significant engagement that has taken place through most of 2024 and the subsequent mitigations that were put in place. Full details of both engagement and mitigations can be found elsewhere within this document.

### 3.3 What considerations have been made in reaching the above assessment?

#### **What internal or external data has been considered? What does this data tell us?**

From reviewing D365 data of clients who use services including commissioned care, we have oversight of number per client group – older adults / physical disability / learning disability and mental health being the four core groups. Data highlights client group age range and postcodes of clients in receipt of service.

We have used staff training to highlight the means testing via financial assessment and the benefits of completing the financial assessment.

We have adopted a targeted approach in sheltered housing developments where housing support is delivered within an area of SIMD (Scottish Index of Multiple Deprivation) where we have recognised lower levels of financial assessment return alongside pockets of debt relating to social care services. The targeted approach has consisted of reviewing debt with housing, finance and social work colleagues to build supportive solutions to individuals impacted.

#### **What consultation and engagement and has been undertaken with officers and partner organisations?**

A wide range of engagement has taken place throughout much of 2024. This has included:

- Engagement with key agencies such as Advocacy Service Aberdeen, Quarriers and the Financial Inclusion Team to support people affected by change.
- Collaborative discussions with HSCPs across Grampian
- Ongoing 'Charging Policy Short-life Working Group' with key representation from teams involved in delivering the policy and changes who have helped form the development plan proposals.

The Charging Policy working group maintain a detailed Communications Plan, which will be further updated pending approval of any changes to existing policy.

The communications plan will be reviewed at regular intervals over 25-26 as plans develop.

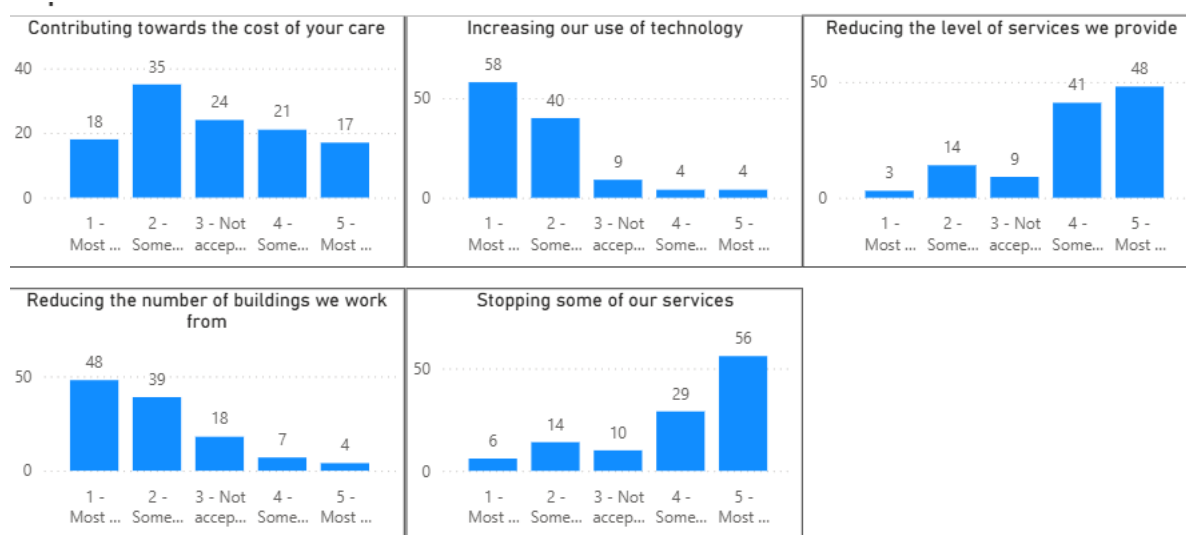
#### **What consultation and engagement and has been undertaken with people who may be impacted by this policy? citizens, community groups, or other people/groups impacted by this policy?**

A wide range of engagement has taken place throughout most of 2024. This has included:

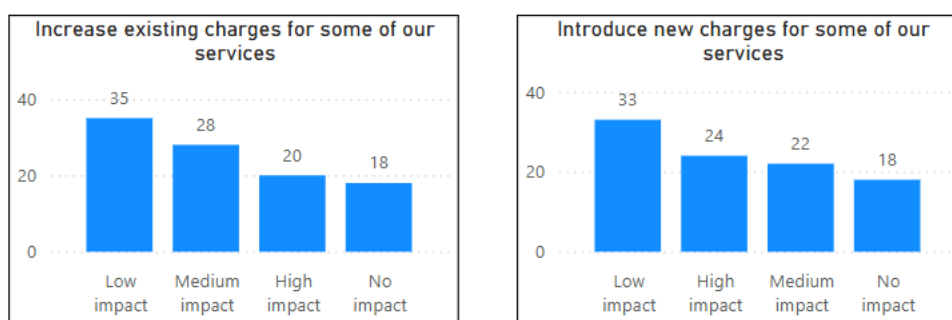
- The communication with individuals affected by the change to charging arrangements has included contact details for the FI Team (this will be repeated for changes agreed in March 2025)
- Engagement with the Financial Inclusion Team to maximise support around people being affected by the changes in charging arrangements. This includes them presenting to the social work forum in particular promoting the benefits calculator. They have also been involved in debt management support in sheltered housing complexes.
- Sign-posting to the FI Team has been integrated into the revised charging policy.
- A public consultation in the vaccination centre.

- Engagement with key agencies such as Advocacy Service Aberdeen, Quarriers and the Financial Inclusion Team to support people affected by change.
- Proposals for new and/or increased charging in relation to health and social care services were included within the ACHSCP Budget Consultation for financial year 25-26. The engagement results indicated:

An increase in charging was included as one of the possible budget options consulted on during the 24-25 Budget Consultation & Engagement process. It indicated that of the presented options, increased charging (supported by appropriate means-testing) was one of the more acceptable ways to balance the budget:



The public consultation also indicated a relatively low perceived impact for increasing or introducing new charges, compared with other proposals:



The impact of this proposal is linked to the Budget Saving Proposal on Commissioned Services as a review of care packages may result in reductions in care, which in turn may mean the amount chargeable also changes and may reduce charges/income received by the organisation.

### 3.4 What mitigations can be put in place?

**What mitigations are there against any negative impacts (if applicable)?**



Please refer to the mitigations detailed in 2.4 above.

**With mitigations in place, what is the new overall rating of the negative impact(s)?**

High	
Medium	
Low	X
Negative Impact Removed	

## 4: Human Rights Impacts

The Human Rights Act 1998 sets out the fundamental rights and freedoms that everyone in the UK is entitled to. It incorporates the rights set out in the European Convention on Human Rights (ECHR) into domestic British law. The Human Rights Act came into force in the UK in October 2000

The Act sets out our human rights in a series of 'Articles.' Each Article deals with a different right.

Use this guide to understand more about [Human Rights](#).

4.1 What impact could this policy have on Human Rights?

Human Rights Article	Negative	Neutral	Positive
<b>Article 6:</b> <a href="#">Right to a fair trial</a>		X	
<b>Article 7:</b> <a href="#">No punishment without law</a>		X	
<b>Article 8:</b> <a href="#">Right to respect for private and family life, home and correspondence</a>		X	
<b>Article 9:</b> <a href="#">Freedom of thought, belief and religion</a>		X	
<b>Article 10:</b> <a href="#">Freedom of expression</a>		X	
<b>Article 11:</b> <a href="#">Freedom of assembly and association</a>		X	
<b>Article 12:</b> <a href="#">Right to marry and start a family</a>		X	
<b>Article 14:</b> <a href="#">Protection from discrimination in respect of these rights and freedoms</a>		X	
<b>Article 1 of Protocol 1:</b> <a href="#">Right to peaceful enjoyment of your property</a>		X	
<b>Article 2 of Protocol 1:</b> <a href="#">Right to education</a>		X	
<b>Article 3 of Protocol 1:</b> <a href="#">Right to participate in free elections</a>		X	

4.2 In what way will the policy impact Human Rights?

There will be a neutral impact on the Human Rights of those (adult) individuals who access/use chargeable services and are then asked to contribute to their care.

4.3 What mitigations can be put in place?

**What mitigations are there against any negative impacts (if applicable)?**

Not Applicable.

**If mitigations are in place, does this remove the negative impact?**

No – negative impact remains
Yes – negative impact reduced
Yes - negative impact removed

## 5: Children and Young People's Rights Impacts

The United Nations Convention has 54 articles that cover all aspects of a child's life and set out the civil, political, economic, social, and cultural rights that all children everywhere are entitled to. It also explains how adults and governments must work together to make sure all children can enjoy all their rights.

Children's rights apply to every child/young person under the age of 18 and to adults still eligible to receive a "children's service" (e.g. care leavers aged 18 – 25 years old).

The Conventions are also known as the "General Principles," and they help to interpret all the other articles and play a fundamental role in realising all the rights in the Convention for all children. They are:

1. Non-discrimination (Article 2)
2. Best interest of the child (Article 3)
3. Right to life survival and development (Article 6)
4. Right to be heard (Article 12)

You can [read the full UN Convention \(pdf\)](#), or [just a summary \(pdf\)](#), to find out more about the rights that are included.

### 5.1 What impact could this policy have on the rights of Children and Young People?

UNCRC and Optional Protocols	Negative	Neutral	Positive
Article 1: definition of the child		X	
Article 2: non-discrimination		X	
Article 3: best interests of the child		X	
Article 4: implementation of the convention		X	
Article 5: parental guidance and a child's evolving capacities		X	
Article 6: life, survival, and development		X	
Article 7: birth registration, name, nationality, care		X	
Article 8: protection and preservation of identity		X	
Article 9: separation from parents		X	
Article 10: family reunification		X	
Article 11: abduction and non-return of children		X	
Article 12: respect for the views of the child		X	
Article 13: freedom of expression		X	
Article 14: freedom of thought, belief, and religion		X	
Article 15: freedom of association		X	
Article 16: right to privacy		X	
Article 17: access to information from the media		X	
Article 18: parental responsibilities and state assistance		X	
Article 19: protection from violence, abuse, and neglect		X	
Article 20: children unable to live with their family		X	
Article 21: adoption		X	
Article 22: refugee children		X	
Article 23: children with a disability		X	
Article 24: health and health services		X	
Article 25: review of treatment in care		X	
Article 26: social security		X	
Article 27: adequate standard of living		X	
Article 28: right to education		X	
Article 29: goals of education		X	
Article 30: children from minority or indigenous groups		X	
Article 31: leisure, play and culture		X	

<b>Article 32:</b> child labour		X	
<b>Article 33:</b> drug abuse		X	
<b>Article 34:</b> sexual exploitation		X	
<b>Article 35:</b> abduction, sale, and trafficking		X	
<b>Article 36:</b> other forms of exploitation		X	
<b>Article 37:</b> inhumane treatment and detention		X	
<b>Article 38:</b> war and armed conflicts		X	
<b>Article 39:</b> recovery from trauma and reintegration		X	
<b>Article 40:</b> juvenile justice		X	
<b>Article 41:</b> respect for higher national standards		X	
<b>Article 42:</b> knowledge of rights		X	
<b>Optional</b> Protocol on a Communications Procedure		X	

## 5.2 In what way will the policy impact the rights of Children and Young People?

This charging policy applies to adult non-residential services only - Children and Young People are exempt from this policy up to the point at which they access or transition to adult services.

## 5.3 What mitigations can be put in place?

### What mitigations are there against any negative impacts (if applicable)?

Whilst the impact on children with a disability is assessed as neutral, as the policy only applies to adults, it is important to consider how this *may* impact them when they transition to adult services. Pre-emptive multi-disciplinary transition planning involving the young person and their family can help ensure, as far as is reasonably practicable, that the transition experience is positive and that – following a person-centred assessment of need – appropriate adult services are put in place and new impacts such as the application of charges are highlighted in advance.

**If mitigations are in place, does this remove the negative impact?**

No – negative impact remains

Yes – negative impact reduced

Yes - negative impact removed

X

## 6: Sign Off

### Any further positive or negative impacts on individuals or groups that have been considered?

No.

### Overall summary of changes made as a result of impact assessment.

The references within the policy to the Council's Financial Inclusion Team and the services that they provide to ensure that an individual's income is maximised through the receipt of all the applicable benefits that they are entitled to coupled with effective debt management have been strengthened.

Similarly, the policy wording in respect of the hardship that individuals may experience as a result of charges being applied and the debts that individuals may accrue and the subsequent need to waive these charges and write-off these debts has been reviewed and clarified.

### Outline of how impact of policy will be monitored.

The impact of this policy will be monitored by the Chief Officer (Adult Social Work) and delegated officers.

**If there are any remaining negative impacts after mitigation, what is the justification for why this policy should proceed.**

The demand for adult non-residential services continues to increase as does the cost of providing these essential services. This policy seeks to provide a fair and transparent charging mechanism in line with national guidance that can be implemented to offset some of these costs.

<b>Assessment Author</b>	Claire Wilson, Chief Officer, Adult Social Work
<b>Date</b>	11.03.2024
<b>Chief Officer</b>	Fiona Mitchelhill, Chief Officer, Aberdeen City Health & Social Care Partnership
<b>Date</b>	11.03.2024



## Areas for Consideration of Impact

## APPENDIX 1D

### Protected Characteristics

<b>Age:</b> older people; middle years; early years; children and young people.
<b>Disability:</b> physical impairments; learning disability; sensory impairment; mental health conditions; long-term medical conditions.
<b>Gender Reassignment:</b> people undergoing gender reassignment
<b>Marriage &amp; Civil Partnership:</b> people who are married, unmarried or in a civil partnership.
<b>Pregnancy and Maternity:</b> women before and after childbirth; breastfeeding.
<b>Race and ethnicity:</b> minority ethnic people; non-English speakers; gypsies/travellers; migrant workers.
<b>Religion and belief:</b> people with different religions or beliefs, or none.
<b>Sex:</b> men; women; experience of gender-based violence.
<b>Sexual orientation:</b> lesbian; gay; bisexual; heterosexual.

### Fairer Scotland Duty

<b>Low income</b> – those who cannot afford regular bills, food, clothing payments
<b>Low Wealth</b> – those who can meet basic living costs but have no savings for unexpected spend or provision for the future.
<b>Material Deprivation</b> – those who cannot access basic goods and services, unable to repair/replace broken electrical goods, heat their homes or access to leisure or hobbies
<b>Area of Deprivation/Communities of Place</b> - consider where people live and where they work (accessibility and cost of transport)
<b>Socio-Economic Background</b> - social class, parents' education, employment, income.

### Health Inequality (those not already covered in the Fairer Scotland Duty)

<b>Low literacy / Health Literacy</b> includes poor understanding of health and health services (health literacy) as well as poor written language skills.
<b>Discrimination/stigma</b> – negative attitudes or treatment based on stereotyping. Discrimination can be direct or indirect and includes harassment and victimisation.
<b>Health and Social Care Service Provision</b> - availability, and quality/affordability and the ability to navigate accessing these.
<b>Physical environment and local opportunities</b> - availability and accessibility of housing, transport, healthy food, leisure activities, green spaces, air quality and housing/living conditions, exposure to pollutants, safety of neighbourhoods, exposure to crime, transmission of infection, tobacco, alcohol and substance use.

**Education and learning** - availability and accessibility to quality education, affordability of further education, Early Years development, readiness for school, literacy and numeracy levels, qualifications.

## Human Rights (note only the relevant ones are included below)

<b>Article 2 - The right to life</b> (absolute right) – everyone has the right to life, liberty and security of person which includes access to basic necessities and protection from risks to their life from self or others.
<b>Article 3 - The right not to be tortured or treated in an inhuman or degrading way</b> (absolute right) - which includes anything that causes fear, humiliation intense physical or mental suffering or anguish.
<b>Article 5 - The right to liberty</b> (limited right) – and not to be deprived of that liberty in an arbitrary fashion.
<b>Article 6 - The right to a fair trial</b> (limited right) – including the right to be heard and offered effective participation in any proceedings.
<b>Article 8 - The right to respect for private and family life, home and correspondence</b> (qualified right) – including the right to personal choice, accessible information and communication, and participation in decision-making (taking into account the legal capacity for decision-making).
<b>Article 9 - The right to freedom of thought, belief and religion</b> (qualified right) - including conduct central to beliefs (such as worship, appropriate diet, dress etc.)
<b>Article 10 - The right to freedom of expression</b> (qualified right) – to hold and express opinions, received/impart information and ideas without interference
<b>Article 14 - The right to no discrimination</b> – not to be treated in a different way compared with someone else in a similar situation. Indirect discrimination happens when someone is treated in the same way as others that does not take into account that person's different situation. An action or decision will only be considered discriminatory if the distinction in treatment cannot be reasonably and objectively justified.

## UNCRC

<b>Article 2</b> non-discrimination	<b>Article 15</b> freedom of association	<b>Article 30</b> children from minority or indigenous groups
<b>Article 3</b> best interests of the child	<b>Article 16</b> right to privacy	<b>Article 31</b> leisure, play and culture
<b>Article 4</b> implementation of the convention	<b>Article 17</b> access to information from the media	<b>Article 32</b> child labour
<b>Article 5</b> parental guidance and a child's evolving capacities	<b>Article 18</b> parental responsibilities and state assistance	<b>Article 33</b> drug abuse
<b>Article 6</b> life, survival and development	<b>Article 19</b> protection from violence, abuse and neglect	<b>Article 34</b> sexual exploitation
<b>Article 7</b> Birth, registration, name, nationality, care	<b>Article 20</b> children unable to live with their family	<b>Article 35</b> abduction, sale and trafficking
<b>Article 8</b>	<b>Article 22</b>	<b>Article 36</b>

protection and preservation of identity	refugee children	other forms of exploitation
<b>Article 9</b> separation from parents	<b>Article 23</b> children with a disability	<b>Article 37</b> inhumane treatment and detention
<b>Article 10</b> family reunification	<b>Article 24</b> health and health services	<b>Article 38</b> war and armed conflicts
<b>Article 11</b> abduction and non-return of children	<b>Article 25</b> review of treatment in care	<b>Article 39</b> recovery from trauma and reintegration
<b>Article 12</b> respect for the views of the child	<b>Article 26</b> Benefit from social security	<b>Article 40</b> juvenile justice
<b>Article 13</b> freedom of expression	<b>Article 27</b> adequate standard of living	<b>Article 42</b> knowledge of rights
<b>Article 14</b> freedom of thought, belief and religion	<b>Article 28</b> right to education	

### Specific groups and duties

<b>Looked after (incl. accommodated) children and young people</b>
<b>Carers:</b> paid/unpaid, family members.
<b>Homelessness:</b> people on the street; staying temporarily with friends/family; in hostels, B&Bs.
<b>Involvement in the criminal justice system:</b> offenders in prison/on probation, ex-offenders.
<b>Addictions and substance misuse</b>
<b>Refugees and asylum seekers</b>
<b>Staff:</b> full/part time; voluntary; delivering/accessing services.
<b>Consumer Duty</b>
<b>Armed Forces Covenant</b>

## ACHSCP Impact Assessment – Stage 1 – Proportionality and Relevance

<b>Name of Policy or Practice being developed</b>	<p>Aberdeen City Health &amp; Social Care Partnership (ACHSCP) Budget Savings Proposals as part of the Medium-Term Financial Forecast.</p> <p>Adult Social Care has a range of Budget Saving Proposals across all areas. This includes Physical Disability, Learning Disability and Older Adults service provision primarily for externally commissioned services. This includes redesigning services, looking to follow rehabilitation pathways to reduce ongoing costs, reducing the number of services that ACHSCP provides, changing service standards in line with policy and reviewing service delivery.</p> <p>There are further Budget Savings proposals with corresponding Impact Assessments which will be considered with the Budget 2025/26 governance process.</p>
<b>Name of Officer completing Proportionality and Relevance Questionnaire</b>	Claire Wilson
<b>Date of Completion</b>	March 2025
<b>What is the aim to be achieved by the policy or practice and is it legitimate?</b>	<p>ACHSCP has a legal duty to deliver a balanced budget for the 2025/26 year. As part of this process a series of Budget Savings Proposals have been developed.</p> <p>Specifically, within Adult Social Care savings are required to achieve budget efficiency in Adult Social Care services for the fiscal year 2025/26 (and beyond) by taking a strategic approach to social care reviews to maximise efficiency.</p> <p>This proposal aims to ensure that social work funded social care support is only provided based on assessed needs that are in line with the high and urgent <a href="#">eligibility criteria</a>.</p> <p>To continue to meet need efficiently ACHSCP will also look to redesign service delivery to give best value for money.</p> <p>It is proposed that taking a strategic approach to social care reviews will maximise efficiency.</p> <p>This is within the function of the ACHSCP and delivers on the duty to deliver a balanced budget.</p>
<b>What are the means to be used to achieve the aim and</b>	To balance the budget, efficiency will be made through a reduction and/ or change in services.



<p><b>are they appropriate and necessary?</b></p>	<p>The means by which the aim of reduced expenditure will be achieved can only be through the professional Social Work review and potential reassessment of social care needs.</p> <p>Reviewing care packages is standard social work practice in line with the expectations of the Social Work (Scotland) Act 1968 and Social Care (self-directed support) (Scotland) Act 2013.</p> <p>Ordinarily reviews may be planned, or in response to individual changes of need or circumstances. This proposal takes a more targeted approach to maximise efficiency.</p> <p>The capacity of the social work workforce is finite and as such they prioritise focus on the following areas;</p> <ul style="list-style-type: none"> <li>• responding to urgent need / crisis (including adult support and protection concerns)</li> <li>• new referrals for assessment for those with an indication of high or urgent need</li> </ul> <p>In 2023/2024 ACHSCP were highly performing in its referral response times which were down to 4 weeks with the national standard being 6 weeks for those assessed as high need.</p> <p>This proposal aims to shift the focus of practitioner staff to reviews in order to increase the rate of efficiencies achieved. By doing this there will be less ability to respond to new referrals and standards are likely to reduce, e.g. waiting times are increased.</p> <p>This IIA highlights a need to assess the impact of this shift of focus and identify appropriate mitigations. The focus on reviews may result in other service changes which require further impact assessment. These will be scoped by a designated project group who will manage this process.</p>
<p><b>If the policy or practice has a neutral or positive impact, please describe here.</b></p>	<p><u>Positive Impact</u></p> <p>The positive impact of the proposal is that it will bring rigour to ensuring that services are delivered more efficiently so there is not over-provision of care where this is not required. It will also ensure that finite resources are able to meet assessed urgent and high need and to reduce delays in receiving care and support. There will also be a focus on community rehabilitation.</p>

	<p>Whilst it is recognised that this is positive in relation to the efficiency and contributing to ACHSCP ability to deliver a balanced budget, this may not be experienced positively by other stakeholders, including staff and citizens.</p>
<p><b>Is an Integrated Impact Assessment required for this policy or decision (Yes/No)</b>  <b>Note – if multiple assessments are required please complete a separate template for each of these and embed them in the section below ‘Rationale for Decision’ with a brief supporting narrative. This will ensure all relevant assessments are connected regardless of the stage they are at in the process.</b></p>	<p>Yes</p> <p>Work undertaken to date has identified a number of Adult Social Care Budget Savings Proposals which will have intersecting impacts on one another. An example of this is the Charging policy and strategic approach to reviews.</p> <p>As such there is an additional IIA for social care charges and further IIA's will be developed for each service area impacted if required. Further recommendations will be brought back to the IJB as required.</p>
<p><b>Rationale for Decision</b>  <b>NB: consider: -</b></p> <ul style="list-style-type: none"> <li>• How many people is the proposal likely to affect?</li> <li>• Have any obvious negative impacts been identified?</li> <li>• How significant are these impacts?</li> <li>• Do they relate to an area where there are known inequalities?</li> <li>• Why are a person's rights being restricted?</li> <li>• What is the problem being addressed and will the restriction lead to a reduction in the problem?</li> <li>• Does the restriction involve a blanket policy, or does it allow for different cases to be treated differently?</li> <li>• Are there existing safeguards that mitigate the restriction?</li> </ul>	<p><u>How many people is the proposal likely to affect?</u></p> <p>The proposal has the potential to affect a significant number of people who access across social care support services, including older adults, individuals with physical disabilities, learning disabilities, and mental health conditions.</p> <p>During the project, specific numbers of people potentially affected will be identified and will be used to shape further project planning and engagement work as required.</p> <p><u>Have any obvious negative impacts been identified?</u></p> <p>Several negative impacts have been identified at this early stage:</p> <ul style="list-style-type: none"> <li>• Social Work Staff will be required to conduct reviews and potential reassessments across all service areas. This will be a significant piece of work to prioritise, and it is vital that this does not impact on ability to continue to deliver statutory duties such as Adult Support and Protection.</li> <li>• By focusing on reviews there will not be the same capacity to be able to assess as many new requests/referrals. The national standard for waiting lists is 6 weeks for high need care. There may be an increase in waiting time if capacity also has to focus on reviews.</li> <li>• Opportunities to offer early intervention and preventative supports at a lower cost base may</li> </ul>

	<p>be lost as people wait for assessment/re-assessment.</p> <ul style="list-style-type: none"> <li>• The intensive review process may cause anxiety and concern for those accessing services and their unpaid carers.</li> <li>• Service providers may be impacted by reductions in expenditure.</li> </ul> <p>Eligibility Criteria is in place and already applied to assessments of need. There may be scope to further reduce expenditure, and this will require to be explored, and assessed against any risks and impact, the evidence of such being captured in an IIA.</p> <p><u>How significant are these impacts?</u></p> <ul style="list-style-type: none"> <li>• ACHSCP is seeking to understand the impact of these options on residents and how to minimise and mitigate the impact.</li> <li>• Staff will be impacted by changes to workload and can expect to face challenge from individuals and their families when conducting reviews and potential reassessments.</li> <li>• Unpaid Carers may be impacted as some care packages may be changed. This may mean changes to their caring role.</li> </ul> <p><u>Do they relate to an area where there are known inequalities?</u></p> <ul style="list-style-type: none"> <li>• Yes, the nature of the social work service is that it supports adults who are affected by known inequalities, particularly older adults, individuals with disabilities, those with mental health conditions, and women. These groups are already vulnerable and may face additional challenges due to the proposed changes. The majority of unpaid carers are women, and it is known that women are living longer than men so there will be a higher percentage of women in the older adult group.</li> <li>• There may also be impacts related to other inequalities such as Low Income, Low Wealth, Material Deprivation, Area of Deprivation and Socio-Economic Background. These groups may face financial challenges in replacing any care provision which is reduced. This may impact on Unpaid Carers employment or the financial stability of both supported individuals and their unpaid carers.</li> </ul> <p><u>Why are a person's rights being restricted?</u></p>
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	<ul style="list-style-type: none"> <li>• Rights are not being restricted. Essential services will continue to be delivered in line with the eligibility criteria.</li> </ul> <p><u>What is the problem being addressed and will the proposal lead to a reduction in the problem?</u></p> <ul style="list-style-type: none"> <li>• The problem being addressed is the need to provide social care services for the fiscal year 2025/26 (and beyond) on a sustainable basis whilst meeting statutory duties. The proposal aims to reduce costs through ensuring that care provision aligns strictly with the eligibility criteria, thereby ensuring that there is no over-provision of care.</li> </ul> <p><u>Does the proposal involve a blanket policy, or does it allow for different cases to be treated differently?</u></p> <p>The proposal includes elements of both blanket policies and case-by-case assessments:</p> <ul style="list-style-type: none"> <li>• An approach to the Budget Saving Proposal is to target overspend and ensure savings are achieved whilst protecting essential services.</li> <li>• The proposal will entail a review of all care packages in older adults, learning disability, physical disability and mental health services. This is based on the existing Eligibility Criteria and legal and professional responsibilities within The Social Care (Self-directed Support) (Scotland) Act 2024.</li> <li>• The reviews will be undertaken on a case-by-case basis, based on individual needs and circumstances and undertaken by a qualified professional.</li> </ul> <p><u>Are there existing safeguards that mitigate the restriction?</u></p> <p>There are existing safeguards to mitigate the restriction:</p> <ul style="list-style-type: none"> <li>• The Social Care (Self-directed Support) (Scotland) Act 2024 sets out the legislative duties on adult social work services to provide social care support.</li> <li>• A clear communication plan will be delivered which provides assurance to staff that the organisation will support them when implementing this savings option with individual service users and families.</li> </ul>
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	<ul style="list-style-type: none"> <li>• All service user reviews will require to be carried out within the principles of the SDS Act with the involvement of service users, and unpaid carers, guardians and service providers as appropriate.</li> <li>• All reassessments will be undertaken by qualified staff in accordance with those professional standards and values set by the SSSC and through legislation such as The Social Care (Self-directed Support) (Scotland) Act 2024</li> <li>• Meeting high and urgent assessed needs will be maintained.</li> </ul>
<b>Decision of Reviewer</b>	See Stage 2
<b>Name of Reviewer</b>	See Stage 2
<b>Date</b>	See Stage 2

## APPENDIX C

### ACHSCP Impact Assessment – Stage 2 – Impact Assessment

<b>Description of Policy or Practice being developed including intended aim.</b>	<p>Aberdeen City Health &amp; Social Care Partnership (ACHSCP) Budget Savings Proposals as part of the Medium-Term Financial Forecast.</p> <p>ACHCSP has a legal duty to deliver a balanced budget for the 2025/26 year. As part of this process a series of Budget Savings Proposals have been developed.</p> <p>Specifically, within Adult Social Care savings are required in order to achieve budget efficiency in Adult Social Care services for the fiscal year 2025/26 (and beyond).</p> <p>This proposal aims to ensure that social work funded social care support is only provided based on assessed needs that are in line with the high and urgent <a href="#">eligibility criteria</a>.</p> <p>In order to continue to meet need efficiently we will also look to redesign service delivery to give best value for money.</p> <p>It is proposed that taking a strategic approach to social care reviews will maximise efficiency.</p>
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	<p>This is within the function of the ACHSCP and delivers on the duty to deliver a balanced budget.</p> <p>Whilst the existing eligibility criteria has already been in place for a number of years during initial assessment there are a variety of reasons why we may be able to find efficiencies through a strategic approach to review. These may include;</p> <ul style="list-style-type: none"> <li>• The package has been in place for a period without review and therefore needs have changed and it is no longer needed or not needed at the original level.</li> <li>• The package was put in place in response to a crisis which has now been resolved.</li> <li>• The person's circumstances have improved, for example, a move to more appropriate housing which negates the need for a funded service.</li> <li>• A focus on TEC and /or enablement had not previously been considered and now allows us to identify alternative ways of meeting the need which reduce reliance on funded support.</li> </ul>
<b>Is this a new or existing policy or practice?</b>	New Proposal
<b>Name of Officer Completing Impact Assessment</b>	Claire Wilson
<b>Date Impact Assessment Started</b>	March 2025
<b>Name of Lead Officer</b>	Claire Wilson
<b>Date Impact Assessment approved</b>	10/03/2025

### Summary of Key Information

<b>Groups or rights impacted.</b>	<p><u>Groups Impacted</u></p> <ul style="list-style-type: none"> <li>• The savings proposal primarily impacts individuals with the protected characteristics of Age and Disability, and Sex. The proposal involves intensive reviews and potential reductions in care packages for older adults, individuals with physical disabilities, learning disabilities, and mental health conditions. This will lead to changes in service provision for those reassessed.</li> <li>• Gender will be impacted as the majority of older adults are women due to them living longer and unpaid carers are women.</li> <li>• There will also be impacts related to other inequalities such as Low Income, Low Wealth, Material Deprivation, Area of Deprivation and Socio-Economic Background. These groups may face financial challenges in replacing any care provision which is reduced. Which may impact on Unpaid</li> </ul>
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	<p>Carers employment or the financial stability of both supported individuals and their unpaid carers.</p> <p><u>Rights Impacted</u></p> <ul style="list-style-type: none"> <li>Article 2 –“Everyone has the right to life, liberty and security of person which includes access to basic necessities and protection from risks to their life from self or others”. Any potential increase in waiting times for accessing care or reassessing care needs may impact on basic necessities and protection from risks.</li> <li>Article 8 - The right to respect for private and family life, home and correspondence. An increase in waiting times for an assessment will delay the opportunity to engage in participation in decision-making regarding needs and the provision of care.</li> </ul>
<b>Feedback from consultation and engagement and how this informed development of the policy or practice</b>	<p><u>Budget Consultation</u></p> <p>The purpose of the Aberdeen City Health and Social Care Partnership (ACHSCP) 2024 Budget Consultation was to engage the public in the budget-setting process for the 2025/26 fiscal year. This consultation aimed to gather feedback on various budget options and understand the potential impacts of these options on the community. The goal was to ensure that the budget decisions reflect the needs and priorities of the citizens, while also identifying ways to minimise any negative effects of budget. A public consultation was also held at the Aberdeen vaccination centre.</p> <ul style="list-style-type: none"> <li>The consultation included a number of options including increased use of technology, reducing the level of service we provide, as well as stopping some of the services.</li> <li>A general overview of feedback highlighted: the importance of maintaining high-quality care for vulnerable populations, including the elderly and those with disabilities.</li> <li>Reducing or stopping the services was not as acceptable as increasing charges and use of technology.</li> <li>Emphasising rehabilitation and early intervention aligns with improving life quality and reducing long-term costs.</li> <li>Services delivered which are not reflective of high and urgent assessed need results in over provision. This impacts on the ability to meet demand with increased waiting times, increased costs and increased unmet need.</li> <li>Ensuring digital solutions are accessible to all, including the elderly and disabled, allows reduced reliance on services and greater independence.</li> <li>Robust engagement is needed to address concerns and ensure clear communication of changes.</li> <li>Increasing our use of technology was considered to be the most acceptable approach to helping the IJB make savings.</li> </ul> <p><u>Personas</u></p>

	<p>Personas are example service users based on real experiences. These can assist in understanding the differing perspectives of the population.</p> <p>These are used to help staff:</p> <ul style="list-style-type: none"> <li>• Understand the diverse needs and experiences of our service-users</li> <li>• Provided us with realistic representations of key groups and enhance our analysis of their needs</li> <li>• Balance the needs of these different, key groups</li> </ul> <p>This supported staff to ensure:</p> <ul style="list-style-type: none"> <li>• Empathetic and informed discussions and decision-making</li> <li>• Decisions were user-centred</li> </ul> <p>These personas cover the following care groups or person types:</p> <ul style="list-style-type: none"> <li>• Large Family</li> <li>• Complex Mental Health</li> <li>• Frailty</li> <li>• Recovering Substance User and Domestic Violence Victim</li> <li>• Unpaid Carer</li> <li>• Expectant Mum</li> <li>• Substance Use</li> <li>• Person on the cusp of needing care</li> </ul> <p><u>Existing Feedback</u></p> <p>A consultation questionnaire ran from November to December 2022 to help inform the content of the ACHSCP's <b>Carers Strategy 2023 – 2026</b>.</p> <p>A follow up questionnaire, using the same questions, ran from December 2023 to January 2024</p> <p>From both questionnaires, unpaid Carers do not feel that they have:</p> <ol style="list-style-type: none"> <li>1. A good balance between their caring responsibilities and other aspects of their lives</li> <li>2. Involvement, or a say, in the services provided to unpaid Carers</li> <li>3. The necessary support to continue in their caring roles</li> <li>4. A sense of belonging and a life alongside caring.</li> </ol> <p>Also from both questionnaires, whilst people generally agreed with the 4 main aims of the strategy, they were often pessimistic about the services, resources and support required to make those aims a reality.</p> <p>It is worth noting that most respondents were providing more than 50 hours of unpaid care per week.</p>
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	<p>Many respondents mention the need for more support, respite and breaks and that those would help ensure they could continue in their caring roles.</p> <p>Further exacerbating any of the above factors could increase the risk of unpaid Carers stepping back from their roles and require statutory services to fulfil their support and caring responsibilities. Communication and engagement will be ongoing with client groups and carers throughout the project with the IIA being updated.</p>
<b>Performance Measures identified, where these will be reported and how impact will be monitored.</b>	<p>Performance Measures:</p> <p><u>Reviews</u></p> <p>Reviews completed: Reassessment of need will be required, capacity to undertake and time to complete.</p> <p>During this project further detail will be gathered on the number of individuals and therefore care packages that require to be reviewed. This is due to the evolving nature of the Budget Proposals and potential inclusion or exclusion of budget savings options. This will allow an estimation of the time and resource required to undertake reviews/reassessments. These measures will be contained within the project planning and will be required prior to commencement of any review or reassessment work.</p> <p>Additionally, the project plan will look at the current financial impacts and the predicted impacts of changes to care packages, and how this alters the financial position (positively or negatively) as well as any diverted costs e.g. decreases for individual but increases for carers support.</p> <p>There is an existing system in place to monitor all reviews and changes in care and support package values, it is proposed this approach is also used for this savings proposal to capture key data.</p> <p>As the review and reassessment process is being targeted across all social care, this provides the detail by which a project plan will be established. Within this data there is likely to be natural grouping of care packages (for instance with the same care provider) whereby a phased project approach can be used which is aligned to the available capacity to conduct reviews and reassessments.</p> <p>The level of savings identified are estimated based on currently data. As the process of review and assessment progresses, even greater clarity will emerge on the potential of realisable savings.</p> <p><u>Use of Technology</u></p> <p>Technology enabled care is key to maximising individual independence and reducing any required need for funded social</p>

	<p>care services. This is essential to the modernisation of social care and the sustainability of future provision.</p> <p>Uptake of TEC: Continued focus on using TEC to minimise or mitigate requirements for a care package or to enhance packages and reduce care costs. Work will be required within the project plan to baseline current TEC costs and to agree a method by which the potential changes in TEC use and costs can be monitored and the impact assessed. The provision of TEC would be part of the review and reassessment process to ensure this will appropriately meet need and be risk assessed. A report is scheduled to be presented to the Integration Joint Board regarding technology enabled care on 1 July 2025.</p> <p><u>Communication and Engagement</u></p> <p><i>Staff</i></p> <p>Communication Plan Implemented: A clear communication plan will be required which provides assurance to staff that the organisation will support them when implementing this savings option with individual service users and families. This will outline the overall budget challenges being faced by the ACHSCP and how these translate into operational practice.</p> <p>Staff will require clear guidance and support to enable them to undertake their role.</p> <p><i>Service users</i></p> <p>The first step is understanding who is impacted so that their communication requirements can be considered. Initially the communication with service users will be on an individual basis between them, their allocated worker and those who support them (e.g. family, unpaid carer, guardian and support staff).</p> <p>This will be key to this process remaining person-centred and will aid the development of centralised communication which can support individuals and families to understand the process.</p> <p>Engagement with staff will inform an understanding of their concerns and how these may be addressed.</p> <p><i>All stakeholders</i></p> <p>A suggested method of gathering and assessing the impacts on individuals and families, as well as other key stakeholders, is the use of <a href="#">ADKAR principles</a> (change management framework) as well as other mechanisms which may be of relevance.</p> <p>Consultation planning to be undertaken making use of <a href="#">ACHSCP Guidance for community engagement human rights and equalities</a> - this would be an ongoing process to ensure appropriate engagement as the project progresses.</p>
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	<p><u>Phased Implementation</u></p> <p>Savings' Phases Met: There will need to be a phased method by which this savings proposal is progressed. This begins with the strategic approach to reviews and may then incorporate specific service redesign in response to the reviews.</p> <p>An example of this is that a different service model may require to be designed to meet the needs of those who continue to be eligible for support if service users who ordinarily use that service are no longer assessed as eligible. This is required to ensure that the support remains available and sustainable for those continue to need it.</p> <p><u>Reporting</u></p> <p>Mechanism for reporting these measures: A project plan will be developed for each Budget Saving Proposal. This will detail the measures in place and progress against them. This will be reported to the Budget Savings Oversight Group.</p>
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## Review

<b>Date the Impact will be reviewed</b>	To be determined within the project plan as regular review will be required. A formal review will take place in March 2026
<b>Rationale for Date</b>	The project will require significant staffing resource to implement and is likely to be running throughout the year 2024/ 2025.

Having considered all of the groups, duties and rights in the list at Appendix A of the Guidance on Impact Assessment could this policy or practice have a negative impact on any of the following. Please answer Yes or No. If you answer Yes, please specify precisely which particular group, duty or right will be impacted and how and also what (if any) current evidence you have.

	Yes/No	Details	Evidence
Protected Characteristics	Yes	<ul style="list-style-type: none"> <li>Equality Act 2010 Protect Characteristic: Age</li> <li>Equality Act 2010 Protect Characteristic: Disability</li> <li>Equality Act 2010 Protect Characteristic: Sex</li> </ul>	<p><b>Age</b></p> <p>Older people make up the largest population of social care recipients in Aberdeen City, approximately 4500 people are considered elderly / frail within the classifications held by social work services.</p> <p><u>Extended Waiting Lists:</u></p> <ul style="list-style-type: none"> <li>Staff involved in review will not be able to assess as many new requests - potential that waiting list will extend significantly beyond the current timeframes. This will affect all user groups but will more acutely impact older people as our largest service user group.</li> <li>Each service area will have a different waiting list time, linked to the number of referrals and capacity of teams for instance. A baseline for each affected service area will be taken at the start of the project plan and reviewed regularly to assess impact.</li> </ul> <p><u>Reduced Service Provision:</u></p> <ul style="list-style-type: none"> <li>Older People, Reducing costs through reassessment of provision for</li> </ul>

			<p>individuals. This applies to a variety of service types such as care at home, day care, residential and nursing care. It is commonly recognised that care needs over time do not generally lessen or improve and therefore the targeted reassessment approach may produce an increase in care provision required rather than a reduction. This is unique to each persons care needs.</p> <ul style="list-style-type: none"> <li>• There is a higher number of aging Unpaid Carers which could be impacted by changes to the supported persons care package. This was documented in the <a href="#">Annual review of our Carer strategy</a> presented to IJB in February 2025.</li> </ul> <p><u>Impact on Health and Well-being:</u></p> <ul style="list-style-type: none"> <li>• Reduction in provision from social care may lead to increased demand for other service types to compensate, such as carers support or further home care or even residential or 24/7 care needs. This is mitigated by ensuring that eligibility criteria are appropriately applied and where needs change to require urgent support this is prioritised.</li> <li>• Impacts on Hospital admissions, discharges and delayed transfers of care due to staff being less able to respond to these situations whilst prioritising reviews.</li> </ul> <p><b>Disability</b></p>
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			<p>With the exception of Carers (who may also have disabilities in their own right) almost all service users who are supported with a funded social care service in Aberdeen would be considered to have a disability in relation to the Equality Act 2010. There is intersectionality between the impact on older people with regard to age and disability. The impact is in line with those highlighted for age.</p> <p><u>Intensive Review of Care Packages:</u></p> <p>For service users within Learning Disability and Physical Disability groups we aim to reduce costs through review and, where required, reassessment of provision for individuals. This applies to a variety of service types such as care at home, day care, residential and nursing care. Many disabled people have life-long disabilities which will always require support. It is recognised that for some people their care needs over time will not lessen or improve and therefore the targeted reassessment approach for these budget areas may not produce savings in all cases. This does not mean they should not be reviewed as changes in how we provide support, including TEC, may allow for different ways to meet need which increase independence and reduce costs. This will be unique to each person's care needs.</p> <p><u>Increased Pressure on Unpaid Carers:</u></p>
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			<ul style="list-style-type: none"> <li>• Unpaid carers may need to further increase their caring role to cover any reductions, which may put their caring role under further pressure, such as the sustainability of the caring role at home and affect paid employment.</li> <li>• The ACHSCP has a duty to support Carers through the Carer (Scotland) Act 2014 and the local ACHSCP Carer Strategy.</li> <li>• The ACHSCP recently retendered two Carer support services, Quarriers Adult Carer Support Service and Barnardos Young Carer support service. They will have an important role in continuing to support Carers. These services are available to all Carers and provide emotional support, group support and access to short breaks for all Carers. This change does not impact on the provision of that support.</li> </ul> <p><u>Impact on Service Quality and Availability:</u></p> <ul style="list-style-type: none"> <li>• Review and reassessment will produce no guarantee of service/cost reduction in all cases. In many cases, especially where the service user has a progressive illness or condition the review may highlight additional unmet need and / or carer stress. This does not mean we should not carry out reviews. Any savings made will allow capacity for those with increasing</li> </ul>
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			<p>eligible needs to continue to be supported.</p> <ul style="list-style-type: none"> <li>Care packages are often constructed of different aspects such as home care/personal care, housing support, day care, these will be reviewed holistically to ensure there is consideration of any consequential impacts. Where this will have a notable impact on the provision of a specific service this will be included in the action plan and a further impact assessment may be required.</li> </ul> <p><b>Sex</b></p> <p><u>Increased Pressure on Unpaid Carers:</u></p> <p>National statistics indicate that women are more likely than men to report providing regular unpaid care. This is reflected in our local data with 58% of supported Young Carers identifying as female and 77% of supported Adult Carers identifying as female.</p> <p>Other protected characteristics such as Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, and Sexual Orientation are not specifically, negatively impacted. However, any changes in social care services could indirectly affect individuals with these characteristics depending on their specific circumstances and needs.</p>
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Fairer Scotland Duty	Yes	<ul style="list-style-type: none"> <li>• Low income</li> <li>• Low/ no wealth</li> <li>• Material deprivation</li> <li>• Area deprivation</li> <li>• Socio-economic background</li> </ul>	<p>As this proposal will impact on all service users in all client groups it will include those who are of low income and low wealth including those living within areas of deprivation. Nationally it is recognised by the <a href="#">Scottish Government</a>;</p> <ul style="list-style-type: none"> <li>• There is a higher prevalence of poverty, food insecurity and material deprivation among disabled adults and children.</li> <li>• There are lower rates of employment and economic activity among disabled people alongside evidence of a disability pay gap.</li> </ul> <p>The <a href="#">ACC population needs assessment</a> highlights that financial instability is also a key driver for poor mental health. Rates of admission for psychiatric services are higher for those in SIMD 1 areas (most deprived). This directly correlates to Mental Health social work referrals. This correlation between low wealth and poor health can also be seen in other areas, including cancer deaths and prevalence of coronary heart disease, where people living in SIMD 1 areas are more likely to be affected than those living in less deprived areas.</p> <p><u>Low Income</u></p> <p>Increased Costs for Service Users:</p> <ul style="list-style-type: none"> <li>• Reduction in provision may lead to increased costs for service users as they look to replace and self-fund previously commissioned care arrangements. Where possible they will</li> </ul>
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			<p>be directed to community supports which are free or low cost to access.</p> <ul style="list-style-type: none"> <li>Increased waiting time for assessment may lead to increased costs for service users to meet their own care needs whilst awaiting assessment.</li> </ul> <p><u>Low/No Wealth</u></p> <p>Financial Burden on Unpaid Carers:</p> <ul style="list-style-type: none"> <li>Unpaid carers may need to further increase their caring role to cover any reductions, which may put their caring role under further pressure, such as the sustainability of the caring role at home and affect paid employment.</li> <li>Where carers are no longer able to support the cared for person there may be a need to provide further funded social care to meet the needs.</li> </ul> <p><u>Material Deprivation</u></p> <p>Reduced Access to Essential Services:</p> <ul style="list-style-type: none"> <li>Care packages are often constructed of different aspects such as home care/personal care, housing support, day care these will be reviewed holistically to ensure there is consideration of any consequential impacts.</li> <li>There may be cumulative impacts of various savings options on individual</li> </ul>
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			<p>service users, for example, one service user may be impacted by reductions in day service, increases in charging and reductions in support at home significantly impacting their daily life and potentially putting them at risk of harm. The impacts of this will be considered via a holistic review process and a method for recording such impacts established within the project plan.</p> <p><u>Area Deprivation</u></p> <p>Impact on Service Availability:</p> <ul style="list-style-type: none"> <li>• Changes affecting providers may make providers business plans unsustainable, and they could withdraw from Aberdeen City – market sustainability is important for the future.</li> <li>• Where chargeable services are cut there is reduced charging income, as charging is per assessed care/service type. Therefore, there is an impact on income to the IJB which is used to support expenditure in other essential service areas. At this point charges are not based on full cost recovery, therefore do not cover the full cost of a service. As such there remains a cost to ACHSCP which is not offset by as much when charges reduce.</li> </ul> <p><u>Socio-economic Background</u></p>
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			<p>Impact on Employment and Income:</p> <ul style="list-style-type: none"> <li>Unpaid carers may need to further increase their caring role to cover any reductions, which may put their caring role under further pressure, such as the sustainability of the caring role at home and affect paid employment.</li> <li>As social work staff are employed by ACC they are likely to be affected by the impact of 35-hour week being consulted upon as an ACC savings option. This in conjunction with planned reductions in staffing in line with the ACHSCP savings proposals could further limit the available capacity of staff within adult social work to carry out intensive reviews.</li> </ul>
Health Inequality	Yes	<ul style="list-style-type: none"> <li>Low literacy / Health Literacy</li> <li>Discrimination/stigma</li> <li>Health and Social Care Service Provision</li> </ul>	<p><u>Low Literacy / Health Literacy</u></p> <ul style="list-style-type: none"> <li>Complexity of Reassessment Process:</li> </ul>

		<ul style="list-style-type: none"> <li>Physical environment and local opportunities</li> </ul>	<p>The strategic approach to social care reviews and the aims of this budget savings proposals may be a complex issue to explain to those affected. Communication plans catered to specific needs of groups will be required to provide an overall understanding of the need for budget savings at a community level.</p> <p>On an individual level staff will continue to support people to participate in their own review or review of a cared for person. People will continue to be supported to participate where this may be challenging, such as using independent advocacy or accessible communication methods. It will be important to consider the impact of this on partner organisations who may face more demand for their support as a result of this process.</p> <p><u>Discrimination/Stigma</u></p> <ul style="list-style-type: none"> <li>Potential for Indirect Discrimination: Indirect discrimination refers to situations where a specific protected characteristic is impacted negatively by a policy or practice compared to other groups. In order to manage staff capacity to complete this budget process a phased approach will be taken. This will mean different client groups are within scope at different times which could lead to indirect discrimination.</li> </ul>
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			<ul style="list-style-type: none"> <li>• To mitigate this the process by which budget savings are progressed will adhere to legislative frameworks in place both in terms of Social Work (Scotland) Act 1968 and Social Care (self-directed support) (Scotland) Act 2013 and the ACHSCP commitment to implementing Getting it Right for Everyone (GIRFE) otherwise it is open to significant legal and reputational challenge</li> <li>• Impact on Vulnerable Groups: There may be cumulative impacts on individuals within vulnerable groups which will require to be monitored to assess impact.</li> </ul> <p><u>Health and Social Care Service Provision</u></p> <ul style="list-style-type: none"> <li>• Reduced Availability and Quality: The proposal aims to achieve budget savings by reviewing and potentially reducing existing care packages. There could be unintended impacts of providers leaving the market, leading to reduced availability of care. In order to balance financial changes to their provision, providers may be faced with the quality of social care services reducing.</li> <li>• Extended Waiting Lists: Potential that waiting list will extend significantly beyond their current timeframe Increased Carer Stress: Reassessment will produce no guarantee of</li> </ul>
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			<p>service/cost reduction in all cases. In many cases, especially where the service user has a progressive illness or condition the review will highlight additional unmet need and / or carer stress.</p> <p><u>Physical Environment and Local Opportunities</u></p> <ul style="list-style-type: none"> <li>• Impact on Housing and Living Conditions: Reduction in provision may lead to increases in other service types to compensate, such as carers support or further home care or even residential or 24/7 care needs.</li> <li>• Risk of Increased Hospital Admissions: There is a higher risk of hospital admission during a waiting list period. This is due to the potential of unmet needs adversely affecting a person's health, such as increased risk of falls. This time delay can impact on a person's ability to maintain other aspects of their health and wellbeing, and they may require increased types of care.</li> </ul>
Specific Groups	Yes	<ul style="list-style-type: none"> <li>• Carers: paid/unpaid, family members</li> <li>• Staff: full/part time; voluntary; delivering/accessing services</li> </ul>	<p>Carers: paid/unpaid, family members</p> <p>The impact on unpaid Carers has been highlighted throughout this IIA as there is significant intersectionality between the role of unpaid Carers and other potential areas of impact. Aberdeen City HSCP have a <a href="#">Carer strategy</a> in place which has been agreed by the IJB and reports annually on progress. Any potential negative impact on Carers arising</p>

			<p>from this budget proposal will require to be highlighted to the Carers Strategy Implementation Group (CSIG) as well as being monitored by the project group specifically working on this budget proposal.</p> <p><u>Staff: full/part time; voluntary; delivering/accessing services</u></p> <ul style="list-style-type: none"> <li>• Workforce Impacts: As social work staff are employed by ACC they are likely to be affected by the impact of 35-hour week currently being consulted upon. This in conjunction with planned reductions in staffing in line with the ACHSCP savings proposals could further limit the available capacity of staff within adult social work to carry out these reviews.</li> <li>• Increased Workload: Social work staffing is required to undertake reviews and there is limited capacity at present for this. A review team is in place in Older Adults and Physical disabilities which can support some of this work. Team members are being aligned to service providers to support efficiency and relationship building. However other teams will have to alter workloads to free up time. The phasing of reviews is as yet undetermined and therefore may require further capacity and increased timelines to enable completion.</li> </ul>
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			<ul style="list-style-type: none"> <li>Reputational Impacts: Any change to existing services could lead to an increased risk of complaints from members of the public and Councillor/MSP/MP Enquiries. As well as media enquiries and the potential increase in Freedom of Information requests. Social Work staff will require the support of the ACHSCP to carry out these reviews. Complaints and enquiries will require resource to respond to within already established timeframes (of which some are statutory duties).</li> </ul>
Human Rights	Yes	<ul style="list-style-type: none"> <li>Article 2: Right to life</li> <li>Article 8: Right to respect for private and family life, home and correspondence</li> <li>Article 14: The Right to No Discrimination</li> </ul>	<p><u>Article 2: Right to life</u></p> <p>Potential Impact on Health and Safety:</p> <ul style="list-style-type: none"> <li>Central to all reviews will be the expectation that service users are not put at unnecessary risk through the application of the eligibility criteria. Where need has been identified via assessment and meets the eligibility criteria support will be provided.</li> <li>There is a risk that the IJB, and the services that it directs and has operational oversight of, fails to meet the national, regulatory and local standards with regards to waiting lists and access to assessment. This may result in harm or risk of harm to people. Mitigation will be in place to respond to increases of need for those on the waiting lists.</li> </ul>

			<p><u>Article 8: Right to respect for private and family life, home and correspondence</u></p> <p>Impact on Service Users and Families:</p> <p>As has been highlighted in this IIA there are potential impacts on service users and families which may impact on individual family life. The Social Care (self-directed support) (Scotland) Act 2013 is underpinned by principles which aim to ensure that service users and families rights are protected including having an informed choice around what options are available to them (within the eligibility criteria), risk enablement and involvement within their local community. Social Work staff will continue to consider this as part of this budget proposal.</p> <p><u>Article 14: The Right to No Discrimination</u></p> <p>Impact on Vulnerable Groups:</p> <ul style="list-style-type: none"> <li>• These budget saving proposals, although affecting differing care groups, are all subject to the same eligibility criteria and other Social Work/Care processes, and therefore this template provides an overview applicable to all.</li> <li>• The ACHSCP has a duty to support Carers through the Carer (Scotland) Act 2014 and the local ACHSCP Carer Strategy.</li> <li>• As has been previously highlighted there is a risk that the proposal may lead to indirect discrimination</li> </ul>
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			disproportionately affecting older adults, individuals with disabilities and women, leading to potential discrimination in access to social care services. This will be closely monitored by the project group.
UNCRC	Yes	Provision - Article 3: best interests of the child provision and protection Provision - Article 23: children with a disability Provision - Article 24: health and health services Protection - Article 6: life, survival and development	<p><u>Unpaid Carer with Parental Responsibilities</u></p> <p>Unpaid parents or kinship Carers who provide care and support to children with additional support needs may need to further increase their caring role to cover any reductions, which may put their caring role under further pressure, such as the sustainability of the caring role at home and affect paid employment. The ACHSCP has a duty to support Carers through the Carer (Scotland) Act 2014 and the local ACHSCP Carer Strategy.</p> <p><u>Young People preparing to Transition</u></p> <p>As young people with additional support needs reach 18 years old they can be eligible for Adult Social Care services and are assessed using the existing Eligibility Criteria. As school leavers tend to require care from the point of leaving school, delay in assessment and commencement of care provision may destabilise unpaid care arrangements and increase needs that require to be addressed.</p> <p>There are key impacts of this on areas such as Adult Support and Protection; an increase in</p>

			<p>ASP concerns can be noted the longer the waiting list is in operation; increases in care costs – as time passes on a waiting list people's needs which could have been met with lower level and lower cost provision may rise and become more complex and more costly; there is also a noted higher risk of hospital admission during a waiting list period.</p> <p>Young people also have specific rights to access continuing care, therefore, to remain in existing care placements within their early adulthood. These care packages could not be subject to reductions without adversely impacting the young person's rights.</p>
Consumer Duty	No	There are no additional impacts with regard to the consumer duty not already highlighted within the impacts included at this stage	<p><u>It is recognised that those who receive support via social work would also be considered consumers as per the consumer duty. Eligibility criteria is used to ensure that support is directed appropriately at those who need it however self-directed support is the manner by which that support is delivered this includes the means to arrange care flexibly and choose how this is delivered which is in line with the ethos of the consumer duty.</u></p>

<b>Will there be any cumulative impacts between this policy or decision and others</b>	<b>Yes</b>	Yes, there are a number of Budget Savings Proposals which might cumulatively impact affected people.	<b>No</b>	
<b>Describe what this cumulative impact will be and include evidence mitigations in the sections below</b>	<p>The impact will be related to multiple reviews of care provision and a change in one area may adversely impact another, such as reduction in one care type meaning more of another is required. This impact also extends to Unpaid Carers as their support needs may increase whilst the cared for person's is reduced, meaning there are limited efficiencies made but use of significant levels of capacity and workforce. There is also an impact between Budget</p>			

	<p>Saving Proposals linked to charging for care services, reductions in care may mean the amount chargeable also changes and may reduce charges/income received by the organisation.</p> <p>Mitigations are to review the impacts of the Budget Savings Proposals in a co-ordinated manner and to ensure that a whole system view is taken. Reviews for individuals should be holistic in nature and account for any cumulative impacts or unintended consequences. These matters should then be reflected in project planning and reporting processes.</p>
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Please list below the groups of stakeholders to be engaged with or consulted, what feedback has been received and how this has influenced development of the policy or practice and what (if any) mitigating actions have been put in place.

Stakeholder Groups	Feedback Received	Influence on Policy or Practice/Mitigating Actions
Service Managers	Feedback directly incorporated into the IIA process	Continued engagement and involvement will be undertaken
Previous Consultation exercises	Relevant feedback incorporated into the IIA process	Continued consideration of how existing feedback can be utilised will be undertaken
Affected Individuals	Not undertaken at present, Persona's used in their place	Communication and engagement will require to be undertaken with service users to ensure they are informed of the overall approach being taken. The nature of this proposal means that all affected service users will receive an individual review which follows the expected process for social work review. Where normally this would be annually or as a result of a change in circumstances this review may be called in a more targeted manner, e.g. those who are accessing the same care provision may be reviewed within the same time period.
Unpaid Carers	Not undertaken at present, Persona's used in their place	Communication and engagement will require to be undertaken with Unpaid Carers to ensure they are informed of the overall approach being taken, on an individual level Carers will be involved in a similar manner as service users where and incorporated into the impact assessment.

Staff	Not undertaken at present	Engagement will require to be undertaken with Staff at soon as possible and incorporated into the impact assessment.
Providers	Not undertaken at present	Engagement will require to be undertaken with Providers at soon as possible and incorporated into the impact assessment.

### **Scottish Specific Public Sector Duties (SSPSED)**

#### Procured, Tendered or Commissioned Services

Is any part of this policy/service to be carried out wholly or partly by contactors and if so, how will equality, human rights including children's rights and the Fairer Scotland duties be addressed?

No part of this proposal will be carried out wholly or partly by contractors. However many of the services provided to individuals are delivered by third party care Providers, they are viewed as a stakeholder in this IIA process and will not be responsible for carrying out this proposal.

## ACHSCP Impact Assessment – Stage 4 – Review

<b>Name of Impact Assessment being reviewed</b>	
<b>Name of Officer completing review</b>	
<b>Date Review Commenced</b>	
<b>Reason for Review (scheduled or accelerated)</b>	Regular review will be undertaken as the proposals progress and impacts are felt by impacted people/groups, to ensure these are being accurately recorded. The frequency of this will be established within project planning.
<b>Reason for Accelerated Review</b>	
<b>Name of Lead Officer</b>	
<b>Date Review Completed</b>	

## Summary of Key Information

<b>What amendments have been identified to the original Impact Assessment?</b>	
<b>What evidence do you have for these amendments?</b>	
<b>What actions have you taken to review the policy or practice in light of the review?</b>	

Having considered all of the groups, duties and rights in the list at Appendix A of the Guidance on Impact Assessment has the impact of this policy or practice changed from the original assessment? Please answer Yes or No. If you answer Yes, please specify precisely what change has occurred and which particular group, duty or right it affects and how and also what (if any) current evidence you have.

	Yes/No	Details	Evidence
Protected Characteristics			
Fairer Scotland Duty			
Health Inequality			
Specific Groups			
Human Rights			
UNCRC			

<b>Will there be any cumulative impacts between this policy or decision and others</b>	<b>Yes</b>		<b>No</b>	
<b>Describe what this cumulative impact will be and include evidence mitigations in the sections below</b>				

Please list below the groups of stakeholders to be engaged with or consulted, what feedback has been received and how this has influenced development of the policy or practice and what (if any) mitigating actions have been put in place in light of the changes identified above.

Stakeholder Groups	Feedback Received	Influence on Policy or Practice/Mitigating Actions





## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	18 March 2025
<b>Report Title</b>	Medium Term Financial Forecast
<b>Report Number</b>	HSCP.25.024
<b>Lead Officer</b>	Chief Officer, Fiona Mitchelhill
<b>Report Author Details</b>	Amy McDonald, Chief Finance Officer Email Address: amymcdonald@aberdeencity.gov.uk
<b>Consultation Checklist Completed</b>	No
<b>Directions Required</b>	No
<b>Exempt</b>	No
<b>Appendices</b>	No
<b>Terms of Reference</b>	4) The approval of the Medium-Term Financial Forecast.

### Purpose of the Report

1.1. This report provides:

1.1.1. The estimated 4 year Medium Term Financial Forecast (MTFF).

### 1. Recommendations

1.1. It is recommended that the Integration Joint Board:

- (a) Approves the draft Medium Term Financial Forecast; and
- (b) Instructs the IJB Chief Finance Officer to refresh the Medium Term Financial Forecast following approval of the IJB Strategic Plan (2025-2029).



## INTEGRATION JOINT BOARD

### 2. Strategic Plan Context

- 2.1. The Strategic Plan (2025-29) is underpinned by the MTFF. Being able to look beyond the detailed budget for 2025/26 is crucial to support the IJB's future longer term financial sustainability.
- 2.2. The draft Strategic Plan is on the agenda for today's meeting seeking approval to consult on the document. It is proposed that the final draft of the Strategic Plan be considered by the IJB at its meeting scheduled for 1 July 2025. The draft Strategic Plan is considerate of the current financial challenges over the next 4 years.
- 2.3. This MTFF considers a growing demand for health and social care services where resources available to meet that demand are not increasing at the same rate. The draft Strategic Plan therefore sets out the intention first and foremost to transform service delivery to ensure demand can be met within resources stated within the MTFF.
- 2.4. The IJB remains committed to the prevention and early intervention agenda. This approach will help to manage future demand and will switch focus over the coming years enabling greater balance towards financial sustainability.
- 2.5. Achieving good health is impacted by many factors, for example, education and income, housing and living environment, social and community support. Inequality in these wider determinants has a direct impact on health and is a key feature of the draft Strategic Plan. The IJB will work with partners and the people of Aberdeen to improve the overall health and wellbeing of the population and to try to close the inequality gap.
- 2.6. The draft Strategic Plan relates to services delegated to, and hosted by, the IJB. It has been informed by a detailed analysis of current and emerging local, regional, and national factors affecting health and social care delivery. This includes factors such as statutory responsibilities; current performance towards delivering better outcomes; and feedback from engagement with stakeholders including staff, citizens, and our partner organisations. The purpose of the MTFF is to support the delivery of the outcomes of this work.



## INTEGRATION JOINT BOARD

### 3. The Medium Term Financial Forecast

3.1. The draft Medium Term Financial Forecast, shows the current financial model of budgeted expenditure over the next 4 years.

	2025/26 Budget £'000	2026/27 Budget £'000	2027/28 Budget £'000	2028/29 Budget £'000
<b>IJBudget and Medium Term Plan ACHSCP</b>				
Community Health Services	52,256	51,734	51,216	50,704
Aberdeen City share of Hosted Services (health)	31,746	31,746	31,746	31,746
Learning Disabilities	46,347	46,347	46,347	46,347
Mental Health and Addictions	30,406	30,406	30,406	30,406
Older People & Physical and Sensory Disabilities	113,097	111,669	109,906	107,794
Directorate	2,303	2,234	2,189	2,189
Criminal Justice	222	222	222	222
Housing	1,771	1,771	1,771	1,771
Primary Care Prescribing	49,970	50,720	51,480	52,253
Primary Care	46,845	46,845	46,845	46,845
Out of Area Treatments	2,860	2,860	2,860	2,860
Set Aside Budget	55,550	55,550	55,550	55,550
City Vaccinations	2,672	2,672	2,672	2,672
Transforming Health and Wellbeing	3,049	3,049	3,049	3,049
Uplift Funding	-	-	-	-
	<b>439,093</b>	437,823	436,259	434,407
IJBpositive funds		1,270	1,564	1,852
Partner contribution required	10,909	9,639	8,075	6,223
Likely partner contribution - subject to approval		6,487	6,487	6,487
Fundingto resolve		- 3,152	- 1,588	264

3.2. The model uses the same assumptions that have been used to determine the 2025/26 budget. It also assumes the following:

3.2.1. IJB normal partner funding uplift is received each year in relation to national income and will continue to increase by 3% annually;

3.2.2. Cost increases in each year are set at 3% for pay award and non-pay inflation, with the exception of prescribing, are assumed at 3%;

3.2.3. Prescribing pressures are assumed at 4.5% each year across the four years; and



## INTEGRATION JOINT BOARD

- 3.2.4. An assumption is made around future savings being, 1% for community health care and adult social care - not to the same level as in 2025/26. These savings will be driven from service enhancement and the introduction of further technology associated with continuous improvement activity.
- 3.3. In addition to financial assumptions changes to the City's demographic and current health are also considered:
- 3.3.1. Aberdeen is expected to see a rise in people over the age of 75, placing greater demands on frailty, the strengthening re-enablement services will help people live well for longer;
  - 3.3.2. Uptake of vaccinations in children under 24 months of age remains below the national average, preventative medication is key to future good health;
  - 3.3.3. Maintaining a clear health equalities agenda so every child's health and wellbeing is the same no matter where they live;
  - 3.3.4. Adult healthy life expectancy is declining, public health awareness promoting healthier lifestyles as part of the Local Outcome Improvement Plan;
  - 3.3.5. Continuing to reduce the serious consequences of alcohol and drug misuse; and
  - 3.3.6. Maintaining core essential health and care services people need.
- 3.4. Taking these factors into account the MTFF assumes that to reach breakeven budget each year it is likely additional payments will be required from partners in addition to further consideration of how the IJB infrastructure and service delivery can be changed to develop savings. If the IJB is successful in delivering it's annual plans and savings further partner annual contributions will reduce from 2028/29.
- 3.5. There is still a strong financial commitment being placed on partners to provide additional annual funding to the IJB. In return the IJB will continue to protect essential front line services.
- 3.6. The Aberdeen City Council budget recognised the financial pressures of the IJB by forecasting a forward commitment of additional annual funding of £2.500m. NHS Grampian has not yet approved their budget, additional



## INTEGRATION JOINT BOARD

funding of £3.987m will be requested from NHS Grampian giving the total additional £6.487m annual contribution.

- 3.7. The additional £6.487m contribution falls short of the IJB requirements in 2026/27 which will have a remaining budget deficit of £3.152m. In 2027/28 this deficit falls to £1.588m if the £3.152m of savings are made. If all savings are made the IJB will move closer to financial balance in 2028/29 but with the assumption that partners still contribute an additional £6.487m of funding per year.
- 3.8. These plans factor in the IJB starting to move towards a more sustainable delivery model. The first intended change is a greater use of technology, this will underpin health care delivery and also place a greater focus on the citizens. The use of this technology starts to build a more robust picture of citizen need allowing the IJB to concentrate on a robust prevention agenda and keeping people in Aberdeen in improved health leading to a lower burden of care. This progress is noted incrementally in the MTFF, slowly allowing the IJB to reduce costs as the health and care services reshape over this period.
- 3.9. The MTFF also assumes the current delivery model will start to change to reflect the increased emphasis on prevention. The drive for service efficiency will continue, partly dependent on securing investment for technology development - an invest to save funding bid has been submitted to Scottish Government to support this work. The draft Strategic Plan is consistent with this theme and brings opportunity to improve the future model of integrated health and care.
- 3.10. It is proposed that the MTFF is updated following the approval of the new IJB Strategic Plan (2025-2029) on 1 July 2025 to ensure continuing alignment across the two documents.
- 3.11. This will ensure the IJB has a financial model which continues to align to the future direction of the ACHSCP. This model can also consider how investment in the technology required to underpin a strong preventative health and care system can be funded and further map out the full benefits this could bring.



## INTEGRATION JOINT BOARD

- 3.12. This MTFF also highlights the requirement for further detailed planning work to be undertaken for 2026/27 and 2027/28. When the MTFF is refreshed further changes aligned to the new Strategic Plan will be considered as part of the financial planning process. It is important the IJB are aware of the future financial projections and how the forecast budget deficits can be addressed.

### 4. MTFF Strategic Financial Risk

- 4.1. **Planning assumptions** are based on estimations which are stated in the document, there is a risk these change over time. These assumptions are consistent with those used to create the 2025/26 budget and the associated risks.
- 4.2. **Population demographics** are expected to remain broadly consistent with current predictions.
- 4.3. **The base budget** used assumes the delivery of £14.354m savings in 2025/26. This work underpins the MTFF.
- 4.4. **Additional funding** has been assumed from partners, due to the widespread pressure on public finances it will be important to continue to work closely with Aberdeen City Council and NHS Grampian over coming years. The IJB are conscious of the budget demands both organisations continue to manage.

### 5. Implications for IJB

#### 5.1. Equalities, Fairer Scotland and Health Inequality

There are no direct equalities implications from this report however there will be an equality impact assessment completed as required for all budget savings and future projects as these are brought forward.



## INTEGRATION JOINT BOARD

### 5.2. **Financial**

Financial implications are noted in the report. The IJB will move towards financial stability over the next 4 years.

### 5.3. **Workforce**

There are no direct implications as a result of this report.

### 5.4. **Legal**

The Public Bodies (Joint Working) (Scotland) Act 2014 requires the IJB to publish an annual financial statement which relates to the amount it intends to spend in furtherance of its Strategic Plan. Statutory Guidance on Strategic Planning mandates that the IJBs Strategic Plan should incorporate a medium term financial plan for the resources. This report sets out the draft MTFF for consideration in respect of that requirement,

### 5.5. **Unpaid Carers**

There are no direct implications as a result of this report.

### 5.6. **Information Governance**

There are no direct implications as a result of this report

### 5.7. **Environmental Impacts**

There are no direct implications as a result of this report

### 5.8. **Sustainability**

There are no direct implications as a result of this report.

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## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	18 March 2025
<b>Report Title</b>	Grant funding for Voluntary Organisations
<b>Report Number</b>	HSCP.25.021
<b>Lead Officer</b>	Shona Omand-Smith
<b>Report Author Details</b>	Name: Shona Omand-Smith Job Title: Commissioning Lead Email Address: SOmandSmith@aberdeencity.gov.uk
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	Yes
<b>Exempt</b>	No
<b>Appendices</b>	A. Business case B. Directions C. IIA D. Service Review
<b>Terms of Reference</b>	1).The IJB shall consider the following; Any other matter that the Chief Officer determines appropriate to report to the IJB.

### 1. Purpose of the Report

- 1.1. This report seeks to provide the Integration Joint Board (IJB) with information to make an informed decision on the funding of grants.

### 2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:

- a) Approves the expenditure for the funding of voluntary organisations as detailed in the business case in Appendix A of this report;



## INTEGRATION JOINT BOARD

- b) Agrees to no longer provide grant funding to Scottish Care and
- c) Makes a direction in Appendix B to Aberdeen City Council and instructs the Chief Officer to issue that Direction to Aberdeen City Council.

### 3. Strategic Plan Context

- 3.1. The Vision and values of the Aberdeen City Health and Social Care Partnership (ACHSCP) as detailed in the draft Strategic Plan for 2025-2029 (also on today's agenda) is to 'Empower communities to achieve fulfilling and healthy lives' which will be delivered through our values of taking a HOPE approach, Honesty, Empathy, Respect and Equity.
- 3.2. The proposed strategic aims and priorities of ACHSCP detail two strategic aims: Shifting our focus towards prevention and early intervention and modernising the approach to service delivery. These aims ensure we are working with people and communities to ensure decisions are made together and that services can be delivered to ensure that the citizens we serve have access to the right care, at the right time and in the right way.

### 4. Summary of Key Information

- 4.1. At the meeting of the IJB on 31 January 2023, the IJB approved grant funding for the following:
  - Third sector interface
  - Independent sector lead
  - Four counselling services
  - Transport booking service
  - Transport service
  - Service for sensory impairment

All services have been receiving rolling grant funding for several years, following approval by the IJB, the funding has been available from 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2025.

A review of the counselling services was presented to the ACHSCP Strategic Commissioning and Procurement Board (SCPB) in October 2024 outlined the benefits the counselling services bring to the citizens of Aberdeen, see Appendix A, and how they support the delivery of the IJB Strategic Plan. The findings of the review are very much considered to remain relevant and aligned to the draft Strategic Plan 2025-2029.



## INTEGRATION JOINT BOARD

Transport to Healthcare Information Centre (THInC) provides a booking service for over 400 journeys to enable people who would otherwise not be able to attend health and social care appointments. This is due, mainly, to their disabilities. With a reduction in disability accessible taxis there is even more demand on the Dial-a-bus service.

ACVO's strategic aims outline their commitment to championing the voices of the third sector, building organisational resilience and promoting sustainable practices across the city. These aims are closely aligned to the refreshed Vision and values of ACHSCP as detailed in the draft Strategic Plan for 2025-2029. ACVO will be a key partner in driving the strategic priorities and ensuring that third sector are engaged at all levels of the delivery of the strategic priorities.

The money provided by IJB, over the period from April 2023 until March 2025, was to enable Scottish Care to support the further development and embedding of Integration between the independent sector and ACHSCP. This work has now concluded so the funding is no longer considered to be required. Scottish Care is a membership organisation and as such have an elected board member to represent the Aberdeen City members voices at the Scottish Care national board so the removal of this funding will not prevent members from being represented at the Scottish Care Board. This support and representation of the sector will be maintained through their membership arrangements.

### 5. Implications for IJB

The award of these grants will help to ensure the essential front-line services are maintained and the providers will support the ACHSCP in the delivery of the Strategic Plan for 2025 onwards.

#### 5.1. Equalities, Fairer Scotland and Health Inequality

As with all public bodies, the IJB has duties under the Equality Act 2010. Public Bodies such as the IJB must, when making decisions of a strategic nature about how to exercise its functions, have due regard to the need to eliminate conduct prohibited by the act, advance equality of opportunity, and foster good relations.

An Integrated Impact Assessment (IIA) has been completed and is attached to this report as Appendix C. There are no direct implications arising from the recommendations in this report.



## INTEGRATION JOINT BOARD

### 5.2. Financial

ACHSCP, like all other HSCP's are facing significant financial challenges to come in line with budget. Providers, similarly, are also facing financial challenges to remain buoyant. The approval of the grants specified in Appendix A of this report, will ensure that the services highlighted will continue for the next three years.

### 5.3. Workforce

There will be no direct implications arising from the recommendations in this report.

### 5.4. Legal

There are no direct legal implications arising from the recommendations of this report.

### 5.5. Unpaid Carers

There is no adverse effect for unpaid carers. If the recommendations in this report are approved, unpaid carers will continue to be supported in their role.

### 5.6. Information Governance

There are no direct information governance implications arising from the recommendations of this report.

### 5.7. Environmental Impacts

There are no direct environmental implications arising from the recommendations of this report.

### 5.8. Sustainability

There are no direct sustainability impacts.

## 6. Management of Risk



## INTEGRATION JOINT BOARD

### 6.1. Identified risks(s)

As detailed in the IJB Risk Appetite Statement, the IJB accept low risks of harm to patients/ clients or to staff. By low risks, the IJB mean it will only accept low risks to patients/ Clients or staff when the comparative risk of doing nothing is higher than the risk of intervention.


There is a risk that the service delivery is not able to meet the demand of the population and the people will have to remain on waiting lists for a period of time. ACHSCP will work with the providers to reshape the services for the future.

### 6.2. Link to risks on strategic or operational risk register:

The risks identified link to the risks identified under risk 1 of the strategic risk register which detail the risks associated with Commissioned services and primary care.

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## PROCUREMENT BUSINESS CASE

	For proposed procurements where the total estimated expenditure exceeds £50,000 (supplies/services) or £250,000 (works)
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<b>Procurement / Contract Title and start date</b>	Grant funding for Voluntary organisations, 1 <sup>st</sup> April 2025		
<b>Procurement Ref No.</b>	TBC		
<b>Current contract in place?</b>	Yes. There is currently an agreement in place for the above service until 31 <sup>st</sup> March 2025		
<b>Function</b>	Aberdeen City Health and Social Care Partnership (ACHSCP)	<b>Cluster</b>	Social Care Commissioning
<b>Lead Officer</b>	Shona Omand-Smith, Commissioning Lead, Aberdeen City Health & Social Care Partnership (ACH&SCP)	<b>Date prepared:</b>	3 <sup>rd</sup> March 2025
<b>Business Case Author</b>	Shona Omand-Smith, Commissioning Lead		

### 1. Recommendation

A request is made to Aberdeen City Integration Joint Board (IJB) to approve three year grant funding with up to 3% annual inflationary uplifts.

It is recommended that the IJB:

- a. approves the expenditure of up to £1,354,252 to provide grant funding to four counselling services, THiNC Transport and Aberdeen Council of Voluntary Organisations (ACVO) as detailed in the directions in appendix C.
- b. agrees to no longer provide grant funding to Scottish Care,
- c. makes the direction as attached at appendix C and instructs the Chief Officer to issue the direction to Aberdeen City Council (ACC) to award the grant for the services.

Grant funding arrangements have been in place for several years for four counselling services, a transport service and booking service, ACVO and Grampian Society for the blind.

There is increased need for counselling services across the city due to the increasing pressure on individuals and families owing to, in part, the increase in the cost of living. These services have been identified as essential front line services and require grant funding to ensure that the service they provide can be maintained and delivered to the people who need support. Some of the people these services support are some of the most vulnerable people in the city.

Transport to Healthcare Information Centre (THiNC) provide a booking service for over 400 journeys to enable people who would otherwise not be able to attend health and social care appointments. This

is due, mainly, to their disabilities. With a reduction in disability accessible taxis there is even more demand on the Dial-a-bus service.

ACVO's are the third sector interface for Aberdeen City's voluntary organisations. Their strategic aims outline their commitment to championing the voices of the third sector, building organisational resilience and promoting sustainable practices across the city. These aims are closely aligned to the refreshed Vision and Values of the HSCP as detailed in the, at time of writing, yet to be approved, Strategic Plan for 2025-2029. The proposed ACHSCP vision is to '*empower communities to achieve fulfilling and healthy lives*' with our values detailing how we will deliver on the vision of taking a HOPE approach, *Honesty, Empathy, Respect and Equity*. The strategic aims and priorities of ACHSCP which detail two strategic aims: *Shifting our focus towards prevention and early intervention and the Modernising the approach to service delivery*. ACVO will be a key partner in driving the strategic priorities and ensuring that third sector are engaged at all levels of the delivery of the strategic priorities, aims, visions and work with the HSCP to uphold their values.

The money provided by IJB, over the period from April 2023 until March 2025, was to enable Scottish Care to support the further development and embedding of Integration between the independent sector and ACHSCP, this work has now concluded so the funding is no longer required. Scottish Care is a membership organisation and as such have an elected board member to represent the members voices. This support and representation of the sector will be maintained through their membership arrangements.

It is therefore proposed that the following awards are approved for the next three years:

<b>Provider/ service</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>
ACIS	167,164	172,179	177,344
Avenue Confidential	16,083	16,566	17,063
Grampian Rape Crisis	16,391	16,883	17,390
Cairns Counselling	29,115	29,988	30,888
THInC booking service	28,723	29,584	30,472
Buchan Dial-a-bus	79,568	81,955	84,413
ACVO	87,418	90,041	92,742
Grampian Society for the Blind	13,679	14,090	14,513
<b>Total</b>	<b>438,141</b>	<b>451,286</b>	<b>464,825</b>
<b>Total value for 3 years</b>			<b>1,354,252</b>

**Compare significantly:**

Is the spend from a national or regional framework and if not, what is the justification for the spend to be off contract?

There is no national or regional framework from which services can be purchased.

There is evidence from the current use of these services that there is a real and growing need for these services to continue through grant funding.



<p><u>Gateway 2:</u> Is this spend connected with an identified budget option/service redesign? If not what is the justification for the contract?</p>	<p>The budget for THinC and Buchan Dial-a-bus is aligned to the Strategy &amp; Transformation team (budget code S57314 6111) and the budget for counselling grants (ACIS, Avenue, Grampian Rape Crisis and Cairns Counselling is aligned to the Directorate (budget code S64190 and account codes 65111 and 68166). The grant budget for ACVO is sitting in the Directorate (budget code S64190 68166) The budget aligned to Grampian Society for the blind is (budget code S58410 and account code 68166).</p> <p>There is ongoing work to explore how counselling services could operate in a more joined up way to reduce costs and promote efficiencies to ensure best value.</p>
<p><u>Gateway 3:</u> Does the spend support outcomes associated with the LOIP and/or the Council's associated commissioning intentions?</p>	<p>The services delivered under these contracts relate directly to the following:</p> <p>LOIP Key Driver 11.1: "Supporting vulnerable and disadvantaged people, families, and groups.</p> <p>ACH&amp;SCP Strategic Plan 2025-2029</p> <p>Personalisation: Provide the right care in the right place at the right time</p>
<p><u>Gateway 4:</u> Have officers concluded all processes to avoid the demand associated with the external spend?</p>	<p>All processes have been concluded and there is a will to continue with this grant funding.</p> <p>One of the main strategic objectives of the ACHSCP is to increase the proportion of the total care and support commissioned by the ACHSCP to be delivered in the community rather than hospitals and other secondary care settings (Shifting the Balance of Care).</p>
<p><u>Gateway 5:</u> Are the performance measures to assess the impact of the associated external spend robust and appropriate?</p>	<p>Annual income and expenditure accounts, and a recent statement of cash balance will be made available and will be approved by a person independent of the day-to-day operational running of the organisation.</p> <p>Scheduled progress reports and meetings will be held with each provider and a member of the Social Care Contracts team to measure the performance and progress of the programmes of work.</p> <p>An annual report will be submitted detailing the measurements against the performance which will be presented to the Strategic Commissioning and Procurement Board in 2026.</p>
<p><u>Gateway 6:</u> Are the managerial and governance reporting arrangements against these performance measures robust and appropriate?</p>	<p>There is a formal annual review of the services, which will entail a review of progress against each of the key milestones and how this will be delivered over in the coming three months.</p> <p>There are scheduled meetings between the providers and the social care contracts team as well as an annual report which is presented to the Strategic Commissioning and Procurement Board.</p>
<p><b>2. Risk</b></p>	
<p>What risks are associated with this procurement?</p>	<p>Not proceeding with these grants would mean that those currently being supported by the service would lose provision and the ACHSCP would be at risk of not being able to meet strategic outcomes, in particular:</p> <ul style="list-style-type: none"> <li>• Explore opportunities for working with those on waiting lists to help support them while they wait, or divert them from the list</li> <li>• Develop and implement a volunteer protocol and pathway with a view to growing and valuing volunteering within the health and social care system</li> <li>• Continue to support initiatives supporting staff health and wellbeing</li> </ul>

	<ul style="list-style-type: none"> <li>• Seek to expand the use of Technology Enabled Care (TEC) throughout Aberdeen</li> </ul>
<b>3. Consultation</b>	
	There will be consultation with people who use the services as part of the ongoing support and management of the grants as per Following the Public Pound guidance on managing grants.
<b>4. Legal</b>	
Does the proposal comply with all relevant legal provisions?	<p>The provision of a grant to these providers will enable them to further develop the aims of their organisations in supporting the sector to grow and engage in specific pieces of work in line with the ACHSCP Strategic plan.</p> <p>The following is from Aberdeen City Council's Procurement Regulations (June 2023):  <b>8.3 Grants</b></p> <p>8.3.1 The award of grants is a means by which the Council provides subsidies or funding to external bodies (including individuals, businesses and third sector organisations) to further the aims of those external bodies. Grants must not be used to procure supplies, services, or works which the Council would otherwise have to procure in accordance with these Procurement Regulations.</p> <p>8.3.2 Whilst an award of a grant by the Council may not be subject to these Procurement Regulations, it is essential that the Council's procedures on Following the Public Pound are considered.</p> <p>8.3.4 Purchase of supplies, services, or works in relation to grant funding awarded to the Council will be carried out in accordance with the provisions within these Procurement Regulations, as per the values within Regulation 4.1.</p> <p><b>4.1.1.5 Expenditure Approved by the Integrated Joint Board</b></p> <p>Notwithstanding Procurement Regulation 4.1.1.2, the Director of Commissioning can approve (or nominate a person as having authority to approve) any procurement or contract, as a result of a Direction from the Integration Joint Board to the Council and/or a relevant business case, where the Contract Value of the contract is above £50,000 (supplies/services) or £250,000 (works) or £4.5m (concessions), subject to the approval of the Chief Officer – Finance and the Head of Commercial and Procurement without the need for the approval of any other Committee</p>
<b>5. Finance</b>	
Budget including all revenue and on costs	Agreed contract value
Budget Type	<input checked="" type="checkbox"/> Revenue <input type="checkbox"/> Capital <input type="checkbox"/> Common Good
Budget Code(s)	S57314 65111 S64190 65111
Estimated Spend	£1,362,904
Reviewed by	Finance Officer:
Is budget sufficient for procurement?	Yes

6. Governance	
Health Inequalities Impact Assessment (HIIA)	Impact assessment ongoing by Service (ACHSCP)
Approved by Director / Chief Officer	Name: Fiona Mitchelhill Date: 06/03/2025
Approved by Legal:	Name: Jess Anderson & Stephen Inglis Date: 06/03/2025
Approved by Finance:	Name: Amy McDonald Date: 07/03/2025
Approved by Commercial and Procurement:	Name: Neil Stephenson Date: 10/03/2025
Discussed at Strategic Commissioning Programme Board	Date: No SCPB meeting has been held within the timeframe of the completion of this report
Presented to IJB:	Date: 18/03/2025

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## INTEGRATION JOINT BOARD

### DIRECTION

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

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The **ABERDEEN CITY COUNCIL** hereby directed to deliver for the Aberdeen City Integration Joint Board, the services noted below in pursuance of the functions noted below, for the time period noted below and within the associated budget noted below.

Services will be provided in line with the Board's Strategic Plan and existing operational arrangements for the duration of this Direction pending it being varied, revoked or superseded by a later Direction in respect of the same functions.

This Direction relates to the following integrated health and social care function as noted in the Integration Scheme: **Commissioned Social Care Services**

This Direction Supersedes a Previous Direction. This direction replaces the following direction: Grant Funding to voluntary organisations HSCP.19.073 IJB 19119 and Grant to Independents HSCP.20.002 IJB 090620 which was approved on 31<sup>st</sup> January 2023.

Approval was received in relation to this Direction from IJB at its meeting on:- **18<sup>th</sup> March 2025**

The IJB Report Number and Title relevant to this Direction is **HSCP.25.021, Grants Funding for Voluntary Organisations**.

The Aberdeen City Integration Joint Board directs **ABERDEEN CITY COUNCIL** to **make a direct award of grant funding** for a ACIS, Avenue Confidential, Grampian Rape Crisis, Cairns Counselling, ThinC booking service, Buchan Dial-a-bus, ACVO and Grampian Society for the Blind for a period of **three years**, as detailed in the Grant Funding to Voluntary Organisations report (including Appendices C and D of the report). The relevant Business Case for this procurement exercise is detailed in Appendix C of the HSCP.25.021 Grant Funding to Voluntary Organisations report (Procurement Ref No. TCB).

Description of services/functions to which this Direction is relevant (as they appear in the Integration Scheme):- **Commissioned Social Care Services**

**Link to Strategic Aim or Priority in the IJB's Strategic Plan;**

Integration Scheme: Annex 2, Part 2 – Support services.

Prior to sending this direction, please attach a copy of the draft IJB minutes, original report and the completed consultation checklist.

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All social care contracts are commissioned under the eight Ethical Commissioning Principles: person centred care first; full involvement of people with lived experience; high quality care; human rights approach; Fair working practices; financial transparency and commercial viability; climate and circular economy; and shared accountability.

**Timescale of this Direction:-**

Start date:- 01/04/2025

End date:- 31/03/2028

**Associated Budget in relation to this Direction:-**

- Value £1,354,252, which is broken down on the Business Case, see Appendix B
- Budget line: The budget for THinC and Buchan Dial-a-bus is aligned to the Strategy & Transformation team (budget code S57314 6111) and the budget for counselling grants (ACIS, Avenue, Grampian Rape Crisis and Cairns Counselling is aligned to the Directorate (budget code S64190 and account codes 65111 and 68166). The grant budget for ACVO is sitting in the Directorate (budget code S64190 68166) The budget aligned to Grampian Society for the blind is (budget code S58410 and account code 68166).
- The budget holders for the strategy and transformation team and the directorate have approved this spend.

Prior to sending this direction, please attach a copy of the draft IJB minutes, original report and the completed consultation checklist.



## Areas for Consideration of Impact

## APPENDIX A

### Protected Characteristics

<b>Age:</b> older people; middle years; early years; children and young people.
<b>Disability:</b> physical impairments; learning disability; sensory impairment; mental health conditions; long-term medical conditions.
<b>Gender Reassignment:</b> people undergoing gender reassignment
<b>Marriage &amp; Civil Partnership:</b> people who are married, unmarried or in a civil partnership.
<b>Pregnancy and Maternity:</b> women before and after childbirth; breastfeeding.
<b>Race and ethnicity:</b> minority ethnic people; non-English speakers; gypsies/travellers; migrant workers.
<b>Religion and belief:</b> people with different religions or beliefs, or none.
<b>Sex:</b> men; women; experience of gender-based violence.
<b>Sexual orientation:</b> lesbian; gay; bisexual; heterosexual.

### Fairer Scotland Duty

<b>Low income</b> – those who cannot afford regular bills, food, clothing payments
<b>Low Wealth</b> – those who can meet basic living costs but have no savings for unexpected spend or provision for the future.
<b>Material Deprivation</b> – those who cannot access basic goods and services, unable to repair/replace broken electrical goods, heat their homes or access to leisure or hobbies
<b>Area of Deprivation/Communities of Place</b> - consider where people live and where they work (accessibility and cost of transport)
<b>Socio-Economic Background</b> - social class, parents' education, employment, income.

### Health Inequality (those not already covered in the Fairer Scotland Duty)

<b>Low literacy / Health Literacy</b> includes poor understanding of health and health services (health literacy) as well as poor written language skills.
<b>Discrimination/stigma</b> – negative attitudes or treatment based on stereotyping. Discrimination can be direct or indirect and includes harassment and victimisation.
<b>Health and Social Care Service Provision</b> - availability, and quality/affordability and the ability to navigate accessing these.
<b>Physical environment and local opportunities</b> - availability and accessibility of housing, transport, healthy food, leisure activities, green spaces, air quality and housing/living conditions, exposure to pollutants, safety of neighbourhoods, exposure to crime, transmission of infection, tobacco, alcohol and substance use.

<b>Education and learning</b> - availability and accessibility to quality education, affordability of further education, Early Years development, readiness for school, literacy and numeracy levels, qualifications.
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## Human Rights (note only the relevant ones are included below)

<b>Article 2 - The right to life</b> (absolute right) – everyone has the right to life, liberty and security of person which includes access to basic necessities and protection from risks to their life from self or others.
<b>Article 3 - The right not to be tortured or treated in an inhuman or degrading way</b> (absolute right) - which includes anything that causes fear, humiliation intense physical or mental suffering or anguish.
<b>Article 5 - The right to liberty</b> (limited right) – and not to be deprived of that liberty in an arbitrary fashion.
<b>Article 6 - The right to a fair trial</b> (limited right) – including the right to be heard and offered effective participation in any proceedings.
<b>Article 8 - The right to respect for private and family life, home and correspondence</b> (qualified right) – including the right to personal choice, accessible information and communication, and participation in decision-making (taking into account the legal capacity for decision-making).
<b>Article 9 - The right to freedom of thought, belief and religion</b> (qualified right) - including conduct central to beliefs (such as worship, appropriate diet, dress etc.)
<b>Article 10 - The right to freedom of expression</b> (qualified right) – to hold and express opinions, received/impart information and ideas without interference
<b>Article 14 - The right to no discrimination</b> – not to be treated in a different way compared with someone else in a similar situation. Indirect discrimination happens when someone is treated in the same way as others that does not take into account that person's different situation. An action or decision will only be considered discriminatory if the distinction in treatment cannot be reasonably and objectively justified.

## UNCRC

<b>Article 2</b> non-discrimination	<b>Article 15</b> freedom of association	<b>Article 30</b> children from minority or indigenous groups
<b>Article 3</b> best interests of the child	<b>Article 16</b> right to privacy	<b>Article 31</b> leisure, play and culture
<b>Article 4</b> implementation of the convention	<b>Article 17</b> access to information from the media	<b>Article 32</b> child labour
<b>Article 5</b> parental guidance and a child's evolving capacities	<b>Article 18</b> parental responsibilities and state assistance	<b>Article 33</b> drug abuse
<b>Article 6</b> life, survival and development	<b>Article 19</b> protection from violence, abuse and neglect	<b>Article 34</b> sexual exploitation
<b>Article 7</b>	<b>Article 20</b>	<b>Article 35</b>



Birth, registration, name, nationality, care	children unable to live with their family	abduction, sale and trafficking
<b>Article 8</b> protection and preservation of identity	<b>Article 22</b> refugee children	<b>Article 36</b> other forms of exploitation
<b>Article 9</b> separation from parents	<b>Article 23</b> children with a disability	<b>Article 37</b> inhumane treatment and detention
<b>Article 10</b> family reunification	<b>Article 24</b> health and health services	<b>Article 38</b> war and armed conflicts
<b>Article 11</b> abduction and non-return of children	<b>Article 25</b> review of treatment in care	<b>Article 39</b> recovery from trauma and reintegration
<b>Article 12</b> respect for the views of the child	<b>Article 26</b> Benefit from social security	<b>Article 40</b> juvenile justice
<b>Article 13</b> freedom of expression	<b>Article 27</b> adequate standard of living	<b>Article 42</b> knowledge of rights
<b>Article 14</b> freedom of thought, belief and religion	<b>Article 28</b> right to education	

### Specific groups and duties

<b>Looked after (incl. accommodated) children and young people</b>
<b>Carers:</b> paid/unpaid, family members.
<b>Homelessness:</b> people on the street; staying temporarily with friends/family; in hostels, B&Bs.
<b>Involvement in the criminal justice system:</b> offenders in prison/on probation, ex-offenders.
<b>Addictions and substance misuse</b>
<b>Refugees and asylum seekers</b>
<b>Staff:</b> full/part time; voluntary; delivering/accessing services.
<b>Consumer Duty</b>
<b>Armed Forces Covenant</b>

## APPENDIX B

### ACHSCP Impact Assessment – Stage 1 – Proportionality and Relevance

<b>Name of Policy or Practice being developed</b>	Proposal to remove funding for one provider who are currently receiving grant funding.
<b>Name of Officer completing Proportionality and Relevance Questionnaire</b>	Shona Omand-Smith
<b>Date of Completion</b>	03.03.2025
<b>What is the aim to be achieved by the policy or practice and is it legitimate?</b>	To assess the impact of removal of funding for providers who support the independent sector providers across Aberdeen
<b>What are the means to be used to achieve the aim and are they appropriate and necessary?</b>	To review the function of the role/ team and the impact the removal of funding will have on the sector. This will be done through engagement with the sector and the independent sector lead.
<b>If the policy or practice has a neutral or positive impact please describe it here.</b>	
<b>Is an Integrated Impact Assessment required for this policy or decision (Yes/No)</b> <i>Note – if multiple assessments are required please complete a separate template for each of these and embed them in the section below ‘Rationale for Decision’ with a brief supporting narrative. This will ensure all relevant assessments are connected regardless of the stage they are at in the process.</i>	No, an impact assessment is not required.
<b>Rationale for Decision</b> <b>NB: consider: -</b> <ul style="list-style-type: none"> <li>• How many people is the proposal likely to affect?</li> <li>• Have any obvious negative impacts been identified?</li> <li>• How significant are these impacts?</li> <li>• Do they relate to an area where there are known inequalities?</li> <li>• Why are a person’s rights being restricted?</li> <li>• What is the problem being addressed and will the restriction lead to a reduction in the problem?</li> </ul>	<p>There are three part time members of staff who are supported via the grant funding.</p> <p>Scottish Care is a membership organisation and as such have an elected board member to represent the members voices. This support and representation of the sector will be maintained through their membership arrangements.</p> <p>The independent sector lead; partners for integration, is funded via grant funding. The lead works with the partnership to ensure that there is joining up between the partnership and the independent providers to ensure that we are working in a truly integrated way.</p> <p>With the removal of the funding there is no direct impact on any people or groups from any of the protected characteristic groups.</p>

<ul style="list-style-type: none"> <li>• Does the restriction involve a blanket policy, or does it allow for different cases to be treated differently?</li> <li>• Are there existing safeguards that mitigate the restriction?</li> </ul>	
Decision of Reviewer	
Name of Reviewer	
Date	

## APPENDIX C

### ACHSCP Impact Assessment – Stage 2 – Impact Assessment

Description of Policy or Practice being developed including intended aim.	
Is this a new or existing policy or practice?	
Name of Officer Completing Impact Assessment	
Date Impact Assessment Started	
Name of Lead Officer	
Date Impact Assessment approved	

### Summary of Key Information

Groups or rights impacted.	
Feedback from consultation and engagement and how this informed development of the policy or practice	
Performance Measures identified, where these will be reported and how impact will be monitored.	

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## Review

<b>Date the Impact will be reviewed</b>	
<b>Rationale for Date</b>	

Having considered all of the groups, duties and rights in the list at Appendix A of the Guidance on Impact Assessment could this policy or practice have a negative impact on any of the following. Please answer Yes or No. If you answer Yes, please specify precisely which particular group, duty or right will be impacted and how and also what (if any) current evidence you have.

	Yes/No	Details	Evidence
Protected Characteristics			
Fairer Scotland Duty			
Health Inequality			
Specific Groups			
Human Rights			
UNCRC			

<b>Will there be any cumulative impacts between this policy or decision and others</b>	<b>Yes</b>		<b>No</b>	
<b>Describe what this cumulative impact will be and include evidence mitigations in the sections below</b>				

Please list below the groups of stakeholders to be engaged with or consulted, what feedback has been received and how this has influenced development of the policy or practice and what (if any) mitigating actions have been put in place.

Stakeholder Groups	Feedback Received	Influence on Policy or Practice/Mitigating Actions

### **Scottish Specific Public Sector Duties (SSPSED)**

#### Procured, Tendered or Commissioned Services

Is any part of this policy/service to be carried out wholly or partly by contactors and if so, how will equality, human rights including children's rights and the Fairer Scotland duties be addressed?

## ACHSCP Impact Assessment – Stage 4 – Review

<b>Name of Impact Assessment being reviewed</b>	
<b>Name of Officer completing review</b>	
<b>Date Review Commenced</b>	
<b>Reason for Review (scheduled or accelerated)</b>	
<b>Reason for Accelerated Review</b>	
<b>Name of Lead Officer</b>	
<b>Date Review Completed</b>	

## Summary of Key Information

<b>What amendments have been identified to the original Impact Assessment?</b>	
<b>What evidence do you have for these amendments?</b>	
<b>What actions have you taken to review the policy or practice in light of the review?</b>	

Having considered all of the groups, duties and rights in the list at Appendix A of the Guidance on Impact Assessment has the impact of this policy or practice changed from the original assessment? Please answer Yes or No. If you answer Yes, please specify precisely what change has occurred and which particular group, duty or right it affects and how and also what (if any) current evidence you have.

	Yes/No	Details	Evidence
Protected Characteristics			
Fairer Scotland Duty			
Health Inequality			
Specific Groups			
Human Rights			
UNCRC			

<b>Will there be any cumulative impacts between this policy or decision and others</b>	<b>Yes</b>		<b>No</b>	
<b>Describe what this cumulative impact will be and include evidence mitigations in the sections below</b>				

Please list below the groups of stakeholders to be engaged with or consulted, what feedback has been received and how this has influenced development of the policy or practice and what (if any) mitigating actions have been put in place in light of the changes identified above.

Stakeholder Groups	Feedback Received	Influence on Policy or Practice/Mitigating Actions



## **Grant Service Review 2024/25**

## Service Review Report

### Introduction and background

Aberdeen City Health and Social Care Partnership identified in their strategic plan 2022-2025 there had been a 43% increase in the number of Aberdeen residents referred to mental health services. This provided strong evidence that Aberdeen residents were struggling more with everyday living. As a result, grant funding was awarded to support four local counselling services to provide services to individuals within the city. These services were:

- ACIS-Mental Health
- Avenue
- Grampian Rape Crisis
- Cairn Counselling

Each provider has been supporting individuals within Aberdeen City with poor mental health.

In recent times it has been identified that Aberdeen City has over 100 counselling services. This has led to a service review of the current grants that have been awarded to ascertain they continue to provide the high level of support required.

### Objectives

1. To review current service in line with ethical commissioning principles (person-centred care; human rights approach; full involvement of people with lived experience; fair work first; high quality care; climate and circular economy; financial transparency; and shared accountability)
2. To determine the strategic relevance of the service(s)
3. To inform future commissioning

### Methodology

To establish each provider was supporting the people within Aberdeen who suffer from mental health issues, I set up meetings via teams with each provider. A teams invite was sent out to each provider on the 11<sup>th</sup> April 2024, inviting provider to meet on various days between the 2<sup>nd</sup> May 2024 with the final meeting taking place on the 15<sup>th</sup> May 2024. Following the meeting any information that was requested was provided and receiving the information took until the 2<sup>nd</sup> of June 2024. I had a set question list for each provider to ensure fairness and that each provider had the same opportunity to respond. I also requested information regarding referral numbers, supporting evidence and also financial evidence to ensure we were following the public pound and getting value for money.

Prior to this I also undertook a desk top search of previous information held about the services and what had been provided in previous years.

I have also been able to visit one service following the meeting that took place over teams.

## **Findings**

### **ACIS- Funding £162,295 (2024-2025)**

ACIS is a well-established mental health charity that has been supporting individuals with mental health issues for 73 years. ACIS consists of six counselling projects which collectively provide service to children, young people and adults that live within Aberdeen City. The funding currently provided to ACIS is to support the Aberdeen Information and Counselling service. This service is for adults over the age of 18 years with no upper age limit. Anyone can self-refer to this service and if accepted will receive 10-12 weeks counselling free of charge. ACIS has a small staff team of 3.5 full time qualified counselling staff who then support over 50 in house trained counselling volunteers.

ACIS has a small team and provide support from 8.30am to 8.30pm Monday to Friday. ACIS support staff by providing clinical supervision with counselling supervisors to ensure they are well supported with their work.

Along with the counselling service they also provide a vital information service that is staffed by three full time information officers, who also provide a reception desk role for ACIS.

According to the 2023 Directors Report all Adult projects combined provided 10,000 counselling sessions to 1,400 adult clients. The ACIS Information line was also able to respond to over 11,000 telephone calls.

As part of the quarterly review held on the 2<sup>nd</sup> of May 2024 it was discussed if there had been an increase in the number of people being supported and what may have caused this change. The response to these questions where the more people had become aware of the services being provided, the more there has been an increase in the demand for the service. This can be evidenced via the 2023 Directors report.

ACIS have also witnessed that the levels of anxiety people are attending with is much higher than previously and are looking at how their councillors are equipped to support the higher levels of this condition.

The services provided by ACIS are linked to the ACHSCP strategic aims set out in the 2022-2025 Strategic plan. These include caring together, keeping people safe at home, preventing ill health and achieve fulfilling, healthy lives. These aims are evidenced in the services being accessible and community based. The service is also promoted by city GP practices and other local mental health service within the city. ACIS have received feedback from individuals who use their services and 98% of service users have reported an improvement in their mood and anxiety levels.

Currently ACIS only receive 75% of the funding required to run the service and fundraise the rest required.

ACIS have also incorporated ethical commissioning principles into their work practices. This is evidenced through fair working first. Currently ACIS pay 2.5% more than the real living wage, this transfers to the lowest pay scale starting at £12.30 per hour.

They are also addressing areas such as climate change. The current premises that ACIS occupy is undergoing a carbon footprint assessment, this will allow any issues to be identified and improvements to be made as required.

### Avenue- £15,615 (2024-2025)

Avenue is a charity that supports families and individuals, with a focus on relationships and wellbeing.

Avenue provide therapeutic services (including couple counselling, individual counselling, family therapy, art therapy, psychosexual therapy, young person's counselling and play therapy for younger children); family mediation; child contact services; family support; and psycho-educational groups to increase skills and knowledge in the wider community.

ACHSCP funding is split between two services provided by Avenue. One for core counselling services within the city, and second for psychosexual therapy in the city.

Avenue provide a wide range of counselling and therapy provision and have seen an increase in demand for the therapeutic services they provide. This has increased because of the pandemic and the cost-of-living crisis and the impacts this has had on individuals and families.

In 2022-2023 over 1400 referrals were made into the service from various sources. In the first 6 months of 2023-2024, 578 free counselling sessions were provided to 137 individuals. Avenue have estimated that in total around 280 people in Aberdeen City will directly benefit from the counselling and therapy service in 204-2025. The age group this will support range from age 4 and upwards. At present there are current waiting lists in place for the following: Art Therapy, young persons counselling, couple counselling, family therapy, individual counselling and play therapy. These are all services that Aberdeen City residents are currently waiting for. A combined total of 89 people waiting for a service.

As a result some services such as couples counselling have seen the list close and a restriction placed on the number of sessions provided to individuals for other services.

The estimated cost for the free counselling and therapy session for 2024-2025 is £178,246. At present ACHSCP provided grant award of £15,615 for the year 2024-2025. Avenue have sourced funds from other various grants, donations and fundraising and can be evidenced in the Directors report for year ending 31<sup>st</sup> March 2023.

Avenue have been able to provide services that are linked to the ACHSCP strategic aims set out in the 2022-2025 strategic plan. These relate to caring together, keeping people safe at home, preventing ill health, and achieving fulfilling, health lives. The free counselling and therapy services have allowed people within Aberdeen city to receive support and learn strategies to maintain their own mental health.

Avenue are also looking at how ethical commissioning impacts upon their work practises. In regard to climate change, they have moved to an online system which helps reduce things such as travel, cuts down on carbon footprint. They are also looking at things such as Cash Back Art where they recycle paper.

The team have a voice and are able to reach out to management when required and all staff are paid the real living wage.

### Rape Crisis Grampian £15,914 (2024-2025)

Rape Crisis Grampian (RCG) is a Charity, who provide support to people over the age of 11 years, who have been subjected to sexual violence at any time in their lives.

They offer a variety of support which is led by the individuals' needs and circumstance. The support is provided by trained, support practitioners, in a safe environment which offers the individual the space and time to talk about their experience without being judged.

The Charity also provides support to individuals to access legal information on processes and they can also provide support to families, friends and partners if required.

The service is also working with local schools delivering workshops to promote prevention.

RCG provided the first quarterly report for 2024 and this provided evidence that multiple agencies within the city make referrals to them for services. Referrals were received from Advocacy, Criminal Justice, Education, local authority community safety hubs, local authority social work, NHS services including mental health services, general health services and sexual health services. Police have also made referrals along with other voluntary organisations.

At the time of the quarterly report from Jan-May 2024 a total of 91 referrals were made from various Aberdeen services.

RCG were also able to provide a case study of a female survivor they have supported. This evidence the incredible support they provide to individuals. The case study refers to a person in their early forties who was victim of sexual abuse from the age of 7 to 15 years. It evidences the support offered. RCG were able to provide weekly emotional support sessions, these were person centred and trauma informed. They were able to provide support through the police investigation and provide support via their advocacy services regarding the court process and support to attend. The support was offered during the time where covid came into effect, however they were able to adapt their session and provide ongoing support through telephone calls and maintain the relationship they had built.

The funding provided by ACHSCP allows for an 18-hour support practitioner post. This post will then be able to support around 45-65 survivors in a reporting year. At time of application for funding RCG had a waiting list of 78 survivors waiting for support, and there are no other services within Aberdeen city that can offer the specialised support they currently provide.

RCG are one of five services that are part of ACIS. RCG share the same ethical commissioning principles in their work practices. This is evidenced through fair working first. Currently ACIS pay 2.5% more than the real living wage, this transfers to the lowest pay scale starting at 12.30 per hour.

They are also addressing areas such as climate change. The current premises that ACIS occupy is undergoing a carbon footprint assessment, this will allow any issues to be identified and improvements to be made as required.

The services provided by RCG are linked to the ACHSCP strategic aims set out in the 2022-2025 Strategic plan. These include caring together, keeping people safe at home, preventing

Commissioning, Procurement and Contracts Team (Social Care)  
ill health and achieve fulfilling, healthy lives. These aims are evidenced by support workers offering early intervention and using funds to add additional support hours to reduce waiting lists to access the service.

### Cairns Counselling £28,267(2024-2025)

Cairns Counselling is a charitable trust that was established in 1994. They provide emotional support to adults in need. Cairns were able to provide information on the first quarter of the years using stats from January 2024- March 2024.

A total of 245 referrals were made for counselling between January-March 20204. 1495 counselling appointments, 140 initial meetings and ten support sessions were offered during the same period.

At the end of March 2024, they were providing counselling to 121 individuals with a further 36 starting in March.

Cairns have a mixture of volunteers and paid staff. They provide regular training for existing as well as any new staff members or volunteers.

The funding provided by ACHSCP contributes towards the core costs of running the service. The expected running costs for 2024-2025 are expected to be £295,000. Cairns receives funding from other various sources that are within the financial report provided.

In line with fair working practices Cairns are not accredited real living wage employers, but do adhere to their guidelines and pay the real living wage. The team members are supported to contribute to the running of the service and have a voice with decision making, this is done via 1:1 sessions, anonymous questionnaires, and team meetings.

Cairns are also committed in looking at ethical commissioning and how they can play their role in climate change. Currently they are working on developing an environmental policy, they currently use digital documents to reduce the amount of paper used. Currently most referrals are also digital.

The services provided by Cairns Counselling are linked to the ACHSCP strategic aims set out in the 2022-2025 Strategic plan. These include caring together, keeping people safe at home, preventing ill health and achieve fulfilling, healthy lives. These aims are evidenced in the services being accessible and community based.

### Conclusions and Recommendations

The aim of the report was to look at the following:

1. To review current service in line with ethical commissioning principles (person-centred care; human rights approach; full involvement of people with lived experience; fair work first; high quality care; climate and circular economy; financial transparency; and shared accountability)
2. To determine the strategic relevance of the service(s)
3. To inform future commissioning

On reviewing each of the four services each are working within the ethical commissioning principles.

Each service has evidenced that it takes a person-centred approach to meet the needs of the individuals in Aberdeen City, along with providing high quality of care and receiving positive feedback from those they support.

In line with ethical commissioning, they are all real living wage employers with some services paying above that. Each service looks for way to include staff and provide them with the support required to fulfil and be able to respond to their roles within each service. Each service is looking at areas such as climate change and how this can be addressed within their given service.

The ACHSCP strategic aims set out in the 2022-2025 Strategic plan included caring together, keeping people safe at home, preventing ill health and achieve fulfilling, healthy lives. It has been demonstrated by each service that they are achieving these aims. Each service has demonstrated their commitment to provides residents within Aberdeen City a service that promotes these core aims by providing services that are person centred to the individuals needs.

The recommendation of this reports regarding future commissioning would be to continue to fund the current services. The services that are being provided are vital in supporting the residents within Aberdeen City. If these services were not to continue there would be a negative impact to the individuals receiving the services. There would also be an impact on primary services such as GP practices and NHS services, who in the current climate are already over stretched and have long waiting lists. This would then lead to a large number of residents within the city being unable to access services and individuals' mental wellbeing would be significantly impacted.

Primary services such as GP practices, ARI, social care services, and Police Scotland would be impacted if the above services did not continue to offer the current support they provide.

At present these services provide access to immediate support via an in person appointment or via telephone. The current waiting times at present just to receive an appointment with a GP can take a number of weeks. Individuals also experience long waiting lists to access mental health services.

If by not continuing further funding of the above services we would see a greater impact on primary services that are already stretched beyond capacity and by applying further pressure we would be placing Aberdeen City residents at significant risk of harm









## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	18 March 2025
<b>Report Title</b>	Draft ACHSCP Strategic Plan 2025-2029
<b>Report Number</b>	HSCP.25.020
<b>Lead Officer</b>	Fiona Mitchelhill, Chief Officer
<b>Report Author Details</b>	Alison MacLeod Strategy and Transformation Lead ACHSCP <a href="mailto:AliMacleod@aberdeencity.gov.uk">AliMacleod@aberdeencity.gov.uk</a>
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Exempt</b>	No
<b>Appendices</b>	A – ACHSCP Strategic Plan 2025-2029 Evidence Document B - DRAFT ACHSCP Strategic Plan 2025-2029 C - ACHSCP Strategic Plan 2025-2029 Consultation Plan
<b>Terms of Reference</b>	8 - The approval or amendment of the Strategic Plan and on-going monitoring of its delivery through the Annual Performance Report

### 1. Purpose of the Report

- 1.1. The purpose of this report is to present to the Integration Joint Board (IJB) the first draft of the ACHSCP Strategic Plan 2025-2029 for approval to go out for public consultation.

### 2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:



## INTEGRATION JOINT BOARD

- a) Approves the draft ACHSCP Strategic Plan 2025-2029, the Evidence Document, and the Consultation and Engagement Plan as detailed in appendices A to C.
- b) Instructs the Chief Officer to consult with the public including academics linked to the Health Determinants Research Collaboration, on the draft commencing 24<sup>th</sup> March 2025 and ending 14<sup>th</sup> May 2025 (in time for report preparation for the IJB meeting on 1<sup>st</sup> July 2025).
- c) Notes that the consultation will be undertaken jointly with Aberdeen City Council's Local Housing Strategy, Community Learning and Development Plan and Local Development Plan.
- d) Instructs the Chief Officer to update the draft IJB Strategic Plan 2025-2029 following feedback and comments received from the consultation process and present the proposed final version to the IJB meeting on 1<sup>st</sup> July 2025 for approval.
- e) Instructs the Chief Officer to also present the first Annual Delivery Plan of the Strategic Plan 2025-2029 to the IJB meeting on 1<sup>st</sup> July 2025 for approval.
- f) Notes that the Integrated Impact Assessment (IIA) is underway, is being informed by engagement and consultation, and will be presented along with the final Strategic Plan.

### 3. Strategic Plan Context

- 3.1. Section 29 of the Public Bodies (Joint Working) (Scotland) Act 2014 requires the IJB to prepare a Strategic Plan and section 35 requires the IJB to publish this plan. Our previous Strategic Plans have had a lifespan of a period of three years. The current IJB Strategic Plan will conclude in June 2025 after which it is proposed that the IJB Strategic Plan 2025-2029 will begin. It is proposed that the lifespan of this Strategic Plan will be for a period of four years although it will be reviewed annually to take account of changing circumstances and these will be reflected in an Annual Delivery Plan which will be submitted to IJB for approval alongside the Medium Term financial Framework in March every year. The 4 year lifespan is to enable us to align with the proposed refresh periods of our partner plans, particularly the Local Outcome Improvement Plan (LOIP) and the Children's Services Plan.

### 4. Summary of Key Information



## INTEGRATION JOINT BOARD

- 4.1.** Work on the ACHSCP Strategic Plan 2025-2029 began in February 2024 with initial engagement at a commissioned providers event and at the staff conference. In March and April 2024 the timeline and approach to refreshing the Strategic Plan were agreed by the Senior Leadership Team (SLT).
- 4.2.** A number of other relevant and aligned consultations had either already taken place, or took place, during the development period for the Strategic Plan and the output from these were used to inform our thinking. These include the Carers Survey, Aberdeen City Voice 49<sup>th</sup> Survey Report – People Edition, the refresh of both the Locality Plans and the Local Outcome Improvement Plan (LOIP), and the General Practice Vision 2024-30. Using this output helped to avoid duplication and consultation/engagement fatigue and also enabled us to streamline our engagement approach.
- 4.3.** In June 2024 three key sessions took place regarding the Strategic Plan; an insights session with IJB, a development session with SLT, and the Strategic Planning Group (SPG) meeting where members of the Locality Empowerment Groups (LEGs) are represented. These sessions focussed on the timeline and approach, an overview of the strategic context, and a review of our current aims, values, and priorities. The impact of the current financial climate was also explored. Feedback received from those sessions identified there should be a greater focus on:
- reducing stigma and inequality
  - more Grampian wide collaboration with our partners
  - being realistic and reflective of our financial position
  - making best use of digital assets and innovation
  - future planning, transforming services to make them sustainable
- 4.4.** In July and August 2024 we provided opportunities for staff to engage with the development of the plan through partnership wide staff drop-in sessions where similar feedback was received.
- 4.5.** Attached to this report at Appendix A is what we have called our Evidence Document. This is a detailed analysis of the national and local context for health and social care delivery; our statutory responsibilities; our links with our partners, not only in Aberdeen City but also across Grampian; our current performance; a horizon scan of emerging requirements; and feedback from engagement with staff and the public to date about what they would like to see represented in our strategic plan. This helped to crystallise what was important to include in the plan.



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- 4.6. In September 2024, taking onboard all the feedback from the engagement work to date, the initial framework for the draft Strategic Plan 2025-2029 was developed and presented to the IJB insights session and to the SLT 'Critical Thinking' session. This identified our vision and four key aims along with the outcomes we hope to achieve:

**Vision** - 'Empower communities to achieve fulfilling and healthy lives'

- 4.7. Our **values** represent what is important to us and we have amended these slightly by removing the value of 'Transparency'. This does not mean we will not be transparent in everything that we do but the definition of honesty is 'truthful and hiding nothing' which articulates our intention. Our revised proposed values are therefore - Honesty, Empathy, Respect, and Equity the first letters of which create the acronym HERE, leading us to be able to say that Aberdeen City Integration Joint Board is HERE for the people of Aberdeen.
- 4.8. The draft Strategic Plan was originally scheduled to come to the IJB meeting on 19<sup>th</sup> November 2024 for approval to go out for public consultation. It became apparent, however, that there was a need for greater clarity on our budget position before we could make commitments to any activity in the Strategic Plan. Submission of the draft was therefore deferred until the IJB meeting on 18<sup>th</sup> March 2025 and it can be found at Appendix B of this report.
- 4.9. There is now greater clarity on the budget and this has led to a far more streamlined and targeted strategic direction for the next four years beginning with a focus first and foremost to transform our service delivery to ensure we can meet demand within resource. We remain committed to our prevention and early intervention agenda which will help manage future demand. Work on this will continue during the transformation phase but achieving the balance between demand and resource will enable us to shift more of a focus towards this in future. We will work with our partners and the people of Aberdeen to improve the overall health and wellbeing of the population. In an ideal world we would like to be able to deliver all of the transformation and changes that the Evidence Document indicates are needed, however, we have had to be realistic in terms of the commitments we can make in relation to the budget we have.
- 4.10. We have now reduced the original four Strategic Aims to two and these have four Strategic Priorities: -



## INTEGRATION JOINT BOARD

### Strategic Aims

- Shift our focus towards Prevention and Early Intervention
- Update our approach to Service Delivery

### Strategic Priorities

- Improve physical and mental health
- Reduce harm
- Make best use of resources
- Transform service delivery

- 4.11.** We have also identified six Enablers which will support delivery of the draft Strategic Plan. These are Finance, Workforce, Infrastructure, Digital Innovation and Technology, Relationships, and Data. We have expanded on what we mean by 'Technology' and we have now included Data which is crucial in supporting day-to-day service delivery and decision making.
- 4.12.** As in previous years, delivery of the Strategic Plan will be supported by a Delivery Plan. The Delivery Plan will not be subject to the same level of public consultation as the draft Strategic Plan. The detail of this will be developed with the Senior Leadership Team and staff over the coming months and will be presented to IJB along with the proposed final Strategic Plan on 01 July 2025. Previous experience has taught us that we operate in an ever-changing environment. The Delivery Plan is unlikely to cover all the details of every activity planned over the four-year lifespan of the Strategic Plan but will be reviewed annually allowing for emerging or changing priorities to be incorporated.
- 4.13.** It is recognised that improving health and wellbeing cannot be achieved by the IJB and its activities alone. Our partners in Aberdeen City Council have a role to play in improving the wider determinants of health. In line with Aberdeen City's ambition to become a Marmot Place, a common introduction to all strategies and plans, focusing on these wider determinants has been produced with each strategy or plan expected to articulate what activity they intend to take to support the health and wellbeing of the population. You will see this approach in the Strategic Plan. There is also a collective agreement that 'Personas' should be included in an attempt to personalise the plans and make them come alive and be relevant for the reader. The Personas have been developed collectively and will be represented in each plan or strategy.
- 4.14.** Appendix C of this report contains the Consultation and Engagement Plan. This lists the engagement undertaken to date and also the plans for consultation going forward. It should be noted that we intend to run the



## INTEGRATION JOINT BOARD

consultation on the Strategic Plan in conjunction with planned consultation events on three Aberdeen City Council strategies and plans due to be finalised over the coming year – the Local Housing Strategy, the Community Learning and Development Plan and the Local Development Plan. This will enable us to reach more people than we might otherwise do, emphasise our joined up approach to improving health and wellbeing and avoid consultation fatigue.

### 5. Implications for IJB

#### 5.1. Equalities, Fairer Scotland and Health Inequality

An Integrated Impact Assessment (IIA) is being undertaken alongside the development of the ACHSCP Strategic Plan 2025-2029 which is helping to inform our progress. The assessment incorporates our duties and responsibilities as set out in our [Assessing our Impact guidance](#). The IIA will remain ongoing whilst the plan is in development. The final IIA will be submitted to the IJB in March 2025 and will be published at the same time as the ACHSCP Strategic Plan 2025-2029.

#### 5.2. Financial

The ACHSCP Strategic Plan 2025-2029 will be delivered within the existing IJB budget as approved within the Medium-Term Financial Framework (MTFF). The next update for the MTFF is due to be presented to the IJB on 18 March 2025.

#### 5.3. Workforce

The ACHSCP Strategic Plan 2025-2029 will be delivered by the existing workforce. Workforce is an enabler within the plan and focus will be given to addressing workforce priorities: recruitment and retention, mental health and wellbeing, growth and development opportunities. The current workforce plan will be refreshed in 2025.

#### 5.4. Legal

Sections 29 and 35 of the Public Bodies (Joint Working) (Scotland) Act 2014 require the IJB to prepare and publish a Strategic Plan. This report details the actions we are taking to ensure these obligations are met.

#### 5.5. Unpaid Carers





## INTEGRATION JOINT BOARD

The development and delivery of our Carers Strategy is focused on improving experiences of unpaid carers. The Carers Strategy action plan and annual reporting provided to the IJB represents our progress and commitments moving forward. The Carers Strategy 2023-2026 is a core element to the ACHSCP Strategic Plan 2025-2029 and recognises the support that unpaid carers provide and ensures they will continue to be fully involved in the planning and delivery of services designed to support them.

### 5.6. Information Governance

There are no direct information governance implications arising from the recommendations of this report

### 5.7. Environmental Impacts

There are no direct environmental implications arising from the recommendations of this report.

### 5.8. Sustainability

There are no direct sustainability implications arising from the recommendations of this report.

### 5.9. Other

There are no other direct implications arising from the recommendations of this report.

## 6. Management of Risk

### 6.1. Identified risks(s)

Sections 29 and 35 of the Public Bodies (Joint Working) (Scotland) Act 2014 require the IJB to prepare and publish a Strategic Plan. There is a risk that if we do not make progress in developing a Strategic Plan for 2025-2029, we will not meet these obligations.

### 6.2. Link to risks on strategic or operational risk register:



## INTEGRATION JOINT BOARD

The development and delivery of the ACHSCP Strategic Plan 2025-2029 is linked to and impacted by all the risks currently on the Strategic Risk Register as referenced in the Strategic Plan Evidence Document.

### **6.3 How might the content of this report impact or mitigate the known risks:**

By developing and publishing the ACHSCP Strategic Plan 2025-2029 in April 2025 we are meeting our legal obligation and providing a strategic basis for the collaborative work of the IJB over the four years from July 2025 to March 2029.





Aberdeen City  
Health & Social Care  
Partnership

*A caring partnership*

# **Evidence Document to inform IJB Strategic Plan 2025-29**

March 2025



## Executive Summary

This Evidence Document contains a detailed analysis of the national and local context for health and social care delivery; our statutory responsibilities; our links with our partners, not only in Aberdeen City but also across Grampian; our current performance; a horizon scan of emerging requirements; and feedback from engagement with staff and the public to date about what they would like to see represented in the strategic plan.

This analysis helped to crystallise what was important to include in the strategic plan. As well as our statutory responsibility to ensure we are delivering on the Integration Principles, are achieving Best Value, and prepare a Housing Contribution Statement we also need to undertake effective community engagement and undertake whole system collaborative working.

The key themes are: -

- We need to take a Population Health approach to improving healthy life expectancy, reducing the impact of inequality, influencing positive changes to the wider determinants of health, and focusing on Early Intervention and Prevention
- We need to address the behavioural risks to health such as smoking and poor diet; access to and use of health care; wider socio-economic determinants such as income, education, housing and employment; geography; and specific characteristics such as sex, ethnicity, disability and social exclusion to improve healthy life expectancy in Aberdeen
- We need to focus on improving Healthy Life Expectancy, reducing alcohol and drug use, reducing smoking rates in pregnancy, improving healthy weight, reducing prescriptions for anxiety and depression, reducing suicide rates, and improving cancer screening as described above needs to be targeted more towards areas of deprivation to achieve the highest impact.
- We need to transform our service delivery by maximising the benefits of digital technology
- We need to continue to work collaboratively with partners to ensure strategic planning is aligned and that the focus is on improving the overall health and wellbeing of the people of Aberdeen city.
- In the short term we need to review service delivery models to reduce spend and achieve savings to balance our budget, thereafter we need to transform service delivery to ensure demand can be met within resources stated within the Medium-Term Financial Forecast.

Some of the evidence relating to operational performance will inform the Annual Delivery Plans as opposed to the Strategic Plan itself. Also, in light of the challenging financial environment it is unlikely the IJB will have the resources it needs to meet all of the challenges highlighted in this document.

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## 1. National Context

Below, in no particular order, are the key national strategic developments that shape our strategic planning and direction.

### National Public Health Priorities

In June 2018 the Scottish Government and the Convention of Scottish Local Authorities (COSLA) agreed six Public Health Priorities. The intention was that these priorities were shared across the whole of public health and that they facilitated collaborative working. Indeed, these have informed a number of other priorities and policies and are still relevant today.

- A Scotland where we live in vibrant, healthy and safe places and communities.
- A Scotland where we flourish in our early years.
- A Scotland where we have good mental wellbeing.
- A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs.
- A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.
- A Scotland where we eat well, have a healthy weight and are physically active.

### Verity House Agreement

The Verity House Agreement is a partnership agreement between COSLA and the Scottish Government setting out their vision for a more collaborative approach to delivering shared priorities for the people of Scotland. It was published on 30 June 2023 and forms the first part of the new deal between national and local government.

There are three shared priorities under the Verity House Agreement: -

- tackling poverty;
- just transition to net zero; and
- sustainable public services

### National Vision

In June 2024, the Cabinet Secretary for Health and Social Care outlined their vision for health and social care - a Scotland where people live longer, healthier and fulfilling lives. This vision is supported by four key areas of work:

- improving population health,
- a focus on prevention and early intervention,
- providing quality services, and
- maximising access.

To deliver this vision the Scottish Government are focusing on four core priorities - eradicating child poverty; growing the economy; tackling the climate emergency; and improving Scotland's public services.

### Population Health Framework for Scotland

CoSLA, Scottish Government, NHS and Public Health Scotland have co-designed a Population Health Framework adopting a single-Scotland level aim (with local flexibility in terms of delivery) around healthy/life expectancy to drive the whole system aspirations on prevention.

Two key areas of priority have been identified as initial priorities for focussed action:

- Develop a system that prioritises addressing inequalities and improving prevention within planning, budgets and accountability.
- Develop a whole system approach to improve food environments and ensure a healthy, balanced diet is accessible and affordable to all and improve population levels of healthy weight

Further, the Framework identifies 5 themes and 30 actions. They look like this:

Themes	Action
Social & Economic Factors	Community Wealth Building Economic Inactivity Income Maximisation Early Years and Development Economic Development Education
Place & Communities	Community and Voluntary Sector Social Prescribing Spatial Planning Community Planning Housing Licensing Climate Change
Enabling Healthy Living	Food Environment and Nutrition Physical Activity Tobacco Free Generation Drugs and Alcohol Gambling Harm Healthy Digital Use
Equitable Health and Care	Healthcare Inequalities Vaccination and Immunisation: Screening Health Protection
A Prevention Focussed System	Preventative Investment Accountability Health in All Policies: Marmot Places - Collaboration for Health Equity in Scotland Research & Innovation Evaluation & Learning Digital Population Health

### National Performance Framework

The Scottish Government's National Performance Framework (NPF) sets out a vision for collective wellbeing. The majority of the National Outcomes that underpin this are directly affected by the health of the population. Given current and forecasted population challenges, tacking action to improve population health is vital to achieving the National Outcomes. It should be noted that the National Outcomes are currently being reviewed. New outcomes in relation to Care, Climate Change, Wellbeing and Fairer Work, Equality and Human Rights, and Housing are being proposed along with the proposal to amend the 'Poverty' outcome to 'Reduce Poverty'. It is anticipated that the National Performance Indicators will also be reviewed once the new outcomes are agreed.

## Finance and Performance

In July 2024, the Accounts Commission published a report on Integration Joint Boards Finance and Performance. In it they say that Integration Joint Boards (IJBs) face a complex landscape of unprecedented pressures, challenges and uncertainties and that the financial outlook for IJBs continues to weaken with indications of more challenging times ahead. Inflation, pay uplifts and Covid-19 legacy costs are making it difficult to sustain services at their current level. Overall funding to IJBs in 2022/23 decreased by nine per cent in real terms or by one per cent in real terms once Covid-19 funding is excluded. The projected funding gap for 2023/24 almost tripled, in comparison to the previous year, with over a third anticipated to be bridged by non-recurring savings, with a quarter of the gap bridged using reserves. This is not a sustainable approach to balancing budgets. In addition, the report noted that IJBs operate within complex governance systems that can make planning and decision making difficult and that uncertainty around the direction of the plans for a National Care Service and continued instability of leadership in IJBs has further contributed to this. It also noted that the health inequality gap is widening.

Furthermore, the report noted that data quality and availability is insufficient to fully assess the performance of IJBs and inform how to improve outcomes for people who use services with a lack also of joined up data sharing. The available national indicators, however, showed a general decline in performance and outcomes.

In relation to current commissioning and procurement practices the report noted that these are driven largely by budgets, competition, and cost rather than outcomes for people. They are not always delivering improved outcomes and are a risk for the sustainability of services. Improvement to commissioning and procurement arrangements were seen to have been slow to progress but it was noted that this is developing. Some positive examples of where more ethical and collaborative commissioning models are being adopted were cited.

Finally, the report noted that there is variability in how much choice and control people who use services feel they have and that unpaid carers are increasingly relied on as part of the system but are also disproportionately affected by the increased cost-of-living.

The Accounts Commission propose that whole system, collaborative working is needed as part of a clear national strategy for health and social care that will promote improved outcomes across Scotland but reflects the need to respond to local priorities.

## Planning with People

In May 2024, the Scottish Government and COSLA updated their planning with People (Community Engagement and Participation) Guidance. The updated guidance takes into consideration the current challenges being faced by the Public Sector and ensures that all parties are clear on respective roles, responsibilities and processes. It also reinforces the statutory duties for engagement regardless of financial pressures. The guidance sets out the responsibilities each organisation has to community engagement when services are being planned, or changes to services are being considered, and supports them to involve people meaningfully.

The Cabinet Secretary for Health and Social Care confirmed that Scotland's national and local governments are committed to involving people and communities in the decision-making that affects them. Listening to the views of people who use services and involving them throughout the process of planning care delivery, is a key improvement recommendation of the Independent Review of Adult Social Care in Scotland. By working together with people and communities, care providers can transform the experience of

people who use services, as well as the experience of those who deliver them. Fundamentally, good engagement is essential to good service planning and there is no doubt that greater participation brings better outcomes for communities all round.

### Scotland's Digital Strategy

In March 2021 the Scottish Government published its Digital Strategy entitled A Changing Nation: How Scotland will Thrive in a Digital World. In it they comment that Scotland's future will be forged in a digital world in which data and digital technologies are transforming every element of the nation and of lives. The strategy refers to the Independent Review of Adult Care in Scotland which reinforced the message that transforming services requires the transformation of the organisations that deliver them. This is not simply about adopting new or better technology. It requires a fundamental shift in culture, skills, leadership, service design, process engineering, the use of data, collaboration, and investment planning. It requires leaders with the confidence to move away from the approaches, systems and ways of working that have been successful in the past. In short, it requires, the transformation of Government and the adoption of new digital business models based on greater accountability, networking, agility and a relentless focus on improving the customer experience.

In October 2021 Scotland's Digital Health and Care Strategy was launched. The vision of this strategy is to improve the care and wellbeing of people in Scotland by making best use of digital technologies in the design and delivery of services. There are three aims: -

- Citizens have access to digital information, tools and services they need to help maintain and improve their health and wellbeing.
- Health and care services are built on people centred, safe and secure and ethical digital foundations which allow staff to record, access and share relevant information across the health and care system in order to improve the delivery of care.
- Health and care planners, researchers and innovators have secure access to the data they need in order to increase the efficiency of health and care systems and develop new and improved ways of working.

Delivery of the aims is focused on six priority areas – digital access, digital skills and leadership, digital services, digital futures, digital foundations and data driven services and insight.

### Housing to 2040

The Scottish Government's Housing to 2040 Strategy was published in March 2021. The strategy recognises that good housing and homes lead to reduced poverty and inequality, better health outcomes, improved educational attainment and more cohesive communities. Specifically, the strategy commits to introducing new building standards from 2025/26 to underpin the new Scottish Accessible Homes Standard to future-proof new homes for lifelong accessibility and to improving the adaptations system which will make a critical contribution to supporting people to live independently. The strategy also commits to establishing an inclusive programme of retrofitting social homes which will ensure all planned refurbishment addresses accessibility requirements and that digital connectivity is in place to support technology-enabled care and telehealth.

### People at the Centre Approaches

There are a number of initiatives aimed at truly putting people at the centre of decision making in what care and support they get. We will take learning from each of them to improve practice in this area.

The Scottish Government's Getting it right for everyone (GIRFE) initiative is a proposed multi-agency approach to health and social care support and services from young adulthood to end of life care. It is intended that this will form the future practice model of all health and social care professionals and shape the design and delivery of services, ensuring that people's needs are met. GIRFE is about providing a more personalised way to access help and support when it is needed placing the person at the centre of all the decision making that affects them, with a joined-up consistent approach regardless of the support needed at any stage of life.

Human Learning Systems is an alternative approach to public management which embraces the complexity of the real world and enables organisations to work effectively in that complexity. It offers an alternative to the "Markets, Managers and Metrics" approach of New Public Management and outlines a way of making social action and public service more responsive to the bespoke needs of each person that it serves, creating an environment in which performance improvement is driven by continuous learning and adaptation.

The Liberated Method involves a switch of focus from services to people. It advises that we need to stop trying to improve services. If you start with services as your focus for change, you end up with services. People don't necessarily want services they want support, relationships, practical help and they want to be understood. The Liberated Method contests that designing public services around relationships is far more effective. People who have bounced around various public services for years start to positively change how they see themselves, the community, and the world when they're contributing to a relationship and are understood.

#### **What does the National Context mean for ACHSCP Strategic Planning?**

- We need to take a Population Health approach to improving healthy life expectancy, reducing the impact of inequality and influencing positive changes to the wider determinants of health
- We need to focus on Early Intervention and Prevention
- We need to engage meaningfully with people and communities involving them in decisions that affect them and adopt a people at the centre approach
- We need to undertake Whole System and collaborative working to
- We need to transform our service delivery by maximising the benefits of digital technology



## 2. Statutory Responsibilities

As a Health and Social Care Partnership under the Public Bodies (Joint Working) (Scotland) Act 2014, we must have a **Strategic Plan** (reviewed at least every three years) and publish an Annual Performance Report. Under the Carers Act (Scotland) 2016 we must have a **Carers Strategy**. Aberdeen City have chosen to develop a single Carers Strategy covering both Young and Adult Carers.

The 2014 Act also sets out the **principles** which underpin health and social care and describe how integrated care should be planned and delivered and are intended to work in tandem with the national health and wellbeing outcomes which describe what integrated care is intended to achieve. They set out the expectation of a culture of respect, parity of esteem and genuine engagement in the planning and delivery of person-centred, high quality integrated care and are intended to be the driving force behind the changes in culture and services.

Integration authorities must establish a **Strategic Planning Group** for the purposes of preparing a strategic plan. The views of **localities** must be taken into account with the integration authority required to identify the most appropriate person to represent each locality on the Strategic Planning Group. Integration authorities should provide appropriate levels of support to the people participating in their planning activities.

In terms of the **Public Sector Equality Duty** in Scotland (part of the Equality Act 2010) we must, in the exercise of our functions, have due regard to the need to: -

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The **Fairer Scotland Duty**, set out in Part 1 of the Equality Act 2010, came into force in Scotland from 1 April 2018. It places a legal responsibility on particular public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.

Under the Civil Contingencies Act 2004, the Aberdeen City IJB is a **Category One Responder** which means they are at the core of the response to most emergencies and are subject to the full set of civil protection duties such as assessing risks, putting emergency plans and business continuity arrangements in place, co-operating and sharing information with other local responders and communicating with communities to warn, inform and advise.

Part 4 of the Climate Change (Scotland) Act 2009 places duties on public bodies relating to **climate change**. The duties require public bodies to contribute to climate change mitigation and to climate change adaptation, and to act sustainably.

The Health and Care (Staffing) (Scotland) Act 2019 provides a statutory basis for the provision of **appropriate staffing** in health and care services, enabling safe and high-quality care and improved outcomes for service users. It builds on existing policies and procedures within both health and care services and effective implementation aims to embed a culture of openness and transparency, ensuring staff are informed about decisions relating to staffing and able to raise concerns.

Under the terms of the Local Government in Scotland Act 2003 or, where applicable, the Public Finance and Accountability (Scotland) Act 2000, the implementation of the duty of **Best Value** applies to integration authorities. That duty is:

- to make arrangements to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost; and in making those arrangements and securing that balance
- to have regard to economy, efficiency, effectiveness, the equal opportunities requirements, and to contribute to the achievement of sustainable development

The **United Nations Convention on the Rights of the Child** (Incorporation) (Scotland) Act 2024 (“the 2024 Act”) makes it unlawful for a public authority, including an IJB, to act in a way which is incompatible with the United Nations Convention on the Rights of the Child (UNCRC) requirements. This includes any IJB functions carried out under a contract or other arrangement with another body. Part 3, section 18 of the 2024 Act also places new and enhanced planning and reporting duties.

Integration authorities are key within the collective local leadership of service planning to improve outcomes for babies, children, young people and families, and the development and delivery of each area’s Children’s Services Plan. A number of duties on IJBs are relevant to safeguarding, supporting and promoting child wellbeing, including upholding rights, and tackling child poverty and other inequalities. Services and professionals within integration authorities are therefore key to effective local partnership approaches to Getting it right for every child; making sure holistic whole family support is available, when it is needed, for as long as it is needed; and driving forward action to help Scotland to #KeepThePromise. As part of local **children’s services planning** arrangements set out in part 3 of the Children and Young People (Scotland) Act 2014, IJBs have duties as designated ‘other service providers’. IJBs are required to consider the wellbeing of local children and families in the planning and delivery of services and support. IJBs have responsibility for ‘related services’, which are those with an impact on child wellbeing, but not provided to children directly, such as services provided to a parent or carer in relation to their own needs, as part of holistic whole family support. In addition, where integrated, some IJBs have responsibility for the delivery of certain ‘children’s services’. Local planning, resourcing and delivery of services should also ensure that young people experience a smooth transition in the move from receipt of children’s services to adult services, as well as considering the needs of care experienced young people, where certain entitlements extend up to age 26.

Introduced under the Social Care (Self-Directed Support) (Scotland) Act 2013, **self-directed support** is the primary delivery mechanism of social care support in Scotland. It puts people at the centre of their support by placing a duty on those who deliver it to involve, collaborate with, and support recipients of care to make informed choices.

Planning with People supports public bodies that plan and deliver health and social care services in Scotland, including integration authorities, to effectively undertake **community engagement and participation**. Effective community engagement and the active participation of people is essential to ensure that Scotland’s care services are fit for purpose and lead to better outcomes for people. The guidance, which is co-owned by the Scottish Government and COSLA, outlines statutory requirements for public bodies, presents information on community engagement, and promotes good practice.

A housing advice note was published in 2015, which outlines **the role of housing** in the integration of health and social care and provides guidance on linking strategic plans and local housing strategies. This includes detail on the requirement for a housing contribution statement to form part of the strategic plan.

**What do our Statutory Responsibilities mean for Strategic Planning?**

When we develop our Strategic Plan we need to: -

- Ensure we are delivering on the Integration Principles
- Consider the impact our Strategic Plan may have and avoid unintentional negative impacts where possible
- Ensure we are achieving Best Value
- Undertake effective community engagement
- Prepare a Housing Contribution Statement

### 3. Correlation with Local Priorities

The revised statutory guidance on preparing strategic plans for health and social care integration states that these should ensure correlation with other local priorities, policy direction, service provision and improvement activity and includes a list of these (indicated below by the headings in blue text). Below is a list of the relevant documents for Aberdeen City along with comment in relation to the relevant links for ACHSCP.

#### • Alcohol and Drug Partnership plans

The 2019-2022 ADP Delivery Framework has five broad themes: -

- Whole Family Approach
- Reducing Harm, Morbidity and Mortality
- Service Quality Improvement
- Supporting Recovery
- Intelligence led Delivery

ACHSCP is also aiming to take a **Whole Family Approach** as well as improving quality and ensuring our planning is evidence led. Substance use is a key focus of our Community Mental Health Services and high on the agenda for our prevention programmes.

#### • carer strategies

The Aberdeen City Carers Strategy is completely aligned to ACHSCP's Strategic Plan and is identified as one of the key documents that supports delivery. The current Carers Strategy has four priorities: -

- Identifying as a carer and the first steps to support
- Accessing Advice and Support
- Supporting future planning, decision-making and wider carer involvement
- Community Support and services for carers

Our revised Strategic Plan will include a commitment to continue to **support unpaid carers**.

#### • children's services plans

Within the 'what we know' section of the Aberdeen City Children's Services Plan, the statements where ACHSCP can make an impact (with the relevant service in brackets) include: -

- The development of early speech and language skills continues to be a concern (AHP, SALT Service)
- The uptake of immunisations is lower than it should be (Community Nursing and the Aberdeen Wellbeing Hub)
- Closer collaboration and integration by the universal services helps to improve outcomes (all services)
- Schools can access advice and guidance from other professionals (all services)
- There is an increase in the number of children declared disabled (Learning Disability Services with a particular focus on Transitions and predicting demand in adulthood)
- Young Carers need our support (Carers Strategy)
- The mental health and wellbeing of children and young people continues to be a concern (CAMHS)
- Around 22% of children are experiencing child poverty (Reducing the Impact of Inequality/Prevention)
- 50% of households experiencing poverty have dependent children (Reducing the Impact of Inequality/Prevention)
- The groups most likely to be impacted by poverty face different challenges (Reducing the Impact of Inequality/Prevention)
- Food insecurity remains (Reducing the Impact of Inequality/Prevention)

As part of ongoing, routine business we will work closely with our colleagues in Children's Services to ensure there is relevant support where it is needed but the main focus within our Strategic Plan will be a focus on **improving Child Health**.

In terms of the commitments in the Children's Services Plan our main link is in relation to Stretch Outcome 3 of the LOIP '95% of all children will reach their expected developmental milestones by their 27–30-month review by 2026'. ACHSCP's chief Nurse leads the '**Best Start in Life**' Outcome Improvement Group ensuring relevant links are made. An enabler to this work noted in the plan is increasing integration. ACHSCP are committed to closer collaborative working and integration of service to improve outcomes for children.

- **community plans** (NB: for these we have translated as Locality Plans which are referenced within the LOIP section below)

- **housing and homelessness strategies**

#### ACC Local Housing Strategy

Key links are noted below: -

- There is an adequate supply of housing across all tenures and homes are the right size, type and location that people want to live in with access to suitable services and facilities.
- Homelessness is prevented and alleviated.
- People are supported to live, as far as is reasonably practicable, independently at home or in a homely setting in their community.
- Consumer knowledge, management standards and property condition is improved in the private rented sector.
- Fuel poverty is reduced which contributes to meeting climate change targets.
- The quality of housing of all tenures is improved across the city.

ACHSCP has close links with ACC Housing colleagues through regular meeting of the Housing and Integration meeting and the Disabled Adaptations Group. The Key Links above will be reflected in the **Housing Contribution Statement** which will form part of the Strategic Plan.

#### Local Development Plan 2023

Relevant Key Policy Areas within the above include: -

- Health and Wellbeing
  - Healthy Developments
  - Air Quality
  - Noise
  - Specialist Care Facilities
  - Changing Place Toilets
- Meeting Housing and Community Needs
  - Residential
  - Mixed Use
  - Density
  - Housing Mix and Need
  - Affordable Housing
- The Vibrant City
  - Tourism and Culture
  - Beach and Leisure
- Delivering Infrastructure, Transport and Accessibility

- Sustainable Transport
- Digital infrastructure
- Telecommunications

ACHSCP is a key consultee in relation to the LDP and will continue to influence those areas that will have a **positive impact on population health**.

- **transitional arrangements between children's and adult services**

Children and Adult Services meet regularly to consider transition arrangements particularly in the area of Learning Disabilities but we still need to test and embed a **Transitions Plan**. Future demand is captured in our **Market Position Statements for Complex Care and for Independent Living and Specialist Housing Provision**. We will keep these under review as part of Business as Usual.

- **Local Outcome Improvement Plans (LOIPs)**

ACHSCP's main link to the LOIP is through the Resilient, Included and Supported Outcome Improvement Group and Stretch Outcome 10 – Healthy Life Expectancy is 5 years longer by 2026. We do, however have a lead role in other areas of the LOIP and the relevant projects are noted in the table below.

Ref.	Project Aim
3.1	Reduce by 5% the no. of children aged 0-4 who are referred to Children's Social Work as a result of neglect arising from parental mental health, addiction and domestic abuse 2026.
9.4	Increase to 80% the number of community justice clients completing exit questionnaires with 90% of those showing an improvement by 2026.
9.5	80% of individuals in the Justice system that identify to have concerns with their substance use are offered or accessing support by 2026.
10.1	Reduce the 5-year rolling average number of suicides in Aberdeen by at least 5% by 2026.
10.3	Increase by 50% the number of people engaged with Stay Well Stay Connected initiatives by 2025.
10.4	To support 50 low-income families in priority neighbourhoods to improve healthy eating behaviours and adopt good life choices to support healthy weight by 2026.
10.6	Decrease the number of women who are smoking in pregnancy in the 40% most deprived SIMD by 5% by 2026.
11.3	Decrease the number of women who are drinking in pregnancy in the 40% most deprived SIMD areas by 5% by 2026.
11.5	Reduce by 20% the number of drug related deaths in our priority neighbourhoods by increasing the distribution of naloxone by 25% year on year by 2026.
11.6	80% of people closed from Assertive Outreach as no longer considered at risk by 2026.

11.7	Increase by 10% the number of people in active recovery from drug and alcohol by 2025.
16.3	Increase the number and diversity of community members participating in community planning at a meaningful level (Rung 5 and above) by 100% by 2025.

### Locality Plans

These are completely aligned to the LOIP and are codesigned with communities through the IJB and ACC joint locality planning arrangements. Delivery will be progressed led by the joint locality planning team. The priorities per locality relevant to adult health and social care are noted below: -

North Locality	Central Locality	South Locality
<b>Improve the physical health and wellbeing of people</b>	<b>Improve mental health and wellbeing</b>	<b>Support children and young people</b>
<b>Support local volunteering</b>	<b>Ensure people can access services timely through a person-centred approach</b>	<b>Focus on early intervention, prevention, and re-enablement actions</b>
<b>Early Intervention Approach</b>	Create safe and resilient communities	
Increase the number of people and groups involved in making improvements and decisions in their community	Increase the number of people and groups involved in making improvements and decisions in their community	Increase the number of people and groups involved in making improvements and decisions in their community

These will be reflected in the Strategic Priorities of our Strategic Plan.

### • [NHS health board delivery plans](#)

NHSG's Plan for the Future commits to enabling wellness and includes commitments under the headings of People, Places and Pathways.

### People

- **Citizens** (two way engagement, co-production with lived experience, support to access care)
- **Children** (maximise mental health and wellbeing, multi-agency approach to Adverse childhood Events (ACEs), reduce inequalities, voices of young people embedded in decision-making)
- **Colleagues** and Culture (workforce for today and innovate for tomorrow, support health, safety and wellbeing, colleagues included and empowered to make the best contribution)

### Places

- **Anchor** (desirable employment destination, treat people equally, a workforce that reflects the community, social responsibility in decision-making, trusted partner who uses influence responsibly and effectively)
- **Communities** (ongoing dialogue leading work, empowerment for community led action, reinforced connection with marginalised and seldom heard communities, integral part of system – leading and participating)

- **Environment** (paperless, maximise technology, Realistic Medicine fully embedded, fit for purpose estate, maximise hybrid working, generate our own energy, resilient to climate conditions)

#### Pathways

- **Empowering** (self-management, mental and physical wellbeing treated equally, de-medicalised language, make every opportunity count)
- **Access** (pathways centred around individuals and systems joined up, ease of knowing how to get help, high quality and safe care, digital systems and equitable alternatives)
- **Whole System Working** (system leadership, shared actions, recognise value of partners and hold them to account, right care, right place, right purpose, see the whole person, support regional and national colleagues)

In particular, the themes highlighted in bold will be reflected in our revised Strategic Plan.

#### • NHS health board and integration authority workforce plans

The relevant actions for ACHSCP from NHSG's Workforce Plan 2022-25 are noted below along with our response/contribution in brackets: -

- Scaling MDT approach in Primary Care (Primary Care Vision)
- Developing sustainable Primary Care OOH services (Primary Care Vision)
- Increase capacity for in hour's routine and urgent dental care (Review of Dental Services)
- Build capacity to eliminate long waits for Psychological Therapies (PCIP)
- Develop digital skills of the workforce to make maximum use of Office 365 (Strategic Plan Digital Enabler)
- Developing and maintaining digital skills across the whole workforce (Workforce Plan)
- Support implementation and use e-Rostering to its fullest potential (Strategic Plan Digital Enabler)
- Commitment to the implementation of Healthcare Staffing (Scotland) Act (SLT)
- Non-pay reform commitments in Agenda for Change pay deal (SLT)
- Actions from Ministerial Taskforce on Nursing and Midwifery supply, recruitment and retention (SLT)
- Planning and resourcing strategies to ensure required workforce is in place to support recovery of services and increased service demand. (Workforce Plan)
- Succession Planning (Workforce Plan)
- Workforce planning for Allied Health Professionals (Workforce Plan)
- Equality and Diversity (EOMF and IIA process)
- Enhancing local supply pipelines and cement your role as an 'anchor institution', for instance your approach to apprenticeships and community outreach. (Commissioning)
- Making use of new roles, training and development opportunities to support workforce diversification (Workforce Plan)
- Health Care Support Workers (Workforce Plan)
- The use of technology and automation to support increased efficiency, mitigate growth requirements and ease workforce supply pressures. (Digital Enabler)
- Use of national and local workforce policies to maximise recruitment, retention and wellbeing of staffing (Workforce Plan)
- Addressing and reducing barriers to delivering exemplary workforce practice (workforce Plan)



Our local **Workforce Plan**, which supports delivery of our Strategic Plan reflects the elements above that are relevant to Aberdeen City Health and Social Care partnership.

- [NHS clinical strategies](#) - NHS Grampian Plan for the Future covers this
- [other local corporate plans](#)

#### ACC Delivery Plan

The ACC Delivery plan is completely aligned to LOIP and therefore reference should be made to the section covering this above. Relevant commitments for ACHSCP include: -

- No-one will suffer due to poverty
- 95% of children (0-5 years) will reach their expected developmental milestones by the time of their child health reviews by 2026
- 90% of Children and young people will report that their experiences of mental health and wellbeing have been listened to by 2026. This is reflected in interactions, activities, supports and services
- As corporate parents we will ensure 95% of care experienced children and young people will have the same levels of attainment in education, health and emotional wellbeing, and positive destinations as their peers by 2026
- 30% fewer young people (under 18) charged with an offence by 2026
- Child friendly city where all decisions which impact on children and young people are informed by them as rights holders by 2026

Transformation projects include: -

- **Digital** – NB: ACHSCP are also working with Microsoft and have digital as a key enabler of the Strategic Plan
- Reconfiguration of working arrangements with ALEOs (BAC & Sport Aberdeen are of particular interest to ACHSCP as we work closely with both and will continue to monitor developments in this area)
- **Redesign and reconfiguration of Estates Portfolio** – this is of particular interest to ACHSCP as a number of services are delivered from ACC properties. Our Market Position Statements are designed to articulate our current and future needs in relation to property and our developing Infrastructure Plan will take into account our use of both ACC and NHS Grampian properties.

- [public protection](#)

#### Child Protection Committee (CPC) Improvement Aims

The Child Protection Programme aims to improve the safety, wellbeing and life chances of vulnerable children and young people. As a partnership we achieve this by: -

- recognising and responding when children and young people need protection
- helping children and young people stay safe, healthy and, for those who have experienced abuse and neglect, to recover from their experiences and
- providing strong and effective collaborative leadership to deliver the Child Protection Programme ensuring the CPC is ready to adapt and adjust as required to both local and national developments
- working across Public Protection workstreams and achieving greater alignment

#### Adult Protection Committee Strategy

Our Vision for Adult Support and Protection in Aberdeen is:

“Partners in Aberdeen are committed to an inclusive approach to preventing and responding to harm and protecting adults at risk.”

- We will develop a robust Data Performance and Quality Assurance Framework
- We commit to continue to develop appropriate mechanisms for effective communication
- We will continuously improve ASP practice, learning and development by reaching all our people, ensuring effective support, preventative measures and protection of adults at risk of harm.
- We commit to learning from situations where there is potential for improvement in practice, and to ensuring related learning is embedded into practice

Both Child and Adult Protection are seen as business as usual for ACHSCP. ACHSCP are represented in relation to public protection by the Lead for Social Work who sits on the committee and actions anything relevant arising from discussions.

In addition to those identified by the Statutory Guidance we have identified the following strategies we feel ACHSCP needs to align to.

#### Aberdeen Adapts

The IJB are a responsible body in relation to Climate Change and there is currently a Delivery Plan project in relation to this. This links to the Aberdeen Adapts strategy which has the following commitments.

Prevent, Protect, Inform, Collaborate, Innovate

- Minimising risks to people in Aberdeen and their health
- Buildings and Infrastructure
- Flooding and Coastal Change
- Natural Environment
- Society and Economy – reduce impact on health, disruption to services
- Understanding

#### Regional Economic Strategy

It is estimated that there are 2.8 million people in the UK inactive due to long-term sickness. Using population size as a comparator that could equate to 8,500 people in Aberdeen city. ACHSCP considers that it can contribute to the Regional Economic Strategy by keeping people well and enabling them to participate in the workforce and make a positive contribution to the local economy.

#### **What does Correlation with Local Priorities mean for Strategic Planning?**

We need to continue to work collaboratively with partners to ensure strategic planning is aligned and that the focus is on improving the overall health and wellbeing of the people of Aberdeen city.

## **4. Local Context (Needs Assessment)**

### **Population Health**

#### Life Expectancy and Healthy Life Expectancy

In Aberdeen, Life Expectancy (LE) at birth is higher for females than for males. In 2019-21 in Aberdeen City LE at birth was estimated to be 81.4 years for women and 76.9 years for men. This is similar to the figures for Scotland. LE had been increasing since the early 1980s but has now remained virtually unchanged since 2012-14.

Healthy Life Expectancy (HLE) represents the number of years that an individual can expect to live in good health. In 2019-21, males in Aberdeen City had an estimated healthy life expectancy of 60.2 years, giving an expected period of 'not healthy' health of 16.7 years. In 2019-2021, females in Aberdeen City had an estimated healthy life expectancy of 61.4 years, giving an expected period of 'not healthy' health of 19.6 years. So while on average females have a higher life expectancy than males, they also spend a higher proportion of their lives in 'unhealthy health'.

LE and HLE are affected by many behavioural risks to health such as smoking and poor diet; access to and use of health care; wider socio-economic determinants such as income, education, housing and employment; geography; and specific characteristics such as sex, ethnicity, disability and social exclusion. They are both therefore complex areas in which to achieve positive influence.

#### Alcohol and Drugs

In the period 2017-21, 25% of adults in Aberdeen City were drinking above the guideline recommendations of 14 units per week. This is slightly higher than the rate for Scotland of 24% and unchanged from the rate in 2016-19. Questions relating to alcohol consumption were asked in City Voice 46 (December 2022). When asked if they knew the maximum number of units of alcohol recommended over a week, less than half (46.7%) of respondents correctly choose 14 units. The next most common response was 'don't know' at 25.9%.

In 2022 there were 49 alcohol-specific deaths in Aberdeen City – up from 43 deaths in 2021. As the number of alcohol-specific deaths can fluctuate substantially on a yearly basis, a 5-year rolling average number is also given. For the period 2018-22 this figure was 41.8 – higher than the figure of 38.6 in 2017-21. The rate (5-year average age standardised) of alcohol-related deaths in 2018-22 was 20.2 per 100,000 population – slightly lower than the rate for Scotland of 21.2, but higher than the rate for 2017-21 of 18.7 per 100,000 population

In 2019/20-2021-22 there were 438 drug-related hospital admissions (3-year rolling average number) which is equivalent to a rate of 182 per 100,000 population, compared to 228.3 per 100,000 population in Scotland. Following a period of increasing drug-related hospital admissions, the rate has decreased slightly in the past two periods – from 191 in 2017/18-2019/21.

In 2022 there were 42 drug-related deaths in Aberdeen City – down from 62 deaths in 2021. Of the 42 deaths in 2022, 26 were males and 16 were females. Compared to 2020, females made up a higher proportion of drug-related deaths (38.7% in 2021 and 38.1% in 2022, compared to 23.2% in 2020). As the number of deaths can fluctuate substantially on a yearly basis, annual rates (age-standardised per 100,000 population) for 5-year periods are also given. In the period 2018-2022, the average annual rate for drug-related deaths was 22.9 deaths per 100,000 population. This is slightly lower than the equivalent rate for Scotland (23.4 per 100,000 population) and lower than the rate for 2017-2021 of 24 per 100,000 population. It is the 13th highest average annual rate of drug deaths of all local authorities in

Scotland (improvement from 5th highest in 2018). As in Scotland, rates of drug-related deaths have increased year-on-year since 2010-2014. This is the first drop in 5-year age-standardised rate since 2010-14. In Aberdeen City, drug-related deaths were highest in the 35–44-year age group and the 45–54-year-old age group (with 54.7 and 58.6 per 100,000 population respectively in 2018-2022)

### Smoking, Vaping and Healthy Weight

Over half of the deaths in Aberdeen City in 2022 were associated with cancers and circulatory diseases, for which smoking, obesity, and physical inactivity are risks.

In the period 2017-21, an estimated 15% of adults in Aberdeen City were current smokers compared to 16% in Scotland. A higher proportion of males (18%) than females (14%) were smokers. Smoking continues to be the greatest preventable cause of ill-health and death in Scotland. It causes around 1 in 5 of all deaths, remains the most significant cause of preventable cancer and contributes to much of Scotland's cardiovascular and pulmonary health problems. Scotland's Public Health Priorities (2018) recognise the need to reduce the use and harm from tobacco. The Scottish Government has set ambitious targets to reduce children's exposure to second-hand smoke to 6% by 2020 and reduce smoking prevalence in Scotland to 5% by 2034. Smoking during pregnancy can have significant consequences for mother and baby, and increases the risk of stillbirth, miscarriage and preterm birth. The National Childbirth Trust (2018) emphasises that the impacts of smoking in pregnancy can be longer term as well, putting babies and children at increased risk of asthma, chest and ear infections, as well as psychological problems. Despite the known risks, in Aberdeen, around 9% of pregnancies booked are current smokers.

The issue of vaping in young people has been growing over the past 3 years. Originally designed and loosely accepted as a stop smoking product, vapes were not seen as attractive or accessible for young people. However, the market has changed dramatically over the last 3 years and a new market space has been created which has seen cheap, brightly coloured vapes with sweet flavours which are blatantly targeted towards, and clearly have an appeal with, young people. Whilst most vapes purchased fit with the current legal requirements of having 2ml nicotine or less, this market has also seen illegal vapes appear which are available through various independent businesses which contain more than the legal amount of nicotine, or which are not approved for sale in the UK. In November 2022, 6.7% (473) of pupils in Aberdeen City schools reported that they have tried smoking (either cigarettes or e-cigarettes) – a reduction of 1.3% from March 2022. In 2022 and 2023, 5.6% of 13–18-year-olds reported that they were vaping regularly. Whilst it is documented that vaping is less harmful than smoking, the evidence on the long-term impact of vaping is not yet clear. 99% of e-cigarettes contain Nicotine which is highly addictive and the common link with tobacco smoking products. Anecdotal evidence from partners working with young people in hospitals have indicated vaping has been a major concern around their health conditions.

The Scottish Burden of Disease analysis indicates that of all healthy years lost in Scotland; one in ten are attributable to excess weight, and one in ten attributable to poor diet. The Scottish diet remains too high in calories, fats, sugar and salt, and too low in fibre, fruit and vegetables, and other healthy foods like oil-rich fish. Around two-thirds of all adults in Scotland (67%) are living with overweight (including obesity), with one third (33%) of children starting primary school being at risk of overweight (including obesity). In 2016-19 it was estimated that 23% of the City's adult population is obese (classified as a BMI of 30+). This is lower than the rate for Scotland of 29% and a decrease from 25% in 2014-17.

In the period 2017-21, an estimated 71% of adults in Aberdeen City were meeting the recommended guidelines for physical activity (150 minutes of moderate activity or 75 minutes of vigorous activity per week) compared to 66% for Scotland. 21% percent had low or very low levels of physical activity and 8% had some activity. Based on data from the

Scottish Household Survey, in 2021 89% of adults in Aberdeen City had taken part in some form of physical activity (including walking) in the previous month. When walking was excluded, the proportion dropped to 61%. The most common activities were walking (at least 30 minutes) at 82%, multi-gym/weight training at 21%, and running/jogging at 18%

### Mental Health

Financial strain and poverty are key drivers of poor mental health. People struggling to pay their rent or mortgage, feed their families, or cover essential bills are at higher risk of developing mental health problems including anxiety and depression. While there is no specific data for Aberdeen City, research carried out for Mental Health Foundation Scotland reported that 33% of survey respondents experienced stress, 40% experienced anxiety, and 13% said they felt hopeless due to their financial situation in the previous month. Recent statistics published by the Scottish Government showed that in March 2023, almost half (49%) of Scottish adults reported that their mental health is being negatively impacted by the cost-of-living crisis, with 13% saying that their mental health was impacted negatively to a large extent. When management of household finances were taken into account, only 3% of those who were 'managing well' reported being negatively impacted to a large extent, compared to 9% for those who were 'getting by ok' and 31% who were 'managing less well'.

In 2020/21, 32,247 people in Aberdeen City were prescribed drugs for anxiety, depression or psychosis. This is equivalent to 16.3% of the population – lower than the proportion for Scotland of 19.3%. Although the rates for both Aberdeen City and Scotland fell slightly between 2019/20 and 2020/21 (from 16.6% and 19.7% respectively), the proportion of people receiving prescriptions for these conditions has increased in recent years, from (13% in 2010/11 for Aberdeen City).

In 2019/20-2021/22 there were 510 (3-year rolling average number) patients discharged from psychiatric hospitals in Aberdeen City. This is equivalent to a rate (age-sex standardised) of 228 per 100,000 population – similar to the rate for Scotland of 230 per 100,000 population. Rates of patients with psychiatric hospitalisation have fallen in both Aberdeen City and Scotland in recent years.

Suicide in Scotland is a significant public health issue which affects all age groups and communities. Although no-one is immune from suicide, some individuals are at greater risk. Data from the Scottish Suicide Information Database (ScotSID) report profiling suicide deaths between 2011 and 20193 shows:

- Just under three quarters of all suicides in Scotland are male
- Almost half (46%) were aged 35-54
- 88% of people that die by suicide are of working age with two-thirds of these in employment at the time of their death.

In 2022 there were 28 probable suicides in Aberdeen City (22 male and 6 female). The number of suicides in a single year in the City peaked at 43 deaths in 2015 [83]. For the period 2018-2022 the rate (age-standardised per 100,000 population) of 11.9 per 100,000 population is the lower than the rate for Scotland of 14.4 per 100,000 population.

The General Health Questionnaire (GHQ-12) is a standardised scale which measures mental distress and mental ill-health. A score of 4 or more is indicative of a potential psychiatric disorder. In 2017-21, an estimated 17% of people in Aberdeen City had a score of 4 or more – lower than the rate for Scotland of 19% and similar to the rate in 2016-19 of 16%. A higher proportion of females (18%) than males (14%) had a score or 4 or more [37].

Mental wellbeing is measured using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). Possible total scores range from 14 to 70 with higher scores indicating greater

wellbeing. In 2017-21, the average (mean) score for Aberdeen City was 49.9 – similar to the score for Scotland of 49.5. Mean scores were similar for males (50.1) and females (49.8).

### Dementia

Alzheimer Scotland estimate that there are 90,000 people with dementia in Scotland with around 3,000 of these being under the age of 65 years. In 2022, Dementia and Alzheimer's disease were the leading cause of death for females in Aberdeen City (12.2% of all female deaths) and the second most common cause of death for males (7.1% of all male deaths).

### Key Diseases

In 2022, cancer and circulatory diseases (such as coronary heart disease and stroke) together accounted for over half (51%) of all causes of death in Aberdeen City.

In 2022, 27% of male deaths and 25.7% of female deaths were caused by cancer, and 27.8% of male deaths and 21.7% of female deaths were caused by circulatory diseases. Leading causes of death are also given for specific disease classifications (e.g. types of cancer and circulatory diseases are listed separately). In 2022, ischemic heart diseases were the leading cause of death for males (14.9% of a male deaths), followed by Dementia and Alzheimer disease (7.1%) and cancer of the trachea, bronchus and lung (6.7%). For females, Dementia and Alzheimer disease was the leading cause of death for (12.2% of all female deaths), followed by Ischaemic heart diseases (7.3%) and cerebrovascular disease (6.5% of all female deaths). The leading cause of death analysis is based on a list of causes developed by the World Health Organisation (WHO). There are around 60 categories in total and cancers are grouped separately according to the type of cancer, for example, lung, breast and prostate cancer are all counted as separate causes. If all cancers were grouped together, cancer would be the leading cause of death.

In 2018-20 there were 1,287 new cancer registrations in Aberdeen (3-year rolling average number). This is equivalent to a rate (age-sex standardised per 100,000 population) of 676.8 – higher than the rate for Scotland of 625.2. In both Aberdeen City and Scotland, the rate of cancer registrations decreased from the rates in 2017-19 (701.7 and 650.1 60 respectively).

In 2019-21 there were 279 early deaths (<75 years) from cancer (3-year rolling average number). This is equivalent to a rate of 153 per 100,000 population – slightly higher than the rate for Scotland of 150 per 100,000 population. Overall, the rate of early deaths from cancer has decreased over the last 10 years (from 181 per 100,000 population in 2009-11).

There are three main cancer screening programs offered to those residing in Scotland – bowel, breast and cervical screening. 71.5% of eligible individuals in Grampian returned their Bowel Screening kit in 2020-2022 (against a target uptake rate of 60%). Data per Health and Social Care Partnership area is not yet available. 75.3% of the eligible population in Aberdeen City attended a routine mammogram appointment for Breast Cancer Screening between 2019 and 2022 (against a target uptake rate of 80%). 63% of the eligible population in Aberdeen City attended a cervical screening appointment between 2021 and 2022 (against a target uptake rate of 80%).

In 2019/20-2021/22 there were 669 patient hospitalisations with coronary heart disease (CHD) (3 year rolling average number). This is equivalent to a rate of 350 per 100,000 population – slightly higher than the rate for Scotland of 342 per 100,000 population. In both Aberdeen City and Scotland, the rate of CHD patient hospitalisations has decreased over the past 10 years. In 2019/21 the rate of early deaths (<75 years) from CHD was 50.1 per 100,000 population in Aberdeen City, similar to the rate for Scotland of 52.6.

In 2019/20-2021/22, the incidence of COPD in Aberdeen City was 175 (3-year average number). This is equivalent to a rate of 112 per 100,000 population which is lower than the rate for Scotland of 126 per 100,000 population. Incidence of COPD has been decreasing in both Aberdeen City and Scotland over the last few data periods. In 2019-21 there were 82 deaths (3-year average), which is a rate of 54 per 100,000 population – lower than the rate for Scotland of 61 per 100,000 population. In 2019/20-2021/22 there were 295 (3-year rolling average number) patient hospitalisations in Aberdeen City. This is equivalent to a rate of 186 per 100,000 population – lower than the rate for Scotland of 207.

#### **What does this mean for our Strategic Plan?**

We need to address the behavioural risks to health such as smoking and poor diet; access to and use of health care; wider socio-economic determinants such as income, education, housing and employment; geography; and specific characteristics such as sex, ethnicity, disability and social exclusion to improve healthy life expectancy in Aberdeen (NB: this is the focus of Stretch Outcome 10 within the LOIP).

We need to reduce alcohol consumption in Aberdeen to a rate that is below the Scottish average.

We need to target drug use in the 35 to 44 year old age group to help reduce the rate of drug related deaths.

We need to reduce the incidence of smoking in pregnant women. NB: this is the focus of a LOIP project.

We need to reduce the incidence of vaping in young people. NB: this is the focus of a LOIP project.

We need to continue the downward trend of obesity in Aberdeen City by improving healthy eating behaviours and encouraging people to adopt healthy life choices. NB: this is the focus of a LOIP project.

We need to be alert to the impact of poverty on mental health and act to reduce the number of prescriptions issued for anxiety and depression by increasing opportunities for alternative social prescribing.

We need to improve cancer screening uptake in Aberdeen city NB: this is a focus of a LOIP project.

## Deprivation

According to an analysis of the Scottish Index of Multiple Deprivation (SIMD) in 2016, 11.7% of Aberdeen City's population are in health deprived data zones. This is almost on a par with Edinburgh (12.1%) but considerably lower than both Dundee (34%) and Glasgow (50%). The neighbourhoods in the 20% most deprived data zones (Quintile 1) include Torry, Woodside, Seaton, Northfield, Middlefield, Tillydrone, Mastrick, Sheddocksley and George St.

Estimated Life Expectancy is strongly associated with deprivation. In Aberdeen City in 2017-2021, estimated LE for males in SIMD quintile 1 (most deprived) was 71.7 years compared to 81.7 years for males in SIMD quintile 5 (least deprived) – a difference of 10 years. For females, the difference in estimated LE was less marked, at 76.3 years for females in quintile 1 compared to 84.4 years for females in quintile 5 - a difference of 8.1 years. Comparison with data from 2013-2017 shows that the gap in estimated life expectancy between most and least deprived quintiles in Aberdeen City has increased for males (previously 9.7 years) and females (previously 7.4 years).

For males, estimated LE at birth ranges from a low of 69.4 years in Woodside to a high of 83.1 years in Braeside, Mannofield and Broomhill & Seafield North – a difference of 13.7 years. For females it ranges from a low of 72 years in Woodside to a high of 86.3 years in West End North – a difference of 14.3 years.

Alcohol-related hospital admissions were highest for those in the most deprived areas at 1,092 per 100,000 population for SIMD quintile 1 (most deprived) compared to 207 per 100,000 population for SIMD quintile 5 (least deprived). The rate of alcohol-related hospital admissions ranged from a low of 87.3 in Cults, Bieldside & Milltimber East to a high of 2,104 per 100,000 population in Old Aberdeen

Rates of alcohol-specific deaths are higher for those in deprived areas. In Aberdeen City in 2017-21, the rate (age-sex standardised) for those in SIMD quintile 1 (most deprived) was 33.1 per 100,000 population compared with 8.1 per 100,000 population for SIMD quintile 5 (least deprived). Rates of alcohol-related deaths vary across the city localities, (2017-21 data) from 13.9 per 100,000 population in Aberdeen South, to 15.5 in Aberdeen North and 28.9 in Aberdeen Central.

Rates of drug-related hospital admissions are higher for those in deprived areas at 466.5 per 100,000 population for those in SIMD quintile 1 (most deprived) compared to 26.5 in SIMD quintile 5 (least deprived). The rate of drug related hospital admissions varies across the localities from 136 per 100,000 population in Aberdeen South, to 175 in Aberdeen North and 250 in Aberdeen Central.

The rate of drug-related deaths is higher for those living in deprived areas. In Aberdeen City in 2017-21, the rate (age-sex standardised) of drug related deaths for those in SIMD quintile 1 (most deprived) was 58.1 per 100,000 population compared to 3.6 per 100,000 population in SIMD quintile 5 (least deprived).

In 2021/22, a higher percentage of women were recorded as smoking during pregnancy in more deprived areas: 23.9% in the most deprived SIMD quintile, compared to 2.9% in SIMD 5.

In Scotland's most deprived communities, adult obesity rates persistently exceed those living in the least deprived areas. Children living in our most deprived communities are twice as likely to be at risk of overweight compared to those in our least deprived, with the gap widening in recent years. Those living in the most deprived areas experience the most significant diet and health related inequalities. Affordability can be a barrier to being able to eat a healthy balanced diet. Research has shown that those with the lowest income currently



must spend around 50% of their disposable income to eat a healthy diet compared to only 11% for those with the highest income.

A higher proportion of those from SIMD quintile 1 (most deprived) were prescribed drugs for anxiety, depression or psychosis (22%) than those in SIMD quintile 5 (least deprived) at 12.5%. The proportion of people prescribed drugs for anxiety, depression or psychosis varied by Locality, at 15.2% in Aberdeen South, 15.3% in Aberdeen Central and 18.6% in Aberdeen North.

Rates of psychiatric patient hospitalisation varied by deprivation, being highest in SIMD quintile 1 (most deprived) at 326 per 100,000 population compared to 160 per 100,000 population in SIMD quintile 5 (least deprived). In Aberdeen City, rates were highest in Aberdeen Central (290 per 100,000 population). Rates were similar in Aberdeen North (204) and Aberdeen South (206).

In 2017/19-2021/22 the rate of deaths from probable suicide was highest for those living in the most deprived areas of the city (15 per 100,000 population in SIMD quintile 1 compared to 6 per 100,000 population in SIMD quintile 5). Rates varied by HSC locality at 10.4 per 100,000 population in Aberdeen South, 10.5 in Aberdeen North and 12.6 in Aberdeen Central.

The rate of cancer registrations varies by deprivation (rate of 781 per 100,000 population in SIMD quintile 1 (most deprived) compared to 609 in SIMD quintile 5 (least deprived)) and by localities, at 644.8 per 100,000 population in Aberdeen South, 692.5 in Aberdeen North and 700.5 in Aberdeen Central.

The rate of early deaths from cancer is higher in deprived areas at 218 per 100,000 population in SIMD quintile 1 (most deprived) compared to 92 in SIMD quintile 5 (least deprived) and varies across the City (Intermediate Zones), from a low of 64 per 100,000 population in Braeside, Mannofield, Broomhill & Seafield South to a high of 303 in Seaton.

Hospitalisations for coronary heart disease (CHD) are higher in deprived areas at a rate of 506.4 per 100,000 population for SIMD quintile 1 (most deprived) compared to 254.2 in SIMD quintile 5 (least deprived). The rate of CHD hospitalisations varies by Intermediate Zone, from a low of 188 per 100,000 population in Ferryhill North to a high of 715 in Tillydrone. The rate of early deaths from CHD was higher in more deprived areas (73 per 100,000 population in SIMD quintiles 1 and 2 compared to 31 per 100,000 population in SIMD quintile 5) and varied across the city (Intermediate Zones) from a low of 11.3 in Cove North to a high of 186 per 100,000 population in Old Aberdeen.

The rate of patient hospitalisations for Chronic, Obstructive Pulmonary Disease (COPD) is higher for those in deprived areas at a rate of 425 per 100,000 population for SIMD quintile 1 (most deprived) compared to 59 in SIMD quintile 5 (least deprived) and varied across the City (Intermediate Zones) from a low of 19 per 100,000 population in Kingswells to a high of 857 per 100,000 population in City Centre East.

#### **What does this mean for our Strategic Plan?**

We need to focus on improving Healthy Life Expectancy, reducing alcohol and drug use, reducing smoking rates in pregnancy, improving healthy weight, reducing prescriptions for anxiety and depression, reducing suicide rates, and improving cancer screening as described above needs to be targeted more towards areas of deprivation to achieve the highest impact.

## Demand

The Population needs Assessment (PNA) for Aberdeen City confirms that there is an ageing population in the city. By 2028 the number of 65–74-year-olds will increase by 14.4% and the number of 75+ will increase by 16.1% - that represents an additional 4,000 people who will potentially require health and social care. In addition, 28% of people report they are living with limiting, long term conditions whilst 11% report living with non-limiting conditions.

Mortality does not give a complete picture of the burden of disease borne by individuals in different populations. The overall burden of disease is assessed using the disability-adjusted life year (DALY), a time-based measure that combines years of life lost due to premature mortality (YLLs) and years of life lost due to time lived in states of less than full health, or years of healthy life lost due to disability (YLDs). One DALY represents the loss of the equivalent of one year of full health. DALYs are a way of identifying future health need. The latest figures show that under 15s are predicted to have better health in future whereas males over 85 are predicted to have a DALY score double to that for this cohort currently if nothing is done to intervene.

The Scottish Burden of Disease study forecasts a 21% increase in the annual disease burden in Scotland over the next 20 years. Applied to the local context this would mean potentially an additional 6% reporting limiting, long term conditions.

In relation to local demand the following are areas of note: -

- Occupancy rates for Hospital at Home have increased from 70% in March 2022 to 77.7% in June 2024.
- Weekly contacts for Grampian General Medical Services have increased by 27%.
- Occupancy at Woodend has increased from 93.7% in March 2022 to 109.2% in June 2024.
- Length of stay at Woodend has also increased by 56%.
- Occupancy at Royal Cornhill has increased from 87% in March 2022 to 98% in June 2024.
- Visits to the Sexual Health Clinic have increased by 6.8% between March 2022 and March 2023.
- The number of people waiting for Psychological Therapy increased by 15.4% between April 2023 and March 2024.
- Waiting times for physiotherapy for Musculoskeletal conditions increased from 15 weeks in October 2023 to 21 weeks in March 2024
- Monthly referrals for community physiotherapy services increased from 266 in April 2023 to 296 in March 2024, however had been as high as 392 in November 2023 and 366 in February 2024.
- The waiting times for the Dietetics Child Healthy Weight Team increased from 59 weeks in November 2023 to 99 weeks in September 2024
- The waiting times for an assessment call for adult weight management is approximately 30 weeks and waiting times for one: one treatment another 30 weeks. The treatment time for digital and group options is less.

**What does this mean for our Strategic Plan?**

We need to increase the support we offer for Older People

We need to focus on early intervention and prevention to address the growing burden of disease.

We need to work with General Practitioners to help them cope with the increase in demand.

We need to consider more community-based options for rehabilitation to reduce the demand on Woodend.

We need to promote prevention and early intervention in relation to sexual health to help reduce the demand on the service.

We need to seek alternative supports for those on waiting lists to help them manage their condition during their waiting time.

## Budget

Considering the impact of demand on our budget, our latest audited accounts (relating to financial year 2023/24) identified the following as areas of concern: -

- Specialist Older Adults and Rehabilitations Services (SOARS) – overspends are mainly in relation to the use of locum and bank staff which are a more costly resource than employed staff. This is linked to the increased occupancy noted above but is not sustainable.
- Aberdeen City has a slightly higher rate of people (known to the Local Authority) with Learning Disabilities at 5.5 per 100,000 compared to 5.2 for Scotland as a whole. Community Learning Disability Services overspent by £3 million last year. This was due partly to a higher than budgeted uplift in relation to the National Care Home Contract (NCHC) rate (6% actual against 3% budgeted) as well as the number of children transitioned to adult services exceed the budgeted allowance by £713,000.
- The Adult Social Work budget was also impacted by the higher than budgeted for NCHC rate. The number of adults in receipt of a social work care package increase by 18% between April 2023 and March 2024. This was due mainly to the focus on reducing the unmet needs list.
- The Primary Care Prescribing Budget was overspent by 3.9% (£1,8 million) in 2023/24. This was due partly to a 3.8% increase in the number of items prescribed and partly to a 7.5% increase in costs.
- Out of area treatments were overspent by £753,000.

The 2025/26 budget position is indicating that savings to the value of £14.354m need to be achieved. To run in parallel to the savings workstream, more transformative projects which look to bring greater efficiency to the delivery of health and care services with the ambition to start developing savings for 2026/27 and beyond.

The Medium-Term Financial Forecast (MTFF) recognises the focus of improving health outcomes in Aberdeen City and considers a growing demand for health and social care services where resources available to meet that demand are not increasing at the same rate.

### **What does this mean for our Strategic Plan?**

In the short term we need to review service delivery models to reduce spend and achieve savings to balance our budget, thereafter we need to transform service delivery to ensure demand can be met within resources stated within the Medium-Term Financial Forecast.

## **Risks**

The risks currently listed on our Strategic Risk Register are noted below.

1. Potential failure of commissioned services to deliver on their contract
2. Demand outstrips available budget
3. Hosted Services do not deliver the expected outcomes
4. Service provided by the IJB fail to meet the national, regulatory and local standards
5. Failure to deliver transformation and sustainable systems change
6. IJB fails to maximise the opportunities created for engaging with our communities
7. Insufficient staff to provide patients/clients with services required
8. Lack of funding to maintain buildings, not having adequate staff resources to operate from buildings, failing to adequately plan which buildings ACHSCP need and where, and failure to collaborate with partners on wider planning

<b>What does this mean for our Strategic Plan?</b>
--

We need to continue to consider our strategic risks when determining what actions we take in the Strategic Plan.
--

## Capacity

So demand for health and social care services in Aberdeen City is predicted to grow, both in relation to an increased older population and in terms of a higher burden of disease. But the resources we have to deliver services are not predicted to grow to meet this demand.

Aberdeen City's Medium Term Financial Framework (MTFF) approved by the IJB in March 2024 identifies significant funding gaps in each of the seven financial years it covers. As we are funded by our statutory partners – Aberdeen City Council (ACC) and NHS Grampian (NHSG), who are both also facing financial challenges, we have to seek efficiencies and better use of our resources to balance our budgets from within our current resources. Indeed, we have a legal obligation to balance our budget. The MTFF also highlighted five main risks to the IJB's budget over the next few financial years: -

- Whether some of the changes in cost profile, demand and services as a result of COVID and COVID rules are recurring
- Impact of National Care Service
- Impact of the health debt caused by COVID
- The continuing pressures on Prescribing budgets, and
- The ongoing impact of the increase in the cost of living and inflation rates on our third-party providers.

Of course, our resources are not just about finance. There are almost 2,200 staff working in ACHSCP, almost 80% of these employed by NHSG with the remainder employed by ACC. Approximately 18% of our £435 million budget (£78 million) is committed to paying our in-house workforce, and a further £164 million, or 38% is spent on commissioning social care services from third and independent sector providers who collectively employ just under 3,000 staff. ACHSCP values the staff in commissioned services equally to our in-house staff as they are crucial to delivering services and we are as concerned about their wellbeing as we are for our own employed staff.

The Accounts Commission report referred to in Section 1 earlier, noted that the workforce is driven and committed but is under immense pressure. In addition, it noted that across the community health and social care sector there are difficulties in recruiting and retaining a skilled workforce. The Covid-19 pandemic, the cost-of-living crisis and the impact of the withdrawal from the European Union have deepened existing pressures. The report concluded that without significant changes in how services are provided and organised, these issues will get worse as demand continues to increase and the workforce pool continues to contract.

Neither the Aberdeen City IJB nor ACHSCP own any premises. Health and social care services are delivered from a variety of settings in ownership of NHSG, ACC, or private landlords. GP practices often own or lease their premises and the funding of their building is an inherent part of their business model. The premises we utilise are in various states of condition and suitability. There is no doubt we could make better use of buildings we operate from and a key feature of our sustainability discussions during 2024 have been around how efficiently we can use these buildings currently, making us more efficient and also improving collaboration opportunities.

### **What does this mean for our Strategic Plan?**

We have to seek efficiencies and better use of our resources to balance our budgets from within our current resources. Indeed, we have a legal obligation to balance our budget.

We need to deliver our Workforce Plan to ensure a workforce fit for the future.

We need to make better use of our buildings to ensure we can continue to deliver services within restricted budgets.

## Performance

### Our performance in relation to Integration Principles

Principle – Our services: -	Performance
1. Are joined up and easy for people to access	We have redesigned a number of our pathways and are in the process of developing single points of contact to make it easier for people to access our services.
2. Take account of people's individual needs	We have revised our Guidance for Community Engagement based on the Scottish Government and COSLA's updated Planning with People Guidance. Our focus for future years will be a person centred approach.
3. Take account of the particular characteristics and circumstances of different service users in different parts of the city	We have revised our Equality Outcomes aligned to our Strategic Plan and continue to deliver our Equality Outcomes and Mainstreaming Framework. Our Equality Outcomes will be revised again in light of our refreshed Strategic Plan 2025-29.
4. Respect the rights and dignity of service users	Our staff have undertaken Trauma Informed training and we continue to embed our Equality and Human Rights approach to service design and delivery.
5. Take account of the participation by service users in the community in which service users live	We continue to embed our joint approach to community engagement and participation along with our Community Development colleagues in Aberdeen City Council. 2024 saw the refresh of the Local Outcome Improvement Plan and the three Locality Plans in conjunction with communities. All of our commissioning activity includes participation from relevant groups of service users and providers.
6. Protect and improve the safety of service users	We continue to deliver our legal duty around both Adult Support and Protection and Child protection.
7. Improves the quality of the service	We continue to use the results from inspections, audits and feedback to make improvement to service design and delivery.
8. Are planned and led locally for the benefit of service users, people who look after service users and the people who provide health or social care services	The Locality Empowerment Groups are now meeting regularly and membership is increasing.
9. Anticipate people's needs and prevent them arising	We continue to deliver our Stay Well Stay Connected initiative, which is a programme of holistic community health interventions and part of our prevention agenda designed to anticipate health issues in certain cohorts of the population. Participation in some of these initiatives such as Boogie in the Bar and Soup and Sarnies is increasing. Our prevention agenda continues to grow.
10. Make the best use of facilities, people and resources	We continue to deliver on our enabling priorities in relation to Workforce, Technology, Finance, Relationships and Infrastructure. Once again we balanced our budget in 2023/24 and we are on track to do so again in 2024/25. Support for our workforce including those employed by our partner organisations continues. In 2024 we began a review of our use of

Principle – Our services: -	Performance
	premises and that will continue into 2025 and beyond ensuring that we make the best use of these and help deliver a balanced budget.

### Our performance in relation to the 4 Drivers of Health and Wellbeing

**Social and Economic** – the PNA notes that there is a link between economy and health. Child health starts before birth and continues during development. Whether a child lives in an affluent family or in an area of deprivation has an impact on their health. SDS performance is significantly lower than the Scottish average (36.2% v 88.5%)

**Places and Communities** – the PNA confirms that place is another important consideration in relation to population health and wellbeing. The design, build, and maintenance of 'place' are important aspects. Hospital admissions are reducing and there are high levels of care usage out with hospital setting. Safety is also a consideration – both in terms of levels of crime and having a safe place to live (temporary accommodation or homelessness).

**Equity, Prevention and Early Intervention** – the PNA tells us that poverty exists in Aberdeen City and is worse in areas of deprivation. Relative poverty is evident even in working households. The Covid-19 pandemic had an impact, particularly on women, children and ethnic minority groups. Child poverty is on the increase and financial insecurity, fuel poverty and food poverty exist. Climate Change also has an impact on health mostly on those living in more deprived areas. 13% of the population of Aberdeen identify as Unpaid Carers, the average in Scotland is 15%.

**Healthy Living** – the PNA confirms that smoking, obesity and physical activity are all closely related to preventable disease and that more than 50% of deaths in Aberdeen City are due to cancers and circulatory disease (linked to smoking, obesity and physical activity). High Blood Pressure/Hypertension and Depression are the main presentations in Primary Care. Drug use or smoking in pregnancy will affect child health as will breastfeeding, uptake of pre-school immunisations, healthy weight, physical activity, oral and mental health, are again all impacted by whether the child is living in an affluent or deprived area. There are variations across the city in inequality and there is no single cause. Rates of Bowel and Cervical Screening in Aberdeen are lower than ideal. Childhood immunisation rates are not as high as we would like. Improvement is required in vaccination uptake.

### Our Performance in relation to National and MSG Indicators

Our latest Annual Performance Report for 2023/24 can be found [here](#) and an analysis of the results for Aberdeen City from the latest Health and Care Experience (HACE) Survey can be found [here](#).

A high level analysis of these including our proposed response is below: -

In terms of the National Performance Indicators, most of the HACE related ones are Amber or Red. The biggest reductions are: -

- Adults supported at home who felt they had a say in how their care is provided (-12% from previous report)
- % of people with a positive experience of care provided by their GP (-11% from previous report)
- % adults supported at home who agreed they felt safe (-9% from previous report)



We will respond to the Scottish Parliament's Health, Social Care and Sport Committee, post legislative scrutiny of the Self-directed Support (Scotland) Act 2013, as part of business as usual. We will implement our General Practice Vision to improve people's experience of GP services. We will continue to deliver Adult Support and Protection services as part of business as usual to help keep people safe in their homes.

70% of 'health' related indicators are 'Green', with one Amber and two Reds. The Amber and Reds are as follows: -

- Care Inspectorate Gradings (Red)
- Number of days delayed (those aged 75+) (Red)
- % resource spent on hospital stays (Amber)

We will continue to develop positive relationships with our commissioned providers helping them to explore ways to improve services and increased their Care Inspectorate gradings. As part of business as usual we will continue our focus on reducing delayed discharges where possible.

Of the 11 MSG indicators, 4 are showing a negative (increasing) trend, 3 a positive (decreasing trend) and 4 a stable trend.

- The worst increasing trend is the number of delayed discharge bed days
- The most improved trend is unscheduled bed days in both acute and geriatric specialities.

Our business-as-usual focus on delayed discharges will include a focus on delays relating to those with the most complex needs which tend to have the highest delayed discharge bed days. Our Market Position Statements for Complex Care and Independent Living and Specialist Housing Provision will try to address the shortage in destinations for discharge for those with the most complex needs and thereby reduce delayed discharge bed days. They will also help to inform our partners priorities including Aberdeen city Council's Housing Strategy and the city's Local Development Plan

Whilst our ultimate aim is to reduce unmet need and delayed discharges this requires resources to achieve. Previous reductions have been achieved through additional funding being received. Without this, and given the current demands on reduced funding, we anticipate it will be difficult to sustain positive performance in relation to Delayed Discharges.

The current trend for increasing demand is being driven not only by increases in the proportion of the older population in our society and the increase in the burden of disease, but also in terms of population behaviour and expectations. Traditionally, the population have expected health and social care services to be available on demand. Times, and budgets have changed and the model for delivery of health and social care services also needs to change.

#### **What does this mean for our Strategic Plan?**

We need to improve access to services, particularly GP Services

We need to embed a person centred approach to service delivery

We need to take account of the needs of those experiencing inequality.

We need to increase participation from our communities

We need to recognise the link between health and the economy.

We need to support the reduction in poverty in Aberdeen City.

We need to reduce delayed discharges and lengths of stay in hospital

We need to continue to support our commissioned providers and improve the quality of services they deliver.

### **What ACHSCP has achieved from its Current Strategic plan**

In no particular order, the following are key highlights from the delivery of our current Strategic Plan (2022-25).

- In 2022/23 a total of 622 Naloxone Kits were supplied to persons at risk – up from 426 in 2021/22.
- In Q3 2022/2023, 113 people accessed specialist drug treatment services, up from 84 in Q3 2021/22.
- Up to Q3 2022/2023, a total of 327 people accessed specialist drug treatment services.
- The percentage of adults who are current smokers has decreased to 15% from 18% in 2016-19 and 23% in 2014-17.
- Our social care unmet need has reduced significantly however this was due to investment and is not sustainable. As noted above the focus resulted in a budget overspend.
- Bookings at our Community Treatment and Assessment Centres (CTACs) increased tenfold between June 2022 and March 2023, and we have created two Priority intervention Hubs – one at the bon Accord Centre and one at Get Active Northfield.
- Our GP sustainability has improved. Only one GP Practice was providing a full service in March 2023, but that number had risen to 8 in March 2024.
- The Adult Mental Health Pathway and our Neurological Rehabilitation Services were both reviewed, and implementation of the findings is underway.
- A new development of bespoke specialist supported living accommodation for people with complex needs is underway. It should be completed by Spring 2025, and it is hoped to enable the service to bring back people who have previously been cared for out with authority.
- Three Market Positions Statements have been developed to articulate what services we need to be provided in future. It is hoped these will stimulate providers and developers to come up with innovative solutions to meet these needs.
- We have progressed with the implementation of innovative technology. The MORSE system roll out to Community Nursing and Allied Health Professionals in Grampian continues despite financial challenges. This is led by a post within ACHSCP. We have replaced 99% of our Community Alarms and are finalising arrangements for a new technology to support the Alarm Receiving Centre in readiness for the switchover from analogue to digital in January 2026. We have also adopted a Technology Enabled Care (TEC) First approach to social care assessments, supporting the creation of a TEC Hub in Aberdeen City and promoting the increase of the use of TEC in social care provision.

The following summarise Aberdeen City performance in relation to MSG Indicators over the lifetime of the current Strategic Plan (NB: timescales are as close as available to the Strategic Plan start and end dates)

- Emergency Admissions increased by almost 14% between June 2022 and March 2024
- Admissions from A&E increased by just over 4% between June 2022 and June 2024.
- Unscheduled Bed Days in Acute Settings increased only slightly by 0.6% between June 2022 and December 2023.
- Unscheduled Bed Days in relation to Geriatric speciality decreased by 16% between June 2022 and June 2023.
- Unscheduled Bed Days in relation to Mental Health speciality increased by 4.6% between June 2022 and March 2023.
- A&E attendances increased slightly by 1.7% between June 2022 and June 2024.
- Performance against the 4 hour waiting time target for A&E deteriorated from 67.8% in June 2022 to 60.4% in June 2024.
- Delayed Discharge Bed Days almost doubled from 738 in June 2022 to 1,381 in June 2024 however they had been as low as 255 in April 2023.
- The percentage of people who spent the last 6 months of their lives in a community setting decreased slightly from 90.9% in 2021/22 to 90.3% in 2022/23.
- In relation to the measure around Shifting the Balance of Care, between 2021/22 and 2022/23 the percentage of people who remained at home either unsupported or supported stayed the same whilst the number of people in a Care Home or large Hospital increased by 0.1% each.

The increases in some of the indicators above will be related to increasing demand for services and the increasing burden of disease. It is difficult to directly correlate the work of ACHSCP impacting most of these indicators or to quantify what some of the increases might have been in the absence of the work undertaken. We would suggest the significant decrease seen in unscheduled bed days in relation to geriatric speciality must in part be the result of the work undertaken in relation to the Frailty Pathway including our management of both Ward 102 in ARI and the innovative integrated facility at Rosewell House. Our performance in relation to Delayed Discharges does vary but we had a period of intense focus and investment which did result in a 65% decrease between June 2022 and April 2023. This however was unsustainable and unaffordable.

#### **What does this mean for our Strategic Plan?**

We need to increase capacity in the community to help reduce emergency admissions

We need to focus on support for mental health in the community to reduce the number of unscheduled bed days in relation to this speciality.

We need to provide more care for people in a home environment.

## 9. Horizon Scanning

We are currently aware that the following changes will impact our service delivery and planning over the lifespan of the refreshed Strategic Plan.

- Review of National Outcomes (and Performance Indicators?)
- Publication of Population Health Framework
- Implementation of National Care Service
- Implementation of Learning Disabilities, Autism and Neurodivergence Bill
- Implementation of Housing (Scotland) Bill (Ask and Act Duty in relation to prevention of homelessness)
- Implementation of new Frailty Standards

### **What does Horizon Scanning mean for Strategic Planning?**

- We need to take cognisance of the review of national outcomes and Indicators and build any changes into our performance framework (NB: unlikely the review will be published in time for our draft Strategic Plan going out for public consultation but we may be able to include this in the final version. If not, we will incorporate it into one of our annual reviews.
- We need to plan for the implementation of the National Care Service
- We need to ensure we have a local action plan to respond to the implementation of the Learning Disabilities, Autism and Neurodivergence Bill
- We need to ensure the requirements of the Housing (Scotland) Bill (Ask and Act Duty in relation to prevention of homelessness) are embedded in day to day practice for frontline staff.
- We need to incorporate the new Frailty Standards into practice

## 10. Engagement

Outcome of engagement to date.

From LOIP

- Address inequality
- Tackle the underlying causes of the issues
- Reduce Smoking and Vaping

From Staff Drop Ins

- Inequality/Stigma
- Poverty
- Promoting Good health

From IJB and SLT

- Not everyone can be healthy so add 'as possible' or refer back to 'fulfilling lives'
- Equitable rather than equal access to care/opportunity
- Individualised care needs to also be clinically effective
- Plan on a page needs to be simpler and more impactful
- Separate physical and mental health
- Make transformation more prominent
- Different versions and comms plans for different audiences
- If service delivery needs to be affordable, be honest and say that
- Personalise care is better than individualised care
- There should be less focus on 'business as usual' service delivery i.e. what we are already doing
- We should be nurturing people and places
- Reference to co-developing both support and intervention
- Plan needs to repeat key messages
- Need to comment on what the future looks like, what our ambition we have and what transformation we need to achieve
- We must rebalance towards prevention and early intervention – falls prevention, management of long term conditions
- What do we need to do in relation to public communication and education using this as a tool for prevention encouraging self-care, improving health literacy, improving

understanding that resources need to be targeted where they are needed not where they are wanted.

- Include redesignation and repurposing of building use

Feedback from ACC Strategy Board

- Co-construct rather than adopt Family Support Model
- Reference to Future Libraries Approach
- Reference to annual review of Delivery Plan ensuring alignment with refresh of LOIP and CSP

#### **What does Engagement mean for Strategic Planning?**

Most of the LOIP and staff feedback is covered in the sections above except the reference to reducing stigma which will be incorporated.

The feedback from IJB, SLT and the Strategy Board has been taken into account when developing the Strategic Plan

### **11. Challenge and Action Statements**

**Problem Statement** - Our demand is predicted to increase through a combination of an ageing population and a higher burden of disease, whilst our capacity is reducing as a result of the increased cost of service delivery and challenges with recruitment and retention.

**Action Statement** - We need to take action to try to reduce the predicted demand and, at the same time, identify different ways of delivering services in order that we can maximise the capacity we have.

#### Reduction of Demand

The main way we can try to reduce predicted demand is to shift investment and focus towards **early intervention and prevention activity**. If we can reduce the incidence of preventable diseases, both physical and mental, through encouraging people to make healthier choices in the way they live their lives we should be able to reduce the need for health and care service provision. This early intervention approach needs to start at the earliest point.

Although ACHSCP provide health and care services for adults, children are the adults of the future, so we need to work with our colleagues in Children's Services to ensure this approach to improving health starts as early as possible at pre-birth. Vaccinations provide immunity from certain diseases and the more people who come forward for these the healthier the population. If we can also promote the uptake of early screening programmes for the most common cancers that should enable earlier detection and access to treatment with a greater chance of survival.

We know that those living in areas of deprivation experience inequality and poorer health outcomes and therefore have a greater need for our services. The particular needs of people living in these areas need to be understood and the way we deliver services need to overcome any barriers in order that we provide **equity of access**.

Unpaid carers play a crucial role in the health and care system by providing care and support that would otherwise need to be provided by our in-house or commissioned services. By continuing to provide support to unpaid carers through the implementation and refresh of our Carers Strategy we will be helping unpaid carers to continue in their caring role and have a life alongside caring.

Health is impacted by a number of factors not just genetics and behaviour. The wider determinants of health include education, income, a person's physical environment such as housing and access to green space, and their social environment such as their support networks and connection to their community. These are factors that are out with the remit of ACHSCP however we can work with partners to try to have a positive influence on improving aspects of these wider determinants of health for the people of Aberdeen.

#### Different Ways of Working

We need to ensure our services meet the needs of our population, are affordable and that we achieve best value. We will do this in two main ways: -

We will **transform our approach to service delivery** this will encompass transformation in relation to people – patients/clients, staff, and the general public) - technology, and buildings which will enable us to make changes to the way we currently deliver services and increase our capacity to manage current demand and enable us to do more with less.

We need to ensure that changes we make will not negatively impact our population and we also need to work with our partners in Aberdeen to ensure we are making the best use of our collective resources. We will **collaborate with our communities and partners**, engaging with them and working together to collectively improve outcomes.

## **12. Risks (and Mitigations)**

### 1. Finance

**Risk** – restricted pot, how to prioritise/distribute especially when currently heavily invested in response

**Mitigations** – working collaboratively to identify innovation, transformation and more efficient ways of working to enable service delivery within restricted budget.

### 2. Workforce

**Risk** – reducing, do we have the right skills to embrace change?

**Mitigations** – implementation (and future review of our Workforce Plan)

### 3. Population Behaviour/Expectations

**Risk** – we need to change approach, adopt new ways of working, will the public accept and embrace these?

**Mitigations** – increase opportunities for engaging with the public, listening to their views and ensuring appropriate communication and re-education is undertaken.

### 4. Partners

**Risk** – the outcomes rely on partner activity, are they committed to the same activity and will that support or detract from what we do.

**Mitigations** - continue to build and develop positive relationships with providers keeping them on board with our strategy and approach.

### 13. Key Strategic Documents Supporting Strategic Plan

What key strategic documents will support delivery of our strategy (give timelines of future review/renewal/update)

- Medium Term Financial Framework (MTFF) (revised annually)
- Workforce Plan (due for revision December 25)
- Infrastructure Plan (will be published March 25??)
- Carers Strategy (due refresh March 2026)
- Market Position Statements X 3 (will be kept under regular review)

#### National Strategies

Housing to 2040	<a href="https://www.gov.scot/publications/housing-to-2040/pages/introduction.aspx">Housing to 2040 - gov.scot (www.gov.scot)</a>
Scotland Public Health Priorities	<a href="https://www.gov.scot/publications/public-health-reform-our-context/pages/introduction.aspx">Public health reform - Our context - public health in Scotland - Our organisation - Public Health Scotland</a>
Climate Change Plan 18-31	<a href="https://www.gov.scot/publications/update-to-the-climate-change-plan-2018-2032/pages/introduction.aspx">Update to the Climate Change Plan 2018 - 2032: Securing a Green Recovery on a Path to Net Zero (www.gov.scot)</a>
Scotland's Digital Health and Care Plan	<a href="https://www.gov.scot/publications/digital-health-and-care-strategy/pages/introduction.aspx">Digital health and care strategy - gov.scot (www.gov.scot)</a>
The Promise	<a href="https://www.gov.scot/publications/about-the-promise/pages/introduction.aspx">About the promise</a>
UNCRC	<a href="https://dera.ioe.ac.uk/33463/1/childrens-rights-consultation-incorporating-united-nations-convention-rights-child-domestic-law-">https://dera.ioe.ac.uk/33463/1/childrens-rights-consultation-incorporating-united-nations-convention-rights-child-domestic-law-</a>



	<a href="#">scotland.pdf</a>
Independent Review of Adult Social Care	<a href="https://www.gov.scot/binaries/content/documents/govscot/publications/independent-report/2021/02/independent-review-adult-social-care-scotland/documents/independent-review-adult-care-scotland/independent-review-adult-care-scotland/govscot%3Adocument/independent-review-adult-care-scotland.pdf?forceDownload=true">https://www.gov.scot/binaries/content/documents/govscot/publications/independent-report/2021/02/independent-review-adult-social-care-scotland/documents/independent-review-adult-care-scotland/independent-review-adult-care-scotland/govscot%3Adocument/independent-review-adult-care-scotland.pdf?forceDownload=true</a>
National Carers Strategy	<a href="#">National carers strategy - gov.scot (www.gov.scot)</a>
Scottish Government GIRFE	<a href="#">Getting it right for everyone (GIRFE) - gov.scot (www.gov.scot)</a>
Dementia in Scotland – Everyone’s Story	<a href="#">Dementia in Scotland: Everyone’s Story Delivery Plan 2024-2026 (www.gov.scot)</a>

#### Local Linked Strategies

NHSG Plan for the Future	<a href="#">Plan For The Future (nhsgrampian.org)</a>
Local Outcome Improvement Plan	<a href="#">LOIP_16-26-April-2024.pdf (communityplanningaberdeen.org.uk)</a>
Locality Plans	<a href="#">North</a> <a href="#">South</a> <a href="#">Central</a>
Housing Strategy	<a href="#">Local Housing Strategy 2018-2023.pdf (aberdeencity.gov.uk)</a> – Has this been updated? No links on ACC Website.
Council Delivery Plan	<a href="#">Council_Delivery_Plan_23_24.pdf (aberdeencity.gov.uk)</a>
Transport	<a href="#">Regional Transport Strategy   Nestrans</a>
Primary Care Improvement Plan	<a href="#">Primary Care Improvement Plan   Aberdeen City HSCP</a>
SAS Strategic Plan Report	<a href="#">Our 2030 Strategy (scottishambulance.com)</a>





Aberdeen City  
Health & Social Care  
Partnership

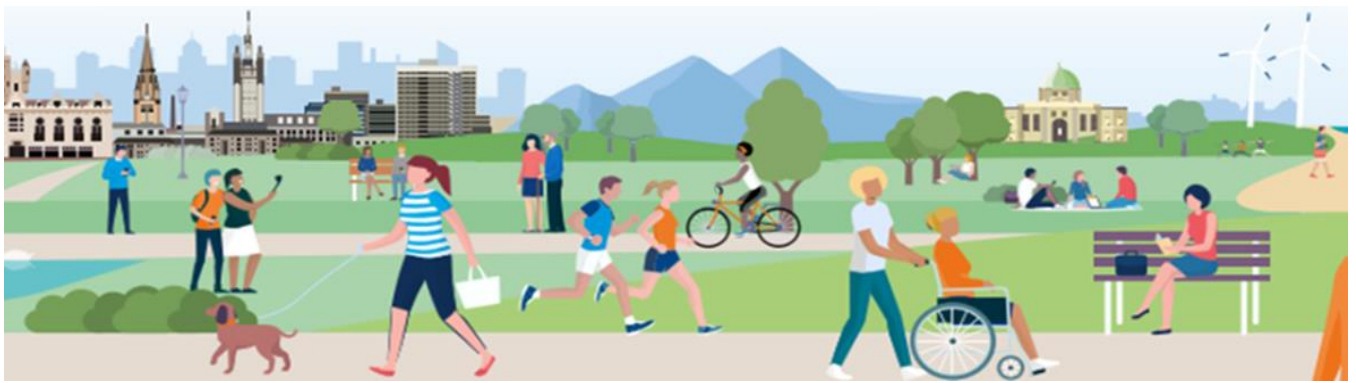
*A caring partnership*

# **DRAFT Strategic Plan 2025-29**

March 2025

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## Foreword

I am delighted to present Aberdeen City Integration Joint Board's (IJB) Strategic Plan which covers the four-year period from 2025 to 2029. This is our fourth Strategic Plan since integration and the delivery of it will be our most challenging yet. Demand for health and social care services continues to grow yet the resources available to meet that demand are not increasing at a corresponding rate. Our plan therefore sets out our intention first and foremost to transform our service delivery to help ensure we can protect essential frontline services. We remain committed to our prevention and early intervention agenda which will help manage future demand and we will switch our focus to that once we have achieved the balance between demand and resource. We will work with our partners and the people of Aberdeen to improve the overall health and wellbeing of the population.

Achieving good health is impacted by many factors, for example, education and income, housing and living environment, social and community support. These are commonly known as the wider determinants of health. Inequality in these wider determinants has a direct impact on health and a key feature of this Strategic Plan is for the IJB to work with partners in Aberdeen City to try to close the inequality gap.

This plan relates to services delegated to and hosted by the IJB. The content has been informed by a detailed analysis of current and emerging local, regional, and national factors affecting health and social care delivery. This includes factors such as statutory responsibilities; current performance towards delivering better outcomes; and feedback from engagement with stakeholders including staff, citizens, and our partner organisations. The outcome of this analysis has been collated into an Evidence Document which can be found at Appendix A.

Whilst we would like to be able to have a response to every challenge highlighted in our evidence document our Medium Term Financial Framework indicates that we will not have the resources to do this. We are therefore prioritising our activity against two aims: -

1. Modernise our approach to service delivery
2. Shift our focus to prevention and early intervention

**John Cooke**  
**Chair**  
**Aberdeen City IJB**

# Introduction

## Aberdeen Context

The ambition is for Aberdeen to be “a place where all people can prosper regardless of their background.” At the heart of this, is a commitment to tackling poverty and inequality and supporting the city’s people to live healthy lives.

Through an understanding of the needs of the city and its people, as well as the services and interventions that are provided, the suite of strategies for Aberdeen City aims to identify the things that will bring benefit to people and commit to evidence based and effective future actions.

The focus is on improving outcomes across five themes of the social determinants of health:

- Children, Families and Lifelong Learning
- Economic Stability
- Communities and Housing
- Neighbourhood and Environment
- Health and Social Care



## The Population of Aberdeen

The population of Aberdeen City is estimated to be 227,750. The overall population had been declining from 2015 to 2023, primarily due to a falling birth rate and fluctuating net migration. In the coming years, Aberdeen is projected to have fewer people of working age and will see a rise in the number of older people, particularly those over 75.

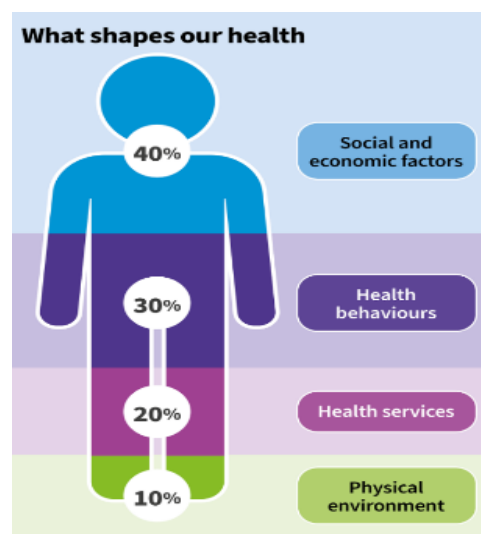
A falling and ageing population pose a number of challenges to an area and can lead to a cycle of economic decline. It can also increase pressure on public services by reducing the overall tax base, whilst increasing the need to provide services and care, specifically for children and older people. Given that the falling birth rate has been a reality for a number of years, if the city’s population is to be sustained, or grow in the short and medium term, this must be driven by migration; by attracting people to and keeping them in the city. Like many other areas, a growing number of people in the city are recorded as having a limitation to work, exacerbating the balance between those in work, and those who are not.

Our focus, therefore, must be to ensure Aberdeen is a place where people want to come to live and work, and to support the people who do live here to play a full social and economic part in the city’s future.



## The Social Determinants of Health

The social determinants of health contribute to the unfair and avoidable differences in outcomes seen across the city of Aberdeen. Social and economic factors, health behaviours, access to health services and the physical environment in which people live all contribute to shaping people's health. To ensure that the IJB's Strategic Plan helps to address health inequalities, we will concentrate on those factors upon which we have influence and encourage our partners to focus on the factors they can influence. Our Stay Well Stay connected programme helps connect people into their Communities and our Public Health and Health Improvement teams are focused on improving health behaviours. The IJB has a responsibility for disabled adaptations and that is one aspect of the physical environment we can help address.



The IJB Strategic Plan has a key role in helping ensure: -

- The promotion of social activity and connections to create and maintain communities
- The promotion of positive health behaviours
- The provision of health and care services which are available and accessible to those who require them.
- The creation of conditions for people to live in their own home through adaptations suitable to meet their health needs.

## Children, Families and Lifelong Learning

It is clear that the life circumstances of children affect their educational attainment, and that educational inequality can lead to inequalities of health and wellbeing in early adulthood and beyond. It is also known that the circumstances of parents and carers directly impacts on children and young people. 237 Young Carers are currently being supported through the Young Carers Support Service, an increase of 47% from the previous year. The IJB has the responsibility to support parent carers, and support for both them and Young Carers is delivered through our Carers Strategy. We are currently supporting 127 parent carers, and it is vital that they continue to be supported in their caring role.

Around 22% of children are experiencing child poverty and 50% of households experiencing poverty have dependent children. One way in which the IJB can support children in poverty is through signposting to financial support and working with parents to help them with feeding solutions for their families. One in three school pupils are of ethnic minority background and these groups are often reluctant or unable to engage with health and care services. The IJB will continue to improve the accessibility of services to ensure children from these groups have the same opportunity to thrive as others.

The development of early speech and language skills continues to be a concern, and the uptake of childhood immunisations is lower than it should be. The mental health and wellbeing of children and young people continues to be a concern and there is an increase in the number of children declared disabled. The transition from children's to adult social care services particularly for children with a learning disability is often challenging and there is a need to ensure this is more effective and does not adversely impact outcomes for these children.

The Children's Services Annual Report 2023/24 highlighted the need to consider how best to deliver family centric approaches to support families facing complex challenges living in Scottish Index of Multiple Deprivation (SIMD) 1. The [Family Support Model](#) is a new approach to support families with complex and multi-faceted challenges to shift the focus from reactive and risk-based services to upstream and preventative approaches and this will help address inequality in these areas.

Aberdeen continues to welcome many displaced families and young people from around the world and those seeking refuge in the city will continue to require essential support including health and care support appropriate to their needs. The IJB will continue to support the multi-agency approach to meeting the needs of displaced families and young people including close cooperation with our general practice colleagues.

[The IJB Strategic Plan](#) has a key role in helping to ensure: -

- Continuing support to parent carers through delivery of our Carers Strategy
- An effective transition model for children and young people moving from children's social care services to adult social care services particularly for children with learning disabilities to ensure their needs are met efficiently and effectively.
- Continuing contribution to the coproduction of the Family Support Model to help us understand a child's needs in the broadest possible way.

## Economic Stability

A healthy economy is inextricably linked to the health and wellbeing of a population. Simply put, people who experience economic inequalities have poorer health and wellbeing. People who are economically secure have better health and wellbeing.

Aberdeen is experiencing an economic transition toward a low-carbon economy, with a clear focus on developing greater diversity across business sectors. Energy remains a key component in this, though more is needed on developing the renewables sector, with tourism, and financial and business services sectors also being important in the mix. Even if the wealth gap between the region and Scotland as a whole is narrowing, in 2023 people in Aberdeen were still wealthier per head of the population than Scotland.

The estimated unemployment rate in the city in June 2024 was 4.4%, which is above the Scottish level of 3.5%, whilst the number of people claiming unemployment-related benefits matched the Scotland figure. In 2023 it was estimated that almost 1 in 6 households had no-one within the household working, but households with low income, or likely to be experiencing financial instability, are also important. It is estimated that 3 out of 5 (57%) households experiencing relative poverty will be within working households.



The ability for the local economy to help create and maintain health and wellbeing is important from a population health perspective. This means that it can sustain high quality employment that helps people to live in homes suitable to their needs, and which can be kept warm and dry. It is essential that there is a local economy that can help people and families maintain the types of financial security to put food on the table, pay their housing costs, and to afford the other necessities of everyday life. To prevent loss of health and wellbeing we must continue to address the economic inequalities and support financial security. The accessibility of financial inclusion services will continue to be important.

The IJB Strategic Plan has a key role in helping to ensure that: -

- People are kept well enough to be able to fulfil their role in the workplace, maintain their income, and provide a sense of purpose. Initiatives such as the Community Appointment Day approach will help support this.



## Communities and Housing

Having somewhere to live which is affordable, warm, and secure is an essential part of wellbeing. The availability, location, type, and quality of housing is also important. So too are the housing challenges that many people face, including households that are experiencing fuel poverty; those who require specialist provision housing as a result of ill-health or disability; and those who, for a range of reasons, are without a secure place to live.

Feeling safe within your home, your place and your community are important factors in wellbeing too, so crime and anti-social behaviour, risk of house fires and being safe when using roads are also important. An ability to participate within one's community is a key element in creating and maintaining wellbeing.

Along with other local authorities across the UK, Aberdeen has strived to meet the challenges presented by the rapid influx of displaced people seeking support and refuge, and is currently home to around 2,000 displaced people, which is a ten-fold increase in arrivals over the last 3 years. Resettled families can face isolation on arrival to the UK. Such isolation can be reinforced by language barriers and varying cultural perceptions of appropriate interactions. The opportunity to build social connections is critical to support integration into local communities but there can be comfort in engaging mainly with others who share the same language and culture. This can restrict chances to make friends and to benefit from the exchange of regular information which generally supports assimilation to UK culture. Equally, host communities and services should be actively supported to

foster integration through shared community events, the celebration of cultures and positive neighbourliness.

Having a safe and suitable place to live is at the core of integration of housing, health, and social care. Being able to provide this within the context of a housing shortage has led to a range of housing options being utilised for settled accommodation beyond initial transitional arrangements, including host sponsorship, procured Ministry of Defence properties, private-sector tenancies, Aberdeen City Council and other social rented sector housing providers, and procured Home Office properties. The mismatch between available housing stock and the size of accommodation affects the resettled population, along with others on the mainstream waiting list. There is a shortage of single person accommodation as well as a need for larger properties to house UK Refugee Scheme and Afghan families.

Many citizens of Aberdeen face barriers accessing good quality, safe, sustainable, and affordable homes. Housing providers are facing increased demand for affordable housing alongside the rising costs of repairs and delivery of new build homes. To compound the challenges, the mental health needs of some citizens result in expensive repairs being necessary when properties are handed back, lengthening the time and resource required to re-let a property. New properties attract significant interest from prospective tenants, with some older homes proving harder to let.

Aberdeen City Council and its partner organisations must maximise the delivery of affordable and sustainable housing to ensure a sufficient supply of housing in the city, including wheelchair accessible homes and homes for those living with complex care needs. There is also a need to ensure sufficient investment in older properties. The varying and evolving needs of the citizens of Aberdeen need to be met through the delivery of person-centred approach which promotes independent living.

We also know that there are a range of ways in which housing can be modified to improve health outcomes for households, including improved energy efficiency and increasing the provision of affordable housing. Several factors make homes less comfortable, including limited indoor space and no access to private or shared outdoor space.

**The IJB Strategic Plan has a key role in helping to ensure: -**

- Our published Market Position Statements quantify and clearly articulate future demand for specialist provision housing to inform the Local Development Plan and the design of future housing infrastructure.
- People's homes, regardless of tenure, are adapted to meet their changing needs.

## **Neighbourhood and Environment**

We know that where we live, where we work, and where we spend our time has an important influence on our health and wellbeing. The design, development and maintenance of a place is important in promoting good health and sustaining wellbeing for individuals, families, and communities.

For good health and wellbeing, people need to be able to access a green space within 300m of their home, and Aberdeen City Council has a key role in ensuring access to

greenspaces and woodland, and in protecting the quality of local blue spaces (water and river sides).

The natural environment, sustainability and climate change also do, and increasingly will, impact on life in the city. Direct effects associated with climate change include increased mortality and ill-health associated with excess heat and cold, and loss associated with flooding and damage to properties. Climate change is also likely to exacerbate inequalities associated with air pollution, access to greenspaces, fuel, and food poverty. We know, for example, that the number of children hospitalised due to asthma is increasing locally and is at odds with a declining national trend.

A survey of children and young people, aligned to the Place Standard Tool indicators, asked about the same 14 themes included in the Scottish Place Standard Tool. The themes with the highest proportion of 'Not Good' responses were facilities and services (35.2%), play and recreation (34.7%) and care and maintenance (33.7%) which shows that over a third of respondents chose these options as areas for improvement.

We know that place-based approaches can improve the quality of homes and neighbourhoods and support the health and wellbeing of communities. Quality placemaking has been at the core of planning in Aberdeen for a number of years. All developments must ensure high standards of design, with biodiverse open space, sustainable transport options and a distinctive sense of place. We will involve local people in decision making about the places that they live in to allow us to shape communities in a way that people want.



The IJB Strategic Plan has a key role in helping to ensure: -

- The need for green and age friendly spaces together with good air quality continues to be highlighted.
- People are encouraged to make best use of the green space available to improve their physical and mental health.

## Health and Social Care (Children and Young People)

Giving every child the best start in life and ensuring they are supported as they grow into adults is essential in creating good population health and wellbeing throughout life. Children who are born into families impacted by deprivation may be at a higher risk of suffering from health inequalities.

Challenges exist during the period from before birth to the start of school, including maternal drug and alcohol use, and smoking at the beginning of pregnancy which remains around 1 in 8 pregnancies. Premature births in Aberdeen are similar to the levels seen in Scotland and overall, 85% of children are born at a healthy weight. Rates of pre-school

immunisation by 24 months remain below the national target. In some communities, particularly those in the most deprived areas of the city, accessing a GP can be more challenging.

As for many other issues, the physical health of school age children, including healthy weight, physical activity, oral health, and early pregnancies varies across communities. Outcomes are largely determined by levels of deprivation with those in the most deprived areas experiencing the poorest outcomes.

Variation is also clear in the self-reported mental health and wellbeing of school-age children. Of primary 6 and 7 pupils surveyed, whilst, on the whole they feel that they are healthy and that this is improving, affluence within the family is clearly a factor, as the more affluent the family, the more likely the child reported being healthy and self-confident.

A growing number of unaccompanied asylum-seeking children are making Aberdeen their home. We know that some groups are more likely to experience childhood adversity including those from ethnic minorities, those with a disability, and those who are care experienced. The health outcomes for these groups remain persistently below those of their peers.

The IJB Strategic Plan has a key role in helping to ensure: -

- the number of women who are smoking in pregnancy decreases
- the uptake of childhood immunisations improves
- an agreed multi-agency Action Plan on Obesity is published
- the activity to develop a General Practice Estates Plan as part of the delivery of the Vision for General practice in Grampian continues.

## Health and Social Care (Adults)

For both women and men, healthy life expectancy is declining in the city. People living in more deprived areas have shorter lives and are more likely to live with poorer health for longer. It has been suggested that people in deprived communities will have died before those in more affluent areas have started to experience symptoms of poor health. 1 in 4 adults describe themselves as having a limiting, long-term illness.

As we get older, we tend to need more health and social care support, and the support of dependants to help us manage long-term conditions or diseases. There is a rising number of adults choosing not to have children, and this is likely to impact support networks in the longer term. Preventing disease progression and encouraging the adoption of healthier behaviours are important elements for improving health outcomes.

Over half of the deaths in Aberdeen City in 2022 were associated with cancers and circulatory diseases, for which smoking, obesity, and physical inactivity are risks. It is clear that there is still work to be done promoting healthier lifestyles and this will be progressed through our Stretch Outcome 10 projects in the Local Outcome Improvement Plan supporting healthy eating behaviours, improving the uptake of cancer screening and decreasing the number of women who are smoking in pregnancy.

The rates at which people are being admitted to hospital due to alcohol and the rate of alcohol-related deaths remain a concern, however, the drug-related death rate has increased substantially. Continuing to reduce the serious consequences of alcohol and drug use remains a priority which will result in improved health outcomes for those affected, meaning that we now need to look far more holistically at how best to support our citizens to overcome the many different challenges they face by taking a family centric approach to the delivery of services.

Data suggests that more people are being prescribed drugs for anxiety and depression than ten years ago, and the rate of prescribing increases in the most deprived areas which requires a more targeted response such as that offered by the Family Support Model. The rate of people being in hospital for mental illness has fallen. Deaths from suicides have risen and the effects of the cost-of-living crisis suggest that mental health and wellbeing may further deteriorate in the near future. Also, a focus of Stretch Outcome 10 projects in the Local Outcome Improvement Plan is reducing the 5-year rolling average number of suicides in Aberdeen. Early intervention is also a focus, addressing, for example, the number of people feeling socially isolated in our communities through our Public Health and Wellbeing Teams promoting healthy lifestyles and delivering a Stay Well Stay Connected programme of events designed to encourage physical activity and better dietary choices as well as improving digital skills and social connections.

The IJB Strategic Plan has a key role in helping to ensure: -

A focus is retained on improving healthy life expectancy through delivery of the projects under Stretch Outcome 10 in the Local Outcome Improvement Plan in relation to suicide prevention, the Stay Well Stay Connected programme, supporting healthy eating behaviours, improving the uptake of cancer screening and decreasing the number of women who are smoking in pregnancy

## **The problems facing our citizens**

Those who experience the most disadvantage, tend to experience challenges across a range of social determinants. It is important that our Strategic Plan takes account of the complexity faced by some individuals and families across the city, as increasing complexity of needs tends to result in even poorer health outcomes.

To support the development of the Strategic Plan, a range of personas, based on the known needs of some of our citizens with the most complex needs, have been considered. The actions we deliver will take cognisance of these and endeavour to make a positive difference to lives.



**Name: Amara**

**Frail person**



“I want to live as independently as I can.”

#### About Amara

- ▶ Amara, 83, is a retired widow who lives in sheltered housing and relies on her state pension and benefits for income.
- ▶ Her three children and two grandchildren live nearby and help her with transport and shopping now that she is too frail to use public transport.
- ▶ She lives independently within sheltered housing, socialising with neighbours, and has no need of any social care. She has a tablet and smartphone but relies on her family to help her with these technologies.
- ▶ She would like to be able to use them independently to find out what other benefits she may be entitled to and to interact with services but is underconfident.

#### What does Amara need?

- ▶ Support to use and understand digital technology.
- ▶ Access to groups of likeminded people with similar aspirations.
- ▶ Proactive communication from authorities on what support is available to her.

#### What is Amara feeling?

- ▶ Like a burden to her family because she relies on their help.
- ▶ Underconfident about her abilities to navigate digital services.
- ▶ Concern about being a victim of online fraud.
- ▶ Hopeful of being able to enhance her skills and to live as independently as she can for as long as possible.

**Name: Alesha**

**Mother of large family**



“I want my children to have their own space to help their development and comfort.”

#### About Alesha

- ▶ Alesha, 41, is a mother of six children aged between 1 and 15. She lives in a 3 bedroom property with her partner, all six children and the family dog. Alesha does not work but her partner works full time.
- ▶ Her sister provides additional support to the family. Her oldest child is considering getting her own tenancy next year. Her second oldest child is struggling at school and is getting involved in anti-social behaviour. Her third oldest child has complex support needs and attends an Additional Support Needs Wing. Issues have also been flagged about her youngest child's development by the Health Visitor. All these issues are impacted by overcrowding within the family home.
- ▶ Her partner drinks heavily at the weekends and can be verbally and emotionally abusive leading to police intervention. Alesha suffers from chronic pain and is usually exhausted and often feels overwhelmed. She wishes to remain in her community near her sister and has applied for a larger property with the council and housing associations.

#### What does Alesha need?

- ▶ A larger tenancy with five bedrooms to provide enough space for the entire family.
- ▶ Effective pain management to be pain-free and able to care for her children.
- ▶ Ensuring her children have the support they need to do well in school.
- ▶ Access to specialist support for her child with additional support needs.
- ▶ Maintaining a good relationship with her partner and reducing stress within the family.
- ▶ Staying in the community to remain close to her sister and avoid disrupting her children's education.

#### What is Alesha feeling?

- ▶ Exhausted and overwhelmed due to her chronic back condition and the overall stress of managing a large family in an overcrowded home.
- ▶ Frustrated at the lack of housing options in her community.
- ▶ Anxious about her oldest child's desire to seek her own tenancy.
- ▶ Concerned that she could be perceived as a poor parent because of the various impacts her housing situation is having on her children's development.
- ▶ Frightened that if her housing situation is not resolved she will not be able to properly care for her children.

**Name: Dave**

## Substance user



"I want to live somewhere I feel safe in my home and in the community."

### About Dave

- ▶ Dave, 52, has used substances for a long time and is unemployed and lives in a flat. People regularly come into his flat to steal money and food and he doesn't sleep well due to being scared.
- ▶ He was in care when younger because his parents had alcohol problems, and his father was violent.
- ▶ Dave used substances from a young age, but things escalated when he left a short spell in the army with a back injury. A recent leg amputation has meant Dave is confined to a wheelchair.
- ▶ He is having treatment for his substance use but still uses substances and has overdosed in the past. His lack of mobility has increased his social isolation and his interest and ability in his self-care is declining.
- ▶ He has difficulty reading and understanding technology. He has a sister and nephew who he would like to reconnect with.

### What does Dave need?

- ▶ Support to move around his flat more easily.
- ▶ A safe living environment and access to some outdoor space where he can feel secure and comfortable.
- ▶ Support to feel more confident and less scared when he is outside.
- ▶ To engage in recreational activities that he enjoys and can help improve his quality of life.
- ▶ To establish social connections and reconnect with his family. Assistance with managing his money.
- ▶ To improve his physical fitness. To continue his treatment for substance abuse.

### What is Dave feeling?

- ▶ Isolation and loneliness due to his lack of mobility.
- ▶ Fear and anxiety because people come into his flat to steal.
- ▶ Frustration due to his lack of reading ability and understanding of technology.
- ▶ Lack of self-worth due to mobility issues and substance abuse.

**Name: Frank**

## Complex Mental Health



"I don't want to live in this service. I want to be supported in the community."

### About Frank

- ▶ Frank, 35, has lived in a residential facility to support him with his long-term complex mental health problems, having previously spent time as a hospital inpatient.
- ▶ The shared housing, living with others with mental health problems is causing Frank difficulties. He finds the home noisy and is unhappy at sharing his living space with people he doesn't like.
- ▶ His parents have seen a deterioration in his presentation and wellbeing as a result of his living conditions.
- ▶ The staff at the facility have also expressed concerns and, although they provide support for his health and independence, this support is not consistently applied due to frequent changes in staff.
- ▶ His parents fear he will be admitted to hospital again if his living conditions do not change.

### What does Frank need?

- ▶ A living space that is quieter and feels like home, where he can choose his housemates and be closer to his family.
- ▶ Access to support within the community rather than hospital-based care.
- ▶ Consistency of support from healthcare team.
- ▶ Opportunities to make more friends to enhance his social life.
- ▶ Access to hobbies and interests that support his mental health.
- ▶ An effective and clear recovery plan is essential for Frank to manage his condition.

### What is Frank feeling?

- ▶ Frustration and anger due to the lack of suitable accommodation and services that meet his needs locally and the long wait time for a more suitable environment.
- ▶ Anxiety and worry about the possibility of being detained in the hospital if his situation reaches a crisis point.
- ▶ Unhappiness with his current noisy living environment and sharing space with people he wouldn't choose to live with.
- ▶ Fear that the frequent staff changes, and inconsistent support may lead to his behaviour making the placement unsustainable, potentially resulting in another hospital admission.
- ▶ Desire for independence and connection to live independently in a quieter, homely environment close to his family, where he can access community support and engage in hobbies that support his mental health.



**Name: Nicola**

## Recovering substance user/unemployed



"I just want a safe and secure home so I can care for my children again and get my life back on track."

### About Nicola

- ▶ Nicola, 42, is an unemployed mother of three in receipt of benefits. She and her children's father have a history of substance use and domestic violence. Her children were placed in kinship care after her imprisonment. She was given temporary accommodation on her release from prison but found it unsuitable because of the presence of substance users nearby.
- ▶ She has been living off and on with her partner but has reported being a victim of domestic violence five times. Efforts to support her are difficult because she doesn't stay in touch regularly and doesn't trust the authorities.
- ▶ After she was released from prison, she found the temporary accommodation was not suitable for her because of those around her using substances. Since then, she has lived with her partner but has reported domestic violence five times. She does not trust those in authority which is hindering the support that is offered to her.

### What does Nicola need?

- ▶ Assistance in understanding her housing options and accessing available support to build a home for herself and her children.
- ▶ Someone reliable to help her navigate her housing options and support systems.
- ▶ Regular contact with her children.
- ▶ A safe and secure place to live away from her ex-partner.
- ▶ Support to reduce her substance use and the risk of reoffending.
- ▶ Support to ensure she is no longer a victim of domestic violence.

### What is Nicola feeling?

- ▶ Distrustful of the authorities due to her children being placed in care and being provided with accommodation that she felt was unsuitable for recovering substance users.
- ▶ Threatened by her abusive ex-partner who is always able to find her due to shared acquaintances.
- ▶ Hopeful that securing a 3-bedroom house will improve her chances of having her children returned to her care.

**Name: Lena**

## Expectant first-time mother



"I want to give my baby the safe and comfortable childhood I never had."

### About Lena

- ▶ Lena, 19, is a part-time shop assistant who is expecting her first child. The father of her child is in prison, and she doesn't plan to get back together with him when is released.
- ▶ She currently lives with her cat in a privately rented bedsit in an area plagued by anti-social behaviour and drug supply and use.
- ▶ Her accommodation is small and damp with no access to an outside area to enjoy.
- ▶ She was neglected as a child, spent most of her childhood in foster care and didn't do well in school. Her foster carers are a big support for her. She suffers from bouts of anxiety and depression.
- ▶ She has applied for a council house because her current accommodation is not a safe or comfortable environment for a mother and baby.

### What does Lena need?

- ▶ A stable and safe living environment, with access to an outside space for her child and ideally near to her foster carers.
- ▶ To give her baby the happy childhood she didn't experience.
- ▶ Advice on childcare and benefits.
- ▶ To live in a community with other young mothers.
- ▶ To develop her employment opportunities.

### What is Lena feeling?

- ▶ Anxiety and uncertainty about her current living situation not being resolved before the birth of her child.
- ▶ Frustration and helplessness because she feels her housing application is not being taken seriously.
- ▶ Desire to provide a safe and loving home for her child.
- ▶ Desire to develop herself socially and professionally.



**Name: Lillia**

## Refugee mother with large extended family



“I need help caring for all my relatives.”

### About Lillia



- ▶ Lillia, 32, she is a stay-at-home single mother living in a 2-bedroom council flat with her two sons. Nearby, her parents live in another 2-bedroom council house with her younger sister, while her grandfather lives in a 1-bedroom adapted bungalow.
- ▶ The family all arrived in Aberdeen in 2022 as refugees from Ukraine and were homed in temporary accommodation before getting secure tenancies.
- ▶ Lillia is estranged from the fathers of her children and receives no financial contribution from them. She used to work part-time but gave that up on the birth of her youngest child.
- ▶ Her father is being treated for a terminal illness and is in poor mental and physical health and cannot work. Her mother works part-time, and her sister is a student. Her grandfather is in poor physical health and socially isolated due to mobility and lack of English, requiring round the clock company from the family for her wellbeing.
- ▶ Her parents' home has a mould issue affecting their physical and mental health. Lillia is the only member of her family who speaks English, which adds to her feelings of stress and responsibility for her extended family.

### What does Lillia need?



- ▶ Access to timely and effective healthcare for her father.
- ▶ Support to ensure her grandfather, can live pain-free and maintain as much independence as possible.
- ▶ A safe and healthy living environment for all her family members in close proximity to each other.
- ▶ Access to opportunities for her children to prosper and live a normal life.
- ▶ Emotional and practical support, including assistance with caregiving duties and help with managing the household.

### What is Lillia feeling?



- ▶ Stress and anxiety due to her multiple caregiving responsibilities and the health issues affecting her family.
- ▶ Determination and resilience to do everything she can for her family.
- ▶ Frustration with the healthcare system in the UK, particularly the long waiting times for her father's treatment.
- ▶ Frustration with the unresolved mould issues in her parents' home, which are affecting their physical and mental health.
- ▶ Overwhelmed with her role as the primary caregiver and the only English speaker in the family.

**Name: Baran**

## Asylum refugee



“I am determined to build a better life for my family and myself in Aberdeen.”

### About Baran



- ▶ Baran, 24, is an asylum seeker from Sudan living alone in a council bedsit, having spent a year in an asylum hotel.
- ▶ His wife is still in Sudan and due to communication problems there, they only manage to talk once a month. His parents and two siblings are also still in Sudan.
- ▶ He previously worked as a mechanic and wishes to explore opportunities to do the same in Aberdeen. He is taking online English classes while he waits for a place on a language course at an Aberdeen College.
- ▶ He is currently still learning about his rights and responsibilities and needs support to manage his tenancy, finances and understanding the laws to keep himself safe and protected.

### What does Baran need?



- ▶ To reunite with his wife and his family and build a positive life together in the UK.
- ▶ Continued support in studying English.
- ▶ Opportunities to pursue a career as a car mechanic in Aberdeen.
- ▶ Assistance in becoming independent and confident in living in the UK.

### What is Baran feeling?



- ▶ Frustration at the long waiting times for English classes, which are essential for his integration and career aspirations.
- ▶ Longing and sadness as he is separated from his wife and family, with limited communication opportunities.
- ▶ Loneliness and isolation as he navigates his new life in Aberdeen on his own.

**Name: Margaret**

## Elderly person who will soon need care



“I love my home because it's full of memories, but I'm finding it harder to keep it clean and tidy.”

### About Margaret



- ▶ Margaret, 78, lives alone in a bungalow. Her husband died seven years ago. She has a son and grandson who live in England.
- ▶ Margaret struggles with household chores because of her mobility issues, frequent infections, and weight problems.
- ▶ She needs to visit her GP regularly. Her friends have noticed she is not coping well at home.
- ▶ Her kitchen is often untidy, and there is an unpleasant smell because she has trouble getting to the toilet on time.
- ▶ This discourages visitors, and she feels lonely. She orders groceries online and buys easy-to-make ready meals.

### What does Margaret need?



- ▶ Support to lose weight, which would help her become more mobile and better able to manage her household chores and personal hygiene.
- ▶ To improve her knowledge about nutritious foods to make healthier choices and reduce the frequency of infections.
- ▶ To increase her levels of physical activity to enhance her overall health and mobility.
- ▶ To be part of a community group to reduce her loneliness and provide social interaction.
- ▶ Assistance with household chores.
- ▶ To be able to get on the train to visit her family, which would require improved mobility and confidence in traveling.

### What is Margaret feeling?



- ▶ Lonely and isolated.
- ▶ Frustrated and overwhelmed because she is aware that she is not coping as well as she used to.
- ▶ Embarrassed that the state of her home is discouraging visitors.
- ▶ Frustrated by her financial constraints, as she relies on a state pension and has little savings, making it challenging to buy nutritious food.
- ▶ Motivated to improve her health so she can be more mobile and better able to cope on her own.

**Name: Sarah**

## Unpaid carer



“I need an accessible home that can accommodate my daughter's needs, within a community that has support for people with learning disabilities.”

### About Sarah



- ▶ Sarah, 41, is a single parent working 30 hours a week as a supervisor in a supermarket.
- ▶ She has a 16-year-old daughter with a learning disability who needs support with communication, mobility, personal care, and eating. Sarah receives help from paid carers and her sister and mother.
- ▶ Her sister's availability will soon decrease, and her mother is being assessed for dementia, meaning she may no longer be able to support Sarah, and may need support herself at some point in the future.
- ▶ Sarah relies on her smartphone for communication. She has a driving licence but relies on public transport to get around the city.

### What does Sarah need?



- ▶ To maintain her flexible working hours and income.
- ▶ To ensure her daughter's health and wellbeing and develop her independent living skills.
- ▶ To undertake the guardianship process for her daughter and make decisions on her behalf as she transitions to adulthood.
- ▶ To find supportive groups for her daughter and improve her daughter's communication abilities.
- ▶ To secure alternative care for her daughter and develop a contingency plan for emergencies.
- ▶ To increase her savings for a suitable vehicle.

### What is Sarah feeling?



- ▶ Concern that the support network provided by her mother and sister will be reduced.
- ▶ Concern that she may now be required to support her mother should she be diagnosed with dementia.
- ▶ Frustration at the lack of support for single parents whose children have additional support needs.
- ▶ Frustration that there is a lack of groups and activities that could support her daughter's wellbeing.
- ▶ Frustration at the lack of continuity in the people providing paid-for care.
- ▶ Frustration at the complex nature of healthcare and guardianship processes.
- ▶ Anxiety about everything she must have in place for the care of her daughter.

It is clear that there are key and recurring vulnerabilities that our policies need to take account of. These include those who are:

- Care experienced.
- Living with a disability.
- Older and frail.
- Living in single parent households.
- Socially isolated, particularly as a result of a long-term health condition.
- Experiencing, or have experienced domestic violence.
- Substance users.
- In need of long-term support for their mental health.
- Fearful as a result of repeated anti-social behaviour.
- Released from prison.
- Fleeing conflict.
- Living with trauma, particularly those who seek refuge in the city.
- Experiencing financial vulnerability.

**The IJB Strategic Plan has a key role in: -**

- Ensuring that those most at risk of poorer outcomes (the groups identified above) are prioritised for the health and social care support they need to be well.
- Ensuring that the Stay Well Stay Connected programme (working alongside the Aberdeen City Council Future Libraries Model) helps to address the social isolation felt by Amara, Dave, Frank, Baran and Margaret and encourages the healthy behaviours they are keen to realise, along with the development of digital skills for Amara, Dave and Frank.
- Ensuring that Alesha gets support for her chronic pain, Dave gets help with his mobility and his substance use, and Lillia's father and grandfather get support for their respective health conditions
- Working with partners to provide Frank with alternative living arrangements that still meet his needs as soon as possible ensuring that we keep him informed of progress.
- Improving information about the health and social care services and community groups available and how to access them so people like Amara can be more proactive and self-sufficient in meeting their own needs.
- As far as possible ensuring consistency of care, putting people at the centre and adopting a Getting it Right for Everyone (GIRFE) and Human Learning systems (HLS) approach for people like Frank.
- Ensuring Nicola gets support for her substance use and domestic abuse but also support from Justice Social Work to prevent re-offending.
- Ensuring Lena continues to receive appropriate antenatal care and then support from a Health Visitor when her baby is born.
- Ensuring that all those like Amara's family, Lillia and Sarah are aware of their rights as carers and of the support available to them through the Aberdeen City Carers Strategy and that where relevant and Adult Carers Support Plan
- Ensuring Sarah gets support to apply for Guardianship and to start planning for the transition of her daughter from children's to adults services.

## Our Vision and Values

Our Vision is to ‘**empower communities to achieve fulfilling and healthy lives**’.

Our values represent what is important to us as we go about delivering their Vision. Our values are:

<b>Honesty</b>	We will be honest in our communications and interactions.
<b>Empathy</b>	We will understand citizens’ needs, listen to their views, and involve them in decision making.
<b>Respect</b>	We will respect the views and the rights of Aberdeen’s citizens.
<b>Equity</b>	We will provide services that have equity of access for all and address negative impacts of inequality.

We are HERE for the people of Aberdeen.

## Our Challenge and Response

The analysis within our Evidence Document and exploration of the social determinants of health within the introduction to this plan led to the following statements in relation to the key challenges we have and the action we need to take to deliver our Vision.

**Our Key Challenge** - Our demand is predicted to increase through a combination of an ageing population and a higher burden of disease. The resource we have available to us is not enough to continue to deliver the current level of service. There is evidence of a growing divergence in outcomes between those citizens who live in more affluent areas of the city to those who live in areas of deprivation.

**Our Response** - We need to take action to reduce the predicted demand. We must transform the way we deliver some services so we can maximise the resources we have. We will need to stop some services and reduce the level of service we provide. We need to take steps to improve equity of access to care and support to ensure better outcomes for people living in areas of greater deprivation.



## Our Strategic Aims and Priorities

To deliver our action statement, we have identified two Strategic Aims:

- Shift our focus towards Prevention and Early Intervention.
- Modernise our approach to service delivery

To deliver our Strategic Aims, we have developed a set of interventions identified as Strategic Priorities. Again, these have been informed by the findings of our Evidence Document and the exploration of the social determinants of health. Below is a description of the priorities and the types of activity that will be undertaken to deliver on them. More detail of the activity will be contained in the Annual Delivery Plans that we develop to support the delivery of this Strategic Plan. The detail will include performance targets and measurements of success.

### Aim 1. Shift our Focus towards Prevention and Early Intervention

#### Why is this aim a priority for us/what does the evidence say

Shifting our focus towards prevention and early intervention is important as not only will this improve the health and wellbeing of the population, it will also reduce the need for support from mainstream health and social care services. Our Evidence Document indicated that demand for our services was increasing whilst our capacity was reducing so a healthier population will reduce the demand on services and enable us to continue to protect frontline services for those who need them most.

Our vision is that people can achieve fulfilling healthy lives reducing the need for them to access health and social care. Being active and connected to your community can improve both physical and mental health. Wellbeing at its simplest level is about feeling good and living safely and healthily. Everything we do, think, feel and believe influences our wellbeing. Making positive lifestyle choices can really help to improve overall health and wellness. A key enabler is a focus on prevention of the risk factors that can adversely impact health. Some people are genetically predisposed to certain conditions but awareness of that can help them take preventative measures to either avoid ill health or at least mitigate the adverse impacts of it. Some conditions are brought on by lifestyle factors or choices and some early intervention or preventive action can minimise or even reverse the impact of these.

The National Records of Scotland forecast that the older population in Aberdeen City will grow over the next few years so that by 2028 the number of 65–74-year-olds will increase by 14.4% and the number of 75+ will increase by 16.1%. That represents an additional 4,000 people who will potentially require health and social care. 28% of people living in Aberdeen City report that they are living with limiting, long term conditions whilst 11% report living with non-limiting conditions. The Scottish Burden of Disease study forecasts a 21% increase in the annual disease burden in Scotland over the next 20 years. Applied to the local context this would mean potentially an additional 6% of people living in Aberdeen City reporting limiting, long term conditions.

The healthy life expectancy of a male living in Aberdeen City is 60.2 years whilst for a female it is 61.4. Taking life expectancy into account this means a male in Aberdeen City could have 16.7 years of their life when they are not healthy, and for a female that could be 19.6 years. We would like to see these figures improve and we aim to work with people to help them consider what steps they can take to improve their health in the longer term.

One of the two priority areas of the population Health Framework for Scotland is to improve prevention within planning, budgets and accountability. The Future Generations Commissioner for Wales has published a Maturity Matrix for the implementation of the Well-being of Future Generations Act one of the key elements referred to is recognising the long term value of the different forms and levels of prevention and early intervention including really understanding the root causes of current and future issues and of what needs to be prevented.

The deprivation section of the Evidence document clarifies that outcomes for people living in the most deprived areas in Aberdeen City are poorer than for those in the least deprived. Estimated life expectancy is 10 years less for males living in the least deprived and that gap is increasing. Alcohol and drugs related hospital admissions and deaths, psychiatric patient hospitalisation, probably suicide rates, cancer registrations and early deaths from cancer, hospitalisations for coronary heart disease and Chronic Obstructive Pulmonary Disease (COPD), and levels of obesity, are all higher in the most deprived areas.

#### **What will we do to deliver this aim?**

We have two priorities under this aim: -

#### **Priority A. Improve Physical and Mental Health – activity includes: -**

- improving the uptake of cancer screening to help achieve an early diagnosis and therefore improve the prospects of a good outcome.
- encouraging the uptake of immunisations which help protect against disease.
- continue to deliver, and in conjunction with Aberdeen city future Libraries Model, build on our Stay Well Stay Connected Programme which aims to promote social engagement; increase the quality of time spent with others; develop friendships and meaningful relationships; maintain sensory awareness and the ability to encourage communication and self-expression; promote a sense of feeling cared for and caring for; and to promote a sense of self-worth and a sense of value and importance.
- the development and publication of three multi-agency Action Plans in relation to Obesity, Public Mental Health and Ageing Well.

#### **Priority B. Reduce Harm – activity under this priority includes: -**

- decreasing smoking in pregnancy,
- reducing vaping in young people,
- reducing the harm caused by the use of alcohol and drugs
- delivering our Suicide Prevention Strategy.
- ensuring the homes of those with disabilities, where appropriate, are adapted to suit their needs

## What outcomes do we hope to achieve?

Key outcomes we hope to achieve by delivering this aim include improved longer term health and wellbeing outcomes for the population and reduced demand for health and social care services. Our Annual Delivery Plans will contain greater detail in relation to the targets and measures we will use to determine achievement of these outcomes.

## Aim 2. Modernise our Approach to Service Delivery

### Why is this aim a priority for us/what does the evidence say

Modernising our approach to service delivery is important as we have a short-term imperative to manage our budget and to reduce costs. The 2025/26 budget position is indicating that savings to the value of £14.354m need to be achieved. Budget Savings Options have been identified and need to be delivered in year to balance the budget. These options in the main are looking at the way we currently do things and redesigning that to enable us to become more efficient and to reduce our costs.

One way of achieving efficiency is to explore opportunities for collaboration with partners, making better use of the sum total of resources available in Aberdeen City as a whole. This could mean sharing buildings or identifying areas where there is duplication or overlap of service delivery and determining a more joined up way of doing things. Around 60% of our total budget is spent on commissioning social care services and we have a number of Market Position Statements that help highlight our future needs in this area. It is important that the Market Position Statements are kept under review to ensure the information contained within them is as accurate as possible in order to help shape future service delivery. Also, it is crucial that we work closely with the commissioned service providers to understand their cost base and ensure we are getting value for money. Unpaid carers are a vital part of the health and care system providing support that would otherwise translate as demand on our mainstream services. Their value was recognised by the introduction of the Carers (Scotland) Act in 2018, and we articulate our commitment to continuing to support our unpaid carers through our Carers Strategy and associated Action Plan.

The Medium-Term Financial Framework (MTFF) recognises the growing demand for health and social care services where resources available to meet that demand are not increasing at the same rate whilst continuing to deliver support to the people who need it most. We therefore need to also plan for longer term, more transformative activity which look to bring even greater efficiency to the delivery of health and care services with the ambition to start developing savings for 2026/27 and beyond.

Technology can release capacity which helps support our drive for improving outcomes and achieving efficiencies. Another way to improve outcomes for people and make best use of resources is to work with patients and clients, hearing their voices and putting their existing relationships and their personal choice at the centre of decision making. The Grampian Hope Approach unifies a number of person centred initiatives - Getting it Right for Everyone (GIRFE), Putting People First,

Trauma Informed Practice, Human Learning systems, Self Directed Support and Realistic Medicine to consistently provide support to help people live their best lives considering a person's existing life and community, improving their knowledge to inform decision making, focusing on their strengths and supporting them to make the right choices in their care. We will embed this approach in our practice within Aberdeen City and as part of this we will undertake a self-evaluation and implement the relevant improvements from the Self Directed Support Improvement Plan.

Primary Care is a key area of focus for transformation and we will continue to deliver the Vision for General Practice as well as refreshing the Primary Care Improvement Plan.

As described in Priority A, during 2025/26 we will be identifying specific service areas where updating the way we do things or transformation is required. Part of that will be gaining a better understanding of our current service delivery and identifying ways where we can better match the care and support that is provided to current and future need. As part of this we will also need to refresh our Workforce plan to ensure we clearly set out the capability and capacity we will require to meet current and future needs.

This aim will be our focus particularly in year one of the Strategic Plan although we will not complete all of the work in one year. Part of our focus will also be on developing plans to transform and achieve efficiency in specific areas of our service delivery in subsequent years. The detail of this will be contained in our annual Delivery Plans.

#### What will we do to deliver this aim?

We have two priorities under this aim: -

**Priority A. Make Best use of Resources** – activity within this priority will include: -

- deliver Budget Savings Options to balance the 2025/26 budget
- identify service specific efficiency plans for operating within budget for 2026/27 onwards
- collaborate with partners across the city to optimise joint working and reduce duplication
- review Market Position Statements to ensure future needs for services and infrastructure are highlighted, particularly the demand for specialist housing.
- work closely with partners and providers to plan for achieving efficiencies
- continue support for unpaid carers by delivering our Carers Strategy

**Priority B. Transform Service Delivery** –

- maximise the use of the latest technology in all service areas and progress the Digital Innovation Programme
- embed the Grampian Hope Approach in our practice in Aberdeen City
- deliver the Vision for General Practice in Grampian



- undertake a refresh of the Primary Care Improvement Plan to take cognisance of the current environment.
- match the care and support that is provided to current and future need.
- refresh our Workforce Plan to clearly set out the capability and capacity we will require to meet current and future needs.

#### **What outcomes do we hope to achieve?**

The key outcome we hope to achieve by delivering this aim is being able to continue to be able to deliver health and social care services to the people of Aberdeen City who need them most whilst achieving a balance budget in the short, medium and longer term this achieving a sustainable service offering for future generations.

The key measurable will be our financial performance however our Annual Delivery Plans will contain greater detail in relation to the targets and measures we will use to determine achievement.

Strategic Aims	
Shift our focus towards Prevention and Early Intervention	Update our Approach to Service Delivery
Strategic Priorities with examples of associated actions	
<b>Improve Physical and Mental Health</b> <ul style="list-style-type: none"> <li>➤ Improve uptake of cancer screening</li> <li>➤ Improve uptake of immunisations</li> <li>➤ Increase the number of people engaged with Stay Well Stay Connected</li> <li>➤ Publish an agreed multi-agency Obesity Action Plan</li> <li>➤ Publish an agreed multi-agency Public Mental Health Action Plan</li> <li>➤ Publish an agreed multi-agency Ageing Well Action Plan</li> </ul>	<b>Make best use of Resources</b> <ul style="list-style-type: none"> <li>➤ Deliver Budget Savings Options for 2025/26</li> <li>➤ Identify service specific efficiency plans for operating within budget for 2026/27 onwards</li> <li>➤ Collaborate with partners across the City to optimise joint working and reduce duplication</li> <li>➤ Review Market Position Statements to ensure future needs for services and infrastructure are highlighted particularly demand for specialist housing</li> <li>➤ Work with partners and providers to plan for achieving efficiencies</li> <li>➤ Continue support for unpaid carers by delivering our Carers Strategy</li> </ul>
<b>Reduce Harm</b> <ul style="list-style-type: none"> <li>➤ Decrease smoking in pregnancy</li> <li>➤ Reduce Vaping amongst young people</li> <li>➤ Reduce harm caused by use of drugs and alcohol</li> <li>➤ Deliver Suicide Prevention Strategy</li> <li>➤ Ensure the homes of those with disabilities where appropriate are adapted to suit their needs</li> </ul>	<b>Transform Service Delivery</b> <ul style="list-style-type: none"> <li>➤ Maximise the use of technology in all services areas and progress the Digital Innovation Programme.</li> <li>➤ Embed the Grampian Hope Approach in our practice in Aberdeen City</li> <li>➤ Deliver the Vision for Primary Care</li> <li>➤ Refresh the Primary Care Improvement Plan</li> <li>➤ Match care and support provision to current and future need</li> <li>➤ Refresh Workforce Plan to clearly set out the capability and capacity we will require to meet current and future needs.</li> </ul>

# Delivering Our Strategy and Measuring Impact

## Delivery Plan

We will develop annual Delivery Plans which detail how we intend to deliver on our Strategic Aims and Priorities. These will be reviewed annually which will enable us to respond to emerging risks, issues and opportunities.

## Measuring Impact

To tell us whether we are delivering on our Strategic Aims, we will measure ourselves against the following indicators:

<b>National Measures</b>	<b>LOIP Outcomes</b>	<b>Key Performance Indicators</b>
<i>National Indicators</i>  Ministerial Strategic Group (MSG) Indicators	<i>Relevant measures from LOIP</i>	<i>Local Performance measures that show we are delivering on key aspects of the Strategic Plan</i>
...	...	...

## Assurance

We will continue to use a programme and project management approach to delivering our Strategic and Delivery Plans.

Progress will be reported monthly to our Senior Leadership Team, and quarterly to both the Risk Audit and Performance Committee (RAPC) and the Chief Executives of Aberdeen City Council and NHS Grampian.

Progress against our Strategic Plan including the impact of the Strategic Outcomes and data in relation to National and Ministerial Strategic Group (MSG) Performance Indicators will be reported annually to the IJB, the Scottish Government, and other stakeholders including the public, through the publication of our Annual Performance Report.

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Aberdeen City  
Health & Social Care  
Partnership

*A caring partnership*

# Strategic Plan 2025 – 2029

## Consultation and Engagement Plan





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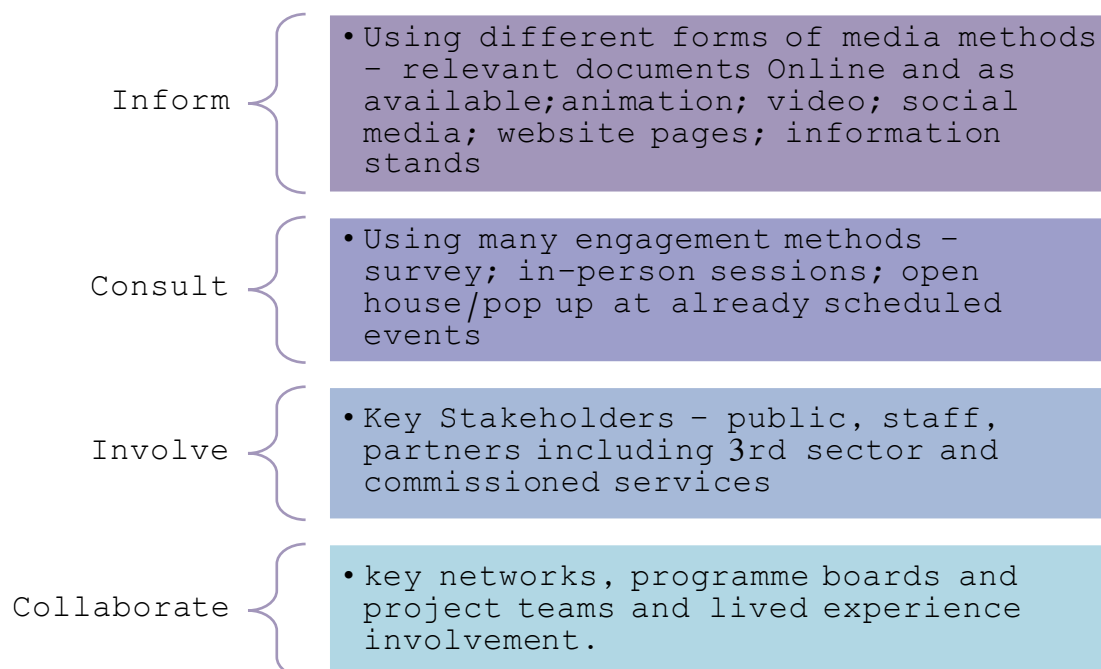
## 1. Key Facts

**Purpose of Paper:** To present engagement to date as well as the Consultation Plan for the refreshed Strategic Plan 2025 – 2029 ahead of the formal public consultation period and approval of the final Strategic Plan in July 2025.

**Dates:** Consultation period – 24th March 2025 – 14<sup>th</sup> May 2025 (7 weeks)

**Leads:**

- Strategy and Transformation Lead, Alison MacLeod
- Transformation Programme Manager, Stuart Lamberton
- Senior Project Manager, Grace Milne
- Development Officer, Matthew Carter



This document notes an extensive programme of engagement already undertaken as well as consultation planned towards May 2025. It is important to note that this will run alongside, and along with, the consultation on the Budget proposals and ACC Strategies also in consultation – the project teams will take every opportunity to streamline and combine where relevant.



## 2. Overview of Engagement undertaken to date.

The Draft Strategic Plan has been informed by engagement with staff, colleague's, and partners.

It has also been informed by a number of other relevant and aligned consultations that have already taken place for the Carers Survey, City Voice (#49 on Health), the Locality Plans and the refresh of the Local Outcome Improvement Plan (LOIP), and the General Practice Vision 2024-30. The availability of this rich source of information was extremely valuable and helped to avoid duplication and consultation/engagement fatigue. It also enabled us to develop a better informed draft with more detail that we might have otherwise been confident to include. Our community representatives on the Strategic Planning Group advise us that they find it easier to comment on a document that contains a lot of information, saying what they like and what they don't like rather than being presented with a blank sheet of paper and being asked what they would want to see included. It is hoped that this approach meets those needs also.

Our engagement to date has, therefore, been more streamlined than previously. Our approach initially was to sense check the key components of our Strategic Plan. This included asking all partners and stakeholders if our Aims, Vision, Values and Enablers are still relevant, and if not, what were we missing.

We also asked for opinions and options on how our Strategic Plan should be presented and what formats people find beneficial. During the initial engagement period we took the opportunity to check we are covering all relevant groups and contacts for consultation.

### Timeline of Engagement To Date

Forum	Date	Outcome
Commissioning Event	19 February 2024	Awareness raising and provider priorities
Staff Conference	29 February 2024	Awareness raising
Senior Leadership Team	6 March 2024	Initial Approval of timeline and approach
IJB CO Report	26 March 2024	Approval of timeline and approach
IJB Insights	16 April 2024	Review of performance/identification of high level priorities. NB: SLT encouraged to attend.
Strategic Planning Group	18 April 2024	Seeking confirmation that reps are content with approach
IJB Insights session	11 June 2024	Agreement of timeline and approach Overview of strategic context, direction and current priorities Values session and impact of budget explored
Senior Leadership Team	19 June 2024	Reviewed Agreement of timeline and approach Overview of strategic context, direction and current priorities Values session and impact of budget explored
Strategic Planning Group	20 June 2024	Feedback from engagement and confirmation of agreement of strategic context, direction and priorities (as per feedback from IJB and SLT)





Engagement Update to TPM Transformation Programme Managers meeting	2 July 2024	Planning: <ul style="list-style-type: none"> <li>• Strategy and Transformation Team - Jamboard-Priorities/ Delivery Plan</li> <li>• Staff Drop In Sessions (July/August)</li> <li>• Staff and Partners Questionnaire</li> <li>• Informed by Data / APR</li> </ul>
ACHSCP Staff drop in session 1	24 July 2024	Partnership wide session to raise awareness of timeline and approach  Overview of strategic context, direction, and feedback received so far  Encourage feedback and participation in development of the refreshed Strategic Plan
Specific meeting	24 July 2024	Arranged by COO/CO to discuss progress
ACHSCP Staff drop in session 2	1 August 2024	Partnership wide session to raise awareness of timeline and approach Overview of strategic context, direction, and feedback received so far Encourage feedback and participation in development of the refreshed Strategic Plan
ACHSCP Staff drop in session 3	6 August 2024	Partnership wide session to raise awareness of timeline and approach Overview of strategic context, direction, and feedback received so far Encourage feedback and participation in development of the refreshed Strategic Plan
Strategic Planning Group	22 August 2024	Update on current progress and planning ahead for public Consultation, views on formats.
CAN Come and Network Day	14 September	Stand Event at Aberdeen City Vaccination and Health and Wellbeing Hub, Come and Network Day looking for views on key components – Aims, Values, Vision and Enablers. Views on Communication and Formats.
IJB Insights Session	17 September 2024	Update on current progress and planning ahead for public consultation, and views on draft priorities and aims.
SLT – Critical thinking session	18 September 2024	Agreement of Strategic Plan priorities and high level overview, approval of comms plan and further discussions on content of 'evidence report'
IJB meeting	24 September 2024	APR approved at this meeting information to support draft Strategic Plan.
Impact Assessment	7 October	IIA developed and DiversCity Officers consulted
ACC Strategy Board	10 October 2024	Compiled Draft Strategic Plan, Evidence Doc and High Level overview on agenda for ACC Strategy Board to discuss.
IJB Consultation	11 October 2024	Compiled final version of the draft Strategic Plan containing high level overview and evidence report sent for IJB Statutory Consultation
SLT	9 October	Final version of the draft Strategic Plan presented to SLT containing high level overview and evidence report, and Consultation Plan
Grampian Gathering	12 October	Public Event, showcasing draft aims
Various	Locality Empowerment Groups	North, Central and South over October on views on Initial Priorities and Draft.



Various	Strategy and Transformation Team Sessions	Values Session – May 2024 – deep dive into our values and how we can further embed our values (feedback from Conference) Initial Priorities and Draft – October 2024 – Team thoughts on initial priorities, aims and other strategic plan key components.
Various	Stand Events – Health and Wellbeing Hubs	Feedback and Thoughts gathered through 3 stand events for views on key components – Aims, Values, Vision and Enablers. Views on Communication and Formats.
Various		Consultation and Communication Plan project team progress next steps in preparation for IJB Approval in November.
Various	Leaflet	Leaflet displayed and sent to teams, partners and network to link to us for consultation. Information back to Strategy Senior Project Manager and Consultation and Engagement Development Officer.
IJB	November	Draft to be considered for approval.

#### **Themes to date (reflected in and incorporated within Draft Plan)**

- Prevention and Early Intervention needs to stay high on our priorities if we are going to impact future health needs.
- Being honest with our financial forecast and implications, if service delivery needs to be affordable, be honest and say that.
- Honesty and Transparency are similar values do we need both?
- We need to make sure our communications are clear and any changes to access to services and new initiatives are consulted and communicated to the public
- Our current Strategic Aims are still relevant, however stigma, inequalities and sustainability are key themes mentioned in feedback.
- There should be less focus on 'business as usual' service delivery i.e. what we are already doing.
- We must rebalance towards prevention and early intervention e.g. falls prevention, management of long term conditions
- What do we need to do in relation to public communication and education using this as a tool for prevention encouraging self-care, improving health literacy, improving understanding that resources need to be targeted where they are needed not where they are wanted.



### 3. Purpose of Consultation

The purpose of our consultation is to take our initial Draft Strategic Plan 2025 – 2029 and consult with our key stakeholders including, public, staff, partners to

- Share our draft Strategic Aims, Priorities, Vision, Values and Enablers
- Show our linked partnership organisations, influencing strategies and legislation
- Clearly express our indicative priorities for Strategic Plan over the period 2025-2029.
- Enable opportunities to shape and develop the draft priorities ensuring we are not missing anything important
- Move focus on opportunities around prevention, service accessibility and financial position
- Collaborate with our key stakeholders to shape the delivery plan to achieve our strategic aims.
- Agree an approach on implementation of the Strategic Plan aims.

The consultation will have a particular focus on the Local Housing Strategy, Health and Social Care Partnership Strategic Plan, Community Learning and Development Plan, and the next Local Outcome Improvement Plan, Local Development Plan, and Locality Plans as identified in the interdependencies below.

Priorities will be aligned using the Place Standard tool, a nationally-approved tool to assist with long-term planning that promotes conversations about how to improve people's health, wellbeing and quality of life.

### 4. Interdependencies

Consultation on the Strategic Plan will run in conjunction the following:

1. ACHSCP Budget Consultation Process
2. ACC Local Development Plan
3. ACC Community Learning and Development Plan
4. ACC Housing Strategy

This will provide opportunities to work together to increase the number of opportunities to input, reduce engagement fatigue and ensure that all views are captured as well as informing our stakeholders of our performance achievements to develop from.

Approach detailed below from section 7 onwards.

NB : Not all of these opportunities will be captured here, but will be added as the plan develops further.



## 5. Data Protection

A joint privacy notice has been drafted and can be viewed [here](#). As the information gathered will be hosted on ACC engagement platforms and analysed from ACC devices, the ACC DPIA process has been followed.

A DPIA has been completed on behalf of the Joint Consultation process, and can be seen here for any more information here at [EngagementDPIABrief.docx](#)

## 6. Inform

### 6.1. Website

Website link - [Our Strategic Plan | Aberdeen City HSCP](#)

The following pages are required:

Consultation Drafts available with link to survey and questionnaire.

(To be uploaded once approved by IJB)

Draft documents in downloadable versions, with options for other formats as below.

If you need information provided in a different format, such as accessible PDF, large print, easy to read, audio recording or braille, or have any accessibility requirements please email [equality\\_and\\_diversity@aberdeencity.gov.uk](mailto:equality_and_diversity@aberdeencity.gov.uk).

### 6.2. Animation

Short video will be created on Biteable to provide more information and explaining why views are so important to hear for our next Strategic Plan. The narrative is outlined below.

- Aberdeen City Health & Social Care Partnership is responsible for the planning and delivery of community health and adult social care services in Aberdeen
- We have drafted a Strategic Plan that we would like to have your views on, and we want you to help and shape our priorities for the next 4 years
- Rundown of some of our challenges
- Quick look at our strategic aims
- Draft Priorities
- How to get in touch or invite us to your event.

### 6.3. Social Media

Utilising the Annual Performance Report key measures and highlights, we will be ensuring our priorities are conveyed alongside development of our previous achievements.



## Social Media Post planning

- 18 March 2025 – IJB Approval of Consultation Draft
- 24 March 2025 - Launch Consultation including SurveyLink
- 14 April 2025 – 1 month to go for Consultation
- w/c 14 April - Strategic Aim 1 – Picture representation and link to questionnaire
- w/c 14 April - Strategic Aim 2 – Picture representation and link to questionnaire
- 7 May 2025 – 1 week to go for Consultation
- 14 May 2025 - Closing Day for Consultation
- 1 July 2025 - Strategic Plan approved

## Where to Share / Tag

NHSG; ACC; ACVO; BAC; GCC; SHMU; LEGS; Community Planning; Community Councils etc

NB comments to be switched off

## 6.4. Visual Displays Onsite

Posters and interactive QR Boards to be developed and included at high-traffic sites including:

- |                               |                            |
|-------------------------------|----------------------------|
| • Aberdeen Vaccination Centre | • Aberdeen Royal Infirmary |
| • Health Village              | • Woodend                  |
| • GP Practices                | • Rosewell                 |
| • Grampian Gathering          |                            |

Example wall display below, and example poster overleaf. At times, a visual display could be manned to allow more explorative, qualitative discussions:





## 7. Consult

### 7.1. Survey Questionnaire (Common Place)

Survey to include; - <http://yourplaceyourplans.commonplace.is> (Link not yet Live)

- Consultation survey will include the same information for all 4 Plans and Strategies in consultation. This will also help support as previously stated the Place Standard tool on scoring the 14 themes to support development for our City. The themes that the ACHSCP IJB Strategic Plan links to are the following
  - Facilities and Services
  - Social Interaction
  - Influence and Self Control
  - Work and Economy



## 7.2. Consultation Approach

Largely, the approach to consulting with people about our Strategic Plan will follow an approach of “go where the people are” rather than to expect them to come us. We can do this by building on our existing high-traffic areas and events. We will be encouraging conversations and questions and also promoting feedback through the online survey questionnaire.

We have arranged a number of events to ensure we catch some of our key stakeholders and communities, but we are strongly encouraging and reaching out to those to invite us along to discuss with groups and communities where best suits them.

The joint consultation approach with the ACC other draft strategies will enable us to create less duplication and consultation fatigue within our communities. We plan to be able to answer some questions and take feedback for any of the draft strategies. A strong feedback loop will have to be created to ensure that we incorporate all we have heard and repeat that within our documents and communications.

This approach will help inform the Local Housing Strategy, Integration Joint Board (IJB) Strategic Plan, Community Learning and Development (CLD) Plan and Local Development Plan (LDP), as well as the development/refresh of remaining strategies to be developed in 2025/2026. Further targeted engagements (ACHSCP Led events detailed below), based on learning from the Place Based tool, will continue throughout the consultation and the remainder of 2025 to feed into the revised LOIP, Locality Plans, Local Development Plan and Local Transport Strategy in 2026.

### ACHSCP Spaces

Health Village  
Health and Wellbeing Hubs – Tillydrone, Greyhope, Healthy Hoose, GetActive@Northfield  
Sports Centres, Community Centres & Libraries  
Abdn City Vaccination Centre and Wellbeing Hub

### Events

Date	Event
18 March 2025	IJB Draft Consultation for Approval (Public Papers)
24th March 2025	Launch Survey and Consultation – Social Media Event and Pop Up at Aberdeen Vaccination And Wellbeing Hub
DATE TBC	Providers Event
17 April 2025	Strategic Planning Group
27 March 2025 AM	Locality Event Central – Rosemount CC
27 March 2025 PM	Locality Event South – Greyhope Community Hub
26 April 2025	Locality Event Central – Sports Village
26 April 2025	Locality Event South – Airyhall
10 May 2025	Locality Event North – GetActive@Northfield
10 May 2025	Locality Event North – Kings Church BoD
The following will be pop up events (max	North East Scotland College (NESCOT) pop-up(s) (Exam time) Robert Gordon University – (Ishbel Gordon Building) pop-up(s) Aberdeen University pop-up(s)



of 2 per site) Dates  
yet to be determined

May (all month)

Wellbeing Festival Event Pop Ups

Various Lived  
Experience Groups  
Dates TBC

Wellbeing Wednesdays  
Carers Reference Group  
Wee Blether  
Locality Empowerment Groups  
Priority Neighbourhood Partnership Meetings  
Community council forum – first Monday of every month  
GREC equalities group  
Aberdeen Volunteer Co-ordinators Network  
Aberdeen Youth Movement/ Council  
North East Sensory Services  
The Aberdeen Inter-Faith Group, which represents 17 religions or denominations.

## 8. Involve & Collaborate

### 8.1. Key Stakeholders

**Staff** – ensuring our staff recognise their contributions and understand how their work feeds into the Strategic Plan; making sure our staff's feedback and views are represented.

**Partners** and Linked Services, working with partners Housing, Children's Social Work, Education, Hospital services and linking in with subsequent action plans/ strategies that we can help influence or refer to within our Strategic Plan.

**Public** – ensuring our public's views, concerns, priorities are addressed where possible within the strategic plan, and supporting and enabling our communities to be involved and included in decisions.

**3<sup>rd</sup> Sector** - working with ACVO and others, to network and support opportunities within the sector and links with ACHSCP services, recognising their contributions to Health and Social Care support across Aberdeen.

**Commissioned Services** – Attendance at the Commissioning Academy and other commissioning or provider events to work with providers to gain more feedback on what we need to include in our Strategic Plan to support our commissioned providers.

### 8.2. Existing Groups with Lived Experience Representation

As these focus groups are confirmed, this document will be updated.

Existing groups within ACHSCP's will be encouraged to influence the development of the Strategic Plan, and we will make the first effort with these groups to be included for feedback within the Survey and also encouraged to include us within their meetings.





- Locality Empowerment Groups
- Carers Reference Group
- Strategic Planning Group
- Equalities Participation Network (GREC)
- Tenants and Care Home Participation Network
- Equalities and Human Rights Group
- Community Council Forum
- Aberdeen Volunteer Co-ordinators Network
- Aberdeen Youth Movement/ Council
- North East Sensory Services
- The Aberdeen Inter-Faith Group, which represents 17 religions or denominations.

## 9. Understanding Impact

In order to understand the potential impacts on people with protected characteristics and those considered within our Integrated Impact assessments, bespoke focus groups will be contacted and established where appropriate and as identified above.

We have considered an initial stage 1 Integrated Impact Assessment – proportionality and relevance for our Draft Plan and Consultation.

Additionally, our projects and programmes will undertake separate engagement, inclusion and impact assessments as each progress.

## 10. Completing the Feedback Loop

We recognise the importance of demonstrating how the views and impacts gathered in the consultation and engagement process have shaped the Strategic Plan 2025 -2029.

There will be a full Communications Plan to support the Final Strategic Plan full launch, including feedback on what we have heard and what we have incorporated or not, and the reason why not. This will form the basis of our governance and delivery plan structure to ensure our key messages, initiatives, changes and impacts are clearly consulted and communicated within Aberdeen City.

Throughout the Consultation period we will be seeking views on how best people would like these messages to be relayed, there are many imaginative communication methods, and we want to ensure ACHSCP are engaging the best way possible.

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## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	18 March 2025
<b>Report Title</b>	Housing Contribution Statement
<b>Report Number</b>	HSCP.25.022
<b>Lead Officer</b>	Fiona Mitchelhill, Chief Officer
<b>Report Author Details</b>	Alison MacLeod Strategy and Transformation Lead ACHSCP <a href="mailto:AliMacleod@aberdeencity.gov.uk">AliMacleod@aberdeencity.gov.uk</a>
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Exempt</b>	No
<b>Appendices</b>	A – Draft Housing Contribution Statement B - Draft Local Housing Strategy
<b>Terms of Reference</b>	8 - The approval or amendment of the Strategic Plan and on-going monitoring of its delivery through the Annual Performance Report

### 1. Purpose of the Report

- 1.1. The purpose of this report is to present to the Integration Joint Board (IJB) the first draft of the Housing Contribution Statement (HCS) and Local Housing Strategy (LHS).

### 2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:

- a) Notes the content of both the draft Housing Contribution Statement and draft Local Housing Strategy and the links between these and the IJB Strategic Plan



## INTEGRATION JOINT BOARD

- b) Notes that the final Housing Contribution Statement will be informed by feedback from the consultation on both the IJB Strategic Plan and the Local Housing Strategy, and
- c) Instructs the Chief Officer to update the draft Housing Contribution Statement following feedback and comments received from the consultation on both the IJB Strategic Plan and the Local housing Strategy and present the proposed final version to the IJB meeting on 1<sup>st</sup> July 2025 for approval.

### 3. Strategic Plan Context

- 3.1. The statutory guidance on Health and Social Care Strategic Plans states that these should ensure correlation with other local policy directions including the Local Housing Strategy. There is a specific requirement that the Strategic Plan should contain a Housing Contribution Statement.

### 4. Summary of Key Information

- 4.1. The Local Housing Strategy is a Local Authority's strategic document for housing and housing services. The Housing (Scotland) Act 2001 sets out the strategic responsibilities of Local Authorities to assess housing needs, demand and condition, (including for specialist housing and housing related services) and to assess the level of homelessness and produce a homelessness strategy. The Housing (Scotland) Act 2006 also introduced a requirement for a Local Authority to include as part of their LHS a strategy detailing a Scheme of Assistance – for improving the condition of houses. This Scheme of Assistance outlines how a Local Authority will help people living in private sector housing (home ownership or private renting) to repair and maintain their homes as well as adapt them to meet their needs (i.e. adaptations services).
- 4.2. Housing Contribution Statements (HCS) were introduced in 2013. They provided an initial link between the strategic planning process in housing at a local level and that of health and social care, setting out the arrangements for carrying out the housing functions delegated to the Integration Authority and providing an overarching strategic statement of how the Integration Authority intends to work with housing services, whether delegated to it or not, to deliver its outcomes. The Scottish Government published updated LHS Guidance in 2019 which, among other things, includes a specific focus on specialist housing and independent living, including the role of housing in health and social care integration. It emphasises the need for strategic planners in both the Local Authority housing and planning functions to



## INTEGRATION JOINT BOARD

engage with health and social care planners to share evidence, identify needs and plan solutions for those with 'specialist' needs.

**4.3.** The draft Housing Contribution Statement contained at Appendix A details the local context in Aberdeen City, what strategic housing related documents have been published and which housing functions have been delegated to the IJB. It also confirms the IJB's commitment to collaboration with Aberdeen City Council's Housing Service to ensure that services to the public are strategically coordinated to achieve joined up, person centred approaches and improve health and wellbeing outcomes for the people of Aberdeen. It goes on to detail the arrangements we have in place to ensure that collaboration happens and describes the shared evidence base and housing related challenges in Aberdeen City.

**4.4.** The draft Local Housing Strategy contained at Appendix B is due to be presented to the Communities, Housing and Public Protection Committee on 11<sup>th</sup> March 2025 for approval to go out for public consultation. Should it be approved this is one of the strategies that will form part of the joint consultation process which also includes the IJB Strategic Plan. The LHS contains the following priorities: -

- Adequate supply of housing, including affordable housing.
- Placemaking with communities
- Make homelessness rare, brief, and non-recurring
- Promote independent living in communities
- Promote health through housing
- Improve housing quality and energy efficiency
- Support a well-managed private rented sector

All of these priorities will help support the IJB strategic vision to empower communities to achieve fulfilling, healthy lives.

**4.5.** There is no requirement to consult on the Housing Contribution Statement itself. Feedback from the consultation on both the Local Housing Strategy and the IJB Strategic Plan will be used to inform the final version of the Housing Contribution Statement which will then be published and linked to both the Local Housing Strategy and the IJB Strategic Plan.



## INTEGRATION JOINT BOARD

### 5. Implications for IJB

#### 5.1. Equalities, Fairer Scotland and Health Inequality

An Integrated Impact Assessment (IIA) is not required for the Housing Contribution Statement itself as it is a statement of the arrangements between the IJB and ACC Housing in terms of joint working. Both the IJB Strategic plan and the Local Housing Strategy will be subject to IIAs which will be submitted with the final drafts for approval and published thereafter.

#### 5.2. Financial

The Housing Contribution Statement will be delivered within existing budgets.

#### 5.3. Workforce

The Housing Contribution Statement will be delivered by existing workforce.

#### 5.4. Legal

There is 'Housing services and integrated health and social care: Housing Advice Note' Statutory Guidance which states that the IJB must put in place a Housing Contribution Statement as part of the Strategic Plan.

#### 5.5. Unpaid Carers

The housing arrangements of a cared for person will impact on their unpaid carer. As such we will ensure that the Local Housing Strategy, the IJB Strategic Plan and the Housing Contribution Statement are shared with Carers Reference Groups to ensure their views are taken into account for the final versions.

#### 5.6. Information Governance

There are no direct information governance implications arising from the recommendations of this report

#### 5.7. Environmental Impacts

There are no direct environmental implications arising from the recommendations of this report.



## INTEGRATION JOINT BOARD

### 5.8. Sustainability

There are no direct sustainability implications arising from the recommendations of this report.

### 5.9. Other

There are no other direct implications arising from the recommendations of this report.

## 6. Management of Risk

### 6.1. Identified risks(s)

The 'Housing services and integrated health and social care: Housing Advice Note' Statutory Guidance states that Integration Authorities' Strategic Plans must include a Housing Contribution Statement. There is a risk that if we do not publish a Housing Contribution Statement we will breach our statutory obligation.

### 6.2. Link to risks on strategic or operational risk register:

There is no specific risk in relation to housing but the Housing contribution Statement could be linked to Strategic Risk 4: -

Cause: Performance standards/outcomes are set by national and regulatory bodies and those locally-determined performance standards are set by the board itself.

Event: There is a risk that the IJB, and the services that it directs and has operational oversight of, fails to meet the national, regulatory and local standards.

Consequence: This may result in harm or risk of harm to people. development and delivery of the ACHSCP Strategic Plan 2025-2029 is linked to and impacted by all the risks currently on the Strategic Risk Register as referenced in the Strategic Plan Evidence Document.

### 6.3 How might the content of this report impact or mitigate the known risks:

By developing and publishing a housing Contribution Statement we are meeting our statutory obligation and ensuring the collaborative arrangements between ACC housing and the IJB continue to ensure outcomes for the people of Aberdeen are improved.

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# Aberdeen City Health & Social Care Partnership

*A caring partnership*

## Housing Contribution Statement

### Background

The statutory guidance on Health and Social Care Strategic Plans states that these should ensure correlation with other local policy directions including the Local Housing Strategy (LHS). There is a specific requirement that the Strategic Plan should contain a Housing Contribution Statement (HCS).

The Local Housing Strategy is a Local Authority's strategic document for housing and housing services. The Housing (Scotland) Act 2001 sets out the strategic responsibilities of Local Authorities to assess housing needs, demand and condition, (including for specialist housing and housing related services) and to assess the level of homelessness and produce a homelessness strategy. The Housing (Scotland) Act 2006 also introduced a requirement for a Local Authority to include as part of their LHS a strategy detailing a Scheme of Assistance – for improving the condition of houses. This Scheme of Assistance outlines how a Local Authority will help people living in private sector housing (home ownership or private renting) to repair and maintain their homes as well as adapt them to meet their needs (i.e. adaptations services).

Housing Contribution Statements (HCS) were introduced in 2013 and provided an initial link between the strategic planning process in housing at a local level and that of health and social care, setting out the arrangements for carrying out the housing functions delegated to the Integration Authority and providing an overarching strategic statement of how the Integration Authority intends to work with housing services, whether delegated to it or not, to deliver its outcomes.. The Scottish Government published updated LHS Guidance in 2019 which, among other things, includes a specific focus on specialist housing and independent living, including the role of housing in health and social care integration. It emphasises the need for strategic planners in both the Local Authority housing and planning functions to engage with health and social care planners to share evidence, identify needs and plan solutions for those with 'specialist' needs.

## Local Context

Aberdeen City Council (ACC) holds the statutory role as the strategic housing and planning authority assessing housing needs, demand and condition, (including for specialist housing and housing related services) and to assessing the level of homelessness. They have published a [Housing Need and Demand Assessment](#) (HNDA), a [Local Housing Strategy 2018-2023](#) which is currently being redrafted, and a Rapid Rehousing Transition Plan ([link](#)). Registered Social Landlords and other housing providers in the city are vital partners in both the planning and delivery of housing care and support services.

Some housing functions have been delegated to IJBs and Aberdeen City IJB is responsible for the provision of aids and adaptations and for housing support in relation to sheltered and very sheltered housing tenancies which includes responding to emergencies, a daily welfare check and support with daily living including paying bills, health and safety and security, and accessing services. The delivery arm of Aberdeen City IJB is the Aberdeen City Health and Social Care Partnership (ACHSCP).

## Aberdeen City's Housing Contribution Statement

It is essential that housing services are coordinated between ACC, local housing providers and ACHSCP in order to achieve joined-up, person-centred approaches. Collectively we can make a contribution to the achievement of many of the National Health and Wellbeing Outcomes and specifically Outcome 2 'People, including those with disabilities, 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'. Independent living is key to improving health and wellbeing. In addition, the availability of housing that meets people's specific health needs can prevent hospital admission, achieve a timely discharge and contribute to tackling health inequalities. Housing providers are key to supporting people to maintain or adapt their homes to enable people to continue to live in their own home despite changing needs.

Aberdeen City Council and Aberdeen City IJB are committed to the strategic coordination of priorities in the Local Housing Strategy and the Strategic Plan ([link](#)) working closely together to achieve improved outcomes for the population of Aberdeen. Our approach will include assessing the range of housing support needs across the population, including homeless households, and understanding the link with health and social care needs, identifying common priorities, and engaging with the local housing sector to jointly drive forward the housing contribution to improved population health and well-being that positively contribute to health and well-being and makes best use of the available resources within the City of Aberdeen.

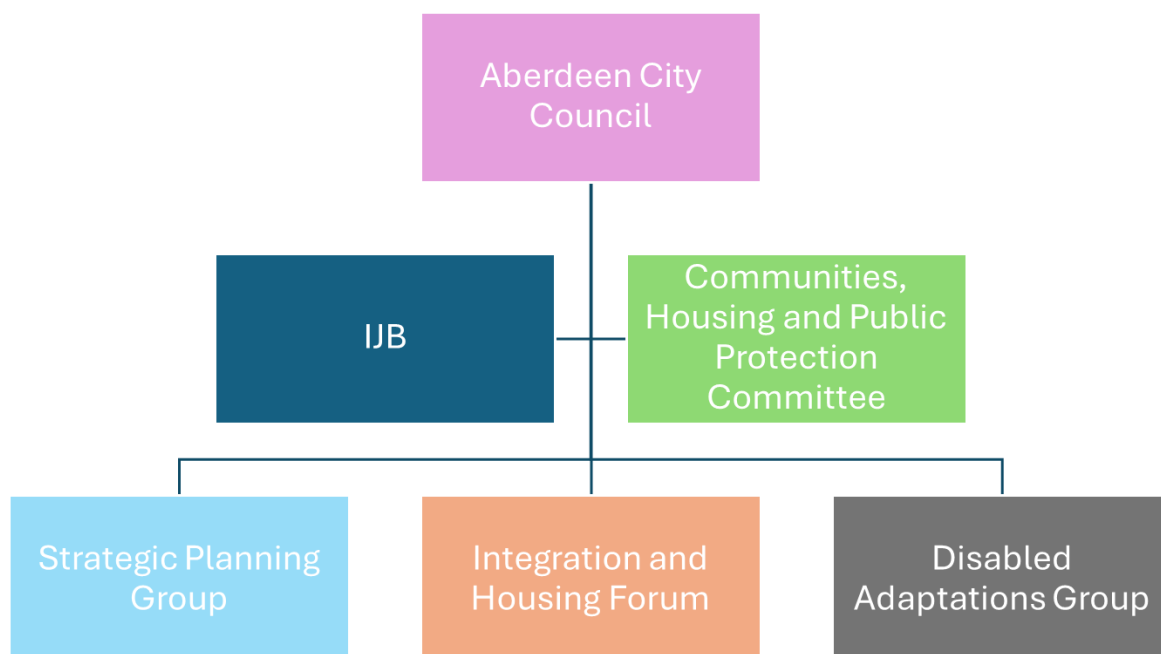
## Governance Arrangements

Beginning from the shadow year of the IJB in 2015, ACHSCP set up an Integration and Housing forum which facilitates discussion and the sharing of information on the common areas of interest between Housing and Health and Social Care. It is co-chaired by strategic leads from both Housing and ACHSCP and the membership is made up of relevant representatives from both Aberdeen City Council and the

Aberdeen City Health and Social Care Partnership. The Integration and Housing meeting acts as the key forum where the critical relationship and interdependency between Aberdeen City Council (ACC) Housing and ACHSCP is discussed and explored and from where greater collaboration and improvement activity can be directed.

There is also a Disabled Adaptations Group (DAG), chaired by the strategic lead from ACHSCP which focuses on the provision of equipment and adaptations across all housing tenures. The DAG consists of representatives from Bon Accord Care who provide our Occupational Therapist service, the ACC Housing team, the Private Sector Grants (PSG) team (who administer the grants scheme for adaptations to privately owned homes in the City), the locally commissioned Care and Repair provider, and each of the Registered Social Landlords who provide housing in the City. The aim of the DAG is to manage and monitor the various processes that enable the provision of Disabled Adaptations in properties across all tenures in Aberdeen City. The DAG also manages and monitors the adaptation activity and budget expenditure ensuring best value for money is obtained and that resources are targeted where they are needed most.

In addition, Housing colleagues are represented on the IJB's Strategic Planning Group where our Locality Empowerment Groups are also represented, facilitating the link not only into strategic planning but also into localities. ACHSCP colleagues participate in various groups that develop the Housing Need and Demand Assessment and the Local Housing Strategy and also those that review the provision of Housing for Varying Needs and housing related Delayed Discharges.



## Shared Evidence Base and Housing- related Challenges

Below is a summary of what we know about the health, wellbeing and social care needs in the City, and the links between these and housing.

The IJB's strategic vision is to 'empower communities to achieve fulfilling and healthy lives'. The Local Housing Strategy has identified seven priorities for action: -

- Adequate supply of housing, including affordable housing.
- Placemaking with communities
- Make homelessness rare, brief, and non-recurring
- Promote independent living in communities
- Promote health through housing
- Improve housing quality and energy efficiency
- Support a well-managed private rented sector

For both women and men, **healthy life expectancy** is declining in the city. People living in more **deprived areas** have shorter lives and are more likely to live with poorer health for longer. All seven priorities in the LHS will support improvement in healthy life expectancy particularly for those living in deprived areas. In particular there are commitments that those who suffer from economic inequalities will be supported to find a good quality, affordable and sustainable home as quickly as possible and that citizens will be supported to know where and how to access financial inclusion services and benefit from targeted initiatives, such as the Rent Assistance Fund.

1 in 4 adults describe themselves as having a **limiting, long-term illness**. The **population is ageing** and as people get older, they tend to need more health and social care support, and the support of dependants to help manage long-term conditions or diseases. There is a rising number of adults choosing not to have children, and this is likely to require very different housing models in the longer term. Preventing disease progression and encouraging the adoption of healthier behaviours are important elements for improving health outcomes. The Local Housing Strategy commits to planning for longer term changes, such as knowledge about the increasing number of citizens who choose not to have children and the implications of this on meeting care needs in the future.

Whilst the rates at which people are being admitted to hospital due to alcohol and the rate of alcohol-related deaths has been declining or has been relatively stable over the last few years, the drug-related death rate has increased substantially. Continuing to reduce the **serious consequences of alcohol and drug use** remains a priority which will result in improved health outcomes for those affected. Data suggests that more people are being prescribed drugs for anxiety and depression than ten years ago, though the rate of people being in hospital for mental illness has fallen. **Deaths from suicides** have risen and the effects of the cost-of-living crisis suggest that mental health and wellbeing may further deteriorate in the near future. Early intervention should be a focus, addressing, for example, the number of people feeling socially isolated in our communities.

The Local Housing Strategy commits to ensuring that everyone in Aberdeen, particularly those with mental or physical health needs, receive housing and support which meets their housing and wider needs to support them to live a healthy life. Providing appropriate housing for people with **complex needs** can be challenging but the Local Housing Strategy commits to working in partnership to monitor and review the need for specialist and support accommodation.

We know that financial, spatial and relational factors are associated with **housing insecurity and mental health**. We also know that overcrowded homes can be associated with **stress, anxiety and the spread of respiratory illness**. The Local Housing Strategy commits to ensuring that housing policies allow citizens to have sufficient space in their home and are not overcrowded.

Aberdeen City is in a fairly unique position in that almost all of adult social care is provided by externally commissioned organisations. ACHSCP produce a number of Market Position Statements that help inform housing and social care providers of the changing needs of the population over time in order that they can plan their response to these as our commissioning needs arise.

This Housing Contribution Statement has been developed jointly by Aberdeen City Council Housing Services and Aberdeen City Health and Social Care Partnership and is informed by public consultation on both the IJB Strategic Plan, the Local Housing Strategy and the Local Development Plan. All three of these documents have been contextualised around the identified social determinants of health relevant to Aberdeen city reflective of our shared and aligned endeavour to deliver better outcomes for people of Aberdeen.



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# **Local Housing Strategy**

## **2025 -2030**



## **Foreword**

I am delighted to introduce Aberdeen City Council's refreshed Local Housing Strategy (LHS) which covers the five-year period from 2025 to 2030.

Living in poverty is known to be damaging for health and is one of the main causes of health inequalities. Housing affordability is a key driver of poverty and inequality in Scotland. Increasing the supply of affordable housing is key to addressing housing need and tackling child poverty. Low-income households are more likely to be impacted by fuel poverty and living in cold and damp homes is associated with higher mortality rates and cold-related ill health, illustrating the importance of this Local Housing Strategy.

The Aberdeen City Local Housing Strategy 2025-2030 is based on what is known about the housing and health needs of the people of Aberdeen and has been developed in partnership with key stakeholders including registered social landlords (RSL), service providers, private sector, statutory bodies as well as tenants and residents. This Local Housing Strategy takes full account of the changing needs of our citizens and sets out how these challenges might be overcome.

This Local Housing Strategy builds on our previous success in increasing the number of affordable homes by Aberdeen City Council and our RSL partners. Aberdeen has also become one of the six flagship locations for Homewards which is part of HRH Prince and Princess of Wales Royal Foundation to end homelessness, and we can see some homelessness measures improving. The supply of specialist provision homes has increased through the affordable housing supply programme, in response to the high level of demand in the city, as identified in the Aberdeen City Health & Social Care Partnership's Market Position Statements.

Progress towards delivery of this Local Housing Strategy will be monitored and regularly reported over the next five years to ensure that targets are being met, outcomes are being delivered and responses to further changes are made, as appropriate. This will help us to continue to deliver positive housing outcomes, across all tenures for all citizens in Aberdeen.

### **Miranda Radley**

Housing Spokesperson and Convener of Communities, Housing and Public Protection Committee.



# Introduction

## Aberdeen Context

Our ambition is for Aberdeen to be “a place where all people can prosper regardless of their background.” At the heart of this, is a commitment to tackling poverty and inequality and supporting the city’s people to live healthy lives.

Through an understanding of the needs of the city and its people, as well as the services and interventions that are provided, the Council’s suite of strategies aims to identify the things that will bring benefit to people and commit to evidence based and effective future actions.

The focus for our strategies and actions is on improving outcomes across five themes of the social determinants of health:

- Education & Lifelong Learning
- Economic Stability
- Communities & Housing
- Neighbourhood & Environment
- Health & Social Care

## The Population of Aberdeen

The population of Aberdeen City is estimated to be 227,750. The overall population had been declining from 2015 to 2023, primarily due to a falling birth rate and fluctuating net migration. In the coming years, Aberdeen is projected to have fewer people of working age and will see a rise in the number of older people, particularly those over 75.

A falling and ageing population pose a number of challenges to an area and can lead to a cycle of economic decline. It can also increase pressure on public services by reducing the overall tax base, whilst increasing the need to provide services and care, specifically for children and older people. Given that the falling birth rate has been a reality for a number of years, if the city’s population is to be sustained, or grow in the short and medium term, this must be driven by migration; by attracting people to and keeping them in the city. Like many other areas, a growing number of people in the city are recorded as having a limitation to work, exacerbating the balance between those in work, and those who are not.

Our focus, therefore, must be to ensure Aberdeen is a place where people want to come to live and work, and to support the people who do live here to play a full social and economic part in the city’s future.



## The Social Determinants of Health

The social determinants of health contribute to the unfair and avoidable differences in outcomes seen across our city.

To ensure that this Local Housing Strategy helps to address health inequalities, we have taken the time to reflect on what we know from published research and what we know about our citizens. Taking this approach has helped us identify areas of focus for this Local Housing Strategy to ensure that it is focussed on tackling inequality.

## Children, Families and Lifelong Learning

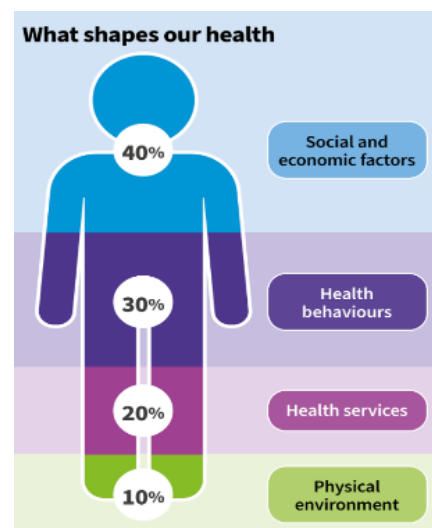
It is clear that the life circumstances of children affect their educational attainment, and that educational inequality can lead to inequalities of health and wellbeing in early adulthood and beyond. We also know that the circumstances of parents and carers directly impacts on children and young people.

In Aberdeen there is evidence of increased numbers of children living in poverty; having a disability; with additional support needs; and entering school with at least one developmental concern. One in three school pupils are of ethnic minority background. Whilst across a range of measures, attainment shows a positive trend, the most striking feature is the impact of family affluence/deprivation on children's experiences and outcomes, including educational attainment and positive destinations.

The city has a large student population based over several university and college campuses. An increase in the number of students studying online may have contributed to an overprovision of purpose-built student accommodation. A [recent report](#) also suggested 35% of full-time students were owner occupiers in Aberdeen which is significantly higher than in Glasgow, Dundee and Edinburgh.

Consistent youth homelessness presentations suggests that we need to take a more holistic approach to supporting families facing adversity. This will be progressed through our [Family Support Model](#) which is being developed.

Schools and further/higher education partners must be alert to the signs of homelessness so that they can take early preventative action to prevent and end youth homelessness. It is important that young people understand their rights and know how to sustain a tenancy.



Aberdeen continues to welcome many displaced families and young people from around the world and those seeking refuge in the city will continue to require essential support, including accommodation, and help into training and employment to enable them to join the labour market.

The **Local Housing Strategy** has a key role in helping ensure that:

- Families with children can access housing and support that meets their housing and wider needs.
- Those supporting young people understand how to identify and support those at risk of homelessness.
- Accessible information is available to help young people to sustain their tenancy.
- The housing needs of those seeking refuge in the city are planned for.
- Our Local Development Plan takes account of the shifting trends in student behaviour and student numbers.





## Economic Stability

A healthy economy is inextricably linked to the health and wellbeing of a population. Simply put, people who experience economic inequalities have poorer health and wellbeing. People who are economically secure have better health and wellbeing.

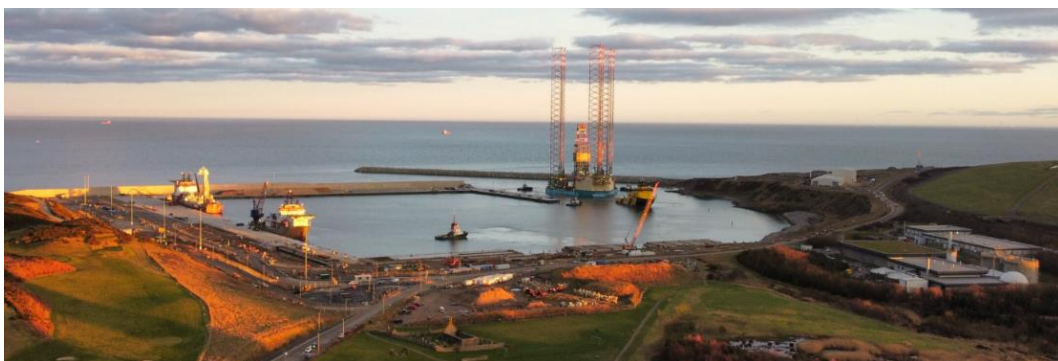
Aberdeen is experiencing an economic transition toward a low-carbon economy, with a clear focus on developing greater diversity across business sectors. Energy remains a key component in this, though more is needed on developing the renewables sector, with tourism, and financial and business services sectors also being important in the mix. Even if the wealth gap between the region and Scotland as a whole is narrowing, in 2023 people in Aberdeen were still wealthier per head of the population than Scotland.

The estimated unemployment rate in the city in June 2024 was 4.4%, which is above the Scottish level of 3.5%, whilst the number of people claiming unemployment-related benefits matched the Scotland figure. In 2023, it was estimated that almost 1 in 6 households had no-one within the household working, but households with low income, or likely to be experiencing financial instability, are also important. It is estimated that 3 out of 5 (57%) households experiencing relative poverty will be within working households.

The ability for the local economy to help create and maintain health and wellbeing is important from a population health perspective. This means that it can sustain high quality employment that helps people to live in homes suitable to their needs, and which can be kept warm and dry. It is essential that there is a local economy that can help people and families maintain the types of financial security to put food on the table, pay their housing costs, and to afford the other necessities of everyday life. To prevent loss of health and wellbeing we must continue to address the economic inequalities and support financial security. The accessibility of financial inclusion services will continue to be important, as will the utilisation of initiatives such as Aberdeen City Council's [Rent Assistance Fund](#).

The **Local Housing Strategy** has a key role in:

- Ensuring that the availability, quality, and affordability of housing is a key element in positively attracting people to live and remain in the city.
- Ensuring that those who suffer from economic inequalities are supported to find a good quality, affordable and sustainable home as quickly as possible.
- Ensuring that citizens know where and how to access financial inclusion services and benefit from targeted initiatives, such as the Rent Assistance Fund.



## Communities & Housing

Having somewhere to live which is affordable, warm, and secure is an essential part of wellbeing. The availability, location, type, and quality of housing is also important. So too are the housing challenges that many people face, including households that are experiencing fuel poverty; those who require specialist provision housing as a result of ill-health or disability; and those who, for a range of reasons, are without a secure place to live.

Feeling safe within your home, your place and your community are important factors in wellbeing too, so crime and anti-social behaviour, risk of house fires and being safe when using roads are also important. An ability to participate within one's community is a key element in creating and maintaining wellbeing.

Along with other local authorities across the UK, Aberdeen has strived to meet the challenges presented by the rapid influx of displaced people seeking support and refuge, and is currently home to around 2,000 displaced people, which is a ten-fold increase in arrivals over the last 3 years. Resettled families can face isolation on arrival to the UK. Such isolation can be reinforced by language barriers and varying cultural perceptions of appropriate interactions. The opportunity to build social connections is critical to support integration into local communities but there can be comfort in engaging mainly with others who share the same language and culture. This can restrict chances to make friends and to benefit from the exchange of regular information which generally supports assimilation to UK culture. Equally, host communities and services should be actively supported to foster integration through shared community events, the celebration of cultures and positive neighbourliness.

Having a safe and suitable place to live is at the core of integration of housing, health, and social care. Being able to provide this within the context of a housing shortage has led to a range of housing options being utilised for settled accommodation beyond initial transitional arrangements, including host sponsorship, procured Ministry of Defence properties, private-sector tenancies, Aberdeen City Council and other social rented sector housing providers, and procured Home Office properties. The mismatch between available housing stock and the size of accommodation affects the resettled population, along with others on the mainstream waiting list. There is a shortage of single person accommodation as well as a need for larger properties to house UK Refugee Scheme and Afghan families.

Through our use of the [Scottish Place Standard Tool](#) (SPST), we know that housing and community is viewed positively across the city. However, 10% of those living in Scottish Index of Multiple Deprivation (SIMD) 1 and 22% of those living in SIMD 2 identify housing and community as an issue. Of particular concern is that those living in SIMD 1 raise concerns about their sense of influence and control, and also express concerns about feeling unsafe. Housing and community is of particular concern in the North and South Priority Neighbourhoods. Those aged under 24 had most concerns about housing and community. Mean scores by ethnicity showed little variation from the city averages.

We know that a good landlord-tenant relationship helps tenancy sustainment. We also know that tenants who can make their house a home have more positive mental health. Given the different views held across communities and groups, it will be important to refresh our tenant participation groups to ensure that we can hear and address the concerns of our younger tenants and those living in priority neighbourhoods. Strengthening participation and agency will be essential to building better, healthier places and communities across Aberdeen and this should be considered as we develop our [Future Libraries Model](#).

Many citizens of Aberdeen face barriers accessing good quality, safe, sustainable, and affordable homes. Housing providers are facing increased demand for affordable housing alongside the rising costs of repairs and delivery of new build homes. To compound the challenges, the mental health needs of some citizens result in expensive repairs being necessary when tenancies are ended, lengthening the time and resource required to re-let a property. New properties attract significant interest from prospective tenants, with some older homes proving harder to let.

We understand that there are multiple factors that can cause a household to experience homelessness. We also understand that in becoming homeless the risk of disruption, destabilisation and harm can increase. A high proportion of households experiencing homelessness in Aberdeen have experienced a mental health support need (13%), and 3.7% have difficulties with substance use which is very often combined with poor mental health, a physical disability or a learning disability. These factors can contribute to the loss of a person's home particularly when combined with financial difficulties or perhaps already being in a place of housing insecurity, such as staying with friends or relatives.

In Aberdeen we know that the main reason for homeless presentations is due to the person or household being asked to leave their current accommodation, and this accommodation is often either the parental or another relative's home, or a friend or partner's home. As of December 2024, we also know that 11.8% of people presenting as homeless in the city gave a reason of there being a violent or abusive dispute within the household, and a further 15.4% stated that there was a non-violent conflict within the household or a relationship breakdown. Households presenting as homeless in the city identify a lack of support as an issue, either from family or more widely, and difficulties managing on their own. We need to continue working with the [Homewards](#) Coalition to help make homelessness rare, brief and non-recurring.

Aberdeen City Council works closely with the Scottish Prison Service to prevent homelessness and provide support to prisoners on their release. The [SHORE](#) standard is followed to prevent prisoners from becoming homeless on release.

Aberdeen City Council and its partner organisations must maximise the delivery of affordable housing to ensure a sufficient supply of housing in the city, including wheelchair accessible homes and homes for those living with complex care needs. There is also a need to ensure sufficient investment in older properties. The varying and evolving needs of the citizens of Aberdeen need to be met through the delivery of person-centred approach which promotes independent living.

We also know that there are a range of ways in which housing can be modified to improve health outcomes for households, including improved energy efficiency and increasing the provision of affordable housing. Several factors make homes less comfortable, including limited indoor space and no access to private or shared outdoor space. Knowledge of these factors will directly inform our plans.

The **Local Housing Strategy** has a key role in:

- Ensuring that our tenant participation arrangements are representative of our population and take account of what is known about more vulnerable groups.
- Working more closely with other services and agencies to offer more preventative support, and early help with complex issues through our emerging model of Family Support.
- Ensuring that homes are of good quality and are energy efficient.
- Increasing the supply of affordable housing that has sufficient indoor and external space.
- Aligning the work of the Housing Service with our Future Libraries Model.





## Neighbourhood & Environment

We know that where we live, where we work, and where we spend our time has an important influence on our health and wellbeing. The design, development and maintenance of a place is important in promoting good health and sustaining wellbeing for individuals, families, and communities.

For good health and wellbeing, people need to be able to access a green space within 300m of their home, and Aberdeen City Council has a key role in ensuring access to greenspaces and woodland, and in protecting the quality of local blue spaces (water and river sides).

The natural environment, sustainability and climate change also do, and increasingly will, impact on life in the city. Direct effects associated with climate change include increased mortality and ill-health associated with excess heat and cold, and loss associated with flooding and damage to properties. Climate change is also likely to exacerbate inequalities associated with air pollution, access to greenspaces, fuel, and food poverty. We know, for example, that the number of children hospitalised due to asthma is increasing locally and is at odds with a declining national trend.

A survey of children and young people, aligned to the Place Standard Tool indicators, asked about the same 14 themes included in the Scottish Place Standard Tool. The themes with the highest proportion of 'Not Good' responses were facilities and services (35.2%), play and recreation (34.7%) and care and maintenance (33.7%) which shows that over a third of respondents chose these options as areas for improvement.

We know that place-based approaches can improve the quality of homes and neighbourhoods and support the health and wellbeing of communities. Quality placemaking has been at the core of planning in Aberdeen for a number of years. All developments must ensure high standards of design, with biodiverse open space, sustainable transport options and a distinctive sense of place. We will involve local people in decision making about the places that they live in to allow us to shape communities in a way that people want.

The **Local Housing Strategy** has a key role in:

- Ensuring that housing forms part of a diverse and enriching local environment which helps people to enjoy their neighbourhood; and
- Working towards net zero targets to address climate change
- Helping to reduce fuel poverty.





## **Health & Social Care (Children and Young People)**

Giving every child the best start in life and ensuring they are supported as they grow into adults is essential in creating good population health and wellbeing throughout life. Children who are born into families impacted by deprivation may be at a higher risk of suffering from health inequalities.

Challenges exist during the period from before birth to the start of school, including maternal drug and alcohol use, and smoking at the beginning of pregnancy which remains around 1 in 8 pregnancies. Premature births in Aberdeen are similar to the levels seen in Scotland and overall, 85% of children are born at a healthy weight. Rates of pre-school immunisation by 24 months remain below the national target.

As for many other issues, the physical health of school age children, including healthy weight, physical activity, oral health, and early pregnancies varies across communities. Outcomes are largely determined by levels of deprivation.

Variation is also clear in the self-reported mental health and wellbeing of school-age children. Of primary 6 & 7 pupils surveyed, whilst, on the whole they feel that they are healthy and that this is improving, affluence within the family is clearly a factor, as the more affluent the family, the more likely the child reported being healthy and self-confident.

A growing number of unaccompanied asylum-seeking children are making Aberdeen their home. There is a need to now consider our provision of homes for those who are in our care to ensure adequate and appropriate provision.

We know that some groups are more likely to experience childhood adversity including those from ethnic minorities, those with a disability, and those who are care experienced. The health outcomes for these groups remain persistently below those of their peers.

## **Health & Social Care (Adults)**

For both women and men, healthy life expectancy is declining in the city. People living in more deprived areas have shorter lives and are more likely to live with poorer health for longer. 1 in 4 adults describe themselves as having a limiting, long-term illness.

As we get older, we tend to need more health and social care support, and the support of dependants to help us manage long-term conditions or diseases. There is a rising number of adults choosing not to have children, and this is likely to require very different housing models in the longer term. Preventing disease progression and encouraging the adoption of healthier behaviours are important elements for improving health outcomes.

Over half of the deaths in Aberdeen City in 2022 were associated with cancers and circulatory diseases, for which smoking, obesity, and physical inactivity are risks. It is clear that there is still work to be done promoting healthier lifestyles and this will be progressed through our Future Libraries Model.

Whilst the rates at which people are being admitted to hospital due to alcohol and the rate of alcohol-related deaths has been declining or has been relatively stable over the last few years, the drug-related death rate has increased substantially. Continuing to reduce the serious consequences of alcohol and drug use remains a priority which will result in improved health outcomes for those affected, meaning that we now need to look far more holistically at how best to support our citizens to overcome the many different challenges they face by taking a family centric approach to the delivery of services.

Data suggests that more people are being prescribed drugs for anxiety and depression than ten years ago, though the rate of people being in hospital for mental illness has fallen. Deaths from suicides have risen and the effects of the cost-of-living crisis suggest that mental health and wellbeing may further deteriorate in the near future. Early intervention should be a focus, addressing, for example, the number of people feeling socially isolated in our communities. It will be important to integrate our Future Libraries Model with our Local Housing Strategy.

As part of their focus on prevention and early intervention Aberdeen City Health and Social Care Partnership's Public Health and Wellbeing Teams promote healthy lifestyles and deliver a Stay Well Stay Connected programme of events designed to encourage physical activity and better dietary choices as well as improving digital skills and social connections.

We know that financial, spatial and relational factors are associated with housing insecurity and mental health. We also know that overcrowded homes can be associated with stress, anxiety and the spread of respiratory illness and we will seek to address these areas in our Local Housing Strategy.

The **Local Housing Strategy** has a key role in:

- Ensuring that everyone in Aberdeen, particularly those with mental or physical health needs, receive housing and support which meets their housing and wider needs to support them to live a healthy life;
- Providing good quality, affordable and energy efficient homes which lead to improved health outcomes for the people of Aberdeen;
- Aligning work to support healthy behaviours and a sense of community and belonging through our Future Libraries Model;
- Ensuring that our housing policies allow our citizens to have sufficient space in their home and are not overcrowded;
- Planning for longer term changes, such as our knowledge about the increasing number of citizens who choose not to have children and the implications of this on meeting care needs in the future;
- Continuing to work with partners to ensure access to education and employment, and opportunities for connection are available for New Aberdonians.




## The problems facing our citizens

Those who experience the most disadvantage, tend to experience challenges across a range of social determinants. It is important that our Local Housing Strategy takes account of the complexity faced by some individuals and families across the city, as increasing complexity of needs tends to result in even poorer health outcomes.

To support the development of the Local Housing Strategy, a range of personas, based on the known needs of some of the more complex needs of our citizens, have been considered.


**Name: Alesha**

**Mother of large family**




*Alesha*


“I want my children to have their own space to help their development and comfort.”

**About Alesha** 

- ▶ Alesha, 41, is a mother of six children aged between 1 and 15. She lives in a 3 bedroom property with her partner, all six children and the family dog. Alesha does not work but her partner works full time.
- ▶ Her sister provides additional support to the family. Her oldest child is considering getting her own tenancy next year. Her second oldest child is struggling at school and is getting involved in anti-social behaviour. Her third oldest child has complex support needs and attends an Additional Support Needs Wing. Issues have also been flagged about her youngest child's development by the Health Visitor. All these issues are impacted by overcrowding within the family home.
- ▶ Her partner drinks heavily at the weekends and can be verbally and emotionally abusive leading to police intervention. Alesha suffers from chronic pain and is usually exhausted and often feels overwhelmed. She wishes to remain in her community near her sister and has applied for a larger property with the council and housing associations.

**What does Alesha need?** 

- ▶ A larger tenancy with five bedrooms to provide enough space for the entire family.
- ▶ Effective pain management to be pain-free and able to care for her children.
- ▶ Ensuring her children have the support they need to do well in school.
- ▶ Access to specialist support for her child with additional support needs.
- ▶ Maintaining a good relationship with her partner and reducing stress within the family.
- ▶ Staying in the community to remain close to her sister and avoid disrupting her children's education.

**What is Alesha feeling?** 

- ▶ Exhausted and overwhelmed due to her chronic back condition and the overall stress of managing a large family in an overcrowded home.
- ▶ Frustrated at the lack of housing options in her community.
- ▶ Anxious about her oldest child's desire to seek her own tenancy.
- ▶ Concerned that she could be perceived as a poor parent because of the various impacts her housing situation is having on her children's development.
- ▶ Frightened that if her housing situation is not resolved she will not be able to properly care for her children.

**Name: Amara**  
**Frail person**



“I want to live as independently as I can.”

**About Amara**



- ▶ Amara, 83, is a retired widow who lives in sheltered housing and relies on her state pension and benefits for income.
- ▶ Her three children and two grandchildren live nearby and help her with transport and shopping now that she is too frail to use public transport.
- ▶ She lives independently within sheltered housing, socialising with neighbours, and has no need of any social care. She has a tablet and smartphone but relies on her family to help her with these technologies.
- ▶ She would like to be able to use them independently to find out what other benefits she may be entitled to and to interact with services but is underconfident.

**What does Amara need?**



- ▶ Support to use and understand digital technology.
- ▶ Access to groups of likeminded people with similar aspirations.
- ▶ Proactive communication from authorities on what support is available to her.

**What is Amara feeling?**



- ▶ Like a burden to her family because she relies on their help.
- ▶ Underconfident about her abilities to navigate digital services.
- ▶ Concern about being a victim of online fraud.
- ▶ Hopeful of being able to enhance her skills and to live as independently as she can for as long as possible.

**Name: Baran**  
**Asylum refugee**



“I am determined to build a better life for my family and myself in Aberdeen.”

**About Baran**



- ▶ Baran, 24, is an asylum seeker from Sudan living alone in a council bedsit, having spent a year in an asylum hotel.
- ▶ His wife is still in Sudan and due to communication problems there, they only manage to talk once a month. His parents and two siblings are also still in Sudan.
- ▶ He previously worked as a mechanic and wishes to explore opportunities to do the same in Aberdeen. He is taking online English classes while he waits for a place on a language course at an Aberdeen College.
- ▶ He is currently still learning about his rights and responsibilities and needs support to manage his tenancy, finances and understanding the laws to keep himself safe and protected.

**What does Baran need?**



- ▶ To reunite with his wife and his family and build a positive life together in the UK.
- ▶ Continued support in studying English.
- ▶ Opportunities to pursue a career as a car mechanic in Aberdeen.
- ▶ Assistance in becoming independent and confident in living in the UK.

**What is Baran feeling?**



- ▶ Frustration at the long waiting times for English classes, which are essential for his integration and career aspirations.
- ▶ Longing and sadness as he is separated from his wife and family, with limited communication opportunities.
- ▶ Loneliness and isolation as he navigates his new life in Aberdeen on his own.



**Name: Dave**

## Substance user



“I want to live somewhere I feel safe in my home and in the community.”

### About Dave

- ▶ Dave, 52, has used substances for a long time and is unemployed and lives in a flat. People regularly come into his flat to steal money and food and he doesn't sleep well due to being scared.
- ▶ He was in care when younger because his parents had alcohol problems, and his father was violent.
- ▶ Dave used substances from a young age, but things escalated when he left a short spell in the army with a back injury. A recent leg amputation has meant Dave is confined to a wheelchair.
- ▶ He is having treatment for his substance use but still uses substances and has overdosed in the past. His lack of mobility has increased his social isolation and his interest and ability in his self-care is declining.
- ▶ He has difficulty reading and understanding technology. He has a sister and nephew who he would like to reconnect with.

### What does Dave need?

- ▶ Support to move around his flat more easily.
- ▶ A safe living environment and access to some outdoor space where he can feel secure and comfortable.
- ▶ Support to feel more confident and less scared when he is outside.
- ▶ To engage in recreational activities that he enjoys and can help improve his quality of life.
- ▶ To establish social connections and reconnect with his family. Assistance with managing his money.
- ▶ To improve his physical fitness. To continue his treatment for substance abuse.

### What is Dave feeling?

- ▶ Isolation and loneliness due to his lack of mobility.
- ▶ Fear and anxiety because people come into his flat to steal.
- ▶ Frustration due to his lack of reading ability and understanding of technology.
- ▶ Lack of self-worth due to mobility issues and substance abuse.

**Name: Frank**

## Complex Mental Health



“I don't want to live in this service. I want to be supported in the community.”

### About Frank

- ▶ Frank, 35, has lived in a residential facility to support him with his long-term complex mental health problems, having previously spent time as a hospital inpatient.
- ▶ The shared housing, living with others with mental health problems is causing Frank difficulties. He finds the home noisy and is unhappy at sharing his living space with people he doesn't like.
- ▶ His parents have seen a deterioration in his presentation and wellbeing as a result of his living conditions.
- ▶ The staff at the facility have also expressed concerns and, although they provide support for his health and independence, this support is not consistently applied due to frequent changes in staff.
- ▶ His parents fear he will be admitted to hospital again if his living conditions do not change.

### What does Frank need?

- ▶ A living space that is quieter and feels like home, where he can choose his housemates and be closer to his family.
- ▶ Access to support within the community rather than hospital-based care.
- ▶ Consistency of support from healthcare team.
- ▶ Opportunities to make more friends to enhance his social life.
- ▶ Access to hobbies and interests that support his mental health.
- ▶ An effective and clear recovery plan is essential for Frank to manage his condition.

### What is Frank feeling?

- ▶ Frustration and anger due to the lack of suitable accommodation and services that meet his needs locally and the long wait time for a more suitable environment.
- ▶ Anxiety and worry about the possibility of being detained in the hospital if his situation reaches a crisis point.
- ▶ Unhappiness with his current noisy living environment and sharing space with people he wouldn't choose to live with.
- ▶ Fear that the frequent staff changes, and inconsistent support may lead to his behaviour making the placement unsustainable, potentially resulting in another hospital admission.
- ▶ Desire for independence and connection to live independently in a quieter, homely environment close to his family, where he can access community support and engage in hobbies that support his mental health.

**Name: Nicola**

## Recovering substance user/unemployed



“I just want a safe and secure home so I can care for my children again and get my life back on track.”

### About Nicola



- ▶ Nicola, 42, is an unemployed mother of three in receipt of benefits. She and her children's father have a history of substance use and domestic violence. Her children were placed in kinship care after her imprisonment. She was given temporary accommodation on her release from prison but found it unsuitable because of the presence of substance users nearby.
- ▶ She has been living off and on with her partner but has reported being a victim of domestic violence five times. Efforts to support her are difficult because she doesn't stay in touch regularly and doesn't trust the authorities.
- ▶ After she was released from prison, she found the temporary accommodation was not suitable for her because of those around her using substances. Since then, she has lived with her partner but has reported domestic violence five times. She does not trust those in authority which is hindering the support that is offered to her.

### What does Nicola need?



- ▶ Assistance in understanding her housing options and accessing available support to build a home for herself and her children.
- ▶ Someone reliable to help her navigate her housing options and support systems.
- ▶ Regular contact with her children.
- ▶ A safe and secure place to live away from her ex-partner.
- ▶ Support to reduce her substance use and the risk of reoffending.
- ▶ Support to ensure she is no longer a victim of domestic violence.

### What is Nicola feeling?



- ▶ Distrustful of the authorities due to her children being placed in care and being provided with accommodation that she felt was unsuitable for recovering substance users.
- ▶ Threatened by her abusive ex-partner who is always able to find her due to shared acquaintances.
- ▶ Hopeful that securing a 3-bedroom house will improve her chances of having her children returned to her care.

**Name: Lena**

## Expectant first-time mother



“I want to give my baby the safe and comfortable childhood I never had.”

### About Lena



- ▶ Lena, 19, is a part-time shop assistant who is expecting her first child. The father of her child is in prison, and she doesn't plan to get back together with him when is released.
- ▶ She currently lives with her cat in a privately rented bedsit in an area plagued by anti-social behaviour and drug supply and use.
- ▶ Her accommodation is small and damp with no access to an outside area to enjoy.
- ▶ She was neglected as a child, spent most of her childhood in foster care and didn't do well in school. Her foster carers are a big support for her. She suffers from bouts of anxiety and depression.
- ▶ She has applied for a council house because her current accommodation is not a safe or comfortable environment for a mother and baby.

### What does Lena need?



- ▶ A stable and safe living environment, with access to an outside space for her child and ideally near to her foster carers.
- ▶ To give her baby the happy childhood she didn't experience.
- ▶ Advice on childcare and benefits.
- ▶ To live in a community with other young mothers.
- ▶ To develop her employment opportunities.

### What is Lena feeling?



- ▶ Anxiety and uncertainty about her current living situation not being resolved before the birth of her child.
- ▶ Frustration and helplessness because she feels her housing application is not being taken seriously.
- ▶ Desire to provide a safe and loving home for her child.
- ▶ Desire to develop herself socially and professionally.



Name: **Lillia**

## Refugee mother with large extended family



“I need help caring for all my relatives.”

### About Lillia



- ▶ Lillia, 32, she is a stay-at-home single mother living in a 2-bedroom council flat with her two sons. Nearby, her parents live in another 2-bedroom council house with her younger sister, while her grandfather lives in a 1-bedroom adapted bungalow.
- ▶ The family all arrived in Aberdeen in 2022 as refugees from Ukraine and were homed in temporary accommodation before getting secure tenancies.
- ▶ Lillia is estranged from the fathers of her children and receives no financial contribution from them. She used to work part-time but gave that up on the birth of her youngest child.
- ▶ Her father is being treated for a terminal illness and is in poor mental and physical health and cannot work. Her mother works part-time, and her sister is a student. Her grandfather is in poor physical health and socially isolated due to mobility and lack of English, requiring round the clock company from the family for her wellbeing.
- ▶ Her parents' home has a mould issue affecting their physical and mental health. Lillia is the only member of her family who speaks English, which adds to her feelings of stress and responsibility for her extended family.

### What does Lillia need?



- ▶ Access to timely and effective healthcare for her father.
- ▶ Support to ensure her grandfather, can live pain-free and maintain as much independence as possible.
- ▶ A safe and healthy living environment for all her family members in close proximity to each other.
- ▶ Access to opportunities for her children to prosper and live a normal life.
- ▶ Emotional and practical support, including assistance with caregiving duties and help with managing the household.

### What is Lillia feeling?



- ▶ Stress and anxiety due to her multiple caregiving responsibilities and the health issues affecting her family.
- ▶ Determination and resilience to do everything she can for her family.
- ▶ Frustration with the healthcare system in the UK, particularly the long waiting times for her father's treatment.
- ▶ Frustration with the unresolved mould issues in her parents' home, which are affecting their physical and mental health.
- ▶ Overwhelmed with her role as the primary caregiver and the only English speaker in the family.

Name: **Margaret**

## Elderly person who will soon need care



“I love my home because it's full of memories, but I'm finding it harder to keep it clean and tidy.”

### About Margaret



- ▶ Margaret, 78, lives alone in a bungalow. Her husband died seven years ago. She has a son and grandson who live in England.
- ▶ Margaret struggles with household chores because of her mobility issues, frequent infections, and weight problems.
- ▶ She needs to visit her GP regularly. Her friends have noticed she is not coping well at home.
- ▶ Her kitchen is often untidy, and there is an unpleasant smell because she has trouble getting to the toilet on time.
- ▶ This discourages visitors, and she feels lonely. She orders groceries online and buys easy-to-make ready meals.

### What does Margaret need?



- ▶ Support to lose weight, which would help her become more mobile and better able to manage her household chores and personal hygiene.
- ▶ To improve her knowledge about nutritious foods to make healthier choices and reduce the frequency of infections.
- ▶ To Increase her levels of physical activity to enhance her overall health and mobility.
- ▶ To be part of a community group to reduce her loneliness and provide social interaction.
- ▶ Assistance with household chores.
- ▶ To be able to get on the train to visit her family, which would require improved mobility and confidence in traveling.

### What is Margaret feeling?



- ▶ Lonely and isolated.
- ▶ Frustrated and overwhelmed because she is aware that she is not coping as well as she used to.
- ▶ Embarrassed that the state of her home is discouraging visitors.
- ▶ Frustrated by her financial constraints, as she relies on a state pension and has little savings, making it challenging to buy nutritious food.
- ▶ Motivated to improve her health so she can be more mobile and better able to cope on her own.

**Name: Sarah**

## Unpaid carer



“I need an accessible home that can accommodate my daughter’s needs, within a community that has support for people with learning disabilities.”

### About Sarah



- ▶ Sarah, 41, is a single parent working 30 hours a week as a supervisor in a supermarket.
- ▶ She has a 16-year-old daughter with a learning disability who needs support with communication, mobility, personal care, and eating. Sarah receives help from paid carers and her sister and mother.
- ▶ Her sister's availability will soon decrease, and her mother is being assessed for dementia, meaning she may no longer be able to support Sarah, and may need support herself at some point in the future.
- ▶ Sarah relies on her smartphone for communication. She has a driving licence but relies on public transport to get around the city.

### What does Sarah need?



- ▶ To maintain her flexible working hours and income.
- ▶ To ensure her daughter's health and wellbeing and develop her independent living skills.
- ▶ To undertake the guardianship process for her daughter and make decisions on her behalf as she transitions to adulthood.
- ▶ To find supportive groups for her daughter and improve her daughter's communication abilities.
- ▶ To secure alternative care for her daughter and develop a contingency plan for emergencies.
- ▶ To increase her savings for a suitable vehicle.

### What is Sarah feeling?



- ▶ Concern that the support network provided by her mother and sister will be reduced.
- ▶ Concern that she may now be required to support her mother should she be diagnosed with dementia.
- ▶ Frustration at the lack of support for single parents whose children have additional support needs.
- ▶ Frustration that there is a lack of groups and activities that could support her daughter's wellbeing.
- ▶ Frustration at the lack of continuity in the people providing paid-for care.
- ▶ Frustration at the complex nature of healthcare and guardianship processes.
- ▶ Anxiety about everything she must have in place for the care of her daughter.



It is clear that there are key and recurring vulnerabilities that our policies need to take account of. These include those who are:

- Care experienced.
- Living with a disability.
- Older and frail.
- Living in single parent households.
- Socially isolated, particularly as a result of a long-term health condition.
- Experiencing, or have experienced domestic violence.
- Substance users.
- In need of long-term support for their mental health.
- Fearful as a result of repeated anti-social behaviour.
- Released from prison.
- Fleeing conflict.
- Living with trauma, particularly those who seek refuge in the city.
- Experiencing financial vulnerability.

The **Local Housing Strategy** has a key role in:

- Ensuring that those most at risk of poorer outcomes (the groups identified above) are prioritised for housing and the wider support they need to be well, and checking the adequacy of our current arrangements.
- Working with others to safely share data so that the likes of Sarah and Margaret do not have to repeatedly tell their story, and are supported to maximise their benefit entitlements.
- Making sure that the Future Libraries Model helps address the social isolation felt by Amara, Dave and Frank, and encourages the healthy behaviours they are keen to realise, along with the development of their digital skills.
- Ensuring that our staff and systems recognise that a lack of engagement can be an indication of a lack of trust, as in Nicola's case, and not a lack of need.
- Commit to changing our relationships with the most vulnerable people to be more person centred to reduce the risk of disengagement.
- Improving our response to domestic violence by reviewing our arrangements and working on the Homewards Innovative Housing Project to help those like Nicola.
- Carefully placing and supporting the care experienced young people, like Sarah, so that they can be the Mum they want to be.
- Ensuring that there are progression pathways for those who need long term mental health support like Frank.
- Working to reduce the prevalence and impact of anti-social behaviour.
- Working with families to fully understand the needs of those supporting disabled children and adults in order to better plan for their long term needs.
- Fully understanding the implications of the SHORE Standards on our Health and Social Care delivery models and the implications of any 'secure' models in the future.
- Working to increase the provision of larger homes for families like the Mansons.

## Vision

This Local Housing Strategy sets out a vision and priorities for the future delivery of housing and housing related services.

The vision for this Local Housing Strategy is that:

**The people of Aberdeen live in good quality, safe, sustainable and affordable homes, and in thriving communities that meet their needs.**

## Recognising the Challenges

Consideration of the evidence papers in Appendix A, and exploration of the social determinants of health have helped identify the key challenge and action needed to deliver our vision.

**Our Key Challenge** – Many citizens of Aberdeen face barriers accessing good quality, secure and affordable homes with support services which meet their needs, and are in locations they want to live in. This can contribute to poor health outcomes, particularly for those who are more vulnerable.

**Our Response** – We must ensure that there is a sufficient supply of good quality and affordable housing, and more integrated services that provide appropriate support to meet the evolving and varying needs of Aberdeen's citizens, and to promote better, healthier places and communities.

Based on the [evidence base](#) we have identified 7 priorities for action:

- **Adequate supply of housing** - We will support a sufficient supply of housing to meet the varying needs of the people of Aberdeen.
- **Placemaking with communities** - We will use a place-based approach to encourage lesser heard voices to shape their communities and the community offering, focusing on the unique circumstances of a particular place and involving local people in decision making.
- **Homelessness** - We will support a proactive housing options approach and will work collaboratively to provide a person-centred service to make homelessness rare, brief, and non-recurring.
- **Promote independent living in communities** - We will use a multi-agency approach, technology and other innovations to enable the people of Aberdeen to live as independently as possible, for as long as possible in their community.
- **Promote health through housing** - We are committed to reducing health inequalities by providing affordable, accessible, high quality and energy efficient homes that enhance people's health and wellbeing.
- **Housing quality and energy efficiency** - We will improve the condition of existing homes across all tenures and improve their energy efficiency to help to alleviate fuel poverty and address climate change and support a just transition to net zero.
- **Private rented sector** – We will support a well managed private rented sector.

Each priority is supported by a number of key actions that Aberdeen City Council and our partners will take to ensure that our vision is realised. Each priority is also accompanied by targets and outcomes that will help us to monitor change and measure success.



## Adequate supply of housing

### Why is this a Priority?

Despite the recent downturn in the housing market, demand for social housing remains high. Increasing the supply of affordable housing is key to addressing housing need and tackling child poverty. We need to make sure that we have sufficient homes to attract people to come and stay in the city which means that we need the new affordable homes that are provided to meet housing need and demand. The [Housing Need and Demand Assessment](#) is the evidence base and shows that one-bedroom homes and larger family homes are required.

### What does the evidence say?

There has been an increase in the level of homelessness in the city, as well as increased arrivals from refugee, asylum seeking and resettlement groups, some of whom are placed in restrictive hotel accommodation on a temporary basis, which negatively impacts on mental wellbeing.

There is [evidence](#) to suggest there is an over supply of purpose-built student accommodation. We will enhance partnerships with the local universities and colleges to ensure the supply of purpose-built student accommodation meets current levels of need and consider this issue as part of the production of the next Local Development Plan.

Population projections for older people show that by 2028, the number of people in the 65-74 age group is expected to rise by over 10%, reaching 14.4%. The number of those aged 75 and older is projected to increase to 16.1%. This means that we need to ensure that we have housing that is suitable for older people.

New homes that have been built by Aberdeen City Council are designed to [Gold Standard](#), meaning that they meet all building regulations, are spacious and well equipped. As a result, Aberdeen City Council's new homes are more energy efficient and more accessible than older homes and are in high demand. We have an ongoing commitment to increase the supply of accessible new homes, but we also recognise the need for investment in older properties that are more difficult to relet.

3,097 affordable homes were delivered over the course of the previous Local Housing Strategy. Current proposals suggest that 2,427 affordable homes could be delivered during the lifetime of this Local Housing Strategy if sufficient resources are available.

Almost 800 properties have been brought back into use by the Empty Homes Officers since 2020 but there is still a high level of empty private sector properties in the city, which, if brought back into use, would greatly increase the number and variety of homes available across the city. The work of the Empty Homes Officers relies on engagement with the owners of long-term empty properties and strong working relationships with internal departments and our partners such as Police Scotland and Scottish Fire and Rescue. The strong working

**What will we do?** relationships allows the Empty Homes Officers to utilise as many enforcement powers as possible to ensure long-term empty properties are brought back into use. The Scottish Government are planning to introduce Compulsory Sales Orders which may assist with bringing further long-term empty properties back into use, however there is no clear indication when this will take place.

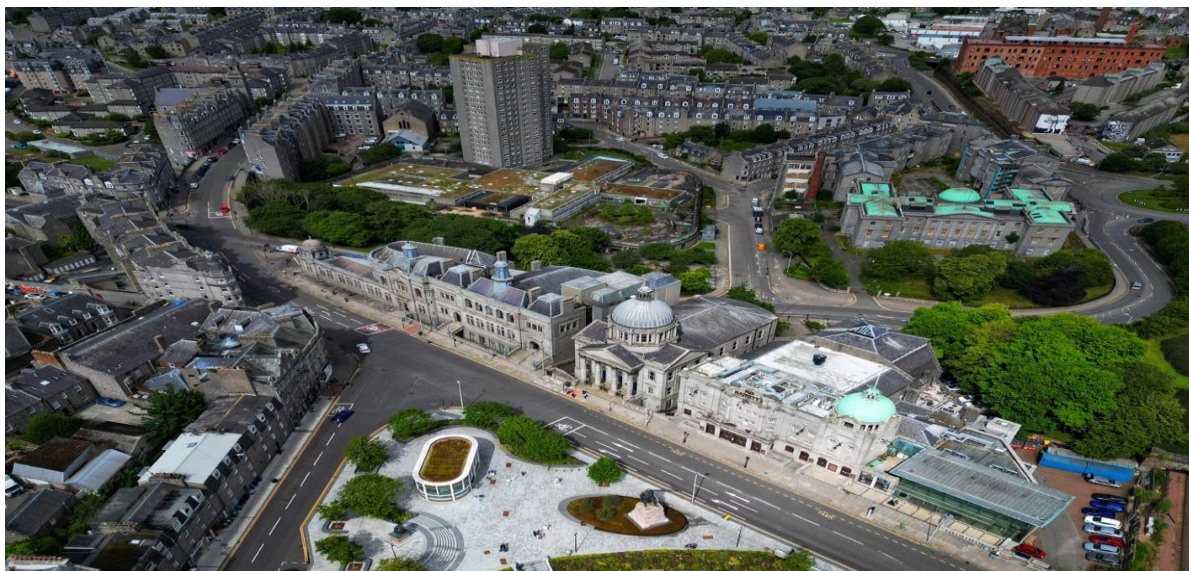
- Subject to available resources, we will increase the supply of affordable housing, including homes for those with particular needs to meet the requirements of our ageing population and for larger families.
- Reduce the level of Aberdeen City Council voids.
- Balance our investment in new homes with investment in older homes to improve the demand of our older stock.

### **Outcome to be achieved**

We will support a sufficient supply of housing to meet the varying needs of the people of Aberdeen.

### **Targets for the Delivery Plan**

- At least 15% of the new affordable housing development homes built by the Council and RSL partners will be wheelchair accessible by 2030.
- A housing supply target has been set at 700 homes per year, with 25% (175) affordable and 75% (525) market.
- Invest a minimum of 30% of available resource in older homes by 2030.
- Reduce void rent loss to 4.6% by 2030.
- Work with homeowners of empty homes to bring 500 empty homes back into use by 2030.





## Placemaking with Communities

### Why is this a Priority?

We need to engage with the groups and communities we have identified as being more vulnerable and help support them to make sure they have the opportunity to participate in decision making to ensure that new developments are tailored to their specific circumstances.

### What does the evidence say?

Housing Services, the Community Safety Hub, Community Learning and Development and Criminal Justice teams play a critical role in responding to incidents of antisocial behaviour. This supports those living in communities to feel safe and minimises the community impacts of anti-social behaviour and maximises community cohesion. The total number of anti-social behaviour complaints reported to Aberdeen City Council was 3,462 in 2023/24, slightly down from 3,685 in 2022/23. There were 1,956 anti-social offences that led to a police charge in Aberdeen in 2023/24. This is slightly down from 1,986 in 2022/23. The rate per population is the same as the national figure.

Diverse communities are vibrant communities. The housing sector has an important role in promoting diversity and inclusion by supporting minority communities, including asylum seekers and refugees, and minimising community tensions.

Currently information for those who are more vulnerable can sit across a range of different data management systems, resulting in delays in sharing some important information. It is therefore important to strengthen integration between services further to ensure as much efficiency as possible in order to provide more timely support, and work towards more consistently aligned data sets and systems wherever possible.

Use of the [Place Standard Tool](#) with communities has evidenced that local people are generally happy with the range and mix of housing, availability of local facilities and the sense of community spirit. However, those aged under 26 and those living in areas of deprivation were less positive and we need to better understand this. We will ensure that our tenancy engagement groups are reflective of those we support.

[Engagement](#) through the Place Standard tool highlighted a number of areas for improvement, including increasing the availability of affordable housing, enhancing housing quality, a desire for more green and community spaces and a need to improve the appearance of some neighbourhoods.

### What will we do?

- Use technology to support improved information sharing with our citizens and across a more integrated workforce.
- Target engagement activity and participation opportunities with identified vulnerable groups and utilise the Place Standard tool to track progress. Explore what it takes to make a house a home.
- Continue to support the delivery of the [City Centre and Beach Masterplan](#).
- Have community-led resilience plans in place for areas of the city that are vulnerable to severe weather events such as flooding.

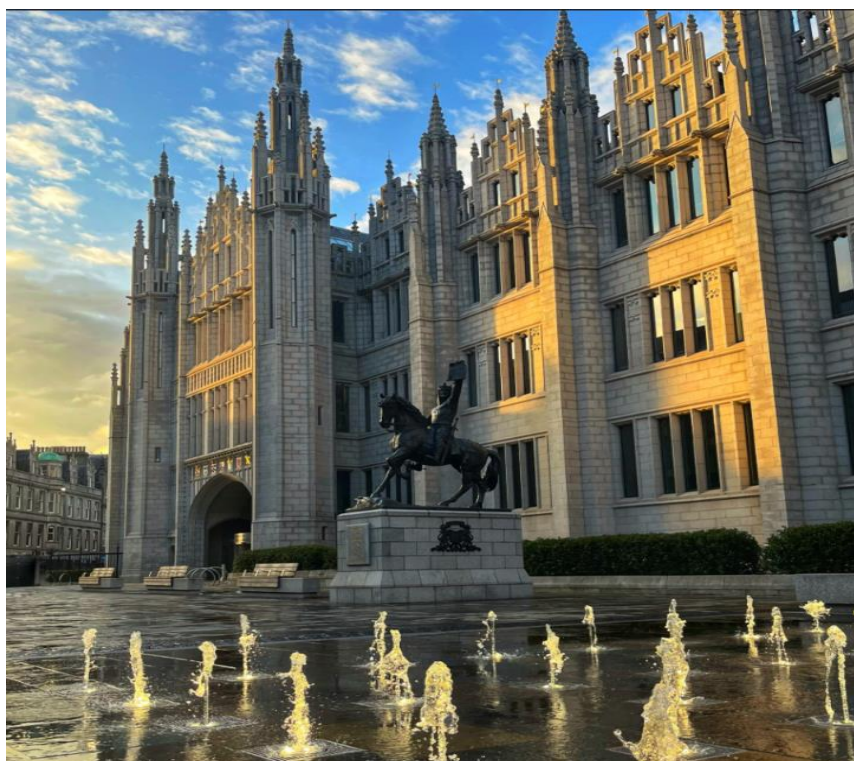
- Support the development of our Future Libraries Model to help build the agency of those whose voices are often unheard and ensure that information on housing options is accessible.
- Work with Friends Groups and partners to help maximise the benefits of local green space.
- Continue to focus on the provision of holistic support for New Aberdonians.
- Support the establishment of Scottish Government funded drug and alcohol residential/day services.
- Support [SAMH](#) to establish their upstream mental health hubs based within localities.

### **Outcome to be achieved**

We will use a place-based approach to encourage lesser heard voices to shape their communities and the community offering, focusing on the unique circumstances of a particular place and involving local people in decision making.

### **Targets for the Delivery Plan**

- Reduce the number of separate data managements systems by 50% by 2030.
- Improve the scoring of housing and community in the Place Standard tool from 4.0 to 5.0 by 2030. (Maximum score 7)
- Increase mean scores for natural space (Place Standard tool) from 4.7 to 5.5 by 2030. (Maximum score 7)
- Improvement in wellbeing (to be agreed with SAMH)



## **Make homelessness rare, brief, and non-recurring**

### **Why is this a Priority?**

People at risk of homelessness are significantly more likely to have poor health outcomes. To make homelessness rare, brief and non-recurring we need identify and ensure that those at risk of homelessness are provided the support they need to find a settled home.

### **What does the evidence say?**

Since 2020, there has been an increase in the number of people experiencing homelessness in Aberdeen. This means that there is a higher demand on support services, social housing supply and the provision of temporary accommodation.

Housing and financial insecurity, domestic violence, declining mental health, substance use, and physical or learning disability may all contribute to local homelessness. Households presenting in the city as homeless tell us they feel unsupported, either by family or more widely, and experience difficulties managing on their own. This priority recognises that eradicating homelessness, and specifically rough sleeping, is not only about a lack of accommodation. Offering accommodation without addressing someone's health and wellbeing needs can lead to tenancy breakdown, repeat homelessness and an already disadvantaged client becoming more disadvantaged. We need to review our current provision of health and wellbeing support and work with partners to further integrate our arrangements through our developing model of Family Support.

Domestic violence and abuse require a co-ordinated and pragmatic partnership response. Housing organisations have an important role in identifying suspected abuse and ensuring that homes are available and accessible to victims-survivors, to support them and their children to access appropriate housing and support options and work to support and challenge individuals that cause harm. There are signs that our approach is not yet reducing the number of victims/survivors presenting as homeless.

As part of our commitment to delivering on the Scottish Government [SHORE standards](#), a project is being developed with the aim of reducing, by 90%, the number of people released from prison into Aberdeen City without suitable accommodation by 2026. This builds on the existing process which aims to reduce use of temporary accommodation stock and have persons released from custody signing for a mainstream tenancy once their sentence ends.

Poverty is a significant issue for many. Aberdeen City Council and our Registered Social Landlords partners have an important role in working with local residents and tenants to support communities to improve housing quality and affordability, reduce fuel poverty, and to maximise financial and digital inclusion to help to reduce deprivation.

There is limited availability of social homes, particularly 1-bed properties. Uncertainty around the future of affordable housing funding has impacted on our ability to plan for further increases of the supply of new affordable homes.

### **What will we do?**

- Increase our supply of good quality temporary accommodation.
- Use a [Housing First](#) approach to support people in secure tenancies rather than insecure accommodation and a Housing Options approach focussed on early intervention to prevent homelessness from occurring.
- Explore funding opportunities for the building of more affordable homes to help meet this demand and reduce the homeless journey.

- Offer learning and development opportunities to Aberdeen City Council and partner staff to ensure they can identify those at risk of homelessness and know how to take action to prevent homelessness.
- Deliver against our Rapid Rehousing Transition Plan.
- Continue to collaborate as part of the Royal Foundation's [Homewards](#) programme in order to reduce the level of homelessness in the city and understand the underlying causes of homelessness.
- Work with partners such as NHS Grampian and the Scottish Prison Service to implement agreed SHORE standards to ensure there is suitable accommodation and support for prison leavers.
- Monitor the implications of the 'ask and act' duty that forms part of the [Housing \(Scotland\) Bill](#) currently progressing through parliament.
- Work with partners to ensure a wide range of facilities and services are easy to access locally to support people to live independent, health and fulfilling lives. This could include schools, shops, doctors, libraries, support services, food banks and pantries.
- Move to a more integrated model of Family Support to help reduce the level of family breakdowns which can lead to homelessness presentations.

### **Outcome to be achieved**

We will support a proactive housing options approach and will work collaboratively to provide a person-centred service to make homelessness rare, brief, and non-recurring.

### **Targets for the Delivery Plan**

- Reduce the proportion of homeless applications by 16/17-year-olds to below national levels by 2030.
- Reduce the number of people reporting rough sleeping as part of their homeless assessment by 20% by 2030.
- Increase the percentage of people affected by homelessness into permanent accommodation by 20% by 2030.
- Increase the percentage of those at risk of homelessness from the private rented sector sustaining their tenancy.
- Reduce the number of people released from prison into Aberdeen without suitable accommodation by 90% by 2026.
- No breaches of the [Homeless Persons \(Unsuitable Accommodation\) \(Scotland\) Order](#) will take place.
- Reduce the average homeless journey time to 100 days by 2026/27.
- Reduce the number of homeless presentations who report family breakdown as the key factor.





## Promote Independent Living in Communities

### Why is this a Priority?

We need to provide the right type of housing and support to enable people to live independently in their community for as long as possible. We also know that digital technology has an important role in supporting people to be healthy and independent in their home.

### What does the evidence say?

We know that people want to stay at home for as long as they can but often don't plan for their future housing needs until into old age. We know there is a shortage of adapted and wheelchair accessible homes for older people and for those who have particular needs, and that the current provision will not meet our needs in the future.

We also know that some people are unable to go back home after a stay in hospital, which can result in a 'delayed discharge'. An increasing number of adults do not have children which has the potential to impact on arrangements for care in the longer term as the population of the city ages. [Technology Enabled Care](#) (TEC) can play a significant role in help in maintaining a person's safety and independence.

The housing sector has an important corporate parenting role in supporting children and young people in care and helping to support care leavers.

The wider needs of families can result in family breakdown and in the most challenging of cases, a child being accommodated out with the family home. Housing services, in collaboration with other key partners, now need to explore more family centric and integrated arrangements to help ensure that families are living in suitable homes with sustainable tenancies which enable a family to thrive to prevent any risk of out of authority placements.

### What will we do?

- We will work in partnership to monitor and review the need for specialist and support accommodation in keeping with the Aberdeen City Health and Social Care Partnership's [Independent Living and Specialist Housing Provision, Market Position Statement 2024 – 2034](#).
- We will increase provision of interim/temporary housing options for those at risk of delayed discharge.
- We will make sure that TEC is considered in the design of specialist housing and monitor the implications of the analogue to digital switchover.
- We will work with partners to understand the needs of minority groups, key workers and members of the armed forces to ensure that a range of housing options and support services are available to meet their needs.
- We will work with partners to improve data sharing and referral pathways across the sectors.
- We will consider the implication of the increasing number of adults do not have dependents to inform longer term planning.
- We will review the adequacy of the arrangements in place to support those who have experienced care.
- Monitor the demand for adaptations and work with partners to ensure they are available to support people to live independently.

- We will explore opportunities to implement a partnership model that seeks to expand preparations by households to support them remaining in their homes.

### **Outcome to be achieved**

We will use a multi-agency approach, technology and other innovations to enable the people of Aberdeen to live as independently as possible, for as long as possible in their community.

### **Targets for the Delivery Plan**

- Increase the number wheelchair accessible properties delivered by implementing the 15% target for new build affordable housing by 2030.
- Increase the number wheelchair accessible properties delivered by introducing a 5% target for new build housing in the private sector by 2030.
- Deliver up to 30 units of specialist housing designed for people who need specialist housing or have complex care needs by 2030.
- Reduce the backlog for occupational therapy assessment for adaptations from 400 to 200 by 2030.



## Promote health through housing

### Why is this a Priority?

Aberdeen, as a Marmot city, has set out its commitment to addressing health inequalities and putting wider determinants of health at the centre of what we do. Housing is a key determinant of health, and as such the housing sector has a critical role in contributing towards the reduction of health inequalities in Aberdeen. The focus of this theme is on how housing and the health and social care sectors can work together to minimise health inequalities through housing.

### What does the evidence say?

The housing sector has a key role in working with the health and social care sectors as part of the integrated care system to improve housing standards and ensure that the housing impacts on the physical and mental health of individuals are effectively managed.

We know that some health conditions can be directly impacted by housing, including respiratory diseases such as chronic obstructive pulmonary disease (COPD) and asthma. Housing quality can impact the risk and severity through indoor air quality caused by poor ventilation, exposure to pollutants like smoke, mould, and dust. The type of housing along with the location and the structural conditions of homes are also important. Homes that lack proper insulation, have dampness, or are in poor repair can exacerbate respiratory conditions.

Whilst the rate of COPD in Aberdeen is just below the national average, there are evident differences in rates of hospitalisations across areas of the city, with those in the most deprived more likely to be hospitalised. The picture is similar for asthma.

With regards to mental health, the percentage of people prescribed drugs for anxiety, depression or psychosis both locally and nationally has been increasing over the last decade but has remained stable in each of the last two reporting periods. The rate in Aberdeen (17.4%) is lower than the Scottish average (20.9%). By contrast, rates of deaths by probable suicides have been falling over the last decade with the exception of the last two years, which have seen an increase from 11.6 per 100,000 population to 12.3.

It is important that the housing sector has proactive and preventative housing solutions in place to support people to live independently and minimise preventable health and social care interventions, and this extends to those who have a long-term mental health difficulties. This includes ensuring that adaptations are maximised to support people with mobility needs, sensory needs or cognitive impairments to live independently, minimising hospital admissions and streamlining hospital discharges linked to housing needs. It will also include ensuring that key referral pathways, for example, homelessness and mental health support are efficient and collaborative.

Effective operational collaboration will be achieved through the housing, health and social care sectors having a basic awareness of assessments and referral pathways of each other's sector and strong partnership links, and it is important that this is seen as a shared endeavour. As a service which routinely visits people in their homes, landlords and repairs operatives have a key role in identifying and responding to safeguarding concerns relating to both children and adults.

It is a priority through this Local Housing Strategy for the housing sector to be closely aligned to our public protection arrangements. Self-neglect and hoarding are safeguarding issues which are often very visible in the home. The housing sector has an important role in working with partner agencies to ensure that people are supported in keeping with local guidance.

### **What will we do?**

- Maximise the role of housing as part of the health and social care system.
- Improve effective data collection and sharing across housing, health, and social care system.
- Increase the percentage of adaptations completed within a target timescale.
- Work to improve the quality of housing in both the private and social sector to contribute to better health outcomes.
- Strengthened housing and health pathways for hospital discharge, and those experiencing mental health difficulties, taking the learning from the adopted SHORE (Sustainable Housing On Release for Everyone) standards.
- Provide learning and development opportunities to ensure that the housing sector minimises safeguarding risks to residents.
- Ensure easy access to financial support to enable citizens to maximise their benefits entitlement and continue to evaluate the impact of the Rent Assistance Fund.
- Embed the provision of housing support in our Future Libraries Model to help encourage healthy behaviour, develop digital skills and enable access to reliable information.
- Review the adequacy of current prioritisation policies, to ensure that the groups identified as being most vulnerable are given due consideration.
- Review the adequacy of current arrangements in place to offer progressive support to those with long term mental health difficulties.

### **Outcome to be achieved**

We are committed to reducing health inequalities by providing affordable, accessible, high quality and energy efficient homes that enhance people's health and wellbeing.

### **Targets for the Delivery Plan**

- Complete an evaluation of the Rent Assistance Fund in 2025.
- Reduction in the number of housing related delayed hospital discharge cases to zero by 2030.
- Reduce the waiting time from referral to occupational therapy assessment for adaptations, baseline currently within 6 weeks for high priority and up to 6 months for medium priority to 4 weeks for high priority and 4 months for medium priority by 2030.





## Improve housing quality and energy efficiency

### Why is this a priority?

We need to improve the condition of existing homes and ensure new-build homes are built to a high standard. Living in good quality homes is linked to better health and life outcomes and helps people to feel a sense of pride in their home and communities. We need homes that are energy efficient to help alleviate fuel poverty and contribute to a reduction in carbon emissions. This will help to mitigate the impact of climate change and support the just transition to net zero.

### What does the evidence say?

Aberdeen City Council and Registered Social Landlords (RSLs) in the city are expected to provide good quality, energy efficient homes. All social housing providers have a high level of compliance with the [Scottish Housing Quality Standard](#) (SHQS) and the [Energy Efficiency Standard for Social Housing](#) (EESH).

Most Aberdeen City Council homes were built before 1982 and may require higher levels of maintenance as they age. We also have a high percentage of multi-storey flats and numerous older tenement homes which can be more expensive to maintain. RSL stock tends to be more modern and is less likely to have the same maintenance issues. The Scottish Housing Quality Standard and Energy Efficiency Standard for Social Housing standards are expected to continue to change and are likely to promote even higher standards from social housing providers.

One challenge faced by all landlords in improving compliance with the standard is the resistance from some tenants to accept necessary upgrades that will improve fuel efficiency and reduce ongoing maintenance costs.

To help reduce fuel poverty and provide low-cost heating to citizens in the city, Aberdeen has a series of district heating systems to provide heating to domestic homes in the city. Since its launch in 2002, 3,977 properties have been connected to the district heating system, this includes 3,684 Aberdeen City Council homes and 293 owners.

The majority of homes in Aberdeen are in the private sector, where the standards for house condition are not as high. This can mean that private sector homes are more likely to be in poor condition than social housing stock.

### What will we do?

- Monitor additions to Scottish Housing Quality Standard and Energy Efficiency Standard for Social Housing criteria to ensure our stock remains of a high standard and establish a procedure to follow when capital works are refused by tenants.
- Publish an Asset Management Plan to detail how we will invest resources in improving and maintaining our homes.
- Investigate and take action where issues with housing are found, for example, due to the presence of RAAC in some homes we are rehousing tenants who have been affected by this.
- Work with private owners to educate them on the required standard where properties are sub-standard and use enforcement options where engagement fails.
- Implement the recommendations of the Local Heat and Energy Efficiency Strategy (LHEES)

- Support the delivery of Net Zero Aberdeen and Aberdeen Adapts to assess and monitor climate-related risks to residential properties.
- Actively seek funding through Scottish and UK Government initiatives to reduce fuel poverty and improve energy efficiency and collaborate with external partners to ensure any funding is fully utilised.
- Continue to support the further expansion of district heating schemes across the city.

### **Outcome to be achieved**

We will improve the condition of existing homes across all tenures and improve their energy efficiency to help to alleviate fuel poverty and address climate change and support a just transition to net zero.

### **Targets for the Delivery Plan**

- Refresh Housing Revenue Account 30-year Business Plan by end August 2025.
- Support the implementation of the minimum energy efficiency standard for private landlords by the end of 2028, and for owner-occupiers by 2033.
- Reduce reliance on polluting heating systems including gas, oil and LPG and support the transition to clean energy in city homes by 2045.
- By 2030 no more than 15% of households in Scotland are in fuel poverty and no more than 5% are in extreme fuel poverty.
- Reduce city emissions from the domestic sector by 61% by 2026.
- Reduce the number of people who are seeking fuel poverty support by 10%.



## **Support a well-managed Private Rented Sector**

### **Why is this a Priority?**

We need to work with private landlords and tenants to support a well-managed private rented sector (PRS). The PRS has an important role to play in providing homes to the people of Aberdeen. It is a key housing option for those who are not in a position to purchase their own home, and for those who are not able to access social rented housing.

### **What does the evidence say?**

Around 1 in 5 households in Aberdeen belong to the PRS, which is higher than the national trend. This means the PRS plays a more important role in Aberdeen than in other parts of Scotland.

Despite this, the number of PRS properties in the city has dropped by almost 20% since 2019, with evidence suggesting that landlords are reducing their property portfolios or exiting the sector entirely.

Rent levels in the city have fluctuated following the economic downturn in Aberdeen in 2015, meaning the sector is potentially less reliable for tenants and landlords alike.

The Scottish Government is proposing new legislation which could see the introduction of rent control measures as well as enhancing tenant rights. The property standards expected of landlords are also expected to be raised.

### **What will we do?**

- We will support landlords to provide accommodation that meets the needs of the rented sector by providing educational training to landlords on latest developments in the sector and the standards expected of them.
- Where disputes arise between landlords and tenants, we will provide support by responding to tenant complaints and helping to find a solution.
- We will monitor the impact of any new rent control measures introduced nationally. We are participating in consultation regarding the proposed measures and where there are concerns, we have made the Scottish Government aware. Further information is needed as to how these measures would be implemented.

### **Outcome to be achieved**

We will work with landlords and tenants to support a well-managed PRS that provides good quality homes for the people of Aberdeen.

### **Targets for the Delivery Plan**

- Reduce the number of private rented properties in Aberdeen which are in disrepair, using the latest Scottish House Condition Survey data for evidence when available.
- Host annual information sessions for landlords with the aim of delivering training to landlords from key stakeholders within the private rented sector.
- Ensure 10% document sampling of every tenth Landlord Registration application in relation to privately rented property.
- Continue to target unregistered private landlords. This raises awareness within the sector of standards required to be met when letting private property.
- Continue to have high engagement rates with private tenants and landlords through tenant complaint forms and the Private Landlord Support Officer role.
- Continue to successfully mediate disputes between private landlords and tenants, evidenced by our low referral rate to the First-tier Tribunal for Scotland.



## Delivering the Strategy

### Who are our partners?

The strategy will be delivered in conjunction with our partners. The range of partners is wide ranging and include registered social landlords, service providers, statutory bodies, such as Aberdeen City Health Social Care Partnership, NHS Grampian, Police Scotland, Scottish Fire and Rescue Service, Scottish Prison Service, Registered Social Landlords, Scottish Government, private landlords, developers, tenants, and citizens of Aberdeen.

The Local Housing Strategy has strong links to several other local strategies and delivery plans and can contribute to the achievement of their targets and objectives. For example:

#### **Aberdeen City Health and Social Care Partnership's Strategic Plan and Housing**

**Contribution Statement** – Having somewhere to live that is affordable, warm, and secure is an essential part of wellbeing. The availability, location, type, and quality of housing is also important. So too are the housing challenges that many people face, including households that are experiencing fuel poverty; those who require specialist provision housing as a result of ill-health or disability; and those who, for a range of reasons, are without a secure place to live.

**Aberdeen Violence Against Women and Girls Partnership** – housing has an important role to play in improving outcomes for women and girls affected by violence, such as through the provision of safe and accessible emergency accommodation and support.

**Aberdeen City Alcohol and Drugs Partnership** – a key theme of the ADP delivery framework is ensuring those recovering from alcohol and drug use live in communities which support their recovery. We can contribute to this through the creation of vibrant, diverse and inclusive communities.

**Scottish Fire and Rescue Service** – one of the objectives of the SFRS strategy is to safeguard those who are vulnerable through preventative work. We have a role to play in this by ensuring that new and existing homes are good quality and safe, and that risk assessments are in place where necessary.

### How will we monitor our progress and evaluate the impact of this strategy?

We will monitor progress using our Delivery Plan. The Delivery Plan will be co-produced with our partners to ensure that we capture all of the key actions needed to help us deliver on our strategic priorities.

We will also set up groups of key stakeholders who will meet regularly throughout the life of the strategy to monitor, review, and evaluate the Local Housing Strategy to ensure the Local Housing Strategy is a fluid document that can respond to changes as required.

