

# Public Document Pack



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

To: Members of the Integration Joint Board

Town House,  
ABERDEEN 23 September 2025

## **INTEGRATION JOINT BOARD**

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in **Rooms 4 & 5 - Health Village on TUESDAY, 30 SEPTEMBER 2025 at 10.00 am.** This is a hybrid meeting and members may also attend remotely.

JENNI LAWSON  
CHIEF OFFICER - GOVERNANCE

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

#### **RISK APPETITE STATEMENT**

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

#### **STANDING ITEMS**

4.1 Presentation by SAMH

Alex Cumming - Executive Director of Operations and Billy Watson - Chief Executive Officer, SAMH will present draft plans ahead of the formal announcement for the Nook coming to Aberdeen in 2026.

- 4.2 Minute of Board Meeting of 1 July 2025 and Attendance Record (Pages 9 - 20)
- 4.3 Draft Minute of Risk, Audit and Performance Committee of 27 August 2025 (Pages 21 - 24)
- 4.4 Draft Minute of Clinical and Care Governance Committee of 17 June 2025 (Pages 25 - 28)
- 4.5 Business Planner (Pages 29 - 32)
- 4.6 IJB Insights Planner (Pages 33 - 34)
- 4.7 Chief Officer's Report - HSCP.25.069 (Pages 35 - 42)

## **GOVERNANCE**

- 5.1 Appointment of CCG and RAPC Chairs - HSCP.25.073 (Pages 43 - 48)

## **PERFORMANCE AND FINANCE**

- 6.1 Financial Position - HSCP.25.070 (Pages 49 - 56)
- 6.2 Audited Final Accounts and External Audit Annual Report - HSCP.25.072 - to follow as additional circulation

## **STRATEGY**

- 7.1 Unscheduled Care Improvement - Aberdeen City Health & Social Care Partnership's Plan and Impact - HSCP.25.074 (Pages 57 - 70)

## **TRANSFORMATION**

- 8.1 Digital Innovation - HSCP.25.057 (Pages 71 - 96)

## **DATE OF NEXT MEETING**

- 9.1 IJB Meetings

IJB Insights:

- 30/31 October 2025
- 11 November 2025
- 9 December 2025
- 13 January 2026

Integration Joint Board:

- 2 December 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)

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## **IJB Risk Appetite Statement –2025**

### **Introduction**

The Integration Joint Board (the IJB) recognises that it is operating in, and directly shaping, a collaborative health and social care partnership. It exists in a mixed economy where safety, quality and sustainability of services are of mutual benefit to local citizens and to all stakeholders.

It also recognises that its appetite for risk will change over time. This reflects its aspiration to develop innovation in local service provision based on evidence of benefits and on a culture of continuing, planned engagement with the public and other stakeholders, including those involved in service delivery.

The IJB recognises that achievement of its priorities will involve balancing different types of risk and that there will be a complex relationship between different risks and opportunities. The risk appetite approach is intended to be helpful to the IJB and officers in decision-making and to enable them to consider the risks to organisational goals of *not* taking decisions as well as of taking them.

The IJB has identified several broad dimensions of risk which will affect the achievement of its strategic priorities. The IJB will set a level of appetite ranging from “none” up to “very high” (none, low, medium, high, very high) against each dimension. Higher levels of all risk types may be accepted if specific and effective controls are demonstrably in place and there are clear advantages for the delivery of strategic objectives.

There may be occasions when there are competing risks for which the IJB has conflicting appetites. In such instances, the decision maker and/or the officer making a recommendation, will be expected to consider and manage those competing risks and appetites and exercise careful judgement

From time to time, the IJB may decide to deviate from its agreed risk appetite. When this is case, it will be important to exercise judgement whilst assessing the potential impacts across the organisation.

## Risk Appetite

The dimensions of risk and corresponding risk appetite are:

Dimension of Risk	Corresponding Risk Appetite
Finance	<p>The IJB has a low appetite for risks which may impair financial stewardship, internal controls and financial sustainability.</p> <p>The IJB has a high appetite for risks that could help the IJB achieve financial sustainability such as transformational activity. The IJB acknowledges the substantial challenges regarding financial certainty and will seek to maximise the use of resources available.</p>
Regulation & Compliance	<p>The IJB has no appetite for risks that will result in breaches to regulatory and statutory compliance.</p>
Quality & Innovation	<p>The IJB has a high appetite for risks which will deliver the quality outcomes prescribed by professional bodies.</p> <p>The IJB has a high appetite for risks associated with the development and delivery of innovative practices for realising the IJB's strategic objectives.</p>

Dimension of Risk	Corresponding Risk Appetite
Safety	<p>The IJB has a low appetite for risks which could cause harm to patients/clients or to staff.</p> <p>By low appetite, the IJB means it will only accept low risk to patients/clients or staff when the comparative risk of doing nothing is higher than the risk of intervention. Otherwise, the IJB has no appetite for such risks.</p>
Reputation	<p>The IJB has a high appetite for risks associated with the IJB's reputation where the action being proposed has significant benefits for the organisation's strategic priorities. Wherever possible, decisions will be taken following consultation/co-production with the public and other key stakeholders. Concerted efforts will be made to explain reasons for decisions taken to the public transparently in a way which is accessible and easy to understand.</p>
Commissioned & Hosted Services	<p>The IJB recognises the complexity of planning and delivery of commissioned and hosted services.</p> <p>The IJB has a low appetite for risks relating to patient/client safety.</p> <p>The IJB has a high appetite for risks which relate to service redesign or improvement where as much risk as possible has been mitigated.</p>

## **Review**

This risk appetite statement will ordinarily be reviewed annually, and when the IJB's strategic plan is reviewed.



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

ABERDEEN, 1 July 2025. Minute of Meeting of the INTEGRATION JOINT BOARD.

Present:- Hussein Patwa, Chair; Councillor Cooke, Vice Chair; and David Blackburn, Mark Burrell, Councillor Lee Fairfull, Councillor Martin Greig, Ritchie Johnson, Councillor M. Tauqeer Malik, Jim Currie, Jamie Donaldson, Amanda Foster, Jenny Gibb, Maggie Hepburn, Dr Caroline Howarth, Phil Mackie, Amy McDonald, Dr Joy Miller, Fiona Mitchelhill and Graeme Simpson.

Also in attendance:- Sarah Alder, Martin Allan, Councillor Allard, Jess Anderson, Elizabeth Archibald, Jonathan Belford, Bernadette Bularan, Sarah Gibbon, Vicki Johnstone, Catherine King, Stuart Lamberton, Graham Lawther, Alison MacLeod, Brenda Massie, Nicola McLean, Grace Milne, Katharine Paton, Sandy Reid, Amy Richert, Angela Scott, Neil Stephenson, Julie Warrender and Claire Wilson.

Apologies:- Stephen Friar, Kenneth McAlpine and Judith McLenan.

**The agenda and reports associated with this minute can be found [here](#).**

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### **WELCOME FROM THE CHAIR**

1. The Chair extended a warm welcome to everyone meeting in the Health Village and in particular the three Career Ready Scotland Programme students who were observing as part of their four-week industry placement.

#### **The Board resolved:-**

to note the Chair's remarks.

### **DECLARATIONS OF INTEREST AND TRANSPARENCY STATEMENTS**

2. Members were requested to intimate any declarations of interest or transparency statements in respect of items on the agenda.

#### **The Board resolved:-**

to note that the Chair advised that he had a connection in relation to all items on the agenda by virtue of (1) being a Member of the Diverse Experiences Advisory Panel, a named partner in the Scottish Government's Mental Health and Wellbeing Strategy

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Delivery Plan; (2) the Depute Representative of said Group to the Scottish Government Mental Health and Wellbeing Leadership Board; (3) being an unpaid carer; (4) his participation in a project with Dundee University investigating aspects of coding for chronic pain; and (5) being a client of North East Sensory Services respectively, however having applied the objective test, he did not consider that he had an interest and would not be withdrawing from the meeting.

### EXEMPT BUSINESS

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

**The Board resolved:-**

to consider the exempt appendices at item 10.1 during consideration of item 9.1 with the press and public excluded so as to avoid disclosure of exempt information of the class described in Appendix B (b) of the IJB Standing Orders which correspond to paragraphs 6 and 9 of the Local Government (Scotland) Act 1973.

### VIDEO PRESENTATION

4. The Board received a video presentation entitled Just Transition Participatory Budgeting Fund – North East Sensory Services. Members heard that the Scottish Government's Just Transition Participatory Budgeting Fund had distributed over £1million over the last three years to local third sector organisations through a public vote. After such a successful public vote, North East Sensory Services received funding to purchase an electric people carrier which replaced the organisation's former community vehicle which had been in use for the past seven years. The new vehicle had made a huge difference to the lives of people who use the service.

**The Board resolved:-**

to note the video.

### MINUTE OF BOARD MEETING OF 13 MAY 2025

5. The Board had before it the minute of its meeting of 13 May 2025.

**The Board resolved:-**

- (i) to note that the Lead for People and Organisation would issue a Service Update on abortion care; and
- (ii) to otherwise approve the minute as a correct record.

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### MINUTE OF RISK, AUDIT AND PERFORMANCE COMMITTEE OF 30 APRIL 2025

6. The Board had before it the minute of the Risk, Audit and Performance Committee meeting of 30 April 2025.

**The Board resolved:-**

to note the minute.

### BUSINESS PLANNER

7. The Board had before it the Business Planner, which was presented by the Chief Officer.

**The Board resolved:-**

- (i) to note the reason for (1) removal at line 16 (Financial Position Update); (2) conversion to Service Update at line 17 (Creating Hope Together: Scotland's Suicide Prevention Strategy and Action Plan); and (3) deferral at line 18 (Digital Innovation Programme: Technology Enabled Care); and
- (ii) to otherwise agree the Planner.

### IJB INSIGHTS PLANNER

8. The Board had before it the IJB Insights Sessions and Topic Specific Seminars Planners prepared by the Strategy and Transformation Manager.

**The Board resolved:-**

- (i) to agree that Risk, Audit and Performance Committee finance papers would be circulated to all IJB members; and
- (ii) to otherwise note the Planner.

### CHIEF OFFICER'S REPORT - HSCP.25.051

9. The Board had before it the report from the Chief Officer, ACHSCP. The Chief Officer presented the update on highlighted topics and responded to questions from members.

**The report recommended:-**

that the Board note the detail contained within the report.

The Board had before it an amendment from Councillor Malik:-

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that the Board –

- (1) Agree the report noting the Scottish Government announced on 12 May 2025 that NHS Grampian had been escalated to Stage 4 of the NHS Scotland Support and Intervention Framework;
- (2) Agree that Councillor Malik's amendment to the recommendations in respect of the Financial update at the last meeting as noted in the agreed minutes failed to get a seconder and therefore was not put to a vote, which highlights concerns about the financial stewardship of the IJB; and
- (3) Agree that four members of this Board are also responsible for NHS Grampian's current position and in part the IJB's financial position. If this Board is to work through our financial position it must not continue to ignore and discuss reasonable amendments to recommendations designed to strengthen the discussion around proposed Recommendations.

Councillor Malik's amendment failed to attract a seconder and was therefore not put to the vote, in accordance with Standing Order 23.9.

### **The Board resolved:-**

to agree the recommendation.

## **STRATEGIC RISK REGISTER AND RISK APPETITE STATEMENT - HSCP.25.061**

**10.** The Board had before it the revised versions of the Risk Appetite Statement and Strategic Risk Register, prepared by the Business, Resilience and Communications Lead who presented the report and responded to questions from Members.

### **The report recommended:-**

that the Board:

- (a) approve the Integration Joint Board (IJB) revised Risk Appetite Statement as detailed at Appendix A of the report;
- (b) agree that the Risk Appetite Statement be added to the agendas of the IJB, the Clinical Care and Governance Committee and to the Risk, Audit and Performance Committee to further support the Board and committee decision making process; and
- (c) approve the revised summary of the IJB Strategic Risk Register as detailed at Appendix B of the report.

### **The Board resolved:-**

to agree the recommendations.

## **IJB SCHEME OF GOVERNANCE ANNUAL REVIEW - HSCP.25.056**

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11. The Board had before it the revised Scheme of Governance for the IJB prepared by the Team Leader - Regulatory and Compliance Team, Legal Services, Aberdeen City Council.

**The report recommended:-**

that the Board:

- (a) consider and approve the revised Roles and Responsibilities Protocol (as attached at Appendix C of the report);
- (b) note that there were no changes to the IJB Carers and Service User Representatives Expenses Policy;
- (c) note there were no changes to the Code of Conduct;
- (d) agree to the establishment of the Appointment Panel Committee and note that it would only meet when there is business to determine;
- (e) agree the Terms of Reference for the Appointments Panel attached at Appendix C;
- (f) consider and approve the revised Standing Orders for the IJB (as attached at Appendix A of the report);
- (g) agree that the Chief Officer shall, where necessary, make arrangements to secure interim cover for the Chief Finance Officer role; and
- (h) instruct the Chief Officer to upload the revised documents, as approved, to the Aberdeen City Health and Social Care Partnership's website.

**The Board resolved:-**

to agree the recommendations.

### MEDIUM TERM FINANCIAL FORECAST - HSCP.25.053

12. The Board had before it the estimated four year Medium Term Financial Forecast prepared by the Chief Finance Officer. The model considered the category expenditure of the IJB and the changes which needed to be actioned within the cost base to work towards bringing financial balance. The Chief Finance Officer introduced the report and responded to questions from Members.

**The report recommended:**

that the Board note the further development of the Medium Term Financial Forecast as the new IJB Strategy was brought forward. The MTFF sets out anticipated cost pressures and future funding projections based on planning assumptions to allow the IJB to work towards financial balance under the new Strategic Plan (2025-29).

**The Board resolved:-**

to note the information provided.

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### ALCOHOL & DRUG PARTNERSHIP ANNUAL REPORT 2025 - HSCP.25.060

13. The Board had before it a report from the Alcohol and Drug Partnership Lead in respect of overall progress on the Alcohol and Drug Partnership Delivery Framework since 2019, with a specific update in relation to highlights from 2024-2025. The Alcohol and Drug Partnership Lead introduced the report and responded to questions from Members.

**The report recommended:-**

that the Board:

- (a) note the detail contained within the report; and
- (b) note the completed Scottish Government Survey at Appendix A of the report.

**The Board resolved:-**

to note the information provided.

### FINAL STRATEGIC PLAN - HSCP.25.058

14. The Board had before it a report prepared by the Strategy and Transformation Lead, ACHSCP presenting the final Strategic Plan 2025-2029 for approval.

**The report recommended:-**

that the Board:

- (a) approve the Strategic Plan 2025-2029, and
- (b) instruct the Chief Officer to publish the Strategic Plan and instigate the formal launch and promotion activities.

**The Board resolved:-**

to agree the recommendations.

### HOUSING CONTRIBUTION STATEMENT - HSCP.25.059

15. The Board had before it a report prepared by the Strategy and Transformation Lead, ACHSCP presenting the Housing Contribution Statement.

**The report recommended:-**

that the Board:

- (a) note the content of the Housing Contribution Statement and the links between it, the IJB Strategic Plan, and the Local Housing Strategy; and
- (b) instruct the Chief Officer to publish the Housing Contribution Statement on the Aberdeen City Health and Social Care Partnership's website and ensure it was linked to both the IJB Strategic Plan and the Local Housing Strategy.

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### **The Board resolved:-**

to agree the recommendations.

### **SHIFTING THE BALANCE OF CARE - A COMMUNITY-FOCUSED APPROACH TO DELIVERY OF FRAILTY AND SPECIALIST REHABILITATION SERVICES WITHIN ACHSCP - HSCP.25.054**

**16.** The Board had before it a report prepared by the Programme Manager, ACHSCP providing an overview of interrelated projects relating to the 'Discharge Without Delay' national programme, highlighting the implications for rebalancing the provision of care from inpatient settings to support within the patient's home where possible. The Chief Nurse and Lead for Frailty and Specialist Rehabilitation introduced the report and responded to questions from Members.

### **The report recommended:-**

that the Board:

- (a) endorse the approach for modernising service delivery and shifting the balance of care from in-patient, bed-based settings, by investing in services provided within the community at the person's home in line with local and national strategy, as outlined in the report;
- (b) agree to a gradual, phased reduction in bed capacity at the intermediate facility at Rosewell House resulting in the eventual withdrawal of services provided by ACHSCP from the facility by 31 March 2026, in support of the Discharge without Delay commitments;
- (c) instruct the Chief Officer to implement the withdrawal of in-house services at Rosewell House accordingly, ensuring each reduction in bed capacity at Rosewell House is monitored to ensure no significant impact on flow within hospital setting;
- (d) instruct the Chief Officer to make and implement any necessary and reasonable arrangements in furtherance of the decision at (c) above;
- (e) make the Direction, as at Appendix 2, and instruct the Chief Officer to issue the Direction to NHS Grampian; and
- (f) instruct the Chief Officer to bring back a future report demonstrating the progress and impact of the Discharge without Delay programme of work and shifting the balance of care.

### **The Board resolved:-**

- (i) to agree to a gradual, phased reduction in bed capacity at the intermediate facility at Rosewell House resulting in the eventual withdrawal of services provided by ACHSCP from the facility by 31 March 2026, in support of the Discharge without Delay commitments, reporting back to the IJB with sufficient assurance in respect of the mitigation plan;

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- (ii) to make the Direction, as at Appendix 2 of the report, and instruct the Chief Officer to issue the Direction to NHS Grampian and Aberdeen City Council;
- (iii) to note that Acute sector and Aberdeenshire colleagues would be invited to join the Chief Nurse at the meeting with NHS Tayside to discuss their approach to the intermediate care facility;
- (iv) to agree that a further mitigation plan would be shared with colleagues; and
- (v) to otherwise agree the recommendations.

### **SUPPLEMENTARY PROCUREMENT WORKPLAN 2025/26 - DISCHARGE TO ASSESS - HSCP.25.062**

17. The Board had before it a report prepared by the Strategic Procurement Manager presenting a Supplementary Procurement Work Plan for 2025/26 for expenditure on social care services, together with the associated procurement Business Case, for approval.

#### **The report recommended:-**

that the Board:

- (a) approve a tender for a period of up to five years and subsequent award of contract for Discharge to Assess Service, as detailed in Appendices A, A1, and C of the report; and
- (b) make the Direction, as attached at Appendix B of the report and instruct the Chief Officer to issue the Direction to Aberdeen City Council.

#### **The Board resolved:-**

to agree the recommendations.

### **SUPPLEMENTARY PROCUREMENT WORKPLAN 2025/26 - DISCHARGE TO ASSESS - EXEMPT APPENDICES - HSCP.25.062**

18. The Board had before it the exempt appendices in respect of the Supplementary Procurement Workplan 2025/26 report at article 17 of the minute.

#### **The Board resolved:-**

to note the information contained within the exempt appendices.

### **VALEDICTORY**

19. The Chair paid tribute to Amy McDonald - Chief Finance Officer, who was stepping down from the Partnership. The Chair thanked Amy for her hard work,

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attention to detail and scrutiny while ensuring complex information had been presented accessibly. He wished her all the best for the future.

**IJB INSIGHTS SESSION - 9 SEPTEMBER 2025**

20. The Board had before it the date of the next IJB Insights Session as 9 September 2025.

**The Board resolved:-**

to note the date of the IJB Insights Session.

**INTEGRATION JOINT BOARD - 30 SEPTEMBER 2025**

21. The Board had before it the date of the next IJB meeting as 30 September 2025.

**The Board resolved:-**

to note the date of the next meeting.

- **HUSSEIN PATWA, Chair.**

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# Integration Joint Board - Attendance Record 2025

Present
Substitute
Apologies
Absent

Name	Organisation	04-Feb-25	18-Mar-25	13-May-25	01-Jul-25	30-Sep-25	02-Dec-25
Hussein Patwa - <b>Chair</b>	NHSG <b>voting</b> member			First as Chair			
Cllr John Cooke – Vice Ch	ACC <b>voting</b> member						
Prof. David Blackburn	NHSG <b>voting</b> member						
Mark Burrell	NHSG <b>voting</b> member						
Cllr Lee Fairfull	ACC <b>voting</b> member						
Cllr Martin Greig	ACC <b>voting</b> member						
Ritchie Johnson	NHSG <b>voting</b> member						
Cllr Malik	ACC <b>voting</b> member		First meeting				
Jim Currie	ACC Union Representative				Last meeting		
Jamie Donaldson	NHSG Staff Representative						
Amanda Foster	Service User Representative						
Stephen Friar/ Joy Miller	Secondary Care joint rep		JM	SF	JM		
Jenny Gibb	NHSG Nursing Representative						
Maggie Hepburn (ACVO)	Third Sector Representative						
Dr Caroline Howarth	Clinical Director	sub Carol Buchanan					
Phil Mackie	NHSG Depute Director of Health						
Kenneth McAlpine	Service User Representative						
Amy McDonald	Chief Finance Officer						
Shona McFarlane	Carer Representative						
Fiona Mitchelhill	Chief Officer						
Graeme Simpson	ACC, Chief Social Work Officer						

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## **Risk, Audit and Performance Committee**

### **Minute of Meeting**

**Wednesday, 27 August 2025**  
**10.00 am Virtual - Remote Meeting**

Present: Councillor Martin Greig Chair; and Councillor John Cooke, Ritchie Johnson, Hussein Patwa and Fiona Mitchelhill.

Also in attendance: Bernadette Bularan, Jamie Dale, John Forsyth, Stuart Lamberton, Graham Lawther, Anne MacDonald (Audit Scotland), Alison MacLeod, Councillor M.Tauqeer Malik (observing), Grace Milne and Sandy Reid.

Apologies: Calum Leask.

**The agenda and reports associated with this minute can be found [here](#).**

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## **DECLARATIONS OF INTEREST OR TRANSPARENCY STATEMENTS**

1. There were no Declarations of Interest or Transparency Statements.

## **EXEMPT BUSINESS**

2. There was no exempt business.

## **MINUTE OF PREVIOUS MEETING OF 17 JUNE 2025**

3. The Committee had before it the minute of its previous meeting of 17 June 2025, for approval.

### **The Committee resolved:-**

to approve the minute as a correct record.

## **BUSINESS PLANNER**

4. The Committee had before it the planner of committee business, as prepared by the Business, Resilience and Communications Lead.

## **RISK, AUDIT AND PERFORMANCE COMMITTEE**

27 August 2025

### **The Committee resolved:-**

to agree the Planner.

### **QUARTER 1 - 2025/2026 BUDGET AND SAVINGS MONITORING UPDATE - HSCP.25.063**

5. The Committee had before it a report prepared by the Chief Finance Officer and Deputy Chief Finance Officer, ACC, summarising the financial performance for the services within the remit of the IJB for quarter one ending 30 June 2025, in reference to the budget approved for 2025-2026 fiscal year.

### **The report recommended:-**

that the Committee note the report in relation to the IJB budget and its quarter 1 / 2025-2026 status, and the information on areas of risk and management action.

### **The Committee resolved:-**

- (i) to instruct the Chief Officer to provide detailed information to the next Committee meeting in November 2025 in respect of savings progress and mitigations against specific services; and
- (ii) to otherwise agree the recommendation.

### **BOARD ASSURANCE AND ESCALATION FRAMEWORK - HSCP.25.064**

6. The Committee had before it a report prepared by the Business, Resilience and Communications Lead, presenting the annual review of the IJB's Board Assurance and Escalation Framework as part of the Risk, Audit and Performance Committee's annual review of the Framework.

### **The report recommended:-**

that the Committee:

- (a) approve the revised Board Assurance and Escalation Framework (BAEF) as attached at Appendix A of the report; and
- (b) agree that the Framework continue to be reviewed annually by RAPC.

### **The Committee resolved:-**

to agree the recommendations.

### **INTERNAL AUDIT UPDATE - HSCP.25.065**

7. The Committee had before it an update on Internal Audit's work prepared by the Chief Internal Auditor, providing details of progress against the approved Internal Audit

## **RISK, AUDIT AND PERFORMANCE COMMITTEE**

27 August 2025

plans, audit recommendations follow up, and other relevant matters for the RAPC to be aware of.

**The report recommended:-**

that the Committee:

- (a) note the contents of the RAPC - Internal Audit Update Report August 2025 ("the Internal Audit Update Report"), as appended at Appendix A of the report, and the work of Internal Audit since the last update; and
- (b) note the progress against the approved 2025/26 Internal Audit Plan as detailed in the Internal Audit Update Report.

**The Committee resolved:-**

to agree the recommendations.

### **DELIVERY PLAN 2025/26 UPDATE - HSCP.25.067**

8. The Committee had before it a report prepared by the Transformation Programme Manager providing assurance and relating to the progress of the Delivery Plan as set out within the Aberdeen City Health and Social Care Partnership Strategic Plan 2025-2029.

**The report recommended:-**

that the Committee agree to the proposed Year 1 Delivery Plan actions as detailed in Appendix A of the report.

**The Committee resolved:-**

- (i) to instruct the Transformation Programme Manager to issue a Service Update in respect of the digital inclusion plan;
- (ii) to instruct the Chief Officer to bring a report to the Committee in respect of prescribing expenditure; and
- (iii) to otherwise agree the recommendation.

### **WORKFORCE PLAN 2022-25 FINAL PROGRESS REPORT - HSCP.25.066**

9. The Committee had before it the final progress Report for Aberdeen City Health and Social Care Partnership Workforce Plan 2022 – 2025, prepared by the Senior Project Manager. The report provided an overview of the current workforce over the period of the plan and the progress made against the Workforce Plan priorities.

**The report recommended:-**

that the Committee:

- (a) note the progress of the Workforce Plan 2022 -2025; and

**RISK, AUDIT AND PERFORMANCE COMMITTEE**

27 August 2025

- (b) instruct officers to undertake full engagement process for the development of the refreshed Workforce Plan 2025-2029.

**The Committee resolved:-**

to agree the recommendations.

**DATE OF NEXT MEETING - 19 NOVEMBER 2025**

10. The Committee had before it the date of the next meeting: 19 November 2025 at 10am.

**The Committee resolved:-**

to note the date of the next meeting.

- **COUNCILLOR MARTIN GREIG, Chair.**



## CLINICAL AND CARE GOVERNANCE COMMITTEE

ABERDEEN, 17 June 2025. Minute of Meeting of the CLINICAL AND CARE GOVERNANCE COMMITTEE. Present:- Mark Burrell Chairperson; and David Blackburn, Councillor Lee Fairfull and Councillor M. Tauqeer Malik.

In attendance: Caroline Howarth, Fiona Mitchelhill, Claire Wilson, Graeme Simpson, Judith Mclenan, Rachael Little, Aideen Mitchell, Kay Diack, Claire Smith, Jane Gibson, Michelle Grant, John Forsyth and Mark Masson (Clerk).

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### WELCOME AND APOLOGIES

1. The Chairperson welcomed everyone to the meeting.

Apologies for absence were intimated on behalf of Lizzy Archibald. Aideen Mitchell was in attendance as her substitute.

### DECLARATIONS OF INTEREST AND TRANSPARENCY STATEMENTS

2. There were no declarations of interest or transparency statements intimated.

### MINUTE OF PREVIOUS MEETING OF 11 MARCH 2025, FOR APPROVAL

3. The Committee had before it the minute of its previous meeting of 11 March 2025, for approval.

**The Committee resolved:-**  
to approve the minute.

### BUSINESS PLANNER

4. The Committee had before it their Business Planner for consideration.

**The Committee resolved:-**  
to note the Business Planner.

## CLINICAL AND CARE GOVERNANCE COMMITTEE

17 June 2025

### CCG GROUP MONITORING REPORT - UPDATE - HSCP.25.047

5. The Committee had before it a report by Caroline Howarth and Michelle Grant which presented data and information to provide assurance that operational activities were being delivered and monitored effectively and that patients, staff and the public were being kept safe whilst receiving high quality service from Aberdeen City Health and Social Care Partnership (ACHSCP). The full sector reports were appended to the report.

#### **The report recommended:-**

that the Committee –

- (a) agree this report provides assurance to the committee that work is being undertaken to mitigate any risks; and
- (b) highlight any observations on the information contained in the report and in appendices A and B.

Caroline Howarth provided an overview of the report, specifically relating to the following:-

- Staffing Pressures and Further Reduction to the Working Week;
- Integration of the hosted in-patient mental health services;
- The overall number of complaints, compliments and concerns across both Aberdeen City Council (ACC) and NHS Grampian; and
- Questions raised relating to the previous report.

Caroline Howarth provided further information regarding a new risk identified within the AHP sector report, namely experiencing significant issues with supply of feeds from Nutricia for Home and Hospital patients receiving enteral nutrition. The issue had been raised with National Procurement who intend to recommend a Clinical and Technical Advisory Group would be established to support management of a commodity concern.

In response to a questions, the following was noted:-

- that in terms of challenges of the additional scrutiny while recruiting to posts, Claire Wilson advised that an additional form was required to be completed and submitted to a member of the Leadership Team in charge of the service for approval prior to filling the vacancy. Statutory posts were usually signed off without delay;
- that the issue of mould being discovered within a Ward resulting in five beds being temporarily closed had now been resolved;
- that further information would be included within the next report relating to NaSH Patient Management System which had recently been taken over by a company in India;
- that a report on the impact and mitigations around the 35 hour working week would be submitted to the next meeting of the Committee;
- that a report on Rosewell House would be submitted to IJB meeting in July 2025;
- that there had been a decrease in the number of substance misuse related deaths through good communication and education to the public. There was also a reduction in non-accidental overdoses; and

## CLINICAL AND CARE GOVERNANCE COMMITTEE

17 June 2025

- that there was high staff sickness levels in the small complex care team, noting that a formal process to support staff had been implemented in order that staff could return to work as timely as possible.

### **The Committee resolved:-**

- (i) to note that clarity on whether the TrakCare system was being used by sexual health services would be provided within the report at the next meeting;
- (ii) that in relation to sexual health services, to note that Michelle Grant would arrange to clarify the position on whether a social media/communication had been issued relating to countering the hormone hesitancy amongst young people and that would be provided within the report at the next meeting; and
- (iii) to otherwise approve the recommendations contained within the report.

## **LESSONS LEARNED**

6. With reference to article 6 of the minute of the previous meeting, members discussed whether there were any themes or lessons learned, during which the following was raised:-

Caroline Howarth advised that the good practice initiatives introduced at Royal Cornhill Hospital to assist with helping staff to return to work following a period of ill health/sickness had been included on the ACH&SCP website.

The Chairperson advised that discussions had been held within other clinical and care governance groups across all other Health and Social Care Partnerships around the functioning of Committees, including the lines of reporting back. He indicated that this was likely due to a Partnership's Committee not functioning as well as expected and intimated that he was assured that the City Partnership had a robust governance structure. He explained that he would be leading on a report to be submitted to the Clinical Governance Committee of NHS Grampian on the functioning of the Committee in due course.

### **The Committee resolved:-**

to note the information provided.

## **DISCHARGE WITHOUT DELAY - HSCP.25.048**

7. With reference to article 7 of the minute of the previous meeting of 11 March 2025, the Committee had before it a joint report by Claire Smith, Lead Nurse and Kay Diack, Strategic Home Pathways Lead, which provided an update on improvement activity within Specialist Mental Health and Learning Disability services as well as General ACHSCP services in relation to the national strategic oversight of Discharge Without Delay.

## CLINICAL AND CARE GOVERNANCE COMMITTEE

17 June 2025

### **The report recommended:-**

that the Committee –

- (a) note the latest data regarding the rate of delayed discharges across Specialist MHLN services and general ACHSCP services; and
- (b) agree that this report provides assurance to the Committee regarding the progress made against the improvement plans to lower the number of delayed discharges.

Kay Diack and Claire Smith provided an overview of the report.

Kay advised that as of today's date, the delayed discharge figure at Royal Cornhill Hospital and other City partnership facilities was 45, which was the benchmark figure set by the Scottish Government in May 2024. Yesterday it was 42.

Claire Smith provided information relating to the process and work undertaken if a delay was related to a Shetland, Orkney or Moray patient.

The Committee noted that the city was a top quartile performer in terms of Government statistics; and acknowledged the complex reasons which contributed to delayed discharges.

### **The Committee resolved:-**

to approve the recommendations contained within the report.

## **ITEMS WHERE ESCALATION TO IJB IS REQUIRED**

- 8. The Committee considered whether any items required escalation to the IJB.

### **The Committee resolved:-**

that no items be escalated to the IJB at this time.

- **MARK BURRELL, Chairperson**

	A	B	C	D	E	F	G	H	I	J
1	Dates, Deadlines & Contacts									
2	INTEGRATION JOINT BOARD BUSINESS PLANNER - The Business Planner details the reports which have been instructed by the Board as well as reports which the Functions expect to be submitting for the calendar year.									
3	Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	ORGANISATION ACHSCP/ACC/NHSG	Update/Status	Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
4	2025/26 Meetings									
5	30 September 2025									
6	24 June 2025	The Nook - Presentation by SAMH	Presentation (replacing the usual video): Alex Cumming - Executive Director of Operations and Billy Watson - Chief Executive Officer, SAMH will present draft plans ahead of the formal announcement for the Nook coming to Aberdeen in 2026. This will be approx.15-20 mins.		Alex Cumming - Executive Director, SAMH					
7	Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer	HSCP.25.069	Graham Lawther	Fiona Mitchelhill	ACHSCP			
8	22 August 2025	Appointment of RAPC and CCG Chairs	To seek agreement to appoint new Chairpersons to the Risk, Audit and Performance and Clinical and Care Governance Committees.	HSCP.25.073	Emma Robertson	Fiona Mitchelhill	ACHSCP			
9	19 November 2024	Financial Position Update	Quarterly reporting.	HSCP.25.070	Bernadette Bularan	Fiona Mitchelhill		ACHSCP		
10	04 November 2024	Audited Final Accounts 2024/25 including the External Auditor's Annual Audit Report	To consider and approve the audited final accounts for 2024/25.	HSCP.25.071	Bernadette Bularan/ Anne MacDonald	CFO/ Audit Scotland	Audit Scotland			
11	14 August 2025	Unscheduled Care Bid	To present the detail of the ACHSCP part of the 2025 NHS Grampian Unscheduled Care plan and associated bid to the Scottish Government in April 2025 to help improve unscheduled care performance and patient outcomes.	HSCP.25.074	Julie Warrender	Fiona Mitchelhill	ACHSCP			
12	24 September 2024	Digital Innovation Programme: Technology Enabled Care	To provide an update on activity to the Digital Innovation Programme and Technology Enabled Care Programme (TEC) since the last report was presented to the Board in September 2024.	HSCP.25.057	James Maitland	Claire Wilson	ACHSCP			
13	29.11.22	Climate Change Project and Reporting	To seek approval for the submission of the climate change report to the Scottish Government. Report HSCP.24.080 presented on 19 November 2024.		Calum Leask/ Sophie Beier	Phil Mackie	ACHSCP		R	Request to remove and issue this as a Service Update as no decision is required by the IJB (noting report). It is due to be submitted to the Scottish Government by 30 November 2025, so the Update will be issued in line with this timing.
14	Standing Item	ACHSCP Annual Performance Report	To seek approval to publish the ACHSCP Annual Report for 2024/25 and to instruct the Chief Officer to present this to ACC and NHSG (last presented 24/09/24).		Michelle Grant	Alison MacLeod	ACHSCP		R	Request to remove and issue this as a Service Update as no decision required by the IJB (noting report). This has been published on the ACHSCP website and circulated to Members.
15	10.10.23	Strategic Review of Neuro Rehabilitation Pathway - Phase 1 Evaluation	On 10 October 2023 IJB agreed to instruct the Chief Officer to report an evaluation of Phase 1 to the Integration Joint Board in <b>autumn 2025</b> before Phase 2 commences.		Sarah Gibbon	Julie Warrender	ACHSCP		R	Request to remove and issue this as a Service Update as no decision required by the IJB (noting report).
16	2 December 2025									
17	Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer	HSCP.25.080	Graham Lawther	Fiona Mitchelhill	ACHSCP			
18	Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations							
19	19 November 2024	Financial Position Update	Quarterly reporting.	HSCP.25.081	CFO/ Bernadette Bularan	Fiona Mitchelhill	ACHSCP			
20	Standing Item	Health and Social Care Partnership Meeting Dates 2026-27	To seek approval of the Integration Joint Board (IJB), Risk Audit and Performance Committee (RAPC) and Clinical and Care Governance Committee (CCGC) meeting dates for 2026-27.	HSCP.25.082	Emma Robertson	Alan Thomson	ACC	02 December 2025		
21	01.11.2023	Chief Social Work Officer's Annual Report	To inform Members of the role and responsibilities exercised by the Chief Social Work Officer; to provide information on the delivery of statutory social work services and decision making in the period; and to give a progress report on key areas of social work provision within Aberdeen City. Last presented to IJB on 19 November 2024	HSCP.25.083	Graeme Simpson	Eleanor Sheppard	ACC	02 December 2025		
22	27.05.2024	North East Population Alliance Strategic Partnership Agreement	To provide an annual progress report on the strategic partnership agreement (Memorandum of Understanding with Public Health Scotland). On 19 November 2024: agrees to instruct the Chief Officer to provide a progress report to the IJB on the second year of the operation of the Strategic Partnership Agreement.	HSCP.25.084	Martin Murchie	Data Insights	ACC Corporate Services			
23	18 March 2025	Grant Funding for Voluntary Organisations	On 18 March 2025: to instruct the Chief Officer to bring back a report on the future funding of grant funded services beyond 31 March 2026 to the meeting of the IJB on 2 December 2025; and to instruct the Commissioning Lead to include qualitative feedback from service users as part of participant reviews in the Service Review at Appendix D of report HSCP.25.021 and to bring this back to the meeting of the IJB on 2 December 2025.	HSCP.25.085	Claire Wilson	Fiona Mitchelhill	ACHSCP			
24	01.07.2025	Shifting the Balance of Care – A Community-Focused Approach to Delivery of Frailty and Specialist Rehabilitation Services within Aberdeen City Health & Social Care Partnership	To provide an update on progress of the phased closure and mitigation plans.	HSCP.25.086	Julie Warrender/ Fiona Mitchelhill	Alison MacLeod and Fiona Mitchelhill	ACHSCP			

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3	Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	ORGANISATION ACHSCP/ACC/NHSG	Update/Status	Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
25	23.09.21	Primary Care Improvement Plan Update	Annual update report. HSCP.24.078 reported to IJB on 19 November 2024.		Emma King / Alison Penman	Emma King	ACHSCP		T	Request to transfer to RAPC: PCIP was approved in July 2018, with funding ring fenced every year and static with drawdowns from the funding being in arrears (as ACHSCP spend it). Propose to report bi-annually to RAPC in May and November each year, with data driven reports focussing on outcomes and the effects of the plan. All RAPC papers are available to IJB members on Aberdeen City Councils website. Any issue which impacts on the delivery of PCIP will be notified to the IJB through a report where a decision is required, or updates provided in CO report /Service Update.
26	3 February 2026									
27	Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer		Graham Lawther	Fiona Mitchelhill	ACHSCP			
28	Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations							
29	19 November 2024	Financial Position Update	Quarterly reporting.		CFO/ Bernadette Bularan	Fiona Mitchelhill	ACHSCP			
30	04.02.2025	Grampian Vaccination and Immunisation Annual Report 2025	Annual paper on Vaccine Uptake across all programmes and particularly the Childhood Immunisations Improvement Action Plan. Last approved on 4 Febraury 2025.		Clare-Louise Walker/ Jo Hall	Sandy Reid	ACHSCP/ ACVC			
31	16.08.22	Fast Track Cities	To provide an annual update on the actions against the action plan submitted to the Integration Joint Board (IJB) on 21 January 2020. This is an annual report. Last presented to IJB on 4 February 2025.		Daniela Brawley / Lisa Allerton	Sandy Reid	ACHSCP			
32	31.01.2023	Carers' Strategy	To provide an update and annual review of the strategy approved by IJB on 31 January 2023. Members agreed on 31.01.23 to instruct the Chief Officer of the IJB to report back on progress with the Carer Strategy and Action Plan annually. Reported to IJB on 6 February 2024.		Stuart Lamberton/ Grace Milne	Alison MacLeod	ACHSCP			
33	17 March 2026 - Budget									
34	Standing Item	IJB Budget	To approve the Budget.		Jonathan Belford	Jonathan Belford	ACHSCP			
35	Standing Item	Medium Term Financial Forecast	The estimated 4 year Medium Term Financial Forecast		Jonathan Belford	Jonathan Belford	ACHSCP			
36	2026 and dates TBC									
37	Standing Item	Workforce Plan	Meeting date TBC - February or March 2026		Stuart Lamberton/ Grace Milne	Alison MacLeod	ACHSCP			
38	24 September 2024	National Care Service	From Fraser Bell on 19 November 2024 - Scottish Government has confirmed that they are seeking to postpone start of Stage 2 process and we'll get new dates in due course. Therefore date for IJB is TBC.		Fiona Mitchelhill	Fiona Mitchelhill	ACHSCP	TBC		
39	22 March 2024	Outcome of IJB Culture Research Project	Presented to the IJB on 7 May 2024 - suggestion to recommission in 12-18 months.		Alison McLeod	Alison MacLeod	ACHSCP	TBC late 2026		
40	Standing Item	Financial Position Update	Quarterly reporting.		CFO/ Bernadette Bularan	Fiona Mitchelhill	ACHSCP			
41	30.08.24	Health and Care Experience Report 2025-2026	To present findings from the Health and Care Experience survey for 2025/26. Due in September 2026, last presented 24/09/24.		Calum Leask	Alison MacLeod	ACHSCP	September 2026		
42	27.08.2024	Review of Whistleblowing Policy	Due in 2026		Martin Allan	Fraser Bell	ACHSCP	2026		
43	07.05.2024	Morse Community Electronic Patient Record Evaluation and Contract Renewal	On 7 May 2024, Members agreed :(i) to note the Morse Evaluation appended at Appendix B of the report; and (ii) to approve a further three year contract with Cambric, running from October 2024, to supply Morse as an Electronic Patient Record for Community Nursing, Hospital at Home, Macmillan Nursing, Health Visiting and School Nursing Services		Michelle Grant	Alison MacLeod, Strategy and Transformation	ACHSCP	TBC May 2027		
44	09 July 2024	Evaluation of Aberdeen City Vaccination and Wellbeing Hub	To provide an evaluation of the Aberdeen City Vaccination and Wellbeing Hub. See report HSCP.24.047 on 9 July 2024.		Caroline Anderson	Fiona Mitchelhill	ACHSCP	Early 2028		
45	04.02.2025	GP Vision Update	On 4 February 2025, the IJB resolved to instruct the Chief Officer to report back to the Integration Joint Board by spring 2026 with a progress update on the implementation of the vision and objectives.		Alison Chapman/ Emma King	Fiona Mitchelhill	ACHSCP	Spring 2026		
46	06 March 2025	Draft Debt Recovery (Mental Health Moratorium) (Scotland) Regulations	To update members on the impact to the IJB of any Regulations approved by the Scottish Parliament which apply a mental health moratorium to debt.		Fiona Mitchelhill	Fiona Mitchelhill	ACHSCP	TBC		
47	Standing Item	Annual Review of Financial Regulations and Reserves Policy	To present the findings of a financial governance review, a revised version of the IJB's Financial Regulations and an updated Reserves Policy for approval - RAPC noted on 25 February 2025, approved on 13 May 2025 by IJB.		Jonathan Belford	Jonathan Belford	ACHSCP			

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3	Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	ORGANISATION ACHSCP/ACC/NHSG	Update/Status	Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
48	Standing Item	Annual Resilience report - Inclusion of Integration Joint Boards as Category 1 Responders under Civil Contingency Act 2004	To provide information of the inclusion of IJB's as Category 1 Responders, in terms of the Civil Contingencies Act 2004 and an outline of the requirements that this inclusion involves. Annual report, last considered at IJB on 13 May 2025.		Martin Allan	Martin Allan	ACHSCP			
49	04.11.2022	IJB Scheme of Governance Annual Review	To present the revised Scheme of Governance and seek approval of the revised Standing Orders and Terms of Reference. This is an annual review, previously presented on 7 June 2022, 25 April 2023, 9 July 2024 and 1 July 2025.		Jess Anderson/John Forsyth/Vicki Johnstone	Jenni Lawson	ACHSCP			
50	Standing Item - annual	Risk Appetite Statement and Strategic Risk Register	To present revised versions of the Risk Appetite Statement and Strategic Risk Register. Last presented to the IJB on 1 July 2025.	12 months from 01/07/25	Martin Allan	Martin Allan	ACHSCP			
51	14 April 2025	Alcohol & Drug Partnership Annual Report 2025	To provide information in relation to overall progress on the Alcohol & Drug Partnership Delivery Framework since 2019 and a specific update in relation to highlights from 2024 – 2025. Appendix A was a copy of a survey required by the Scottish Government in relation to Alcohol & Drug Partnership activity - last reported on 1 July 2025.		Simon Rayner	Fiona Mitchelhill	ACHSCP			
52	Service Updates									
53		Climate Change Project and Reporting	TBC - see IJB 30 September 2025 - request to transfer to Service Update.							
54		Strategic Review of Neuro Rehabilitation Pathway - Phase 1 Evaluation	TBC - see IJB 30 September 2025 - request to transfer to Service Update.							
55	27.08.2025	Digital Inclusion	Requested at the RAPC on 27 August 2025.	By 28 October 2025.	James Maitland					
56	09.09.2025	ACHSCP Annual Performance Report	To be requested at the IJB on 30 September 2025, to be removed from the Planner as it was circulated as a Service Update.					Circulated to Members on 9 September 2025 - ER		
57	01.07.2025	Premises review	Requested at the IJB on 1 July 2025, to be issued in advance of the IJB on 30 September 2025.		Sandy Reid	Fiona Mitchelhill	ACHSCP	Circulated to Members on 9 September 2025 - ER		
58	Standing Item	Progress on EOMF and Review of Equality Outcomes}	This year the report will be incorporated into the biennial review (below) so only one report will come this year.		Alison Macleod	Alison MacLeod	ACHSCP	Circulated to IJB Members on 14 May 2025 - ER		On 13 May 2025, the IJB agreed removal as a report from the Planner and issue as a Service Update instead as no decision required by the IJB (noting report).
59	30.11.22	Biennial Progress report on delivery of our Equality Outcomes and Mainstreaming Framework }	To approve publication and submission of the report to the Equality and Human Rights Commission This is a statutory obligation to report on progress every two years after approval; reported in May 2021 and April 2023 (HSCP.23.024). Incorporated with line above.		Alison Macleod	Alison MacLeod	ACHSCP	Circulated to IJB Members on 14 May 2025 - ER		On 13 May 2025, the IJB agreed removal as a report from the Planner and issue as a Service Update instead as no decision required by the IJB (noting report).
60	19 November 2024	GIRFE Toolkit - Update on Work	At the IJB meeting on 19 November 2024, the IJB agreed to have a further update for members on the progress towards the implementation of the Getting it Right for Everyone (GIRFE) Toolkit across Aberdeen City.		Shona Omand-Smith			Circulated to IJB Members on 14 May 2025 - ER		On 13 May 2025, the IJB agreed removal as a report from the Planner and issue as a Service Update instead as no decision required by the IJB (noting report).
61	04 February 2025	Review of Hosted Services including Abortion Care	On 4 February 2025, Members agreed to instruct the Strategy and Transformation Lead to report back to the IJB in May 2025 on the proposed actions following the recommendations of the review of hosted services.		Alison MacLeod	Strategy and Transformation	ACHSCP	Circulated to IJB Members on 14 May 2025 - ER		On 13 May 2025, the IJB agreed removal as a report from the Planner and issue as a Service Update instead as no decision required by the IJB (noting report).
62	09 July 2024	Creating Hope Together: Scotland's Suicide Prevention Strategy and Action Plan	To note the published national Suicide Prevention Strategy and Action Plan and to provide assurance on activities locally. This was presented to the IJB on 25 April 2023, when Members instructed the Chief Officer to provide an update on progress annually. Last update was 9 July 2024.		Kevin Dawson / Jennifer Campbell	Alison MacLeod and Kevin Dawson	ACHSCP	Circulated to IJB Members on 3 July 2025 - ER		On 1 July 2025, the IJB agreed removal as a report from the Planner and issue as a Service Update instead as no decision required by the IJB (noting report).
63	18 March 2025	Grant Funding - Counselling Services	On 18 March 2025 - instruct the Commissioning Lead to issue a Service Update no later than <b>31 July 2025</b> in respect of provision of all Counselling Services.		Shona Omand-Smith	Fiona Mitchelhill	ACHSCP	Circulated to IJB Members on 3 July 2025 - ER		

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## Insights Sessions 2025/26

Date	Items on Agenda	Lead
<b>30<sup>th</sup>/31<sup>st</sup> Oct</b>	1. NHSG Special Measures Assurance	Laura Skaife-Knight
<b>TBC</b>	2. Budget Savings Options for Public Consultation (including impact on customers and staff)	SLT
<b>11th Nov</b>	1. Culture	Alison
Care Reform Act	2. Horizon Scanning (one item only)	Alison
	3. Finance	Bernie
	4. Public Dental Service	Emma King/ Ali Chapman
	5. Third Sector in Aberdeen City	Maggie Hepburn
<b>9<sup>th</sup> Dec</b>	1. 3 Products	NHSG
<b>(1400-1600)</b>	2. GMEDs Update	Magdalena Polcik-Miniach
<b>13th Jan</b>	1. Culture	Alison
	2. Horizon Scanning (one item only)	Alison
	3. Finance	Bernie
	4. Health Behaviours	Phil
	5. Mental Health	Judith/Kevin
<b>17th Feb</b>	1. Budget and MTFF	Bernie
	2. Year 2 Delivery Plan	Alison
<b>10<sup>th</sup> Mar</b>	1. Culture	Alison
	2. Horizon Scanning (one item only)	Alison
	3. Finance	Bernie
	4. Adult Social Care	Claire
	5. Update re Digital/TEC	Claire

Suggestions from CSB: -

- Recruitment barriers and how we can break them down
- Primary Care in general but specifically practice boundaries
- Hosted Services
- Impact of decisions around the budget on Social Care and Delayed Discharges (perhaps tie this in with budget).



## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	30 September 2025
<b>Report Title</b>	Chief Officer's Report
<b>Report Number</b>	HSCP.25.069
<b>Lead Officer</b>	Fiona Mitchelhill, Chief Officer
<b>Report Author Details</b>	Graham Lawther Communications Business Partner <a href="mailto:glawther@aberdeencity.gov.uk">glawther@aberdeencity.gov.uk</a>
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Exempt</b>	No
<b>Appendices</b>	None
<b>Terms of Reference</b>	1(c) Any other matter that the Chief Officer determines appropriate to report to the IJB

### 1. Purpose of the Report

- 1.1. The purpose of the report is to provide the Integration Joint Board with an update from the Chief Officer on recent and upcoming activities.

### 2. Recommendations

It is recommended that the Integration Joint Board (IJB);

- a) Notes the detail contained within the report.

### 3. Strategic Plan Context

- 3.1. The Chief Officer's report highlights areas of Aberdeen City Health and Social Care Partnership (ACHSCP) activity which are relevant to the delivery of the Strategic Plan.



## INTEGRATION JOINT BOARD

### 4. Summary of Key Information

#### Local updates

##### 1. New purpose-built complex care homes

Aberdeen City has opened its first dedicated complex care facility at Stoneywood Road, a £4.5 million development providing round-the-clock specialised accommodation for eight vulnerable residents.

The launch included an open day for council members, partner organisations, locals, and media. This new facility allows individuals previously cared for outside Aberdeen to receive tailored support in purpose-built homes within their city.



Pictured L-R - Kerrie Clark, Senior Social Worker; Jenny Rae, Transformation Programme Manager; IJB member and Chair of the IJB's Risk, Audit and Performance Committee Councillor Martin Greig; Katharine Paton, Service Manager; Nicola Cassie, Senior Manager at site; Eric Studzinski, Ogilvie Construction at the opening of the new accommodation

Each of the eight wheelchair-accessible bungalows includes a bedroom, kitchen, living room, wet room, and private garden, designed with a maximised footprint and durable materials. The site also has a shared garden, sensory garden, and a staff building with offices, meeting space, and a carers' lounge. All buildings meet ultra-low energy standards, with on-site staff always present. The Richmond Fellowship Scotland provides resident support.



## INTEGRATION JOINT BOARD

### 2. Winter flu & Covid 19 vaccination programme 2025

The 2025 Winter Vaccination Programme in Grampian targets those most at risk from flu and Covid-19, following advice from the Joint Committee on Vaccination & Immunisation and Scottish Government.

#### Flu vaccine eligibility:

- Adults 65+
- Individuals 6 months+ with certain health conditions
- Pregnant women
- Children aged 2–5 (pre-school)
- Primary & secondary school children
- Unpaid carers and household contacts of the immunocompromised
- Health & social care staff (flu only)

#### Flu & Covid-19 vaccine eligibility:

- Adults 75+
- Older adult care home residents
- Immunosuppressed individuals aged 6 months+

Vaccinations will prioritise at-risk groups between 29 September and 6 December, ahead of increased festive social contact. Eligible individuals will be contacted for appointments or can book via the national portal; care home visits are set for mid-October. To improve uptake among health and social care staff, peer-to-peer and flu-only clinics will run during early September, with both drop-in and scheduled options. Early vaccination is highly encouraged to protect staff and vulnerable groups.

Vaccinations will be offered at our three hubs: Aberdeen Vaccination & Wellbeing Hub, Airyhall, and Bridge of Don. People can change an appointment to a more convenient location if they wish by contacting the National Contact Centre on 0800 030 8013 or the Local Contact Centre on 01224 555333. Additionally, there will be local pop-up clinics organised later in the programme, with locations publicised closer to the time.

### 3. Closure of Tigh a'Chomainn Camphill care home

Tigh a'Chomainn Camphill, Craigton Road, Aberdeen, a charity offering residential care in Peterculter for eight adults with learning disabilities and complex additional support needs, announced on 1 August 2025 that it would cease operations.

The board overseeing the facility decided to close the home after receiving several Care Inspectorate inspections over a number of months, which identified areas of operation as



## INTEGRATION JOINT BOARD

weak or unsatisfactory. The board stated that it was not feasible for the home to meet the required standards.

Aberdeen City Health and Social Care Partnership (ACHSCP) staff have been coordinating with the board to support the transition of residents to alternative accommodation as part of our responsibilities for clients. The focus has been on providing the necessary assistance to residents, their families, Tigh a'Chomainn staff, and the board during this period.

Regular meetings with Tigh a'Chomainn staff and the board are being held to address risks and mitigate impacts. Families and carers have been kept informed and involved throughout the process.

ACHSCP and the board continue to liaise with the Care Inspectorate to maintain appropriate oversight.

All residents are expected to have transitioned to new housing within three months of the closure announcement, after which the property will close.

### **4. Mental Health Aberdeen**

Mental Health Aberdeen (MHA) announced that it was ceasing operations with immediate effect on the 24 July 2025.

Aberdeen City Council and ACHSCP were saddened by the sudden loss of the valued organisation, with its dedicated approach over many years to supporting people in Aberdeen and Aberdeenshire with their mental health and wellbeing challenges.

ACHSCP and the City Council fully recognise the vital importance of mental health support and worked to identify solutions to ensure continuity of care for MHA's clients. ACHSCP priority is to make sure that children, young people and adults continue to receive the support they need.

### **5. Blair Unit, Royal Cornhill Hospital update**

The Blair Unit improvement programme addresses major safety and compliance issues in NHS Grampian's forensic mental health inpatient services. Reports have highlighted significant shortcomings at Royal Cornhill Hospital, which does not meet Low Secure Care Standards.

A £2 million investment by NHS Grampian, was approved in February 2025 to upgrade the Forensic Acute and IPCU wards, including perimeter fencing, window replacement, ligature reduction, bathroom, lighting, fire safety enhancements, and redecoration.



## INTEGRATION JOINT BOARD

Phase 1 (Forensic Acute) will finish by September 2025, with Phase 2 (IPCU) starting in October 2025; planning is underway for Forensic Rehabilitation. The project remains on time and budget.

Temporary relocation during upgrades has reduced bed and therapy space, with mitigations in place such as revised admissions and communication nationally on capacity.

Oversight is provided by a dedicated project team reporting to relevant NHS Grampian boards and to Clinical Care Governance Group to ensure compliance with strategic priorities and standards.

These upgrades will enhance safety, privacy, dignity, and therapeutic engagement, with better garden access and ventilation supporting recovery. However, a new purpose-built facility is needed for long-term compliance and sustainability.

### 6. Chief Finance Officer (CFO) update

On 4 September 2025, the appointment panel convened and approved the interim appointment of Jonathan Belford as the IJB CFO. Additionally, they endorsed Aberdeen City Council's decision to advertise for a deputy CFO. Interim arrangements will be subject to review after a six-month period.

## Regional Updates

### 1. GP Vision update

The Integration Joint Board approved a new vision and set of objectives for General Practice in Grampian at its meeting in March 2024 [HSCP.24.002 IJB Report - GP Vision March 2024 v2.3.pdf](#).

An in-person workshop on 5 March 2025 reviewed Phase One priorities and assessed Phase Two feasibility amid resource constraints.

Key decisions at the 16 April 2025 Programme Board meeting included realigning workstreams and identifying top priorities.

A GP survey was conducted (April–May) to refine these priorities in line with current resources. The programme remains focused on Priority workstreams and will work towards how this programme will be embedded as business as usual. Further detail on this will be included in the November Chief Officer's Report.

Key progress highlights:



## INTEGRATION JOINT BOARD

- The Primary Care Improvement Plan (PCIP) review is nearing completion of activity data capture, with every workstream lead across the three partnerships interviewed.
- It is anticipated that the PCIP review will be completed within this calendar year.
- The digital workstream has created a digital blueprint, which sets out the key objectives: support patient self-management; reduce low-value staff activities; minimise variation across practices and improve data quality and utility. There is also an emphasis on shared platforms, summarisation, and enabling information governance.
- Work is ongoing within the Communications and Engagement sub-group to support a small number of GP practices to develop a Patient Participation Group (PPG). The group will support the practices to communicate with patients, informing them on how practices have changed and how they currently operate, using a 'Did you know?' approach.

### 2. Discharge without Delay (DwD)

This work continues to progress at pace across all three Health and Social Care Partnerships within Grampian. The workstreams are Grampian-focused with four key elements:

- Community hospitals work, to enable access to step-down at point of referral.
- Frailty at front door, ensuring we have a Frailty team at front doors assessing and preventing admission where possible
- Home First with the creation of a Discharge to Assess model, ensuring there is wrap-around support.
- Integrated discharge hub, to ensure we have a single point of referral for community teams and supporting coordination of discharge.

There are timelines for tests of change within these workstreams and continuing with aim of full implementation of DwD principles as soon as possible.

### 5. Implications for IJB

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

There are no direct equalities implications arising from the recommendations of this report as it is a noting report.

#### 5.2 Financial

There are no direct financial implications arising from the recommendations of this report as it is a noting report.

#### 5.3 Workforce

There are no direct workforce implications arising from the recommendations of this report, as it is a noting report



## INTEGRATION JOINT BOARD

### 5.4 Legal

There are no direct legal implications arising from the recommendations of this report as it is a noting report.

### 5.5 Unpaid Carers

There are no direct implications relating to unpaid carers arising from the recommendations of this report as it is for noting.

### 5.6 Information Governance

There are no direct information governance implications arising from the recommendations of this report as it is for noting only.

### 5.7 Environmental Impacts

There are no direct environmental implications arising from the recommendations of this report as it is a noting report.

### 5.8 Sustainability

There are no direct sustainability implications arising from the recommendations of this report as it is a noting report.

### 5.9 Other Implications

There are no other direct implications arising from the recommendations of this report as it is for noting only.

## 6. Management of Risk

Risks associated with the projects highlighted in this report are being monitored in the relevant operational risk registers and oversight and assurance is being provided to NHS Grampian's Assurance Committee.

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## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	30 September 2025
<b>Report Title</b>	Integration Joint Board – Appointment of Committee Chairs
<b>Report Number</b>	HSCP.25.073
<b>Lead Officer</b>	Fiona Mitchelhill, Chief Officer
<b>Report Author Details</b>	Name: Emma Robertson Job Title: Committee Services Officer Email Address: EmmRobertson@aberdeencity.gov.uk
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Exempt</b>	No
<b>Appendices</b>	None
<b>Terms of Reference</b>	2 - Any function or remit delegated under the Aberdeen City Integration Scheme, which is bound to be undertaken by the IJB itself;

### 1. Purpose of the Report

- 1.1. To seek agreement to appoint new Chairpersons to the Risk, Audit and Performance and Clinical and Care Governance Committees.

### 2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:
- a) appoints Ritchie Johnson as Chairperson of the Risk, Audit and Performance Committee for a period not exceeding three years, commencing 30 November 2025; and



## INTEGRATION JOINT BOARD

- b) appoints Councillor Lee Fairfull as Chairperson of the Clinical and Care Governance Committee for a period not exceeding three years, commencing 30 November 2025.

### 3. Strategic Plan Context

- 3.1. The Aberdeen City Health and Social Care Partnership (ACHSCP) Strategic Plan was approved by the IJB on 1 July 2025.
- 3.2. Ensuring robust and effective membership will help the ACHSCP achieve the strategic priorities as outlined in its strategic plan, as members will monitor, control and mitigate the potential risks to achieving these.

### 4. Summary of Key Information

#### Voting Members of the IJB

- 4.1. As noted in IJB's Standing Orders, at Standing Order 2.1, the IJB has eight voting Members. Four of these Members are appointed by NHS Grampian (NHSG) and four of these Members are appointed by Aberdeen City Council (ACC). Where a voting Member resigns, a replacement is appointed by the partner organisation that appointed that Member.

#### Committee Membership

- 4.2. At its meeting on 29 March 2016, the IJB agreed to establish two committees to support its functions. These were the Audit and Performance Systems (now Risk, Audit and Performance (RAP) Committee and the Clinical and Care Governance (CCG) Committee.
- 4.3. As per IJB standing order 25.5, the composition of IJB committees is based on the principle of equal representation between Aberdeen City Council (ACC) and NHG Grampian (NHSG) in terms of voting membership – namely two members from each organisation. The Standing Orders also make clear that Committee members are appointed by the IJB.



## INTEGRATION JOINT BOARD

- 4.4. On 17 November 2022, the IJB appointed Councillor Martin Greig as Chairperson of the Risk, Audit and Performance Committee for a term of three years, as per Standing Order 25.3 (as it was then): “ *The Chair shall be appointed by one of the constituent authorities for an appointing period not exceeding three years.*”
- 4.5. On 22 August 2023, the IJB appointed Mark Burrell as Chairperson of the Clinical and Care Governance Committee, for the period ending on 1 November 2025. This reduced timeframe was to fit with the period of appointment at 4.4 above.
- 4.6. Following the completion of the terms noted above, there will be Chairperson vacancies on both the Risk, Audit and Performance and Clinical and Care Governance Committees. To fill these vacancies, it is recommended that the IJB appoints Ritchie Johnson as Chair of RAP and Councillor Lee Fairfull as Chair of CCG. The overall membership of the Committees will remain unchanged, namely:

### **Risk, Audit and Performance Committee:**

Councillor John Cooke  
Councillor Martin Greig  
Ritchie Johnson  
Hussein Patwa

### **Clinical and Care Governance Committee:**

David Blackburn  
Mark Burrell  
Councillor Lee Fairfull  
Councillor M.Tauqeer Malik

### **Chairpersons of Risk, Audit and Performance and Clinical and Care Governance Committee**

- 4.7. Standing Order 25.2 requires the IJB to appoint a Chairperson to each of its Committees. Chairpersons can be appointed for a period of up to three years. Following the resignation of Councillor Martin Greig, there will be a vacancy



## INTEGRATION JOINT BOARD

for Chairperson of RAP. Following the resignation of Mark Burrell, there will be a vacancy for Chairperson of CCG.

- 4.8.** In accordance with the principle of equal representation between ACC and NHSG, the Chairpersons of the RAP and CCG are not normally from the same partner organisation. At the end of an appointment period, the new Chairperson of each Committee will also not normally come from the same partner organisation as the previous Chairperson of that Committee.

### **5. Implications for IJB**

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

As per the IJB's Standing Orders, it is recommended that voting members from Aberdeen City Council and NHS Grampian be equally represented on each committee.

#### **5.2 Financial**

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

#### **5.3. Workforce**

There are no direct implications for the AH&SCP workforce, however having members in place as per the recommendations will provide greater clarity for the organisation in terms of its governance arrangements.

#### **5.4. Legal**

The proposals and recommendations within this report comply with the processes set out in the Aberdeen City Integration Scheme and Aberdeen City Integration Joint Board Standing Orders.

#### **5.5. Unpaid Carers**

There are no direct impacts to unpaid carers arising from the recommendations in this report.



## INTEGRATION JOINT BOARD

### 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.

## 6. Management of Risk

### 6.1. Identified risks(s)

Reputational Risk is considered high by the IJB. Should appointments to its committees not be balanced in terms of membership as per the requirements set out in this report. There is a risk that perspectives from both partners may not be reflected during meetings and this may have an impact on decision making and scrutiny capacity.

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

Strategic Risk Register, item 3: Failure of the IJB to function and make decisions in a timely manner.

By appointing an equal number of members to each committee the Board would adhere to provisions and principles set out in standing orders. This would mean that both committees would have members in place to capture perspectives and expertise from both partners and strengthen their capacity to hold Partnership officers to account.

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## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	30 <sup>th</sup> September 2025
<b>Report Title</b>	Q1 – 2025 / 2026 Financial Performance; and Indicative results for Q2 – 2025 / 2026
<b>Report Number</b>	HSCP.25.070
<b>Lead Officer</b>	Fiona Mitchelhill Chief Officer, ACHSCP
<b>Report Author Details</b>	Bernadette Bularan Deputy Chief Finance Officer <a href="mailto:bbularan@aberdeencity.gov.uk">bbularan@aberdeencity.gov.uk</a>
<b>Consultation Checklist Completed</b>	No
<b>Directions Required</b>	No
<b>Exempt</b>	No
<b>Appendices</b>	None
<b>Terms of Reference</b>	The IJB shall consider the any other matter that the Chief Officer determines appropriate to report to the IJB (clause 1c); and  Remit and Responsibilities duly noted under “Financials” (clause 15 – 19)

### 1. Purpose of the Report

- 1.1. To present the forecasted financial performance of the Integration Joint Board (IJB) for the period Q1 – 2025/2026.
- 1.2. To provide an indicative status of the Integration Joint Board’s Q2 – 2025 / 2026 financial performance.



## INTEGRATION JOINT BOARD

### 2. Recommendations

2.1. It is recommended that the Integration Joint Board (IJB) notes the following:

- a) The financial performance of the IJB in Q1 – 2025/2026 in relation to the 2025-2026 funding availability;
- b) The purpose of the presentation of prior fiscal year results to monitor the trajectory of IJB's service costs, and how it can be used to further evaluate the financial data alignment to the IJB's Strategic Plan.
- c) The indicative financial performance of the IJB for the period Q2 – 2025 / 2026.

### 3. Strategic Plan Context

On-going work is being carried out to update the Budget Protocol. This entails the clarity on the Budget setting and monitoring process inclusive of the timelines regarding team and public engagement, alignment with the Strategic Plan and Workforce Plan, refresh of the Medium Term Financial Framework, and overall schematics on financial performance safeguarding.

### 4. Summary of Key Information

- 4.1. The Q1 – 2025/2026 results are noted hereunder.
- 4.1.1. The funding reported is at £442.863million considering the updated level of the set aside funding from the NHSG amounting to £59.238m. This was increased by £3.738m from the reported value when the Medium Term Financial Framework was presented in July 2025<sup>1</sup>.
  - 4.1.2. The Q1 – 2025/2026 results show a surplus between funding and spending amounting to £197k. Specific analysis of each care line is elaborated in section 4.2 and 4.3 below warranting the safeguarding of the 2025 – 2026 financial position by the IJB Team<sup>2</sup> in collaboration with the Risk, Audit, and Performance Committee.

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<sup>1</sup> [HSCP.25.053 IJB MTFF paper.pdf](#)

<sup>2</sup> The IJB Team is understood to include the Chief Officer, the Care Team and its management, the Interim Chief Finance Officer for the IJB, the NHSG Finance Team, and the Aberdeen City Council Finance Team



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	ACC £'000	NHS £'000	TOTAL £'000
Funding commitments 2025-2026	135,958	233,755	369,713
Set Asides	1,771	59,238	61,009
eNIC	303	929	1,232
Additional contribution	4,200	6,709	10,909
<b>TOTAL FUNDING</b>	<b>142,232</b>	<b>300,631</b>	<b>442,863</b>
<b>LESS: SPENDINGS (OUTTURNS 2025-2026)</b>			
Criminal Justice			-222
Adult Social Care Directorate			-2,256
Learning Disabilities			-49,742
Mental Health & Subs Misuse			-30,200
Adult Svcs OP & Physical Dis			-109,769
Strategy & Transformation			-3,295
Transformation Projects			-174
Housing (Set Aside)			-1,771
Community Health Services			-50,069
Aberdeen City share of Hosted Services (health)			-31,013
Primary Care Prescribing			-46,477
Primary Care			-50,067
Out of Area Treatments			-3,170
Set aside Budget			-59,238
City Vaccinations			-2,136
Uplift Funding			-4,342
Net Resource Transfer			1,276
<b>TOTAL PROJECTED SPENDS (2025 - 2026)</b>			<b>-442,666</b>
<b>PROJECTED FUND SURPLUS (DEFICIT) - 2025 - 2026</b>			<b>197</b>

4.2. The Q1 spendings against budget is further analysed below. Although the total shows a SURPLUS of £197k, each individual Service or Care Lines show some overspends. Some causes of overspends are due to the following matters:

- 4.2.1. Staffing issues: ranging from absence factors such as role covers for permanent staff who are currently on leave or are off ill, to cost uplifts the percentage of which are finalised from government later than the budget finalisation stage.
- 4.2.2. Commissioning costs increase resulting from revised contractual rates from suppliers and amended care package costs of clients.
- 4.2.3. Delayed funding commitments from the UK government. This is exemplified in the succeeding table for Mental Health, Primary Care, and City Vaccinations where the funding letters from the government are still pending as of end of Q1.
- 4.2.4. Transition costs for children moving into adult care brought about by the assessment timings not aligning with the budget finalisation



## INTEGRATION JOINT BOARD

timeframe. This is noted by the overspend forecast for Learning Disabilities in the table below.

PARTICULARS (SERVICE LINES SPENDS)	Budget (A) TOTAL 25/26 £'000	Outturns after Q1 (B) 2025 - 2026 £'000	(Over) / Underspend A - B £'000
Criminal Justice	172	-222	-50
Adult Social Care Directorate	2,093	-2,256	-163
Learning Disabilities	47,847	-49,742	-1,896
Mental Health & Subs Misuse	29,002	-30,200	-1,198
Adult Svcs OP & Physical Dis	111,733	-109,769	1,964
Strategy & Transformation	3,589	-3,295	294
Transformation Projects	128	-174	-46
Housing (Set Aside)	1,771	-1,771	00
Community Health Services	47,290	-50,069	-2,779
Aberdeen City share of Hosted Services (health)	31,749	-31,013	735
Primary Care Prescribing	45,217	-46,477	-1,260
Primary Care	50,820	-50,067	753
Out of Area Treatments	2,750	-3,170	-420
Set aside Budget	63,036	-59,238	3,798
City Vaccinations	1,496	-2,136	-640
Uplift Funding	5,447	-4,342	1,105
Resource Transfer	-1,276	1,276	00
<b>TOTAL BUDGET (SPENDS LESS SAVINGS)</b>	<b>442,863</b>	<b>-442,666</b>	<b>197</b>

### 4.3. Additional analysis:

4.3.1. Noting the upward trend in demand for the services commissioned by the IJB, and for comparative reference purposes, the funding and expenditure year on year movement of the IJB is shown hereunder with audited figures (marked with \* and \*\*) from 2018 – 2024, the unaudited figure for 2024-2025, and the Q1 outturns of 2025-2026. This is indicative of the dynamic and variable demands the adult health sector present amidst a dwindling funding mechanism.

PARTICULARS	FY (April to March)							
	25-26 Q1 OT	24-25	23-24*	22-23*	21-22*	20-21**	19-20*	18-19*
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
FUNDING / INCOME	442,863	451,383	417,035	379,663	399,937	370,878	332,075	320,169
SPENDS / EXPENDITURES	- 442,666	- 461,218	- 434,347	- 403,909	- 366,780	- 355,244	- 335,051	- 322,897
SURPLUS (DEFICIT)	197	9,835	17,312	24,246	33,157	15,634	2,976	2,728
NET INCOME (EXPENDITURES)								
BALANCE OF RESERVES		-	9,835	27,147	51,393	18,236	2,602	5,578



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4.3.2. Breakdown of the costs lines year on year with the outturns for Q1 / 2025-2026 shows the upward trajectory of spends for each care line, year on year since 2018. Current fiscal year 2025 – 2026 funding and spends trajectory will be assessed as the year progresses including the accrual process (i.e., recognition of spends and outstanding dues to providers / suppliers; delayed funding commitments from both the Scottish and UK governments ) ensuring the integrity of the numbers being presented.

Care and Service Lines	Q1 - 25/26 £'000	Unaudited accounts 24/25 £'000	Audited accounts 23/24 £'000	Audited accounts 22/23 £'000	Audited accounts 21/22 £'000	Audited accounts 20/21 £'000	Audited accounts 19/20 £'000	Audited accounts 18/19 £'000
Community Health Services	50,069	49,958	46,116	40,237	36,817	36,773	34,797	31,595
Aberdeen City Share of hosted services (health)	31,013	30,351	31,323	29,126	26,329	22,695	24,234	22,330
Learning disabilities	49,742	51,304	45,015	40,665	34,690	34,345	35,147	34,621
Mental health & addictions	30,200	31,459	26,985	24,965	22,857	21,098	20,240	19,993
Older people & physical and sensory disabilities	109,769	108,117	107,204	97,907	84,433	79,025	78,466	74,255
Head office / admin	2,430	1,523	2,373	1,890	0,707	0,326	1,783	0,171
Covid	-	0,000	0,000	10,012	11,978	17,240	0,000	
Criminal Justice	222	6,549	5,262	5,119	4,932	5,047	4,734	5,110
Housing	1,771	1,794	2,258	2,139	1,863	0,746	1,477	1,861
Primary Care prescribing	46,477	47,429	46,349	42,928	40,166	40,447	40,843	40,317
Primary Care	50,067	49,805	45,095	41,544	43,058	42,513	41,141	38,885
Out of area treatments	3,170	3,039	2,503	2,515	2,495	2,751	2,001	1,690
Set aside services	59,238	59,238	55,550	52,719	49,408	47,802	46,410	46,416
City Vaccinations	2,136	2,530	3,058					
Transformation	3,295	17,017	15,254	12,144	7,049	4,437	3,779	5,653
Uplift funding	4,342	1,105						
<b>SPENDS YEAR ON YEAR</b>	<b>443,942</b>	<b>461,218</b>	<b>434,347</b>	<b>403,909</b>	<b>366,780</b>	<b>355,244</b>	<b>335,052</b>	<b>322,897</b>

4.4. Heading towards completion of Q2 – 2025 / 2026, the net results still show a surplus comparing its fundings against outlays indicating that the IJB is on track achieving breakeven status at the end of month 5, i.e., August 2025. Caution is advised though as there are areas of concerns as noted in point 4.2 above along with a thorough review of its costs for six (6) months ending and quarter end, i.e., Sept 2025.

### 5. Implications for IJB

Every organisation must manage the risks inherent in the operation of large and complex budgets. These risks are minimised by the regular review of financial information by budget holders and collectively by the IJB and the



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Risk, Audit & Performance Committee. This report is part of that framework and has been produced to provide an overview of the current financial operating position.

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

There are no implications arising from this report. However, as the work on the Budget Protocol is on-going, alignments with areas feeding into the financial reporting element of the IJB will be proceeded at the same time.

### **5.2. Financial**

The financial implications are contained within this report.

### **5.3. Workforce**

There are no major direct workforce implications arising from the recommendations of this report. However, as noted in the Strategic Plan Context section, on-going work is being carried out to align all financial reporting works with the Strategic Plan and any workforce plans are duly noted. In addition, the IJB's Chief Finance Officer vacancy has not yet been filled, but an interim arrangement is put in place by the Chief Officer and the ACC management, tasked with the steering of the IJB's financial performance monitoring.

### **5.4. Legal**

There are no direct legal implications arising from this report.

### **5.5. Unpaid Carers**

There are no direct implications relating to unpaid carers arising from the recommendations of this report.

### **5.6. Information Governance**

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



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### 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)

- a) Financial sustainability: Not alone in this situation with other IJBs in the country having the same challenge<sup>3</sup>, the IJB is awash with ever increasing care demands amidst a tight funding fuselage<sup>4</sup>. If not kept under watch, this would lead to a going concern challenge particularly noting that FY 2024-2025 ended with no reserves carried forward.
- b) NHS Grampian or NHSG Level 4 scrutiny intervention brought about by its on-going financial challenges. The impact to the IJB is obvious in context of the funding necessities it requires to carry out its services to the public. The IJB annually receives 61% of its funding from the NHSG and expects the same level of support regardless of the result of this scrutiny exercise. However, certain collaborative actions resulting from this investigation have commenced, taken collectively by NHSG and IJB with a view to regularly monitor the financial performance management of the IJB.

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

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<sup>3</sup> [Scotland's social care system finances 'precarious' | Public Finance](#)

<sup>4</sup> [IJBs face almost half a billion funding gap](#)



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a) To mitigate future financial risk the IJB will work together to deliver the financial savings plan as summarised below.

These savings, as agreed by the IJB at their budget meeting in March 2025<sup>5</sup>, have been aligned and budget adjusted accordingly. A programme plan is in place to deliver the required change that informed the above savings, and ensure services continue to operate within their new financial envelope. This plan is overseen by an internal Budget Savings Oversight Group which meet on a bi-monthly basis.

Budget Saving Category	Budget Saving £'000
Managing staff vacancies	1,346
Anticipated savings from post reduction	884
Reducing bank nursing expenditure	999
Estates savings - consolidation of properties	153
Utility savings	50
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>TOTAL</b>	<b>14,353</b>

7. In addition to the savings plan, there is an extensive work being carried out to monitor client and care package status along with financial assessment updated review requirements. These comprehensive data is then shown live as it comes on a dashboard allowing for further financial, statistical, analytical, and decision-making clarity.

7.1. Onward analysis of spends year on year, and periodic comparative spends review of each care and service lines will be carried out along with the current Budget against Actuals review. This will ensure that we not only scrutinize our current fiscal performance against targeted values but also statistically and tactically appraise our financial results against our strategic plan.

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<sup>5</sup> [Budget 25-26 Report.pdf](#)



## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	30 <sup>th</sup> September 2025
<b>Report Title</b>	Unscheduled Care Improvement – Aberdeen City Health & Social Care Partnership's Plan and Impact
<b>Report Number</b>	HSCP.25.074
<b>Lead Officer</b>	Julie Warrender
<b>Report Author Details</b>	Julie Warrender, Chief Nurse and Lead for Frailty and Specialist Rehabilitation <a href="mailto:julie.warrender@nhs.scot">julie.warrender@nhs.scot</a>
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Exempt</b>	No
<b>Appendices</b>	Appendix 1 – NHS Grampian Unscheduled Plan and Funding Phase 1 Overview
<b>Terms of Reference</b>	2) Any function or remit delegated under the Aberdeen City Integration Scheme, which is bound to be undertaken by the IJB itself.

### 1. Purpose of the Report

- 1.1.** This report describes the detail of the Aberdeen City Health and Social Care (ACHSCP) part of the 2025 NHS Grampian Unscheduled Care (USC) plan and associated bid to the Scottish Government in April 2025 to help improve unscheduled care performance and patient outcomes (see appendix 1). The ACHSCP involvement is primarily focussed on the development and implementation of the Discharge without Delay (DwD) programme of work which links to the frailty pathway. ACHSCP has responsibility for frailty bed base in Aberdeen Royal Infirmary and wider city



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residents (each HSCP has responsibility for their own bit of the frailty pathway). This links to paper [HSCP.25.054](#) Shifting the Balance of Care – A Community-Focused Approach to Delivery of Frailty and Specialist Rehabilitation Services within Aberdeen City Health & Social Care Partnership submitted to the IJB on 1<sup>st</sup> July 2025.

### 2. Recommendations

2.1. It is recommended that the Integration Joint Board:

- a) Note the details of ACHSCP's plan for the improvement of unscheduled care performance and patient outcomes in NHS Grampian, acknowledging the funding model and impact this is required to deliver.
- b) Agree that in line with the ACHSCP Governance structure monitoring reports on this work should be routinely communicated via the ACHSCP Clinical Care and Governance Committee.
- c) Financial oversight of spend against this additional money will be monitored through Risk, Audit & Performance Committee.

### 3. Strategic Plan Context

3.1. There is cohesive strategic direction that flows through from the Scottish Government to the ACHSCP Strategic Plan, which aims to support the modernising of service delivery and shifting the balance of care from an acute setting (in hospital) to the community. This forms the basis of the DwD programme of work.



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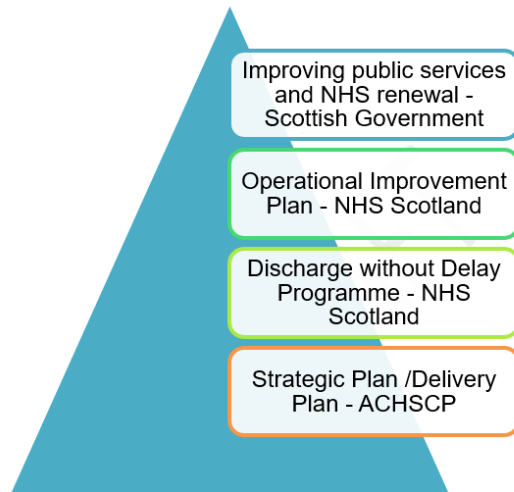


Figure 1: Strategic Context

### 4. Summary of Key Information

**4.1.** The ACHSCP Strategic Plan emphasises a whole system approach to reduce hospital occupancy and maximise community capacity. This will be achieved through the successful implementation of the DwD Programme which is committed to delivering outputs through winter 25/26 and shall be implemented fully by March 2026.

**4.2. Discharge Without Delay (DwD) Programme Summary:**

DwD is “a whole-system programme for frail older people currently accessing Scottish hospitals, pulling best practice, individual services and pathways into an integrated model that strives to deliver Comprehensive Geriatric Assessment (CGA) in the timeliest manner, while ensuring no negative impact from hospital induced harm or dependency to the person”<sup>1</sup>. The DwD programme has four key workstreams:



The outcomes of the DwD work locally are outlined in figure 2 (below). Whilst these metrics are focused on the improvements from a systems perspective, from a patient’s perspective this will mean more timely and effective access to acute-level care; a shorter hospital stay helping reduce the chances of

<sup>1</sup> Quote from 2025 Discharge without Delay Paper



## INTEGRATION JOINT BOARD

deconditioning or negative consequences (such as hospital acquired infection), and a smoother, more supported transition back home after their hospital stay.

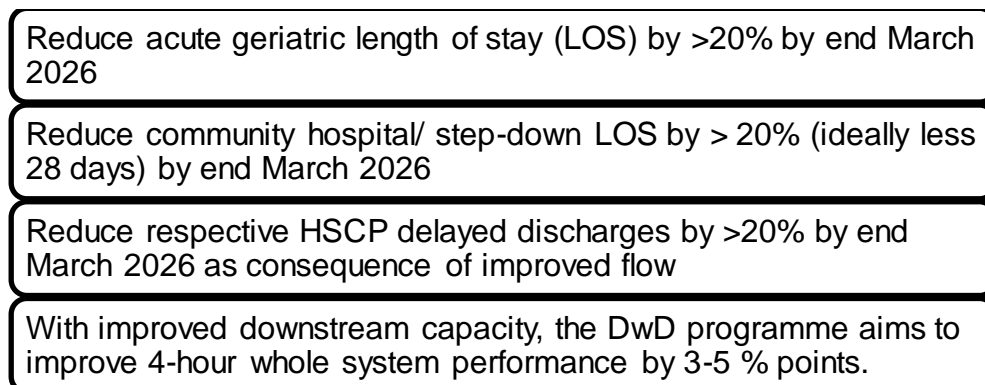


Figure 2: DwD Key Outcomes

ACHSCP is represented on each of the four project workstreams of the DwD programme but has a lead role and focus on the successful implementation of Frailty at the Front Door and Discharge to Assess projects.

### 4.3. DwD – Frailty at the Front Door (F@FD)

The objective of this project is to provide specialist frailty assessment and intervention at the earliest stage of the patient journey, improving overall care and outcomes for frail patients by preventing unnecessary delays.

Resource & Funding: Funding of £803,000 has been approved as part of NHS Grampian's submission to the Scottish Government for the Unscheduled Care Plan. Payment is contingent upon demonstrated performance gains, which will be monitored by the Unscheduled Care Programme Board. The approved funds will recruit for the roles listed below.

Role	Whole Time Equivalent (WTE)
Geriatrician	1.3
Allied Health Professionals (AHPs)	6
Discharge Coordinator	2



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Project Approach: The project will provide weekday Geriatrician coverage from 9am to 5pm for the frailty service, with Allied Health Professional support available daily from 7am to 7pm. Weekend Consultant support is provided by the on-call Geriatrician. The service includes Geriatricians in the Emergency Department (ED) and a multidisciplinary team following Home First principles, supporting frail patients across Aberdeen Royal Infirmary (ARI) site.

With funding secured, the F@FD team is focusing on developing, recruiting, and integrating these roles. A review of social work contribution on frailty wards and in the ED is underway to address barriers. Key objectives include identifying frail patients and documenting Clinical Frailty Scores in ED and AMIA to improve patient flow and experience at ARI.

Since June 2025, Geriatricians have been providing ad hoc consultations within the ED for patients in overspill areas. This initiative has resulted in approximately 50% of these patients being redirected from frailty wards, either through discharge or admission to a more appropriate specialty. The implementation of regular, structured Geriatrician engagement in the ED would allow for the assessment of a broader patient cohort, including those located in both majors and overspill areas. Additionally, enhanced community support and the development of a dedicated ED support team may facilitate earlier decision-making within the patient pathway, thereby increasing the number of patients managed appropriately outside of frailty wards.

The F@FD project is scheduled for completion by the end of March 2026, with anticipated impacts expected during the winter of 2025/26. Where evidence demonstrates positive outcomes from the project, funding will be allocated for 2026/27, and, contingent upon continued success, will become recurrent. Post-March 2026, efforts will focus on sustaining a holistic approach through ongoing evaluation and integration of DwD principles, in partnership with key stakeholders. This process will be monitored using defined datasets submitted at both national and local levels, specifically to the Unscheduled Care Programme Board and the Clinical Care and Governance Committee.

#### **4.4. DwD – Discharge to Assess (D2A)**

The primary objective of this project is to ensure that patients receive care in the most suitable setting, guided by a person-centred “Home First” philosophy. A critical component of this initiative is the provision of care specifically designed to facilitate prompt discharge from acute care settings, supporting individuals in their homes.



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The D2A team will be responsible for conducting comprehensive care management assessments within the community, thereby minimising unnecessary hospital stays and enhancing patient outcomes. Care providers awarded the contract for the D2A service will collaborate closely with acute services, community teams, Allied Health Professionals (AHPs), and social care partners to deliver holistic support during the essential transition period.

This integrated model aims to maintain delayed discharges at ARI at no more than five patients wherever feasible, reflecting the joint commitment of Aberdeen City and Aberdeenshire HSCP's.

Resource & Funding: Resources are being reallocated from the closure of Rosewell House, an integrated care facility, to provide ongoing funding for the Discharge 2 Assess model. A new provider has been contracted, and therapy resources are being transitioned into the community to support this approach. The care provision team will integrate with the front door and integrated discharge hub teams to promote effective implementation of the Home First ethos.

Project Approach: Community therapy teams, Hospital at Home, and D2A will operate as a unified community service. Therapy resources will be deployed flexibly across teams to accommodate increased demand and facilitate step-down processes as required.

### 4.5. Additional Funding Bid

In addition to the confirmed funding of £803,000, an application for a further £656,300 has been submitted to enhance patient flow within ACHSCP's remit. This proposal is presently under review by the Scottish Government. Subject to approval, the additional resources will strengthen system capacity by increasing the availability of Interim Care Beds and expanding Care@Home hours, as outlined below:

**Interim Care Beds** – During the winter period, acute healthcare services face increased pressures stemming from respiratory illnesses, higher rates of frailty related admissions, and challenges in discharging patients. Interim care facilities serve as transitional environments for individuals who are medically fit for discharge but cannot immediately return home or transition to long-term care. Expanding the number of interim care beds reduces hospital occupancy, mitigates ambulance response times, and supports more efficient patient transitions. Funding five interim care beds over six months totals £168,000, contributing to overall system resilience, protecting



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scheduled care activities, and optimising the use of both acute and community health resources during periods of peak demand.

**Care@Home** – The planned expansion of Care@Home provision is integral to reducing delayed discharges and ensuring individuals receive appropriate support in their own homes. By increasing service capacity, particularly during high-demand periods, this initiative facilitates timely hospital discharge, decreases unnecessary readmissions, and enhances patient outcomes. The proposed addition of 700 Care@Home hours per week, costing about £400,000, plus £88,300 allocated for equipment, aims to ease Discharge to Assess bottlenecks and enhance overnight care.

### 4.6. Additional System Support - Hospital at Home (H@H) Expansion

The expansion of H@H services forms an additional cornerstone of the unscheduled care plan, aligning with national priorities to shift the balance of care from acute settings to community-based provision. Within ACHSCP, the service has already demonstrated significant impact, saving approximately 10,000 bed days in the past year and achieving 73% of admissions through admission avoidance pathways.

Further expansion of the H@H service (from 48 to 80 beds) in line with the Scottish Government's commitment to deliver 2,000 beds nationally by December 2026 expansion aims to alleviate the strain on inpatient services and reduce ambulance turnaround times. Following discussions in September with Scottish Government colleagues, additional funds of £1.5M have been allocated for expansion of H@H. Preliminary discussions have considered extending the City service boundaries to encompass areas within Aberdeenshire, along with the establishment of a potential hub in the North of Aberdeenshire, overseen by Aberdeen City.

Collectively, these measures aim to create a resilient, whole-system response to unscheduled care demands while improving patient outcomes and equity of access.

## 5. Implications for IJB

- 5.1. **Equalities, Fairer Scotland and Health Inequality:** An integrated impact assessment has been completed, Shifting the Balance of Care – Community Focused Approach to Delivery of Frailty and Specialist



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Rehabilitation Services within Aberdeen City Health & Social Care Partnership (see paper [HSCP.20.054 1<sup>st</sup> July 2025](#))

- 5.2. Financial:** Funding for the delivery of the DwD programme will be provided by the Scottish Government retrospectively as outcomes are delivered. For monies to be recurring the evidence of impact will be required to be sustained into 2026 – 2027.
- 5.3. Workforce:** There will need to be a transfer of staff from in-patient settings to community-based services within people's homes in order to support the shift in the balance of care. Where this arises, the project will ensure to follow all the employing organisational change processes and legislative requirements, as well as maintaining positive informal relationships with teams, trade unions and staff-side representatives to ensure a smooth transition for any affected staff members. There will be further positive implications for staffing including the opportunities provided by working closely as a multidisciplinary team in the community, working closely with other community partners who are not traditionally based in hospital settings, and supporting people in their own home. Any new staff being recruited will have Job Descriptions that allows for working flexibly across the frailty pathway.
- 5.4. Legal:** There are no direct legal implications arising from the recommendations of this report.
- 5.5. Unpaid Carers:** There are no direct implications relating to unpaid carers arising from the recommendations of this report, however the work outlined seeks to improve service provision for their cared-for person and is expected to have a positive impact on unpaid carers.
- 5.6. Information Governance:** There are no direct information governance implications arising from the recommendations of this report.
- 5.7. Environmental Impacts:** There is a possibility that the successful implementation of the Discharge without Delay Commitments reduces our need for a physical buildings footprint, which may have positive environmental impact. This will be countered to some degree by an increase in carbon footprint for staff travel however.
- 5.8. Sustainability:** The proposals outlined in the paper aim to increase the IJBs sustainability both in terms of service provision and financial sustainability, by modernising service delivery and shifting the balance of care to meet anticipated demand.



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- 5.9. **Other:** There are no other direct implications arising from the recommendations of this report.

### 6. Management of Risk

#### Risk Appetite Statement

Achievement of the ACHSCP priorities of the Discharge without Delay programme, and shifting the balance of care, will require the acceptance of a certain level of risk to support transitioning services to realise the benefits of the opportunities presented, which is within the tolerances as set out in the risk appetite statement linked above.

#### 6.1. Identified risks(s)

**Risk 1:** There is a financial risk around funding for the DwD projects, it is essential that funding provided it recurring.

<b>Cause</b>	Scottish Government have recently agreed to release £3.3 million of funding to NHS Grampian to support their improvements to unscheduled care. £803,000 of this funding has been confirmed for Frailty at the Front Door, this funding will be provided retrospectively as outcomes are delivered, and any recurring monies will be performance based.		
<b>Effect /Event</b>	This could result in temporary financial pressures within ACHSCP awaiting confirmation and receipt of the funding.		
<b>Likelihood</b>	Medium	<b>Impact</b>	Low
<b>Controls</b>			
Robust financial monitoring and internal audit processes			

**Risk 2:** There is a risk that elements of the DwD programme are delayed due to interdependencies with other parts of the programme.

<b>Cause</b>	Projects or partnership areas (Aberdeen Shire and Moray HSCP) progress elements of DWD at different paces.		
<b>Effect /Event</b>	This may have an impact on the successful implementation of other parts of the programme – for example, successful delivery of elements of Frailty at the Front Door is dependent on an adequate resource in the community (Discharge to Assess).		
<b>Likelihood</b>	Medium	<b>Impact</b>	Medium



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### Controls

Robust governance process involving all three HSCPs and Acute NHS Grampian with performance and risks shared across the three partnerships.

**Risk 3:** There is a risk of an increase to workload on Primary Care, this also extends to the GMED service for out of hours cover.

<b>Cause</b>	With an increase in the number of patients with more complex care in the community.		
<b>Effect /Event</b>	Any significant increase in workload on Primary Care / GMED will impact on the efficiency and capacity of these already stretched services.		
<b>Likelihood</b>	Medium	<b>Impact</b>	Medium
<b>Controls</b>			
<p>Robust criteria will be in place for identifying patients for the Discharge to Assess model.</p> <p>Inpatient rehabilitation beds will continue to be provided for those patients with the greatest need.</p> <p>The Discharge to Assess model includes care and support delivered over 24hrs. The H@H service will support (where required) the 'step-up' of patients from the community setting.</p> <p>Involvement of affected stakeholders to the development and integration of the Discharge to Assess model.</p>			

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

Strategic Risk	How might content of report impact or mitigate risk
Risk 2: There is a risk of IJB financial failure and projection of overspend	Outlines a process for shifting our internal resource to support delivery of priorities
Risk 3: There is a risk that hosted services do not deliver the expected outcomes, fail to deliver transformation of services, or face service failure	Outlines the identified priorities for the transformation of Frailty services, including the hosted element of acute frailty at ARI
Risk 4: There is a risk that the IJB, and the services it directs has operational oversight of, fails to meet the national, regulatory and local standards	Outlines the plans for delivering on the Discharge without Delay commitments
Risk 5: There is a risk that the IJB experiences failure to deliver	Outlines the identified priorities for the transformation of Frailty services and plans to deliver these



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transformation and sustainable systems change	
Risk 8: There is a risk that buildings across the city, operated by, or overseen by, the IJB /ACHSCP are not being used to maximum efficiency and are not in line with statutory /regulatory requirements	Outlines plans to withdraw from a building which is currently not being used to maximum efficiency

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

See sections 6.1 and 6.2 above.

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## Appendix 1 – NHS Grampian Unscheduled Plan and Funding Phase 1 (Aug 2025 - March 2026) Overview

Phase 1	Occupancy Reduction	Required Funding	Key Objective	Accountable Officer	KPIs	End of Month Estimated Impact Timeline						
						Aug-25	Sept-25	Oct-25	Nov-25	Q1 26/27	Q2 26/27	Q3 26/27
FNC Strengthening	--		Admission avoidance	CO Acute	Shift Coverage Call back time, Reduced conveyances							
Aberdeen City increased community capacity – 5 intermediate care beds and 700 hours Care @ Home additionality aligned to D2A	2.5%	£656K not including D2A (HSCP core funded)	Reduced Occupancy	CO City	ARI Occupancy, reduced DD							
Frailty at the Front Door	13.8%	£803K*	Reduced occupancy	CO City	Admission %age Frailty Acute LoS							
Enhance pharmacy coverage	1.5%		Reduced occupancy	CO Acute	Daily discharge total Weekend Discharges, reduced LoS							
Increase DGH Discharge Lounge hours	0.3%		Reduced occupancy	CO Acute	Occupancy SAS stacking volume							
Increase AHP provision (7 day service)	1.7%		Reduced occupancy	CO Acute	Weekend discharge totals, reduced LoS							
Establish Moray Home to Assess capability	1.2%		Reduced occupancy	CO Moray	LoS DGH and CHs, reduced DD							
Establish Aberdeenshire D2A			Reduced occupancy	CO Shire	LoS ARI & CH, reduced DD							
Aberdeenshire enhanced step-down pathways to community hospitals	17%		Reduced occupancy	CO Shire	Frailty Acute LoS CH LoS, reduced DD							
Rapid transfer of patients to most appropriate care location - firebreak	12%		Reduced occupancy	CO Shire	CH/ARI occupancy, reduced DD							
FNC Expansion	~2% TBC		Presentation Avoidance	CO Acute	ED/AMIA Presentations							
Integrated Discharge Hub HALO/Discharge Coord/Discharge Lounge	~2% TBC		Reduced occupancy	CO Acute	Daily discharges Mean time of discharge							
Flow Enabler Support (F&E)			Reduced Occupancy	CO Acute	Bed waits ED/AMIA							
Hospital at home Moray			Reduced Occupancy	CO Moray	DGH Occupancy DGH LoS							

**Note** Non ACHSCP 'Required Funding' has been redacted as this is out with the responsibility of the ACHSCP and updates may still take place.

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<b>Date of Meeting</b>	30 September 2025
<b>Report Title</b>	Digital Innovation Programme and Technology Enabled Care
<b>Report Number</b>	HSCP.25.057
<b>Lead Officer</b>	Claire Wilson
<b>Report Author Details</b>	<i>Name:</i> James Maitland <i>Job Title:</i> Transformation Programme Manager <i>Email Address:</i> <i>JaMaitland@aberdeencity.gov.uk</i>
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	Yes
<b>Exempt</b>	No
<b>Appendices</b>	Appendix A- Direction to Aberdeen City Council
<b>Terms of Reference</b>	6 - Contracts, in so far as it relates to business services, the engagement of consultants, or external advisors for specialist advice, such as administrative, accounting or legal support, where this requires authority from the IJB in respect of the Partners' own procurement rules and Schemes of Delegation;

### 1. Purpose of the Report

This report is presented to the Integration Joint Board (IJB) to provide an update on activity to the Digital Innovation Programme and Technology Enabled Care Programme (TEC) since the last report was presented to the Board in September 2024.

### 2. Recommendations

2.1. It is recommended that the Integration Joint Board (IJB):



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- a) Notes the content of the report as an update on current progress on the Digital Innovation Programme with future updates being presented as part of the quarterly delivery plan progress report to the Risk, Audit and Performance Committee (RAPC).
- b) Notes the successful funding application to the Scottish Government, Invest to Save Fund, of £1,238,627 payable over the financial year 01/04/2025 to 31/03/2026 in connection with the HSCP Digital Innovation Programme – Right Care, Right Time, Right Place bid.
- c) Makes the Direction, attached at Appendix A, to Aberdeen City Council, and
- d) Instructs the Chief Officer to issue the Direction to Aberdeen City Council.

### 3. Strategic Plan Context

The primary objective of the Digital Innovation and TEC Programme is to scope and build on the use of digital technology to enhance the quality of care and health outcomes for individuals living in Aberdeen City whilst delivering improved services that are efficient and sustainable to meet current and future financial and demographic challenges. By focusing on digital innovation, the programme aims to address key challenges and opportunities identified through stakeholder engagement. This includes improving access to information, enhancing service delivery, and empowering both staff and service users.

The successful implementation of these initiatives will contribute to achieving the strategic aims outlined in the Aberdeen City Health & Social Care Partnership (ACHSCP) Strategic Plan 2025-2029:

- Shift our focus towards Prevention and Early Intervention.
- Modernise our approach to service delivery

The Digital Innovation Programme and Technology Enabled Care also support the IJB's effort to meet its statutory duties on climate change, including reducing climate change-related emissions associated with services provided or commissioned by the IJB, and ensuring such services are more resilient to current and future impacts of climate change.

### 4. Summary of Key Information

#### 4.1. Background

The [Digital Innovation Programme Business case](#) and the [TEC outline business case](#) were presented to the IJB in September 2024. The Digital Innovation paper set out the Partnership's digital vision and the development of two applications working with Microsoft.



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The TEC Outline Business focuses on optimising the use of digital technology to improve care quality and health outcomes for those supported by our services. Both programmes of work outline a development roadmap aligned with the ACHSCP's Strategic Plan 2025–2029 and set out the aims and approach contributing to the strategic objectives by:

- Enhancing digital innovation
- Using digital as an enabler of the IJB's strategic aims
- Developing a connected care system
- Addressing business needs
- Adopting a person-centred approach
- Improving health outcomes while empowering individuals and supporting carers, with a focus on early intervention and prevention
- Achieving financial sustainability

### 4.1.1 Engagement

As part of the Scale up of TEC programme of work, extensive dialogue and engagement with the public and staff across ACHSCP took place. A structured, service design-led approach was adopted, involving broad stakeholder engagement to identify key issues, challenges, and opportunities.

#### Stakeholder Engagement Activities:

Two major staff workshops (January and March 2025):

- January: Included senior management
- March: Focused on frontline operational staff

Group sessions with:

- People with lived experience (with and without TEC use)
- Unpaid carers
- Members of the public at the Aberdeen City Vaccination and Wellbeing hub.

#### Key Principles:

- Focused on understanding real challenges and priorities, rather than starting with specific technologies
- Emphasised technology as an enabler, not a predetermined solution
- Collaborated with the Digital Health and Care Institute (DHI) and Glasgow School of Art (GSA) for expert service design input and workshop facilitation. This service was provided to the ACHSCP at no cost.



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Following these engagement sessions, the information was collated, analysed, and themed based on the most frequently noted and priority challenges identified by participants. The key themes were:

- Accessing Information
- Re-traumatisation
- Technology Use
- Digital Inclusion
- Access to Services
- Support and Information
- Training and Knowledge
- Delayed Discharge
- Financial Constraints
- Communication with Services

### 4.2. External Funding

There was a commitment made to the IJB in the [TEC outline business case](#) to seek external funding opportunities to assist us in realising our digital ambitions. We followed through on this commitment and funding of £1,238,627 has been successfully secured through the Scottish Government's Public Service Reform Invest to Save Fund. This funding will allow the Partnership to develop applications that will assist and enhance our digital offering to the citizens of Aberdeen City and our workforce as outlined in the [Digital Innovation Programme Business case](#).

### 4.3. Digital Roadmap

ACHSCP have engaged with Aberdeen City Council at a technical level to align the respective business and digital ambitions into a collaborative roadmap. This model ensures the partners can share developed digital capabilities and align investments to remove any duplication or waste. A fundamental aspect of this collaboration is ensuring that each partner can maintain its brand identity whilst sharing a digital business platform.

Requirements from the ACHSCP have been aligned with the 3 year roadmap for Customer, Digital and Data contained within the draft enabling strategy and continues the work from the current enabling strategy and technology roadmap.

### 4.4 Digital development and timeframes

Following the successful external funding bid the ACHSCP restarted collaborating and working with Hitachi on the development of applications that are designed to improve the workforce experience. These followed on from the initial work in 2024 that informed the Digital Innovation Programme Business Case. In June 2025 discussions took place on the potential for moving forward on the project to provide a technology solution which will:



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- Improve Service User Experience.
- Ease Social Workers workload and provide additional capacity in the working day

As part of the discussion, Hitachi and ACHSCP agreed to work together to:

- Understand the needs of the business, to define an initial scope.
- Understand what technologies can be used which is currently operational (or will be).
- Create a plan for delivery to achieve the success.
- Understand the commercial impact to draw down from Scottish Government Funding.

Additional intense workshops were held between Hitachi and the ACHSCP team members following the first meeting. These workshops focused on the scoping of the Social Care Practitioner Application (App) and also the additional requirements following the stakeholder engagement sessions.

Examples of how the Practitioner App will be used were developed, along with additional features such as Practitioner Search, Initial Point of Contact (IPOC), and Single Point of Contact (SPOC).

The team at Hitachi scoped the whole project to deliver these by March 2026, as outlined in section 4.4.2, which is in line with the requirements of the external funding received.

As per the previous business case, the current model for the practitioner application anticipates that it could create capacity to the equivalent of 16fte (£50k per 1fte x 16 = approx. £800,000 full year equivalent). This is based on the following assumptions that have been agreed with the Adult Social Work team:

- There are approximately 600 social work staff who work for ACHSCP.
- Approximately 75% of social workers, i.e., 450 social workers, would routinely use the application ('App').
- It is anticipated that those 450 social workers will each attend at least four interactions per week on average with people where a detailed case note will require to be recorded.
- That is approximately 1,800 interactions per week where the App could be used.
- It is assumed that 70% of clients in those 1,800 interactions would approve the use of the App to transcribe the meeting, i.e., 1,260 clients.
- On average, it can take 2 hours per social worker per interaction to record a detailed assessment report of a 1-hour interaction; and
- Through use of the App, the time to record a detailed report of the interaction is envisaged to reduce by 25%.

### 4.4.1 Phase 1 Use Cases

#### Practitioner Application



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An application to allow practitioners to digitally dictate observations, notes and interactions with service users. The application will link to the existing Social Care Platform in Dynamics 365, allowing practitioners to link their interactions to a service user's case. The application will also allow practitioners to record notes manually or through their voice which will use generative AI to summarise the interaction with service users. Generative AI is currently utilised within ACC through the AB1 chatbot as well as Microsoft Copilot. Practitioners will be able to capture and amend their manual notes which will be created directly in the D365 platform as an observation.

### Practitioner Search

An integrated version of Microsoft Copilot within the Practitioners Application will support practitioners across ACHSCP in pooling relevant documentation about a service user while populating an assessment template.

Sources of information may include:

- Notes captured in observations within the Practitioner App
- Relevant documents stored in SharePoint, including both archived and active files migrated from OneDrive during the construction and implementation of Dynamics 365
- Shared mailbox messages
- Finance systems
- Potential integrations with historical case data from the legacy CareFirst system, currently stored in an SQL database

This integrated version of Microsoft Copilot will assist practitioners in drafting often time-consuming assessment templates, streamlining the process and improving efficiency.

### SPOC (single point of contact)

A Microsoft Copilot solution to support practitioners in directing individuals to the appropriate service pathway across the partnership. The goal is to design a conversational interface where practitioners can input case or pathway details. Based on the predefined service pathway model, the virtual agent will recommend the correct route removing the need to manually search websites or documents for guidance.

### IPOC (initial point of contact)

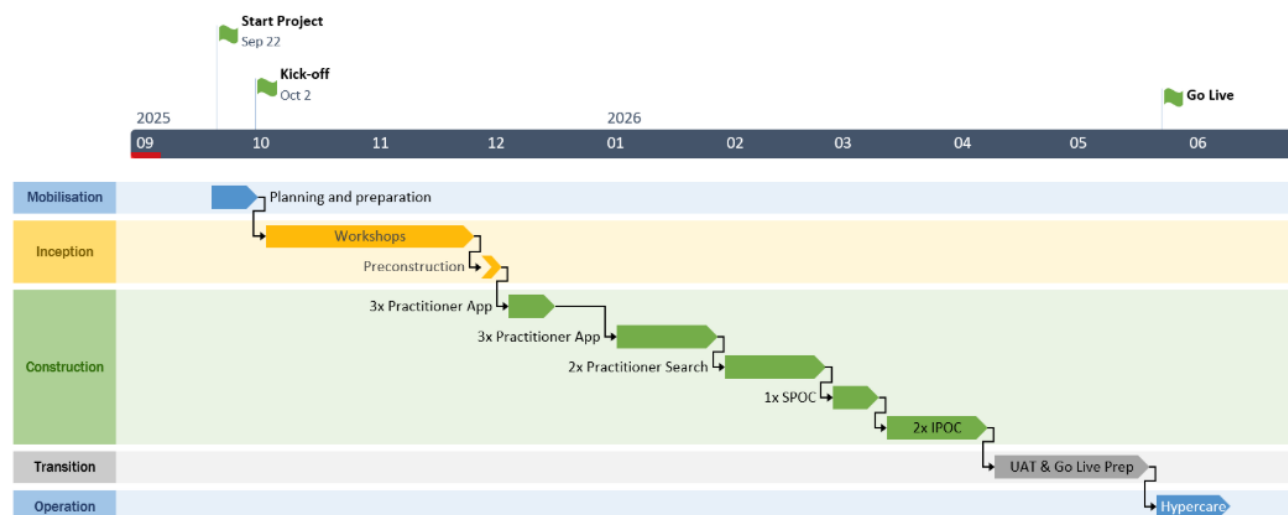
An electronic form (e-form) with eligibility criteria to allow an individual to self-refer into several services within the partnership. The e-form could be populated by the individual or walked through with customer support via the contact centre. Based on the eligibility criteria, an individual may be approved as eligible or referred to another service. This would all be done via the e-form. In a scenario where the determination cannot be made, a case would be created and routed to the appropriate team within the partnership to undertake a full assessment.



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### 4.4.2 Proposed Project Delivery Plan

Timeframes provided to deliver the phase 1 programme of work are in alignment with the requirements of the external funding, with a projected go live of 30 March 2026.



### 4.4. Ongoing Digital and TEC workstreams

#### 4.5.1 eMAR (Electronic Medication Administration Record)

The eMAR system has now been successfully implemented at the Back Hilton Road Learning Disability service, following a pilot. There are now plans underway to extend the rollout to all in-house Learning Disability services. Evaluation data indicates significant improvements in medication safety, administration accuracy, and operational efficiency. The system has contributed to a reduction in medication errors and improved stock control, supporting both quality of care and environmental sustainability.

#### Efficiency benefits

There have been significant time savings achieved because of implementing eMAR, estimated at approximately 22.5 hours per week.

Task	Time Saved	Details
------	------------	---------



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Medication Administration	5 minutes per client for 12 clients, twice per day. 2 hours per day.  = 14 hours weekly	Reduced from 10 minutes to 5 minutes per client, a 50% time saving.
Shift Leader Checks	30 minutes daily  = 3.5 hours weekly	Reduced from 30 minutes in the afternoon and 30 minutes in the evening to 30 minutes total through being able to check eMAR dashboard.
Two Staff Members Requirement	15 minutes daily  = 1.75 hours weekly	No longer needed for certain medications, saving 15 mins per day.
Medication Audits	= 0.5 hours weekly	Reduced from 1 hour to 30 minutes weekly.
Monitoring	20 minutes daily  = 2.3 hours weekly	Estimated 20 minutes saved daily due to proactive dashboard monitoring.
Medication Returns	= 0.25 hours weekly	Simplified process, reducing time spent on manual entries and audits.
Archiving MAR Charts	60 minutes per month  = 0.25 hours weekly	Eliminated manual archiving, now done electronically.

**Total Time Saved Weekly:** 22.5 hours across the Back Hilton team

**Total Weekly Recurring Cost (i.e. minus cost of device purchase):** £34



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The time savings noted above are those achieved at the Back Hilton Road service since the launch of eMAR in January 2025. All other services except Rowan Road have higher numbers of supported people and will therefore achieve proportionately greater efficiency savings. In addition, medication is administered up to 4 times per day in other services such as Balnagask Court where there are more complex care needs. eMAR will be of even greater benefit in these services.

The improvements in stock control provided by the eMAR system helps to reduce over ordering and medication wastage. This has positive impacts in a range of key areas such as reducing prescribing costs, environmental benefits from reduction on hazardous waste and providing time savings for Pharmacy staff who spend less time on medication wastage returns.

### Quality of care benefits

Due to the eMAR system increasing safety, there are health and wellbeing benefits for service users as a result of having fewer medication errors. There are also additional time-savings from not needing to respond to as many medication errors (which is a time-consuming task) and reducing the amount of time it takes to respond to an error when these do occur.

Month	Number of Medication errors (category - NCC MERP)
September 2024	4 (Category C)
October 2024	3 (Category C)
November 2024	4 (Category C)
February 2025	0
March 2025	1 (Category C)
April 2025	0

**Estimated time to respond to a category C medication error prior to eMAR – 4.25 hrs**

**Estimated time to respond to a category C medication error with eMAR – 3.5 hrs**

### Service benefits

Staff feedback has been overwhelmingly positive, highlighting the system as simple, user-friendly and has resulted in a much more efficient process. Management also note that confidence has increased, and anxiety reduced among the staff team with regards to administering medication. A summary of responses to staff survey is below.



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How easy did you find using the eMAR system? (5 stars being very easy) – 4.67

How satisfied are you with the eMAR system? (5 stars being very satisfied) – 4.67

### Community Pharmacy benefits

Community Pharmacy highlight the reduction of paper records as a major benefit from implementing eMAR. Being able to send MARs immediately is very useful for patients who have dosage changes, it means rather than waiting on new MAR to be delivered, they can send it to the care provider instantly. According to the care inspectorate, care homes can supply medication from a new MAR, even if the label on the box is different. The eMAR system has also saved the community pharmacy time when correcting dispensing errors. They have found that they can change the dosage/round on the eMAR quickly, rather than printing a whole new MAR, which would need checked fully again.

The pharmacy staff like how they can easily check when a care provider's next cycle is due to start, which is clearly detailed on their pharmacy portal dashboard.

There were some technical struggles initially for the pharmacy, but since then there have been minimal minor problems. Our pharmacy colleagues state that this is a positive change for both pharmacy and care providers. The improved stock management for care providers in turn reduces pharmacy workload, as when stock is managed efficiently, they have less requests for emergency and mid-cycle supplies.

The pharmacy involved in the pilot look forward to seeing the positive impact this service will no doubt have on care providers and supported people.

### 4.5.2 Stoneywood Development

The Stoneywood development is a new build site for ACHSCP Learning Disability service for people with high levels of complex care needs. The installation of a TEC solution to deliver high quality care and enhance the safety, well-being, and quality of life for its supported people is essential. It is also a critical system for the safety of staff at the site.

The development reached completion in August 2025, with supported individuals beginning to move in from the same month. The Technology Enabled Care (TEC) system for the site has been procured from Just Checking, following a comprehensive options appraisal and Data Protection Impact Assessment (DPIA) process.

This is a fully wireless digital system, with peripherals linking to Just Checking hubs throughout the site. These hubs connect via ethernet, WiFi, or Global System for Mobile Communications (GSM) to the Just Checking platform. Alerts are presented to staff on handheld devices through a dedicated application.

As part of the safety infrastructure, staff will also be equipped with Global Positioning System (GPS) pendants. These devices are not intended for continuous location tracking but are designed to enhance staff safety. In the event that a staff member requires urgent



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assistance, they can activate the SOS function on the pendant. This triggers an alert within the application and initiates a call sequence to three designated phone numbers until a response is received. A two-way communication channel is then established, allowing the staff member to explain the situation. If the incident occurs off-site, the responder can view the staff member's location to coordinate appropriate support.

Alerts concerning individuals receiving support are generated within the home environment. For example, if staff are based at the central hub overnight and an individual exits their bedroom, prompting a support requirement, an alert is sent to staff indicating the need to attend the property. Similarly, for individuals with epilepsy, the system can detect potential seizure activity and issue an alert via the application.

All alerts, whether related to staff safety or individual support needs, are presented using a Red-Amber-Green (RAG) status system to indicate the level of risk or urgency. Staff are required to acknowledge and respond to the alert, complete the necessary support actions, and subsequently close the alert within the system. This process enables management to monitor response times and support durations, providing valuable data to inform any necessary adjustments to individual support models.

This system will provide a bespoke TEC service with individual assessments undertaken by Just Checking and the technology adapted to meet individual needs and updated as necessary when needs change.

The Richmond Fellowship have been commissioned to support and operate the service, and a 12-month evaluation plan has been agreed with the Scottish Digital Office and other stakeholders. The TEC system is designed to support individuals with complex care needs, enhance safety, and enable flexible staffing models as the service matures. The system includes a dashboard portal for monitoring and analysis which provides structured and contextualised data to inform care and service planning. This has the potential for delivering financial efficiencies based on objective evidence, only available due to the Just Checking system.

### 4.5.3 A2DT (Analogue to Digital Telecare)

The A2DT programme is in its final implementation phase, with the digital Alarm Receiving Centre (ARC) rollout underway. The programme remains a critical priority due to the imminent national switch-off of analogue networks. Governance is provided through a dedicated project board, and the programme continues to engage with partners across Aberdeen City Council, Bon Accord Care, Health & Social Care Moray and Aberdeenshire Health and Social Care Partnership.

By replacing legacy Telecare infrastructure with digital-ready alternatives, we are laying the foundation for a more responsive and integrated care environment. This shift enables the deployment of advanced technologies such as predictive analytics, real-time data streaming, and Internet of Things (IoT) devices. This technology collectively supports increased proactive care planning, early intervention, and improved safety for vulnerable individuals. Our aim for the digital Alarm Receiving Centre is that it will serve as a central



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hub for managing alerts and coordinating responses, ensuring continuity and reliability of service as analogue networks are phased out.

Beyond infrastructure, the digital transition fosters a culture of innovation and collaboration across internal services and external partners. It creates new pathways for co-designed solutions, workforce development, and citizen empowerment. The move to digital platforms supports scalable models of care, enabling the ACHSCP, Health & Social Care Moray and Aberdeenshire Health and Social Care Partnership as well as housing providers to respond flexibly to increasing demand and resource constraints. It also aligns with national strategic priorities, positioning Aberdeen as a leader in digital health and care transformation.

### 4.5.4 Technology Enabled Care (TEC) Programme

The TEC programme continues to develop across Aberdeen, with a focus on embedding digital solutions that support prevention, early intervention, and person-centred care. Work is ongoing through the Housing for Varying Needs Group to review current provision and create future services that are digitally supported. A refreshed TEC strategy is being prepared in accordance with the opportunities arising through the transition from analogue to digital TEC and our overall vision and ambition for TEC and future service delivery. The use of TEC in care planning is embedded within the culture of Aberdeen City and reinforced by the use of TEC assessments and ongoing TEC training for staff.

The Konpanion Maah project is a pilot initiative funded by the Health Improvement Fund, aimed at exploring the therapeutic and data-driven potential of the Maah robot—a tactile, pillow-like companion device—for individuals with dementia, mental health challenges, or learning disabilities. Initial workshops have engaged care staff and families and, on 15 September 2025 a trial involving three participants is scheduled to commence. The timeline is contingent upon the completion of the DPIA, receipt of technical updates from Konpanion, and finalisation of all required documentation and approvals. While families have been advised of the target date, there remains flexibility should any outstanding items not be resolved in time.

### 4.5.5 GP Visioning Digital Workstream – NHS Grampian

In early 2023, the NHS Grampian Chief Executive Team tasked the Chief Officers of the three Grampian HSCP's with developing a Vision for General Practice, supported by strategic objectives one of which focused on digital transformation. Throughout 2024/2025, the GP Visioning Digital Workstream was formally established to explore and define what a digitally enabled general practice could look like five years into the future. Key activities included engaging with GPs across Grampian to co-create a shared digital vision, conducting a comprehensive audit of national and local digital initiatives, and performing a gap analysis to identify opportunities and priority areas for acceleration. These efforts culminated in the development of the [GP Grampian Digital Blueprint](#), which outlines a clear set of aims and prioritised projects to enhance the current digital ecosystem in general practice.



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The overarching aim of the workstream is to improve the efficiency and productivity of general practice through the optimal use of digital technology. Supporting objectives include empowering patients and their representatives to self-manage where appropriate; enabling staff to focus on high-value activities; reducing unwarranted variation in digital capabilities across practices to promote equity and efficiency; and increasing the value of data for health improvement and planning.

Next steps involve progressing tactical actions aligned with the blueprint's recommendations. Several initiatives are already underway at both national and local levels. It is anticipated that further resourcing both in terms of time and technology will be required to fully implement the proposed solutions. Recommendations will be presented to the GP Vision - Implementation Programme Board for approval, after which delivery timelines will be confirmed. The workstream is expected to continue through to 2026.

### 4.5.6 Sibstar Test of Change

Sibstar is a financial technology solution designed to support vulnerable individuals in managing their money safely and independently. It empowers people living with dementia, learning disabilities, mental health conditions, or recovering from addiction by offering a secure prepaid card and App with dual-user access. Trusted supporters such as family members or care providers can set spending limits, monitor transactions, and freeze the card instantly, helping prevent financial exploitation and overspending while promoting autonomy and dignity.

In partnership with Penumbra, a test of change is being launched involving five clients residing in supported living sites. Penumbra will assume corporate appointeeship responsibilities from Aberdeen City Council and use the Sibstar system to support these individuals with their daily finances. A short-life working group will be established to oversee the pilot, involving 3–5 focused meetings. The pilot will run for three months, and if successful, a report will be presented to other Social Work services for promotion with a view to extending the approach to learning disability and older people services.

This initiative aligns closely with IJB priorities around independent living, person-centred care, and safeguarding, offering a scalable, preventative solution that complements existing health and social care frameworks.

### 4.5.7 CoPilot

The ACHSCP has significantly expanded its use of Microsoft Copilot as a strategic enabler of digital transformation. This AI-powered tool is now embedded across a growing number of functions, supporting our ambition to modernise operations, enhance productivity, and unlock greater value from our data assets. Copilot is being utilised to automate routine tasks, generate insights from complex datasets, and assist in the preparation of reports and communications, freeing up capacity for higher-value, strategic work.



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This increased adoption reflects our commitment to equipping teams with intelligent tools that drive efficiency, improve decision-making, and support a culture of continuous improvement. As we continue to scale its use, Copilot will play a key role in accelerating programme delivery, enhancing service design, and ensuring our workforce is empowered with the capabilities needed to meet evolving citizen and stakeholder expectations.

The use of CoPilot will increase further within teams with the development of the new Practitioner Application and Search functionality utilising AI technology.

### 4.5.8 Ongoing D365 development

We continue to build and continually improve our D365 system through regular delivery phases, allowing for steady and responsive progress.

Our main focus areas are:

- Strengthening the financial infrastructure
- Aligning processes with national standards, including the Self Directed Support (SDS) framework

One key project is integrating all social care packages into the ContrOCC/D365 system. This will improve financial monitoring and support the shift to individual budgets and contribution-based charging. This project is within the Year 1 Delivery Plan and links with budget savings in future years. This work is time-sensitive, as it needs to align with the new charging policy planned for April 2026 and was approved at the ACC Finance and Resources Committee on 6 August 2025.

## 4.5. Future Developments and building on foundations

### 4.6.1 Digital Strategy

ACHSCP is committed to developing and delivering a forward-looking digital strategy that meets the evolving needs of our communities, workforce, and partners—both now and into the future. A key challenge we face is the interoperability of diverse systems across health and social care, and the ability to share information, data, and digital resources effectively. The ACHSCP rely on our parent organisations NHS Grampian and Aberdeen City Council, to provide the digital infrastructure, platforms, and technical expertise that underpin our transformation ambitions.

The strategy will look to build upon and enhance existing initiatives while introducing new, innovative approaches. Our aim is to ensure that all digital developments are cohesive, inclusive, and aligned with both our local strategic priorities and the national direction for digital health and care in Scotland.



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As part of this commitment, ACHSCP will also develop a Digital Inclusion Plan to ensure that supported individuals, carers, and staff are not disadvantaged by digital transformation. By embedding digital inclusion into our strategic approach, we aim to promote equity and ensure that everyone where possible can benefit from the opportunities presented by digital innovation in health and social care.

### 4.6.2 TEC Scale Up - TEC Pop Ups and demo areas

The development of TEC Pop-Ups will feature a range of TEC solutions offered by local health and care organisations, alongside commercially available devices. These temporary Pop-up events will take place at various locations across Aberdeen City providing opportunities for people to test devices and discuss possible TEC solutions. Staff from these organisations will be present to guide visitors and provide information tailored to individual needs, including where and how to access the technology. We are also working in collaboration with one of our providers who is establishing a TEC 'house' which allows people to see how TEC innovation integrates into homes.

Establishing demonstration areas for TEC offers several key benefits:

- **Hands-on Experience:** Visitors can interact directly with the technology, gaining a clearer understanding of its features and benefits—especially valuable for those less familiar with digital tools.
- **Encouraging Adoption:** Seeing TEC in action can help demystify the technology and promote wider uptake by showcasing its practical applications.
- **Training and Education:** These spaces can serve as hubs for training professionals and caregivers, ensuring they are confident in using and supporting TEC systems.
- **Highlighting Benefits:** Demonstrations can effectively communicate the advantages of TEC, such as improved monitoring, increased independence, and better health outcomes.

### 4.6.3 Phase 2 Development of Microsoft work

#### Digital Care Planning

Digital Care Planning (DCP) systems are centralised digital platforms used within health and social care services to manage and deliver personalised care. These systems store comprehensive information about individual care needs, preferences, medical history, and daily activities, ensuring that care plans are accurate and up-to-date. They allow real-time updates to care records, risk assessments, and support plans, and can incorporate visual aids like pictures and symbols. The App interface ensures immediate reflection of changes in care needs, helping staff maintain timely and appropriate support aligned with statutory responsibilities.

The benefits of DCP systems are wide-ranging. They improve efficiency by enabling staff to record notes in real time without returning to office bases, enhance collaboration across



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care teams, and empower individuals and families to actively participate in care planning. Dashboards provide managers with visual tools for monitoring and quality assurance, supporting evidence-based improvements. DCP systems are flexible, accessible, and truly person-centred, promoting better outcomes through increased engagement and streamlined communication among all stakeholders.

As part of the Digital Innovation Programme engagement workshops with Hitachi Solutions, further areas for potential development were explored. One such area was Digital Care Planning. Several of the requirements identified in relation to digital care planning align with functionality either already available within Dynamics 365 or proposed for inclusion in the Practitioner App.

There are additional features requested around eMAR integration which would need to be further refined prior to proceeding with initiating this project.

### IPOC V2

This would build on the functionality proposed in phase 1. This may include integration, reporting or data exchange with third parties. The proposed first phase would include the e-form functionality being developed with eligibility functionality alongside a case management integration when a determination cannot be made.

The case management system will be integrated into the broader programme of work that Hitachi Solutions is delivering in partnership with Aberdeen City Council.

### SPOC V2

This would build on the functionality developed in the proposed first phase to give a holistic view of all care pathways for a client, allowing both citizens and professionals to see the status of referrals and services being provided

Developing this functionality would require more detailed refinement on how to visualise pathways for both citizens and practitioners.

### 4.6.4 Development and redesign of ACHSCP website

The current iteration of the ACHSCP external-facing website has remained largely unchanged for the past eight years. During this time, significant advancements in digital technology and evolving user expectations, particularly among the citizens of Aberdeen, have highlighted the need for a comprehensive review and modernisation of our online presence.

This initiative is strategically aligned with broader transformation efforts being undertaken by the ACHSCP in collaboration with ACC and Hitachi. These efforts aim to introduce innovative applications and enhance service accessibility through IPOC, thereby improving the overall user experience and operational efficiency.



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The scope of the website review will encompass:

- **Design and User Experience:** Evaluating the visual layout, navigation structure, and accessibility to ensure the site meets modern standards and user needs.
- **Content Strategy:** Assessing the relevance, clarity, and organisation of existing content, with a view to improving engagement and transparency.
- **Technology Platform:** Reviewing the current content management system (CMS) to determine its suitability for future requirements, including scalability, security, and ease of maintenance.

This review represents a critical step in ensuring that the ACHSCP's digital presence remains responsive, inclusive, and aligned with our strategic goals for service delivery and customer engagement.

### 5. Implications for IJB

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

Full Impact Assessments will be carried out as part of the process of developing the projects within the Programme.

#### 5.2. Financial

The Chief Finance Officer, IJB made the application for the funding from the Scottish Government on behalf of the ACHSCP in support of the ACHSCP Digital programme. This funding, whilst ring fenced for the projects outlined in this report, comes into the IJB and as such, requires a Direction to Aberdeen City Council to proceed with the project along with the allocated resource. The Chief Officer has powers under the Council's Powers Delegated to Officers to accept the grant, following consultation with the IJB Chair.

Dedicated resource has been allocated to support the delivery of the projects. This will consist of ACHSCP and ACC's Digital & Technology staff.

#### 5.3. Workforce

As set out in the IJB's Strategic Risk Register, there are significant challenges in Health and Social Care including regarding the recruitment and retention of staff. Technology creates opportunities for increased flexibility and a change of focus in staff recruitment as the importance of remote health and care delivery and use of data to provide predictive and proactive care increases.

The programme of work with Hitachi and Microsoft provides the potential to create greater capacity within Social Work. Staff will spend less time on manual documentation and have greater capacity to invest time in other higher value activities such as early intervention and prevention.



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### 5.4. Legal

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

### 5.5. Unpaid Carers

We have engaged with unpaid carers and have identified potential benefits for this group. This will be detailed within individual projects and integrated impact assessments that are approved where identified.

### 5.6. Information Governance

Full Data Protection Impact Assessments (DPIAs) will be required for the life span of the project(s) with involvement of staff across ACHSCP and the Council as the platforms are hosted by our partners (D365, Power Platform and ACC Mobile Phones). Privacy Impact Assessments as well as Risk Assessments will also be completed for each of the projects and engagement with both ACC and NHSG Information Governance and also Information Security Officers will be undertaken.

The eMAR project has a full Data Protection Impact Assessment (DPIAs) completed and authorised as a requirement prior to procuring any system.

### 5.7. Environmental Impacts

Impact	Services impacted	Positive/Negative
Reduction of paper resources. the use of the Social Work Practitioner App will allow services to reduce the amount of paper being printed, ink cartridges being used and Paper records being created.	All services who use the Practitioner App	Positive



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<p>The use of eMAR and Digital Care Planning will allow services to reduce the amount of paper being printed, ink cartridges being used and paper records being created.</p> <p>Improved medication stock management will reduce medication wastage.</p>	<p>Learning Disability in-house services</p> <p>Community Pharmacy</p>	Positive
<p>Reliance on tablet /Mobile devices. Tablet and Mobile devices use mined material as part of the construction process.</p>	All services	Negative

### 5.8. Sustainability

The projects outlined are digital and not hosted directly by us however we expect our suppliers to comply with any relevant environmental control as set out in the procurement and contracts that we specify.

### 5.9. Other



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No other implications have been identified from the recommendations of this report.



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### 6. Management of Risk

#### Risk Appetite Statement

The IJB has previously agreed through its Risk Appetite Statement that it has a low to medium appetite for risk related to quality and innovation outcomes. With reference to the potential benefits identified in the Appendices and a process which will have due regard to statutory requirements, the proposals are consistent with the IJB's Risk Appetite Statement.

#### 6.1. Identified risks(s)

Risk	Likelihood/Impact	Mitigation
Mobile Phone use with the Social Work Practitioner App will increase data usage and may incur unforeseen costs	High	Ongoing investigation with ACC Chief Digital Officer to assess impact and take mitigating actions.
Policy Change New ways of working may require policy or standard changes this would affect timeline and delivery	Medium	Ongoing investigation with Cyber Security Officer & Data Protection Officers to assess impact.  Any Policy Change required will go through the respective organisational procedures.
Delivery Timescales – Vendor has indicated a window for product delivery. Any delay may incur additional cost and/or delay benefits realisation.	High	Ongoing investigation between ACHSCP, ACC Chief Digital Officer, Microsoft to ensure approach and timescales are deliverable within resource identified.
Resources – There is a risk that ACHSCP or ACC working together fail to identify and maintain adequate staff resource required to deliver the projects.	High	Ongoing discussions and investigation into the resources required to deliver the project between key stakeholders.



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Budget – Failure to deliver proposals within available budget.	Medium	The projects will be subject to a robust governance structure to help ensure that the project is delivered within the agreed budget and timeline so far as possible.
Adoption – Failure to adopt new digital capability by staff, service providers or lack of permission from citizens to use capability.	Medium	Ongoing work as part of the project to provide engagement and support to staff/service providers and also public to assist with adoption of new applications and aligned benefits.
Benefits – Investment into leading edge technology fails to deliver projected financial and non-financial benefits.	Medium	<p>There has been extensive work to identify the financial and non-financial benefits. It is noted that in particular with the initial resource required for these projects, that financial savings will be in the medium to longer term. An element of the return on investment is dependent on staff turnover.</p> <p>As part of the budget setting process, due regard will be taken to the financial benefits that each proposed project has anticipated to ensure that the benefits identified are realised.</p> <p>Whilst investment in leading edge technology carries inherent risk, careful diligence has been undertaken to ensure that the tools available to the provider are fit for the task and that their teams have the skills to build the proposed solution.</p>

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

**Risk 1- Financial Risk**



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Low to medium. It will have zero tolerance of instances of fraud. The Board must make maximum use of resources available and also acknowledge the challenges regarding financial certainty.

### **Risk 3- Risks to quality and innovation outcomes**

Low to medium (quality and innovation outcomes which predict clearly identifiable benefits and can be managed within statutory safeguards)

### **Risk 5- Reputational risk**

It will accept medium to high risks to reputation where the decision being proposed has significant benefits for the organisation's strategic priorities. Such decisions will be explained clearly and transparently to the public.

### **Risk 6- Risks relating to commissioned and hosted services**

The IJB recognises the complexity of planning and delivery of commissioned and hosted services. The IJB has no or low tolerance for risks relating to patient/client safety and service quality. It has medium to high tolerance for risks relating to service redesign or improvement where as much risk as possible has been mitigated.

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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** is 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: -**

This Direction is a new Direction

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

**The IJB Report Number and Title relevant to this Direction is:-** Digital Innovation Programme and Technology Enabled Care, HSCP.25.057

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

Social work services for adults and older people.

Instruction to Aberdeen City Council to utilise the grant funding provided by the Scottish Government, Invest to Save Fund, in connection with the HSCP Digital Innovation Programme- Right Care, Right Time, Right Place bid, to develop applications as outlined in the Digital Innovation Programme Business Case, specifically the design, development and implementation of the Practitioner Application, Practitioner Search functionality, Initial Point of Contact and Single Point of Contact.

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

The primary objective of the Digital Innovation and TEC Programme is to scope and build on the use of digital technology to enhance the quality of care and health outcomes for individuals living in Aberdeen City whilst delivering improved services that are efficient and sustainable to meet current and future financial and demographic challenges. By focusing on digital innovation, the programme aims to address key

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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challenges and opportunities identified through stakeholder engagement. This includes improving access to information, enhancing service delivery, and empowering both staff and service users.

The successful implementation of these initiatives will contribute to achieving the strategic aims outlined in the Aberdeen City Health & Social Care Partnership (ACHSCP) Strategic Plan 2025-2029:

- Shift our focus towards Prevention and Early Intervention.
- Modernise our approach to service delivery

The Digital Innovation Programme and Technology Enabled Care also support the IJB's effort to meet its statutory duties on climate change, including reducing climate change-related emissions associated with services provided or commissioned by the IJB, and ensuring such services are more resilient to current and future impacts of climate change.

**Timescale of this Direction:- 01/04/2025- 31/03/2026**

Start date:- 30/09/2025

End date:- 31/03/2026

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

- £1,238, 627, payable over the financial year 01/04/2025 to 31/03/2026
- Budget line- Scottish Government, Invest to Save Fund
- Budget holder- Aberdeen City Council (the grant funding will be paid into the Council and shall be ring fenced funding).

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