

# Public Document Pack



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

To: Members of the Integration Joint Board

Town House,  
ABERDEEN 25 November 2025

## **INTEGRATION JOINT BOARD**

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in **Rooms 4 & 5 - Health Village on TUESDAY, 2 DECEMBER 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 Video

- 4.2 Minute of Board Meeting of 30 September 2025 and Attendance Record (Pages 7 - 16)
- 4.3 Draft Minute of Clinical and Care Governance Committee of 7 October 2025 (Pages 17 - 24)
- 4.4 Business Planner (Pages 25 - 28)
- 4.5 IJB Insights Planner (Pages 29 - 30)
- 4.6 Chief Officer's Report - HSCP.25.080 (Pages 31 - 38)

## **PERFORMANCE AND FINANCE**

- 5.1 Financial Position Update - HSCP.25.081 (Pages 39 - 46)
- 5.2 Chief Social Work Officer's Annual Report - HSCP.25.083 (Pages 47 - 98)

## **GOVERNANCE**

- 6.1 Health and Social Care Partnership Meeting Dates 2026-27 - HSCP.25.082 (Pages 99 - 104)

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

- 7.1 Grant Funding for Voluntary Organisations - HSCP.25.085 (Pages 105 - 222)

## **DATE OF NEXT MEETING**

- 8.1 IJB Meetings -  
IJB Insights:
- 9 December 2025
  - 13 January 2026
- Integration Joint Board:
- 3 February 2026

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)

## **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>
Safety	<p>The IJB has a low appetite for risks which could cause harm to patients/clients or to staff.</p>

Dimension of Risk	Corresponding Risk Appetite
	<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, 30 September 2025. Minute of Meeting of the INTEGRATION  
JOINT BOARD.

Present:- Hussein Patwa, Chair; Councillor John Cooke, Vice Chair; and David Blackburn, Mark Burrell, Councillor Lee Fairfull, Councillor Martin Greig, Ritchie Johnson, Councillor M. Tauqeer Malik, Jonathan Belford, Amanda Foster, Dr Stephen Friar, Jenny Gibb, Dr Caroline Howarth, Phil Mackie, Brenda Massie, Kenneth McAlpine, Shona McFarlane, Fiona Mitchelhill and Graeme Simpson.

Also in attendance:- Martin Allan, Jess Anderson, Elizabeth Archibald, Bernadette Bularan, Alex Cumming (SAMH), Kevin Dawson, Geraldine Fraser (for article 14), Kate Humphrey, Emma King, Graham Lawther, Anne MacDonald (Audit Scotland), Alison MacLeod, Nicola McLean, James Maitland, Michael Oliphant (Audit Scotland), Sandy Reid, Angela Scott, Julie Warrender, Billy Watson (SAMH), Lisa West and Claire Wilson.

Apologies:- Jamie Donaldson.

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

**Please note that if any changes are made to this minute at the point of approval, these will be outlined in the subsequent minute and this document will not be retrospectively altered.**

### **WELCOME FROM THE CHAIR**

1. The Chair welcomed everyone to the first meeting in the Health Village after the summer break and thanked staff who had supported the city events. He extended a warm welcome to new members ACC Trade Union representative, Brenda Massie and Interim Chief Finance Officer Jonathan Belford supported by ACC Deputy Chief Finance Officer, Bernie Bularan.

The Chair welcomed Alex Cumming - Executive Director of Operations and Billy Watson – Chief Executive Officer of SAMH who were to provide a presentation in place of the usual video.

Finally, the Chair commended everyone involved in the commissioning and opening of the Stoneywood Road dedicated complex care facility.

**The Board resolved:-**  
to note the Chair's remarks.

## INTEGRATION JOINT BOARD

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### 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 article 4 on the agenda (Presentation by SAMH) 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 Delivery Plan; and (2) the Depute Representative of said Group to the Scottish Government Mental Health and Wellbeing Leadership Board, 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. There was no exempt business.

### PRESENTATION BY SAMH

4. Members heard from Alex Cumming - Executive Director of Operations and Billy Watson – Chief Executive Officer of SAMH who presented their Strategy for 2025-29 and information on their new community mental health provision, 'The Nook'.

**The Board resolved:-**

to note the information provided.

### MINUTE OF BOARD MEETING OF 1 JULY 2025 AND ATTENDANCE RECORD

5. The Board had before it the minute of its meeting of 1 July 2025 and the 2025 Attendance Record.

**The Board resolved:-**

- (i) to approve the minute as a correct record; and
- (ii) to note the Attendance Record.



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**DRAFT MINUTE OF RISK, AUDIT AND PERFORMANCE COMMITTEE OF 27 AUGUST 2025**

6. The Board had before it the draft minute of the Risk, Audit and Performance Committee meeting of 27 August 2025.

**The Board resolved:-**  
to note the minute.

**DRAFT MINUTE OF CLINICAL AND CARE GOVERNANCE COMMITTEE OF 17 JUNE 2025**

7. The Board had before it the draft minute of the Clinical and Care Governance Committee meeting of 17 June 2025.

**The Board resolved:-**  
to note the minute.

**BUSINESS PLANNER**

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

**The Board resolved:-**

- (i) to note the reasons for (1) removals at lines 13 (Climate Change Project and Reporting), 14 (ACHSCP Annual Performance Report) and 15 (Strategic Review of Neuro Rehabilitation Pathway Phase 1 Evaluation); and (2) the transfer at line 25 (Primary Care Improvement Plan Update); and
- (ii) to otherwise agree the Planner.

**IJB INSIGHTS PLANNER**

9. The Board had before it the IJB Insights Sessions Planner prepared by the Strategy and Transformation Manager.

**The Board resolved:-**

- (i) to note that the date for the October session was confirmed as 31 October 2025; and
- (ii) to otherwise agree the Planner.

## **INTEGRATION JOINT BOARD**

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### **CHIEF OFFICER'S REPORT - HSCP.25.069**

**10.** The Board had before it the report from the Chief Officer, ACHSCP who presented an 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 resolved:-**

- (i) to instruct the Chief Executive – Aberdeen City Council, to issue a Service Update in respect of the workforce approach for the recruitment of the ACHSCP Chief Finance Officer;
- (ii) to agree that a review of the situation would be undertaken in a private session with Members at a date to be agreed after the 2026/27 Budget meeting; and
- (iii) to otherwise agree the recommendation.

### **APPOINTMENT OF CCG AND RAPC CHAIRS - HSCP.25.073**

**11.** The Board had before it a report seeking agreement to appoint new Chairpersons to the Risk, Audit and Performance and Clinical and Care Governance Committees.

**The report recommended:-**

that the Board:

- (a) appoint Ritchie Johnson as Chairperson of the Risk, Audit and Performance Committee for a period not exceeding three years, commencing 30 November 2025; and
- (b) appoint Councillor Lee Fairfull as Chairperson of the Clinical and Care Governance Committee for a period not exceeding three years, commencing 30 November 2025.

**The Board resolved:-**

- (i) to thank the outgoing Chairs for their service; and
- (ii) to otherwise agree the recommendations.

### **FINANCIAL POSITION - HSCP.25.070**

**12.** The Board had before it a report prepared by the Deputy Chief Finance Officer – ACC, presenting the forecasted financial performance of the IJB for the period Quarter 1 of 2025/2026 and providing an indicative status of the Integration Joint Board's Quarter 2 – 2025 /2026 financial performance.

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

that the Board:

- (a) note the financial performance of the IJB in Q1 – 2025/2026 in relation to the 2025-2026 funding availability;
- (b) note 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; and
- (c) note the indicative financial performance of the IJB for the period Q2 – 2025 /2026.

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

to agree the recommendations.

## **AUDITED FINAL ACCOUNTS AND EXTERNAL AUDIT ANNUAL REPORT - HSCP.25.072**

13. The Board had before it the 2024/25 audited accounts and the External Auditor's Annual Audit Report for consideration prior to approving the accounts for signature. The Audit Director and Senior Audit Manager - Audit Scotland, introduced the reports and responded to questions from Members

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

that the Board:

- (a) consider and agree the Integration Joint Board's 2024/25 Audited Accounts for signature, as attached at Appendix A of the report;
- (b) instruct the Interim Chief Finance Officer to submit the approved audited accounts to NHS Grampian and Aberdeen City Council;
- (c) instruct the Interim Chief Finance Officer to sign the representation letter, as attached at Appendix B of the report;
- (d) consider the External Auditor's Annual Audit Report and note the recommendations and management comments on the Annual Audit Report Action Plan, as attached at Appendix C of the report; and
- (e) note the draft action plan created by officers in response to the External Auditor's report, attached at Appendix D of the report. Progress would be monitored through the Risk, Audit and Performance Committee.

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

to agree the recommendations.

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### UNSCHEDULED CARE IMPROVEMENT - ABERDEEN CITY HEALTH & SOCIAL CARE PARTNERSHIP'S PLAN AND IMPACT - HSCP.25.074

14. The Board had before it a report prepared by the Chief Nurse and Lead for Frailty and Specialist Rehabilitation – ACHSCP, in respect of the ACHSCP aspect of the 2025 NHS Grampian Unscheduled Care plan and associated bid to the Scottish Government. The Chief Nurse presented the report and explained that it was linked to report HSCP.25.054 - Shifting the Balance of Care presented to the IJB on 1 July 2025.

**The report recommended:-**

that the 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 the impact that this was 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; and
- (c) note that financial oversight of spend against this additional money would be monitored through the Risk, Audit and Performance Committee.

**The Board resolved:-**

to agree the recommendations.

### DIGITAL INNOVATION - HSCP.25.057

15. The Board had before it a report prepared by the Transformation Programme Manager providing an update on activity to the Digital Innovation Programme and Technology Enabled Care Programme since the last report was presented to the Board in September 2024.

**The report recommended:-**

that the Board:

- (a) note 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;
- (b) note 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) make the Direction, attached at Appendix A of the report, to Aberdeen City Council; and
- (d) instruct the Chief Officer to issue the Direction to Aberdeen City Council.

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**The Board resolved:-**

- (i) to congratulate the Analogue to Digital Programme Team on their Gold Award Level 2 for Digital Telecare Implementation from the Scottish Government's Digital Office, for the successful deployment of the Shared Alarm receiving centre; and
- (ii) to otherwise agree the recommendations.

**IJB MEETINGS**

16. The Board had before it the dates of the next four IJB Insights Sessions and the IJB meeting of 2 December 2025.

**The Board resolved:-**

to note the meeting dates.

- **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 Chair	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				
Jonathan Belford	Interim CFO					First meeting	
Jamie Donaldson	NHSG Staff Representative						
Amanda Foster	Service User Representative						
Stephen Friar/ Joy Miller	Secondary Care joint rep		JM	SF	JM	SF	
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						
Brenda Massie	ACC Union Representative					First meeting	
Kenneth McAlpine	Service User Representative						
Amy McDonald	Chief Finance Officer				Last meeting		
Shona McFarlane	Carer Representative						
Fiona Mitchelhill	Chief Officer						
Graeme Simpson	ACC, Chief Social Work Officer						
Cllr Jennifer Bonsell	ACC <b>voting</b> member	Last Meeting					
Jim Currie	ACC Union Representative				Last meeting		

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## CLINICAL AND CARE GOVERNANCE COMMITTEE

ABERDEEN, 7 October 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, Claire Wilson, Judith McLenan, Lizzy Archibald, Rachael Little, Claire Smith, Michelle Grant, Jess Anderson, Nicola Dale, Nicola McLean, Lucy Simpson, Bukola Oyedele and Mark Masson (Clerk).

**Please note that if any changes are made to this minute at the point of approval, these will be outlined in the subsequent minute and this document will not be retrospectively altered.**

### WELCOME AND APOLOGIES

1. The Chairperson welcomed everyone to the meeting.

Apologies for absence were intimated on behalf of Jane Gibson, Sandy Reid and Martin Allan.

### DECLARATIONS OF INTEREST AND TRANSPARENCY STATEMENTS

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

### MINUTE OF PREVIOUS MEETING OF 17 JUNE 2025, FOR APPROVAL

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.

### BUSINESS PLANNER

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

**The Committee resolved:-**

- (i) to note the reasons for deferral in relation to item 10 (35 Hour Week), item 11 (Improving Transitions) and item 15 (Local update on the Specialist Mental Health

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- and Learning Disability Services (Hosted services) Mental Welfare Commission reports); and
- (ii) to otherwise note the Business Planner.

### CCG GROUP MONITORING REPORT - UPDATE - HSCP.25.075

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 note the contents of the report and provide comments and observations on the information contained in the report and in appendices A and B.

Caroline Howarth provided an overview of the report, specifically making reference to the following and also the highlights from the sector reports:-

- the joint meeting between the Clinical and Care Governance Group and Committee;
- staffing pressures;
- pressure ulcers;
- advanced nursing practice; and
- an update on integration of the hosted in-patient mental health services.

During discussion there was a proposal to arrange an in-person meeting of the Committee in 2026, to be held in the Health Village.

Caroline Howarth also made reference to the new format for presenting the data, which was well received by all the members.

Jess Anderson advised that a piece of work was to be undertaken to review the terms of reference for the two Committees of the IJB.

It was noted that work would be undertaken to map out the governance structures which lay below the Clinical and Care Governance Group (CCGG) and that a discussion in this regard will be held at their next meeting.

Michelle Grant advised that there were 2,846 adverse events across Quarter 1 2025-2026, which was a 10% increase from the previous reporting quarter and was in keeping with the general increase in reporting of adverse events. She indicated that when discussed with the CCGG, it was thought that the increase was due to a combination of growing

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confidence in the reporting of events and the increasing complexity of patients and service users seen in the sector.

In response to a question regarding the very high increase of adverse events in community nursing, the Committee were advised that this was mainly due to the number and complexity of patients, noting that the majority of those were negligible.

Claire Wilson provided information regarding the Sex Offender programme, which had been provided by Aberdeenshire on behalf of the City, noting that they were withdrawing the service from the end of March 2026, however contingency plans were in place and a new team would be established to ensure there were no gaps in the service.

The Committee discussed the implications around the reduced hours working week, bed sores and ambulance stacking at ARI, abortion care services and the difficulties to recruit staff in certain roles/areas, noting that there were arrangements in place to prioritise recruitment in front line staff vacancies.

The Committee noted that the Poppy Ward at Rosewell House had now been closed and approval for the phased closure of additional frailty beds was granted at the Integration Joint Board meeting on 1 July 2025.

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

- (i) to note that data will be added to future reports in relation to events resulting in harm/no harm; and
- (ii) to otherwise note the report.

## **LESSONS LEARNED**

6. The Committee heard the Chair advise that a good lesson learned was the shared example of "You Said, We did" aspect as follows:-

*You Said: "I'm dyslexic and struggle with everything expected to be done on mobile phone and laptops (i.e. apps for council parking etc). Are classes held at the vaccine hub or elsewhere to help how to do things online?"*

*We did: Silver City Surfers now holding classes every Wednesday from 2pm -4pm to provide one to one support with building confidence online.*

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

to concur with the Chairperson and include details on the website.

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### DISCHARGE WITHOUT DELAY REPORT - HSCP.25.076

7. With reference to article 7 of the minute of the previous meeting of 17 June 2025, the Committee had before it a joint report by Nicola McLean, Service Manager, Hospital Social Work/Adult Protection Social Work, which provided an update on improvement activity within the General ACHSCP services as well as Specialist Mental Health and Learning Disability services in relation to the national strategic oversight of 'Discharge without Delay' (DwD).

**The report recommended:-**

that the Committee –

- (a) consider the latest data regarding the rate of delayed discharges across general ACHSCP services and Specialist MHL D services;
- (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;
- (c) agree that there is sufficient assurance provided to the Committee regarding progress that there is no longer the reason to provide monthly updates. The DwD work is now Business as Usual; and
- (d) are satisfied that assurance will be provided through The Clinical and Care Governance Group.

Nicola McLean and Claire Smith provided an overview of the report.

Nicola advised that as of today's date, the delayed discharge figure at Royal Cornhill Hospital and other City partnership facilities was 49, which was above the benchmark figure of 45 set by the Scottish Government in May 2024.

In a response to a question, Claire advised that a cross systems strategic service delivery team for mental health and learning disabilities had been established to monitor the delayed discharge situation and length of stay.

**The Committee resolved:-**

to approve the recommendations.

### ABERDEEN CITY HEALTH AND SOCIAL CARE - OPERATIONAL RISKS - HSCP.25.077

8. The Committee had before it a report by Martin Allan, Business, Resilience and Communications Lead which outlined the governance arrangements around the reporting of operational clinical risks through the Clinical Care and Governance Committee and Clinical Care and Governance Group and the links to the Board Assurance and Escalation Framework.

**The report recommended:-**

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that the Committee –

- (a) note the governance arrangements around the reporting of operational clinical risks in Aberdeen City Integration Joint Board as detailed in the report;
- (b) comment on the full Operational Risk Register (comprising clinical risks) as attached at the Appendix to this report; and
- (c) agree to receive the full Operational Risk Register on an annual basis.

During discussion, the Committee discussed whether the correct mitigations were in place, the monitoring process and escalation route for those which were sitting at 'very high'.

In relation to the podiatry waiting times, Lizzie Archibald advised that the risk should reduce due to new staff being in post and the possible introduction of apprenticeship models.

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

to approve the recommendations.

## **ADULT SUPPORT AND PROTECTION - DATA RETURN 2023 - 2025 - HSCP.25.078**

9. The Committee had before it a report by Lucy Simpson, Lead Strategic Officer, Adult Public Protection which (1) provided an update on Adult Support and Protection (ASP) data for 2023–25, following implementation of the Scottish Government's new quarterly dataset; (2) appraised members of implications and trends; and (3) provided an overview of two years of comparative data.

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

that the Committee -

- (a) note the updated ASP performance data for 2023–25; and
- (b) acknowledge improvements in data quality, analysis, and consistency since the introduction of the quarterly dataset.

The Committee heard from Lucy Simpson who highlighted the key information from the report as follows:-

- that there was a significant increase in referrals (24%) compared to the previous year which is likely due to increased awareness and also wider social and economic pressures;
- that the most frequent referral sources remained care homes, care at home providers and Police Scotland, acknowledging that there was a notable increase in referrals from health services;
- that the proportion of referrals progressing to full investigation had reduced which indicated effective early intervention and triage by the Adult Support and Protection Social Work Team; and

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- that there had been a rise in both initial and review case conferences reflecting increased complexity and risk as well as improvements in practice.

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

to approve the recommendations contained within the report.

## **REVIEW OF SOCIAL WORK GOVERNANCE AND ASSURANCE ACROSS SCOTLAND - HSCP.25.079**

**10.** The Committee had before it a report by Claire Wilson, Chief Officer, Adult Social Work which presented the findings of the Care Inspectorate's 2025 national review of social work governance and assurance across Scotland, and sought consideration of the implications for local governance, assurance, and workforce sustainability within Aberdeen City Health and Social Care Partnership (ACHSCP).

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

that the Committee –

- (a) note the findings of the national review and its relevance to local governance arrangements;
- (b) endorse the development of a local action plan of social work governance, assurance, and workforce support; and
- (c) endorse the development of a Professional Governance Framework for Social Work which identifies and further clarifies the governance and assurance arrangements for social care within Aberdeen City.

The Committee heard from Claire Wilson who provided an overview of the report advising (1) that overall, the recommendations within the review indicated that there was good governance structures albeit there was some duplication of reporting; (2) that only half the Health and Social Care Partnerships had Social Work Leaders (including Aberdeen) and they saw that as a strength; and (3) that an area to strengthen was to prepare an evidence based social work governance framework.

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

- (i) to acknowledge and thank Claire Wilson and her Adult Social Work Team for their diligent work, particularly noting that there was a 10% increase on the scoring over the national average; and
- (ii) to otherwise approve the recommendations contained within the report.

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

**11.** The Committee considered whether any items required escalation to the IJB.

**CLINICAL AND CARE GOVERNANCE COMMITTEE**  
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**The Committee resolved:-**

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

- **MARK BURRELL, Chairperson**

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	A	B	C	D	E	F	G	H	I	J
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	2 December 2025									
6	Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations							
7	Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer	HSCP.25.080	Graham Lawther	Fiona Mitchelhill	ACHSCP			
8	19 November 2024	Financial Position Update	(1) To provide an indicative status or projection of the Integration Joint Board's year-end financial performance for fiscal year 2025 – 2026; (2) To present the financial performance of the Integration Joint Board (IJB) for the six (6) months period Q2 – 2025/2026; and (3)To update on existing activities that further guarantee financial governance of the IJB.	HSCP.25.081	CFO/ Bernadette Bularan	Fiona Mitchelhill	ACHSCP			
9	01.11.2023	Chief Social Work Officer's Annual Report	To present the Chief Social Work Officer's Annual Report for year 2024/25. The report is 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 activity within Aberdeen City.	HSCP.25.083	Graeme Simpson	Eleanor Sheppard	ACC			
10	Standing Item	Health and Social Care Partnership Meeting Dates 2026-27	To seek approval of the IJB, Risk Audit and Performance Committee and Clinical and Care Governance Committee meeting dates for 2026-27.	HSCP.25.082	Emma Robertson	Alan Thomson	ACC			
11	18 March 2025	Grant Funding for Voluntary Organisations	To provide the IJB with information to make an informed decision on the future funding of grants.	HSCP.25.085	Kate Humphrey/ Claire Wilson	Fiona Mitchelhill	ACHSCP			
12	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		R	Request to remove and issue this as a Service Update. Intention for SU to be circulated prior to 2 December 2025.
13	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		R	Request to remove and issue this as a Service Update as no decision required by the IJB (noting report).
14	3 February 2026									
16	Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer	HSCP.26.001	Graham Lawther	Fiona Mitchelhill	ACHSCP			
17	19 November 2024	Financial Position Update	To provide an indicative status or projection of the Integration Joint Board's year-end financial performance.	HSCP.26.002	CFO/ Bernadette Bularan	Fiona Mitchelhill	ACHSCP			
18	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.	HSCP.26.003	Clare-Louise Walker/ Jo Hall	Sandy Reid	ACHSCP/ ACVC			
19	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.	HSCP.26.004	Daniela Brawley / Lisa Allerton	Sandy Reid	ACHSCP			
20	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.	HSCP.26.005	Stuart Lamberton/ Grace Milne	Alison MacLeod	ACHSCP			
21	Standing Item	Annual Procurement Workplan	To present the Annual Procurement Work Plan for 2026/27 for expenditure on social care services.	HSCP.26.006	Neil Stephenson	Neil Stephenson	ACHSCP			
22	17 March 2026 - Budget									
23	Standing Item	IJB Budget	To approve the Budget.		Jonathan Belford	Jonathan Belford	ACHSCP			
24	Standing Item	Medium Term Financial Forecast	The estimated 4 year Medium Term Financial Forecast		Jonathan Belford	Jonathan Belford	ACHSCP			
25	2026/27 and TBC - Proposed dates to be agreed at the IJB on 2 December 2025									
26	12 May 2026									

	A	B	C	D	E	F	G	H	I	J
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
27	Standing Item	Workforce Plan			Stuart Lamberton/ Grace Milne	Alison MacLeod	ACHSCP			
28	Quarterly reporting	Financial Position Update	To provide an indicative status or projection of the Integration Joint Board's year-end financial performance.		CFO/ Bernadette Bularan	Fiona Mitchelhill	ACHSCP			
29	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.		Martin Allan	Martin Allan	ACHSCP			
30	Standing Item - annual	Risk Appetite Statement and Strategic Risk Register	To present revised versions of the Risk Appetite Statement and Strategic Risk Register.		Martin Allan	Martin Allan	ACHSCP			
31	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			
32	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		R	Request to remove as there is a pan-Grampian IJB session on 24 February 2026 to cover this.
33	30 June 2026									
34	Quarterly reporting	Financial Position Update	To provide an indicative status or projection of the Integration Joint Board's year-end financial performance.		CFO/ Bernadette Bularan	Fiona Mitchelhill	ACHSCP			
35	Standing Item - annual	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.		Jess Anderson/John Forsyth/Vicki Johnstone	Jenni Lawson	ACHSCP			
36	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			
37	29 September 2026									
38	Quarterly reporting	Financial Position Update	To provide an indicative status or projection of the Integration Joint Board's year-end financial performance.		CFO/ Bernadette Bularan	Fiona Mitchelhill	ACHSCP			
39	30 September 2025	Audited Final Accounts 2025/26 including the External Auditor's Annual Audit Report	To consider and approve the audited final accounts for 2025/26.		Bernadette Bularan/ Anne MacDonald	CFO/ Audit Scotland	Audit Scotland			
40	27.08.2024	Review of Whistleblowing Policy			Martin Allan	Fiona Mitchelhill	ACHSCP	2026		
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		T	Request to transfer to RAPC as this does not require a decision from the IJB.
42	1 December 2026									
43	Quarterly reporting	Financial Position Update	To provide an indicative status or projection of the Integration Joint Board's year-end financial performance.		CFO/ Bernadette Bularan	Fiona Mitchelhill	ACHSCP			
44	2 February 2027									
45	Quarterly reporting	Financial Position Update	To provide an indicative status or projection of the Integration Joint Board's year-end financial performance.		CFO/ Bernadette Bularan	Fiona Mitchelhill	ACHSCP			
46	16 March 2027 - Budget									
47	Standing Item	IJB Budget	To approve the Budget.		Jonathan Belford	Jonathan Belford	ACHSCP			
48	Standing Item	Medium Term Financial Forecast	The estimated 4 year Medium Term Financial Forecast		Jonathan Belford	Jonathan Belford	ACHSCP			
49	2026/27 - Reporting Dates TBC									
50	Standing Item	Equality Outcomes and Mainstreaming Framework (EOMF)	To share progress in relation to the Equality Outcomes and Mainstreaming Framework..		Stuart Lamberton					
51	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		
52	07.05.2024	Morse Community Electronic Patient Record Evaluation and Contract Renewal - report due spring 2027	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			
53	09 July 2024	Evaluation of Aberdeen City Vaccination and Wellbeing Hub - report due 2028	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		

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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
54	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		R	Request to convert to a Service Update as no decision required by the IJB (noting report). Expected to be implemented in April 2026.
55	24 September 2024	National Care Service	Scottish Government confirmed that they were seeking to postpone start of Stage 2 process.		Fiona Mitchelhill	Fiona Mitchelhill	ACHSCP		R	Request to convert to a Service Update as no decision required by the IJB (noting report).

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## IJB Insights January 2025 - March 2026

(NB: all 1000-1200, online)

Date	Topics	Lead Officer
Date	Agenda	Presenter
<b>11th November</b>	1. Culture	Alison
	2. Horizon Scanning	Alison
	3 Care Reform Act	TBC
	4. Public Dental Service	Emma King/ Ali Chapman
	5. Third Sector in Aberdeen City	Maggie Hepburn
<b>9th December</b>	1. Deep Dive on MH Finance	Kevin Dawson
<b>(1400-1600)</b>	2. Marywell	Emma King
	3	
<b>13th January 2026</b>	1. Culture	Alison
	2. Horizon Scanning	Alison
	3. Budget Savings Options	Fiona
	4. Health Behaviours	Phil Mackie
<b>17th February 2026</b>	1. Culture	Alison
	2. Horizon Scanning	Alison
	3. Budget and MTFF	CFO
	4. Year 2 Delivery Plan	Alison

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## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	2 December 2025
<b>Report Title</b>	Chief Officer's Report
<b>Report Number</b>	HSCP.25.080
<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

#### 4.1 Local updates

##### 4.1.1 Week-long open event celebrates learning disability services

Aberdeen held special open days this autumn for Scottish Learning Disability Awareness Week. The Bon Accord Centre's Wellbeing and Vaccination Centre welcomed the public to learn about local learning disability services and activities.

The 2025 "I am here" awareness week featured display tables and presentations, and performances from Aberdeen's Makaton Choir and a dance group with disabled members. Attendees included service providers such as Affinity Trust, Community Integrated Care, Advocacy Service Aberdeen, ACHSCP's Care Management Team, SRS Care Solutions, learning disability nurses, AMZ Activities Group, and Create Aberdeen. The event was organised by ACHSCP's adult learning disabilities service.

#### 4.2 Regional updates

##### 4.2.1 Audit Scotland concerns for two health boards

NHS Grampian and NHS Ayrshire and Arran both needed large loans from the Scottish Government to break even in the last financial year, Audit Scotland says in new reports.

NHS Grampian received a £65.2 million loan in 2024/25 and is projecting a £68 million overspend in 2025/26. In May 2025, Grampian was escalated to Stage 4 of NHS Scotland's support and intervention framework due to concerns about financial sustainability, leadership and governance, and service performance.

NHS Ayrshire and Arran needed a £51.4 million loan in 2024/25 to break even and now has outstanding loans of £129.9 million, the highest amount across the NHS in Scotland. The board is forecasting a deficit of £33.1 million in 2025/26 and Audit Scotland has warned it does not have a clear plan for achieving financial sustainability.

Stephen Boyle, Auditor General for Scotland, said it would not be possible for NHS Grampian to achieve financial balance without a significant redesign of its health and social care system.





## INTEGRATION JOINT BOARD

The full reports are at <https://audit.scot/news/health-boards-reliant-on-loans-and-financially-unsustainable>.

NHS Grampian Chief Executive Laura Skaife-Knight and board chair Alison Evison gave a presentation in October on NHSG's current position to IJB members. IJB members, meantime, participated in a special Insights session on the ACHSCP 2026/27 budget proposals on 31 October 2025. Public consultation on the savings options opened on 17 November 2025 and will close on 15 December 2025.

### 4.2.2 HOPE Conference

The recent HOPE Conference at Cults Academy brought together leaders, practitioners, and partners from across Grampian to share insights on collaborative approaches to health and social care. The event highlighted the importance of person-centred practice and showcased initiatives such as GIRFE, Putting People First, and Realistic Medicine, reinforcing our commitment to improving outcomes for local communities. With contributions from Scottish Government representatives and local leaders, the day fostered meaningful dialogue, practical learning, and a renewed sense of shared purpose. Feedback has been overwhelmingly positive, recognising the value of partnership working and the dedication of all involved in shaping a more integrated future for care delivery.

### 4.3 National Updates

#### 4.3.1 Scottish Government outlines measures to address rising prison population

MSPs in the Scottish Parliament voted on 6 November 2025 to support the emergency early release of some prisoners under section 3C of the Prisoners and Criminal Proceedings (Scotland) Act 1993.

Due to increasing prisoner numbers, the Scottish Government sought Parliamentary approval for emergency release powers under section 3C of the Prisoners and Criminal Proceedings (Scotland) Act 1993.

Scotland's Justice Directorate has notified stakeholders of the measures being taken to address the rising prison population and manage the early releases.

The regulations allow the early release of short-term prisoners serving less than four years, provided they are due for release within 180 days. Certain groups,



## INTEGRATION JOINT BOARD

including long-term, life, remand, terrorist prisoners, and those convicted under specific abuse or sexual harm acts, are excluded. Releases will occur in seven phases to support planning and maintain order.

Aberdeen Justice Social Work has been liaising with the Scottish Prison Service to support Governors with the veto process to identify any public protection issues in relation to the proposed emergency release of nominated prisoners.

We are also working alongside multi-agency partners such as the Upside (Voluntary Throughcare Service), Substance Misuse Services, the NHS and Housing to identify the support needs of each individual. The first tranche for Aberdeen under the measures saw five prisoners granted early release in mid-November.

### **4.3.2 Victims, Witnesses, and Justice Reform (Scotland) Act**

The Victims, Witnesses, and Justice Reform (Scotland) Act received Royal Assent on 30 October 2025.

The Act, which received two years of scrutiny at the Bill stage, aims to improve the experiences of victims and witnesses in Scotland's justice system, especially victims of sexual crime and seeks to ensure that victims are treated with compassion and their voices are heard, ensure justice meets the needs of survivors of sexual offences, and ensure public confidence in the justice system.

Amongst several measures, the Act will establish a Victims and Witnesses Commissioner for Scotland and ensures justice is delivered in a trauma-informed way. It makes provision for victims to receive information, give views, and be referred to victim support services. It also makes provision for special measures for vulnerable witnesses and vulnerable parties in civil proceedings, and abolishes the not-proven verdict.

### **4.3.3 Criminal Justice Modernisation and Abusive Domestic Behaviour Reviews (Scotland) Bill**

The Bill has passed Stage 3 in the Scottish Parliament and is now awaiting royal assent.

This is a dual purpose Bill and covers provisions that relate to criminal justice modernisation and domestic homicide and suicide reviews.:

The first part of the Bill is intended to improve the experiences of people who come into contact with the justice system through the modernisation of criminal procedures.



## INTEGRATION JOINT BOARD

The second part of the Bill creates a statutory framework for Scotland's national multi-agency domestic homicide and suicide review model. The model aims to learn lessons where a person has died due to abuse. The learning gained will facilitate change and improvements so that individuals and communities are better supported by public services and deaths can be prevented.

The Bill creates a robust system for learning from domestic abuse-related deaths, aiming to improve safeguarding and support for victims. It also emphasises multi-agency cooperation and transparency in reviews and reporting.

The Bill will allow for the creation of a panel to review selected homicide or suicide cases linked to domestic abuse. Reviews are expected to begin in spring next year. They will be held in cases where public authorities or voluntary organisations were, or could have been, involved in the circumstances leading up to the death of a partner, ex-partner, or child where abuse was known of or suspected.

### **4.3.4 The Scottish Learning and Improvement Framework**

The Scottish Learning and Improvement Framework (SLIF) provides a shared vision and priorities for improving adult social care support and community health services in Scotland. Developed collaboratively by the Scottish Government, COSLA and SOLACE, it aims to embed quality, learning and continuous improvement into the system. The framework focuses on enhancing experiences and outcomes for people who use services, ensuring their voices shape decisions, and establishing measurable outcomes to track progress. While SLIF represents a significant step forward, its high-level nature poses challenges for consistent implementation, requiring clear guidance, resources and staff training. Overall, SLIF seeks to create a more responsive and effective care system that meets the needs of individuals and communities.

### **4.4.5 National sub-planning for NHS Scotland**

National sub-planning for NHS Scotland introduces a new collaborative approach to service planning and delivery at a scale larger than individual boards but below national level. Under the Co-operation and Planning Directions 2025, health boards are required to organise into two sub-national structures – Scotland East and Scotland West – supported by Sub-National Planning and Delivery Committees chaired by NHS Lothian and NHS Greater Glasgow and Clyde. This model aims to move from organisation-level planning to population-based planning, ensuring consistency, safety and value across services while addressing pressures such as rising demand, workforce challenges and financial constraints. It aligns with the Health and Social Care Service Renewal Framework (2025–



## INTEGRATION JOINT BOARD

2035) and the Population Health Framework, promoting equity of access, efficient resource use and integrated planning across finance, workforce and infrastructure. Existing regional structures will transition into these new arrangements, with all boards expected to participate fully to maximise benefits for patients and strengthen resilience across Scotland's health system

### **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

#### **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**



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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**

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

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## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	2 December 2025
<b>Report Title</b>	Q2 – 2025 / 2026 Financial Performance; and Indicative results for year end 2025 / 2026
<b>Report Number</b>	HSCP.25.081
<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); <i>and</i>  Remit and Responsibilities duly noted under “Financials” (clause 15 – 19)

### 1. Purpose of the Report

- 1.1. To provide an indicative status or projection of the Integration Joint Board's year-end financial performance for fiscal year 2025 – 2026;
- 1.2. To present the financial performance of the Integration Joint Board (IJB) for the six (6) months period Q2 – 2025/2026, i.e., April – September; and
- 1.3. To update on existing activities that further guarantee financial governance of the IJB.



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### 2. Recommendations

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

- a) The indicative / projected financial performance of the IJB for the fiscal period 2025 / 2026;
- b) The financial performance of the IJB in Q2 – 2025/2026 (i.e., 6 months period) in relation to the updated 2025-2026 funding availability;
- c) The deterioration of the Costs of Services against budget from Q1 to Q2 further emphasizing the need to meet current year savings targets, and the potentiality of extending these savings targets to the incoming fiscal year;
- d) The update on on-going work in regards to the administration of client care requirements and the role it plays in tracking the management of IJB's financial performance and position;
- e) The link-up between the objectives of the public consultation and the savings targets being reviewed by the IJB, the message here being the prioritization of care demands whilst the IJB identifies areas of costs management efficiencies; and
- f) The impact of the KPMG Diagnostics Report to the IJB in reference to the Level 4 investigation of the NHSG.

### 3. Strategic Plan Context

Public consultation materials have been prepared and are to run until 14<sup>th</sup> December 2025 after having been released to the public on 18<sup>th</sup> November 2025. In the meantime, on-going dissertations of costs pressures and savings targets, both within the current period (2025 – 2026), and for the upcoming fiscal years (both immediate and medium-term, 2026 – 2030), aiming to align with IJB's strategic objectives are being carried out.

### 4. Summary of Key Information

#### 4.1. **Updated Funding (Income) against Costs of Services projected to year end 2025 – 2026:**

- a.) With additional ring-fenced funding, the total income had increased from Q1 to Q2 by £17m brought about by, among others:
  - 4.1.a.1. Primary Care Improvement (Ring-fenced up to £7.9m)
  - 4.1.a.2. Various mental health and substance misuse requirements (Ring-fenced up to £4.3m)
  - 4.1.a.3. Community services (Ring-fenced up to £0.3m)
  - 4.1.a.4. City Vaccinations Tranche 2 (up to £1.1m)
  - 4.1.a.5. Hosted Services alignment (up to £3.9m)





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4.1.a.6. Other minor adjustments (up to £0.2m)

b.) Projected year-end results for 2025 – 2026 following the release of Q2 performance figures indicate a small surplus of £43k.

PARTICULARS AS AT Q2 - 2025 / 2026	ACC £'000	NHS £'000	TOTAL £'000
<b>PROJECTED GROSS EXPENDITURES COST OF SERVICES FY 25-26 (Following review of Q2 performance)</b>			<b>Forecast Y/E 25-26</b>
Criminal Justice			190
Adult Social Care Directorate			2,214
Learning Disabilities			51,718
Mental Health & Subs Misuse			36,373
Adult Svcs OP & Physical Dis			105,146
Strategy & Transformation			3,423
Transformation Projects			-
Housing (Set Aside)			1,771
Community Health Services			51,193
Aberdeen City share of Hosted Services (health)			35,697
Primary Care Prescribing			47,739
Primary Care			57,530
Out of Area Treatments			3,343
Set aside Budget			59,238
City Vaccinations			2,108
Uplift Funding			2,837
Net Resource Transfer			(0)
<b>TOTAL GROSS EXPENDITURES / COST OF SERVICES</b>			<b>460,519</b>
<b>INCOME</b>			
Funding commitments 2025-2026	(135,958)	(251,454)	(387,412)
Set Asides	(1,771)	(59,238)	(61,009)
eNIC	(303)	(929)	(1,232)
Additional contribution	(4,200)	(6,709)	(10,909)
<b>TOTAL INCOME</b>	<b>(142,232)</b>	<b>(318,330)</b>	<b>(460,562)</b>
<b>(SURPLUS) / DEFICIT ON PROVISION OF SERVICES</b>			<b>(43)</b>

4.2. The deterioration of the year end surplus from Q1's projection of £197k to Q2's projection of £43k above results from the following factors. Although there had been an updated budget to allow for costs increases (as shown in the table below), the projected costs of services towards year-end require further control and scrutiny:

a.) Across Service Lines: 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.



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- b.) Across Service Lines: Commissioning costs increase resulting from revised contractual rates from suppliers and amended care package costs of clients.
- c.) Primary Care Prescribing: Increased prescription rates running along with increased volume of prescription requirements.
- d.) Community Health Services: Increased nursing costs brought about by out of area client placements.
- e.) Learning Disabilities and Mental Health: Transition costs for children moving into adult care brought about by the assessment timings not aligning with the budget finalisation timeframe.

PROJECTED GROSS EXPENDITURES COST OF SERVICES FY 25-26 (Following review of Q2 performance)	Forecast Y/E 25-26	Updated Annual Budget	FORECAST against BUDGET
Criminal Justice	190	172	18
Adult Social Care Directorate	2,214	2,093	120
Learning Disabilities	51,718	47,847	3,871
Mental Health & Subs Misuse	36,373	33,736	2,637
Adult Svcs OP & Physical Dis	105,146	111,733	(6,587)
Strategy & Transformation	3,423	3,717	(294)
Transformation Projects	-	-	-
Housing (Set Aside)	1,771	1,771	-
Community Health Services	51,193	49,798	1,395
Aberdeen City share of Hosted Services (health)	35,697	35,697	(0)
Primary Care Prescribing	47,739	44,503	3,236
Primary Care	57,530	58,778	(1,248)
Out of Area Treatments	3,343	2,750	593
Set aside Budget	59,238	59,238	-
City Vaccinations	2,108	2,634	(526)
Uplift Funding	2,837	6,096	(3,259)
Net Resource Transfer	(0)	0	(0)
<b>TOTAL GROSS EXPENDITURES / COST OF SERVICES</b>	<b>460,519</b>	<b>460,563</b>	<b>(43)</b>

4.3. Q2 – 2025 / 2026 Costs of Services highlight the points noted in clause 4.2.



## INTEGRATION JOINT BOARD

GROSS EXPENDITURES COST OF SERVICES UP TO Q2 / 25-26:	YTD (Q2)	Updated YTD Budget	YTD Q2 against YTD Budget
Criminal Justice	(97)	86	(183)
Adult Social Care Directorate	1,103	1,047	57
Learning Disabilities	29,389	23,923	5,466
Mental Health & Subs Misuse	18,649	16,864	1,784
Adult Svcs OP & Physical Dis	52,581	55,866	(3,286)
Strategy & Transformation	1,738	1,858	(120)
Transformation Projects	-	-	-
Housing (Set Aside)	-	886	(886)
Community Health Services	25,278	24,885	393
Aberdeen City share of Hosted Services (health)	17,271	17,857	(586)
Primary Care Prescribing	23,349	22,211	1,138
Primary Care	28,599	29,428	(830)
Out of Area Treatments	1,595	1,428	167
Set aside Budget	29,619	29,619	-
City Vaccinations	978	748	230
Uplift Funding	-	2,702	(2,702)
Net Resource Transfer	(0)	0	(0)
<b>TOTAL GROSS EXPENDITURES / COST OF SERVICES</b>	<b>230,052</b>	<b>229,408</b>	<b>644</b>

#### 4.4. Provider contracts review, Client care management, Systems and Database update:

- An extensive systems work via MS Dynamics 365 is still being carried out to monitor clients, their care package status, along with their financial assessments that will enable the IJB to track not just the ever-changing client care requirements but also its related costs structure, i.e., portion chargeable to the client as well as to the IJB (on non-residential care). As on-going configuration works are currently being done, a viable presentation may be available by end of Q3.
- On-going provider contracts review are in place not only to identify further savings, but also to structure clarity in invoicing administration and its clearance.

#### 4.5. The KPMG Diagnostics Report for the Level 4 investigation of the NHSG had been published on NHSG's website last 9<sup>th</sup> October 2025.<sup>1</sup> Recommendations for a closer scrutiny of IJB's financial performance to further identify opportunities for cost savings while optimising current services have been mentioned in this report and requires onward compliance and escalation by the partners, i.e., the Council and NHSG.

### 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

<sup>1</sup> [KPMG Diagnostics Report](#)



## INTEGRATION JOINT BOARD

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 the recommendations in this report.

### **5.2. Financial**

The financial implications are contained within this report. Pending the results of the public consultation, there should be an alignment exercise of cost savings planned to care demands from the public.

### **5.3. Workforce**

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 / staffing plans are duly noted. In addition, the IJB's Deputy Chief Finance Officer vacancy has now been filled, and further updates will be provided outwith this committee session.

### **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.

### **5.7. Environmental Impacts**

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



## INTEGRATION JOINT BOARD

### 5.8. Sustainability

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

### 5.9. Other

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

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## ABERDEEN CITY COUNCIL

<b>COMMITTEE</b>	Education & Children's Services Committee / IJB
<b>DATE</b>	25 November 2025 / 2 December 2025
<b>EXEMPT</b>	No
<b>CONFIDENTIAL</b>	No
<b>REPORT TITLE</b>	Chief Social Work Officer Annual Report 2024/25
<b>REPORT NUMBER</b>	F&C/25/264 / HSCP.25.083
<b>EXECUTIVE DIRECTOR</b>	Eleanor Shepherd
<b>CHIEF OFFICER</b>	Graeme Simpson
<b>REPORT AUTHOR</b>	Graeme Simpson
<b>TERMS OF REFERENCE</b>	2.5

### 1. PURPOSE OF REPORT

- 1.1 To present Elected Members with the Chief Social Work Officer's Annual Report for year 2024/25 (up to 31/3/25). The report is 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 activity within Aberdeen City.

### 2. RECOMMENDATIONS

- 2.1 That the Committee notes the content of the Annual Report, as attached at Appendix 1.

### 3. CURRENT SITUATION

- 3.1 The role of the Chief Social Work Officer (CSWO) is a statutory post in accordance with the Social Work (Scotland) Act 1968, as amended by the Local Government (Scotland) Act 1994. This requires Local Authorities to appoint a CSWO for the purposes of listed social work functions.
- 3.2 The required qualifications of the CSWO are set out in regulations and the post holder must be able to demonstrate senior strategic and operational experience. National Guidance on the role was published by the Scottish Government in 2009, revised in May 2017. It provides an overview of position, outlining the responsibility for values and standards, complex decision making, particularly in relation to deprivation of liberty decisions and professional leadership. The guidance also covers accountability and reporting arrangements.
- 3.3 The CSWO provides advice to the Council on social work matters; undertakes decision making in respect of statutory functions and provides professional governance, leadership and accountability for the delivery of social work and social care services, whether they are provided by the Council or on behalf of the Council by another agency.

3.4 In its 2016 report on Social Work in Scotland, Audit Scotland outlined the increased complexity of the role: *“With integration and other changes over recent years, the key role of the Chief Social Work Officer (CSWO) has become more complex and challenging. Councils need to ensure that CSWOs have the status and capacity to enable them to fulfil their statutory responsibilities effectively”*.

3.5 This report has been requested by the Scottish Government’s Chief Social Work Advisor to assist with ensuring that, on a national basis key issues are highlighted, and information and learning is shared. This report is consistent with the content and formal guidance laid down by the Chief Social Work Advisor. The annual report cannot provide a complete account of social work activity over the year. It provides an overview of the range of services and initiatives in social work and social care and to highlight key achievements and challenges. On receipt of reports from all 32 CSWO’s, the Chief Social Work Advisor prepares a national overview.

#### 4. FINANCIAL IMPLICATIONS

4.1 There are no financial implications arising out of this report.

#### 5. LEGAL IMPLICATIONS

5.1 There are no legal implications arising out of this report.

#### 6. ENVIRONMENTAL IMPLICATIONS

6.1 There are no environmental implications arising from this report.

#### 7. RISK

Category	Risks	Primary Controls/Control Actions to achieve Target Risk Level	*Target Risk Level (L, M or H)  *taking into account controls/control actions	*Does Target Risk Level Match Appetite Set?
<b>Strategic Risk</b>	No significant risks identified			
<b>Compliance</b>	No significant risks identified			
<b>Operational</b>	Required improvements and developments in practice are not identified and actioned.	This report provides assurance on the quality of social work services delivered to those who meet the threshold for social work support and intervention.	L	Yes



		<p>Service users have the opportunity to complain about the quality of social work services directly or via the SPSO. A learning approach is actively taken to all complaints.</p> <p>Service users also contribute to inspections via various feedback opportunities enabling them to know that their views are listened to and considered.</p>		
<b>Financial</b>	No risks identified			
<b>Reputational</b>	Organisational failings in relation to the provision of social work services can bring significant media interest and scrutiny.	The delivery of effective social work and social care services is critical to the protection and care of vulnerable children and adults. Failure to discharge our statutory duties effectively can bring significant media interest and scrutiny.	L	Yes
<b>Environment / Climate</b>	No risks identified			

## 8. OUTCOMES

<b><u>COUNCIL DELIVERY PLAN</u></b>	
	<b>Impact of Report</b>
<b>Aberdeen City Council Policy Statement</b>	The delivery of social work and social care services is aligned to the Integrated Joint Board's strategic plan and the Partnership's Children's Services Plan/ Child Protection Improvement Plan. There is clear and direct alignment with the Council Delivery Plan and the Working in Partnership for Aberdeen Policy Statement.
<b>Aberdeen City Local Outcome Improvement Plan</b>	
Prosperous People Stretch Outcomes	Aberdeen City Council's social work and social care services are central to supporting and assuring that the multi-agency Children's and Adult Services partnerships deliver on the LOIP – Prosperous People (Children and Young People) Stretch Outcomes 3 to 8 and to Prosperous People (Adults) Stretch Outcomes 9 – 12.

	In addition, the work of the Adult & Child Protection Committees is highly relevant to ensure our children and vulnerable adults are safe from harm. Children, young people and adults' families who are adequately protected from threats to their health, safety and economic wellbeing are more likely to prosper than those who are not.
<b>Regional and City Strategies</b>	The work of Aberdeen City Council's regulatory care services is relevant to Aberdeen City Council Delivery Plan, the Local Outcome Improvement Plan, the Children's Services Plan and the IJB Strategic Plan.
<b>UK and Scottish Legislative and Policy Programmes</b>	<ul style="list-style-type: none"> <li>• National Care Service Bill</li> <li>• Delivery of The Promise/Plan 21 -24/Plan 24 - 30</li> <li>• Whole Family Wellbeing Support</li> </ul>

## 9. IMPACT ASSESSMENTS

Assessment	Outcome
<b>Impact Assessment</b>	As Chief Officer, I confirm that an impact assessment is not required for this report.
<b>Data Protection Impact Assessment</b>	Not required for this report.
<b>Other</b>	Not required for this report.

## 10. BACKGROUND PAPERS

Appendix 1 – Chief Social Work Officer Annual Report -  [2024 2025 CSWO Annual Report.docx](#)

## 11. REPORT AUTHOR CONTACT DETAILS

<b>Name</b>	Graeme Simpson
<b>Title</b>	CO – Children & Family Services/CSWO
<b>Email Address</b>	<a href="mailto:gsimpson@aberdeencity.gov.uk">gsimpson@aberdeencity.gov.uk</a>

**Aberdeen City Council's  
Chief Social Work Officer's  
2024/25 Annual Report**

## **1. Foreword**

I am pleased to present the 2024/25 Annual Chief Social Work Officer report for Aberdeen City. The Scottish Government's Chief Social Work Advisor requested this report to highlight key issues nationally from 1 April 2024 to 31 March 2025. All CSWO reports contribute to a national overview prepared by the Chief Social Work Advisor.

Challenges like world conflicts, austerity, and the cost-of-living crisis have continued to increase demands on our disadvantaged citizens. The complex needs of children, vulnerable adults, and families require more resources, but ongoing financial constraints mean we must achieve this with less. Social work thrives in uncertainty, yet now more than ever, communities need social workers' expertise. Social workers face high workloads, with the needs of many increasingly complex.

This backdrop coincides with shifts in legislation and policy, which may bring structural changes and added uncertainty but also will bring opportunities. These changes come at a time when budget pressures require an ever skilled and agile workforce to adapt to changes in need and embrace the benefits technology can offer both other service users and our staff.

### **Key challenges:**

- Recruiting and retaining experienced social workers and also in succession planning
- Key services such as Mental Health, Learning Disability within Adult Social Work, and in residential childcare as well as in some areas of Children's Social Work frontline services, often have prolonged/recurring vacancies.
- Increased workload on current staff due to vacancies alongside legislative changes and increasing demand.
- An ageing population with increasing complexity of need.

While recognising these challenges, social work colleagues show impressive skills and dedication. Compassion, empathy, and resilience are demonstrated while supporting children, young people, and adults. I continue to be hugely proud and inspired by their efforts. This report therefore records and celebrates the efforts of the entire social work workforce over the past year.

## **2. Governance, Accountability and Statutory Functions**

### **The Role of the Chief Social Work Officer**

**There is a statutory requirement for all Local Authorities to appoint a professionally qualified Chief Social Work Officer (CSWO)**

The CSWO's role includes providing professional advice and guidance to Local Authorities, Elected Members, and Officers in the provision of Social Work Services, managing overall performance and improvement, and identifying and managing corporate risks related to Social Work Services.

The CSWO promotes professional practice values and standards, ensuring that only registered Social Workers undertake functions set out in legislation. The role helps ensure the local authority and its partners understand the complexities of social work service, including corporate parenting, child protection, adult protection, mental health and managing high-risk offenders

Social work services in Aberdeen City are governed across two structures: Children's Social Work within Aberdeen City Council's Children's Social Work & Family Support Cluster, and Adult Social

Work, including Justice Social Work, within Aberdeen City's Health and Social Care Partnership (ACHSCP), overseen by the Integration Joint Board (IJB).

Audit Scotland have noted the complexity of the Chief Social Work Officer's (CSWO) role following the establishment of Health and Social Care Partnerships (HSCPs), identifying challenges in providing independent, professional oversight across two complex structures. These challenges are highlighted in Inspection Reports by the Care Inspectorate, and the results of the Scottish Government's Thematic Inspection of Social Work Governance that was conducted last year. Aberdeen City was in line with national results, see section below. The CSWO maintains close working relationships with the HSCP Chief Officer, Chief Officer for Adult Social Work, and other managers across Adult Services.

### Scottish Government's Thematic Inspection of Social Work Governance

The Thematic Inspection findings for Aberdeen were similar to, if not higher than elsewhere across the country in most areas. Positive highlights included

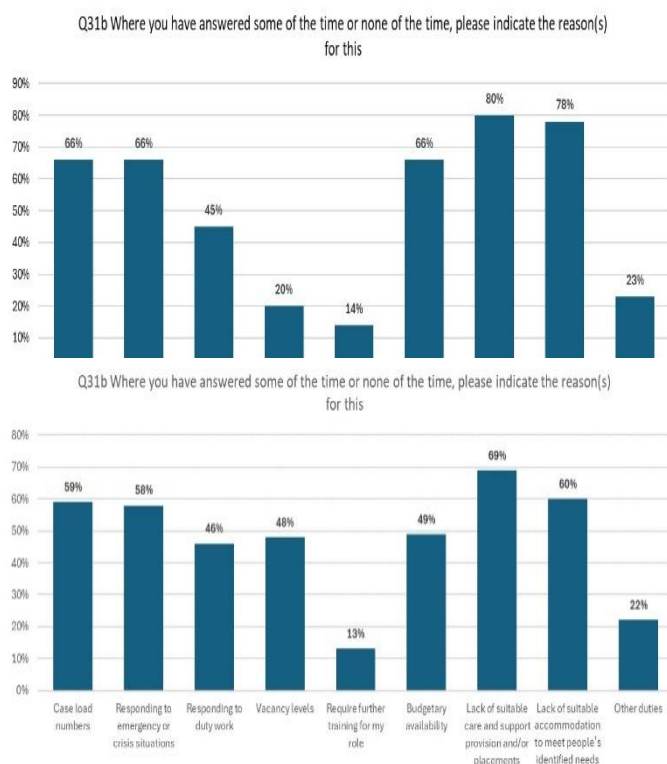
- Aberdeen had higher proportions in several areas, including our systems, processes,
- 46% of Aberdeen respondents felt that service users were informed about wait times for assessments, versus 39% nationally<sup>1</sup>.
- Professional supervision was received by 81% of staff within Aberdeen, compared to 69% nationally. Annual appraisals were noted by 69% in Aberdeen, while only 36% reported this nationally.

When asked if senior leaders and managers promote social work values, 74% of Aberdeen respondents said they did with 66% nationally. Ten percent more Aberdeen respondents, than nationally, said that they received performance and quality improvement information enabling them to carry out duties safely. Finally, 52% of Aberdeen respondents said that their team had a full staffing complement whereas this was 38% nationally. While encouraging, given 48% of our respondents are working in teams without full staffing complement this remains a focus of attention.

#### 1 Aberdeen

In subsets of questions around *'not always having the capacity to provide responsive interventions and support to the people they were working with'*, more respondents from Aberdeen responded that

case load numbers, responding to emergencies, budgets, lack of placements and lack of suitable accommodation were the reasons for this, compared with National responses.



Budgetary restrictions were also noted as a reason Aberdeen struggled to recruit 88% v 48% nationally. However 64% of respondents said that as a line manager they could recruit to fill social work posts compared with only 45% of respondents nationally. The CSWO & the CO – Adult SW continue to strongly advocate priority is given to filling social worker posts given the statutory nature of the work and need to protect vulnerable groups. The survey responses reflect the impact on the wider workforce of the carrying vacancies but also impending changes to terms and conditions for the workforce.

<sup>1</sup> Percentages used were the responses agree and strongly agree combined.

The reflections of staff in respect of “budgets”/” lack of placements” reflects the real challenge in providing for a rising demand of complex need and the availability of local resource to meet for young people/individuals with uniquely complex needs.

Training, development, and supervision, Aberdeen exceeded national averages except in community care (48% vs 52%). 83% reported that they had received up-to-date training in trauma-informed practice, compared to 75% nationally. Responses to, ‘have I had up to date training?’, show more positive comparisons. In Adult Protection, Aberdeen performs slightly better with 89% vs. 84% nationally, in adults with incapacity training 72% vs. 67% nationally. Training in Mental Health: Aberdeen is slightly better with 66% vs. 62% nationally and training in Child Protection, Aberdeen is slightly better with 85% vs. 80% nationally. Finally, Aberdeen self-directed support training was received by 64% where nationally only 59% received the training.

An action plan related to Children’s Social Work [Workforce Development Plan](#), has been developed to address some of these weaknesses, and to set out how improvements will be made. An overall Workforce Plan for the HSCP is in place and will incorporate any areas that are not already highlighted.

### **Adult & Child Protection**

Aberdeen City continues to engage a single Independent Chair for its Adult and Child Protection Committees. Through this, we have deliberately sought to better align governance, structures and system oversight as well as our approaches to risk assurance. We have well established governance arrangements overall for public protection as overseen by the chief officer group (COG) which gives a robust structure for the oversight of child protection, adult protection, multi-agency public protection arrangements (MAPPA) and gender-based violence. The COG has also expanded its remit to oversee the alcohol and drugs partnership, counterterrorism and suicide prevention. This was an area highlighted as a strength in the Social Work Governance inspection.

The activity of the Chief Officer Group is data and risk led, with Risk Registers and data reports being presented to and considered by them consistently. We intend to review our approach to articulating risk within our Risk Registers during 2024/25 drawing on learning from the WHO Violence Prevention approach. This activity will continue to build on the strength on our collective leadership in relation to public protection as evaluated in our most recent strategic inspection in 2022.

### **Quality Assurance**

We have a well embedded continuous learning approach across all social work domains. Learning from complaints, predominantly relate to service quality and staff communication. While this reflects an inexperience of the workforce, we have continued to focus on developing relational practice but also the challenge we have in engaging with a small number of our most vulnerable citizens, rather than labelling them as “non-engaging”. Recent child protection statistics show, on average over 2024/2025, 12% of children registered on our Child Protection Register are registered under the concern of ‘services finding it hard to engage’.

Notable progress has been achieved in monitoring service quality and performance. The increased use of data, risk registers, service standards, and a quality assurance framework have highlighted strengths and areas for improvement. Our social work teams benefit from established quality assurance practices, supported by comprehensive data reporting and analysis.

Key activity of Children’s Social Work is reported to every Council’s Education & Children’s Services Committee. This ensures robust and open scrutiny by elected members on a range of performance measures. In addition the annual Social Work Statistics report and the Quality Assurance reporting from the Child Protection Committee is reported to Council Committee allowing appropriate scrutiny and benchmarking analysis. Additionally the outcomes from the inspection of Registered Care services is reported to Committee along with national thematic scrutiny.



The multi-agency Quality Assurance Framework, overseen by Children's Social Work, continues to ensure a coordinated approach to quality assurance across services. This framework aims to embed a culture of consistent and robust service improvement and learning among partner agencies. Audits are commissioned by the **Child Protection Committee (CPC)** and **Children's Services Board (CSB)**.



This year a multi-agency audit focused on evaluating the effectiveness of child protection services through a multi-agency approach. The audit aimed to assess various quality indicators related to the impact on children, recognition and response to concerns, risk assessment, care planning, and legal measures. There were positive findings as seen below, and an action plan to address some of the weaknesses is in place.

## Audit Highlights

The recent audit has underscored several key aspects of our child protection efforts, showcasing the strength and effectiveness of our multi-agency approach:

**Multi-Agency Collaboration:** The audit emphasised the critical role of a multi-agency approach in ensuring effective child protection. This collaborative effort is essential for addressing complex cases and providing comprehensive support to children in need.

**Timely Intervention:** Impressively, the audit revealed that 100% of concerns were promptly shared with police and/or social work without any delay. This statistic highlights our unwavering commitment to timely intervention and the robust communication channels within our partnership.

**Positive Outcomes:** The audit also identified numerous positive outcomes, particularly in terms of interagency cooperation. Several cases were highlighted for their exemplary collaboration between different agencies, demonstrating the effectiveness of our coordinated efforts.

## Adult Social Work QA

Justice Social Work has in place a robust Performance and Quality Assurance Framework which is overseen by the Service's Performance Management Board. This sets out how the service will measure performance against our local Objectives, which align with national outcomes and standards. The Framework includes the Service's Quality Assurance Plan, which sets out targets for regular and ongoing quality assurance. Relevant data and QA findings are reported to the Performance Management Board on a quarterly basis, alongside feedback from exit questionnaires, to enable oversight and inform plans for improvement. The Framework was reviewed recently in light of the self-evaluation work undertaken as part of the Care Inspectorate's National Thematic Review of JSWS Performance and Quality Assurance (Phase 1), which focused on the current capacity of services to evidence performance, quality and outcomes in relation to community-based sentences.

In terms of MAPPA, Justice Social Work, alongside Police Scotland's local Sex Offender Policing Unit, contributes to regular quarterly case file audits which are coordinated by the Grampian MAPPA Coordination Unit. This involves in depth quality assurance of randomly selected case files in terms of processes and risk management planning. Findings are reported to the Grampian MAPPA Strategic Outcomes Group.

Within our adult social work teams we have quality assurance processes in place to ensure consistency of social work practice and decision making. Similarly to colleagues within justice we have established an Adult Social Care Performance Management Board to monitor key performance metrics in our delivery of social care.

We have further developed our quality processes and data gathering in Adult Support and Protection through the development of Quality Assurance and Improvement framework and tool in line with the [Quality framework for ASP September 2024.pdf](#).

## **Risk Oversight**

**Risk management** is crucial to the delivery and oversight of all social work activity in Aberdeen City.

- Both adult and children's social work use Risk Registers, presented to the Council Committee or the IJB's Clinical and Care Governance Committee.
- Quarterly reviews cover Children's Social Work risks and those of the Health and Social Care Partnership.

Chief Officers maintain cluster risk registers, detailing potential impediments to service delivery and strategic objectives. Operational risk registers, managed by Service Managers, track risks specific to teams and can escalate severe risks to the cluster register.

The IJB's Board Assurance and Escalation Framework sets risk appetite, identifies significant events, assesses and mitigates risks, and establishes controls and assurances.

The Chief Officer owns the Strategic Risk register, assigning risks to Leadership Team members. The register is reviewed quarterly by the Risk, Audit and Performance Committee and updated for the next IJB meeting. Financial pressures have necessitated and strengthened this review process.

Robust public protection arrangements are positively evaluated by external bodies, overseen by the Chief Officers Group with an evidence-based approach. They receive data, risk registers, and reports from various committees and partnerships.

Under the guidance of the Independent Chair and CSWO, Lead Officers from public protection forums enhance connectivity and consistency in activities, addressing the diverse needs of vulnerable individuals. This collaborative approach will continue to be developed throughout the year.

## **3. Service Quality and Performance**

### **CHILDREN'S SOCIAL WORK**

A restructure of the Council structure early in 2024/25 saw the repositioning of Children's Social Work under a 'Families and Communities' Function. This includes Education & Lifelong Learning, Housing and Corporate Landlord clusters.

This arrangement enables opportunities to integrate to be maximised particularly in relation to supporting our most vulnerable children and families with a variety of complex needs, but also how we provide early and preventative support to families that mitigates the need for children to be referred to social work. This is also in recognition that despite best endeavours, statutory involvement of services can also have negative consequences and that intended improved outcomes may not always be achieved, as highlighted by feedback from our children and families.

Children's Social work provides support from pre-birth through to adulthood and up to 26 years for our care experienced young people. Data continues to confirm that demand for social work exceeds resources therefore focus is on ensuring attention is afforded to those with the greatest level of need. Our Intake Service, comprising our Joint Child Protection Team, Children's Reception Team and our Aberdeen Maternity Hospital team, responds to all new referrals, the largest number received from Police Scotland followed by Education. Our revised commissioning arrangements ensure provision from third sector colleagues and allows families to exit statutory social work support at the earliest juncture. Further, our now well-established Fit-Like Family Wellbeing Hubs allow families to opt into connection with a variety of whole family support services.

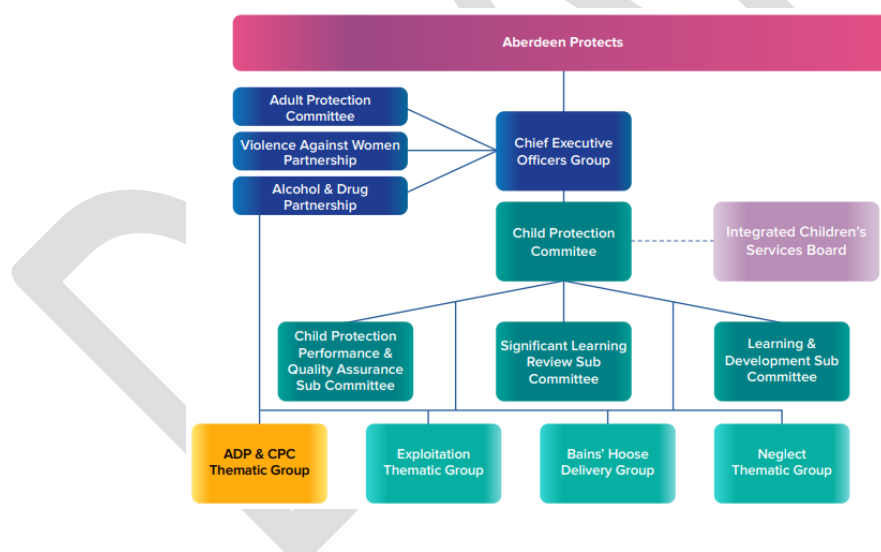
This year has continued to see an increase in newer areas of work including –

- migrant families/UASC who arrive spontaneously or through the national transfer scheme with minimal time for planning. Particularly challenging is the sourcing of local residential care options for these vulnerable under 18yr old teenagers who require to be looked after, an age group that historically already prove more challenging to source appropriate education, health, wellbeing and accommodation for,
- increasing numbers of young people within the city who are involved in criminal exploitation,
- high levels of substance misuse amongst young people and their parents,
- increased numbers of children with additional support needs (ASN), significantly those who are neurodiverse and are often referred at a point of crisis.
- Increased numbers of children and their families whose wellbeing is significantly compromised by poor mental health

## Child Protection

Child protection processes and administration are well embedded, understood and utilised across all partners in Aberdeen City. Our last Joint Inspection in 2019 noted “Recognition of, and responses to, children and young people at immediate risk of harm were very effective and staff were confident in their role, leading to a positive impact on children’s and young people’s safety”. We continue to strive for the very highest standards of service delivery in this area, despite challenges particularly at a time of economic crisis and many associated issues, not least child poverty and displaced persons, which have continued to be evident throughout 2024/2025.

Aberdeen City’s Child Protection Committee’s (CPC) primary function is to drive improvement activity in child protection strategy across and between agencies. The CPC has a crucial role in identifying and managing risk to children and young people. The CPC fulfils its core functions through its structure and [Child Protection Improvement Programme](#).



The [Child Protection Committee’s annual report](#) illustrates some of the improvement activities that have been undertaken in 2023/2024.

## Key Priorities for the Child Protection Committee in 2024/2025

In July 2024, the CPC concluded their Child Protection Improvement Programme for 2021-2024 and introduced the programme for 2024-2026. The [Child Protection Improvement Programme 2024-26](#) has a number of priorities including:

- Neglect
- Child Protection & Parental Substance Use
- Exploitation
- Child Protection & Domestic Abuse
- Interdisciplinary multi agency working



- Learning & Development

The intention of the Programme is to collaborate with Aberdeen City's Alcohol & Drug Partnership for year 1 in relation to Child Protection & Parental Substance Use, followed by a collaboration with Aberdeen City's Violence Against Women & Girls Partnership in year 2 for Child Protection & Domestic Abuse. The intention from this activity is to strengthen partnership working but also to explore how our public protection activity can be better aligned with a stronger emphasis on preventative activity.

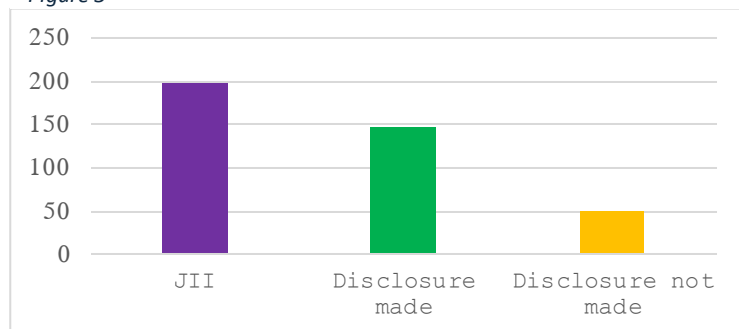
Alongside these 2 themes, the Partnership continue to undertake activity to deliver on the other identified priorities.

### Scottish Child Interview Model (SCIM)

In November 2022, Aberdeen City adopted the Scottish Child Interview Model (SCIM), for children who are victims of, or witness to abuse or neglect. Vital collaboration with colleagues from Aberdeenshire, Moray, Police Scotland 'A Division' and NHS-G led to widescale improvements to key child protection processes. Notably, agreement for 'soft boundaries' across all three neighbouring authorities allows that when such an interview is required, lack of availability of interviewer is unlikely to be a factor.

In 2024/2025, the total number of interviews undertaken has been substantial with 90% of the 199 JILs undertaken being undertaken by SCIM trained interviewers. This exceeds our initial commitment to undertake 60% via this new improved model. A small but significant number of interviews have been planned for, but for whatever reason has not proceeded hence this area continues to be scrutinised within our Bairns Hoose Pathfinder work (see below) alongside work to further increase the number of interviews taking place that led to disclosure (74%).

Figure 3



Our first SCIM annual report (2023/24) helpfully highlight improvements to further enhance our practice. These recommendations have been collated by the SCIM oversight group to form a SCIM Action Plan, overseen by managers across the partnership and within QA assurance groups and are monitored and reviewed by the SCIM oversight group and reported to Child Protection Committee.



SCIM ACTION  
PLAN.docx



Year 1 Review - NE  
SCIM Team.pdf

### Bairns Hoose

Work undertaken to implement SCIM was recognised to form the backbone to our progression towards a Bairns Hoose in Aberdeen City. In November 2023, the Aberdeen City Partnership was delighted to be awarded Pathfinder status as one of six sites in Scotland for a Bairns' Hoose (BH [webpage](#)). The objective of a Bairns' Hoose is to provide integrated support tailored to the needs of children and young people who have been abused or have witnessed violence, as well as children under the age of criminal responsibility (currently 12 years old) whose actions have significantly harmed others. A central goal of this model is to improve and align the journey of recovery from disclosure to recovering minimising the number of times children must recount their experiences.

To oversee the multi-agency transformational change required to deliver a Bairns' Hoose, a delivery group was established with a number of workstreams.

Voice	Ensure our service design is informed by and takes full account of the voice and views of children, young people and families.
Systems & Processes	Adapting and transforming existing systems and processes to enable alignment to the Bairns Hoose Standards
Capital & Resources	Oversee the building development & resource to deliver a Bairns Hoose on a sustainable basis
Governance	Oversight of reporting duties to Scottish Government & internal governance
Evaluation	Lead learning & begin to understand the impact of our Bairns Hoose service.

Some key achievements by the group in 2024/2025 include:

**Voice, Participation, and Recovery Support:** Prioritising the embedding of systemic listening and learning practices, ensuring the voices of children, young people, and their families are central to Bairns Hoose planning. Our children and young people designed a dedicated Bairns Hoose logo, illustrating our commitment to our Bairns Hoose being greater than the sum of all our respective parts.

**Integration and Collaboration:** The integration of various services and the collaborative approach between agencies have been key features of Aberdeen's pathway planning for Bairns Hoose. This includes the embedding of a health coordinator and specialist Speech and Language Therapy (SLT) within Bairns Hoose.

**Evaluation and Continuous Improvement:** The University of Edinburgh is evaluating Aberdeen City's Bairns Hoose progress, focusing on recovery, safety, justice, rights, and reduction of systems harm. The evaluation aims to test whether the model improves outcomes for children across five areas: recovery, safety, justice, rights, and reduction of systems harm.



Aberdeen City Initial  
Programme Theory D

**Funding and Financial Management:** Aberdeen City successfully secured significant funding for the Bairns Hoose project for 2025/26 and an additional amount for fixtures, fittings, and equipment. This funding supports the development and operational delivery of the Bairns Hoose.

**Design of our Bairns Hoose:** Under the coordination of the Delivery Group, multi-agency partners have worked jointly over 2024/25 to ensure the building's design and layout met the practical, aesthetic and therapeutic needs of those it is intended to support and protect. During this time, children, young people, and their families have actively contributed their views, all of which have been incorporated, directly shaping planning and decision-making.

Our Bairns' Hoose will become incrementally operational from July 2025. Whilst the policy landscape and expectations are changing at pace, we continue to enhance our planning to ensure our Bairns Hoose is 'future proofed' - i.e. potential increase of age of criminal responsibility; changes to the rules of evidence for children; Trauma Informed Domestic Abuse Management (TIDAM) and the implementation of the Children's (Care & Justice) Act.

### Multi-Agency Self Evaluation Activity

In March 2024, the CPC initiated a comprehensive multi-agency self-evaluation to assess how well we are delivering services for children and young people in need of care and protection. This activity aligned with national guidance implementation and learning from recent inspections across

Aberdeenshire and Moray, as well as preparations for the evolving focus of joint inspections. Our aim was to understand what we do well, identify where we need to improve, and ensure that children's voices are heard and central to our approach.

Some of our key findings from this activity included:

- Strong early-stage child protection practices including Inter-agency Referral Discussions (IRDs) and Child Protection Planning Meetings.
- Improvement needed in use of re-convened IRDs and clarification of Care and Risk Management (CARM) processes
- Staff confidence in national guidance and visibility of leadership is high.
- More support needed for mental health access, consistency in collaboration, and addressing staffing pressures.
- Clear commitment to listening to children, including non-verbal and neurodiverse voices
- Improved systems like D365 and PowerBI are support better planning
- Strengths in timely, multi-agency responses

The CPC determined the following areas require more focus:

- Improve communication with the workforce about child protection improvement activity and progress.
- Build staff confidence in the collaborative interventions they are delivering.
- Strengthen the links between strategy and everyday practice.
- Enhance the quality of record-keeping, particularly around risks, outcomes, and capturing family voices.
- Clarify the roles and responsibilities across multiagency practitioners.

The CPC identified a number of actions required to address the areas requiring more focus, such as themed Q&A Panels to support practitioners learning and understanding of roles and responsibilities across the Partnership. The first Q&A Panel, [Child Protection & Physical Abuse](#) took place in March 2025 and was attended by over 150 practitioners from across the Partnership.

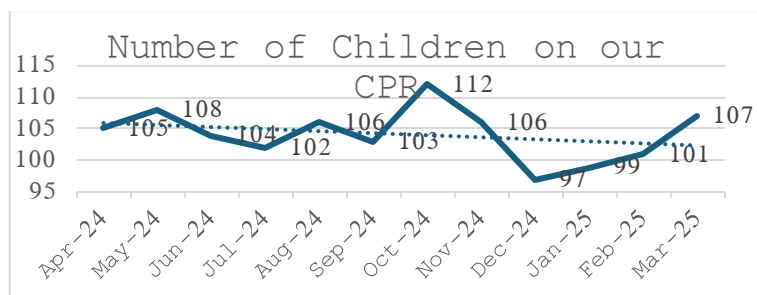
*"Although the duration of the session was probably only an hour for a reason, maybe as this was a practical length of time to fit in with everyone's schedules, it could easily have been longer and covered more info. I think it is a great idea as a way to learn more and for information sharing across different agencies." Social Worker*

Based on our recent self-evaluation and our continuous improvement activity, we are confident that we could be rated **Very Good**. We are aware that Scottish Government have directed a change in emphasis to strategic inspection activity. This change will be accounted for in our self-evaluation activity in the year ahead.

### **Child Protection Registration Data**

We continue to enhance the way we identify, collate, report and analyse child protection data both on a single and multi-agency basis. We adhere to, and go beyond, the requirements of the national minimum data set v2 for CPC. Detailed consideration of our data takes place at service level and in the multi-agency CPC environment where data reports are scrutinised quarterly.

Numbers of children whose names feature on the child protection register in Aberdeen City has remained relatively static with changes often skewed by large sibling groups.



The published Children's Social Work statistics contains extensive local and national data up to July 2024. Some key comparisons between the national and local data are:

- On 31 July 2024, Scotland's rate per 1000 children on the child protection register was 2.1 per 1000. In Aberdeen City, the rate per 1000 on the same date was 2.4 per 1000, a decrease from 2.7 on 31 July 2023.
- In Aberdeen City, 30% of children added to the child protection register in 2023-2024 lived in one of the 20% most deprived areas, compared with the national figure of 48%.
- Nationally, the most common concerns identified at child protection planning meetings for children registered during the year were domestic abuse, neglect, parental substance use, parental mental health, and emotional abuse. This trend was also seen in Aberdeen City.

Placing a child's name on the Child Protection Register (CPR) is a significant decision in a child's life. Such a decision is always based on individual circumstances and the professional judgement of the multi-agency team around the family. Local data tells us that in 2023 – 2024, 85% of children subject to an initial Child Protection Planning Meeting (CPPM) were placed on the CPR. The high conversion rate demonstrates our threshold for deciding to convene an initial CPPM is aligned to our thinking within that subsequent meeting. Children in Aberdeen City tend to remain on the CPR 4-12 months, with around 40% of children being removed from the register because there is an improved home situation.

The concept of significant harm is one which is framed by professional experience and judgement. We recognise that within discussions focussed on risk, professionals seek to do all they can to mitigate against future harm. Whilst registration is a recognition of the need for multi-agency child protection planning it is not the process in itself that reduces risk. We also know that parents can feel shame and feel judged by the decision to place their child's name on the CPR. In recognition of this and Aberdeen City's higher rate per 1000 children on the CPR (see table above), we continue to challenge all professionals across the wider partnership to be clear that registration is necessary, i.e. that we are only utilising CPR for children where there is a clear risk of 'significant harm' and a multi-agency child protection plan is required. Understanding this variation continues to be a focus.

### Trauma informed practice

The service has built on the work from last year and continues to consider the psychological trauma in the lives of children who use its services. Children's Social Work always aims to support children and their families but are aware that there is a risk of retraumatising them through certain interventions and approaches used.

The main purpose of this model is to help staff distinguish between risk and actual harm, and to recognise that risk is dynamic and can be mitigated through interventions by skilled practitioners. Feedback from families and professionals indicates that this approach has fostered a more collaborative relationship between service users and professionals.

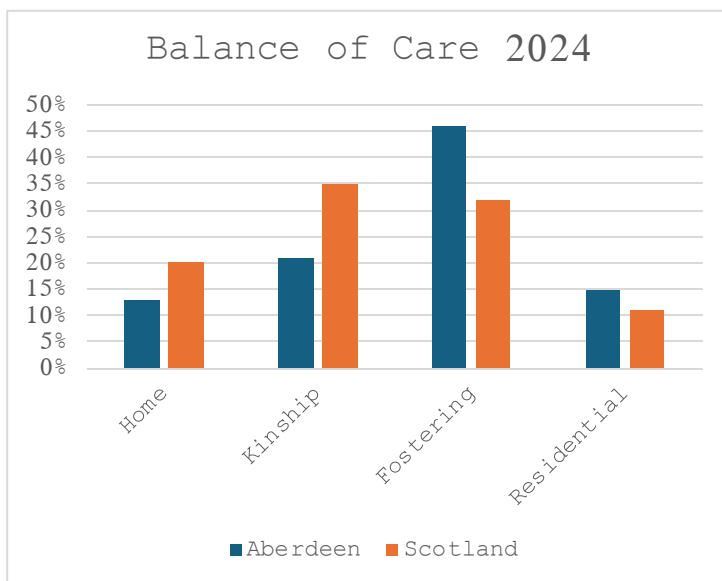
The workforce was supported to undertake the **Trauma Skilled and Informed** level training as a core requirement. NQSWs are continuing to be encouraged to complete this training as part of their induction. In 2024/25, work began on exploring the emotional impacts of practice from the perspective

of managers. This ongoing initiative is intended to inform responses to support practitioner wellbeing across the service.

## Corporate Parenting

In Aberdeen City, corporate parenting is seen as an opportunity to improve the futures of our children and young people by providing them with love, security, and opportunities. Aberdeen City's [Corporate Parenting Group](#) is responsible for:

- Delivering the Corporate Parenting Improvement Plan
- Collecting and monitoring data related to care experienced children and young people
- Achieving aims set out in the Local Outcome Improvement Plan (LOIP)
- Implementing The Promise across the Partnership.



The Corporate Parenting Group engages with our children, young people and young adults with care experience and seeks to ensure all improvement activity takes full account of their voice, views and lived experiences. Our Corporate Parenting responsibilities are reflected in our **Local Outcome Improvement Plan (2019-2026)**, **Stretch Outcome 5** “By meeting the health and emotional wellbeing needs of our care experienced young people they will have the same levels of attainment in education and positive destinations as their peers by 2026”.

The current Children's Services Plan runs to 2026, and work will soon commence on the next iteration of that statutory Plan. Given that the needs of children are inextricably linked to the needs of their parents and carers, the development of the next Children's Services Plan will be fully aligned to the development of the next Local Outcome Improvement Plan. This alignment will help us take the preventative whole family approach described in Plan 24-30.

In 2024/25, Aberdeen City had an average of 451 infants, children and young people who were 'looked-after' in various care settings across the year. This is down around 9.8% from the previous year's average of 500. We are committed to reducing the number of children and young people coming into the 'care system' and are working to support more children and their families to remain together within their own community.

The best practice group formed last year, to address the cultural, language, and trauma needs of our New Scots has oversight of the young people who came from either the National Transfer Scheme (NTS) or were 'Spontaneous Arrivals'. To maintain inclusive support, we are now in the second year of the New Scots/Unaccompanied Asylum Seekers Project Team, which is building an infrastructure and who undertake age assessments. This past year, 52 age assessments have been undertaken, with 25 determined as children (data up to July 2024). 27 UASYP held looked after status in ACC at July 2024, which is up from 23 at the same time in 2023. This group supports young people and continues to be engaged with young people in improving their access to supports, which will enable their wider connections to Aberdeen through education and socially inclusive opportunities. Access to housing and preventing





the risk of future homelessness is a priority activity with a successful partnership with two local RSL resulting in an additional 24 accommodation options now available.

We have supported a total of 67 young people who have arrived in Aberdeen through a number of pathways including the National Transfer Scheme; Adult Dispersal and Spontaneous Arrivals. We look after 6 UASYP across our local children's homes. The largest group have arrived from the Adult Dispersal Hotels, where there continues to be a high level of demand from those classified at an early stage as adults who present to the Guardianship service as children. In 2024/25, there were 16 new arrivals and 22 brief inquiries. Out of these, 12 resulted in benefit of the doubt, leading to their status as looked-after children being confirmed.

### **Multi-Agency Commitment and Structural Alignment**

The city has aligned its Corporate Parenting Plan with the Children's Services Plan and Plan 24–30, ensuring a whole-family, preventative approach. A new Internal Promise Board will monitor progress within the Local Authority, ensuring accountability and cross-cluster collaboration.

In June this past year, the Promise Scotland team commenced the publication of [Plan 24 – 30](#). The website has been updated with comprehensive details outlining the proposed route map for Scotland to fulfil its commitment to deliver the Promise by 2030. Plan 24 – 30 builds upon the achievements of Plan 21 – 24. The notable progress made by Aberdeen City in delivering Plan 21 – 24 was last reported to the Committee in November 2024 ([Report](#)).

Plan 24 – 30 continues to emphasise the five Foundational pillars: Voice, Family, Care, People, and Scaffolding. It underscores that change must be rights-led, trauma-informed, and guided by the Getting it Right For Every Child (GIRFEC) policy.



For each Foundation, Plan 24 – 30 outlines a series of high-level changes to be accomplished by 2030. Cultural shifts may need to happen across multiple Corporate Parents or just one entity, and legislative changes might be required. Plan 24 – 30 recognises these complexities and will be updated regularly.

### **Adoption of the Promise Progress Framework**

Aberdeen City's Children's Services Board adopted the Promise Progress Framework as its national reporting tool. This enables benchmarking with national progress and supports data-driven improvements. It reflects a commitment to transparency and continuous improvement in delivering The Promise.

### **Transitional Care**

In November 2024, the Care Inspectorate published a report on the [transition of care](#)-experienced young people. The findings mirror those from The Promise Scotland's [100 days of Listening Report](#). The report outlined 8 areas for future practice, which align with feedback from Aberdeen City's Bright Spots activity (see below) and their participation in the Royal Foundation Homewards programme to eliminate homelessness.

### **Exceptional Engagement in the Bright Spots Programme**

We invited 'looked after children' aged 4–17 and care leavers aged 16–26 to join the Bright Spots online survey. CELCIS analysed the responses, presenting findings to Aberdeen City's Corporate

Parents in November 2024. Aberdeen City's responses were compared with other UK areas in the Bright Spots programme, highlighting both effective support and potential improvements.

- Aberdeen City achieved a **72% response rate** from care experienced children and young people—the **highest in Scotland**.
- 57% of respondents were male and 39% were female.
- Significant headlines from the research indicates the pervasive impact of early disadvantage and its impact throughout the lifecycle, with 54 (35%) of care leavers reported having a disability/long term illness; a significantly higher proportion than care leavers (24%) in 21 local authorities in England and more than double the rate in the general UK population (16%).
- The findings are now shaping future Corporate Parenting improvement activity and have been integrated into the High-Level Promise Plan.

**249**  
children in care  
responded to the  
survey from a total  
eligible population of  
345: a response rate of  
**72%**

Key findings from the **\*Your Life Our Care\*** survey for looked after children aged 4–17 were:

### What is working well for children in care aged 4 – 17 in Aberdeen City?



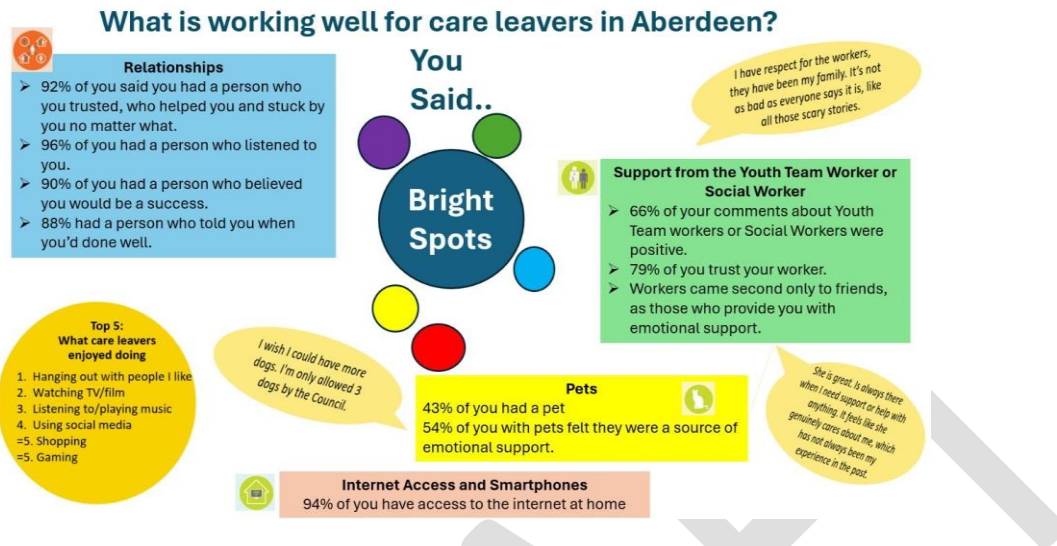
### What could be better for children 4 – 17 years in care in Aberdeen City?





**156**  
young people  
responded to the  
survey from a care  
leaver population of  
227: a remarkable  
response rate of  
**69%**

And the key findings from the **Your Life beyond Care** survey for 4 – 17-year-olds who are looked after were

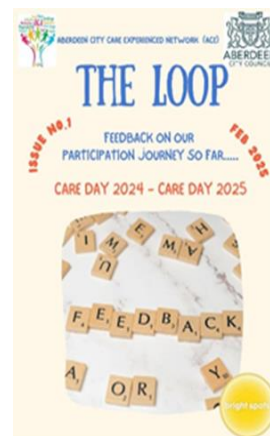


## Bright Spots: What Next for Care Leavers?

The research findings are being further developed with and for care leavers in the next iteration of participation and engagement activities and as part of the strategic and planning priorities of our Corporate Parenting Improvement Group.

An Engagement and Participation Officer (care experienced young people) position was established within our Young People's Rights Service in March 2024. This role, along with other colleagues at the Westburn Centre, has yielded positive results in effectively addressing these findings. This success is exemplified by the first edition of **'The Loop'**, which recounts our participation story from Care Day 2024 to Care Day 2025.

"The Loop" was created to communicate Corporate Parenting activity directly to care experienced young people. It received exceptionally positive feedback from young people. Plans are in place to co-design future editions with young people,





enhancing participation and ownership. Development of a meaningful '*You Said, We Did*' improvement cycle of action, communication and feedback is also planned.

## **Secure Care**

Over the year, we have seen a notable increase to six children and young people whose circumstances have met the stringent criteria for secure care. Half of this group were open to CAMHS &/or specialist health services, being neurodiverse or autistic or with significant substance use dependency. Child Criminal Exploitation (CCE) was a significant feature for the other three young people, a complex form of abuse that has continued to increase in volume across the city over this past year. Given this, CCE continues to be an area of focus within our child protection planning. All six young people have shown clear signs of having experienced developmental trauma.

Due to their complex needs and associated risk, in the period preceding their move to secure care, none of this group had been able to access mainstream/specialist education provision. The majority of intervention was by way of intensive wrap around social work support. For all six individuals, the lack of sufficiently safe therapeutic environments was identified, which might have avoided the need for secure care.

This context strongly aligns with the findings of the Thematic Inspection – Secure Care Pathway Review, autumn 2023. We are challenging ourselves to consider the supports that might be needed to minimise the need for restriction of liberty measures for any of our young people as we continue to develop practice in light of the Thematic Inspection.

## **Family Support**

The principal of the Promise is to ensure that support is available to families in a timely manner to ensure children can stay in their families where it is safe to do so. **Includem** provide an intensive support service targeting our families in the 12–18-year-old age range and are integrated with our Craigielea Intensive Support Service who support a similar age range as well as some children from the age of 8 years depending on level of need. Both services provide targeted in-house resources aimed at supporting children and young people in their communities, ultimately focussing on reducing the escalation of need, which can result in out-of-city placements being required. The service also has a focus on supporting the reintegration of young people returning from residential placements

Over the past two years, we have further developed Pilot Projects within designated secondary schools where there was an identified need for targeted whole-family interventions. A third pilot project is planned for during 2024/25. Multi-agency teams comprising Family Learning, Social Work, Youth Work, and Education professionals deliver targeted interventions to address specific needs and improve overall outcomes in engagement and achievement. These projects, funded by the Whole Family Wellbeing Fund are currently in their second year of evaluation.

Peep, an adult learning programme, has marked over 20 years of service in Aberdeen. Each quarter Peep reaches approximately 349 families providing preventative support. Peep in Aberdeen was selected into the 3rd Cohort of the Families Learning Together Programme, funded by the Whole Family Wellbeing Fund through the charity Peep.

The peer support groups including offerings of antenatal support, and aid to families where English is an additional language, New Scots, mothers experiencing low mood or anxiety, and to families with children who need additional support. The Peep programme includes assisting families with care-experienced children with groups for adopters, kinship carers, and foster carers. This has been extended to include individual sessions during family time contact to support a rehabilitation plan for returning to parental care. Peep has innovatively broadened its offerings to families in Aberdeen by collaborating with multi-agency partners to develop and deliver other targeted supports such as a group for families who have experienced domestic abuse, intergenerational work, and bespoke programmes that address child healthy weight.

## **Family Time**

Our Family Time Hub offers a supportive and trauma-informed environment where supervised or supported family time (contact) sessions are assessed, to contribute to wider decision making for children, young people and their families. The service provides tailored assistance and support to individual children and their families. The demand continues to be high with an increase in legal decision making for family time which impacts on capacity.

Resources have been developed for families, children and young people to prepare them for initial sessions this is in line with a trauma informed approach recognising the anxiety that can be caused in the first instance. This has been well received by both families and professionals.

## **Kinship, Fostering and Adoption**

The Kinship, Fostering and Adoption Service has continued to ensure that carers report on feeling supported and skilled in their role to provide the loving and nurturing care for children and young people, creating a mutually supportive community which ultimately contributes to stability of care for our children and young people.

At present the Service currently support:

- 291 children and young people living with 234 kinship families. Of these, 77 families are caring for 99 looked after children. There are 157 families caring for 192 children, of whom 121 have secured Kinship Care orders and no longer have active social work involvement. This is a slight increase in the previous year's numbers with data evidencing that when children leave kinship placements, they are most likely to return to live with their parents.
- 87 children and young people are currently living in 69 registered ACC fostering households. There are a further 144 children accommodated with Independent Fostering Agencies. We recognise this imbalance and continue to make every effort to grow our fostering capacity.

As per both national and local drivers, all potential kinship care families must be explored before any other alternative care. Support for complex family dynamics will ensure long-term positive outcomes for families and children and is therefore a priority. As we continue to utilise the Whole family Wellbeing Fund, we issued a further survey to our kinship families to ensure that the support in place was meeting the needs of our families. They identified as their main needs

- Activities and events
- Support groups
- Training specifically identified were neurodiversity and teenagers
- Practical support

In reflecting on the strong collaboration with Family Learning, Aberdeen Football Community Trust, Adventure Aberdeen and Grounded Learning (Counselling) we are confident that we are in a strong position to meet the identified needs of our families leading to a stronger support and care for our children and young people.

Despite national challenges in recruiting new foster carers, our Fostering Team have approved 6 fostering households, and have 4 assessments currently being undertaken, with 3 new assessments expected from our 'Skills to Foster' training which forms part of the pre-assessment stage of the recruitment process. The 'Virtual Supervising Social' post within the Fostering Team is now well established. This post has allowed closer working relationships with external agencies to improve outcomes for children and young people. This includes early intervention for fragile placements to reduce placement breakdowns, allow for more scrutiny of agencies contractual obligations and reviewing of financial contracts.

Over the past year 16 children have had their adoption plans legally secured including a sibling group of 3. Of these children, 5 were also adopted by their foster carers.

The trend locally in terms of lower numbers of prospective adopter enquiries and approvals mirrors the national trend. Whilst the number of prospective adopters has reduced, the Service is seeing a significant increase in post adoption support, specifically around accessing records, tracings and facilitating connections between birth family and adoptees.

**Children’s Residential Care**

Our children's residential service has witnessed a high demand for care, although this demand has been lower than the previous three years.

**Residential Care and Matching Overview**

Key Insights from 2024/25

**Summary of Matching Considerations**

The recent decline in referrals for children who can be successfully matched to local care provisions in the last quarter of 2024/25 reflects the increased demand for services tailored to children with higher complexity needs. These needs have generally been met in facilities offering a high staff-to-child ratio, on-site education, and therapeutic care.

Year	Matching Considerations
2022	43
2023	27
2024	24

**Placements and Residential Care**

- 6 children successfully progressed to placement this past year.
- 28 young people have been cared for in local residential settings during 2024/25.

**Focus Areas**

- Continued efforts to optimise placement stability and enhance local care provisions.
- Addressing the evolving needs of young people in residential settings.

We are dedicated to fostering psychological recovery by developing a workforce that supports professional growth, enabling staff to become trauma experts with extensive knowledge in child development. Five team members have completed DDP level 2 training, while some are pursuing MSc degrees in Residential Childcare, with three progressing this academic period. Most of our residential staff are qualified social workers.

The primary challenge for 2024/25 has been recruiting for vacant positions within our residential service, with an average vacancy rate of approximately 6% consistently observed throughout this period. Despite numerous recruitment campaigns that attract a substantial number of applicants, the conversion rate to interviews is low, and even fewer candidates proceed to be successfully matched to vacant positions. This trend underscores the service's commitment to attracting and retaining a highly skilled workforce capable of providing care that aligns with the developmental needs of children in our setting.

**Youth Justice**

Our Local Outcome Improvement aim and associated stretch outcome for youth justice had the following focus: **“83.5% fewer young people (under 18) charged with an offence by 2026”**. The Improvement Charters which have rolled into this period have been effectively concluded; including

- Successfully reducing by 15% the number of CEYP reported missing from Children’s homes to Police Scotland by 2024.

- We have exceeded the target of a 5% increase in the number of 16/17 year olds who are diverted from prosecution by 2025, with almost 30% diverted this period.
- By 2025 reduce by 15% the number of in youth anti-social behaviour calls to Police Scotland continues to be progressed

Current workforce development focuses on preparing for the Children (Care and Justice) (Scotland) Act 2024, with brief guides circulated amid uncertain service demand forecasts.

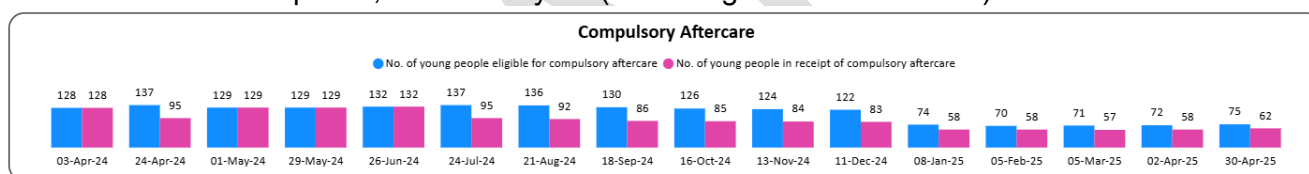
Child Criminal Exploitation (CCE) in Aberdeen City is a growing concern. Partnering with CYCJ and Action for Children, we are piloting a project for workforce development, multiagency strategy, and concern mapping. These efforts aim to shape local contextual safeguarding approaches.

## Throughcare & Aftercare

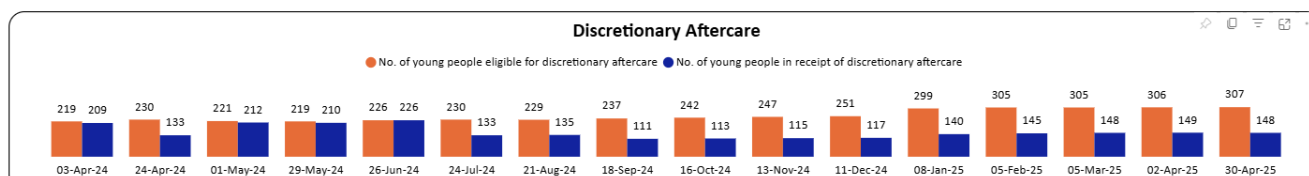
Around 226 care leavers qualified for statutory aftercare support. Of this number 202 have been supported by our care leavers team, the Youth Team.

Our local commitment to '[Staying Put](#)' is reflected in the age profile of those children we look after, with 50% being 17 years, and older. Our residential aftercare support offer continues, with circa 21 young people supported on an outreach basis. Outcomes from this service show its effectiveness in supporting tenancy and accommodation sustainment, and the reassurance afforded by access to consistency of support from res practitioners who previously provided support in local homes.

In 2024-2025, an average of 61% young people open to our Youth Team, were in receipt of discretionary aftercare, (an average of 191 out of 314), and 80% of those eligible for compulsory aftercare were in receipt of it, across the year (an average of 114 out of 143). See bar charts below.



All young people who ceased to be looked after on or after their 16th birthday, currently aged 16-18. Not including those in a continuing care placement.



All young people who ceased to be looked after on or after their 16th birthday, currently aged 19-25. Not including those in a continuing care placement.

## Children with Disabilities

Our Children with Disabilities Team holds case responsibility for around 130 children where complex and enduring health and disabilities are the primary reason for referral. Intervention for this group is multi-faceted, including assessing need in relation to Self-Directed Support being provided to these children or for their unpaid carers (family members) and/or for care and protection concerns.

Autism and neurodiversity are incorporated within the spectrum of disability, with increasing numbers seeking social work intervention. To support these children and their families, many of whom experience extended periods on a CAMHS waiting list, we continue our partnership with health, education, and adult social work services in relation to the implementation of the National Neurodevelopmental Specification. Standards and Principles of Care and have continued to focus on engaging with children and families alongside key stakeholders who have a role to play in referral, assessment, diagnosis, and support. This has seen families signposted to appropriate community supports at the earliest juncture, including to our Fit Like Hubs.

Benchmarking has taken place with six other local authorities in relation to service delivery and national drivers. This has also helped inform the revising of our referral criteria, and assessment process. Further relational learning and practise enhancing opportunities have derived from this.

Relationships and participation have been a key feature this year, with the voice of the child being continuously recognised as imperative in the planning for, and delivery of a high standard of service to children and young people. All team members have been trained in the use of Makaton, in order to enhance their communication skills with children who are non-verbal.

The development of a Transition Protocol, in line with Scottish Government's Transition to Adulthood Strategy, September 2023, has been a primary focus. A Transitions Working Group, with participation from children's services, adult services, and education is due to conclude in the coming months. The protocol will see the formation of a Transition Planning Group, which inform the direction of children and young people transitioning to adult services to the appropriate service to meet their needs.

In line with the Education Service Improvement Plan and the Transition to Adulthood Strategy principles, parent information events have continued to take place at our key education settings. These offer parents insight into the transition phase, services available during this process and beyond. Feedback from families highlighted the success of the event. The Children with Disabilities Team support these events in line with our drive for a collaborative approach to the supporting the young people of Aberdeen transition to adulthood.

## **Rights, Voice & Participation**

**The concepts of 'voice' and lived experience are central to a human rights approach.** This approach is crucial in enhancing the agency and capacity of children, young people, and care leavers as right holders to claim their rights, and it supports the workforce in understanding and fulfilling their obligations in daily work. Children's social work maintains its Young Person's Rights Service for those with care experience or those involved in child protection processes. It also provides individualised advocacy, workforce development opportunities, and participation in strategic improvement activities.

At the start of 2024, following a successful application requiring the demonstration of strategic buy-in and commitment to embedding the voice of children, young people and care leavers in local decision-making processes, children's social work, on behalf of the Children's Services Board, commenced a research partnership with CELCIS and Coram Voice as part of their [Bright Spots](#) research and service improvement programme. Measuring subjective wellbeing through the completion of online surveys - 'Your Life, Your Care' for children in care and 'Your Life Beyond Care' for care leavers - Bright Spots looks to support systematic understanding of what matters to children in care and care leavers and share learning about what makes life good for them.

We launched the project at our National Care Day Celebration event in February 2024 themed around '*sharing your views*'. Thereafter, with collaborative engagement with and support from the workforce, we achieved positive response rates, the highest % of all local authority areas in Scotland, and analysis and interrogation of what our children and care leavers told us, produced key findings, visually summarised in the Corporate Parenting section above.

At the beginning of March 2025, a member of staff was recruited into the role of lead Officer for Corporate Parenting. They will play a key role in ensuring that Aberdeen City Council and its partners uphold their statutory corporate parenting duties and seek to ensure that the wellbeing and rights of our care experienced community are promoted. Alongside the Principal Planning and Development Officer they will also collect and analyse data to assess outcomes for our care experienced children and young people and monitor and evaluate the impact of improvement activity as identified within the Corporate Parenting and Children Services Plans and Local Outcomes Improvement Plan. Underpinning this work will be the voice of our care experienced children and young people to ensure they are meaningfully involved in shaping services and key policies.

## ADULT SOCIAL WORK

2024/25 has been a challenging and busy year for our adult and justice social work services. These services support adults from age 18 to end of life. We work to ensure that everyone we support is treated as an individual with their own experiences and personal challenges. Adult services is a complex landscape, but staff strive to work to our overall vision for adult social work - ***“The vision for adult social work in Aberdeen is based on a prevention and early intervention model, working in collaboration across sectors and services to prevent, intervene and deliver services to those who require it.”***

This is in line with the challenge set by Derek Feeley to shift the paradigm of care. As we continue to fulfil our statutory responsibility to address the needs of people in crisis, we continue to encounter increasingly complex needs that necessitate statutory interventions, care, and support.

Our justice and adult social work teams continue to demonstrate resilience and dedication to supporting the people of Aberdeen despite many challenges. This has a significant impact on achieving the overall aims of the ACHSCP and my expectations for the delivery of high-quality social work and social care in Aberdeen.

The financial challenges faced by integration joint boards in Scotland are well known with Audit Scotland projecting a national funding gap of £457m in 2024/25.<sup>2</sup> The Aberdeen City HSCP is not immune to this pressure, and the provision of social work and social care represents approximately 50% of the total IJB spend. 2024/25 has been a turning point for the Adult Social Work service with less access to additional sources of funding and a much stronger focus being put towards achieving budget savings through transformation and redesign of services. We are committed to an evidence-based approach to our strategic and financial decision making to ensure that services are still able to meet the needs of our most vulnerable citizens within our financial envelope. We have created additional capacity at a service manager level to focus on planning and development including a new Strategic Service Manager role within our Justice service. Considerable effort has been put into refining our internal performance management processes to provide a real time understanding of both our financial and practice performance. We expect to see this having a significant impact on the decisions we continue to make in 2025/26.

[The Aberdeen City Health and Social Care Partnership's \(ACHSCP\) Strategic Plan](#) outlines the actions being taken as a partnership to tackle these challenges and continues to be committed to working upstream from the delivery of social care to intervene early and prevent deterioration of health where possible. The future of sustainable social work and social care services is dependent upon us working collaboratively with partners in health, social care, the wider council and NHS, the community, independent and third sector to make this strategic shift.

**‘Stay Well, Stay Connected’** is a key ACHSCP programme. The aim is to keep older people healthy, to experience good wellbeing for as long as possible, and avoid the risk of social isolation, poor health, illness, injury, and early death. More than 1,700 people have taken part in the programme activities this financial year. Projects include;

- Boogie in the Bar - an older adult day time disco including a light lunch, helping those at risk of social isolation and loneliness.
- The compassionate building and spaces project
- Men's shed health and wellbeing workshops
- Annual Women's health and wellbeing fair
- Menopause goals – A collaborative project between ACHSCP and the Scottish Football Association

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<sup>2</sup> <https://audit.scot/publications/integration-joint-boards-finance-continue-to-be-precarious>



- Soup and Sannies – provided in 3 areas of Aberdeen this enables social connectedness for isolated older people and access to a nutritious meal.
- Walking football - Along with the regular Walking Football there is a Parkinson's Walking Football group, Walking Padel sessions, Pilates and muscle strengthening and balance sessions, spring and autumn golf trips, annual functional fitness MOTs, talks on Men's health and wellbeing topics and regular social events.

Adult Social Work is also represented across improvement projects within the Aberdeen City Council Local Outcome Improvement Plan (LOIP). One key project brings together partners from the council, NHS, SAMH, public health and the police with the aim of reducing the number of suicides in Aberdeen through a range of projects including suicide prevention awareness and suicide prevention training.



*Attendees at ASIST training*

For World suicide prevention week 2024 Applied Suicide Intervention Skills Training (ASIST) was delivered to staff from a range of organisations including ACHSC, Aberdeenshire Council, VSA, NHSG, Pillar Kincardine, Children 1<sup>st</sup>, SAMH, Crown Office & PF Service, The Diversity Trust and students from RGU.

Since July 2020, the suicide prevention training team have delivered training to over 7000 people and that training has moved away from frontline services to wider parts of communities, i.e. farming, taxi drivers, bar staff, hairdressers etc with the focus on equipping communities to be as comfortable as they can be to have conversations about suicide, support those in distress and know where to signpost people to for support.

Within Aberdeen City we continue to consider ourselves to be at the forefront of developing our digital ambitions and technology enabled care (TEC). This supports us with developing and delivering high quality, reliable and efficient services into the future. ACHSCP are committed to promoting the use of digital technology to explore alternative methods of care provision within the city. Using a "TEC First" approach during the assessment process, consideration is given to the use of technology to either replace or compliment in person care.

#### Key Successes for adult social work in 24/25

- TEC Awareness week
- Learning Disability Awareness week
- Ongoing delivery against the ACHSCP Strategic Plan
- Independent Living and Specialist Housing Provision – Market Position 2024-2034
- New collaborative contracts – Carers Support, Granite Care Consortium.
- Two adult social work staff were awarded Star Awards. One for 'Innovation & Bright Sparks' and one for 'trainee, apprentice or student of the year'.

We continued to experience increasing demand and high levels of need across all adult social work services in 2024/25. 2043 new assessments of need were completed across all client groups. This need varies and requires different support for each client group.

Within Aberdeen city, as is seen across the country, people are living longer. However, evidence shows that there is a significant gap between healthy life expectancy, the period of life where we live in good health, and actual life expectancy. There is also variation in life expectancy for those living in more deprived areas whose health outcomes are poorer. In 2023 Dementia was the leading cause of death for women in Aberdeen and the second most common for men. These factors have implications for the delivery of social work and social care services for older adults in Aberdeen.

Self-directed Support (SDS) underpins social work activity across a significant proportion of our children's and adult services. We are cognisant of the fundamental aim of giving individuals greater choice and control over their social care support. We strongly believe that a pragmatic, person-centred approach is key to fulfilling this outcome. We aim to proactively develop adult social work, social care, and justice services to reduce risk and need, prevent harm, and help people live healthier for longer. I am pleased to outline a number of areas of work where we have been able to progress this during 2024/25.

**The Grampian Gathering** – We collaborated with partners across Aberdeen to deliver the second 'Granite City Gathering', 369 people attended including 193 community delegates, a 16% increase on the 2023 Gathering. The event promoted active ageing and aimed to improve population health and wellbeing, with a view to reduce demand and pressures on the wider health and social care system through preventative approaches, whilst encouraging community empowerment and greater self-management of health and wellbeing.

**The Grampian Wellbeing festival** - The Grampian Wellbeing Festival was held during May 2024 and was the first time that ACHSCP took part in the festival having previously run in Aberdeenshire. The aims were to create opportunities for people to access activities which would improve their mental health and wellbeing whilst ensuring services were not stigmatising people. The ACHSCP identified and supported 37 hosts from across the public, third, and community sectors to deliver activities and events during the festival.

**Power of Attorney (POA)**- We recognise the importance of having POA in place and have increased promotion via online platforms and across council and NHS premises. We have promoted POA at the Aberdeen City Vaccination Centre (ACVC), Aberdeen GP practices, hospital sites, and within wards. Our service manager POA lead is active in the national strategy group, with a local action plan to increase awareness. National POA Day on 21st November 2024 was promoted at the ACVC and across community groups, as well as at 'The Gathering' and the local carer's group.

**Community appointment days (CADs)**- These were developed by NHS Grampian to support people living with chronic pain. The first Aberdeen events, held in November 2024 and February 2025, brought together health and community partners to deliver information sessions, peer support, and access to specialist advice. CADs aim to reduce barriers to care, address health inequalities, and help individuals manage chronic pain more effectively. Feedback highlighted the welcoming environment, practical advice, and enhanced collaboration among partners. These are being expanded to other conditions in 24/25, and Social Work staff will have an important role including through promotion of power of attorney and technology enabled care (TEC).

### **Carers Support**

The ACHSCP Carers Strategy 2023-26, developed with unpaid carers, aims to ensure that they receive the right advice and support when needed. The Carers Strategy Implementation Group (CSIG) supports the implementation of the strategy and includes health and social care staff (including Adult and Children's Social Work), independent, third sector and those with lived experience of caring. They produce an [annual report](#).



The number 1 Carers Strategy Priority is ‘identifying as a Carer and the first steps to support’. Both the Adult Carer and Young Carer support services have seen a more than 40% increase in registrations, which is a huge step for Carer identification and accessing appropriate support.

The Strategy facilitated grants to eight improvement projects aimed at improving the experiences of Carers in Aberdeen. This included expanding the ‘Wee Blether’ to all adult carers. This is facilitated by the Quarriers Carer Support Service and expanded to 15 peer support groups that have helped support Carers where they need them in their own communities.

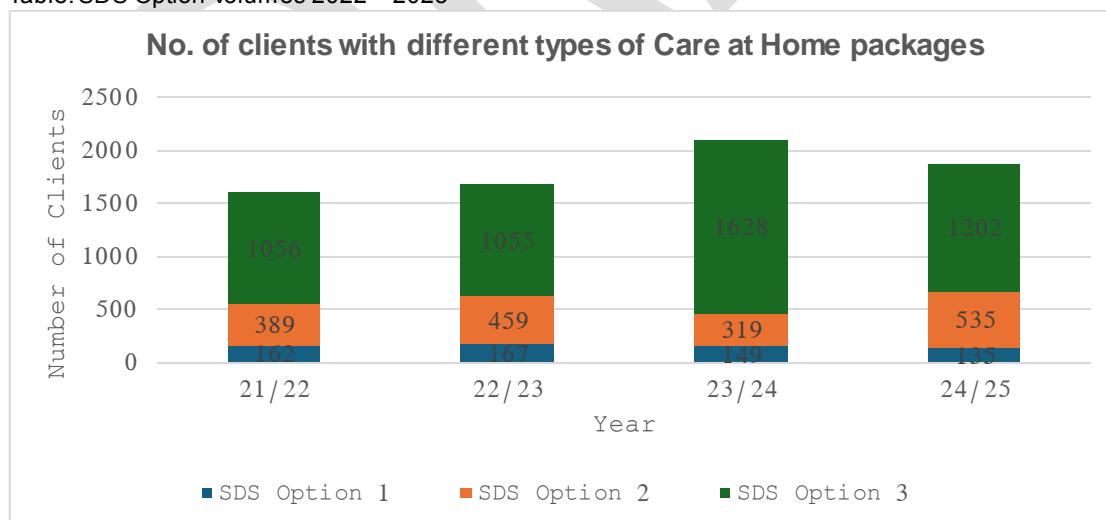
A collaborative commissioning approach was taken to tendering new contracts for both the adult and young carer support services. This resulted in the continuation of the adult carer contract with Quarriers and the young carers contract with Barnardo’s ensuring continuity and consistency of support.

### Provision of Social Care for all adult groups

As an Adult Social Work service, we are strongly focused on ensuring that we enable clients to achieve personal outcomes and meet the needs of those who need us most. Self-directed support (SDS) is the mechanism for delivery of social care to both adults and children. The inhouse SDS team continue to provide support to all social work teams in their day-to-day practice as well as contributing to national development workstreams alongside other HSCPs, Social Work Scotland and other key partners. This year our SDS Coordinator participated in the national working group to develop SDS Standard 13. This is a new standard focused on ensuring a consistent approach to direct payments for employing personal assistants across Scotland.

We continue to meet our statutory responsibility to offer the four SDS options<sup>3</sup>. The majority of our delivery continues to be through Option 3 commissioned services. Considerable work has taken place this year to develop our approach to commissioning including embedding both the ethical commissioning standards and Getting it right for everyone (GIRFE) principles within new contracts including the contract with our arms-length organisation Bon Accord Care (BAC) and the retender of our outcome-focused care at home service which continues to be delivered by the Granite Care Consortium (GCC).

Table: SDS Option Volumes 2022 – 2025 <sup>4</sup>



<sup>3</sup> SDS Option 4 is a combination of other options and therefore not reflected as an option its self within our published data.

<sup>4</sup> Information based on adult social work packages only based on the total of each at the end of March of each reporting year. Option 3 packages only include those delivered by Granite Care Consortium for Care at Home and inclusive of additional provider contract to address unmet in 2024 only. This includes double-up care packages which are on average 95 packages per year up to 23/24 and have increased to 100+ in 24/25.

The table above shows the overall number of adults from all client groups with a care at home package over the past four reporting years. This indicates that the number of people choosing Option 1 packages has remained relatively consistent with a small reduction this year. There has been a notable reduction in Option 3 packages between 23/24 and 24/25. In 23/24 we reported on the additional social care capacity that had been added to reduce unmet need through a separate contract to our GCC contract under Option 3. We were unable to continue to sustain this additional capacity due to financial pressures. This is likely to have contributed to the reduction in clients with an Option 3 package and an increase in those choosing Option 2 packages where this allowed them to retain the original care provider. The number of people with an Option 3 package consistently remained at approximately 1200 following this change which is higher than 21/22 and 22/23. Overall there are 224 less clients in receipt of a care at home package as of March 2025. We cannot fully determine the reason for this; however it is likely to be linked to a combination of an increased focus on enablement and self-management within both in house and contracted services and a stronger focus on eligibility criteria within all adult social work teams. It is important to recognise that the number of clients does not reflect the complexity of need for those clients and packages of care will vary significantly in size and cost for this reason. We continue to coordinate support for people within the community who have very high health and social care support needs often in collaboration with health colleagues including Nursing. This is most notable within Learning Disability services.

This year the ACHSCP launched the [Independent Living and Specialist Housing Provision Market Position Statement 2024 – 2034](#). This provides a strategic overview of the needs and potential future specialist housing requirements of our population including our older people. It provides a detailed overview of the housing and social care landscape and will form the basis of strategic decision making on the provision of both over the next ten years.

From an Oversight and Review perspective, we deliver better outcomes by gaining insights into provider strengths, weaknesses, and service delivery risks. Facilitating provider forums for care home and care at home services has improved relationships and collaborations, leading to quicker issue resolution. These forums also enhance provider and market intelligence sharing, enabling more effective contingency planning.

### **Supporting our older people and those with physical disabilities**

Older people represent the largest population of those we support within Aberdeen City. As of March 2025, there were 1649 adults over the age of 65 with care at home support in Aberdeen.<sup>5</sup> In addition to this 1115 older adults were residents in one of the 30 Care Homes across the City. Care Home provision for older adults is provided by a range of independent and third sector providers. Older adults are also supported in Sheltered and Very Sheltered housing services across the city.

There has continued to be a strong and sustained emphasis on addressing the waiting times for an assessment and the subsequent levels of unmet need within our older people and physical disability teams. Practitioners are utilising an enablement approach and encouraging TEC first. Through targeted screening and intervention our goal is to complete assessments within 6 weeks of referral. System pressures can make this challenging to achieve however we consistently meet the 6-week national standard for those deemed high.

The Hospital Social Work Team has continued to work with reduced interim bed capacity to prioritise discharge and reduce delays. They have kept the number of delayed discharges below the national average and continue to work with NHS colleagues to ensure streamlined discharge planning, including being involved in the national 'Discharge without Delay' programme.

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<sup>5</sup> Based on data submitted to the Scottish Government to monitor implementation of Free Personal Care.

The Discharge without Delay Programme is a comprehensive initiative aimed at improving the discharge process for frail older people in Scottish hospitals. It integrates best practices, individual services, and pathways into a cohesive model to deliver Comprehensive Geriatric Assessment (CGA) promptly, while minimizing hospital-induced harm or dependency. The programme includes four co-dependent workstreams:

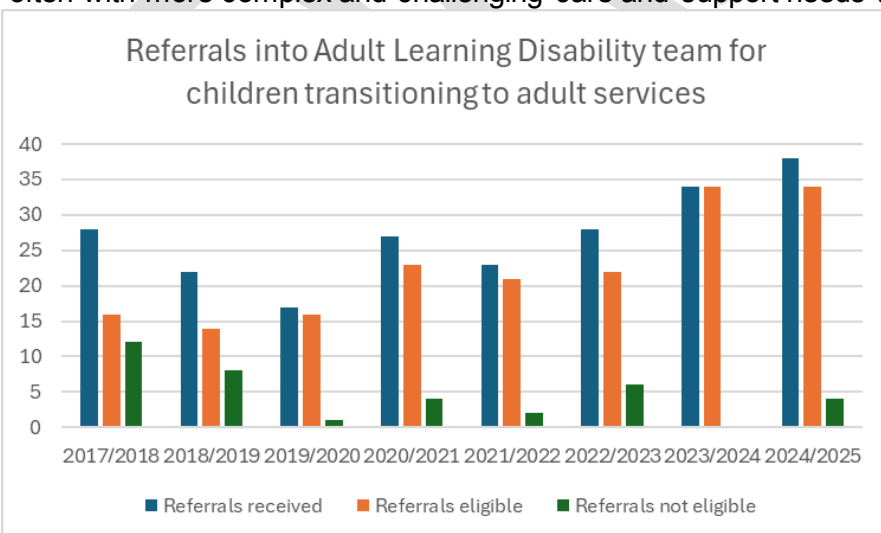
1. **Frailty at Front Door:** This involves early frailty multi-disciplinary team (MDT) assessment in an older person-centred environment, linking with pathways like Home First and using planned date of discharge processes to ensure timely discharge.
2. **Planned Date of Discharge (PDD) process and Integrated Discharge Teams:** This workstream aims to deliver co-produced and pre-planned discharges supported by discharge teams representing all respective health and social care partnerships.
3. **Community Hospital and Step-Down Inpatient Rehabilitation Workstream:** This focuses on empowering non-acute hospitals to deliver in-patient assessment and rehabilitation of frail individuals in their localities.

We maintain a collaborative approach with care homes by setting broad terms of reference and high-level priorities, enabling our Collaborative Care Home team to support providers when needed. Regular conversations help us understand capacity and ensure beds are fully utilised. If beds are not utilised, we identify the reasons and necessary support. We work through care home waiting lists to ensure accuracy and quick admissions. Care home occupancy levels have remained high (>90%) over the past year, with swift placement into vacancies and very few enforcement actions.

One of our residential care homes had to close this year after significant concerns were raised to the Care Inspectorate about the quality of the care that was being provided by the home. The collaborative care home team, care management and contract team worked together with the provider, residents and their families to ensure that all residents were moved to other homes within 10 weeks of the closure being announced.

### Supporting adults with learning disabilities

Priorities and pressures have continued to challenge the Adult Learning Disability social work team this past year. We experience a steady increase of individuals transitioning into Adult Services very often with more complex and challenging care and support needs than previous and this is resulting



in an increase in the supervision requirements of Local Authority and Private Guardianships.

As indicated in last year report, one of the challenges we continue to face is the increasing supervision required in relation to Local Authority and Private Guardianships. This year has seen further increase in this area;

- There are 182 Local Authority Guardianships and 72 of those have been aligned to the Learning Disability Team – an increase of 10 since last year.
- There are 520 Private Guardianships with 357 aligned to the Learning Disability Team – an increase of 122 since last year.

The expectation is that this is an area we will continue to see growth in over the next year therefore we need to consider how we will meet our statutory duties in relation to the reviewing and overseeing of all these Guardianships because currently, allocating them all to the Learning Disability Care Management team is not sustainable given its current resource.

As mentioned last year, we were one of the HSCPs who piloted the implementation of the Dynamic Support Register and this year, our commitment has been to embed this register and the principles of the Coming Home report into our practice.

Our exciting forward thinking new development at Stoneywood is our commitment to bringing people home so they can be nearer their loved ones, families and friends. The Community Living Fund has been aligned to support this development along with other funding from NHS Grampian facilities and infrastructure and affordable housing supply grant fund.

The ground was officially cut on the 18<sup>th</sup> of September 2024, and a Project Board team have been monitoring and overseeing the build development of this service to ensure it stays on target for opening as of May 2025.

We refreshed the Adult Complex Care Services Framework to ensure a skilled, knowledgeable and experienced provider was appointed and 9 providers successfully met the ranking criteria. As part of our ongoing review of the Learning disability portfolio it became apparent that one building was no longer fit for purpose. In the past year we have worked collaboratively with the Provider and a new Housing Association to move the supported individuals to more appropriate and modern accommodation. The move went extremely well. Below are some quotes from those being supported.

#### **Quote 1**

*"I am 61 years old, and I live in Aberdeen. But more than that I am a survivor, a fighter, and a man who has reclaimed his life. For nearly four decades, I lived within the care system. I passed through institutions. These places were meant to offer safety, but instead, I endured unimaginable pain—abuse at the hands of those entrusted with my care. I was silenced. I was broken. But I was never defeated.*

*Fifteen years ago, I moved into my own home. It was the first step toward freedom. Yet even then, the hospital held the power to recall me at any moment. That lingering control was a constant reminder of the past—until December last year. That's when everything changed.*

*I came off my Community Treatment Order (CTO), and for the first time in my adult life, I tasted true freedom. I now walk to the shop on my own. I have one-to-one support in my home. I make my own choices. I live my own life with support from my care provider.*

*These may seem like small things but to me, they are monumental. They are symbols of resilience, of healing, of hope. I am not just surviving, I am thriving. My story is proof that even after the darkest storms, light can break through. That no matter how long the road, it is never too late to rise."*

#### **Quote 2**

*"My adult son who has an ASD and learning difficulties moved into a supported living facility in February this year. The preparation leading up to the move was busy and stressful at times but excellently coordinated by the Learning disability [Social Work] Team which made a huge difference as we transitioned my son.*

*The support he received was considered and compassionate to his needs. This has continued in the facility and from the LD Team over the last 7 months with mindful, patient and care driven support."*

## **Attendees at Learning Disability Week 2024**

In May 2024 we encouraged and supported Providers and those they support to participate in a weeklong celebration for Learning Disability Week. We had



presentations for those we support about how they are supported to be digitally connected in their lives and the positive impact this has had on them.

The event was well received, with many new organisations requesting to attend more regularly to promote their services and support. This also gave the service the opportunity to engage with service users and services about further developing an “inclusive hub” and provided staff with opportunities to positively engage with other services to knowledge and signposting opportunities.

Attendees shared what they had learned during the week;

- “I have never thought of using an Alexa to help my dad control his heating!”
- “I love how easy the Komp is to use, and the picture/sound quality is great”
- “I own an Alexa Echo dot and didn’t know I could use the ‘drop in feature’ to chat with my Gran when I’m unable to visit her”

## **Learning Disability In house services**

Our in-house services continue to deliver care and support services to 110 +/- supported individuals from a staff team of approximately 180 +/- staff and our Care Inspection grades in May 2025 were Two 3’s and Two 4’s.

Recruitment of skilled and knowledgeable staff continues to be a challenge locally and nationally and we continue to look for innovative ways in which to recruit the right staff member to join our team to ensure we are complying with the Safer Staffing Act 2019.

We have introduced the Award Scheme Development and Accreditation Network (ASDAN) award into the support being provided at the Len Ironside Centre (LIC). Clients who attend the LIC choose their learning modules to work through with staff support and they undergo a rigorous moderation process as they work through their award. This developmental tool supports individuals to achieve positive outcomes which promote their confidence and independence. This has been such a success at LIC that we plan to roll this out across all in house services during the next year.

## **Mental Health**

The Social Work/Mental Health Officer teams are embedded within the mental health locality model based at Royal Cornhill Hospital. The service continues to deliver on its statutory responsibilities under a variety of legislations including the Mental Health (Care and Treatment) (Scotland) Act 2003 and Adults with Incapacity (Scotland) Act 2000.

There has been a marked increase in the workload of the MHO service due to the prevalence of mental health conditions and symptoms in Scotland increasing particularly among certain age groups. The level of mental health high acuity cases remain high resulting in a marked increase of detentions under the Mental Health Act.



Due to the sustained investing in our MHO service, we continue to fulfil our statutory obligations to the required standards and within the required timescales.

Table: MH Hospital Detentions 2019-2025

Detention in hospital intervention	2019/ 20	2020/21	2021/22	2022/23	2023 /24	2024/25
Community Treatment Order (CTO)	57	106	113	119	112	110
Emergency Detention in Hospital	42	34	31	28	56	62
Short-Term	245	222	228	218	222	212

We continue to have two part-time MHO's within the hospital social work team who oversee Guardianship applications affecting discharge. Involving Social Work from admission allows for early collaborative discharge planning for those lacking capacity. The aligned MHO streamlines this process. Aberdeen City continues to be recognised by the Scottish Government for excellent AWI practice. This model of practice continues to support our low AWI delayed discharge numbers in comparison to other areas in Scotland.

Over the past couple of years, MHOs in the city have always been aligned to the adult mental health teams. Over the past two years we have changed this model. We now have MHO's in our Learning Disability Team, Care Management Team, Adult Support & Protection Social Work Team and Substance Misuse Team. Over the next 12 months, we aim to have MHO's in our justice and hospital-based teams as well.

In Aberdeen, we have a full complement of designated Mental Health Officers. However we continue to support further trainees to complete the PG Cert MHO course at Robert Gordon University every year. Three trainees graduated in September 2024. One trainee has been identified to start the course for 2025/26. This additional capacity will mitigate the widening MHO shortage that we foresee over the coming years.

#### **Mental Welfare Commission (MWC) End of Year Score Card Audit**

In 2024, the MWC highlighted some areas for improvement for the MHO service. One of these areas were to reduce the number of Emergency Detention Certificates without the consent of a Mental Health Officer. A Pan Grampian Short Life working group was created and chaired by an Aberdeen City senior social worker. Representatives in this group included reps from RCH, ARI, Unscheduled Care, Liaison Psychiatry, Out of Hours SW, Nursing etc. The group concluded earlier this year with recommendations and a detailed action plan. This is being presented to the MWC later this year.

#### **Substance Misuse Services**

Social work staff continue to support the Substance Use Service's (SMS) implementation of the Medication Assisted Treatment (MAT) standards across various sites in Aberdeen. In line with the standards, social workers have adapted elements of their practice to support and enhance the service managing to deliver these standards daily.

Social Work staff continue to be instrumental in the implementation of various SMS training events including Naloxone training for various professions across the health and social care partnership. SMS social work staff are also the Trauma Informed Champions and Motivational Interviewing leads in the northeast.

The SMS Social Work service are working in collaboration with stakeholders to decommission the current Wernham House site and developing a new model of care to support individuals in the community with their substance use. A new site has been identified in the south area of Aberdeen which could be developed into a new substance misuse community model of care. SMS social workers continue to play a key role in shaping the development of this new community-based model.

### **Adult Support and Protection**

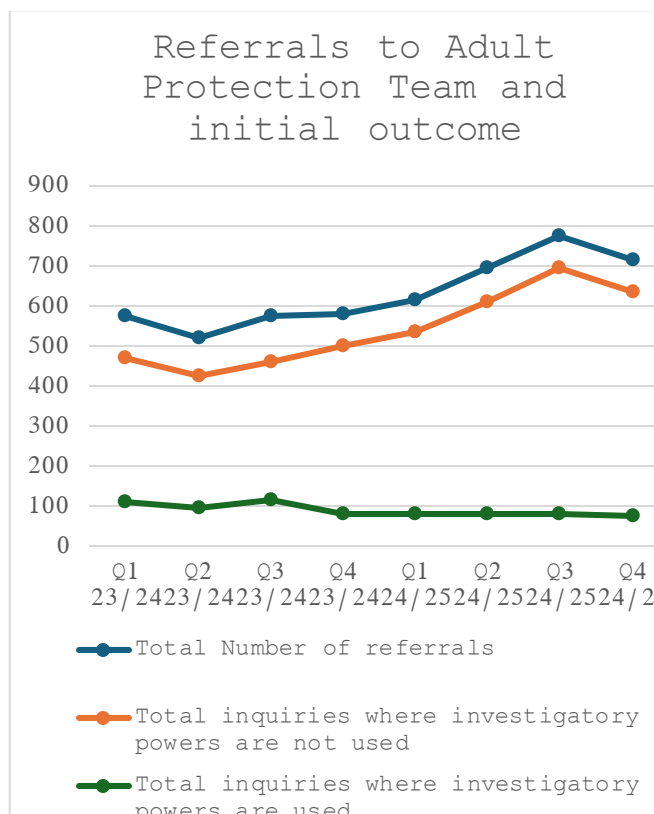
In April 2024 The Adult Protection Committee (APC) launched a new strategy encapsulating the Vision and Priorities for the APC for the period from April 2024 to March 2026. Our vision for Aberdeen City is, "Partners in Aberdeen are committed to an inclusive approach to preventing and responding to harm and protecting adults at risk." The strategy has four priorities with progress actively monitored against these.

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

The Pathway for Capacity Assessments for Protection Based Decisions has been created by a multiagency group of Grampian based health and social care professionals who have expertise in the fields of Adults with Incapacity; Adult Support and Protection; Social Work; Primary Care Medicine; Psychiatry and Psychology. It is designed to clarify the process for seeking a capacity assessment where there are protection-based decisions linked to concerns about mental incapacity.

### **Adult Protection Social Work Team (APSW)**

The APSW team is the first point of contact for adult protection referrals and police welfare concerns. They handle crisis intervention, the rights and welfare of vulnerable adults in police custody, those with no recourse to public funds, and immediate safeguarding needs. The team collaborates with other services to ensure the safety and wellbeing of vulnerable adults.



There was an increase of more than 500 referrals in 2024/25 than in 2023/24. This is likely due to greater awareness, the cost-of-living crisis, rising poverty levels, and reduced availability of other services due to over-arching increases in demand on services across the board.

This graph shows that while overall referrals have increased those requiring investigatory powers to be used have remained steady with a very gradual decline.

Harm generally occurs within the persons own home. In 2024/25 the most prominent harm type where inquiries with the use of investigatory powers took place was financial harm (90 cases) followed by self-neglect (89), physical harm (39) and psychological/emotional harm (33).

## Local Learning

**Getting it right for everyone (GIRFE)** - Aberdeen City HSCP have worked collaboratively with other HSCPs and the Scottish Government throughout this year to develop the national GIRFE approach and toolkit. We focused specifically on embedding the GIRFE principles into our commissioning approach for new contracts. This has been used as an example of good practice nationally.

**Dynamic Support Register** - During the past year our Learning Disability Social Work team have embedded the Dynamic Support register into our practice and have fortnightly and monthly meetings to discuss, review and monitor all who are on this register.

### Why do we need a Dynamic Support Register?

- ▶ Provide greater visibility in terms of strategic planning
- ▶ Monitor hospital / inappropriate hospital admissions
- ▶ Ensure greater anticipation of the need for children transitions to adult provision
- ▶ Encourage decision makers to address these problems and to show examples of solutions

As part of the Coming Home Implementation work, the Scottish Government is working to improve monitoring of the experiences of people with learning disabilities and complex care needs who are in hospital, who are in out-of-area placements and/or whose current support arrangements are at risk of breaking down. This is to avoid people living in hospitals or in inappropriate out-of-area placements that they and their family have not chosen. This work meets the Scottish Government's wider ambitions around the Health and Social Care Standards – to deliver health and social care where services work collaboratively to support the wishes and needs of the individual. It will incorporate the various standards from a range of already existing legislation, guidance documents and good practice reports, including from NICE, the Care Inspectorate, SSSC, the Royal College of Psychiatrists, and the Mental Welfare Commission, into one pathway.



At present the register is focused on those individuals who have a Learning Disability and meet the criteria however our local aim is to also include young people who are out of area as well as other client groups in future years to provide a whole-system holistic view of need and demand.

### **Suicide Surveillance System Test of change**

Adult Mental Health social work is also leading on the QES Suicide Surveillance system test of change. This system enables multi-agency collaboration to understand, derive lessons from, and take action to reduce suicides. The range of information inputted into the system by multi-agency partners at a local level (i.e. police, ambulance, mental health services) facilitates the tying together of a series of small details to provide one comprehensive view of circumstances surrounding a suspected or attempted suicide.

This collection of real-time information from partners is essential in the ability to learn from, and react to, emerging patterns and trends in suicide. This ultimately delivers the integral and unique opportunity to identify risk factors and prevent further tragedies on a local, regional and national level.

### **New ways of working**

Adult social work is an essential part of the wider health and social care system. Many of our developments in new ways of working have involved us taking a proactive stance in building relationships across the sector for the benefit of the community we serve.

### **Electronic medication Administration Recording (eMAR)**

In January 2025, we launched a pilot in 1 of the in-house learning disability services of eMAR. This decision was reached after reviewing medication errors and considering what options could potentially minimise/mitigate the risk of future medication errors. The pilot focused on;

- Assessing the systems impact on the safe administration of medication thus reducing errors
- Staff confidence and efficiency
- Service safety and quality



The pilot involved 13 supported individuals and the evaluation after 3 months evidenced;

- Reduction in medication errors
- Increased staff confidence while supporting medication administration
- 22 hours of saved staff time because the system had more advanced “checking” functions which meant a reduction in staff manually checking

The aim is to seek agreement from the IJB to roll out eMAR across all in house services.

### **Discharge to Assess**

This year we ran a small test of change with Bon Accord Care's Interim Care at Home Service (ICAH) with the aim of patients in hospital being fast-tracked home to be assessed with wrap around care and support as opposed to waiting in hospital. We recognise the impact unnecessary delays in hospital can have on patients, especially older people. The test of change focussed on patients with low levels of need who were likely to fully recover. This test identified that focusing on those with low levels of ongoing need had a limited impact and highlighted to us a need to focus on those with higher and more complex need to intervene at the right time and address the high level of care home admissions

made directly from hospital. This has informed a new project for 2025/26 targeting those with higher-level care needs aimed at discharging those who are medically fit back to their own homes with enablement-focused care and support, allowing for a holistic assessment in their own environment.

### **Scottish Ambulance Service pathway**

Working alongside colleagues in the Scottish Ambulance Service (SAS), Pathways Hub and the Flow Navigation Centre (FNC), a new 'Social Needs Pathway' has been developed. The focus of the Pathway is to provide earlier intervention from social work whilst diverting people without any clinical need, away from transportation by ambulance to ARI. Launching in August 2024 FNC, Pathways Hub and SAS crews have updated their SAS App to include this Pathway, and they will now refer directly to social work instead of ambulance transfer to hospital if there is no clinical need. Individuals with only social needs will benefit from being seen by the right service at the right time, offering the right kind of support. This avoids a potentially distressing journey to hospital plus a wait to be seen and discharged by hospital clinicians. This Pathway reflects good clinical governance and should benefit the individuals involved concurrently saving the time of SAS and hospital staff who can concentrate their efforts on those who have a clinical need requiring treatment.

### **Rae House – New Residential Rehabilitation Service/Community Services**

Substance Misuse Social Workers continue to work closely with Phoenix Futures on developing their new Residential Rehabilitation service called Rae House which opened in January 2025. This new service offers a drug and alcohol-free environment and structured support for men and women looking to address their problematic drug and alcohol use in the Grampian area.

The service offers 27 large modern en-suite single rooms and is accessible for people with additional mobility needs. The onsite multi-disciplinary team provide personalised support through one-to-one, group and complementary therapies within a Therapeutic community approach. Since opening, Aberdeen has supported and funded 18 placements at the service. Senior Social Workers within SMS continue to lead on the Residential rehabilitation panel.

The SMS social work service has also worked closely with Phoenix Futures on developing and securing 20 post residential recovery flats in Aberdeen City. The first couple of flats were utilised in April 2025. Phoenix Futures will support individuals living at the flats for up to 1 year supported by their key worker at SMS which is usually their social worker.

In March 2025, Phoenix Futures also opened their new DayHab service at Regent Quay House in Aberdeen. The dayhab service provides structured recovery support, which allows people to access comprehensive rehabilitation while maintaining the choice to stay in their own home or benefit from housing services depending on their personal needs.

The Scottish Government fully funds all placements through the Residential Rehabilitation Rapid Capacity Fund until March 2026. Since opening Aberdeen has referred 12 placements.

SMS social work seniors continue to develop The Prison to Residential Rehabilitation and Justice to Community Residential Rehabilitation pathways. They are in their infancy and will be developed further throughout 2025.

### **Grampian Local Resilience Partnership (LRP) People at risk database (PARD)**

The LRP worked together to develop an approach to recording those at highest risk during emergencies. The Grampian PARD database will provide Incident Managers with immediate access to information on those who are vulnerable (adults and children) in the immediate aftermath of any emergency to targeted help, for example in an evacuation.

## No Recourse to Public Funds (NRPF)

Last year we reported on the increase in those presenting with NRPF. Single adults and families require support in circumstances where they are not able to access public funds, and they often present to social work to avoid destitution. This year we have signed up to NRPF Connect, a case management tool which is used by councils across the UK to record details of households with no recourse to public funds (NRPF) that are being provided with accommodation and/or financial support by councils when social care duties are engaged. NRPF Connect is a secure online database that enables a council to obtain immigration status information from the Home Office to help identify a person's support options (e.g. whether they can access benefits and homelessness assistance, or whether the provision of social services 'safety net' support must be considered). Within Aberdeen City Council, the system is used by Social Work and Housing services which means that all services involved can access and contribute to the same information / record relating to an individual.

## JUSTICE SOCIAL WORK

The table below provides an overview of some of our key Justice Social Work data for 2024-25 and the years preceding.

	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Justice Social Work Reports	1,126	715	935	1271	1286	1348
Community Payback Orders imposed	1,055	506	667	909	851	1059
Diversion commenced	114	150	168	149	287	248
Bail Supervision commenced	45	4	26	117	126	90

As can be seen, numbers of **Justice Social Work Reports** and **Community Payback Orders imposed** have increased significantly from 2023-24 to 2024-25, up by 5% and 24% respectively, with both figures surpassing pre-pandemic levels. 80% of those who completed Supervision Exit Questionnaires (the majority of these being individuals who have successfully completed Community Payback Orders with Supervision), felt that their Supervision had helped them stop or reduce their offending.

*My CJW was extremely easy to get on with and I felt able to discuss anything with them. I trust them which was very important to make progress*

*I started to believe in myself and that there was a path forward*

*Definitely won't be back!*

Published successful CPO completion rates are not yet available for 2024-25, but in 2023-24 83% of CPOs were successfully completed in Aberdeen, the third highest rate across the country.

Although numbers of **Diversion from Prosecution** cases have reduced overall in 2024-25, the numbers of young people aged between 16 and 25 who were diverted has increased by 41%, with the increase particularly relating to young people under 21. This reflects local multi agency efforts to ensure that young people are kept out of the adult justice system where possible and diverted to interventions which will support them to move away from offending behaviour.

80% of those who completed Exit Questionnaires at the end of their Diversion intervention felt that they were less likely to get into trouble again, and better able to cope with issues that led to them being charged.

*It gave me the kick I needed to get the support I needed*

As the table above shows, the numbers on **Bail Supervision** have reduced over 2024-25 by 29% compared to the previous year. This is due to a number of factors, including changes in legislation (e.g. the Bail and Release from Custody (Scotland) Act 2023 and the Children (Care and Justice) (Scotland) Act 2024) which mean that sheriffs are more reluctant to remand and will offer standard bail rather than requesting assessment for Supervised Bail or an Electronic Monitoring Order. A decline has also been seen in bail being opposed by COPFS, for the same reasons. A new process was implemented, in conjunction with the Court, in light of the legislative changes, which has led to a reduction in the number of individuals assessed for Bail Supervision. The service now awaits requests for bail supervision assessment from the court or sheriffs except where an individual is specifically identified who would benefit from Supervised bail.

We continue to deliver our services to a high standard, despite increasing workloads (as reflected in the figures provided above). The service is also impacted by wider system pressures, including resourcing constraints which are affecting services across the piece. And those we work with present with increasing complex and challenging risk and need. Notwithstanding this, our dedicated workforce continues to aspire to our service Vision, that *“Every person that we work with achieves the best possible individual and statutory outcomes, whilst acknowledging that public protection is paramount”*. Staff engaged in a refresh of our Vision and Values in February 2025, (as part of the refresh of our service Delivery Plan), which served to reinforce our core values of being person-centred, demonstrating ‘stickability’, flexibility and responsiveness, and working in a way that is informed by an understanding of the impact of trauma.

During the year we undertook re-commissioning of two services; one for the provision of an Employability service for adults (16+) who are subject to a Community Payback Order with an unpaid work and other activity requirement’ and other individuals receiving a service from justice social work, which is provided by Aberdeen Foyer; and secondly the provision of an Outreach Support Service provided by Turning Point Scotland. This service is for adults (16+) who have served a custodial sentence and are subject to Release Licence or Court mandated supervision or are eligible for voluntary aftercare following release from prison within the last 12 months.

The Aberdeen Foyer contract was continued from the previous year, and individuals engaging with the service gained 45 qualifications during 2024-25, with 12 clients moving into employment.

**Case Study:** X, 26, was referred to Foyer in September 2023. He began his journey with a strong start, making progress towards his CSCS card and engaging positively with his Development Coach. After a setback linked to alcohol dependency, X temporarily disengaged. However, he returned with renewed motivation, having started attending support groups for recovery. X reconnected with Foyer and began attending weekly appointments again. He showed real commitment – completing mock tests and eventually passing his CSCS exam with full marks. X now has his green card and continues to work with Foyer to find employment in the construction sector. His journey highlights the importance of second chances and the power of perseverance.

In August 2024 the appointment was made to a new role within the Justice Social Work Service – Strategic Service Manager – to work alongside the Service Manager for Operations. This role was created in recognition of the extensive strategic, performance / reporting-related, governance and other

'administrative' demands that such a service is beholden to in relation to its 'operational' activities, as well as to provide increased capacity for ongoing focus on service improvement.

Key activities undertaken so far have included leading on the self-evaluation response to Phase 1 of the Care Inspectorate's Autumn 2024 national 'Thematic Review of Performance and Quality Assurance' across JSW services, the refresh of the service Delivery Plan for 2025-29 and related Performance and Quality Assurance Framework, reviewing service governance arrangements, engaging with staff across the service (via survey and engagement events) to inform service improvement, and establishing a regular monthly staff forum on the back of this.

## **Challenges**

Release from custody via virtual Courts, and 'unplanned' liberations from other Courts, continue to present challenges in respect of providing multi agency 'throughcare' support (for housing, medication, benefits, etc) and engaging and inducting individuals being released from establishments across the country who have CPOs to progress in the community. Justice Social Work is represented on a multi-agency short life working group which is looking at ways services and agencies can work together to improve our collective response and pathways, particularly in light of increasing drug related deaths.

Numbers of Unpaid Work Requirements have now surpassed pre-pandemic levels. The 'workshop' element of the service, which provides lighter, seated unpaid work placement opportunities, remains in a temporary location, albeit previous challenges in relation to the service's vehicle fleet have now been resolved. Further focus is to be given to increasing availability of individual placements, and to providing further appropriate and meaningful placements for the increasing number of clients (around 50%) who can only undertake indoor or seated tasks.

Although numbers of 16- and 17-year-olds in contact with the service are low (seven Justice Social Work Reports and three CPOs in 2024-25), the service provided JSWRs for 89 young people aged 18 – 20 years, and oversaw the same number of CPOs, in the same period. Getting it right for these young people is critical, and with a lack of dedicated resourcing, there is scope for improvement in terms of pathways and collaborative working between Justice and Children's Social Work Services, particularly in light of current and future changes relating to the Children's Care & Justice (Scotland) Act 2024.

Access to mental health services, especially for those with chaotic alcohol and drug use, remains a challenge.

In light of continuing pressures on prisons, further tranches of early release of prisoners were initiated by Scottish Government the STP40 early release programme took place between 18th February, and 20th March 2025. A total of 312 individuals were released nationally, with 20 returning to Aberdeen City. Feedback from involved partners was mostly positive. Coordination between services, particularly ADA, IDS, and AO was effective, enabling advance planning and support for individuals. However, gaps were identified in several cases involving Supervised Release Orders, where individuals were released without Integrated Case Management or MAPPA-level assessments. Justice Social Work had to respond reactively, convening MAPPA meetings and finalising risk assessments post-liberation. Communication delays and incorrect information (e.g. misidentification of Opioid Replacement Therapy (methadone script) status) were noted, especially during the third tranche. While housing coordination improved compared to previous releases, challenges remained with individuals not attending appointments or being unreachable post-release. Additionally, not all establishments followed through with expected Case Management Board processes, requiring local staff to chase information and arrange contact independently. These issues underscore the need for consistent national protocols and clearer accountability in future early release scenarios.

## Feedback from clients

JSW clients completing supervision (either CPO or licence), a CPO Unpaid Work requirement, or Diversion from Prosecution are asked to complete an exit questionnaire. The below table shows the numbers of questionnaires completed, and the increase achieved during the year compared with the previous year (41% overall).

Questionnaires Completed	Male	Female	TOTAL 24-25	TOTAL 23-24
Diversion	40 (78%)	9 (18%)	*51	23**
Supervision	108 (89%)	13 (11%)	121	93
Unpaid Work	160 (90%)	17 (10%)	177	131
<b>TOTAL</b>	<b>308 (88%)</b>	<b>39 (12%)</b>	<b>349</b>	<b>247</b>

\* includes 2 for whom gender unknown

\*\* collation of Exit Questionnaires not reinstated until November 2023

Feedback collected is collated and reviewed on a quarterly and annual basis, and considered via our service governance arrangements, including in terms of any feedback which might inform service improvement. Summary highlights are shared with the wider staff group, with more detailed or specific feedback being shared with individual staff members via Supervision arrangements.

Feedback comments for 2024-25 was overwhelmingly positive, including the below areas:

- **Diversion** - the perceived benefits of Diversion, and personal improvements reported by participants
- **Supervision** - improvements in various life issues, relationships with Justice Social Work workers, useful aspects of supervision, behavioural changes, reasons for changes in offending behaviour, and community supports linked
- **UPW** - peoples' experiences, achievements, skills developed, and opinions about staff and community impact.

There were many very positive individual comments about the value of an individual's relationship with their worker/s, and the role played by the worker/s.

## Areas for Improvement

The Care Inspectorate's National Thematic Review of JSWS Performance and Quality Assurance (Phase 1) focused on the current capacity of services to evidence performance, quality and outcomes in relation to community-based sentences. This focused on the sector's ability to confidently and robustly evidence the effectiveness of community support and supervision. Undertaking the related self-evaluation activity enabled the service to identify areas for improvement, including looking at how to extract information from the LSCMI database in order to gain increased understanding of our client base and inform how we better meet the needs of those we work with.

At the start of 2025, work was done to refresh the JSW Delivery Plan for 2025-26. The Plan was refreshed taking into account the following:

- Outstanding actions from the previous Delivery Plan;
- Feedback from staff, clients and partners;
- Key data, including comparison with other areas;
- Findings from the above referenced Self Evaluation of Performance and Quality Assurance (as part of a national exercise led by the Care Inspectorate), and from Quality Assurance of case records;



- Alignment with the local Health & Social Care Partnership Strategic Plan and Community Planning Aberdeen Local Outcome Improvement Plan priorities; and
- Alignment with national Community Justice priorities.

Areas for improvement and gaps in support or services identified, which were incorporated into our refreshed Plan, include the below.

Local / service issues:

- Potential for improved collaborative working with wider partners including Aberdeen City Council Housing services, mental health services and third sector;
- Further development of our services for women, and also what we offer specifically for men;
- Development of a lower-level domestic abuse programme;
- Developing our in-house expertise in relation to working with individuals with alcohol and drugs issues; and

National / wider issues:

- Preparatory work for implementation of new legislation and other developments, in conjunction with partner & services as relevant, e.g. Children's Care & Justice (S) Act 2024, Bail & Release (Scotland) Act, Review of JSW National Outcomes & Standards, and Trauma Informed Domestic Abuse Courts.

In addition, during the period, Aberdeenshire Council gave notice that they are to cease providing the 'Moving Forwards 2 Change' programme for sex offenders (previously Moving Forwards Making Changes), for Aberdeen City clients, from end March 2026. On average we have between 30 and 35 people on the MFMC / MF2C programme at any time due to it being a three-year programme and people joining and leaving the programme throughout the year. Aberdeen City JSW Service is in the process of developing in-house provision of this service, through relevant staff training and development of appropriate procedures, etc, which will be required to fill this gap.

#### **4. Resources**

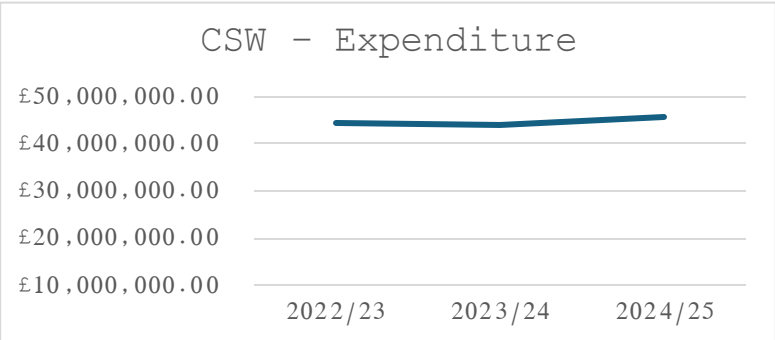
Aberdeen is the third largest city in Scotland with an estimated population of circa 230K. It is, per head of population, the second lowest funded council in Scotland. The significant downturn in the oil industry as well as the impact of austerity and the cost-of-living crisis has significantly impacted on the economic wellbeing of the city.

In recent years, the City's population has increased. As a result of world events, Aberdeen City has welcomed significant numbers of displaced persons from war affected countries. Aberdeen being a city with two universities, our population has been impacted by a high volume of international families coming to the city to study. Since 2019 there has been a 14% increase in the school roll. This change has unsurprisingly seen an increase in the demand for social work intervention at key pinch points – those with No Recourse to Public Funds and supporting Unaccompanied Asylum-Seeking Young People to settle into the city.

As a result of inflationary pressures as well as increasing demand, all aspect of the Council and HSCP budgets continue to experience unrelenting pressure. The Council's medium term financial plan shows these pressures are likely to persist, impacting our ability to meet the needs of service users. We also recognise the continuing increase of complexity children, young people, adults and families present

with - increased family fragility, poor mental health, delays in the Court system, and pressures on the health system, are all continuing to directly impact on social work services. It also requires more resource to meet their needs.

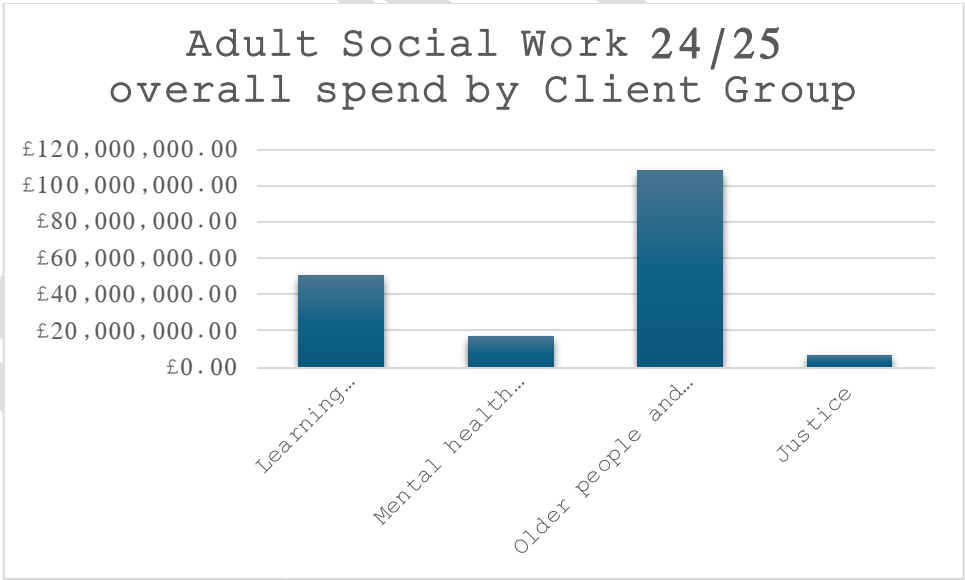
Given this context, it is crucial that new national policies and legislative duties receive full funding. In order to fulfil its statutory duty to deliver a balanced budget, all Council Services in 2024/25 required to identify savings. However it also requires us to continually review how we use the resource we have to greatest effect. Inevitably there has been a need to identify savings across head count, contracts and assets.



We continue to acknowledge the interconnected nature of social work. Most children come to the attention of social work due to care and protection issues arising from difficulties in their parents' lives. This reinforces our continuing efforts to explore opportunities to integrate planning and delivery of services that support the whole family. This concept will be core

to our developing Family Support Model. The graph shows changes to the Children's Social Work budget over the past four years.

Gross expenditure on **Adult & Justice Social Work** was £184.5m in 2023/24 compared to £183.5m in 2024/25 which demonstrates a reduction of £1m in overall spending.



**Critical Service Pressures**

The welcome progress in medical treatments and medication has resulted in individuals living longer with more complex needs. This complexity necessitates higher levels of care and support, which require greater resource. Service providers are also facing heightened expectations from clients, driving performance metrics such as waiting times. The ongoing cost-of-living crisis in 2024/25 has further highlighted the link between poverty and the demand for social work intervention. Those accessing money advice services and emergency food provisions report daily survival struggles and the detrimental impact on their confidence and mental wellbeing.

Having enough practitioners in all service areas to undertake statutory social work tasks is essential. It is crucial to focus on person-centred interventions to keep children and vulnerable adults safe at home for as long as possible.



In the same vein, **Children's Services Strategic Plan 2023-26** reinforces the continuing need to ensure families have access to early and preventative support that mitigates the need for social work intervention. We welcome the intention for Aberdeen City to be one of 6 areas to receive **Fairer Futures Partnership (FFP) Funding**. The intention of this two-year funding has at its core the intention to enable system change to promote early and preventative support that mitigates the corrosive impact of poverty.

Building a strong Family Support Model is a multi-agency responsibility and builds on the work of the FFP funding. The varied funding for Tier 2 family support services brings both challenges and opportunities. Families have told us they want to more easily access early and preventative support without relying on professionals. These principles remain at the core of our developing Family Support Model.

Our Children's Services Strategic Plan is closely aligned with the HSCP's Strategic Plan. As a partnership, we have made significant efforts to align various strategic documents including the Local Outcome Improvement Plan, Child Poverty Plan, Carers Plan, and Corporate Parenting Plan. This endeavour enhances our strategic coherence and optimises our resources to achieve crucial shared priorities.

As a service we are committed to supporting children to remain within their family, where it is safe to do so, without the need for compulsory measures. However, to do this on a sustained basis can often require significant and sustained multi-agency resource to scaffold around families. As a consequence of these efforts our care population has reduced by circa 15% over recent years. This reduction is welcomed but it also masks the continuing resource and cost pressure to deliver Continuing Care (children aged 16 – 21 who remain in care settings but are not deemed looked after). We welcome the attention being given by COSLA to this underfunded policy.

There has been a noted reduction in our foster care population and those looked after at home. As we continue to enhance support for children to remain within their family network, we have seen an increase in children placed in a kinship arrangement as well as a marginal increase to those in residential care. Given the average cost of a specialist residential placement is circa £300k per child annually, any increase has a significant budgetary impact. Further, we are experiencing a rise in requests for additional funding to core placement fees, with several residential providers citing the need to increase staffing ratios due to individual children's needs.

The single biggest cost pressure for Children's Social Work continues to be the cost of specialist care for children who have experienced significant harm and abuse or those who are living with complex of health and disability. The national shortage of foster carers is a challenge, and we continue to work on building our internal fostering capacity. However, this is not a quick or easy fix and is one which directly links to requests for residential care, especially for our older children who are most susceptible to placement breakdown. The cost of specialist residential care has increased well beyond Council budgets. This increase has meant that despite our numbers of specialist residential care placements being broadly similar to the previous year, our overspend has increased from £2.5M in 23/24 to £3.8M in 24/25. Internal Audit has identified that there was robust governance to the decision making and review of placing children in specialist residential care.

While the level of protection afforded by the Scottish Government to the funding of adult social work services is welcomed, there are recognised and significant cost pressures within the system as a result of service demand and inflationary pressures. The primary areas of budget pressure relate to the growing demand and complexity of demand to support older adults, as well as those with adults with complex mental health needs and with complex learning disabilities. Work is progressing at pace to develop local community housing options that will enable several adults living out of the authority to return to be near family members and their local community whilst also mitigating budget pressures.

**Use of Technology** The welcome progress in medical treatments and medication has resulted in individuals living longer with more complex needs. This complexity necessitates higher levels of care and support, which require greater resource. Service providers are also facing heightened expectations from clients, driving performance metrics such as waiting times. The ongoing cost-of-living crisis in 2024/25 has further highlighted the link between poverty and the demand for social work intervention. Those accessing money advice services and emergency food provisions report daily survival struggles and the detrimental impact on their confidence and mental wellbeing.

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Recognising that budgets will remain challenged, the use of technology continues to be part of planning to do more with less. This report references examples of this already in place – Technology Enabled Care; Mind of My Own apps are already positively contributing to service delivery.

In October 2022, in partnership with Microsoft, Aberdeen City Council launched 'D365' - its own data system across social work. This system was designed by social workers for social workers. It utilises the existing suite of Microsoft tools but has added functionality and capacity to support real time data reporting. The system has an iterative development programme directly informed by the experiences of those who use it. This flexibility ensures the system can respond at pace to legislative and policy change.

One of the key benefits of D365 is its capability to deliver on the Scottish Governments aspiration that there is a single health and social care record. The realisation of this for frontline practitioners cannot be understated. At a time when we all need to do more with less the integration of key client data in real time will improve planning and decision making and potentially save lives.

Our partnership with Microsoft will continue to allow us to explore evolving opportunities. Currently we are exploring how the use of Microsoft's digital tool co-pilot can support us to reduce the administrative burdens faced by frontline practitioners.

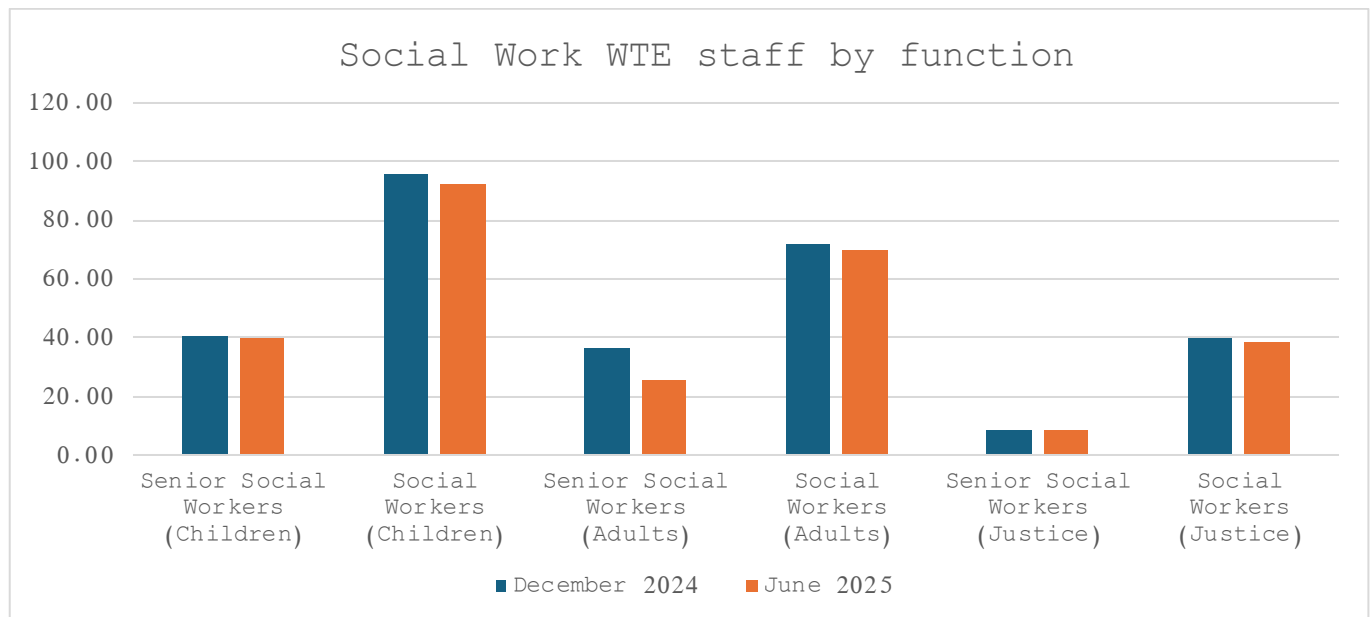
Aberdeen city IJB's Strategic Plan was approved on 1<sup>st</sup> July 2025. It has two Strategic Aims – 'Modernising our Approach to Service Delivery', which covers making best use of resources and transforming service delivery, and 'Shifting our Focus towards Early Intervention and Prevention'. The associated Year 1 Delivery Plan contains actions to consolidate use of premises; reduce overall headcount (mainly from support services); increase the use of technology in service delivery (recognising the needs of those who are digitally excluded); improve arrangements for maximising income for chargeable social care; review current models of care delivery and find ways to achieve consistency and fairness whilst ensuring value for money; and shift more care provision into the community. A number of these actions have savings targets allocated to them.

### **Charging policy**

Within Adult Social Work our charging policy, for chargeable services, is an important means of generating income. This year we have carried out a review of how our charging policy works, which identified instances where charges were not applied when they should have been, e.g. Housing support services and meals provision. We have worked with finance colleagues, social work staff and clients to understand the reasons for this and the changes needed to ensure that charging and contribute to ongoing sustainability of care provision in 2024/25 and beyond.

#### 4. Workforce

The current social work landscape relies more than ever on us supporting and nurturing our workforce, adapting service delivery to meet escalating demand and complexity. Within the city we continue to experience specific staffing challenges in certain areas of adult social work and across children's social work, especially for those who hold lead professional roles, residential practitioners and those working in Learning Disability and in Mental Health. Such challenges, as previously outlined in *Setting the Bar* (2019) and *Taking the Wheel* (2022), were reflected in [Workforce Deep Dive – Approach to Workforce Capacity and Hard to Fill Roles](#), which was endorsed at our Staff Governance Committee in April 2024



The above graph demonstrates the make-up of our social work staff by function. In order to reduce budget during the year council staff were offered voluntary severance and early retirement. The uptake of this, demonstrated above, was highest amongst senior social workers supporting adults and has led to an inevitable loss of experience. Redesign has taken place within the management structure of affected teams to ensure that social work staff continue to receive high quality professional supervision with a more streamlined leadership team.

Frameworks have recently been developed in both Children's Social Work (CSW) - Workforce Development Plan (WFDP) and in Adult Services [HSCP Workforce Plan 2022 – 2025 - Aberdeen](#) and [Health and Social Care Service Renewal Framework \(SRF\) 2025–2035](#), aligned to the vision, values and goals of social work, to address the challenges we face by building capacity to meet need.

We recognise ongoing attention, and resourcing will be essential to refine and sustain innovative practices for attracting, recruiting, supporting and retaining diverse talent, and to strengthen workforce capacity in the face of rapid legislative changes, thereby reducing service delivery risks.

A significant feature within the city has been to continue to develop our 'grow our own' approaches to recruitment and succession planning, including providing opportunities for

non-social work qualified staff to pursue professional learning to obtain a social work degree and in supporting staff who have the skills and motivation to take on "acting up" duties

Our planning also emphasises the importance of employee wellbeing as a crucial component to ensure the workforce grows in confidence and competence to meet the complex needs of our most vulnerable adults, children and their families. Alongside this, our workforce have helped highlight other areas where improvement will be key – such as our Professional Supervision Working Group.

Mental health and wellbeing is also promoted through a range of activities across the year with Aberdeen's dedicated lead officer who ensures our internal intranet pages publicise our wellbeing approach to our wider staff groups. Reviewing our collaborative partnership with Robert Gordon's University is a key priority in the year ahead to ensure we influence and benefit from the extensive social work offer they provide.

In April 2024, our Equality, Diversity & Inclusion policy, was refreshed to reflect changes in legislation and the expectations of our citizens. As a significant public sector employer in our city, we want to lead the way in our commitment to diversity and inclusion. While the majority of our workforce identify their ethnicity as 'white-Scottish', the next highest category being 'white – other British' we welcome and encourage the growing diversity to our workforce which reflects the growing diversity of our city. We however recognise that there is still a way to go for us to have a workforce that truly reflects the demography of our city.

We are clear that social workers who share cultural backgrounds with their clients can better understand and address specific challenges, fostering trust and effective communication as well as creating a more inclusive and supportive environment for those we serve to protect. We are conscious of national reports reflecting on the racism challenges that minority ethnic social workers continue to experience at work. We are committed as a service to ensuring that everyone is included, empowered, and treated with respect. Our Diversity in Recruitment report was presented for Committee approval in the early part of 2024/25.

### **Training, learning and development**

Workforce Development Plans across social work have focussed their <https://committees.aberdeencity.gov.uk/documents/s135004/HSCP22.073> APPENDIX A - DRAFT - ACHSCP WORKFORCE Plan 2022-2025.pdf key priorities on recruitment and retention, mental health and wellbeing, and growth and development opportunities. Whilst we have seen some improvement in terms of filling vacancies, we have a long way to go, particularly in some areas. We must continue to strive to ensure that the needs of our workforce are catered for within our plans, and that the voice and experience of social workers are considered in wider workforce discussions.

We continue to celebrate the achievements of our staff both externally through further development, as for example, Mental Health Officers, Practice Teachers, Child Protection practitioners and the undertaking of the MSc in Residential Childcare as well as through our now established annual 'Star Awards' ceremony, where staff are nominated for top recognition across various categories including 'Bright Sparks', most collaborative team, apprentice of the year, rising star etc. Our WFD Plans are multi-faceted, ensuring that whether staff are NQSW's, early years social workers or more advanced practitioners, whether they would wish to consolidate and enhance their skills at practitioner level or to follow a management/leadership trajectory, targeted learning and development is in place, shaped within each member of our workforce's Continuous Review and Development (CR&D.)

Moving more experienced social workers to areas that are harder to recruit to is not deemed to be feasible as ultimately it results in leaving another area with need. Social work vacancies are often attracting NQSW, and we recognise the first 2 years in these posts are a steep learning curve.

Aberdeen has for a number of years now had an annual training programme offer open to NQSWs. The training inducts NQSW and provides the opportunity to enhance knowledge and skills for professional development and practice improvement. The programme has more recently been further developed in cognisance of upcoming changes to the SSSC supported year. This includes the cohort being provided tailored training, information and support, in addition to that provided by their line managers, teams, and colleagues.

Within Children's Social work, the cohort are brought together at least once a month for face-to-face training sessions; they are part of an exclusive MS Teams channel; and are regularly sent information to aid their learning and development. There are ACC internal NQSW intranet pages that provide essential support, guidance, and information for supervisors and NQSWs. The programme provides an overview of CSW, with opportunity to meet with the CSWO/Chief Officer, Lead Children's Services Manager and external partner agencies, followed by an introduction to our specialist teams, services and partner organisations.

Year	Number of NQSWs Signed Up to NQSW programme
2022/23	23
2023/24	29
2024/25	20

NQSW are supported by dedicated line managers and teams, who help them navigate their first year of being a social worker. The aim is that all NQSWs feel supported, confident, and skilled in their practice, in order to encourage those most suited to working in frontline services to stay within our services for as long as possible. With the recent implementation of the SSSC NQSW supported first year in practice making the 'definitions of employer support' mandatory for all NQSW employers, our supervisors are signposted to the SSSC dedicated website that provides all NQSWs, their employers, managers and supervisors with information, guidance, news, and resources.

In practice, the impact of employer support means ensuring additional protected time to sufficiently support the needs of the NQSW and affording supervisors with the time and support required to conduct that role. Managers feel this now equates to about 50% more time in dedicated supervision and this added resource continues to be a challenge to resource.

Other initiatives, such as an annual CSW workshop in partnership with The Robert Gordon University (which this year saw around 50 final year social work students attend) has now become an established element of our recruitment planning. In March 2025, the soon to graduate students met with experienced and motivated members of our workforce. All were delighted to be joined by one of our care experienced young people, as they all shared their experiences of working in social work within Aberdeen. We are clear these events continue to support recruitment activities and dispel continually held myths of working in a statutory social work setting.

ACHSCP have been encouraging adult social work uptake of Winter Flu and Covid vaccinations to protect our staff and patients. To support health and wellbeing in the workplace we also encourage staff to undertake mandatory training to keep up with health and safety techniques, healthy working lives initiatives and encourage staff to take regular breaks.

In December 2024 the ACHSCP hosted the second staff conference post-Covid. Adult social work had the opportunity to take centre stage providing an overview of a range of areas of development in the service including TEC, the unpaid work team and the benefits of multi-disciplinary working. The outputs of these events have helped inform our next Strategic Plan and will support the development of the next ACHSCP workforce plan, continuing the communication and opportunities to collaborate with our workforce. The value of this type of events support health and wellbeing, showcasing the initiatives available for the staff all year round. Most importantly we ask that our staff give feedback at these events so we can make the most of the time we use together. These events have been well received with overwhelming majority rating them a good use of time.



As welcome as these developments have been, we are mindful that many colleagues continue to hold large caseloads with an increasing complexity of need. They also have significant statutory obligations that require appropriate decisions and effective interventions, to ensure that needs are met, and associated risks are reduced. The commitment in our workforce plans to introduce and enhance our support of staff in different ways including:

- flexible working opportunities to support staff wellbeing, whilst continuing to ensure the exigencies of the service continue to be met
- service and team wellbeing events
- signposting to psychological resilience supports.
- refresh of our Staff Supervision Policy
- bespoke counselling support to staff who have experienced particularly traumatic work-related events
- continuing to give effect to the “Roadmap for Creating Trauma-Informed and responsive change” and adopting trauma-informed and staff wellbeing supports.

The weekly online staff Forum for all Adult Social Work staff, together with the weekly staff bulletin, continues to be a real strength. It provides an opportunity for directed learning as well as creating a culture of peer support and advice. The success of this has been evident through positive feedback from staff.

We have a well-established multi agency child and adult protection learning and development (L&D) programme. The programme is consistently quality assured which helps to measure the impact training has had on practitioners’ confidence and capabilities in supporting and improving outcomes.

We recognise that our work here has been hindered by key vacancies, such as the Learning and Development Coordinator within Children’s Social Work and efforts are underway to recruit to this post during 2025/26.

Annual training needs analysis is undertaken with service managers in order to identify key learning and development priorities for the year ahead. Within Children’s social work the following areas have been prioritised:

- Risk assessment and management of harmful sexual behaviour
- Recommencement of the Post Graduate Certificate in Child Welfare and Protection
- Trauma awareness and recovery principles
- Supervision skills
- Leadership and Management

Within Adult Social Work we continue to work to develop the knowledge and skills of existing staff with a focus on long term retention and succession planning. We funded two Social Work trainees who are now in their final year of studies along with 2 MHOs and 3 staff receiving their Practice Learning Qualification. We are dedicated to developing the next generation of social workers and facilitated 26 student placements during this year in a range of settings.

We continue to support staff in our inhouse services to achieve their Scottish Vocational Qualification (SVQ) relevant to their post. During this past year, 20 staff have qualified at either level 6,7, or 9 and have gained their SVQ award. We are well on our way of achieving a qualified workforce and currently have only 33 staff who are a mixture of permanent and relief staff who are still to complete their award.

In 2023/24 Teams across adult social work collaborated to develop a programme of Induction and Core Skill training which is available to new and existing team members. The training incorporates a number of key areas including finances, trauma informed practice, TEC, supporting carers in addition to specific content on each individual service area. This year 95 staff have completed this 12-week programme demonstrating a strong commitment to continuous professional learning across all service

areas. As this is a cross-service approach there is added benefit due to development of professional relationships and the increased understanding other areas of practice.

## 6. Strategic Forward Looking

The above report rightly provides an opportunity to reflect on the past year. The report strongly evidences the efforts and commitment of social work staff to go above and beyond to deliver on Aberdeen City's vision of being **"a place where everyone prospers"**. This year's report also highlights a number of key challenges that are anticipated in the year ahead. This will require social staff and all leaders to continue to manage levels of uncertainty but also continue to adapt with agility and compassion to meet the needs of the citizens in our city who need our support the most.

The key priorities for our collective consideration over the coming year are anticipated to be:

### A. Workforce

I have unstinting respect for the commitment and dedication social work practitioners demonstrate on a daily basis to support to our most vulnerable citizens despite significant and sustained operational challenges. I do not take their efforts for granted.

Given the volume and complexity of the work as well as the emotional toll of its impact on the resilience of the workforce the risk of burnout is high. Managers and leaders work hard to mitigate the effects of these through high quality professional supervision as well as other measures to support wellbeing. While this has mitigated some risks, the length of a social work career for some is worryingly short.

Aberdeen City Council are proposing all full-time staff to move from a 37-hour week to a 35-hour working week early in the 2025/26 year. While this change will positively allow for more flexible working arrangements to be considered there is a worry about the financial impact on our workforce and our attractiveness to NQSW's. This change will result in the starting salary for a social worker with Aberdeen City Council being among the lowest of all 32 local authorities and significantly lower than our neighbouring local authorities.

Monitoring the impact on recruitment and retention of the move to 35 hours will be a priority in the years ahead. As noted, critical vacancies continue to be experienced. I share the aspiration of the National Social Work Agency (NSWA) to promote the role of social work and consider what kind of social work service we want for Scotland going forward.

We welcome the intention to develop an Advanced Social Work Practice Framework. This will hopefully ensure greater access to high quality learning and development opportunities for practitioners. In turn this will hopefully contribute to retaining social workers in the profession and to ensure we have a pipeline of future social work leaders.

### B. Social Care resilience

The national foster care shortage is being acutely felt. Figures from the Fostering Network state that there is a shortfall of 6,000 foster carers. It is an increasing challenge to identify suitable matches for children with carers. This is not solely due to availability but also reflects the profile of children's needs. As a consequence this increases the risk of children being placed in out of authority residential care settings at a significant cost. The outcomes for children in these settings can often not match the investment made in their care and support.

I therefore welcome the increasing scrutiny and attention Social Work Scotland and COSLA are giving to this area and the need for a greater transparency and accountability of providers to their service provision and fees.



Significant work continues to be progressed to support and strengthen the resilience of the social care market in Aberdeen City. However, we continue to recognise its vulnerability. Demand for care homes, care at home support and personal assistants outstrips capacity. The national spotlight on how we value carers reflects remuneration as well as the societal status given to caring roles.

A number of care contracts have been reviewed in the past year 2024/25 including supported living, care at home and our contract with our arm's length organisation (ALEO) Bon Accord Care. Contracts have been developed with consideration of ethical commissioning, TEC and GIRFE principles in mind. We are working collaboratively with providers, our workforce and service users to focus on sustainability and resilience in the sector but appreciate this remains an area of vulnerability.

We continue to recognise the system challenges of delayed discharge. A programme of work will be initiated called Discharge without Delay. This focuses on a number of key change initiatives including as referenced Discharge to Assess and Frailty at the Front Door. Evaluation of this will be critical to inform our continuing efforts to ensure older adults are only admitted to hospital where required and discharged back to the community in a planned and timely manner.

### **C. Legislative & Policy Landscape**

The policy and legislative context in which social work operates is fast changing with increasing complexities for the workforce to navigate. The pace of change is daunting for social work professionals. As leaders we need to ensure our support to them responds with equal pace. For a range of reasons including reduced funding, resource capacity and policy clarity this is not always possible to the extent we would want.

The Independent Care Review, The Promise, and the Adult Social Care Review acknowledged the complexity of the social work task, and the challenges faced by staff delivering services to vulnerable individuals and families.

We welcome the publication of Plan 24 – 30 and share the emphasis Promise Scotland has given to all Corporate Parents to step up to the challenge of delivering the Promise in full by 2030. While progress is being made there remains a way to go. We anticipate the publication of the “Promise Bill” in 2025/26. This will be key to delivering some key changes set out in The Promise. The scale of proposed change is significant, and it is critical the detail and resource supports the intended transformation change and leads to improved outcomes for care experienced children & young people.

Full implementation of the Children's (Care & Justice) Act 2024 is anticipated in 2025/26. We await final details of the Act's intentions and the funding that will be allocated to support delivery of this key piece of legislation. I however share COSLA's concerns about the proposed allocation to local authorities being insufficient.

Plans to transform social care across Scotland will be progressed after the Scottish Parliament approved the Care Reform (Scotland) Bill in June 2025. Thousands of people with experience of accessing, delivering and receiving social care, social work and community health services have helped co-design the legislation, putting people at the heart of reform. The Bill will bring forward a number of enhancements to social care that include:

- Enshrining Anne's Law into legislation to uphold the rights of people living in adult care homes to see loved ones and identify an essential care supporter
- Strengthening support for unpaid carers by establishing a legal right to breaks, following the additional £13 million already allocated for up to 40,000 carers to take voluntary sector short breaks
- Empowering people to access information on their care and improving the flow of information across care settings
- Improving access to independent advocacy to guarantee people are heard and involved in decisions about their own care

- Creating a National Chief Social Work Adviser role to provide professional leadership and champion the sector, as part of plans for a new National Social Work Agency.
- Alongside the Bill, an advisory board will be established to drive progress and scrutinise reform, replacing an interim board that met for the first time in May.

The recently published [Health and Social Care Service Renewal Framework](#) is a comprehensive reform initiative aimed at transforming health and social care in Scotland. It promotes a vision where individuals lead longer, healthier lives.

#### **D. Financial Constraints**

The increasing complexity of service demand alongside increasing budget pressures are likely to escalate in the coming year(s). This is compounded by the cost-of-living crisis and the impact of poverty. The fiscal pressures on Council's and Health & Social Care Partnerships are unrelenting. This is being most acutely felt across services within the Health & Social Care Partnership.

Work at a local level continues at pace to strengthen early and preventative support to children, young people, vulnerable adults and families that mitigates the need for social work intervention. Acknowledging the corrosive impact of poverty, I welcome Aberdeen City's engagement in the Scottish Governments Fairer Futures Partnership. Demand continues to outstrip the capacity of social work services. Inevitably this causes frustration for families which can lead to complaints. It also causes frustration to the workforce and an internal conflict with their professional values.

Given the fiscal pressures will continue over the coming years, it is essential we retain a clear focus on our strategic priorities. Ensuring we listen to our children, young people, families and vulnerable adults will continue to ensure we develop and design our services according to their needs embracing the benefits of technology where we can. It will also ensure individuals and families are able to access support in a manner that feels more integrated and relevant to their needs.

I have highlighted throughout this report many examples of effective, innovative, and creative ways of working and service evolution which are delivering high quality care and support to Aberdeen City's most vulnerable citizens. The success of these is down to the daily commitment and determination of social work colleagues delivering social work and social care, despite the challenges. Their passion to empower and support others to improve their inspires me as their Chief Social Work Officer.

**Graeme Simpson**  
**CSWO/Chief Officer Children and Family Services**  
**10 October 2025**



## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	2 December 2025
<b>Report Title</b>	Health and Social Care Partnership Meeting Dates 2026-27
<b>Report Number</b>	HSCP.25.082
<b>Lead Officer</b>	Fiona Mitchelhill
<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 functions or remit which is, in terms of statute or legal requirement, bound to be undertaken by the IJB itself.

### 1. Purpose of the Report

- 1.1. To seek approval of the Integration Joint Board (IJB), on the meeting dates proposed for 2026 - 27 in respect of the IJB, the Risk, Audit and Performance Committee (RAPC) and Clinical and Care Governance Committee (CCGC).

### 2. Recommendations

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

- a) review and approve the Meeting Schedule for 2026-27 at section 4.6.



## INTEGRATION JOINT BOARD

### 3. Strategic Plan Context

- 3.1** The Strategic Plan sets out the aims, commitments and priorities of the Partnership, in alignment with Community Planning Aberdeen's Local Outcome Improvement Plan (LOIP), NHS Grampian's Clinical Strategy and Aberdeen City Council's Local Housing Strategy.
- 3.2** Aberdeen City Health and Social Care Partnership (ACHSCP) and its governance body, the IJB, have now been operating for over nine years. During this time, real progress has been made to integrate the health and social care services delegated from its partners, Aberdeen City Council and NHS Grampian. The Integration Scheme requires adoption of good governance which has proven essential to delivery of the partnership's services and developments.

### 4. Summary of Key Information

- 4.1.** As per Standing Order 11.5, the IJB's annual calendar of meetings shall run from 1 April to 31 March of the following calendar year. A schedule of meetings shall be approved by the IJB prior to 1 April of the new meeting year.
- 4.2.** At its meeting on 27 March 2018, the IJB agreed to annually review its meeting arrangements.
- 4.3.** The IJB will continue to meet on Tuesday mornings, on a 6-8-week cycle. No meetings have been scheduled during public holidays and no meetings currently clash with (known) Aberdeen City Council or NHS Grampian Board meetings.
- 4.4.** All meetings of the IJB are scheduled to run between 10:00am and 1:00pm.
- 4.5.** As per the IJB Budget Protocol agreed on 7 March 2017, a dedicated budget meeting has been scheduled to allow the IJB to agree a budget following Aberdeen City Council and NHS Grampian Board setting their annual budgets. In line with the IJB Scheme of Governance, additional meeting dates can be set at the Chair's direction.



## INTEGRATION JOINT BOARD

- 4.6. The IJB is requested to review and approve the following Meeting dates for the period January 2026 to March 2027:

<b>IJB – Tuesdays at 10am</b>	<b>RAPC – Tuesdays at 10am</b>	<b>CCGC – Tuesdays at 10am</b>
3 February 2026 (already scheduled)	24 February 2026 (already scheduled)	
17 March 2026 <b>Budget</b> (already scheduled)		24 March 2026 (already scheduled)
12 May 2026	26 May 2026	
30 June 2026	25 August 2026	16 June 2026
29 September 2026		8 September 2026
1 December 2026	24 November 2026	15 December 2026
2 February 2027	23 February 2027	
16 March 2027 <b>Budget</b>		23 March 2027

- 4.7. Should members approve the meeting schedules, they will be published on the ACHSCP and Aberdeen City Council websites as appropriate.
- 4.8. As per the decision of the IJB on 28 August 2018, stand-alone IJB Insight Sessions have been scheduled throughout the year.

### Meeting Format

- 4.9. The IJB has met in hybrid meetings, where some Members physically attend at a meeting room and others attend remotely via Microsoft Teams since April 2023. This permits members of the press and public to attend the meetings as they happen. Recordings of the meetings are uploaded for public access after the meeting.



## INTEGRATION JOINT BOARD

### 5. Implications for IJB

- 5.1. **Equalities, Fairer Scotland and Health Inequality** - Officers will seek to ensure that meeting recordings are still available online even where meetings are held in the hybrid format to maximise accessibility. The decision on meeting dates does not necessitate a Inequality Impact Assessment as it does not impact on any protected characteristics.
- 5.2. **Financial** - None directly arising from this report.
- 5.3. **Workforce** - It is anticipated that a meeting schedule which is publicly available on the Partnership's website would be beneficial for Aberdeen City Council, NHS Grampian and Partnership workforces. By scheduling IJB meeting dates up to March 2027, Board members, officers, auditors and stakeholders would be able to plan ahead and effectively prepare for Board meetings.
- 5.4. **Legal** - Approval of the meeting schedule complies with the IJB Standing Orders and helps ensure transparency with respect to when the IJB and its committees shall meet.
- 5.5. **Unpaid Carers** – Approval of meetings ensures flexibility for Carers to choose their method of attendance and make arrangements to attend or join the meeting remotely..
- 5.6. **Information Governance** - there are no direct information governance implications arising from the recommendations.
- 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.



## INTEGRATION JOINT BOARD

### 6. Management of Risk

- 6.1. **Identified risks(s):** The Board would be unable to take timely and informed decisions without an agreed meeting schedule; this would undermine the effectiveness of the Board's governance arrangements.
- 6.2. **Link to risks on strategic or operational risk register:** Strategic Risk Register (5) Reputational Risk - Failure of the IJB to function, make decisions in a timely manner etc.
- 6.3. **How might the content of this report impact or mitigate the known risks:** By agreeing a meeting schedule the Partnership would be able to ensure reports captured the views of key stakeholders during the consultation process. The Board would then be in a position to take informed and timely decisions to support the functions and strategic objectives of the Partnership.

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