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Aberdeen City Health & Social Care Partnership
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To: Members of the Risk, Audit and Performance Committee

Town House,
ABERDEEN 23 April 2025

RISK, AUDIT AND PERFORMANCE COMMITTEE

The Members of the **RISK, AUDIT AND PERFORMANCE COMMITTEE** are requested to meet in **Virtual - Remote Meeting on WEDNESDAY, 30 APRIL 2025 at 10.00 am.**

ALAN THOMSON
INTERIM CHIEF OFFICER - GOVERNANCE

B U S I N E S S

DECLARATION OF INTERESTS AND TRANSPARENCY STATEMENTS

- 1.1 Members are requested to intimate any declarations of interest or transparency statements

DETERMINATION OF EXEMPT BUSINESS

- 2.1 There are no exempt items

STANDING ITEMS

- 3.1 Minute of Previous Meeting of 25 February 2025 (Pages 3 - 6)
- 3.2 Business Planner (Pages 7 - 8)

RISK

- 4.1 There are no reports under this heading

AUDIT

- 5.1 External Audit - Annual Audit Plan 2024/25 - HSCP.25.027 (Pages 9 - 30)

PERFORMANCE

- 6.1 Quarterly Performance Reports against the Delivery Plan - Q4 Update - HSCP.25.026 (Pages 31 - 62)

COMMITTEE DATES

- 7.1 Date of Next Meeting - 17 June 2025

Should you require any further information about this agenda, please contact Emma Robertson, emmrobertson@aberdeencity.gov.uk



Risk, Audit and Performance Committee

Minute of Meeting

**Tuesday, 25 February 2025
10.00 am Virtual - Remote Meeting**

ABERDEEN, 25 February 2025. Minute of Meeting of the RISK, AUDIT AND PERFORMANCE COMMITTEE. Present: Councillor Martin Greig Chair; and Councillor John Cooke and Hussein Patwa.

Also in attendance: Fraser Bell, Jamie Dale (Chief Internal Auditor), John Forsyth, Graham Lawther, Calum Leask, Anne MacDonald (Audit Scotland), Alison MacLeod, Amy McDonald and Fiona Mitchelhill.

Apologies: Ritchie Johnson.

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.

DECLARATIONS OF INTEREST OR TRANSPARENCY STATEMENTS

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

DETERMINATION OF EXEMPT BUSINESS

2. There was no exempt business.

MINUTE OF PREVIOUS MEETING OF 3 DECEMBER 2024

3. The Committee had before it the minute of its previous meeting of 3 December 2024, for approval.

The Committee resolved:-

to approve the minute as a correct record.

BUSINESS PLANNER

4. The Committee had before it the planner of committee business, as prepared by the Chief Operating Officer.

RISK, AUDIT AND PERFORMANCE COMMITTEE

25 February 2025

The Committee resolved:-

- (i) to note the reasons outlined for the deferral of the reports at lines 10 and 17 (Whistleblowing Updates and Board Assurance and Escalation Framework) and the removal of line 11 (Financial Position Update);
- (ii) to instruct the Chief Operating Officer and Business Manager to raise staff awareness of the Whistleblowing Policy through the regular communications to staff; and
- (iii) to otherwise agree the Planner.

ANNUAL REVIEW OF FINANCIAL REGULATIONS AND RESERVES POLICY - HSCP.25.011

5. The Committee had before it a report prepared by the Chief Finance Officer presenting the findings of a financial governance review, a revised version of the IJB's Financial Regulations and an updated Reserves Policy.

The report recommended:-

that the Committee:

- (a) approve the revised Financial Regulations, as at appendix A;
- (b) approve the revised Reserves Policy, as at appendix B; and
- (c) instruct the Chief Finance Officer to review the IJB's Financial Regulations and the Reserves Policy and present those to the Risk, Audit and Performance committee for agreement.

The Committee resolved:-

- (i) to agree the revised Financial Regulations, as at Appendix A of the report;
- (ii) to agree the revised Reserves Policy, as at Appendix B of the report;
- (iii) to instruct the Chief Finance Officer to review the IJB's Financial Regulations and the Reserves Policy and present those to the Risk, Audit and Performance Committee for agreement; and
- (iv) to note that the Regulations and Reserves Policies would be presented to the IJB for approval.

INTERNAL AUDIT UPDATE REPORT - HSCP.25.012

6. The Committee had before it a report prepared by the Chief Internal Auditor providing an update on Internal Audit's recent work on the progress against the approved Internal Audit plans, audit recommendations follow up, and other relevant matters.

The report recommended:-

that the Committee:

RISK, AUDIT AND PERFORMANCE COMMITTEE

25 February 2025

- (a) note the contents of the RAPC - Internal Audit Update Report February 2025 as appended at Appendix A, and the work of Internal Audit since the last update; and
- (b) note the progress against the approved 2024/25 Internal Audit Plan as detailed in the Internal Audit Update Report.

The Committee resolved:-

to agree the recommendations.

INTERNAL AUDIT PLAN 2025-28 - HSCP.25.013

7. The Committee had before it a report prepared by the Chief Internal Auditor seeking approval of the Internal Audit Plan for the Aberdeen City Integration Joint Board for 2025-28.

The report recommended:-

that the Committee approve the Internal Audit Plan for 2025-28 as attached at Appendix A of the report.

The Committee resolved:-

to agree the recommendation.

QUARTERLY PERFORMANCE REPORTS AGAINST THE DELIVERY PLAN - Q3 UPDATE - HSCP.25.014

8. The Committee had before it a report provided by the Transformation Programme Manager providing an update on the progress of the Delivery Plan as set out within the Aberdeen City Health and Social Care Partnership Strategy Plan 2022-2025.

The report recommended:-

that the Committee note the assurance that progress was being made in achieving the Delivery Plan as shown in the Delivery Plan Quarter 3 Summary, the Tracker and Dashboard as appended to the report.

The Committee resolved:-

to note the information provided.

DATE OF NEXT MEETING - 30 APRIL 2025

9. The Committee had before it the date of the next meeting: Tuesday 30 April

RISK, AUDIT AND PERFORMANCE COMMITTEE
25 February 2025

2025 at 10am.

The Committee resolved:-

to note the date of the next meeting.

- **COUNCILLOR MARTIN GREIG, Chair.**

| | A | B | C | D | E | F | G | H | I | J |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------|---------------------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2 | RISK and AUDIT PERFORMANCE COMMITTEE BUSINESS PLANNER | | | | | | | | | |
| 3 | The Business Planner details the reports which have been instructed by the Committee as well as reports which the Functions expect to be submitting for the calendar year. | | | | | | | | | |
| 4 | Date Created | Report Title | Minute Reference/Committee Decision or Purpose of Report | Report Number | Report Author | Lead Officer / Business Area | Directorate | Update/Status | Delayed or Recommended for removal or transfer, enter either D, R, or T | Explanation if delayed, removed or transferred |
| 5 | 30 April 2025 | | | | | | | | | |
| 6 | 30.11.22 | Quarterly Performance Reports against the Delivery Plan - Q4 Update | to provide assurance and update on progress of the Delivery Plan as set out within the ACHSCP Strategy Plan 2022-2025 | HSCP.25.026 | Calum Leask | Alison Macleod | Strategy and Transformation Team | | | |
| 7 | Standing Item | External Audit Strategy 2024/25 | To provide a summary of the work plan for Audit Scotland's 2024/25 external audit of Aberdeen City Integration Joint Board (IJB). | HSCP.25.027 | Anne MacDonald | Audit Scotland | Audit Scotland | Last considered at RAPC 2 April 2024 | | |
| 8 | 07.09.23 | Strategic Risk Register and Risk Appetite Statement | To present an updated version of the Integrated Joint Board's (IJB) Strategic Risk register. | HSCP.25.025 | Martin Allan | Business and Resilience Manager | ACHSCP | Last presented to RAPC on 2 April 2024 | T | Proposing to take the 2 documents to the IJB on 1 July 2025 to allow the IJB to consider the documents alongside the refreshed Strategic Plan (and Delivery Plan) and Medium Term Financial Framework. |
| 9 | 19.11.24 | Financial Position Update | On 19 November 2024 at the IJB, Members agreed that a finance update would be presented to every IJB and RAPC meeting going forward. | | Amy McDonald | Amy McDonald | ACHSCP | | R | CFO - proposing removal as reporting regularly to IJB |
| 10 | 17 June 2025 | | | | | | | | | |
| 11 | 19.09.2023 | Locality Planning Annual Reports | On 9 July 2024, Members agreed to instruct the Strategy and Transformation Lead to present Locality Planning annual performance reports to the Risk, Audit, and Performance Committee beginning in June 2025. | HSCP.25.037 | Alison Macleod / Iain Robertson | Lead Strategy and Performance Manager | ACHSCP | May/June 2025 - as the refreshed LOIP and Locality Plans come into effect on 29 April 2024, the Locality Planning Team representing both Community Planning and ACHSCP requested to move the annual reporting from August/September 2024 to June 2025 as the three annual performance reports. | | |
| 12 | | Approval of Unaudited Accounts | | | Amy McDonald | Amy McDonald | ACHSCP | Last presented to RAPC on 4 June 2024 | | |
| 13 | | Review of Duties and Year End Report - Annual Review of RAPC | To present a review of reporting for 2025/26 and an early draft intended schedule of reporting for 2024/25 to provide assurance that the Committee is fulfilling all the duties as set out in its terms of reference. | | Alison Macleod | Amy McDonald | ACHSCP | Last presented to RAPC on 4 June 2024 | | |
| 14 | | Internal Audit Annual Report | To provide the Committee with Internal Audit's Annual Report for 2024/25. | | Jamie Dale | Chief Internal Auditor | Governance | Last presented to RAPC on 4 June 2024 - this is an annual requirement. | | |
| 15 | | HSCP Commissioning - Internal Audit | | | Jamie Dale | Chief Internal Auditor | Governance | | | |
| 16 | Standing Item | Directions Tracker | To present the six-monthly update on the status of Directions made by the Integration Joint Board (IJB) to Aberdeen City Council (ACC) and NHS Grampian (NHSG). | | Alison MacLeod | Alison MacLeod | ACHSCP | | | |
| 17 | 02.05.23 | Primary Care Improvement Plan (Update) | On 3 December 2024 Members agreed that the Primary Care Improvement Plan would be reported to the IJB annually and also to RAPC annually as an interim report mid-cycle. (Went to IJB 19.11.24) | | Alison Penman | Emma King | ACHSCP | | | |
| 18 | 24.03.2025 | Justice Social Work Service Delivery Plan 2025-29 | | | Val Vertigans | Claire Wilson | ACHSCP | | | |

| | A | B | C | D | E | F | G | H | I | J |
|----|------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------|---------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| | Date Created | Report Title | Minute Reference/Committee Decision or Purpose of Report | Report Number | Report Author | Lead Officer / Business Area | Directorate | Update/Status | Delayed or Recommended for removal or transfer, enter either D, R, or T | Explanation if delayed, removed or transferred |
| 4 | | | | | | | | | | |
| 19 | 19.11.24 | Financial Position Update | On 19 November 2024 at the IJB, Members agreed that a finance update would be presented to every IJB and RAPC meeting going forward. | | Amy McDonald | CFO Amy McDonald | ACHSCP | | R | CFO - proposing removal as reporting regularly to IJB |
| 20 | Standing Item | Board Assurance and Escalation Framework (BAEF) | To note the Framework (reviewed by the Committee on an annual basis as per resolution on 26.08.2020) | | Martin Allan | Business Manager | ACHSCP | | D | Request to move to 27 August 2025 as this can only be updated once the Strategic Plan is approved at IJB in July. |
| 21 | 27 August 2025 | | | | | | | | | |
| 22 | 19.11.24 | Financial Position Update | On 19 November 2024 at the IJB, Members agreed that a finance update would be presented to every IJB and RAPC meeting going forward. | | Amy McDonald | CFO Amy McDonald | ACHSCP | | R | CFO - proposing removal as reporting regularly to IJB |
| 23 | 19 November 2025 | | | | | | | | | |
| 24 | 19.09.2023 | Justice Social Work Delivery Plan update 2024-25 and Performance Report | To present the Risk, Audit and Performance Committee with the updated Justice Social Work Service (JSWS) Annual Performance Report 2024/25. Last reported on 3 December 2024. | | Val Vertigans | Chief Social Work Officer | ACHSCP | | | |
| 25 | 08.01.2025 | Strategic Risk Register | | | Martin Allan | Business and Resilience Manager | ACHSCP | | | |
| 26 | 19.11.24 | Financial Position Update | On 19 November 2024 at the IJB, Members agreed that a finance update would be presented to every IJB and RAPC meeting going forward. | | Amy McDonald | CFO Amy McDonald | ACHSCP | | R | CFO - proposing removal as reporting regularly to IJB |
| 27 | 24 February 2026 | | | | | | | | | |
| 28 | 19.11.24 | Financial Position Update | On 19 November 2024 at the IJB, Members agreed that a finance update would be presented to every IJB and RAPC meeting going forward. | | Amy McDonald | CFO Amy McDonald | ACHSCP | | R | CFO - proposing removal as reporting regularly to IJB |
| 29 | 2026 and TBC | | | | | | | | | |
| 30 | 20.08.2024 | Accounts Commission: IJB Finance and Performance Report 2025? (TBC Sarah Gibbon) | To provide a summary of the Accounts Commission's Finance and Performance Report for IJBs in 2025 and to provide assurance across the Accounts Commission's recommendations. | | Sarah Gibbon | Amy McDonald | ACHSCP | HSCP.24.072 report reported to RAPC on 10 September 2024. | | |
| 31 | | Workforce Plan Annual Update Report | To provide an overview of the current workforce and the progress made against the Workforce Plan Priorities - Members agreed at IJB in November 2022 to instruct the Chief Officer to report progress annually to the Risk, Audit, and Performance Committee. Last reported on 28 November 2023. | | Stuart Lamberton / Grace Milne | Sandy Reid | ACHSCP | Members agreed on 3 December 2024 to defer to a date (TBC) in 2025 in order to allow the officers involved to complete time limited work on ACHSCP strategic plan, premises review and budget saving proposals. | | |
| 32 | 12.06.2024 | Adult Support and Protection - Biennial Report | To share the Adult Protection Committee (APC) Independent Convener's Biennial Report for 2024-26 for assurance purposes, in terms of the delivery and impact of 'adult support and protection' in the City. | | Val Vertigans/ Claire Wilson | Claire Wilson | ACHSCP | Last reported 3 December 2024 - due late 2026 | | |
| 33 | 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 agreed on 250225 but needs IJB approval. | | Sarah Gibbon | Amy McDonald | ACHSCP | | | |



Risk, Audit and Performance Committee

| | |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Meeting | 30 April 2025 |
| Report Title | External Audit – Annual Audit Plan 2024/25 |
| Report Number | HSCP.25.027 |
| Lead Officer | Anne MacDonald, Engagement Manager, External Audit (Audit Scotland) |
| Report Author Details | Anne MacDonald, Engagement Manager, External Audit (Audit Scotland) Email: amacdonald@audit-scotland.gov.uk |
| Consultation Checklist Completed | No |
| Appendices | Appendix A – External Audit: Annual Audit Plan 2024/25 |

1. Purpose of the Report

- 1.1. This is the external auditor's audit plan for the 2024/25 financial year and is provided for discussion and noting by the Risk, Audit and Performance Committee (RAPC). The report sets out the auditor's plan in respect of the 2024/25 audit and covers both the audit of the board's financial statements and the auditor's wider scope responsibilities.

2. Recommendations

It is recommended that the Risk, Audit and Performance Committee:

- a) Note the contents of the report.

3. Summary of Key Information

- 3.1. The Accounts Commission has appointed Michael Oliphant, Audit Director, Audit Scotland as auditor of the Aberdeen City Integration Joint Board (IJB) for the five-year period covering financial years 2022/23 to 2026/27.



Risk, Audit and Performance Committee

3.2. This report to those charged with governance summarises the external auditor's view of the risks for the audit and the approach to be undertaken to gain sufficient assurance over the risks, to allow the auditor to provide an opinion on the IJB's financial statements for the financial year ended 31 March 2025.

3.3. The programme of work within the plan is set in accordance with Audit Scotland's Code of Audit Practice which applies to all public sector audits in Scotland. The plan also sets out the audit fees and the wider scope audit responsibilities.

4. Implications for IJB

4.1. **Equalities** – there are no direct implications arising from this report.

4.2. **Fairer Scotland Duty** – there are no direct implications arising from this report.

4.3. **Financial** – there are no direct implications arising from this report.

4.4. **Workforce** - there are no direct implications arising from this report.

4.5. **Legal** – there are no direct implications arising from this report.

4.6. **Other** - NA

5. Links to ACHSCP Strategic Plan

5.1. The work of external audit is relevant to all of the IJB's strategic aims but there are no expected implications arising from this report.



Risk, Audit and Performance Committee

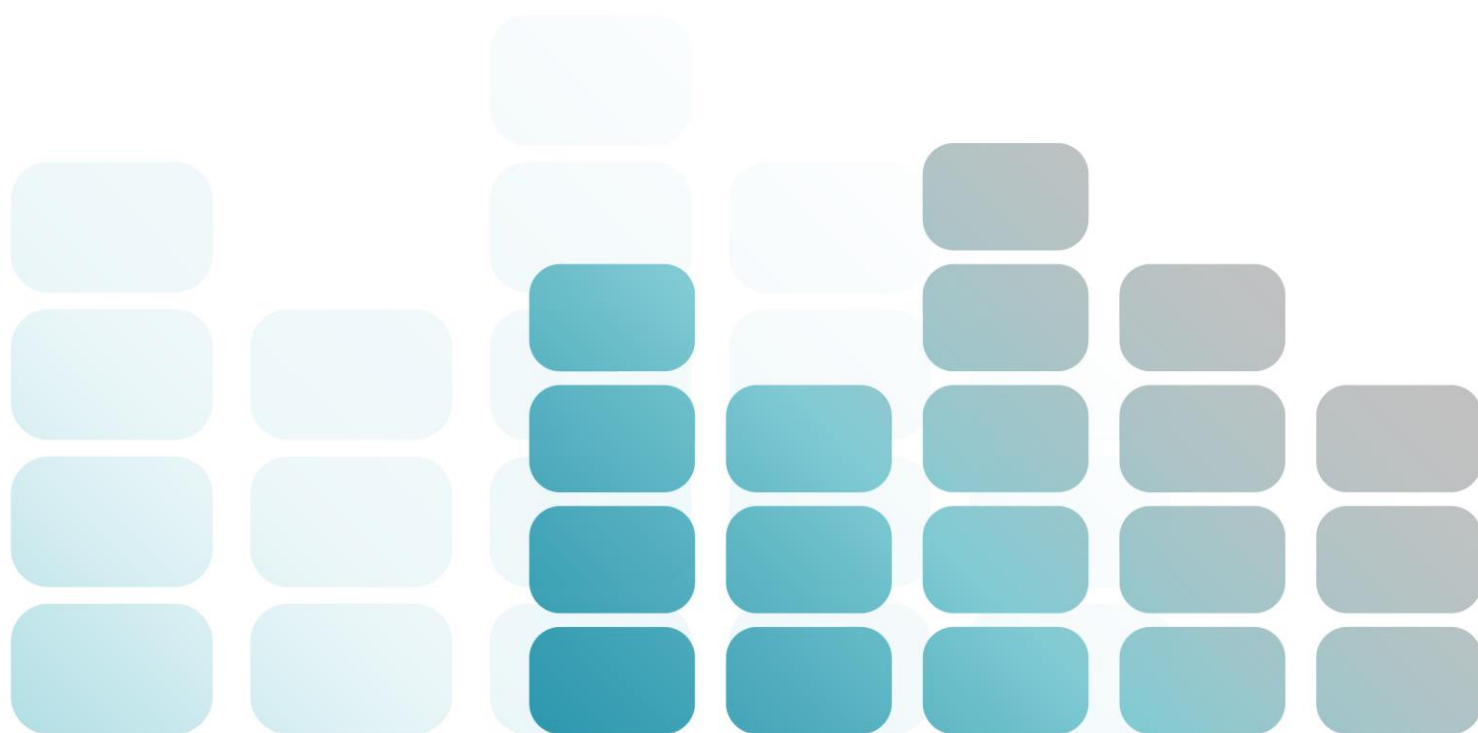
6. Management of Risk

- 6.1. **Identified risks(s):** The External Audit process considers risks involved in the areas subject to review. Any risk implications identified through the External Audit process are as detailed in the attached report.
- 6.2. **Link to risks on strategic risk register:** The risk is for the external auditor not being able to give an opinion on the financial statements before the statutory deadline.
- 6.3. **How might the content of this report impact or mitigate these risks:**
Where risks have been identified by the external auditor, discussions are ongoing with management to mitigate these risks, the sources of management assurance as set out in the plan will be reviewed and relevant audit procedures will be conducted.

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Aberdeen City Integration Joint Board

Annual Audit Plan 2024/25



Prepared for Aberdeen City Integration Joint Board
March 2025

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Accessibility

You can find out more and read this report using assistive technology on our website www.audit.scot/accessibility.

Introduction

Purpose of the Annual Audit Plan

1. The purpose of this Annual Audit Plan is to provide an overview of the planned scope and timing of the 2024/25 audit of Aberdeen City Integration Joint Board's (IJB's) annual accounts. It outlines the audit work planned to meet the audit requirements set out in [auditing standards](#) and the [Code of Audit Practice](#), including supplementary guidance.

Appointed auditor and independence

2. We have been appointed by the Accounts Commission as external auditors of the IJB for the period from 2022/23 until 2026/27. The 2024/25 financial year is therefore the third of the five-year audit appointment.

3. We are independent of the IJB in accordance with relevant ethical requirements, including the Financial Reporting Council's Ethical Standard. This standard imposes stringent rules to ensure the independence and objectivity of auditors. Audit Scotland has robust arrangements in place to ensure compliance with ethical standards. The arrangements are overseen by the Executive Director of Innovation and Quality, who serves as Audit Scotland's Ethics Partner.

4. The Ethical Standard requires auditors to communicate any relationships that may affect the independence and objectivity of the audit team. There are no such relationships pertaining to the audit of the IJB to communicate.

Audit scope and responsibilities

Scope of the audit

5. The audit is performed in accordance with the Code of Audit Practice, including supplementary guidance, International Standards on Auditing (UK), and relevant legislation. These set out the requirements for the scope of the audit which includes:

- An audit of the financial statements and an opinion on whether they give a true and fair view and are free from material misstatement.
- An opinion on statutory other information published with the financial statements in the annual accounts, the Annual Governance Statement, and an opinion on the audited part of the Remuneration Report.
- Reporting on the IJB's arrangements for securing Best Value.
- An Annual Audit Report setting out significant matters identified from the audit of the annual accounts and conclusions on the wider scope areas specified in the Code of Audit Practice.

Responsibilities

6. The Code of Audit Practice sets out the respective responsibilities of the IJB and the auditor. A summary of the key responsibilities is outlined below.

Auditor's responsibilities

7. The responsibilities of auditors in the public sector are established in the Local Government (Scotland) Act 1973. These include providing an independent opinion on the financial statements and other information reported within the annual accounts, and concluding on the IJB's arrangements in place for the wider scope areas.

IJB's responsibilities

8. The IJB has primary responsibility for ensuring proper financial stewardship of public funds, compliance with relevant legislation and establishing effective arrangements for governance, propriety and regularity that enables it to successfully deliver its objectives. The features of proper financial stewardship include:

- Establishing arrangements to ensure the proper conduct of its affairs.

- Preparation of annual accounts, comprising financial statements and other information that gives a true and fair view.
- Establishing arrangements for the prevention and detection of fraud, error and irregularities, and bribery and corruption.
- Implementing arrangements to ensure its financial position is soundly based.
- Making arrangements to secure Best Value.
- Establishing an internal audit function.

Audit of the annual accounts

Introduction

9. The audit of the annual accounts is driven by materiality and the risks of material misstatement in the financial statements, with greater attention being given to the significant risks of material misstatement. This chapter outlines materiality, the significant risks of material misstatement that have been identified, and the impact these have on the planned audit procedures.

Materiality

10. The concept of materiality is applied by auditors in planning and performing an audit, and in evaluating the effect of any uncorrected misstatements on the financial statements or other information reported in the annual accounts.

11. Broadly, the concept of materiality is to determine whether matters identified during the audit could reasonably be expected to influence the decisions of users of the financial statements. Auditors set a monetary threshold when determining materiality, although some issues may be considered material by their nature. Therefore, materiality is ultimately a matter of the auditor’s professional judgement.

12. The materiality levels determined for the audit of IJB are outlined in [Exhibit 1](#).

Exhibit 1

2024/25 Materiality levels for Aberdeen City Integration Joint Board

| Materiality | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Materiality – based on an assessment of the needs of users of the financial statements and the nature of IJB’s operations, the benchmark used to determine materiality is gross expenditure based on the expected outturn for 2024/25. Materiality has been set at 2% of the benchmark. | £8.6 million |
| Performance materiality – this acts as a trigger point. If the aggregate of misstatements identified during the audit exceeds performance materiality, this could indicate that further audit procedures are required. Using professional judgement, performance materiality has been set at 50% of planning materiality. | £4.3 million |

| Materiality | |
|-------------------------------------------------------------------------------------------------------|----------|
| Reporting threshold – all misstatements greater than the reporting threshold will be reported. | £260,000 |

Source: Audit Scotland

Significant risks of material misstatement to the financial statements

- 13.** The risk assessment process draws on the audit team's cumulative knowledge of the IJB, including the nature of its operations and its significant transaction streams, the system of internal control, governance arrangements and processes, and developments that could impact on its financial reporting.
- 14.** Based on the risk assessment process, significant risks of material misstatement to the financial statements have been identified and these are summarised in [Exhibit 2, page 8](#). These are the risks which have the greatest impact on the planned audit approach, and the planned audit procedures in response to the risks are also outlined in Exhibit 2.
- 15.** The risk assessment process is an iterative and dynamic process. The assessment of risks set out in this Annual Audit Plan and Exhibit 2 may change as more information and evidence is obtained over the course of the audit. Where such changes occur, these will be reported to the IJB and those charged with governance, where relevant.

Exhibit 2

Significant risks of material misstatement to the financial statements

| Risk of material misstatement | Planned audit response |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Fraud caused by management override of controls</p> <p>Management is in a unique position to perpetrate fraud because of management's ability to override controls that otherwise appear to be operating effectively.</p> | <p>The audit team will evaluate assurances from the external auditors of partner bodies, i.e., Aberdeen City Council and NHS Grampian, which will include:</p> <ul style="list-style-type: none"> • Evaluating the design and implementation of controls over journal entry processing. • Making inquiries of individuals involved in the financial reporting process about inappropriate or unusual activity relating to the processing of journal entries. • Testing journal entries, focusing on those that are assessed as higher risk. • Focused testing of accruals and prepayments to ensure transactions are recorded in the correct financial year. • Evaluating significant transactions outside the normal course of business. • Assessing changes to the methods and underlying assumptions used to prepare accounting estimates and assess these for evidence of management bias. • Assessing the adequacy of controls in place for identifying and disclosing related party relationships and transactions in the financial statements. |

Source: Audit Scotland

Key audit matters

16. The Code of Audit Practice requires public sector auditors to communicate key audit matters. Key audit matters are those matters, that in the auditor's professional judgement, are of most significance to the audit of the financial statements and require most attention when performing the audit.

17. In determining key audit matters, auditors consider:

- Areas of higher or significant risk of material misstatement.
- Areas where significant judgement is required, including accounting estimates that are subject to a high degree of estimation uncertainty.

- Significant events or transactions that occurred during the year.

18. The matters determined to be key audit matters will be communicated in the Annual Audit Report. Exhibit 2 outlines the significant risks of material misstatement to the financial statements that have been identified, including those that have greatest impact on the planned audit procedures and require most attention when performing the audit.

Wider scope

Introduction

19. The Code of Audit Practice requires that public audit is planned and undertaken from a wider perspective than in the private sector. The Code broadens the audit of the annual accounts to include consideration of additional aspects or risks in four wider scope areas, which are summarised below:

- **Financial management** – this means having sound budgetary processes. Factors that can impact on the IJB being able to secure sound financial management include the strength of the financial management culture, accountability, and arrangements to prevent and detect fraud, error and other irregularities, bribery and corruption.
- **Financial sustainability** – this means looking forward over the medium and longer term in planning services and how they will be delivered effectively. This is assessed by considering IJB's medium- to longer-term planning for service delivery.
- **Vision, leadership and governance** – this means having a clear vision and strategy, with set priorities within the vision and strategy. This is assessed by considering the clarity of plans in place to deliver the vision and strategy and the effectiveness of the governance arrangements to support delivery.
- **Use of resources to improve outcomes** – this means using resources to meet stated outcomes and improvement objectives through effective planning and working with partners and communities. This is assessed by considering the IJB's arrangements for ensuring resources are deployed to improve strategic outcomes, meet the needs of service users, and deliver continuous improvement.

20. A conclusion on the effectiveness and appropriateness of arrangements the IJB has in place for each of the wider scope areas will be reported in the Annual Audit Report.

Significant wider scope risks

21. The risk assessment process has identified significant risks in the wider scope areas as outlined in Exhibit 4, and this also includes the planned audit procedures in response to the risks.

Exhibit 3**Significant wider scope risks**

| Description of risk | Planned audit response |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Financial management</p> <p>There was significant turnover in the Chief Finance Officer (CFO) role during the year and, as a result, the post was vacant for several months until it was filled in December 2024. There were also changes in the partners' finance officers who support the IJB's CFO. While cover was provided, the partners' finance teams experienced increased pressures as a result.</p> <p>Recommendations to support increased scrutiny and accountability of financial performance were included in our Annual Audit Report to the IJB in November 2024. The 2023/24 audit concluded two months later than planned due to additional time required by officers to make agreed revisions to the accounts and adequately respond to queries. There had been gaps in the working papers and audit trails combined with limited action on previous year recommendations.</p> <p>The IJB continues to experience significant increases in the forecast outturn deficit each quarter. During 2024/25, the projected overspend has increased from £0.6 million in Q1, to £10.7 million in Q2 and £16.6 million in Q3.</p> <p>As a result of these factors, we have concluded that significant risk exists in relation to the adequacy and effectiveness of financial management. We acknowledge however, that a CFO has been in post since December 2024 and that a number of improvements have already been made. We will assess the improvements as part of the 2024/25 audit.</p> | <p>The audit team will:</p> <ul style="list-style-type: none"> • Hold discussions with senior officers about the IJB's financial position. • Review the adequacy of financial information considered by the IJB Senior Leadership Team during the year. • Review and assess the Q4 outturn report. • Review the accuracy and completeness of the IJB's arrangements for estimating year end accruals. |
| <p>Financial sustainability</p> <p>An overspend of £16.6 million is forecast for 2024/25 of which £6.2 million will be met from reserves. In line with the integration scheme, partners will also provide additional funding of £10 million to cover the remaining shortfall. The 2025/26 budget has identified a funding gap of £25.3 million to be met by £10.9 million additional contributions from partners and planned savings of £14.4 million.</p> <p>Areas requiring review have been identified but significant work is needed including putting new management processes in place which will provide a better structure to achieve the necessary reduction in expenditure. Hard decisions will have to be made as achieving financial balance may mean a reduction in the quality and/or quantity of IJB services.</p> | <p>The audit team will:</p> <ul style="list-style-type: none"> • Review quarterly financial reports to assess the latest projections and actions being taken to address overspends. • Review delivery of budget savings. • Review impact of financial challenges and decisions made on IJB services. • Assess if financial plans are aligned to IJB's priorities. |

Source: Audit Scotland

Reporting arrangements, timetable and audit fee

Audit outputs

22. The outputs from the 2024/25 audit include:

- This Annual Audit Plan.
- An Independent Auditor's Report to the IJB and the Accounts Commission setting out opinions on the annual accounts.
- An Annual Audit Report to the IJB and the Controller of Audit setting out significant matters identified from the audit of the annual accounts, conclusions from the wider scope and recommendations, where required.

23. The matters to be reported in the outputs will be discussed with officers for factual accuracy before they are issued. All outputs from the audit will be published on Audit Scotland's website, apart from the Independent Auditor's Report, which will be included in the audited annual accounts.

24. Target dates for the audit outputs are set by the Accounts Commission. In setting the dates, consideration is given to the statutory date for approving the annual accounts, which is 30 September 2025 for local government bodies.

Audit timetable

25. Achieving the timetable for production of the annual accounts, supported by complete and accurate working papers, is critical to delivery of the audit to agreed target dates. [Exhibit 4](#) includes a timetable for the audit, which has been agreed with management. Agreed target dates will be kept under review as the audit progresses.

Exhibit 4

2024/25 audit timetable

| Audit activity | IJB target date | Audit team target date | Risk, Audit and Performance Committee date |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------|--------------------------------------------|
| Issue of Annual Audit Plan | - | 31 March 2025 | 30 April 2025 |
| Annual accounts: | | | |
| • Consideration of unaudited annual accounts by those charged with governance | 10 June 2025 | - | 17 June 2025 |
| • Submission of unaudited annual accounts and all working papers to audit team | By 30 June 2025 | - | - |
| • Latest date for audit clearance meeting | 9 September 2025 | - | - |
| • Issue of draft Annual Audit Report to officers for comment | - | 15 September 2025 | - |
| • Agreement of audited and unsigned annual accounts | 23 September 2025 | - | - |
| • Issue of draft Letter of Representation, proposed Independent Auditor's Report, and proposed Annual Audit Report to Risk, Audit and Performance Committee | - | 23 September 2025 | 30 September 2025 |
| • Approval by those charged with governance and signing of audited annual accounts | 30 September 2025 | - | 30 September 2025 |
| • Signing of Independent Auditor's Report and issue of Annual Audit Report | - | 30 September 2025 | - |

Source: Audit Scotland

Audit fee

26. The IJB's audit fee is determined in line with Audit Scotland's fee setting arrangements. The proposed audit fee for the 2024/25 audit is £39,100 (2023/24 £38,360).

27. In setting the audit fee, it is assumed that the IJB has effective governance arrangements in place and the complete annual accounts will be provided for audit in line with the agreed timetable. The audit fee assumes there will be no significant changes to the planned scope of the audit. Where the audit cannot proceed as planned, for example, due to incomplete or inadequate working papers, the audit fee may need to be increased.

Other matters

Using the work of internal audit

28. The IJB is responsible for establishing an internal audit function as part of an effective system of internal control. Services are provided by the chief internal auditor of Aberdeenshire Council under a shared service arrangement. As part of the audit, the audit team will obtain an understanding of internal audit, including its nature, responsibilities, and activities.

29. While internal audit and external audit have differing roles and responsibilities, external auditors may use the work of internal audit where it is considered appropriate. A review of internal audit's 2024/25 audit plan was carried out to identify if there were any areas where the audit team could rely on its work. The audit team does not plan to use the work of internal audit with regard to the audit of the IJB's financial statements but will review internal audit's reports and assess the impact of their findings on the audit.

Audit quality

30. Audit Scotland is committed to the consistent delivery of high-quality audit. Audit quality requires ongoing attention and improvement to keep pace with external and internal changes. Details of the arrangements in place for the delivery of high-quality audits is available from the [Audit Scotland website](#).

31. The International Standards on Quality Management (ISQM) applicable to Audit Scotland for 2024/25 audits are:

- ISQM (UK) 1, which deals with an audit organisation's responsibilities to design, implement, and operate a system of quality management (SoQM) for audits. Audit Scotland's SoQM consists of a variety of components, such as: governance arrangements and culture to support audit quality, compliance with ethical requirements, ensuring Audit Scotland is dedicated to high-quality audit through engagement performance and resourcing arrangements, and ensuring there are robust quality monitoring arrangements in place. Audit Scotland carries out an annual evaluation of its SoQM and has concluded it complies with this standard.
- ISQM (UK) 2, which sets out arrangements for conducting engagement quality reviews, which are performed by senior

management not involved in an audit, to review significant judgements and conclusions reached by the audit team, and the appropriateness of proposed audit opinions on high-risk audits.

32. To monitor quality at an individual audit level, Audit Scotland carries out internal quality reviews on a sample of audits. Additionally, the Institute of Chartered Accountants of England and Wales (ICAEW) carries out independent quality reviews on a sample of audits.

33. Audit Scotland may periodically seek the views of the IJB on the quality of audit services provided. The audit team would also welcome feedback at any time.

Aberdeen City Integration Joint Board

Annual Audit Plan 2024/25



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RISK AUDIT PERFORMANCE COMMITTEE

| | |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Meeting | 30 April 2025 |
| Report Title | Quarter 4 Delivery Plan Update |
| Report Number | HSCP.25.026 |
| Lead Officer | Alison MacLeod |
| Report Author Details | Calum Leask Transformation Programme Manager CLeask@aberdeencity.gov.uk |
| Consultation Checklist Completed | Yes |
| Exempt | No |
| Appendices | <ul style="list-style-type: none"> a. <i>Delivery Plan Overview Year 3 Quarter 4</i> b. <i>Delivery Plan Tracker Year 3 Quarter 4</i> c. <i>Delivery Plan Dashboard Year 3 Quarter 4</i> |
| Terms of Reference | 5. Receive and scrutinise performance reports and receive assurance that actions in respect of emerging trends are proportionate to the IJB's Risk Appetite Statement. |

1. Purpose of the Report

- 1.1. This report seeks to provide assurance to the Risk, Audit and Performance Committee (RAPC) and relates to the progress of the Delivery Plan as set out within the Aberdeen City Health and Social Care Partnership (ACHSCP) Strategy Plan 2022-2025.

2. Recommendations



RISK AUDIT PERFORMANCE COMMITTEE

- 2.1. It is recommended that the Risk, Audit and Performance Committee note the Delivery Plan Quarter 4 Summary, the Tracker and Dashboard as appended to this report.

3. Strategic Plan Context

- 3.1. This report and its appendices directly link to the ACHSCP Strategic Plan and our performance in achieving the associated Delivery Plan. The Strategic Plan's Reporting Framework outlines our requirement to provide assurance to RAPC on a quarterly basis that progress is being made in achieving the Delivery Plan, and this report ensures that this element of governance is achieved in a robust manner.

4. Summary of Key Information

- 4.1. This report represents the Quarter 4 update to the Risk, Audit and Performance Committee based upon the Year 3 Delivery Plan as approved by the IJB in March 2023.
- 4.2. As outlined in the revised Performance Framework, the Delivery Plan Progress Tracker will show updates for all entries in the Delivery Plan while a supporting Dashboard will be presented showing the key measures which the progression of the Delivery Plan seeks to impact upon.
- 4.3. Appendix A aims to give some context to the progress being made over the past quarter while the Delivery Plan Progress Tracker (Appendix B) shows this detail for each entry within the Year 3 Delivery Plan. The Delivery Plan Dashboard in Appendix C displays the key measures and updated figures (where possible) related to these.
- 4.4. The Delivery Plan Progress Tracker is a spreadsheet used by our programme and project teams to provide updates to the Senior Leadership Team (SLT). For the purposes of RAPC, an update which spans the full quarter has been submitted to provide an overview of what has been achieved over the period from January to March 2025 and any significant risks or issues encountered during that time. A BRAG (Blue, Red, Amber, Green) status is also provided giving an overarching indication of the health of the delivery plan entry. It should be noted that the status of a particular project may have progressed since the update in the report was given and therefore should be deemed to be historically accurate.



RISK AUDIT PERFORMANCE COMMITTEE

- 4.5.** For this reporting period, there is one project marked as completed. This is SE20 (Health and Care in Countesswells). The building became fully operational in March 2025 with services operating from the new facility including CTAC, Children's Immunisations, Health Visiting and Speech and Language Therapy.
- 4.6.** Appendix C shows the Delivery Plan Dashboard. This has been sorted by Programme as consistent with reporting throughout the previous financial year. No further amendments have been made to the data presented within this dashboard compared to the previous quarter.

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality

There are no direct implications arising from this report as it is a noting report.

5.2. Financial

There are no direct implications arising from this report.

5.3. Workforce

There are no direct implications arising from this report.

5.4. Legal

There are no direct implications arising from this report.

5.5. Unpaid Carers

There are no direct implications arising from this report.

5.6. Information Governance

There are no direct implications arising from this report.

5.7. Environmental Impacts



RISK AUDIT PERFORMANCE COMMITTEE

There are no direct implications arising from this report.

5.8. Sustainability

There are no direct implications arising from this report.

5.9. Other

None.

6. Management of Risk

6.1. Identified risks(s)

| Risk | Likelihood | Impact | Controls | Evaluation |
|---------------------------------------|------------|--------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Assurance over strategic plan not met | Low | Medium | Performance Framework outlines the required reporting to take place through the year in order to create assurance | If the paper was not presented, assurance would not be given to the RAPC and therefore part of the remit and responsibility of the Committee would not be met. |

Full Transformational Projects outlined within the Delivery Plan have their own governance routes and risk management in place. As outlined in section 4.5, where risks are required to be escalated this is made to SLT in the first instance as outlined by the Performance Framework.

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

This report links to Strategic Risk 4 on the Strategic Risk Register: -



RISK AUDIT PERFORMANCE COMMITTEE

Cause: Performance standards/outcomes are set by national and regulatory bodies and those locally determined performance standards are set by the board itself.

Event: There is a risk that the IJB, and the services that it directs and has operational oversight of, fails to meet the national, regulatory, and local standards.

Consequence: This may result in harm or risk of harm to people.

6.3 How might the content of this report impact or mitigate these risks:

The report and its appendices help to mitigate the risk by providing assurance that progress against the Strategic Plan 2022-2025 and the associated Delivery Plan is being achieved, that this is being monitored by the SLT on a monthly basis who consider and direct remedial action and unblock barriers where relevant.

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Risk, Audit and Performance Committee- Quarter 4 Delivery Plan Update

Delivery Plan Progress Report

Below is an overview of the number of projects listed within the Delivery Plan sorted by their BRAG (Blue, Red, Amber, Green) status although it should be noted that additional categories have been added i.e. White for Not Started and Purple for Closed.

Section 1.2 shows the projects sorted by Programme to give an overview of some key areas of progress.

1.1. Overall Delivery Plan Status, by BRAG.

| Status | Description | No. of Projects | % of Total Projects |
|--------|----------------------------------------------|-----------------|---------------------|
| Blue | Complete | 10 | 12 |
| Green | On track to deliver by deadline | 57 | 70 |
| Amber | At risk of non-delivery/not meeting deadline | 10 | 12 |
| Red | Missed Deadline/Unable to Deliver | 0 | 0 |
| White | Not Started | 1 | 1 |
| Purple | Closed | 4 | 5 |
| | TOTAL | 82 | 100 |

NB: Rounding of percentages to the nearest whole number may mean that the total does not add up to exactly 100%

1.2 Delivery Plan Status collated by Programme.

Programmes have an overall 'Green' status where the majority of their projects fall within the 'Green' rag status or if a proportion of projects have been completed / closed. Those with an overall Amber colour denotes where the majority of projects fall within an 'Amber' RAG status.

| Programme (total no. projects) | Blue | Green | Amber | Red | Purple | White | Achievements | Challenges/Worthy of Comment |
|-----------------------------------------------|-------------|--------------|--------------|------------|---------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Commissioning (5) | 60% | 20% | 20% | | | | <ul style="list-style-type: none"> Two TEC workshops held for professionals and one with a group with lived experience to determined how TEC can be expanded across the city, one with professionals and another with a group with lived experienced Risk assessed care meeting held in February with several key actions arising including initiating a pilot for risk assessed care and capturing baseline care levels Funding is in place for the next financial year for the counselling contracts and also for Thinc and Dial A Bus (DAB). There is to be further review for the IJB in December | <ul style="list-style-type: none"> The funding for the Deeside beds were able to be sustained as there was some underspend from Woodlands which enabled us to extend the time we had the beds commissioned. The beds in Deeside ended at the end of March |

| Programme (total no. projects) | Blue | Green | Amber | Red | Purple | White | Achievements | Challenges/Worthy of Comment |
|--------------------------------------|------|-------|-------|-----|--------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Communities (6) | | 100% | | | | | <ul style="list-style-type: none"> COPD CAD planned in May; Dementia Post Diagnostic Support CAD planned for June and Chronic Pain CAD Planned for July Working closely with Chest Hearty Stroke Scotland for the introduction of Health Defence Team planned to commence in Summer 2025 which sees the delivery of free Health Assessment and Physical Activity support. Although open to anyone, the target group will be women's health, specifically women at risk of stroke, heart disease and diabetes. The main benefits of the work will be providing accessible preventative health checks; providing personalised lifestyle support and co-design services to meet specific | <ul style="list-style-type: none"> Care Opinion will come to an end on 31 March 2025 with alternative options being explored The Gathering is an event for over 50's to age well and plan for retirement. It was decided by SLT that due to the financial position the Gathering will no longer continue into 2025, however the Wellbeing Festival currently being planned with go ahead |

| Programme (total no. projects) | Blue | Green | Amber | Red | Purple | White | Achievements | Challenges/Worthy of Comment |
|--------------------------------------|------|-------|-------|-----|--------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | | | | needs. Work is ongoing to understand the potential reach of this work. | |
| Digital (5) | 20% | 40% | 20% | | 40% | | <ul style="list-style-type: none"> Camascope eMAR system went live at Back Hilton Road Learning Disability Service in January 2025. Transition from analogue to digital community alarms proceeding well with only 7 out of 2277 units remaining to be replaced. | <ul style="list-style-type: none"> Digital investment sets out a proposal to invest in the two proposals from Microsoft as part of Phase A to deliver 1) a social work practitioner application and 2) home care commissioning portal. These are currently closed as requires review from a financial viability |
| Frailty (7) | | 86% | 14% | | | | <ul style="list-style-type: none"> Rehab review programme plan developed and progressing Discharge to Assess trial continues and now has been extended to cover ED and AMIA | <ul style="list-style-type: none"> The pilot of the Frailty Liaison Service in General Medicine wards was due to commence January 2025 however this has been postponed due to the involvement of NHS Grampian in the National Discharge Without Delay work which will commence March / April 2025. This work will now be progressed as part of this programme. |

| Programme (total no. projects) | Blue | Green | Amber | Red | Purple | White | Achievements | Challenges/Worthy of Comment |
|--------------------------------------|------|-------|-------|-----|--------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Home Pathways (3) | | 100% | | | | | | <ul style="list-style-type: none"> Registration yet to be completed for Stoneywood. No issues are anticipated and the Area Manager for The Richmond Fellowship Scotland continues to meet with the team weekly. The next project team meeting is towards the end of April 2025 |
| Hospital at Home Expansion (5) | | 40% | 40% | | | 20% | <ul style="list-style-type: none"> Currently when fully staffed the H@H service can provide capacity up to 50 beds. The team are working on a Scottish Government request to increase opportunities for expansion. Key work ongoing towards increasing referrals into the service through testing direct referral route from CAARs and investigating direct referrals from community heart failure nursing team | <ul style="list-style-type: none"> Remote monitoring systems not being explored at this time due to existing pressures Significant staff absences (due to unplanned and planned leave) within the H@H team are impacting patient flow in the service. |

| Programme (total no. projects) | Blue | Green | Amber | Red | Purple | White | Achievements | Challenges/Worthy of Comment |
|--------------------------------------|------|-------|-------|-----|--------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| | | | | | | | <ul style="list-style-type: none"> Referrals direct from City Visits now established for acute patients | |
| Infrastructure (3) | | 67% | | | 33% | | <ul style="list-style-type: none"> Building for health and care services in Countesswells now fully operational in March 2025 The Infrastructure Plan will be aligned with the MTFF and new Strategic Plan, once approved. It will be developed alongside the Whole System Infrastructure Planning with NHSG. SLT have approved a number of savings and efficiencies that are being progressed in relation to buildings, most of these are complete but two are ongoing. Once completed capacity can then be focussed on finalising the Infrastructure Plan, a first draft is expected to be ready by October 2025 | |
| MHLD (6) | 17% | 50% | 33% | | | | <ul style="list-style-type: none"> General Adult Mental Health Secondary Care | <ul style="list-style-type: none"> Additional money from the Enhanced Mental Health |

| Programme (total no. projects) | Blue | Green | Amber | Red | Purple | White | Achievements | Challenges/Worthy of Comment |
|--------------------------------------|------|-------|-------|-----|--------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | | | | Pathway Review project reaching completion. <ul style="list-style-type: none"> Learning Disability Health Checks continuing across Aberdeen City. MHLD Board approved recommendations for seven workstreams within the Bed Base review. | Outcomes Framework allocation was expected in April 2025 from Scottish Government, however this has yet to be confirmed |
| Prevention (12) | | 92% | 8% | | | | <ul style="list-style-type: none"> Three strategic systems network group meetings have been undertaken for the health weight work. Three new local immunisation clinics opened in Torry, Health Village and Countesswells in March 2025 Cost of smoking tutor training delivered in Aberdeen Fun Activity Leaders Training Session delivered to 25 volunteers across Aberdeen Communities Team will be supporting 21 tutors who are delivering HIC | <ul style="list-style-type: none"> Grampian Sexual Health Service is compliant with HIS standards, which in summary, improve access; reduce inequalities; identify areas for improvement & allow benchmarking with other services. Service currently receiving NHSG waiting times funding to reduce longest waiting times. Senior nurses retirements and imminent deputy service manager vacancy will temporarily restrict scope for further service improvements. Partnership contributing towards the development |

| Programme (total no. projects) | Blue | Green | Amber | Red | Purple | White | Achievements | Challenges/Worthy of Comment |
|-----------------------------------------|------|-------|-------|-----|--------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| | | | | | | | courses within all locality across Aberdeen | of the new Health Transport Action Plan. |
| Primary Care (3) | | 100% | | | | | <ul style="list-style-type: none"> CTAC workstream has been fully delivered within limitations of the funding. Pharmacotherapy roll-out is almost at full capacity Reflect and refresh workshop held on March on GP Vision implementation programme to review priorities against resources Roll out of pharmacy technician and pharmacist support to target prescribing efficiencies on behalf of Practices has begun. Reports drafted presented to all three IJB's in January / February 2025 regarding the GP Vision implementation programme | |
| Redesigning Adult Social Work (1) | 100% | | | | | | <ul style="list-style-type: none"> | <ul style="list-style-type: none"> Given the current position and the need to reduce costs in social care, further |

| Programme (total no. projects) | Blue | Green | Amber | Red | Purple | White | Achievements | Challenges/Worthy of Comment |
|--------------------------------------|------|-------|-------|-----|--------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | | | | | work will be required as set out in our recovery plan. This refocus being on the drive to modernise social care using tec and enhancing digital opportunities alongside enablement. |
| Review of Rehab (3) | | 67% | 33% | | | | <ul style="list-style-type: none"> Clear programme plan in place outlining key areas of work within the strategic rehabilitation review | <ul style="list-style-type: none"> Consultation ongoing with Moray and Aberdeenshire regarding neurorehabilitation work moving forward. |
| Resilience (5) | 20% | 60% | | | 20% | | <ul style="list-style-type: none"> ACC Budget Setting meeting approved new charges for 2025/26 for the Contributing to Your Care Policy, with implementation plans prepared. | <ul style="list-style-type: none"> Category 1 Responder project complete, with Emergency Activation Plan approved at RAPC in December 2024 Review of Care for People arrangements completed and closed |
| Social Care Pathways (7) | 43% | 57% | | | | | <ul style="list-style-type: none"> Delivery Plan for social care charging for 2025/26 in development as part of Aberdeen City Council's budget setting programme | <ul style="list-style-type: none"> Improvement to recording by NHSG Grampian staff of Adult Support and Protection activity is completed Just social work delivery plan project completed, with new strategic |

| Programme (total no. projects) | Blue | Green | Amber | Red | Purple | White | Achievements | Challenges/Worthy of Comment |
|--------------------------------------|------|-------|-------|-----|--------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | | | | <ul style="list-style-type: none"> Weekly project meetings ongoing regarding discharge to assess work TEC management has been agreed for Stonewood | direction work now ongoing |
| Strategy (7) | | 86% | 14% | | | | <ul style="list-style-type: none"> Carers Strategy annual report approved at February IJB meeting. All 2024 Hosted Services Audit recommendations now closed Infant massage sessions continuing at Froghall Community Centre contributing towards the reducing neglect referrals work Progress against equalities outcomes being collated for May 2025 IJB Report | <ul style="list-style-type: none"> The Scottish Government is gathering views to help inform new Statutory Guidance for public bodies, to support them in putting the climate change duties into practice. This consultation has gone live and the Partnership will be collating a response for this during the consultation period. |
| Workforce (4) | | 50% | 50% | | | | <ul style="list-style-type: none"> Joint presentation on recruitment and retention being undertaken with colleagues from Aberdeenshire and Moray at the Commissioning Academy event in March. | <ul style="list-style-type: none"> Subject to completion of the strategic plan, a refreshed workforce plan is due to be produced in the second half of 2025 High sickness absence levels across the |

| Programme (total no. projects) | Blue | Green | Amber | Red | Purple | White | Achievements | Challenges/Worthy of Comment |
|--------------------------------------|------|-------|-------|-----|--------|-------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | | | | This joint online even for all three areas had a total of 45 attendees. | Partnerships were in December 2024, however this was in line with annual seasonal patterns. Specific performance management and well-being activities are now established in the Partnership service with the highest absence rates. |



1.3 Delivery plan Dashboard

The following provides comment on the Delivery Plan Dashboard.

| Measure | Comment |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| H@H Admissions | Increase in overall number of admissions compared to previous quarter |
| H@H Capacity | Average occupancy increases within Hospital @ Home and OPAT, with ELC and ANP remaining steady |
| Ward 102 Admissions | Admissions slightly increased compared to previous quarter |
| Ward 102 Boarders | Slight increase in boarders compared to previous quarter |
| Rosewell House | Increase in overall admissions and percentage of step up admissions compared to previous quarter |
| Rehabilitation review (SOARS admissions and occupancy) | Slight increase in average occupancy, however a slight decrease in the number of admissions |
| Specialist Older Adults Rehab Services-Length of Stay (LOS) | Average length of stay increased in three wards. Decrease in length of stay in two with Stroke Unit East remaining relatively stable. |
| Delayed Discharges Specialist Older Adults-Rehab Services | Slight decrease in distinct out of delayed discharges, but increase in monthly bed days. Decrease in no harm falls. |
| Social care pathways | Average carer searches in place consistent with previous quarter. Slight reduction in average weekly carer hours |
| Home Pathways | Increases both in discount count of delays and bed days monthly |
| Division A & B Hosted Services | Increase in percentage of patients treated within 18 weeks for Hosted Specialist MHL D services compared to previous quarter, with CAHMS percentage remaining high and stable. |
| MHL D Transformation | Slight increase in delayed bed days, with average overnight occupancy remaining high. |



| | |
|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | |
| Strategy | Increases in number of adult and young carers supported. |
| Prevention | Decreases in both alcohol and drug related admissions Sexual health clinic attendances remain consistent. |
| Primary Care | Increase in attendance rate at CTACs compared to previous quarter, with the number of calls taken decreasing. Number of Practices operating at full service continues to increase. |

NB: Metrics whereby Q3 data are unavailable is due to data collection being on a monthly lag

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Delivery Plan Y3 Workplan 2024-25

| Programme | | | | | | | | | | | | |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----|------------|------------|--------------|---------|-----------------------|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Programme Description | | | | | | | | | | | | |
| R#/# | | | | | | | | | | | | |
| Project Description | | | | | | | | | | | | |
| Title | | | | | | | | | | | | |
| Project Type | | | | | | | | | | | | |
| Start Date | | | | | | | | | | | | |
| End Date | | | | | | | | | | | | |
| WMA Status | | | | | | | | | | | | |
| Savings Allocated | | | | | | | | | | | | |
| Category | | | | | | | | | | | | |
| Tier | | | | | | | | | | | | |
| Latest Update | | | | | | | | | | | | |
| Commissioning | Develop and deliver the Procurement Workplan incorporating our commissioning principles so that our commissioning is ethical, creative and co-designed and co-produced with partners and communities. | 3827 | Review of Bon Accord Care contract and redesign of associated service specifications. | 65. Review BAC contract | BAU | 24/02/2023 | 31/03/2025 | ✓ - Complete | N/A | Future Sustainability | Tier 3 (Response) | Contract has been reviewed with new service specifications added, contract has been signed by both parties |
| Commissioning | Develop and deliver the Procurement Workplan incorporating our commissioning principles so that our commissioning is ethical, creative and co-designed and co-produced with partners and communities. | 3828 | Review of GCC Contract to reflect flat cash agreement. | 66. Review GCC Contract | BAU | 30/06/2023 | 31/03/2025 | ✓ - Complete | N/A | Future Sustainability | Tier 3 (Response) | Care @ Home Strategic Oversight Group meeting held on 17/12. Teams site has been created, folder structure agreed and all documents saved in relevant channels and folders. Still some external colleagues cannot access the Teams site, and those that can are having issues opening files. This has been raised with Digital & Technology. Work has started on an overarching plan to tie together all workstreams. TEC Workshops have been held to determine how usage of TEC can be expanded across city. 2 workshops held for professionals, and one with a group with lived experience. 16 care management companies & NHS24 attended professionals workshop. 17 people with lived experience attended lived experience workshop. Further workshops to be held with public groups across Aberdeen to find out where TEC can help meet challenges in accessing and receiving services. Climate Change workstream met, and climate change training will be looked at as part of Training Academy workstream. VSA climate change strategy will be developed. Meetings held with Scottish Government to gain insight on their approach to measuring GHPE & Ethical Commissioning principles. How this can be implemented across Care at Home is being explored by Lived Experience workstream. Audit carried out to find out how GCC gathers client feedback, and how this is integrated into quality improvement. Risk Assessed Care meeting held on 10/02. The key actions from this meeting are to : 1. Start a pilot for risk assessed care. 2. Ensure prescribers and equipment are available. 3. Form a small working group to review and align processes. 4. Set up a follow up meeting with the right people involved. 5. Capture baseline care level, step up/down, client group, date, and reason for change. 6. Implement debrief meetings to address discharge issues. 7. Start tracking discharge issues and gather data on patterns. 8. Populate the planner with actions and meet again in a month. The Training Academy is currently analysing the differences and similarities of the Granite Care Consortium and Bon Accord Care training packages. • Training Academy Meeting Held: Discussions focused on developing a collaborative framework, leadership development, and a transferable training passport. • Operational & Leadership Development identified as Priority Areas. • Baseline Training Data Collection Underway. • Due to the scale and complexity of GCC's operations, additional time may be required to gather and consolidate training data across all providers. |
| Commissioning | Develop and deliver the Procurement Workplan incorporating our commissioning principles so that our commissioning is ethical, creative and co-designed and co-produced with partners and communities. | 3829 | Review of use/availability of Interim Beds | 67. Interim Beds | BAU | 26/03/2024 | 31/03/2025 | ✓ - Complete | 100,000 | Budget Saving | Tier 3 (Response) | Contract ended with Woodlands 31.5.24, 2 beds at Desiride remain until March 2025. 14/04/2025 - The funding for the Desiride beds were able to be sustained as there was some underspend from Woodlands which enabled us to extend the time we had the beds commissioned. The beds in Desiride ended on 31/03/2025 |
| Commissioning | Develop and deliver the Procurement Workplan incorporating our commissioning principles so that our commissioning is ethical, creative and co-designed and co-produced with partners and communities. | 3830 | Consolidation/streamlining of existing MHLd commissioned services | 68. MHLd Commissioning | BAU | 29/03/2024 | 31/03/2025 | ✓ - Complete | 65,000 | Budget Saving | Tier 3 (Response) | Contract commenced 1st September, full savings profile to be provided by contracts |
| Commissioning | Develop and deliver the Procurement Workplan incorporating our commissioning principles so that our commissioning is ethical, creative and co-designed and co-produced with partners and communities. | 3831 | Explore how counselling service can work in a more collaborative, joined up way to support people experiencing care to benefit from a more holistic approach whilst achieving efficiencies | 69. Collaborative Counselling | BAU | 31/03/2023 | 31/03/2025 | ✓ - Complete | N/A | Future Sustainability | Tier 2 (Early Intervention) | An initial Steering Group meeting has been organised for the 17th January. A pre meeting has taken place with key members of the group to plan the session to ensure opportunities are maximised. Projects at risk due to the UB decision around grant funding which has damaged the relationships with counselling services and the partnership. 14/04/2025 - Funding is in place for the next financial year for the counselling contracts and also for Thinc and Dal A Bus (DAB). There is to be further review for the UB in December |
| Communities | Provide community based services co-designed and co-delivered with our communities. | CT07 | Continue to develop and evaluate the Northfield Hub as a test of change for cross sector, easily accessible, community hubs where a range of services coalesce, all responding to local need, to feed into a wider initiative on Priority Intervention Hubs | 8. Priority Intervention Hubs | FTP | 31/03/2023 | 31/03/2025 | ✓ - Complete | N/A | Prevention | Tier 2 (Early Intervention) | Community Appointment Days - This hub is being used to deliver monthly Community Appointment Days which follow a whole system approach, focussing on prevention, early intervention and self management of conditions. COPD CAD planned in May, Dementia Post Diagnostic Support CAD being planned for June & Chronic Pain CAD planned in July. Health Defence Team (CHSD) - The team are working closely with Chest Heart Stroke Scotland (CHSS) for the introduction of a Health Defence Team planned to commence around August 2025 which will see the delivery of free Health Assessments, Physical Activity support with walking groups and physical activity in face to face of virtual settings, health information and a tailored specific focus on women's health. This will be a drop-in Service - open to anyone, although the Team are also focussing on Women's Health (women at risk of Stroke/heart disease/ Diabetes etc) so this may be a particular focus of the Team. The benefit of this work is to focus on prevention and self management. The main benefits will be: Providing accessible health checks to help in early detection and prevention of health issues. Providing personalised lifestyle support tailored to individual needs promoting sustainable lifestyle changes. Run exercise classes at health walks encouraging physical activity to improve health outcomes. Collaborate with local communities to co-design service that meet specific needs - ensuring support is relevant an effective, fostering a sense of community and a shared responsibility for health. Focus on self management - empowering individuals to manage their condition through education & support. This includes providing resources and training to help people understand their health and make informed decisions This work is being developed jointly with the Grampian Respiratory Management Clinical Network, Diabetes Clinical Lead, Stroke MCH and Lead for women's health. The team are due to meet with Primary Care Lead shortly to provide more information and work closely with GPs to develop this further. Although based in the Vaccination & Wellbeing Hub, the Team would plan to work within other local community hubs for example (Get Active at Northfield & Tillybone Community Hub) |
| Communities | Provide community based services co-designed and co-delivered with our communities. | CT08 | Lead on increasing and diversifying the membership of our Locality Empowerment Groups and increasing wider participation in locality planning. | 8. Develop LEGs and increase participation. | BAU | 06/04/2024 | 31/03/2025 | ✓ - Complete | N/A | National Agenda | Tier 2 (Early Intervention) | Attendance at Locality Empowerment Group (LEG) meetings has remained stable year on year, with 32 participants attending LEG meetings during January-February 2024, and 31 participant attending LEG meetings during January-February 2025. All three LEGs have reasonably equal gender representation; all are attended by people with disabilities and from different ethnic backgrounds, and all three LEGs are represented by both older people and those of working age. Work is ongoing to ensure more consistent attendance from young people; and to identify more ethnic minority representatives for all three LEGs. A Citywide Locality Planning meeting for LEG and Priority Neighbourhood Partnership (PNP) reps was delivered on 30 January at NESCC city campus with eight community members in attendance. The purpose of the meeting was to seek community views to increase participation and diversity in locality planning. A summary report was prepared and circulated to LEG and PNP members. This report will be used to inform the development of new Locality Plans later in the year. The Locality Planning Team are also taking the lead in planning and delivering six Locality Consultation and Engagement sessions between March-May which will provide an opportunity for our community members to engage on the draft UB Strategic Plan. |
| Communities | Provide community based services co-designed and co-delivered with our communities. | CT09 | Deliver North, Central and South Locality Plans and report on progress | 8. Delivery Integrated Locality Plans | BAU | 06/04/2024 | 31/03/2025 | ✓ - Complete | N/A | National Agenda | Tier 2 (Early Intervention) | Refreshed Locality Plans were prepared following extensive engagement with community planning partners and community members between October 2023-March 2024. The refreshed Locality Plans incorporate 60 community change ideas which the Locality Planning Team will work with Local Outcome Improvement Plans (LOIP) project managers and community members to deliver. The Locality Plans align with thematic priorities of the citywide LOIP, to improve the economy, people, place and community empowerment within each of our three Locality areas. The refreshed LOIP and Locality Plans were endorsed by the UB at its meeting on 9 July 2024. Annual performance reports for all three Locality areas will be presented to the UB's H&MPC and Community Planning Board in June. A series of Locality Consultation and Engagement events will be planned and delivered by the Locality Planning Team between March-May. These sessions will use Public Health Scotland's Place Standard Tool to receive community feedback on what they think about their local neighbourhoods, and how they can be improved. This feedback will help establish priorities for the new Locality Plans which will be developed over the winter of 2025-26. |
| Communities | Provide community based services co-designed and co-delivered with our communities. | CT11 | Ensure the use of Our Guidance for Public Engagement is embedded | 9. Public Engagement | BAU | 31/03/2024 | 31/03/2025 | ✓ - Complete | N/A | National Agenda | Tier 2 (Early Intervention) | The links within ACHSCP's "Our Guidance for Community Engagement, Human Rights and Equalities 2024-26" continue being checked and altered where necessary on a rolling monthly basis. The Guidance sits within the ACHSCP's Creative Commons statement and copyright to prevent alteration, and seek citation if used or published by anyone out with the ACHSCP. Highlighting the resource to colleagues within the ACHSCP to help inform some or all of their engagement activities is ongoing. Annual updated guidance will be submitted to May 2025 UB meeting along with the ECOMF and Assessing our Impact procedure. |
| Communities | Provide community based services co-designed and co-delivered with our communities. | CT12 | Promote the use of Care Opinion to encourage patients, clients, carers and service users to share experiences of services, further informing choice. | 10. Care Opinion Promotion | BAU | 01/03/2024 | 31/03/2025 | ✓ - Complete | N/A | National Agenda | Tier 2 (Early Intervention) | Care Opinion Subscription will come to an end 31 March 2025, upon review of use, and it has been agreed not to continue with Partnership Subscription beyond 31st March. Alternative options will be supplied to our teams to continue to follow the Complaints and Compliments procedure. There is also an opportunity to promote the CommsTrustee group and stories to come to them to promote on internet, Website and Social Media where appropriate. It is very important that we used lived experience stories to improve and promote our services. |

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| | Develop and deliver local and sustainable system flow and return to home pathways with partners, supporting reduced hospital admission, delays in hospital discharge and out of area placements | AFHL05 | Investigate whether we can bring people back into authority and whether this is more cost effective. | 23. Home Pathways | FTP | 31/03/2025 | Green | N/A | Future Sustainability | Tier 2 (Early Intervention) | a) The Care Inspectorate had agreed to prioritise the standalone long-term registration for Stonewood, aiming for completion by April. Registration hasn't been completed yet. We don't anticipate any issues with this and the Area Manager for The Richmond Fellowship Scotland continues to meet with them weekly. The Stonewood Project Team meets again on the 22nd April 2025, so there may be more progress by then. A Team Manager and two Seniors have also been appointed by the provider, The Richmond Fellowship Scotland (TRFS). There are funding challenges for the vacant building adjoining the Stonewood site and alternative funding sources are needed to explore how it will be used. Updates on the evaluation plan were discussed alongside the need for a meeting about funding for Just Housing. The Data Protection Impact Assessment with TRFS has been completed and is ready for sign-off. A site visit has been planned to assess environmental risk factors for individuals with significant autism and high sensory needs. b) The Independent Living and Specialist Provision Housing Market Position Statement was approved at 18 on the 19th November. The document has now been published and promoted on the news section of the ACHSCP website. |
| Home Pathways | Develop and deliver local and sustainable system flow and return to home pathways with partners, supporting reduced hospital admission, delays in hospital discharge and out of area placements | AFHL14 | Review Scheme of Assistance with a view to revising criteria for eligibility for funded adaptation support. | 78. Scheme of Assistance | BAU | 31/03/2025 | Green | 350,000 | Budget Saving | Tier 2 (Early Intervention) | This project started out on the understanding that a change to the Scheme of Assistance was required in order to amend working practices to meet the reduced budget. There are no savings as such, the work is to avoid a budget pressure to the value of the budget reduction. During scoping it became apparent that a change to the Scheme is not required, nor is there any requirement to change guidance for the Occupational Therapists undertaking assessments. The change required will come from robust application of the guidance to the letter as over time a great deal of flexibility has been introduced. The impact of this change has been assessed and training is currently being refreshed for staff. This work has also led to exploration of alternative supports for those who may be impacted. |
| Home Pathways | Develop and deliver local and sustainable system flow and return to home pathways with partners, supporting reduced hospital admission, delays in hospital discharge and out of area placements | KF919 | Help people to ensure their current homes meet their needs excluding enabling adaptations | 59. Suitable Homes | BAU | 01/04/2024 | 31/03/2025 | Green | | Tier 2 (Early Intervention) | The Disabled Adaptations Group (DAG) continues to meet quarterly and a sub group has been established to ensure alignment with the recently published Adaptations guidance. The baseline assessment tool is being used to deliver this. DAG continues to consider and monitor all major and minor adaptations to meet needs and requirements of people living in their homes. |
| Hospital at Home Expansion | Increase the capacity of Hospital at Home to 50 beds, with the beds operating at consistent levels by March 2025. These will be for Medical and Respiratory Pathways as well as the current Frailty, End of Life Care and OPAT Pathways. | KF912 | Monitor use of Hospital at Home beds for the Frailty Pathway. | 79. Monitor use of HGH Beds | FTP | 01/04/2024 | 30/09/2025 | Amber | Prevention | Tier 3 (Response) | The team remain committed to the target of 50 beds operating at a consistent occupancy by the end of March 2025, however significant staff absences (due to unplanned and planned leave) within the HGH team are impacting patient flow in the service. Significant staff absences were in the AMP team, this had an impact on service flow and reduced the available capacity within the service. The majority of these staff have now returned to work. Currently when fully staffed the HGH service can provide capacity up to 50 beds. The team are working on a Scottish Government request to increase opportunities for expansion. Key work around increases referrals to the service is taking place and includes - Ongoing engagement and service promotion with Primary Care - Direct referral route from CAAFs (Community Adult Assessment & Rehab services) to be tested. - Investigating direct referrals from community heart failure nursing team - Applying flexibility to non frailty patient referrals, with referrals being taken direct from the city visit nursing teams. |
| Hospital at Home Expansion | Increase the capacity of Hospital at Home to 50 beds, with the beds operating at consistent levels by March 2025. These will be for Medical and Respiratory Pathways as well as the current Frailty, End of Life Care and OPAT Pathways. | KF930 | Implement actions in relation to HGH beds available for Respiratory Medicine | 80. HGH Beds for Respiratory Medicine | FTP | 01/04/2024 | 30/09/2025 | Amber | Future Sustainability | Tier 3 (Response) | This project has amber BRAD status due to the occupancy of the Respiratory beds remaining low. The acute medicine consultant is leading on these beds and is working with the respiratory team to educate, build confidence in the HGH service to increase the flow of these patients. |
| Hospital at Home Expansion | Increase the capacity of Hospital at Home to 50 beds, with the beds operating at consistent levels by March 2025. These will be for Medical and Respiratory Pathways as well as the current Frailty, End of Life Care and OPAT Pathways. | KF931 | Implement actions in relation to HGH beds available for Acute Medicine | 81. HGH Beds for Acute Medicine | FTP | 01/04/2024 | 30/09/2025 | Green | Prevention | Tier 3 (Response) | Development of the flow into the non frailty beds (acute & resp) has increased steadily increased due to the efforts by the acute medicine consultant. Referrals direct from City Visits are now established for the acute patients and this has had a positive impact on flow, with greater flexibility being applied to the referrals. The Admission Avoidance route remains the priority due to the difficulties / time required in moving patients once admitted to A&E. |
| Hospital at Home Expansion | Increase the capacity of Hospital at Home to 50 beds, with the beds operating at consistent levels by March 2025. These will be for Medical and Respiratory Pathways as well as the current Frailty, End of Life Care and OPAT Pathways. | KF932 | Ensure digital and IT arrangements are in place for HGH expansion. | 82. Digital and IT for HGH Beds | FTP | 01/04/2024 | 30/09/2025 | Not Started | | Tier 3 (Response) | This remains in the background of the development of the service as it is not a priority at this time. Development of a daily set of remote observations for non frailty patients would enhance and support this pathway, the use of blood pressure monitors is being investigated. Engagement with the innovation team and a demonstration of the Freebys system remote monitoring system has taken place. The HGH team given the expansion pressures have concluded they are not in a place to integrate this remote monitoring system at this time. Potential for use once the flow of non frailty patients is more established. This work is now on hold. 15/04/2025 - At the time of writing this it was on hold, but it is now being progressed again |
| Hospital at Home Expansion | Increase the capacity of Hospital at Home to 50 beds, with the beds operating at consistent levels by March 2025. These will be for Medical and Respiratory Pathways as well as the current Frailty, End of Life Care and OPAT Pathways. | KF933 | Implement Workforce and Organisational Development actions for HGH expansion. | 83. Workforce and OD for HGH Beds | FTP | 01/04/2024 | 30/09/2025 | Green | Future Sustainability | Tier 3 (Response) | OD have been involved with the HGH team particularly around Courageous Conversations training. These have been well received by the team and are now complete. HGH continue to be link in with OD on the developments and team engagement required to meet the service aims by March 25. The Workforce Plan development has been paused to allow all efforts to be focussed on the expansion of the service and meeting it's target. |
| Infrastructure | Assess future infrastructure needs and engage with partners to ensure these needs are met. | SE20 | Develop an interim solution for the provision of health and social care services within the Courteswells housing development and work on the long-term solution | 24. Health and Care in Courteswells | BAU | 01/03/2024 | 31/03/2025 | 2 - Closed | Future Sustainability | Tier 2 (Early Intervention) | The building became fully operational on Monday 3rd March 2025. The services operating from the new facility include CTCAC, Children's Immunisations, Health Visitors and Speech & Language Therapists. The building is operating at 100% capacity with every session throughout the week being used. |
| Infrastructure | Assess future infrastructure needs and engage with partners to ensure these needs are met. | SE21 | Develop Infrastructure Plan for ACHSCP | 25. Infrastructure Plan | BAU | 01/09/2024 | 31/03/2025 | Green | N/A | Future Sustainability | This project is part of and impacted by the ongoing Premises Review. That work will feed into the infrastructure plan. The Premises Review is using all the capacity of the Infrastructure team but we are still on track to have the Infrastructure Plan developed over the course of 2025. This will be completed alongside ACC and the NHSG whole system Infrastructure approach for future planning. 14/04/2025 - The Infrastructure Plan will be aligned with the MTFP and new Strategic Plan, once approved. The Infrastructure Plan will also be developed alongside the Whole System Infrastructure Planning with NHSG. SLT have approved a number of savings and efficiencies that are being progressed in relation to buildings, most of these are complete but two are ongoing. Once completed capacity can then be focussed on finalising the Infrastructure Plan, a first draft is expected to be ready by October 2025." |
| Infrastructure | Assess future infrastructure needs and engage with partners to ensure these needs are met. | SE23 | Rapid Review of Assets | 84. Rapid review of assets | BAU | 06/07/2024 | 31/03/2025 | Green | Future Sustainability | Tier 3 (Response) | The work on the premises review began in December 2023 with a significant amount of detail gathered and analysed ready for the Senior Leadership Team (SLT) business meeting in April 2024. At that meeting a very in-depth and detailed overview of the premises that Partnership staff operate from was presented. A mapping exercise was also carried out for Partnership staff operating from NHS Grampian buildings and this is now being extended to Aberdeen City Council buildings too. The goal is to have a single, multi-agency, mapping of all services engaging with our partners - this will feed into the Infrastructure Plan. Following the meeting in April it was requested by SLT that a set of proposals be developed looking specifically at efficiencies, effective use of buildings, and potential savings. This was progressed as requested and presented back to SLT in July 2024. Two proposals that SLT selected to be carried out in financial year 2024/25, have now been completed as of February 2025. Work is ongoing in relation to the final two proposals that SLT selected to be carried out in financial year 2024/25. These will be completed and then will go back to SLT in March 2025, and any agreed work will be completed in the 2025/26 financial year. |
| MHLD | Deliver Grampian wide and City specific MHLD transformation taking cognisance of national strategies, standards and service specifications. | AFHL08 | Deliver a capability framework for a workforce to support complex behaviour. | 27. Complex Care Workforce and Skills Development | BAU | 06/04/2023 | 31/03/2025 | 1 - Complete | | Tier 2 (Early Intervention) | Capability Framework complete and applied to the Complex Care Framework which is now live. |

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| Prevention | Keeping people healthy and avoiding the risk of poor health, illness, injury and early death | PH10 | Work on a system-wide basis to increase community and professional capacity through community-led development approaches such as Health Issues in the Community | 89. Community Led Development Approaches | BAU | 01/04/2024 | 31/03/2025 | Green | | | | Following the Health Issues in the Community (HIC) short course at Midfield in March 2024, a number of actions have been taken forward. Letter picking around Midfield from the wider community has been organised as a weekly event, with support and involvement from Keep Britain Tidy. Eight week Deaf Awareness classes run for 12 people at Midfield Community Project free of charge. Community involvement in the consultation process for the revision of Aberdeen City Council and Aberdeen City Health and Social Care Partnership British Sign Language plan and ACHSCP Strategy and Transformation Team development day. Next steps and building capacity Evaluate the course outcomes and collated data with follow up evaluations after three and six months. Feedback and support to local and Grampian-wide HIC tutor networks. Following three HIC pilots, four community projects have been set up addressing poverty, literacy, deaf awareness and community uplifted raising issues on crime and homelessness support. Representatives from 11 services and organisations have completed HIC tutor training during 2024, including Community Learning and Development, Pathways, Midfield Community Project, and The Wood Foundation. The Communities Team will be supporting 23 tutors who are delivering HIC courses within all three local authority areas across Aberdeen City. One HIC course being delivered in Barmahall which supports LOP projects. HIC being explored to support ABC Works clients and community organisations within the Central Priority Neighbourhood. 3 training dates have planned 20th Feb, 12th March and 27th March, however there was limited uptake for the first 2 dates, there for they had to be cancelled, the 27th March date has been popular with the session being almost fully booked. Further discussions with PEEP programme manager have taken place to look at Peep training and practice across the city, including how the Best Start in the Group can support the increase of delivery. The Healthier families programme has been promoted across the UK, we have recently met with a team of professionals from Hull to share our learning and further developments (toolkit and training) arising from the original Peep Healthier families Pilot. There have been initial discussions around developing and testing Healthier Families Baby Peep 4 week programme to support with earlier key messaging. |
| Prevention | Keeping people healthy and avoiding the risk of poor health, illness, injury and early death | PH11 | Scale up the Healthier Families PEEP programme to support a whole family approach to health and wellbeing. | 90. Scale up PEEP | BAU | 01/04/2024 | 31/03/2025 | Green | | | | Tier 1 (Prevention) |
| Prevention | Keeping people healthy and avoiding the risk of poor health, illness, injury and early death | PH12 | Work with NHS Grampian Public Health Directorate and alongside other Grampian Health and Social Care Partnerships to explore the development of a public mental health approach for Aberdeen City | 91. Public Mental Health Approach | BAU | 01/04/2024 | 31/03/2025 | Green | | | | Tier 1 (Prevention) |
| Prevention | Keeping people healthy and avoiding the risk of poor health, illness, injury and early death | PH13 | Work alongside the Children's Services Board (CSB) on prevention and early intervention particularly in reducing local variations in health factors | 92. Reduce local variations in health factors | BAU | 01/07/2024 | 31/03/2025 | Green | | | | Tier 1 (Prevention) |
| Primary Care | Identify strategy and actions to improve Primary Care services and ensure future sustainability. | CT15 | Deliver the strategic intent for the Primary Care Improvement Plan (PCIP) | 40. Deliver PCIP | FTP | | 31/03/2025 | Green | | | | Tier 1 (Prevention) |
| Primary Care | Identify strategy and actions to improve Primary Care services and ensure future sustainability. | CT18 | Deliver City actions in relation to the Grampian vision for Primary Care | 41. Deliver Vision for PC | FTP | | 31/03/2025 | Green | | | | Tier 1 (Prevention) |
| Primary Care | Identify strategy and actions to improve Primary Care services and ensure future sustainability. | CT19 | Develop and implement appropriate initiatives to mitigate increase in prescription costs. | 93. Prescription Costs | BAU | | 31/03/2025 | Green | | | | Tier 3 (Response) |
| Redesigning Adult Social Work | Enhancing the role of Social Work in playing a guiding role in the presentation of personalised options for care and support. | CH01 | Undertake evaluation of redesign work to date ensuring this links to latest service developments particularly in relation to care of digital. | 42. Redesigning Adult Social Work | BAU | 27/12/2024 | 1 | Complete | N/A | | Future Sustainability | Tier 3 (Response) |
| Rehabilitation Review | Undertake a strategic review of rehabilitation services across Grampian to identify new delivery models. | KP001 | Develop a discussion paper to inform a strategic planning framework for the strategic review of rehabilitation across Grampian which will include Specialist Rehabilitation Services hosted by Aberdeen City UB. This will include consideration of how partners in sports and leisure and wider community resources can assist in delivery of rehabilitation. This will consider rehabilitation delivery models including bed base and community requirements in line with national guidance including SD Progressive Stroke Pathway, SD Neurological Standards and Scottish Trauma Network Major Trauma minimal requirements guidance. | 43. Strategic Planning Framework for Review Rehab | FTP | | 31/03/2025 | Green | N/A | | Future Sustainability | Tier 3 (Response) |
| Rehabilitation Review | Undertake a strategic review of rehabilitation services across Grampian to identify new delivery models. | KP007 | Implement the outcome of the strategic review of the Neuro Rehabilitation Pathway | 44. Implement Strategic Review Neuro Rehab | FTP | | 31/03/2025 | Amber | N/A | | Future Sustainability | Tier 3 (Response) |
| Rehabilitation Review | Undertake a strategic review of rehabilitation services across Grampian to identify new delivery models. | KP034 | Review of Hoisted Wheelchair Service model and processes to identify any areas where efficiency could be achieved. | 94. Review of Wheelchair Service | FTP | | 31/03/2025 | Green | N/A | | Future Sustainability | Tier 3 (Response) |
| Resilience | Ensuring the conditions are in place to maintain our resilience as an organisation. | 8F15 | Develop proactive, repeated and consistent communications to keep communities informed. | 46. Community Communications | BAU | | 31/03/2025 | Green | N/A | | Future Sustainability | Tier 2 (Early Intervention) |
| Resilience | Ensuring the conditions are in place to maintain our resilience as an organisation. | 8F23 | Review Care for People arrangements | 47. Care for People | BAU | 31/08/2024 | 2 | Closed | N/A | | Statutory Requirement | Tier 3 (Response) |
| Resilience | Ensuring the conditions are in place to maintain our resilience as an organisation. | 8F25 | Create and adapt a Generic Emergency Plan to reflect Aberdeen City UB's Cat 1 Responder responsibilities | 49. Cat 1 Responder | BAU | 31/10/2024 | 1 | Complete | N/A | | Statutory Requirement | Tier 2 (Early Intervention) |
| Resilience | Ensuring the conditions are in place to maintain our resilience as an organisation. | 8F26 | Preparing for and managing the transition to a National Care Service (NCS) through the Aberdeen City NCS Programme Board | 50. NCS | BAU | 31/03/2025 | Green | N/A | | | Statutory Requirement | Tier 2 (Early Intervention) |
| Resilience | Ensuring the conditions are in place to maintain our resilience as an organisation. | 8F35 | Explore other areas where charges could be raised to increase income and contribute to the cost of service delivery. | 95. Additional Charging | BAU | | 31/03/2025 | Green | | | | Tier 3 (Response) |

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| Social Care Pathways | Undertake a strategic review of specific social care pathways utilising the GIRFE multi-agency approach where relevant and develop an implementation plan for improving accessibility and coordination. | CT82 | Progress a number of priority tests of change to develop a preventative and proactive care approach for Aberdeen City including the development of an Initial Point of Contact (IPOC) | 52. Strategic Review Social Care | FTP | 01/07/2022 | 31/03/2025 | Green | N/A | Statutory Requirement | Tier 1 (Prevention) | Further meeting with Moray and Digital Health & Care Innovation held which demonstrated how the work they are doing aligns with our IPOC vision. However, to join the work with Moray and DHI would incur considerable investment. Over the past month, significant progress has been made in various TEC-related initiatives. The StonewoodTEC service is progressing. TEC workshops have been conducted with professionals with plans to visit existing community groups and carry out workshops to address challenges and prioritize opportunities. The Maah project has started with work on Data Protection Impact Assessment and participation selection. Visit by Knapman (supplier of MAHs) will take place on 26 March. Work has started on creating short videos for professionals and members of the public showcasing what TEC can do. The upcoming TEC Project Board meeting will provide further updates and discussions on scaling up TEC initiatives. ECIS Huddle Co-Ordinator role has been extended until August. The huddle is running smoothly but there is a risk if the role is not extended further or made permanent |
| Social Care Pathways | Undertake a strategic review of specific social care pathways utilising the GIRFE multi-agency approach where relevant and develop an implementation plan for improving accessibility and coordination. | CT84 | Implement the recommendations from the June 22 Adult Support and Protection inspection | 53. ASP Recommendations Implementation | BAU | 05/04/2024 | 31/03/2025 | Yellow | N/A | Statutory Requirement | Tier 3 (Response) | Enablement Vision: Due to other pressures, there has been limited progress on promoting the vision since the last meeting, but efforts are ongoing to integrate it into relevant projects. Improvement to recording by NHS Grampian staff of Adult Support and Protection (ASP) activity - COMPLETE. Training curriculum has been amended and a specific Practice Note issued to patient facing staff. Investigations taking too long, and case conferences taking place when needed - COMPLETE. Marked improvement seen - investigations being held more timely, increase in proportion of case conferences and reviews taking place - audit work is being progressed to provide assurance about this. Chronologies & Protection Planning - Working Practice Guidance on most effective use of D385 and Chronologies is being developed (being progressed). A phased improvement plan for improving use of Chronologies was endorsed by Adult Protection Committee in June 2024. Practice Guidance and related approach to training, is now being developed, including trying to link D385 Practice Development Group set up and meeting monthly. We are going to be a pilot site for the Leading Chronology Improvement - Reflection and Self-Assessment Tool and will be supported by HCs to work through this tool. Improvement Plan updated to reflect this input. Access to Advocacy - Significant improvement in relation to offer of and take up of advocacy. Being embedded into D385 throughout the process. Key data added in to the dataset which goes to the Adult Protection Committee. Continuing to monitor and feed into the APC. Multi Agency Evaluation & Involvement of staff in improvement work - Council Officer Support Groups are taking place and effective - including consideration of improvement work. Evaluation survey undertaken in June 24 (two years since they were established). Action plan covering the findings is in development. Staff workshop regarding our approach to Large Scale Investigations took place on 9th Oct 2024 - guidance being developed. Council Officer Support Groups meeting 4 times a year. Programme of topics for 2025 developed based on findings from CO Consultation carried out last year. |
| Social Care Pathways | Undertake a strategic review of specific social care pathways utilising the GIRFE multi-agency approach where relevant and develop an implementation plan for improving accessibility and coordination. | CT86 | Deliver the Justice Social Work Delivery Plan | 54. Deliver RSW Plan | BAU | | 31/03/2025 | Yellow | N/A | Statutory Requirement | Tier 3 (Response) | Given the implementation of inspection recommendations and the ongoing improvement plan that sits under the ASP strategy, this project no longer required. RSW has representation across the majority of the LOP projects sitting under the Stretch Outcome "10% fewer adults (over 18) charged with more than one offence by 2026", and is leading a project to improve the number of Exit Questionnaires completed by individuals who have successfully completed a Community Payback Order. The feedback from surveys is actively taken into account to inform improvement. The service continues to operate its Performance Management Board and Best Practice Group, which oversees service effectiveness and drives forward improvement. The identification of suitable premises for the Unpaid Work team continues. The service continues to be provided within the temporary arrangements in place. Substance use awareness sessions are being provided for staff, aimed at increasing knowledge, and consequently the effectiveness of support that can be offered to clients. We continue to use increased numbers of assessments and imposition of Orders for Bail Supervision and Electronic Monitoring which continues to support the national aim to reduce numbers of those remanded in custody as well as providing individuals with necessary support and interventions at an early stage. Additional government funding is provided based on the data returns and the service is staffed appropriately. Numbers diverted from prosecution by the Procurator Fiscal also continue to increase, with Aberdeen having the highest proportion of cases commended in Scotland for 2023-24. Further to the 'early release' from prisons which preceded in June / July 2024, the Prisoners (Early Release) (Scotland) Act 2023 is to take effect in February 2025. This will see the ongoing future release of short term prisoners after 40% of their sentence (rather than 50%) - except for those with sentences relating to sexual assault or domestic offences. Justice Social Work will collaborate with SPI and other relevant services to ensure that those transitioning from prison to the community have access to housing, healthcare, financial support, as necessary. The RSW Service Delivery Plan in the process of being refreshed, to coincide with the refresh of the HSCP Strategic Plan. |
| Social Care Pathways | Undertake a strategic review of specific social care pathways utilising the GIRFE multi-agency approach where relevant and develop an implementation plan for improving accessibility and coordination. | CT89 | Review of social care charging policy and procedures and robust implementation with a view of maximising income | 56. Social Care Charging | FTP | 05/04/2024 | 31/03/2026 | Green | 1,500,000 | Budget Saving | Tier 3 (Response) | RSW has started on new delivery plan for Justice. Given that this is ongoing strategic direction of justice social work, this project is complete. The collection of payment continues for the range of services tackled in the first stages of the project - housing support services provided by Granite City Consortium, meals and associated chargeable services at Craiglea, Kingswood Court and Lord Hay's Court. An appeals process and the associated documentation for charging has been completed and is being implemented. Charges are now being issued and collected for residents at Wierburn House. Work is currently being undertaken to implement appropriate charging for transport and to and from the Len Inhouse Centre. Work is currently being undertaken to develop and implement a system to charge appropriately for services under the banner of supported living. Work is currently being undertaken to start charging people in in-house residential establishments for housing support. A delivery plan for increasing social care charging for 2025/26 is in development as part of Aberdeen City Council's budget setting programme. An updated integrated Impact Assessment (IA) covering the increased charges and delivery plan has been submitted for consideration by the March Integration Joint Board (IJB). |
| Social Care Pathways | Undertake a strategic review of specific social care pathways utilising the GIRFE multi-agency approach where relevant and develop an implementation plan for improving accessibility and coordination. | CT91 | Streamline processes and pathways for older adults social care in a hospital context. | 57. Hospital Discharge Pathway | FTP | 01/04/2024 | 31/03/2025 | Yellow | N/A | Statutory Requirement | Tier 3 (Response) | Project complete. Final survey on implementation success has been completed and findings indicate a continued positive benefit of the change to aligned wards. |
| Social Care Pathways | Undertake a strategic review of specific social care pathways utilising the GIRFE multi-agency approach where relevant and develop an implementation plan for improving accessibility and coordination. | CT92 | Develop an overview of the Partnership's Discharge to Assess approach incorporating links between Hospital at Home and Intermediate Care at Home, enablement approaches, step up and step down and Interim Beds. | 58. Discharge to Assess | FTP | 01/04/2024 | 31/03/2025 | Green | N/A | Statutory Requirement | Tier 2 (Early Intervention) | Weekly project meetings/email updates ongoing. All members engaged well in the process. Daily operational meetings dropped to Mon/Wed/Fri recognising best use of staff time. Very small, but steady requests for referrals coming through. Data being gathered on referrals that are not able to be progressed. |
| Social Care Pathways | Undertake a strategic review of specific social care pathways utilising the GIRFE multi-agency approach where relevant and develop an implementation plan for improving accessibility and coordination. | 8607 | Seek to expand the use of Technology Enabled Care (TEC) throughout Aberdeen. | 55. Expanded Use TEC | BAU | 01/04/2022 | 31/03/2025 | Green | N/A | Statutory Requirement | Tier 2 (Early Intervention) | Stonewood TEC: Just Reaming was chosen as the TEC supplier after an options appraisal process. The funding model has been agreed, with the Richmond Fellowship as system owner with the difference in costs between the tender budget for TEC and actual costs being covered by ACHSOP. The service is still due to commence in April. A brief DPA has been completed and signed off. The 12-month evaluation plan is agreed upon by Scottish Digital Office, Just Reaming, Richmond Fellowship, and ACHSOP. TEC Workshops: January and February workshops focused on developing problem statements, citizen/system challenges, and service opportunities, emphasizing digital and TEC as strategic enablers. Another workshop, including those with and without TEC experience, was held at Len Inhouse Centre in February. We are currently analysing the output from the workshops and planning community engagement. Knapman Maah Project: Initiated in January with HIF funding, this project aims to enhance caregiving by refining Maah robot features for better caregiver support and well-being through tactile interactions. It involves customization of Maah gloves, workshops, and engagement activities. The Len Inhouse Centre/Learning Disability team is identifying 5-10 participants for the project. A workshop and observation day has been arranged for 26th March. |
| Strategy | Develop and implement local strategies to ensure alignment with national and regional agendas. | AFH101 | Deliver on our Equality Outcomes and Mainstreaming Framework, report on our progress to both the IJB and the Risk Audit and Performance Committee and plan to revise the EOMF in advance of the 2025 deadline. | 55. Deliver EOM Framework | BAU | 01/03/2024 | 31/03/2025 | Green | N/A | Statutory Requirement | Tier 2 (Early Intervention) | Equality Outcomes and Mainstreaming Framework (EOMF) is a standing item on Equality and Human Rights (EHR) group agenda, a number of areas being progressed including the development of the Diversity City Officers Network and review of the partnership's Equality and Human Rights internal and external webpages. Following review of our updated process and paperwork the Equality and Human Rights Commission, Scotland has cited Aberdeen City twice in a Good Practice document that has been circulated to all Health and Social Care Partnerships (HSCP) across Scotland. The Annual progress report of EOMF, Assessing our Impact Procedure and Guidance for Community Engagement, Equalities and Human Rights outcomes are due to the May 2025 IJB. Progress against equalities outcomes are currently being collated for the May 2025 IJB report. |
| Strategy | Develop and implement local strategies to ensure alignment with national and regional agendas. | AFH102 | Undertake and publish Impact Assessments, where relevant, for major service change, in conjunction with people and communities with the relevant protected characteristics ensuring that the requirements of the UNCRH are incorporated | 56. Publish IAs | BAU | 01/03/2024 | 31/03/2025 | Green | N/A | Statutory Requirement | Tier 2 (Early Intervention) | Updated Integrated Impact Assessments (IIA), which now include the Consumer Duty and Armed Forces Duty, have been in place since May 2024 and are being reviewed. The DCO Network is working on providing exemplars and video guides for staff to support the completion of IIAs. The DCO Network continues to develop training opportunities and work in collaboration with Aberdeen City Council (ACC) Equality Development Officer and Public Health Scotland for opportunities to collaborate and share learning. A review framework process for our IAs has been developed, tested and approved by the Equalities and Human Rights Group. Budget Protocol has asked for IAs to be produced for each option, and DCOs have seen a significant increase of IAs being drafted. All stage 2 IAs will continue to be published on our website. Good practice examples to be highlighted in the EOMF. Assessing our Impact and Guidance of Community Engagement, Human Rights and Equalities paper to IJB in May 2025. |
| Strategy | Develop and implement local strategies to ensure alignment with national and regional agendas. | AFH104 | Embed consideration of the impact of climate change in health and social care planning and in business continuity arrangements, aiming to reduce our carbon footprint and deliver on our Net Zero emissions target. | 57. Climate Change and NetZero | BAU | | 31/03/2025 | Amber | N/A | Statutory Requirement | Tier 2 (Early Intervention) | This project has an amber BRAG status because SL have agreed that the Climate Change work should be slowed in the short term as part of recent discussions regarding creating capacity within the Delivery Plan to support budget saving initiatives. The Scottish Government is gathering views to help inform new statutory Guidance for public bodies, to support them in putting the climate change duties into practice. This consultation has gone live and the Partnership will be collating a response for this during the consultation period. |
| Strategy | Develop and implement local strategies to ensure alignment with national and regional agendas. | CT17 | Monitor and evaluate the impact of the Carers Strategy on an ongoing basis factoring in early preparations for the next revision | 58. Monitor and Evaluate Carers Strategy | BAU | 01/03/2024 | 31/03/2026 | Green | N/A | Statutory Requirement | Tier 2 (Early Intervention) | The Carers Strategy Implementation Group (CSIG) continues to meet bi-monthly. The Annual report for progress Jan 24 - Jan 25 has just been approved at the February 2025 IJB Meeting. There was a development session for CSIG in December, pulling together all stakeholder and Improvement Project Updates to support the development of the Annual Report. We have heard the positive outcomes and learnings from the Improvement Projects and are included in the Annual Report. The Carers Reference Group has been established now for one year and was good to reflect on the progress made with the group. We also were able to announce the outcome of collaborative commissioning process as well as the lessons learned, now looking forward to the implementation of new contracts starting in April 2025. |
| Strategy | Develop and implement local strategies to ensure alignment with national and regional agendas. | CT23 | Develop the revised Strategic Plan for 2025 - 2028 taking cognisance of the strategic context, resources available and views of stakeholders. | 59. Revised Strategic Plan | BAU | 01/03/2024 | 31/03/2025 | Green | N/A | Statutory Requirement | Tier 2 (Early Intervention) | Initial Engagement feedback has been collated and the Draft Strategic Plan, draft Evidence Document, and Consultation Plan are developed. However, there has now been a revised timeline to consider the financial pressures and subsequent impact on our future planning and commitments so consultation drafts will now go forward to the March 2025 IJB and Consultation on the streamlined Strategic Plan between then and June 2025, for Final Report to be approved at the July 2025 IJB meeting. Joint Consultation being undertaken between 24th March - 18 May with ACC Strategies, including Local Housing Strategy, CLD Plan and the Local Development Plan and the ACHSOP IJB Strategic Plan. This will help reduce the feeling of engagement fatigue within Communities and a joint approach to support partner strategies and interlinking themes. Working on revised initiatives and goals aimed at improving the well-being of children and families. Reducing Neglect Referrals: Infant massage sessions continue at Fragrant Community Centre with plans for a taster book to be positive feedback. Prep Programmes: There has been a good response from parents who would like to be Prep trained and said themselves to deliver. The quarterly report has shown an increase in the number of families that were supported in the last quarter with an increase of 35% more families attending. There is ongoing work to develop a Remove Prep for parents who have lost a child. Domestic Abuse Support: A Community Nursery Nurse has been identified to assist with developing a programme for those moving on from domestic abuse - A Community Nursery Nurse has been identified to assist with delivering a programme for those moving on from domestic abuse. Dental Health: Delivering Healthier Families - there is a cohort at Tullos and it is hoped to deliver this at either Onyiah or Deeside. There is a large Nigerian contingent in Tony and a Childminder worker who is Nigerian has been linked in to offer advice and support around dental care as they are not often aware of the care they are entitled to when pregnant. Financial Support: Issues with the Early Years Financial Inclusion, no referrals have been received. Pulling together everyone to revisit. There is an alternative that can also deliver all round support for health issues, finance etc, that can give us the data we really need but means a new way of our NHS staff referring into the NHS Healthpoint. Think of a tiered approach to take pressure off. We have ongoing collaborations with various partners such as Sport Aberdeen, Childminder, and Community Mobility. |
| Strategy | Develop and implement local strategies to ensure alignment with national and regional agendas. | CT24 | Revisit ACHSOP contributions to early years and school health and wellbeing. | 100. Early Years and School | BAU | | 31/03/2025 | Green | N/A | National Agenda | Tier 2 (Early Intervention) | |

| | | | | | | | | | | | | |
|-----------|-----------------------------------------------------------------------------------------------|------|----------------------------------------------------------------------------------------------------------|------------------------------------|-----|------------|------------|-------|-----|-----------------------|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Develop and implement local strategies to ensure alignment with national and regional agendas | | | | | | | | | | | |
| Strategy | | CT25 | Deliver relevant recommendations from the Hosted Services Internal Audit | 101. Hosted Services Audit | BAU | | 31/03/2025 | Green | N/A | Future Sustainability | Tier 3 (Response) | All 2024 audit recommendations have been closed. Internal Audit have agreed to extend the deadline for the March 2025 recommendation to September 2025 in line with the other outstanding recommendations. Discussions will need to take place with Aberdeenshire and Moray in relation to resource to meet the September deadline. |
| Workforce | Develop and implement our Workforce Plan | SE01 | Deliver the relevant actions on each of the three Workstream Action Plans supporting the Workforce Plan. | 60. Develop Workforce Plan | BAU | 01/03/2024 | 31/03/2025 | Green | | | Tier 2 (Early Intervention) | The workforce plan is aligned with the Aberdeen City Health and Social Care Partnership (ACHSCP) strategic plan 2022 - 2025 and focusses on three essential core elements, recruitment & retention, mental health & wellbeing, and growth & opportunities. The final annual update on the workforce plan is due to be delivered to RAPC after April 2025, this is to align with the updates and refresh of the Strategic Plan. The Workforce Conference took place on 6th December 2024, and had a focus on Staff Health and Wellbeing and future planning (Strategic Plan Refresh) and showcasing multidisciplinary teams and innovative working. Data reports are now through to support the next annual report going to RAPC and information is currently being analysed, with project improvement work support absence rates being pulled together. There is a joint presentation on key priority Recruitment and Retention with Shire and City Partnerships taking place at the 26 March 2025 Commissioning Academy event. Subject to completion of Strategic Plan, a refreshed workforce plan will be produced in second half of 2025. |
| Workforce | Develop and implement our Workforce Plan | SE02 | Pledge support for Volunteer Scotland's Volunteer Charter and identify and Volunteer Champion for ACHSCP | 61. Volunteer Charter and Champion | BAU | | 31/03/2025 | Amber | | | Tier 2 (Early Intervention) | Still working with NHSG working group to agree protocols for volunteer use |
| Workforce | Develop and implement our Workforce Plan | SE03 | Continue to support initiatives supporting staff health and wellbeing | 62. Staff Health & Wellbeing | BAU | | 31/03/2025 | Green | | | Tier 2 (Early Intervention) | Very high absence levels across Gramplan system at present rates were highest in December 2024 but this is in line with annual seasonal patterns. Specific performance management and well-being activities now established in the ACHSCP (NHSG) service with highest absence rates. Asking Senior Leadership Team (SLT) support to ensure good sickness management, return to work policies and staff attendance at various support opportunities available will continue through Q4. |
| Workforce | Develop and implement our Workforce Plan | SE04 | Ensure our workforce are Trauma Informed | 63. Trauma Informed Workforce | BAU | | 31/03/2025 | Amber | | | Tier 2 (Early Intervention) | Working with Aberdeen City Council (ACC) to try to use allocate funds for a part time coordinator. Still no progress. Availability of ring fenced funding to ACHSCP now escalated to ACC Chief Social Work Officer. |

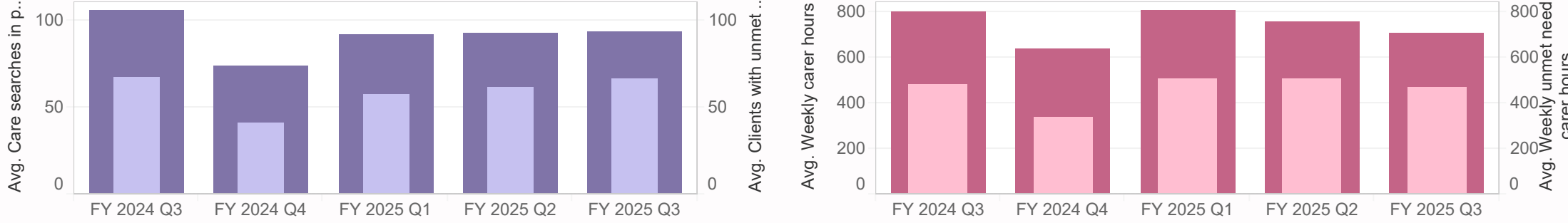
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SOCIAL CARE PATHWAYS

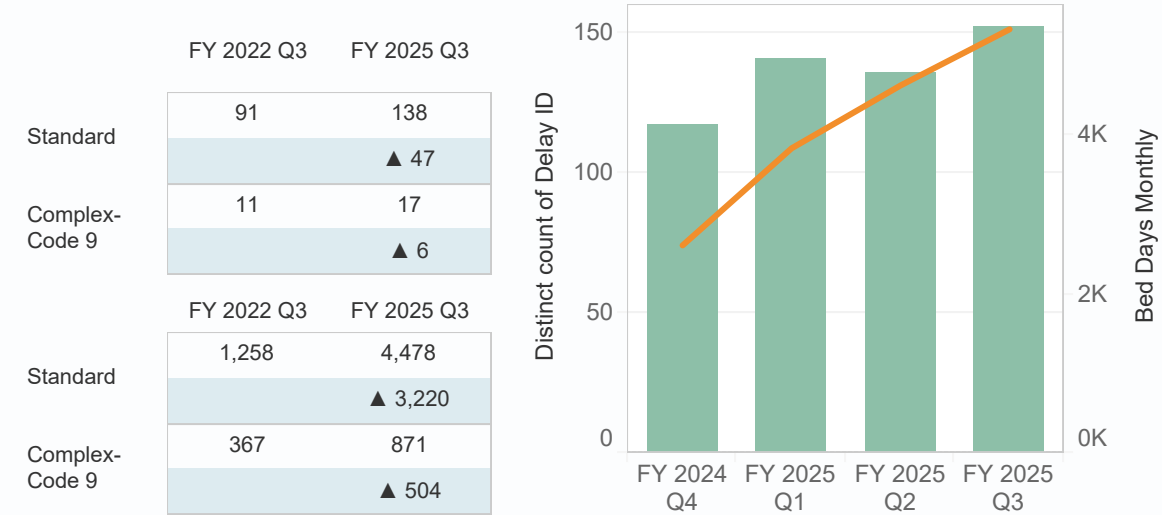
OPEN CASES AND UNMET NEED (14+ DAYS OPEN)

| | | |
|------------------------------------|------------|-------------------|
| Avg. Care searches in place | FY 2022 Q4 | FY 2025 Q3 |
| | 283.3 | 93.8 ▼ -189 |
| Avg. Clients with unmet needs | FY 2022 Q4 | FY 2025 Q3 |
| | 152.5 | 66.5 ▼ -86.1 |
| Avg. Weekly carer hours | FY 2022 Q4 | FY 2025 Q3 |
| | 2,756 | 707 ▼ -2,048.2 |
| Avg. Weekly unmet need carer hours | FY 2022 Q4 | FY 2025 Q3 |
| | 1,225 | 467 ▼ -758.1 |

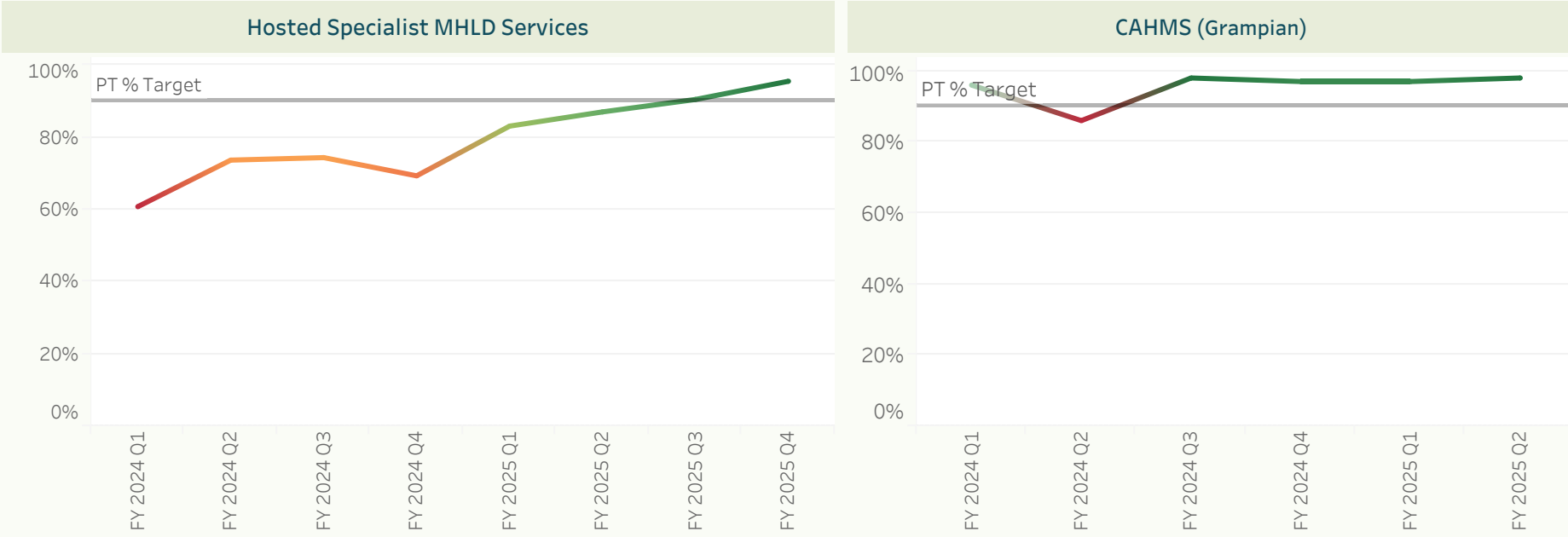


HOME PATHWAYS

DELAYED DISCHARGES (STANDARD AND COMPLEX)

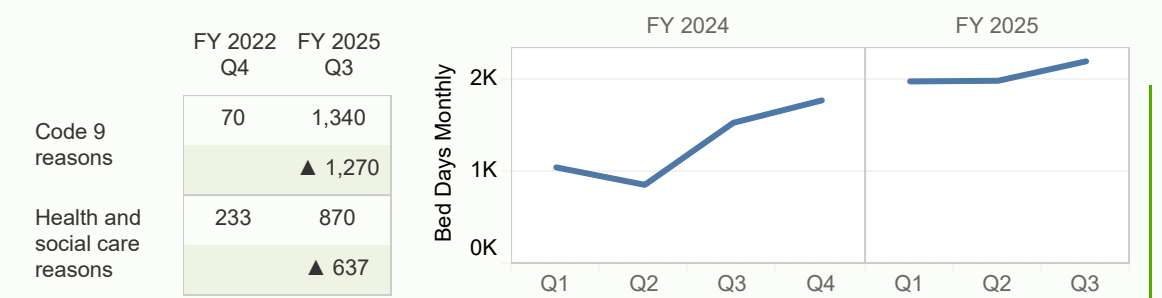


ADULT PT PERCENTAGE TREATED WITHIN 18 WEEKS

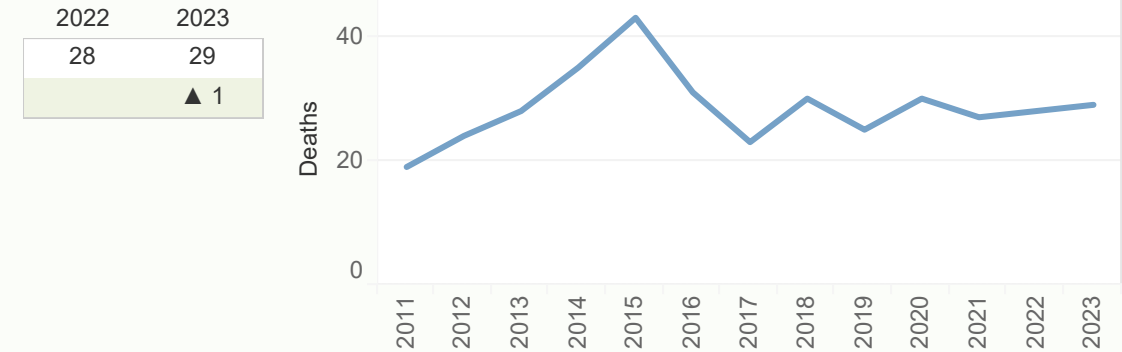


MHL D TRANSFORMATION

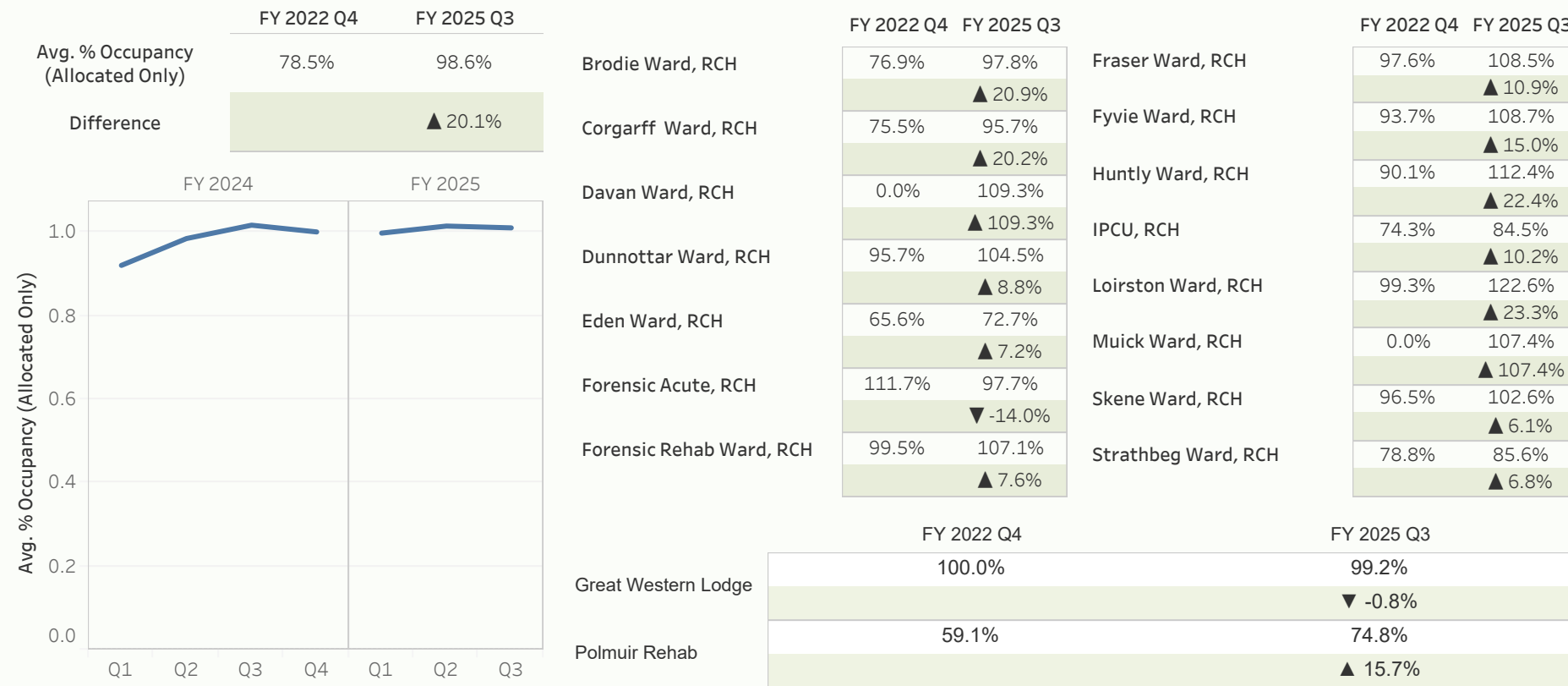
MHL D DELAYED BED DAYS (RCH, GREAT WESTERN LODGE & POLMUIR REHAB)



PROBABLE SUICIDES



MH AVERAGE OVERNIGHT OCCUPANCY (LISTED WARDS ONLY)



STRATEGY

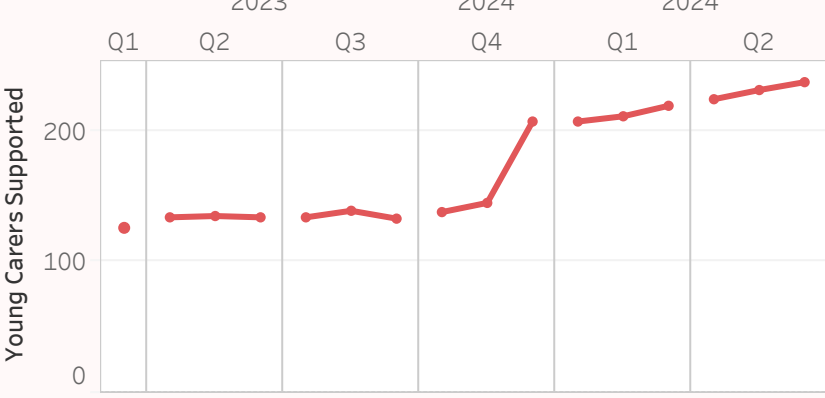
SUITABLE HOMES

| | Major Adaptations | Minor Adaptations | Community Alarm & Telecare package | Very Sheltered Housing |
|--------------|-------------------|-------------------|------------------------------------|------------------------|
| 2019/20 | 410 | 654 | 2,803 | 2,382 |
| 2020/21 | 63 | 295 | 3,105 | 2,382 |
| 2021/22 | 156 | 610 | 2,543 | 2,382 |
| 2022/23 | 184 | 1,234 | 2,607 | 2,382 |
| 2023/24 | | | 2,607 | 2,382 |
| 2024/25 (*p) | | | 2,818 | |

ADULT CARERS SUPPORTED

| Jan-Mar Figures for given year | | |
|--------------------------------|---------|---------|
| 2021/22 | 2022/23 | 2023/24 |
| 594 | 1018 | 1435 |
| 2024/25 Latest (Jul-Sept) | | |
| 1682 | | |

YOUNG CARERS SUPPORTED

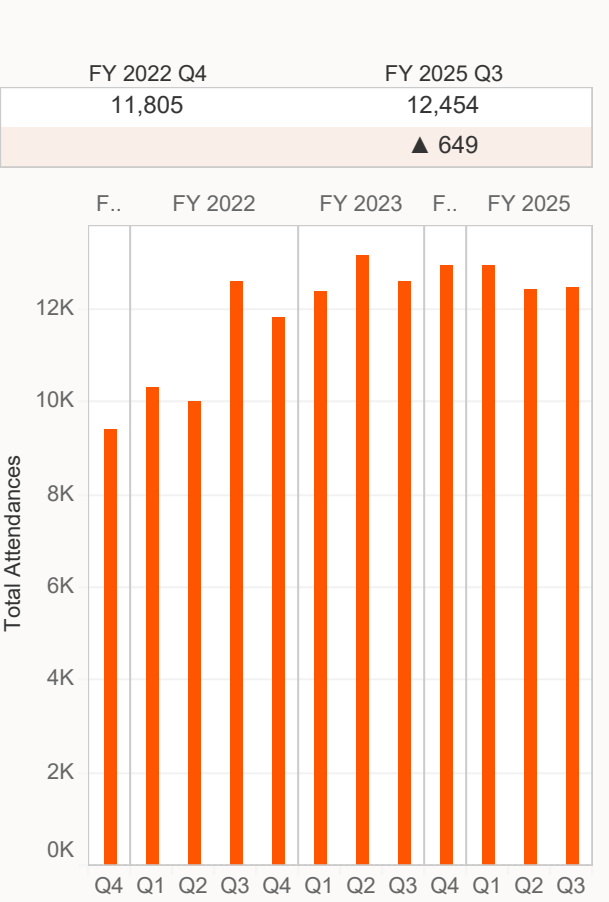


PREVENTION

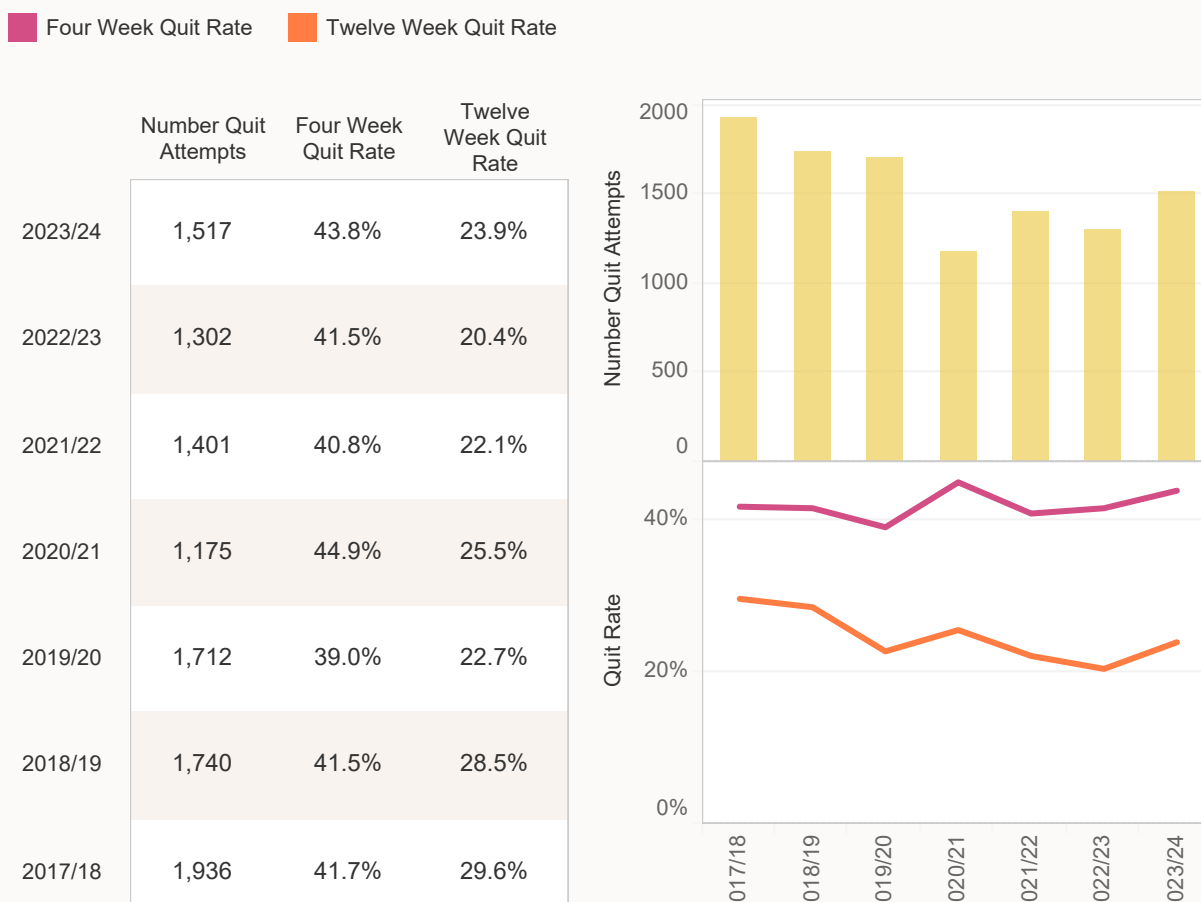
ALCOHOL AND DRUG RELATED ADMISSIONS



SEXUAL HEALTH - TOTAL CLINIC ATTENDANCES

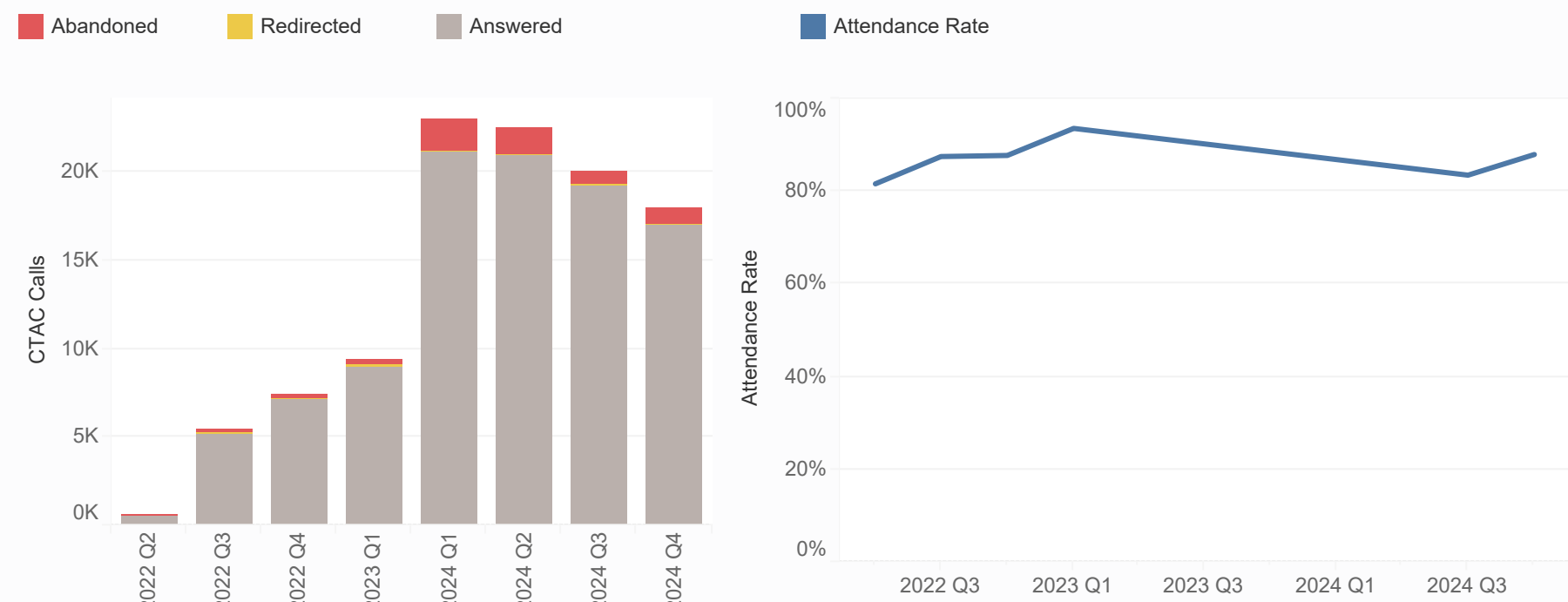


SMOKING CESSATION

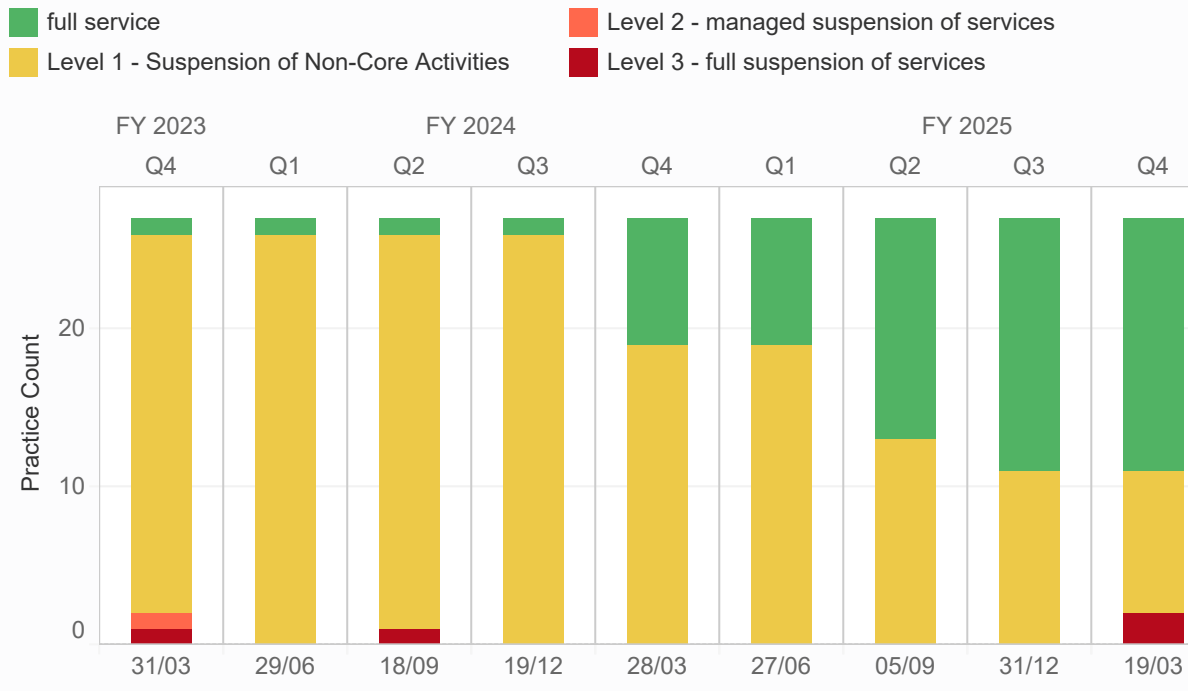


PRIMARY CARE

COMMUNITY TREATMENT AND CARE- (CTAC)



PRIMARY CARE STABILITY LEVELS (Non-standard update frequency, Snapshot of last update each quarter)



| DEFINITIONS | | | | | |
|--------------------|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| METRICS USED | | | | | |
| Datix | Falls | This is taken from DATIX as all falls listed under the ABCITY organisation where the incident result is provided as HARM/NO HARM/NEAR MISS. | Primary Care | CTAC calls and attendance | Provided by ACHSCP. Community Treatment and Care services appointments booked and attended. Call numbers and results also included. |
| | | | | Primary Care Stability Levels | Supplied by the Primary Care Contracts Team. Practices contact the team with their current 'Level' which can range from full services to full suspension of services. |
| Delayed Discharges | Complex Delays | A delay meeting the definition for delayed discharge for which the reason for delay is considered a 'Complex' reason (full delay reason codes available via PHS). These are typically delays where the HSCP has less control (i.e. Adults with Incapacity, Guardianship, Specialist Facility requirements). | Rosewell House | % Step Up (RWH) - | There are beds which are allocated for people who are presenting as unwell but not requiring an admission to an acute hospital setting. These beds may prevent the person from an avoidable admission to hospital or a crisis driven avoidable admission to a mainstream care home. For the dashboard these are identified using the IsFirstWard flag. |
| | Delayed Discharges | A delayed discharge is a hospital inpatient who has been judged clinically ready for discharge by the responsible clinician in consultation with all agencies involved in planning that patient's discharge, and who continues to occupy the bed beyond the ready for discharge date and 48 hours after social work has been contacted. It is very important that, while the clinician in charge has ultimate responsibility for the decision to discharge, the decision must be made as part of a multi-disciplinary process and focuses on the needs of the individual patient. | | Ward Starts (RWH) - | Admission to Rosewell House wards from anywhere in the system at any point during a patients stay, including transfers from any other ward/locations as well as first ward admissions for the given date range. Individuals who have multiple movements into the ward in a date range are counted for both movements. |
| | Monthly Bed Days | The total number of bed days in a month occupied by a delayed discharge. Note this is not the total length of delay. | SOARS | Average LOS | Calculated as the number of hours between the ward start and the end date divided by 24 to give a decimal day value. This value is expressed as an average for all ward end dates (discharges and transfers) during the given date range. |
| | Standard Delays | A delay meeting the definition for delayed discharge for which the reason for delay is considered a 'Standard' reason (full delay reason codes available via PHS). | | Average Occupancy % - | Calculated using the overnight occupancy for a given ward or group of wards divided by the allocated beds available for the applicable ward(s), given as a percentage. |
| Hospital at Home | Allocated Beds Available | Allocated beds is pulled directly from the applicable field in Trakcare for that ward. | Social Care | Max LOS | As above however, only the maximum LOS value for a discharge that has occurred in the given date range. |
| | Average % Occupancy | Calculated using the overnight occupancy for a given ward or group of wards divided by the allocated beds available for the applicable ward(s), given as a percentage. | | Ward Starts - | Admission to SOARS wards from anywhere in the system at any point during a patients stay, including transfers from any other ward/locations as well as first ward admissions for the given date range. Individuals who have multiple movements into the ward in a date range are counted for both movements. |
| | Hospital at Home Admissions | Admission to Hospital at Home wards from anywhere in the system at any point during a patients stay, including transfers from any other ward/locations as well as first ward admissions for the given date range. Individuals who have multiple movements into the ward in a date range are counted for both movements. | | Care Searches in Place | Provided by ACHSCP. The total number of cases which remain open and awaiting care (a single client can have multiple cases). |
| | Overnight Occupancy | The total number of occupied beds at midnight for The given date. | | Clients with Unmet Needs | Provided by ACHSCP. The number of clients who have been waiting over 14 days for one or more open cases for social care. |
| Mental Health | Probable Suicides | 'Probable suicides' refers to deaths from intentional self-harm and events of undetermined intent. The latter category includes cases where it is not clear whether the death is a suicide. Data used for this chart is from published data. | Strategy | Weekly Carer Hours | Provided by ACHSCP. The total number of hours required to satisfy the care requirements for all open cases. |
| | PT Percentage Treated within 18 Weeks | The percentage of patients who were treated within the 18 week treatment time target for the listed service teams. Hosted Specialist Services: Community Perinatal, Community Rehab, Eating Disorders, Eden, Forensic Services, LD, Liason Psychiatry, Maternity., Neonatal, Perinatal & Rehabilitation. CAHMS: Child and Adolescent Mental Health Services | | Weekly Unmet Needs Carer Hours | Provided by ACHSCP. The total number of hours required to satisfy the care requirements for all open cases that have been open for 14+ days. |
| | RCH Average Overnight Occupancy | Calculated using the overnight occupancy for a given ward or group of wards divided by the allocated beds available for the applicable ward(s), given as a percentage. | | Adaptations | Provided by ACHSCP. Adaptations completed split by major/minor. |
| Prevention | Alcohol and Drug Related Admissions | These are admissions which have ICD10 codes given below. Note that this figure can vary and lag as diagnosis is determined and amended on Trakcare - this can take a few months to appear within the data. Recent data should be considered as changable. Alcohol Related– F10 codes. Drug Related – F11 – F19 codes. | Ward 102 | Carers Supported (Young & Adult) | The number of carers supported by the partnership, split by age |
| | Sexual Health Clinic Activity | Provided by ACHSCP for the dashboard and include face to face and phone/virtual visits. | | Telecare | Provided by ACHSCP. Telecare and community alarm clients. |
| | | | | Daily Boarders - | A patient who is physically located on a different ward but should have been admitted to the given ward, however no bed was available to admit them. For example a patient who is under the care of Ward 102 may use a bed in another ward. |
| | | | | Ward 102 Ward Starts | Admission to Ward 102 from anywhere in the system at any point during a patients stay, including transfers from any other ward/locations as well as first ward admissions for a given date range. Individuals who have multiple movements into the ward in a date range are counted for both movements. |

GLOSSARY OF ADDITIONAL TERMS

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| <i>Creative breaks</i> | Creative Breaks is a funding programme of the Short Breaks Fund, operated by Shared Care Scotland on behalf of the Scottish Government. The purpose of the Short Breaks Fund is to increase the range, availability, and choice of short breaks for carers and those they care for across Scotland. The Short Breaks Fund aims to make a lasting positive impact to carers and the people that they care for, to funded organisations, and to wider short breaks policy and practice. The Creative Breaks programme provides grant funding to third sector organisations to develop and deliver short breaks projects and services for carers of adults (aged 21 years), and young carers (caring for children or adults), and the people that they care for. |
| <i>Criteria led discharge</i> | This term is used to describe a discharge process which is led by certain criteria that will enable the person to be discharged safely. During the persons stay the doctors, nurses and other staff will work with them to observe and record their progress with certain "goals". The term 'goal' refers to what the healthcare team want they person to achieve for their individual health needs. Discharge from hospital happens when they are medically ready to go and their healthcare team have confirmed they have met their goals as an inpatient. Criteria Led Discharge goals may include: • Ability to transfer safely – this doesn't necessarily mean walking, but means they can safely transfer from bed to a chair etc. with any equipment assessed necessary for their needs. • that their blood pressure and temperature are within the required range. • their discharge destination is ready, safe for them to return to and they have any required care packages/equipment in place. |
| <i>Delayed Discharge</i> | A delayed discharge is a hospital inpatient who has been judged clinically ready for discharge by the responsible clinician in consultation with all agencies involved in planning that patient's discharge, and who continues to occupy the bed beyond the ready for discharge date. It is very important that, while the clinician in charge has ultimate responsibility for the decision to discharge, the decision must be made as part of a multi-disciplinary process and focuses on the needs of the individual patient |
| <i>Delayed Transfer of Care</i> | A 'delayed transfer of care' occurs when a patient is ready to leave their current bed but requires some further care in another facility or community hospital but is still occupying an acute bed. Delayed transfers – also referred to as 'DTOCs' or sometimes, often in the media, described as 'bed-blocking' – can cause considerable distress and unnecessarily long stays in hospital for patients. They also affect waiting times for NHS care, as delayed transfers reduce the number of beds available for other patients |
| <i>Discharge to Assess,</i> | Where people who are clinically optimised and do not require an acute hospital bed, but may still require care services are provided with short term, funded support to be discharged to their own home (where appropriate) or another community setting. Assessment for longer-term care and support needs is then undertaken in the most appropriate setting and at the right time for the person |
| <i>Emergency discharge beds</i> | This is provision of care in a care home setting for the care of people who are medically fit for discharge however, there is no placement in the current system able to support them with their preferred placement. They may also need a bit more nursing or support to recover completely before moving onto their selected placement. The placement may be required due to a lack of care at home care availability or a place in their preferred care home or Very Sheltered housing scheme not being available. Emergency discharge beds tend to be purchased as a result of increased pressure and demand on the system to support people to move on from the hospital and release bed capacity. |
| <i>Hospital at home</i> | Is a short-term, targeted intervention that aims to provide a level of acute hospital care in a person's own home or normal place of care that is equivalent to that provided within a hospital. |
| <i>Hospital Homecoming</i> | A two year volunteer project with nine test sites, at the time of writing, to support people up to 12 weeks after they have been discharged from hospital. Services the volunteers offer include shopping, prescription collections, transport to appointments, befriending and dog walking. |
| <i>Interim placement</i> | There will be times when a patient in hospital, or the community cannot access the service they require, be that a Care Home, alternative housing with care, or a Care at Home service and therefore a variety of interim options are required. This avoids risk or harm to patients by reducing unnecessary delays for individuals being discharged from hospital but also to avoid where possible unnecessary admissions to hospital. |
| <i>Reablement</i> | The reablement approach supports people to do things for themselves and helps people to retain or regain their skills and confidence so they can learn to manage again after a period of illness. It is usually provided in the person's own home and aims to assist people to continue to live as they wish and to enable the individual to do ordinary activities like cooking meals, washing, dressing, moving about the home and going out. Reablement may be used to support discharge from hospital, prevent readmission or enable an individual to remain living at home. (from SCIE) |
| <i>Rehabilitation</i> | Person-centred interventions designed to optimise functioning and reduce disability in individuals with health conditions in interaction with their environment. Rehabilitation may be required following an injury, surgery, disease or illness or because their functioning has declined with age. Rehabilitation can help to reduce, manage or prevent complications associated with many health conditions, such as spinal cord injury, stroke, or a fracture. Rehabilitation is provided by a multidisciplinary workforce including physiotherapists, occupational therapists, speech and language therapists, audiologists, orthotists and prosthetists, clinical psychologists, physical medicine and rehabilitation doctors, and rehabilitation nurses. It addresses underlying conditions such as pain and supports people to overcome difficulties with movement, communication, eating, thinking, seeing, hearing. It helps the person be as independent as possible in everyday activities and enables participation in education, work, recreation and meaningful roles. (WHO) |
| <i>Respite</i> | An opportunity for carers and those that they care for to have a break from their current circumstances in a residential setting such as a care home or very sheltered housing complex. Respite may be planned in advance, or unplanned where there is a sudden change in someone's situation or as a place of safety, in response to an Adult Protection situation and/or emergency response to risk allowing time to forward plan and make arrangements. |
| <i>Step down beds</i> | These are rehabilitation beds when people need a bit more time to recover after a period of time when they have been unwell or after surgery. The person is generally well but require a time of support to help them rehabilitate with input from Allied health Professions such as Occupational Therapists and Physiotherapists. |
| <i>Step up beds</i> | There are beds which are allocated for people who are presenting as unwell but not requiring an admission to an acute hospital setting. This may be in a care home for example which provide 24 hour care and support to a person who may be requiring additional care and support and in some cases nursing input. These beds may prevent the person from an avoidable admission to hospital or a crisis driven avoidable admission to a mainstream care home. |

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