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<u>To</u>: 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

#### **BUSINESS**

#### DECLARATION OF INTERESTS AND TRANSPARENCY STATEMENTS

1.1 <u>Members are requested to intimate any declarations of interest or transparency statements</u>

### <u>DETERMINATION OF EXEMPT BUSINESS</u>

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 <u>Quarterly Performance Reports against the Delivery Plan - Q4 Update - HSCP.25.026</u> (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

# Agenda Item 3.1

#### **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.

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:

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

25 February 2025

2025 at 10am.

#### The Committee resolved:-

to note the date of the next meeting.
- COUNCILLOR MARTIN GREIG, Chair.

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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
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	,	<b>!</b>		<u> </u>	
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 20	25	<u> </u>			
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 202	6				
27	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		
22	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			

# Agenda Item 5.1



# 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**

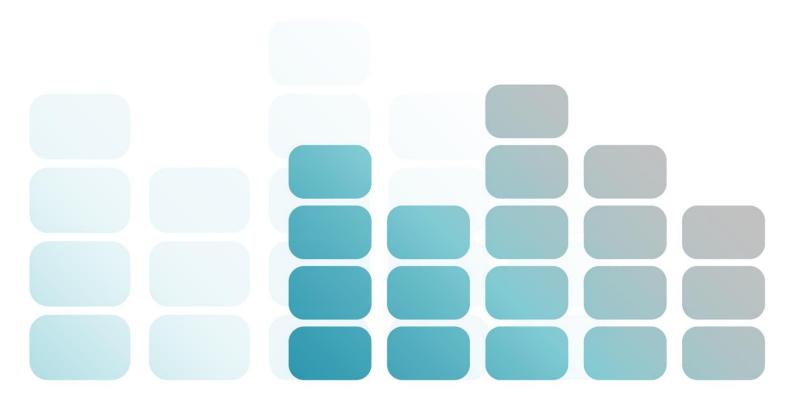
- 6. Management of Risk
- 6.1. **Identified risks(s):** The External Audit process considers risks involved in the areas subject to review. Any risk implications identified through the External Audit process are as detailed in the attached report.
- 6.2. **Link to risks on strategic risk register:** 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 <a href="https://www.audit.scot/accessibility">www.audit.scot/accessibility</a>.

# 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.

#### 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	
<b>Materiality</b> – 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
<b>Performance materiality</b> – 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 <a href="Exhibit 2">Exhibit 2</a>, <a href="page 8">page 8</a>. 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.

#### Significant risks of material misstatement to the financial statements

#### Risk of material misstatement

# Fraud caused by management override of controls

Management is in a unique position to perpetrate fraud because of management's ability to override controls that otherwise appear to be operating effectively.

#### Planned audit response

The audit team will evaluate assurances from the external auditors of partner bodies, i.e., Aberdeen City Council and NHS Grampian, which will include:

- 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 ensuing 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**

#### **Financial management**

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.

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.

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.

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.

#### Planned audit response

The audit team will:

- 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.

#### **Financial sustainability**

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.

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.

The audit team will:

- 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		-
<ul> <li>Issue of draft Letter of Representation, proposed Independent Auditor's Report, and proposed Annual Audit Report to Risk, Audit and Performance Committee</li> </ul>	-	23 September 2025	30 September 2025
<ul> <li>Approval by those charged with governance and signing of audited annual accounts</li> </ul>	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 highquality 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



Audit Scotland, 4th Floor, 102 West Port, Edinburgh EH3 9DN Phone: 0131 625 1500 **Email: info@audit.scot** www.audit.scot

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# Agenda Item 6.1

### RISK AUDIT PERFORMANCE COMMITTEE

	<u> </u>		
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	a. Delivery Plan Overview Year 3 Quarter 4 b. Delivery Plan Tracker Year 3 Quarter 4 c. Delivery Plan Dashboard Year 3 Quarter 4 5. Receive and scrutinise performance reports and receive assurance that actions in respect of emerging trends are proportionate to the JB's Risk Appetite Statement.		
Terms of Reference			

#### 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







**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 JB 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.







- **4.5.** For this reporting period, there is one project marked as completed. This is SE20 (Health and Care in Counteswells). 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







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	Low	Medium	Performance	If the paper
over			Framework	was not
strategic			outlines the	presented,
plan not			required	assurance
met			reporting to	would not be
			take place	given to the
			through the	RAPC and
			year in order	therefore part
			to create	of the remit
			assurance	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: -







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

<u>Event</u>: 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> <li>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</li> <li>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</li> <li>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</li> </ul>	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> <li>COPD CAD planned in May; Dementia Post Diagnostic Support CAD planned for June and Chronic Pain CAD Planned for July</li> <li>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</li> </ul>	<ul> <li>Care Opinion will come to an end on 31 March 2025 with alternative options being explored</li> <li>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</li> </ul>

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> <li>Camascope eMAR         system went live at Back         Hilton Road Learning         Disability Service in         January 2025.</li> <li>Transition from analogue         to digital community         alarms proceeding well         with only 7 out of 2277         units remaining to be         replaced.</li> </ul>	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> <li>Rehab review programme plan developed and progressing</li> <li>Discharge to Assess trial continues and now has been extended to cover ED and AMIA</li> </ul>	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%						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> <li>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.</li> <li>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</li> </ul>	<ul> <li>Remote monitoring systems not being explored at this time due to existing pressures</li> <li>Significant staff absences (due to unplanned and planned leave) within the H@H team are impacting patient flow in the service.</li> </ul>

Programme (total no. projects)	Blue	Green	Amber	Red	Purple	White	Achievements	Challenges/Worthy of Comment
							Referrals direct from City     Visits now established for     acute patients	
Infrastructure (3)		67%			33%		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%				General Adult Mental     Health Secondary Care	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.  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> <li>Three strategic systems network group meetings have been undertaken for the health weight work.</li> <li>Three new local immunisation clinics opened in Torry, Health Village and Countesswells in March 2025</li> <li>Cost of smoking tutor training delivered in Aberdeen</li> <li>Fun Activity Leaders Training Session delivered to 25 volunteers across Aberdeen</li> <li>Communities Team will be supporting 21 tutors who are delivering HIIC</li> </ul>	<ul> <li>Grampian Sexual Health         Service is compliant with         HIS standards, which in         summary, improve access;         reduce inequalities;         identify areas for         improvement &amp; allow         benchmarking with other         services. Service currently         receiving NHSG waiting         times funding to reduce         longest waiting times.         Senior nurses retirals and         imminent deputy service         manager vacancy will         temporarily restrict scope         for further service         improvements.</li> <li>Partnership contributing         towards the development</li> </ul>

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> <li>CTAC workstream has been fully delivered within limitations of the funding.</li> <li>Pharmacotherapy roll-out is almost at full capacity</li> <li>Reflect and refresh workshop held on March on GP Vision implementation programme to review priorities against resources</li> <li>Roll out of pharmacy technician and pharmacist support to target prescribing efficiencies on behalf of Practices has begun.</li> <li>Reports drafted presented to all three IJB's in January / February 2025 regarding the GP Vision implementation programme</li> </ul>	Transport Notion 1 Idil.
Redesigning Adult Social Work (1)	100%						•	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%				Clear programme plan in place outlining key areas of work within the strategic rehabilitation review	Consultation ongoing with Moray and Aberdeenshire regarding neurorehabilitation work moving forward.
Resilience (5)	20%	60%			20%		ACC Budget Setting     meeting approved new     charges for 2025/26 for     the Contributing to Your     Care Policy, with     implementation plans     prepared.	<ul> <li>Category 1 Responder project complete, with Emergency Activation Plan approved at RAPC in December 2024</li> <li>Review of Care for People arrangements completed and closed</li> </ul>
Social Care Pathways (7)	43%	57%					Delivery Plan for social care charging for 2025/26 in development as part of Aberdeen City Council's budget setting programme	<ul> <li>Improvement to recording by NHSG Grampian staff of Adult Support and Protection activity is completed</li> <li>Just social work delivery plan project completed, with new strategic</li> </ul>

Programme (total no. projects)	Blue	Green	Amber	Red	Purple	White	Achievements	Challenges/Worthy of Comment
							<ul> <li>Weekly project meetings ongoing regarding discharge to assess work</li> <li>TEC management has been agreed for Stonewood</li> </ul>	direction work now ongoing
Strategy (7)		86%	14%				<ul> <li>Carers Strategy annual report approved at February JB meeting.</li> <li>All 2024 Hosted Services Audit recommendations now closed</li> <li>Infant massage sessions continuing at Froghall Community Centre contributing towards the reducing neglect referrals work</li> <li>Progress against equalities outcomes being collated for May 2025 JB Report</li> </ul>	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%				Joint presentation on recruitment and retention being undertaken with colleagues from Aberdeenshire and Moray at the Commissioning Academy event in March.	<ul> <li>Subject to completion of the strategic plan, a refreshed workforce plan is due to be produced in the second half of 2025</li> <li>High sickness absence levels across the</li> </ul>

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 MHLD services compared to previous quarter, with CAHMS percentage remaining high and stable.
MHLD 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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Blue = complete

Part = mirrord deadline (unable to

deliver

eting deadline

Programme	Programme Description RE	F# Project Description	Title	Project Type Start Date	End Date BE	RAG 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.	Review of Bion Accord Clare contract and redesign of associated 27 service specifications.	65. Review BAC contract	BAU 24/02/202	3 31/03/2025 V		N/A Future Sustainability	Tier 3 (Response)	Contract that been reviewed with new sandos specifications added, contract has been signed by both parties
Commissionless	Develop and deliver the Processing and deliver the Processing and deliver the Recognition of the Recognition	Newword GOCContract to reflect that cash alrement.	56. Reter OCC Contact	BALL SOMEON	3 31/03/2025 Gr		No. Estem Scrainbillity	Ter 3 (Response)	Care B Home Startagic Oversight Course part of more meeting held on 17712.  Items are the hardwess created, believe trackets agreed and all documents award in elevant channels and folders. Still some external collapsing coarror access the Teams site, and those that can are having issues opening files. This has been raised with Digital & Technology.  Item of the part of the pa
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.	78 Review of user availability of Interior Bods	67 listerim Berks	BAII 29/03/202	4 31/03/2025 Y	Complete	500 000 Buided Styley	Tier 3 (Response)	Contract render with Woodslands 31.5.34,2 beds at Deeslake remain until March 2025. 34594-2021: The funding for the Dessable sine was able to be such and an extra some underspeed from Woodslands which enabled us to askerd the first were built beed, commissioned. The beds in Dessable 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	Consolidation's treamlining of existing MHLID commissioned	Gr. and an object	and and			ood and ood of the state of the		
Commissioning	Develop and deliver the Procurement Workplan incorporating our commissioning principles so that our commissioning is ethical, creative and codesigned and co-produced with partners and	Business  Business how counselling service can work in a more collaboration, joined up way to support people experiencing care to be breef if from a mare holdisc apportswidths a chieving	68. MHLD Commissioning	BAU 28/03/202	31/03/2025	Complete	BOULDON BURGET SWING	Tier 3 (Response)	Contract commenced is 1 September, All savings porfile to be provided by contracts  An initial Seering 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. Project to at risk due to the IRB decision around gornf funding which has damaged the relationships with counselling services and the partiestrips.
Commissioning	Communities.    Provide community based services codesigned and conditioned with codesivered with codesivere	If efficiencies  Centifica to devicting and evaluate the Northfold Mike as a board change for cross section, analyse constant, commanily holds where a range of exercise context, early commanily holds where a range of exercise context, early commanily holds.	68. Collaborative Counselling	BAU 31/03/202	3 31/03/2025 <b>G</b> i	reen	N/A Future Sportamobility	Tier 2 (Easly Intervention)	Excitations: Funding is spice to the near financially warf on the counseling contracts and acts of the incurrence and Cash. Block (DME). There is to be further evene for the life in December  Committed (DME). The country of the production of the country of the
Communities	Provide community based services codesigned and codelivered with our communities.	oed, to feed into a wider initiative on Priority Intervention Hubs.  Lead on increasing and diversifying the membership of our Locality Empowerment Croups and increasing wider participation in locality planning.	Priority Intervention Hubs     Develop LEGs and increase participation.	FTP	31/03/2025 G	reen	N/A Prevention  N/A National Agenda	Tier 2 (Early Intervention)  Tier 2 (Early Intervention)	Count security Health Willberg (Disc. The Cline Copned if you down or the Self Marin Land and proposeds Pre-school intimumatoric Cline, CHECTION, Health Visitions and Septemble Response.  Alternatives at Locality Empowerment Group (LEC) meetings have remained sable year on year, with 32 participants attending (LEC) meeting groups (aure) planning Probationy 2003, and 15 participants attending (LEC) meeting groups (aure) planning Probationy 2003, and 16 participants attending (LEC) meeting groups (aure) planning Probationy 2003, and 16 participants attending (LEC) are presented by probation and the collection of the school of
Communities	Provide community based services codesigned and codelivered with our communities.	Deliver North, Central and South Locality Plans and report on progress	8. Delivery integrated Locality Plans	BAU 05/04/202	4 31/03/2025 G	reen	N/A National Agenda	Tier 2 (Eady Intervention)	Residue discussify may be appeared for the property of the pro
Communities	Provide community based services codesigned and codelivered with our communities.	Ensure the use of Our Guidance for Public Engagement is embedded	9. Public Engagement	BAU 31/03/202	4 31/03/2025 <b>G</b> i	reen	N/A National Agenda	Tier 2 (Early Intervention)	The links within ACSSCY's "Our Colidance for Community Egisperment, Harman Right is and Equalities 2024-87" communities and expendence and altered where recessary or a rolling monthly basis. The Colidance sets within the ACHSCY's Communities 2024-86" communities and expendence and altered where recessary or a rolling monthly basis. The Colidance sets within the ACHSCY's Communities and a received and altered where recessary or a rolling monthly basis. The Colidance sets within the ACHSCY's Communities and a received and altered where recessary or a rolling monthly basis. The Colidance sets within the ACHSCY's Communities and a received and altered where recessary or a rolling monthly basis. The Colidance sets within the ACHSCY's Communities and a received and altered where recessary or a rolling monthly basis. The Colidance sets within the ACHSCY's Communities and a received and altered where recessary or a rolling monthly basis. The Colidance sets within the ACHSCY's Communities and a received and altered where recessary or a rolling monthly basis. The Colidance sets within the ACHSCY's Communities and a received and altered where recessary or a rolling monthly basis. The Colidance sets within the ACHSCY's Communities and a received and a receiv
Communities	Provide community based services codesigned and codelivered with our communities.	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 01/03/202	4 31/03/2025 <b>G</b> i	reen	N/A National Agenda	Tier 2 (Early Intervention)	Care Opinion Subscription will come to an end 31 March 2005, upon velore of use. It has been appendent to continue with Partnership Subscription beyond 31st March. Alternative options will be supplied to our frames to continue to follow the Compiliments and Compiliments procedure. There is also an opportunity to promote the Committees group and stories to comme to them to promote on intranet. Welcote and Social Media where appropriate, it is very important that we used love dependence stories to improve and promote our services.

											The Grampian Gathering was held on 12 October 2024 in the Beach Ballicom. 193 community members attended the event, alongside over 100 stall holders from the private, public, (blind, and independent sectors. A full evaluation report on the event has been prepared, though early results show community attendance increased
	Provide community based services codesigned and		Deliver various events such as Age Friendly Aberdeen, the								nom 167 in 2023 to 199 in 2024, the number of Information stalls increased from 30 to 58, and 54% of attendees reported the event either met or exceeded their expectations. Planning has begun with multi-agency colleagues to deliver the annual Wellbeing and GMAN Festivals in May,
	codelivered with our		Gathering and a Well Being Festival to support people to live								It was decided by SLT that due to the financial position the Gathering will no longer continue into 2025, however the Wellbeing Festival will continue and is currently being planned with Shire and Moray colleagues. There has been a huge increase in numbers of both hosts and activities planned for this years festival and the mascot
Communities	communities.	PIH08	well and independently as part of their communities.	11. Community Intervention	BAU	05/04/2024 31/0	3/2025 Green	N/A	Future Sustainability	Tier 1 (Prevention)	has been selected from the City Pirmary (Schools who participated in the competition. There will be a host engagement event which will be held in Agril for all hosts to come along and hear a bit about the history of the festival, the evaluation highlights, how to promote events and a bit about how to effectively measures.
	Maximise the use of										The Camascope 4MAR System worth to at Back 1Hibon Robot Canning Disability Service on Insurary 13, 2025. The system has episcent fractional paper MAR Indexts with a digital version, enhancing stock management and tracking,
	technology to support innovation, efficiency and										and meets the requirements of eMAR. Recommendations have been made restarding inclusion of specific reference to eMAR when this is updated.
District	innovation, efficiency and access to services.	erec.	Support the implementation of Electronic Medication Administration Recording (EMAR) in our care homes.	A 4 FMAR (molecularity)	rm.	07/04/2022 24/0	2/2025	TRO	D. decel Control	Time D. (Forder Indonesia and Indo	As evaluation of the system's impact is currently underway, with findings to be shared once available. A SBAR paper with regard to nill out the eMAR system to four other LD sites will be presented to the Senior Leadership Feam when all the necessary information has been sourced. Overall, the implementation has been successful, and the project continues to progress well.
Digital	access to services.	SEUG	Administration Recording (EPAR) in our care notices.	14. EMAK III premenatorii	FIF	07/04/2023 31/0	3/2025 Green	IBC	Budget Saving	ner 2 (Early Intervention)	all or or project committees to progress seem.
	Maximise the use of										
	technology to support		Deliver a Single Point of Contact for individuals and								
	innovation, efficiency and access to services.		professionals including a repository of information on health and social care services available, eligibility criteria and how to	16 SPOC for							28/01/2025 S.I have made a decision to formally pause this project. So this project is now Closed for Y3. This project relies on the operation all business adopting the new method this would take time and resource from the digital team project and priorities are currently undergoing a restructure and this free up resource to
Digital		SE09	access	Individuals/Professionals	BAU	31/0	3/2024 Z - Closed	N/A	Future Sustainability	Tier 2 (Early Intervention)	concentrate on the priority project.
	Maximise the use of										
	technology to support innovation, efficiency and		Review the future use of Morse in Community Nursing and Allied								
Digital	access to services.	SE10	Health Professionals	17. MORSE Review in CN/AHPs	BAU	01/03/2024 31/0	3/2025 Y - Complete	N/A	Budget Saving	Tier 2 (Early Intervention)	Evaluation was completed and presented to Integration Joint Board (IUB) in May 2024 alongside a paper recommending the renewal of the license for a further 3 year period until October 2027. This was approved.
											Following the Project Kick off Meeting for the Digital Alarm Receiving Centre (ARC) Rollout, several meetings were held with the vendor to finalise the project plan. We are targeting a go-live date in spring 2025. While data preparation activities are progressing well, testing of dispersed alarm units is advancing slowly.
											The transition from analogue to digital community alarms is proceeding smoothly, with only 7 out of 2277 units remaining to be replaced.
											We are awaiting confirmation on the Infrastructure required to connect grouped living schemes to the new ARC. However, Turnstall has confirmed that the Pre-Digital Phone Line (PDPL) provided by 8T and other communication providers will be compatible with the warden systems installed at our sites. This interim solution will be
	Maximise the use of technology to support								1		supported cut 2000. We have obtained a quarte for the cord-end distal distal rCS, Dual-Com Pol., which is intended to realize those in Fire & Security sanets to ensure their connection to the new ARC. Commanbility with existing Fire & Security sanets has been verified, and insurance requirements have been confirmed. Commenhers let estim will be
	innovation, efficiency and								1		conducted soon, as we have received testing units from vendor.
Digital	access to services.	SE12	Deliver Analogue to Digital Telecare Implementation Plan	19. Analogue 2 Digital Telecare	FTP	30/06/2023 27/0	6/2025 Green	N/A	National Agenda	Tier 2 (Early Intervention)	The project is making significant progress, with key milestones on track. Further updates will be provided as more information becomes available, as we continue to work towards a successful transition.
									1		
	Maximise the use of technology to support								1		Digital Timestment sets out a opposal to invest in the two proposals from Microsoft as part of Phase A to deliver: Social Work Pacifician Podiciation and Control of Phase A to deliver:
	innovation, efficiency and		Creation of capacity through targeted digital investment and						1		Home Care Commissioning Portal.
Digital	access to services.	SE32	service redesign.	70. Digital Investment	BAU	31/0	3/2025 Z - Closed	250,000	Future Sustainability	Tier 2 (Early Intervention)	28/01/2025 - SLT decision to formally pause this project for Y3. This project is now closed. There is still a keen interest to deliver these applications but this will need to be reviewed from a financial visibility aspect.
	Ensure there is a consistent approach to supporting Frail										
	patients in Aberdeen both in										
	a hospital and community										The pill of the Lisbon Service will General Medicine waste due to commerce in January 2025 is currently proposed due to the participation of NHS Grampian in the National Discharge Without Delay Programme of work which will commerce March J April 2025. This work will into the progressed as part of this programme. Fally Lisbon work is table give en
	setting with a focus on shifting towards community										Listors work or taxing pace with support works yours to me wasts now means to never yours to me wasts now means or to review patients work would present any own pace to review patients work would patient means to review patients work and will be further developed blockage for desired inclination, site, and processes with the further work patient patient patients. The patient patient patient patients work in the National Dischage Without Delay programme of work and will be further developed blockage for the patient patient patient patients work in the National Dischage Without Delay programme of work and will be further developed blockage for the patients of the National Dischage without Delay programme of work and will be further developed.
	based support where		Ensure that the acute frailty wards within ARI are able to meet								via this programme. During the Discharge to Assess trail 18 patients followed this pathway, the majority of these patients remained at home and their care needs responded to there, only 3 individuals were readmitted. This trial has now ended as this work will be further progressed via the National Discharge Without Delay
Frailty	possible.	KPS13	patient need and allow flow through the hospital.	71. ARI-based Frailty	FTP	01/04/2024 31/0	3/2025 Green			Tier 3 (Response)	Programme of work.
	Ensure there is a consistent approach to supporting Frail										
	patients in Aberdeen both in										
	a hospital and community setting with a focus on										
	shifting towards community		Understand the Woodend-based Frailty provision requirement								Future of Rissewell decision may have an impact on Woodend-based frailty.
Frailty	based support where	KPS24	(patients with acuity of need needing in-patient care) - linked to the Review of Rehab	72. Woodend-based Frailty	FTP	01/04/2024 31/0	3/2025 Green			Tier 3 (Response)	Research Research Counterfly operating over budget and with budget saveing required to be made across the partnership is budget page will be presented at the IBI in Nach. At this time for Proceed the focus will be on resumplifyed to on operating their is no operating miles and process. The Instruction of resident and process are the focus on implementation or relabilisation buts in 1 pages are setting, settlement and process are the focus on implementation or relabilisation buts in 1 pages are setting, settlement and process are the focus of the pages are the focus of the page and the IBI in Nach. At this time for Proceeds the focus will be one operating the setting and the page and the IBI in Nach. At this time for Proceeds the focus will be one operating their setting and the page and the IBI in Nach. At this time for Proceeds the focus will be one operating their in the page and the IBI in Nach. At this time for Proceeds the focus will be one operating their in the page and the IBI in Nach. At this time for Proceeds the focus will be one operating their in the page and the IBI in Nach. At this time for Proceeds the focus will be one operating their in the page and the IBI in Nach. At this time for Proceeds the focus will be one operating their in the page and the IBI in Nach. At this time for Proceeds the focus will be one operation that the IBI in Nach. At this time for Proceeds the IBI in Nach. At this time for the IBI in Nach. At this time for Proceeds the IBI in Nach. At this time for the IBI in Nach. At
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	Ensure there is a consistent										
	approach to supporting Frail										
	patients in Aberdeen both in a hospital and community										
	setting with a focus on										
	shifting towards community based support where		Develop a process map for all City patients flowing in and out of the Frailty Pathway, linking this with wider Grampian work to								High level process mapping of the frailty pathway has taken place via the USC Ecosystem mapping process but it was a greed at the frailty board in Dec 24 further work is required to develop this further and link to the frailty evidence review work by public health and the new frailty standards. A failty system wide process mapping
Frailty	possible.	KPS25	ensure consistency of processes.	73. Patient Frailty Pathways	FTP	01/04/2024 31/0	3/2025 Green			Tier 3 (Response)	event is scheduled for the 12th March to complete this work.
	Ensure there is a consistent										
	approach to supporting Frail patients in Aberdeen both in				1 1				1		
	a hospital and community										
	setting with a focus on shifting towards community		Ensure that there is step up and step down capacity for Frailly						1		
	based support where		patients including the 40 beds within Rosewell and put forward	74. Step up and step down	1 1				1		
Frailty	possible.	KPS26	recommendations for the use of the remaining 20 beds.	pathways	FTP	01/04/2024 31/0	3/2025 Amber		<b></b>	Tier 3 (Response)	Rosewell House is currently operating over budget and with budget savings required to be made across the partnership a budget paper will be presented at the IB in March. At this time for Rosewell the focus will be on ensuring there is no overspend within the allocated budget.
	Ensure there is a consistent approach to supporting Frail.				1 1				1		
	patients in Aberdeen both in								1		
	a hospital and community				1 1				1		
	setting with a focus on shifting towards community										
	based support where								1		
Frailty	possible.	KPS27	Ensure there are appropriate alternatives to Hospital for Frailty patients (delivering via Expansion of Hospital at Home)	75. Alternatives to hospital	FTP	01/04/2024 31/0	3/2025 Green		1	Tier 3 (Response)	All relevant information provided within the Hight update section.
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									1		
	Ensure there is a consistent		l .						1		
	approach to supporting Frail								1		
	approach to supporting Frail patients in Aberdeen both in								1	1	
	approach to supporting Frail patients in Aberdeen both in a hospital and community setting with a focus on										
	approach to supporting Frail patients in Aberdeen both in a hospital and community setting with a focus on shifting towards community										
	approach to supporting Frail patients in Aberdeen both in a hospital and community setting with a focus on		Develop Community, Prevention and Primary Care approaches								Discharge to Assess this continues, links and processes with the faility wands are established and the total has now been extended to cover ED and AMMA. This work limits into the National Discharge Wilthout Debuy programme of work.
	approach to supporting Frail patients in Aberdeen both in a hospital and community setting with a focus on shifting towards community based support where		to the HIS Frailty Standards including those relating to falls, and	76. Community, Prevention and							
Frailty	approach to supporting Frail patients in Aberdeen both in a hospital and community setting with a focus on shifting towards community based support where	KPS28	to the HIS Frailty Standards Including those relating to falls, and align with existing prevention workstreams utilising the GIRFE	76. Community, Prevention and Primary Care Approaches to Frailty	FIP	01/04/2024 31/0	3/2025 Green			Tier 3 (Response)	Faility workshop scheduled for the 13th Narch - process map of the faility pathway to be further developed with aim to identify and progress any gaps. The new faility standards and the public health faility evidence review will be reference points for this work.
Frailty	approach to supporting Frail patients in Aberdeen both in a hospital and community setting with a focus on shifting towards community based support where	KPS28	to the HIS Frailty Standards including those relating to falls, and	76. Community, Prevention and Primary Care Approaches to Frailty	FTP	01/04/2024 31/0	3/2025 Green			Tier 3 (Response)	
Erallty	approach to supporting Frail patients in Abendeen both in a hospital and community setting with a focus on shifting towards community based support where possible.  Ensure there is a consistent	KPS28	to the HIS Frailty Standards Including those relating to falls, and align with existing prevention workstreams utilising the GIRFE	76. Community, Prevention and Primary Care Approaches to Frailty	FIP	01/04/2024 31/0	3/2025 Green			Tier 3 (Response)	Faility workshop scheduled for the 12th March - process map of the faility pathway to be further developed with aim to identify and progress any gops. The new faility schadards and the public health finally evidence review will be inference points for this work.
Ecollty	approach to supporting Fail patients in Abertiden both is a hospital and community setting with a focus on shifting towards community based support where possible.  Ensure there is a consistent approach to supporting Fail	KPS28	to the HIS Frailty Standards Including those relating to falls, and align with existing prevention workstreams utilising the GIRFE	76. Community, Prevention and Primary Care Approaches to Frailty	FTP	01/04/2024 31/0	3/2025 Green			Tier 3 (Response)	Faility workshop scheduled for the 12th March - process map of the faility pathway to be further developed with aim to identify and progress any gops. The new faility schadured and the public health faility evidence review will be inference points for this work.
Fality	approach to supporting Frail patients in Abendeen both in a hospital and community setting with a focus on shifting towards community based support where possible.  Ensure there is a consistent	KPS28	to the HIS Frailty Standards Including those relating to falls, and align with existing prevention workstreams utilising the GIRFE	76. Community, Prevention and Pelmary Care Approaches to Fealthy	FIP	01/04/2024 31/0	3/2025 <b>Green</b>			Tier 3 (Response)	Faility workshop scheduled for the 12th March - process map of the faility pathway to be further developed with aim to identify and progress any gops. The new faility schadured and the public health faility evidence review will be inference points for this work.
Erality	approach to supporting Fall patients in Aberdeen both in a hespital and community setting with a focus on shifting towards community based support where possible.  Ensure there is a consistent approach to supporting Fall patients in Aberdeen both in a hospital and community setting with a focus on	KPS28	to the HIS Frally Standards including those relating to falls, and align with existing prevention workstreams utilising the GIRPE approach where relevant.  Contribute to, and influence the decision making of, the	76. Community, Prevention and Primary Care Approaches to Failty	FTP	01/04/2024 31/0	3/2025 <b>Green</b>			Tier 3 (Response)	Fasily-workshop scheduled for the 13th March -poccess map of the halfly pathway to be further developed with aim to identify and progress any pays. The new fasily standards and the public health fasily evidence review will be reference points for this work.  Class with the community, appointment days are in place and the fasily board lates are learning from these and consider the approach to support thely prevention.  Fasily-workshop scheduled for 12th March - poccess map of the fasily pathway to be fasilities developed with aim to identify and progress any pays. The new fasily standards and the public health evidence review will be the reference points for this work.
Pratty	approach to supporting Faal patients in Aberdeen both in a hospital and community setting with a footbase setting with a footbase setting with a footbase support where possible.  Ensure there is a consistent approach to supporting Faal patients in Aberdeen both in a hospital and community	KPS28	to the HIS Fally Standards Including those relating to falls, and align with existing prevention workstreams utilising the GIRFE approach where relevant.	76. Community, Prevention and Primary Care Approaches to Fasilty  77. Contribution to Gramsian	FIP	01/04/2024 31/0	3/2025 <b>Green</b>			Tier 3 (Response)	Fasily workshop scheduled for the 13th March - poccess map of the bashy pathway to be further developed with aim to identify and progress any paps. The new fasily standards and the public health fasily evidence review will be reference points for this work.  Units with the community appointment days are in place and the fasily board-laser are learning from these and consider the approach to support fasily prevention.

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Marker   M													
Marker   M		Develop and deliver local											
Authors		and sustainable system											
Selection of the select													
State   Stat			al										al The Care inspectorate had arreed to prioritise the standalone lone-term registration for Stonewood, aiming for completion by April. Registration hasn't been completed vet. 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
March   Marc		admission, delays in											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 Stoneywood site and alternative funding sources are
Reference of the control of the cont		hospital discharge and out		Investigate whether we can bring people back into authority and									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 Roaming. The Data Protection impact Assessment with TRFS has been completed and is ready for sign-off. A site visit has been planned to a ssess environmental risk factors for individuals
Company	Home Pathways	of area placements	AFHL05	whether this is more cost effective.	23. Home Pathways	FTP		31/03/2025	Green	N/A	Future Sustainability	Tier 2 (Early Intervention)	with significant autism and high sensory needs.b) The Independent Living and Specialist Provision Housing Market Position Statement was approved at IB on the 19th November. The document has now been published and promoted on the news section of the ACHSCP website.
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A CARLON CONTROL OF THE CONTROL OF T		patriways with partners, supporting reduced bosnital	1										
A CARLON CONTROL OF THE CONTROL OF T		admission, delays in	"										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
March   Marc		hospital discharge and out		Review Scheme of Assistance with a view to revising criteria for									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
and the second of the second o	Home Pathways	of area placements	AFHL14	eligibility for funded adaptation support.	78. Scheme of Assistance	BAU		31/03/2025	Green	300,000	Budget Saving	Tier 2 (Early Intervention)	training is currently being refreshed for staff. This work has also led to exploration of alternative supports for those who may be impacted.
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Part		Develop and deliver local											
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and the second of the second o													
Marche		patriways with partners, supporting reduced hospital	1										
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Service of the servic		hospital discharge and out											
Marches   Marc	Home Pathways	of area placements	KPS19	including enabling adaptations	59. Suitable Homes	BAU	01/04/2024	4 31/03/2025	Green			Tier 2 (Early Intervention)	requirements of people living in their homes.
Marches   Marc													
Marches   Marc		Increase the canacity of											
Part		Hospital at Home to 50											
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Service of the control of the contro							1			I			
Marche   M	ļ	will be for Medical and	~				1					1	referrals to the service is taking place and includes
March   Marc		Respiratory Pathways as					1			I			- Ongoing engagement and service promotion with Primary Care
Property	ļ	well as the current Frailty.					1					1	- Direct referral route from CAARs (Community Adult Assessment & Rebah services) to be tested
		End of Life Care and OPAT					1	J					Investigating direct referrals from community heart failure nursing team
Market   M	Hospital at Home Expansion	Pathways.	KPS12	Monitor use of Hospital at Home beds for the Frailty Pathway.	79. Monitor use of H@H Beds	FTP	01/04/2024	4 30/09/2025	Amber	<b>-</b>	Prevention	Tier 3 (Response)	- Applying flexibility to non fraility patient referrals, with referrals being taken direct from the city-visit nursing teams.
Market   M		ĺ					1			I			
Market   M	ļ						1					1	
		Hospital at Home to 50					1			I			
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Marche   March   Mar		will be for Medical and	æ										
Market   M		Respiratory Pathways as											
March   Marc		well as the current Frailty,											
No. 10   10   10   10   10   10   10   10		End of Life Care and OPAT											This project has amber BRAG status due to the occupancy of the 5 respiratory beds remaining low.
August   Control   Contr	Hospital at Home Expansion	Pathways.	KPS30	Respiratory Medicine	Medicine	FTP	01/04/2024	4 30/09/2025	Amber		Future Sustainability	Tier 3 (Response)	The acute medicine consultant is leading on these beds and is working with the respiratory team to educate, build confidence in the High service to increase the flow of these patients.
August   Control   Contr													
Marked   M													
		Hospital at Home to 50											
Section   Sect													
State   Stat		operating at consistent											
A CONTROL OF THE PARTY OF THE P		will be for Medical and	~										
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Manual Personal Per		well as the current Frailty,											
The state of the s	Hornital at Home Expansion		VDC21		01 USU Bade for Acuta Madicina	to ETP	01/04/2024	4 20/00/2025	Green		Prevention	Tier 2 (Pernopre)	Development of the flow into the non-facility beds (acute & resp) has increased steady in creased due to the efforts by the acute medicine consustant. Referrals direct from City Visits are now established for the acute patients and this has had a positive impact on flow, with greater floxibility being applied to the referrals. The definition for including the procedure of the acute patients and this has had a positive impact on flow, with greater floxibility being applied to the referrals.
Separation for the control of the co	ricopiai at riome Espandion	i uumuya.	NI UUA	PRODUIN	O2. High I bead to Acade Fledelin		02/04/2024	4 50/03/1025	OICE!!		i icremon	nero (nesponse)	This individual revious terminal was proven your warm, successful and interesting parameters where we warm, and the second of th
Separation for the control of the co													
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Section   Sect		Hospital at Home to 50											
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Section Principles Section Princ		levels by March 2025. These	ie.										
set in the content file of the content of the conte													This remains in the background of the development of the service as it is not a printing 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.
Contact   Cont													
Mary													Engagement with the innovation team and a demonstration of the Feebris system remote monitoring system has taken place. The HijH 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 fraility patients is more
Notes the Copposition of Manufact Attention 10 Manufact Attention	Hospital at Home Expansion	Pathways.	KPS32	expansion.	82. Digital and IT for Hill H Revis	FTP	01/04/2024	4 30/09/2025	Not Started	1		Tier 3 (Response)	
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Integrated and the Management of the Section of the	1	ĺ				1		1		•			
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with but Principal and Application of Principal and Application (Principal													
Regulation Plane Sequence Sequ		operating at consistent levels by March 2025. These	se										
put planting Episteria Political for Exclass 400 MT Political Political Control And Contro		operating at consistent levels by March 2025. These will be for Medical and	se .										OD have been involved with the High Haam pastrociarly amound Courageous Conversations training. These have been well received by the team and are now complete.
Pathware (Pathware (Pathware) (Pa		operating at consistent levels by March 2025. These will be for Medical and Respiratory Pathways as	se										
Assess full and indicational resources and engage and in partners for ensure these and seed or ensure.  250 and indicational partners for ensure these and or ensure the season and engage and indication from the population of the buildings operating at 170% capacity with every accordance of the buildings operating at 170% capacity with every accordance of the buildings operating at 170% capacity with every accordance of the buildings operating at 170% capacity with every accordance of the buildings operating at 170% capacity with every accordance of the buildings operating at 170% capacity with every accordance of the buildings operating at 170% capacity with every accordance of the buildings operating at 170% capacity with every accordance of the buildings operating at 170% capacity with every accordance of the buildings operating at 170% capacity with every accordance of the buildings operating at 170% capacity with every accordance of the buildings operating at 170% capacity with every accordance of the buildings operating at 170% capacity with every accordance of the buildings operating at 170% capacity with every accordance of the buildings operating at 170% capacity with every accordance of the buildings operating at 170% capacity with every accordance of the buildings operating at 170% capacity with every accordance of the buildings operating at 170% capacity with every accordance of the buildings operating at 170% capacity with every accordance of the buildings operating at 170% capacity with every accordance of the buildings operating at 170% capacity with every accordance of the buildings operating at 170% capacity with every accordance of the buildings operating at 170% capacity with every accordance of the buildings operating at 170% capacity with every accordance of the buildings operating at 170% capacity with every accordance of the buildings operating at 170% capacity with every accordance of the buildings operating at 170% capacity with every accordance of the buildings operating at 170% capacit		operating at consistent levels by March 2025. These will be for Medical and Respiratory Pathways as well as the current Frailty.	se	Inclanda Weddoora and Consist Hone Court	93 Workloop and OD to								
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reads and regign with partner to stress the first term of the profession of heading with the Countescender to the profession of the long development of partner to stress the profession of the long development of partner to stress the profession of the long development of partner to stress the profession of the long development of partner to stress the profession of the long development of partner to stress the profession of the long development of partner to stress the profession of the long development of partner to stress the profession of the long development of partner to stress the profession of the long development of partner to stress the profession of the long development of partner to stress the profession of the long development of the long development of partner to stress the profession of the long development of the long development of partner to stress the profession of the long development o		operating at consistent levels by March 2025. These will be for Medical and Respiratory Pathways as well as the current Frailty.	KPS33	Implement Workforce and Organisational Development actions for HigH expansion.	83. Workforce and OD for H@H Beds	FTP	01/04/2024	4 30/09/2025	Green		Future Sustainability	Tier 3 (Response)	High Continue to be link in with 00 on the developments and fearm engagement required to meet the service aims by March 25.
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anterture needs are net. #233 Rigid Review of Assets & BA. Rigid review of assets & BA. Rigid review of assets & BA. Dispersion of the final flag proposals that B.T selected to be carried out in financial year 202475. These will be completed and then will go back to S.T in March 2005, and any agreed work will be completed in the 2005/26 financial year.    Proposed of Assets   Proposed S. T. March 2005, and any agreed work will be completed in the 2005/26 financial year.	Hospital at Home Expansion	opening al consistent centre by March 2003. These will be for Medical and Repeatedry Pathway as well as the current Frailly, well as the current Frailly, and Charles and OPAT Pathways.  Assess future Infrastructure needs and engage with pathers the ensure these needs are med.  Assess future Infrastructure needs and engage with pathers the current needs and engage with pathers the current pathers to the current needs and engage with pathers to the most these needs are med.	KPS33  c SE20  SE21	bond(94 sepansion.  Develop an interminishing for the provision of health and social care sendors within the Counterswells housing development and work on the long-term solution.	Beds  24. Health and Care in	FTP BAU BAU	01/04/2024 01/03/2024 01/08/2024	4 30/09/2025 4 31/03/2025 4 31/03/2025	z. Glosed	NA.	s done during		High continues to be link in with DO on the developments and taken engagement required to need the service aims by March 25.  The Workforce Plan development has been gaused to allow all efforts to be thoused on the expansion of the service aims by March 25.  The Workforce Plan development has been gaused to allow all efforts to be thoused on the expansion of the service aims by March 25.  The building became fully operational on Monday and March 2025. The services operating from the new facility include CTAC, Children's Immunisations, Health Violtors and Speech & Language Therapies.  The building is operating at 100% capacity with every season throughout the week being used.  This project is part of and impactable by the outpiets of private proposed and impacta
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The control of the co											Identified as 'out of scope' of the project will be presented back to the MHLD Board for decision making.
For the control of th											An evaluation form and project update was sent to stakeholders on 21/02/2025, to gather feedback on the project's impact and status for future improvements. This will be shared with the Board at the April 2025 meeting.
# Manual Control of the Control of t											Forensic Services: The Forensic Services: The Forensic Services Steeling Group last met on the 13/03/2025. Communications for the infrastructure works were sent out. Official communications about the infrastructure work was sent to multiple external strategic, political and clinical forensic networks following additional funding confirmation by NHS
See and the second seco											
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The state of the s											Learning Disabilities (LD) Health Checks: Learning Disability Health Checks: Learning
											are earn geveraped across Another usy and Anotherstrin turning has not been continued for spend me association for 2024-2025 to evidence now many nearm enecks can be done with the existing association, which are already is known not to be enough to reach the estimated population across NHSO with a learning disability aged 5 and over
											•
Martine   Mart		Deliver Grampian wide and									SSIGE: At the most recent PSIGB meeting there was substantial support for the revised Terms of Reterence (ToRs). However, some outstanding issues related to reporting, communication, and governance still need to be addressed. To simplify the complexities of the system, the Board will focus on finalising the organogram for the
March   Marc		City specific MHLD transformation taking		Progress the Grampian wide MHLD Transformation Programme monitored by the Portfolio Board ensuring project groups are							ToR, which should provide clarify and reassurance once completed. This will be presented to the CSSDT/Psychology Consultants forum to gather their views and ensure high representation.
March   Marc											HHLD Programme Support: In February, the MHLD Board approved recommendations for seven workstreams within the Bed Base Review, initiating the formation of these workstreams and their reporting structures. Planning will ensure the three UBs are informed and supported. The MHLD Board received a written update on LD
Company	MHLD		AFHL09	Strategies, Delivery Plans, Standards and Service Specifications.	28. MHLD Programme	FTP	01/06/2022 31/03/2025	5 Amber	National Agenda	Tier 3 (Response)	Health Lenkest and agreement conduct all inleasts no circuits all inleasts no circuits all inleasts and agreement as assessment or faults in equiency, line; also agreed on a susiness is recovery larger and accretion or training and proceeded in the March and a susiness or the march and a susiness and reporting. Science and a susiness are reporting, and a susiness are reporting, and a susiness are reporting. Science and a susiness are reporting, and a susiness are reporting, and a susiness are reporting, and a susiness are reporting. Science and a susiness are reporting, and a susiness are reporting and a susiness are reporting. Science and a susiness are reporting and a susiness are reported in the susiness are reporting and a susiness are reported in the susi
Septiments  And Septiments  An											
March   Marc											This project is an amber BRAG status. The Adult Autism Assessment Team (AAAT) in NHS Grampian is being funded until March 2025 with existing money. There is no further Scottish Government funding past this. Aberdeen City will continue to fund their share of the service however Aberdeenshire have indicated their intention to
Section   Sect				Paulous strategy and arrangements for Learning Disabilities (							withdraw from the current arrangements
Part		cognisance of national		Autism and Neurodevelopmental needs. To be informed by new							The new Learning Disability, Audism and Neurodiversity Bill (LDAN) consultation has now closed and a Consultation Analysis has been produced however this will not be introduced to parliament until after 2026 Scotlish Election.
Service of the servic	MHID		VERT UDS			DALL	21/02/2020	Ambar		Tior 3 (Barnonra)	Nearmile, we continue to support AAAT and seek further information which may support future planning/sustainability (e.g. neuro specifications and any associate ob budget, national requirements). We will undertake a short action plan to update the local autism action plan given the delays nationally with a key action regarding nativalshability (e.g. neuro specifications and any associate ob budget, national requirements). We will undertake a short action plan to update the local autism action plan given the delays nationally with a key action regarding nativalshability (e.g. neuro specifications and any associate ob budget, national requirements). We will undertake a short action plan to update the local autism action plan given the delays nationally with a key action regarding nativalshability (e.g. neuro specifications and any associate ob budget, national requirements). We will undertake a short action plan to update the local autism act
Part	PHILAD	Julie Jeconomica.	ALTILOUS,	recording the day	Para Parinin	LINO.	5200202	Alliaci		nei o (neoponoe)	
Part											Building Community Casacity
											Children and Young People
Contract											
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Auto And Continued And Continued And Continued And And And And And And And And And An		Dellar Grampian wid							1		
Machine Control Cont		City specific MHLD							1		
Manual Process   Manu		transformation taking		Dayslan and implement approaches to support Suicide							
Property of the control of the con		strategies, standards and		Prevention and alignment to national Suicide Prevention							Aberdeen City and Shire are piloting a new database system for death review system called QES that started on 01/10/24. Processes are currently being developed. City and Shire to roll out initially Moray to follow.
Service of the control of the contro	MHLD	service specifications.	AFHL09h	Strategy	31. Suicide Prevention	BAU	31/03/2025	5 Green		Tier 1 (Prevention)	Aberdeen City's LOIP project charter approved and will provide updates on the aim quarterly.
And the second s											
September 1992 And September 199											
See		transformation taking									
Mary		cognisance of national		De la companya de la contraction de la contracti							
Project   Proj	MHLD		AFHL15		85. Post Diagnostic Support	BAU	01/04/2024 30/04/2025	5 Green		Tier 2 (Early Intervention)	To progressing on project including data custom improvements for most buggings and an appropriate progressing on project including data custom improvements for most buggings and appropriate progressing on project including data custom improvements for most buggings and project including data custom improvements for most buggings and project including data custom improvements for most buggings and project including data custom improvements for most buggings and project including data custom improvements for most buggings and project including data custom improvements for most buggings and project including data custom improvements for most buggings and project including data custom improvements for most buggings and project including data custom improvements for most buggings and project including data custom improvements for most buggings and project including data custom improvements for most buggings and project including data custom improvements for most buggings and project including data custom improvements for most buggings and project including data custom improvements for most buggings and project including data custom improvements for most buggings and project including data custom improvements for most buggings and project including data custom improvements for most buggings and project including data custom improvements for most buggings and project including data custom improvements and project including data custom included and project including data custom include
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Fraggerina Targer of Targe	MHID		AEUI 16	Daving NUS Out of Authority Discoments	86. Review of NHS OOA	DALL	01/04/2024 21/02/2026	Green		Tier 3 (Bernopre)	The data is complete on all NASCOIA cases we halve multipolic missions of Sonior team was provided from more of the more of th
And the first and production of the composition of	PHILAD	Julie Jeconomica.	ALTIC20	Tarter in 10 Octor Remotily I security.	1 wccmcm2	LINO.	02042024 0200202	OICEII		nei o (neoponoe)	This date of companies of the rest occoping content of instruction, content content content of instruction content con
And the first and production of the composition of		Vasning people healthy and									
A single of the control of the contr		avoiding the risk of poor		Reduce the use and harm from alcohol and other drugs							LOIP project team has been established and first meeting of 2025 was on 21st January with representation from NHSG, Midwlery, Health Visitor, a community member and the health improvement team. "Drymester materials have been updated and 3 workshops have taken place w/c 3rd March 2025. Feedback from community
Appropriate for the property of the property o	Presention		PILIOT	including through the Drugs Related Deaths Rapid Response	22 Monhol & Douge Reduction	DALL	01/04/2024 21/02/2025	Green		Tier 1 (Prevention)	members have highlighted that there is mixed messages about alcohol consumption in pregnancy, Ideally, it would be addressed via social media and through trusted voices in the community. The group also highlighted that young people should be targeted through schools, universities and colleges. A session with students from CILII to allowed four for This March 2015. The residence is made to a find the school and demand in school and demand in school and demand in the school and demand in school and demand in school and demand in the school an
Figure 19 1 Court of the court	T TEVERISON	curry ocusi	11102	N MARKE	SAL PROGRAM AND	UNU U	01/04/014 01/03/01	GIEEN		The agreement	To be particular or mit, a for mitter about the state of
Provided to an expert of the provided provided by the		Vasning people healthy and									
And you find the property of t		avoiding the risk of poor									
The National and application of Collection Control (Control Age and Ag	Prevention		PIHO2	Deliver actions to meet the HIS Sexual Health Standards	23 HIS Sexual Health Standards	PALL	01/04/2024 31/03/2025	5 Amher		Tier 1 (Prevention)	Grangian Sexual Health Service is compliant with HIS standards, which is summary, improve access; reduce lengualities; identify area s for improvement & allow benchmarking with other services. Sender or unemotive review NHSF valuation times furnished in return level benchmarking with other services. Sender or unemotive review NHSF valuation times furnished in review loosest valuation for excitors and minimised review services and minimised review services and minimised review services in the service in the service in monoments.
League graph builty year builty year builty year builty year graph builty year year graph builty year year year year year year year yea											There has been an ongoing reduction in Childhood immunisation uptake Nationally over the past 2 years - including opening more locally based clinics, family health &
souting the set of growth, there, straight of the process of the p											wellbeing event and local promotion on social media and in person at family event & galax.
souting the sed grown, the control of seasons of the present that the control of the present that th									1		
Presentate  In such presen											
Segring profit healthy see sooding the didd by general control facility from the formation of the formation		health, illness, injury and							1		barriers for parent to attend.
Index (index)	Prevention	early death	PIH03	Increase uptake in Childhood Immunisations	87. Childhood Immunisation	BAU	31/03/2025	Green	-	Tier 1 (Prevention)	A family Health & wellbeing event is being planned for 11th April which will see further promotion of pre-school vaccinations and opportunistic immunisations on the day.
Indian filesce, spay and way found the filesce, spay and way found the filesce, spay and way for the filescent of the filesce											
Indian filesce, spay and way found the filesce, spay and way found the filesce, spay and way for the filescent of the filesce				Contribute towards addressing the obesity enidemic through					1		We are into our third Strategy Eystems Network (roug (SNG) Meeting and between phase 3 (Impeding local system) and 4 jection mapping local systems) and 4 jection mapping local systems approach. We are progressing as planned key milestones for each quarter, 50 far we had collective understanding on perceived Social determinants causes of health involved in the collective and statistic physicians of the collective understanding on perceived social determinants causes of the collective understanding on perceived social determinants causes of the collective understanding on perceived social determinants causes of the collective understanding on perceived social determinants causes of the collective understanding on perceived social determinants causes of the collective understanding on perceived social determinants causes of the collective understanding on perceived social determinants causes of the collective understanding on perceived social determinants causes of the collective understanding on perceived social determinants causes of the collective understanding on perceived social determinants causes of the collective understanding on perceived social determinants causes of the collective understanding on perceived social determinants causes of the collective understanding on perceived social determinants causes of the collective understanding on perceived social determinants causes of the collective understanding on perceived social determinants causes of the collective understanding on perceived social determinants causes of the collective understanding on perceived social determinants causes of the collective understanding on perceived social determinants causes of the collective understanding on perceived social determinants causes of the collective understanding on the collective unders
Second Continue of Continue		health, illness, injury and		promotion of healthy food and nutrition, active travel, and place					1		neighbourhood food environment and taking feedback on relevant changes to be made to make healthier choices. We will be using partner or system feedback, communities feedback, evidence based actions based on research, Scotland's seven levers and Scottish Government Good Food Nation Plan to develop the
Response people healthy and specific process of the	Prevention	early death	PIH04	planning	34. Addressing Obesity	BAU	01/04/2024 31/03/2025	Green	Prevention	Tier 1 (Prevention)	Healthy Weight Aberdeen (FMA) Action pin. HMA actions will also be implemented as part of CIP.  In 2019/2003 15 the property of a delicity aberdeen (FMA) Action pin. HMA actions will also be implemented as part of CIP.  In 2019/2003 15 the property of a delicity aberdeen (FMA) Action will also be implemented as part of CIP.  In 2019/2003 15 the property of a delicity aberdeen (FMA) Actions will also be implemented as part of CIP.  In 2019/2003 15 the property of a delicity aberdeen (FMA) Actions will also be implemented as part of CIP.  In 2019/2003 15 the property of
Response people healthy and specific process of the									1		2019/2023 Local Outcome Improvement Plan project charters have been approved by Community Planning Abordeen to Producing the number of young popular ages and reducing the number of womens making in pregnance, Ap and of the Coll Project, discussions with community member have
recention    Part   Description   Search   Description   D		Keeping people healthy and		Contribute towards picotine correction asserts in Absorber City					1		highlighted situations where people who are pregnant are unaware of the cessation services in the community. There is a test of change within the Maternity Care pathway was delayed which will mean pregnant women who smoke will be referred to a Health Point member of staff to have a wider health and wellbeing
Prevention surface proper facility parts  Application for the Company of Section Section (Section Section Sect		health, illness, injury and		for example by scaping up Vaping Awareness work across all					1		Cost of Smoking tutor training have been delivered in Aberdeen and this was offered to all community planning partners with particular financial inclusion, employability and foodbank staff and volunteers.
The Williams of an improvementative MTS PRIVE Control to Search 1 and the goar of the same of the common of the same of the sa	Prevention	early death	PIH05	localities in the City	35. Nicotine Cessation	BAU	01/04/2024 31/03/2025	Green	-	Tier 1 (Prevention)	The partnership have supported the NHS Grampian Public Health team in paining promotion of No Smoking Day in March 2025. This is part of the principle page approach to require prevaience and aligns to NHS Grampian Public Health team in paining promotion of No Smoking Day in March 2025. This is part of the principle page approach to require prevaience and still part to NHS Grampian Tobacco Strategic Plan.  The Williablest Exercised and the Section Strategic Plan.
Resping people healthy and exception people healthy and exception to the following the manufacture of the people in 2023 in 1777 people in 2024.  The Willburg Farman beautiful people in the Community Appointment Day and make valuable connections to support the Community Appointment Day and make valuable connections to support the Community Appointment Day and make valuable connections to support the Community Appointment Day and make valuable connections to support the Community Appointment Day and make valuable connections to support the Community Appointment Day and make valuable connections to support the Community Appointment Day and make valuable connections to support the Community Appointment Day and make valuable connections to support the Community Appointment Day and make valuable connections the support of the Day of the Community Appointment Day and make valuable connections the support of the Day o									1		The Wellbeing Team in partnership with SHMU have begun a Women's Health initiative at Greyhope Bay Community Hub, it's a safe space for women to rest, relax & connect as well as taking part in activities.
Expring people healthy and available file in side of poor Procession. And the state of poor Procession. And									1		There has been an increase in participants at Committi Soup and Souries and at Greythope Bay. The Weilbeining Fear have applied for more funding with a view to increasing both to twice monthly.  The Multiliberal The conderval of the Committed Committee and a Greythope Bay. The Weilbeining Fear have applied for more funding with a view to increasing both to twice monthly.  The Multiliberal The conderval of the Committee Com
avoiding the risk of poor Inhabits. Horses, Light part of the Advisor Inha									1		The Wellbeing Team have been involved with the new Men's Shed in Rosemount.
Inspired from the proposite healthy good of good entitioning, and see		Keeping people healthy and		Continue to deliber our StreeWall Stree Connected					1		The development of the Aberdeen Bettinning Network continues and these have been some successful bids for funding to help with this.  The Booding with the Aberdeen Bettinning Network continues and these have been some successful bids for funding to help with this.  The Booding with the Aberdeen Bettinning Network continues and the have been some successful bids for funding to help with this.
Excepting people healthy and a closeling the risk of poor health. Items, repay and every people healthy and people healthy and people healthy and people health Transport Action Plan (HZP) part of the Medical Exception people health Transport Action Plan (HZP) part of the Medical Exception people health Transport Action Plan (HZP) per 2014-2025. This included Partnership scall biases goal in workshops, combining through HZP requirement Manager.  The Hard Ill improvement floor people healthy and avoiding the many formation people in August 2004. The number of projects per fourth year Central -12, North-17 and South -15. Health improvement Floor and value in Supporting CREC to sustain there Health and Diversity Network and recent to their existing 120 health Champions. Reling out training with RSP9 on Nature precipitors to Community Connector to support work at Clintory Cypey and Toweller as the origing register for the Support work at Clintory Cypey and Toweler as the origing register for the Support work at Clintory Cypey and Toweler as the origing register for the Support work at Clintory Cypey and Toweler as the origing register for the Support work at Clintory Cypey and Toweler as the origing recorded in August 2004. The number of projects per towards and security floor for the health and Objects by Partnerships and the receiving 120 health champions. Reling out training with RSP9 on Nature precipitors to Community Clintory Communi		health, illness, injury and		keep people healthy and in good wellbeing, and avoid the risk of					1		The LOIP improvement project on SWSC is on track to achieve the aim of increase participation in SWSC activities by 50% by the end of 2025. Regular participation in SWSC activity has increased from 660 people in 2023 to 1777 people in 2024.
avoiding the risk of poor family flower to combinate to combinate to combinate to the Health Transport Action Flan   Flank   F	Prevention	early death	PIH06a	social isolation, poor health, illness, injury and early death.	37. Deliver SWSC Social Isolation	BAU	01/04/2024 31/03/2025	Green	Future Sustainability	Tier 1 (Prevention)	Project updates will be reported regularly to the Respected, Included, and Supported Group and CPA Management Group.
avoiding the risk of poor family flower to combinate to combinate to combinate to the Health Transport Action Flan   Flank   F									1		
health, (loss, sup) and per dependence Local Transport Strangery (ALTS) of the Partnership Local Taking part in workshops, combining though HTMP meetings and reviewing the air discussment with the HTMP registered work done in the lated quastre was to combinate to the development of the new Health Transport Action Plan (HTMP programme Messager.  The Health Improvement register and section for the new Health Transport Action Plan (HTMP programme Messager.)  The Health Improvement register and section for the new Health Transport Action Plan (HTMP programme Messager.)  The Health Improvement register and section for the new Health Transport Action Plan (HTMP programme Messager.)  The Health Improvement register and section for the new Health Transport Action Plan (HTMP programme Messager.)  The Health Improvement register and section for the new Health Transport Action Plan (HTMP programme Messager.)  The Health Improvement register and section for the new Health Transport Action Plan (HTMP programme Messager.)  The Health Improvement register and section for the new Health Transport Action Plan (HTMP programme Messager.)  The Health Improvement register and section for the new Health Transport Action Plan (HTMP programme Messager.)  The Health Improvement register and section for the new Health Transport Action Plan (HTMP programme Messager.)  The Health Improvement register and section for the new Health Transport Action Plan (HTMP programme Messager.)  The Health Improvement register and section for the new Health Transport Action Plan (HTMP programme Messager.)  The Health Improvement register and section for the new Health Transport Action Plan (HTMP programme Messager.)  The Health Improvement register and section for the new Health Transport Action Plan (HTMP programme Messager.)  The Health Transport Action Plan (HTMP programm				Continue to contribute to the Ur-14-7							
Prevention and yoldah PRIST encouraging suchanables and active travel. 32. Contribute to Time operation and a supplementary of the large quarter was to contribute to the development of the new leaful Transport. Action Plan   Prevention   The Impression of the large quarter was to contribute to the development of the new leaful Transport. Action Plan   Intelligence of the large quarter was to contribute to the development of the new leaful Transport. Action Plan   Intelligence of the large quarter was to contribute to the development of the new leaful Transport. Action Plan   Intelligence of the large quarter was to contribute to the development of the new leaful Transport. Action Plan   Intelligence of the large quarter was to contribute to the development of the new leaful Transport. Action Plan   Intelligence of the large quarter was to contribute to the development of the new leaful Transport. Action Plan   Intelligence of the large quarter was to contribute to the development of the new leaful Transport. Action Plan   Intelligence of the large quarter was to contribute to the large quarter		avoruning the risk of poor health, illness, injury and		(HTAP) and the Aberdeen Local Transport Strategy (ALTS)					1		
Keeping people healthy and Javading Plans. Particular highlights include; Supporting GREC to sustain their Health and Diversity Plans and wellbeing. health, literacy, purply and the prescriptions to Community Liter Practitioners. Community Connector to support work at Clinton's Cypsy and Taveller site to engage regarding health and wellbeing. health, literacy, purply and the prescriptions to Community Liter Practitioners. Community Connector to support work at Clinton's Cypsy and Taveller site to engage regarding health and wellbeing. health, literacy, purply and the prescriptions to Community Connector to support work at Clinton's Cypsy and Taveller site to engage regarding health and wellbeing. health, literacy and the prescriptions to Community Liter Practitioners. Community Connector to support work at Clinton's Cypsy and Taveller site to engage regarding health and wellbeing. health, literacy and the prescriptions to Community Liter Practitioners. Community Connector to support work at Clinton's Cypsy and Taveller site to engage regarding health and wellbeing. health literacy and the prescriptions to Community Liter Practitioners. Community Connector to support work at Clinton's Cypsy and Taveller site to engage regarding health and wellbeing. health literacy and the prescriptions to Community Liter Practitioners. Community Liter Practit	Prevention	early death	PIH07	encouraging sustainable and active travel.	38. Contribute to Transport	BAU	01/04/2024 31/03/2025	5 Green	Prevention	Tier 1 (Prevention)	The key piece of work done in the last quarter was to contribute to the development of the new Health Transport Action Plan (HTAP) for 2024-2020. This included Partnership staff taking part in workshops, combibuting through HTAP meetings and reviewing the draft document with the HTAP Programme Manager.
avoiding the risk of poor   Contribute towards studied towards									1		The Health Improvement fund process has been fully spent for 2004 25. The Localities Health Improvement opened in August 2004. The number of projects per locality are Central - 12, North - 17 and South - 15. Health Improvement Fund community projects will help the Partnership to deliver community priorities within all three or
health, litters, injury and through delivery of the Health Improvement Fund and sider		Keeping people healthy and							1		our Locality Plans. Purticular highlights include:
									1		pappersing uncu- us season unen measur an unverneusly Network and recruit to timer existing 110 nearm cnampons. Housing out training with ker's on nature prescriptions to Community Link Practitioners. Community Connector to support work at Clinterly Gypsy and Traveller site to engage regarding health and wellbeing.
Testinosis Testi design Testi design Testinosis Services and communication and commu	Prevention	early death	PIH09	collaboration with community planning partners.	88. Tackling Health inequalities	BAU	01/04/2024 31/03/2025	Green	1	Tier 1 (Prevention)	The Partnership will contribute towards delivery of NHS Grampian's Syear Health Equity Plan for communities within Aberdeen City, One example is supporting Local Outcome improvement Projects which relate to improving uptake of cancer screenings in Aberdeen

											Following the Health Issues in the Community (HIC) state course at Middlefeloid in Next 2004, a number of a claren have been taken flowward. Litter picking around Middlefeloid from the wider community has been organised as a weekly event, with support and involvement from Keep Bildlain Toly, Eight week Deal Amenones classes in one Topogo and Middlefeloid from the wider community has been organised as a weekly event, with support and involvement from Keep Bildlain Toly, Eight week Deal Amenones classes in one Topogo and Middlefeloid from the wider community has been organised as a weekly event, with support and involvement from Keep Bildlain Toly, Eight week Deal Amenones classes in one Topogo and Middlefeloid from the wider community has been organised as a weekly event, with support and involvement from Keep Bildlain Toly, Eight week Deal Amenones classes in one Topogo and Middlefeloid from the wider community has been organised as a weekly event, with support and involvement from Keep Bildlain Toly, Eight week Deal Amenones classes in our Eight week Deal Amenones clas
											Community involvement in the consultation process for the revisions/AberdeenCity/Council and AberdeenCity/Council and Abe
											Next steps and building capacity Evaluate the course outcomes and collaborated data with follow one evaluations affect three and is in months. Feedback and support to local and Gramman-widel HIChutor retworks.
											Following three HIIC pilots, four community projects have been set up addressing poverly, littering, deaf awareness and community leaflet raising issues on crime and homeless support.
	Keeping people healthy and										Representatives from 11 services and organisations have completed HIIC tutor training during 2024, including Community Learning and Development, Pathways, Middlefield Community Project, and The Wood Foundation.
	avoiding the risk of poor		Work on a system-wide basis to increase community and								The Communities Team will we be supporting 21 tutors who are delivering HIIC courses within all three locally areas across Aberdeen City.
Prevention	health, illness, injury and early death	PIH10	professional capacity through community led development approaches such as Health Issues in the Community	Approaches	pment BAU	01/04/202	4 31/03/2025	5 Green		Tier 1 (Prevention)	One HIVE Course being delivered in Sumphank which supports (JDF project.)  White Design generate on Sumphank Which supports (JDF project.)  White Design generate on Sumphank White Supports (SDF project.)  SUMPHAN S
											Strating dides have glamed 20th Feb. 12m Murch and 27m Murch, however three was limited uplate for the first 2 date, there for they had to be cancelled. the 27th Murch 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, funding how the Best start in the goognous assports the reas and delivery.
	Keeping people healthy and										
	avoiding the risk of poor health, illness, injury and		Scale up the Healthier Families PEEP programme to support a								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 (toofkit and training) arising from the original Peep Healthier families Flot.
Prevention	early death	PIH11	whole family approach to health and wellbeing.	90. Scale up PEEP	BAU	01/04/202	4 31/03/2025	Green		Tier 1 (Prevention)	There have been initial discussions around developing and testing Healthier Families Baby Peop 4 week programme to support with earlier key messaging.
	Keeping people healthy and		Work with NHSG Public Health Directorate and alongside other								
	avoiding the risk of poor health, illness, injury and		Grampian Health and Social Care Partnerships to explore the development of a public mental health approach for Aberdeen	91. Public Mental Health							The Partnership are supporting NHS Gramplain's Public Health Directorate to develop and implement a Public Mental Health Agencech in Aberdeen City, Public mental health involves a population approach to mental health, and includes treatment of mental disorder, prevention of associated impacts, prevention of amount and includes treatment of mental disorder.
Prevention	early death	PIH12	City	Approach	BAU	01/04/202	4 31/03/2025	Green		Tier 1 (Prevention)	and promotion of mental well-being, including for those people recovering from mental disorder. The Communities Team are working closely with the Public Health Consultant for Aberdeen City on the development of a Public Mental Health Approach.
	Keeping people healthy and avoiding the risk of poor		Work alongside the Children's Services Board (CSB) on								
	health, illness, injury and		prevention and early intervention particularly in reducing local	92. Reduce local variations	in						
Prevention	early death	PIH13	variations in health factors	health factors	BAU	01/07/202	4 31/03/2025	5 Green		Tier 1 (Prevention)	Work stands or identifying health outcomes within Children Service Plans (EPS) projects. Einhauricing baseline data as part of the reforused Population for International Plans (EPS) projects (Einhauricing baseline data as part of the reforused Population for International Plans (EPS) projects (Einhauricing baseline data as part of the reforused Population for International Plans (EPS) projects (Einhauricing baseline data as part of the reforused Population for International Plans (EPS) projects (Einhauricing baseline data as part of the reforused Population for International Plans (EPS) projects (Einhauricing baseline data as part of the reforused Population for International Plans (EPS) projects (EINhauricing baseline data as part of the reforused Population for International Plans (EINhauricing Baseline data as part of the reforused Population for International Plans (EINhauricing Baseline data as part of the reforused Population for International Plans (EINhauricing Baseline data as part of the reforused Population for International Plans (EINhauricing Baseline data as part of the reforused Population for International Plans (EINhauricing Baseline data as part of the reforused Population for International Plans (EINhauricing Baseline data as part of the reforused Population for International Plans (EINhauricing Baseline data as part of the reforused Population for International Plans (EINhauricing Baseline data as part of the reforused Population for International Plans (EINhauricing Baseline data as part of the reforused Population for International Plans (EINhauricing Baseline data as part of the reforused Population for International Plans (EINhauricing Baseline data as part of the reforused Population for International Plans (EINhauricing Baseline data as part of the reforused Population for International Plans (EINhauricing Baseline data as part of the reforused Population for International Plans (EINhauricing Baseline data as part of the Population for International Plans (EINhauricing Baseline data as
											CTAC - practice-based service fully delivered within the limitations of the funding; clinic-based service now operating from sites (Bidge of Don, Inversifie Rad, College Street, Northfield, Health Village, Airyhall, Kincorth, and the City Vaccination Centre) across the city. A new hub will be opening at Countesswells and this has now
							1				been completed in terms of occupancy. A plans is progressing for CRG to success the space they were allocated in Cadein Medical Packice and move to the Health Village as an alternative permisses in the city centre and the move than is taken place. Also as part of this move College Street will no longer deliver CTAC or childhood vaccinations. This conditions make have delivered deliberation and the succession of the condition of
											Vaccinations (VTP-fully delivened. A second point has been opened at the CITy Vaccination Centre during the summer months and gives capacity for on the day appointments. Providing cross cover with the CTAC staff to deliver \$12\$ injection at the VTP Wellbeing (but.) This is an option for patients and frees up-capacity in the gradients for times for changing the participant.
				1						1	Pharmacotherapy - roll out of the service is almost at full capacity, as outlined in our agreed service model of 1 WIE to 10,000 patients. It is recognised this model is insufficient to deliver the full commitments of the Pharmacotherapy service outlined in the MoUZ, and the service model required to deliver is much higher with
	Identify strategy and actions to improve Primary Care			1						1	estimation closer to 2.5 WTE per 5,000. However, currently there is no national agreement on this.
	services and ensure future		Deliver the strategic intent for the Primary Care Improvement								
Primary Care	sustainability.	CT15	Plan (PCIP)	40. Deliver PCIP	FTP		31/03/2025	Green		Tier 1 (Prevention)	The PCIP is included in the GP Visioning Programme which is currently being delivered across NHS Grampian in terms of revising the delivery of the plan. A project sub group has been set up to review the PCIP's across Grampian.
							1				
	Identify strategy and actions to improve Primary Care						1				
	services and ensure future		Deliver City actions in relation to the Grampian vision for Primary	,							The GP Vision implementation programme is ongoing, A report on the progress of the board was taken to all 3 UBs in late January / early February 2025. the report highlighted the progress, risks and resources. A reflect and refresh workshop was held on 5th March to review priorities against resource. The output of this will be taken to
Primary Care	sustainability.	CT18	Care	41. Deliver Vision for PC	FTP		31/03/2025	Green		Tier 1 (Prevention)	the programme board on 16th April. There are currently no risks to escalate
	Identify strategy and actions to improve Primary Care										Grampian wide prescribing efficiency group working on multiple strands of cost saving activity, Communication initiatives to public, prescribes and integrated joint Board's (UB's.) Prescribing data sharing and benchmarking, 2 spend to save projects underway in primary care. Multiple targeted cost saving projects underway.
	services and ensure future		Develop and implement appropriate initiatives to mitigate								Ongoing Grampian wide meetings, working through prescribing efficiencies booklet. Presentations being given to prescribers (including non medical prescribers). Mistletoe prescribing SBAR approved by SLT.
Primary Care	sustainability.	CT19	increase in prescription costs.	93. Prescription Costs	BAU		31/03/2029	5 Green		Tier 3 (Response)	Roll out of pharmacy technician and pharmacist support to target prescribing efficiencies on behalf of practices has begun.
	Enhancing the role of Social										
	Work in playing a guiding role in the promotion of										Redesigning Add Social Work - The project saw the creation of the Add Protection Social Work Team, transformation of the Hospital Social Work team into Julgend wards to ensure timely dischages, the formal creation of a case home team, social case review team and the alignment of social care teams into localities. This along
	personalised options for		Undertake evaluation of redesign work to date ensuring this links to latest service developments particularly in relation to								Reducisging Adult Social Work: The project saw the creation of the Adult Protection Social Work Team, transformation of the Hospital Social Work to ensure timely discharges, the formal creation of a case home team, social care review team and the alignment of social care team into localities. This shorp with reducing of the ensemble among creating point under the company and the alignment of social care team into localities. This shorp with reducing of the ensemble among creating point under the order of the adult in the contract of the adult in the contract point of the adult in social care, turburs of the adult in the a
Redesigning Adult Social Work	care and support.	CT01	use of digital.  Develop a discussion paper to inform a strategic planning	42. Redesigning Adult Socia	I Work BAU		27/12/2024	4 Y - Complete	N/A Future Sustainability	Tier 3 (Response)	opportunities alongside enablement.
			framework for the strategic review of rehabilitation across								
			Grampian which will include Specialist Rehabilitation Services hosted by Aberdeen City IJB. 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								
	Undertake a strategic review		community requirements in line with national guidance								
	of rehabilitation services across Grampian to identify		including SG Progressive Stroke Pathway, SG Neurological Standards and Scottish Trauma Network Major Trauma minimal	43. Strategic Planning Fram	ework						Clear programme plan in place outlining key areas of work within the strategic rehabilitation review. Signific ant progress towards implementation of rehabilitation in dr. Amputee Rehabilitation work has commenced. Wheelch air service prioritising review of Service Level Agreements with other board areas. Neurorehabilitation of the commenced of
Rehabilitation Review	new delivery models.	KPS01	requirements guidance.	for Review Rehab	FTP		31/03/2025	Green	N/A Future Sustainability	Tier 3 (Response)	paper completed with agreement made by Chief Officer - consultation ongoing with Moray & Shire CO's
	Undertake a strategic review										
	of rehabilitation services										
Rehabilitation Review	across Grampian to identify new delivery models.	KPS07	Implement the outcome of the strategic review of the Neuro Rehabilitation Pathway	44. Implement Strategic Rev Neuro-Rehab	view		31/03/2029	Ambar	N/A Future Sustainability	Tier 3 (Response)	The BRAG status for this project is Amber as there are outstanding decisions relating to the continued implementation of Phase 1, following delays to recruitment and a request to review the need for the additionality. A paper has been drafted, reviewed and resubmitted to the Chief Office(s) for consideration.
TOLING DELIVERY	new delivery models.	KI DO7	The industrial survey	NEGIO-IEINO	- 1		52703202.	Periodi	TOOL SEMINARY	nei S(nesponse)	THE DEPTH OF THE PROPERTY OF T
							1				
	Undertake a strategic review										
	of rehabilitation services across Grampian to identify		Review of Hosted Wheelchair Service model and processes to				1				Project This commence of with light fount support from programme manager and local training. All conclosion has been made on the flavorability pressure based by the support Family continues to ment to develop project pital and associated project management documents. Regular meetings being belief with Deportation of the sub-top support pital project post of project Family continues for ment to develop project pital and associated project management documents. Regular meetings being belief with Deportation of the sub-top support pital project post project. Force currently 6.00 project Family providers (SEA with the project family
Rehabilitation Review	new delivery models.	KPS34	identify any areas where efficiency could be achieved.	94. Review of Wheelchair Se	ervice FTP		31/03/2025	5 Green	N/A Future Sustainability	Tier 3 (Response)	region in mercangs using sector with top-decided activation and applications from the contract of the contract
							1				
	Ensuring the conditions are										
	in place to maintain our resilience as an		Develop proactive, repeated and consistent communications to	l .			1				This project is on track. The ACHSCP's Comms Trustees Group continues to meet on a morthly basis. A Comms Plan/timetable for 2025/26 will be distribed and submitted to St. Twith regular comms issued in support of the events in the Comms Plan. The Comms Advisor continues to manage all Pleas enquiries and works closely with
Resilience	organisation.	SE15	keep communities informed	46. Community Communica	ations BAU		31/03/2029	Green	N/A Future Sustainability	Tier 2 (Early Intervention)	the Chief Officer and others in St.T and ACC and NH5G to manage the external comms issued.
							1				
	Ensuring the conditions are in place to maintain our						1				The original ask anound exploring any conflict of interest between ACHSCPP Business and Resilience Lead being the chair of the Gampian Care for People Group and the postholder being a Senior Manager (in Call has been discussed by the Gampian Local resilience Patriership who have agreed to include a standing term on all
	resilience as an										response agendas to establish if a Grampian Carre for People Group is needed to be established, and if so then if the postholder is SMOC at that give time then an alternative Chair for the Grampian care For People Group will be found. The LRP has tried and tested this in response mode and it was well received. The City's Care For
Resilience	organisation.	SE23	Review Care for People arrangements	47. Care for People	BAU		31/08/2024	Z - Closed	N/A Statutory Requirement	Tier 3 (Response)	People Plan is reviewed on an annual basis. No further action the project is now closed
							1				
	Ensuring the conditions are in place to maintain our										
	resilience as an		Create and adopt a Generic Emergency Plan to reflect Aberdeer	1							
Resilience	organisation.	SE25	city IJB's Cat 1 Responder responsibilities	49. Cat 1 Responder	BAU	-	31/10/2024	Y - Complete	N/A Statutory Requirement	Tier 2 (Early Intervention)	As Timesgeny Activation Plans was taken to RAP Cittle in December 2024 where it was approved. It is planned to arrange training for the SMOC's on the Plan at the earliest opportunity (this will include exercising the Plan).  Update report was presented to Bill its Spetime 2 and Edition Service Committee in subarrow Service.
							1				
	Ensuring the conditions are						1				The Parliament's Health, Social Care and Sport Committee initiated formal Stage 2 amendment considerations for NCS on 25 February 2025. The committee agreed to remove Part 1 of the NCSB III relating to legislative structural change.
	in place to maintain our										The Committee is expected to further consider Stage 2 in March 2025.
Resilience	resilience as an organisation.	SE26	Preparing for and managing the transition to a National Care Service (NCS) through the Aberdeen City NCS Programme Board	50. NCS	BAU		31/03/2029	Green	N/A Statutory Requirement	Tier 2 (Early Intervention)	Further report to 189 planned following Stage 2 of the parliamentary process.
			, , ,						, , , , , , , , , , , , , , , , , , , ,		
	Ensuring the conditions are						1				
	in place to maintain our		L			1	1				
	in place to manifam our										
Resilience	resilience as an organisation.	SE35	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	5 Green		Tier 3 (Response)	ACC Budget Setting meeting approved new charges for 25 26 for the Contributing to Your Care Policy, Supporting IM submitted to and approved at UB budget meeting 18.03.25, Implementation plans prepared.

Social Care Pathways	Undertake a strategic review of specific social care pathways utilizing the GIRFE mutit-agency approach where nelevant and develop an implementation plan for improving accessibility and coordination.	CT02	Progress a number of priority firsts of change to divelle a preventable and present seal and place and expenses and preventable and place and preventable and place and preventable and place and pl	FIP	01/07/2023	2 31/03/2025	Green	N/A	Statutory Requirement	Tier 1 (Prevention)	Further meeting with Mony and Digital Health & Care Innovation held which demonstrated how the work trey are duing sligns with our PFC visco. However, to join the work with Menny and DHI would incur considerable investment.  Our the past month, agenticated grappers has been media in value and the contract clinication. The Description of Contract in the production of the past in value description on a contract community process and carry cut workshops to address challenges and priorities opportunities. The Mash appears than been attended which most that has been contracted in mining and production and advantages and priorities opportunities. The Mash appears that the production of the past in the contract in the past and priorities opportunities. When the past in the production of the past in the contracting when the production of the past in the contracting when the past in the pas
											Improvement to recording by NHS Grampian staff of Adulf Support and Protection (ASP) activity — COMPLETE. Training curriculum has been amended and a specific Practice Note issued to patient Asizing staff.
											*investigations taking too long, and case conferences taking place when needed - COMPLITE. Marked improvement seen – investigations being being the imposition of case conferences and reviews taking place – audit work is being progressed to provide assurance about this.
											*Chronologies & Protection Financia, *Vertical Paractics Guidance or most effective use of 1555 and Chronologies is being developed (being progressed, A planted improvement plan for improving use of Chronologies is see noticed by Adult Protection Committee in lane 2004. Practice Guidance and related approach to basing is, one being developed, including register in the 1555, Practice Development Groups set up an internet internet in the 2004. Practice Guidance and related approach to basing its own and the planted internet intern
	Undertake a strategic review										
	of specific social care pathways utilising the GIRFE										Access to Advacacy — Significant improvement in relation to offer of and take up of advacacy. Being embedded into DBG throughout the process. Key data added in to the dataset which goes to the Adult Protection Committee. Continuing tip monitor and feed into the APC.
	multi-agency approach where relevant and develop										*Mail Agency Evaluation & It involvement of staff in improvement work. Counted Officer Support Groups are taking face and effective — including consideration of interval inte
	an implementation plan for improving accessibility and		Implement the recommendations from the June 22 Adult 53. ASP Recommendations								
Social Care Pathways	coordination.	CT04	Support and Protection inspection Implementation	BAU	05/04/2024	4 31/03/2025	Y - Complete	N/A	Statutory Requirement	Tier 3 (Response)	Given the implementation of inspection recommendations and the origining improvement plan that sits under the ASP stategy, this project no longer required.
											EW has representation across the majority of the LOIP 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 improving the number of Exit Questionnaires completed by individuals who have successfully completed a Community Psylack
											Order. The Residuack from surveys is actively taken into account to inform improvement.  The service continues to proper the Ferromenee Anangment Bload and Best Practice. Or Group, which overses service effectiveness and drives forward improvement. The identification of autuable premises for the Unpaid Work team continues. The service continues to be provided within the temporary arrangements in place.
	Undertake a strategic review of specific social care										Substance use awareness sessions are being provided for staff, almed at increasing knowledge, and consequently the effect liveness of support that can be effered to clients.
	pathways utilising the GIRFE										We continue to see 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
	multi-agency approach where relevant and develop										overment funding is producted based on the data return and the service is staffed appropriately. Numbers devented from prosecution by the Procurator Fiscal also continue to increase, with Aberdeen baving the highest proprious of cases communication in Contained for 2021-24.  Herebur to the Young Assess of trong process with proceed by the Procurator (and public process) (and public pr
	an implementation plan for improving accessibility and										or domestic effectives. Justice Social Work will collaborate with IMPS and other relevant services to ensure that those transitioning from prison to the community have access to housing, healthcare, fisancial support, as necessary.  The JMW service behavior plans in the process or being referent, or consocial with the refresh or the FGD Strategy Plans.  The JMW service behavior plans in the process or being referent, or consocial with the refresh or the FGD Strategy Plans.  The JMW service behavior plans in the process or being referent, or consocial with the refresh or the FGD Strategy Plans.
Social Care Pathways	coordination.	CT05	Deliver the Justice Social Work Delivery Plan 54. Deliver JSW Plan	BAU	-	31/03/2025	Y - Complete	N/A	Statutory Requirement	Tier 3 (Response)	31/01/25. Work has started on new delivery plan for Justice. Oliven that this is engoing strategic direction of justice social work, this project is complete.
	Undertake a strategic review										
	of specific social care pathways utilising the GIRFE										The collection of payment continues for the range of services to schedul in the first stages of the project—housing support services provided by Grantle CRIF Consortium, meab and associated chargeable services at Craiglies, Kingswood Court and Lord Hay's Court.  An appeals process and the associated contentation for chargings have been completed and it loss implementation.  An appeals process and the associated contentation for chargings have been completed and it loss implementation.  An appeals process and the associated contentation for chargings have been completed and its loss implementation.
	multi-agency approach where relevant and develop										Changes are now being issued and collected for residents at Wernham House.
	an implementation plan for										Yook is currently being understated so implement appropriate London (in Landon (in Lando
Social Care Pathways	improving accessibility and coordination.	CT20	Review of social care charging policy and procedures and robust implementation with a view of maximising income 96. Social Care Charging	FTP	05/04/2024	4 31/03/2026	Green	1,500,000	Budget Saving	Tier 3 (Response)	Wook is currently being undertaken to start changing people in in-house residential establishments for housing support.  Additivery plan for investing social care underplay to 2005/26 is in foreign for in-house residential establishments for housing support.  Additivery plan for investing social care underplay to 2005/26 is in foreign foreign foreign foreign for in-house residential establishments for consideration by the March Integrated Impact Assessment (IML) covering the increased changes and delivery plan has been submitted for consideration by the March Integration Joint Board (IB).
	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		Streamline processes and pathways for older adults social care								
Social Care Pathways	coordination.	CT21	in a hospital context. 97. Hospital Discharge Pathway	FTP	01/04/2024	4 31/03/2025	Y - Complete	N/A	Statutory Requirement	Tier 3 (Response)	Project complete. First 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.	C122	Develop an overview of the Partnership's Dischage to Assess and approach to Front Institute of the Partnership's Dischage to Assess and approach to Front Institute of the Partnership o	FIP	01/04/2024	4 31/03/2025	Green	N/A	Statutory Requirement	Tier 2 (Early Intervention)	Weekly project meetings-formal spudders ongoing All members regaged-with in the process. Duly operational meetings dropped to Mon-Weld Fri occeptioning best use of staff time.  Way small, but shaping requests for referrals coming through. Data being gathered on referrals that are not able to be progressed.
Social Care I acimiya	Coordination	0122	and any down una metal toods.		02/04/2024	9 52 65 2 62 5	Oreen	NA.	Districtly resignations.	That 2 (Carry Intervention)	The particular section of the sectio
Social Care Pathways	Undertake a strategic review of specific social care pathways utilising the GIRFE mutil-agency approach where relevant and develop an implementation plan for improving accessibility and coordination.	SE07	Sect to capand the use of Technology Enabled Care (TEC) Troughout Aborison.  38. Expanded Use TEC	BAU	01/04/2022	2 31/03/2025	Green			Tier 2 (Early Intervention)	Description of EC. Leaf framening was colored as the EC cappoint after an optional population process. The busing model has been appead, with the Richardsoff Enterprise of Enterprise and EC cappoint and the color business are presented by the EC cappoint and the color business are presented by the EC cappoint and the color business are presented by the EC cappoint and the EC cappoint
	Develop and implement local strategies to ensure		Deliver on our Equality Outcomes and Mainstreaming Framework, report on our progress to both the IJB and the Risk,								Equality Outcomes and Multinsteaming Framework (EOMF) is a standing item on Equality and Human Rights (EHR) group agends, a number of areas being progressed including the development of the DiversCity Officers Network and review of the partnership's Equality and Human Rights internal and external webpages. Following
Strategy	alignment with national and regional agendas.	AFHL01	Audit and Performance Committee and plan to revise the EOMF in advance of the 2025 deadline. 55. Deliver EOM Framework	BAU	01/03/2024	4 31/03/2025	Green	N/A	Statutory Requirement	Tier 2 (Early Intervention)	where of or updated process and payment the Equality and Hamma Rights Commission, Kedandhas cited & Apretion Procedure and Collabore for Commission Engineering Commission and Hamma Rights Commission, Kedandhas cited & Apretion Chipvice in a Good Practice document that has been cruciated to all Health and Scoal Care Partnerships (1957) a cross Scotland. The Annual progress report of ICMF, Assessing our Impact Procedure and Collabore for Commission Engineering Equalities and Hamma Rights cade in the New Scotland. The Annual progress report of ICMF, Assessing our Impact Procedure and Collabore for Commission Engineering Equalities and Hamma Rights cade in the New Scotland. The Annual progress report of ICMF, Assessing our Impact Procedure and Collabore for Commission Engineering Commission and Hamma Rights Commission, Kedandhas cited & Apretion Engineering Commission and Commission
	Develop and implement local strategies to ensure		Undertake and publish Impact Assessments, where relevant, for major service change, in conjunction with people and								updated Registered integers Assessments (ER), which now include the Consume Data yand same of Excess Data, have been in place cancer by 2024-and are the provinces of the Consume Data yand same of Excess Data, have been in place cancer by 2024-and are the provinces of the Consumer Data yand same of the Consume
	alignment with national and		communities with the relevant protected characteristics								asked for IIAs to be produced for each option, and DCOs have seen a
Strategy	regional agendas.	AFHL02	ensuring that the requirements of the UNCRC are incorporated. 56. Publish IAs	BAU	01/03/2024	4 31/03/2025	Green	N/A	Statutory Requirement	Tier 2 (Early Intervention)	agnificant increase of lifeb being darlised. All stage 2 life will continue to be published on our website. Good practice examples to be highlighted in the EOPE, Assessing our impact and Guidance of Community Engagement, Human Rights and Equalities paper to IBI in Ney 2005.
	Develop and implement		Embed consideration of the impact of climate change in health								
	local strategies to ensure alignment with national and		and social care planning and in business continuity arrangements aiming to reduce our carbon footorint and deliver								This consists has an amber BRMG status because SLT have arresed that the Climate Channes work should be slowed in the short term as out of recent discussions regarding creative capacity within the Deliver Plan to support budget savier inflatives.
Strategy	alignment with national and regional agendas.	AFHL04	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 ambier BBAG Status because IR Thave agreed that the Climate No. 10 has been been been should be a slowed in the short ferm and office of the Climate No. 10 has been been been should be a slowed in the short ferm and office offi
						1					
	Develop and implement local strategies to ensure										The Caren Stuteer innolementation Group (CSG) is notinues to meet bit monthly. The Annual report for coveres a land-4 - also 26 has last been accoved at the February 2005 (IB Medical, There was a development seasion for CSG) in December, quilling together all stateholder and improvement Princet Usdate's to support the
	alignment with national and		Monitor and evaluate the impact of the Carers Strategy on an 58. Monitor and Evaluate Carers								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 Carees 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
Strategy	regional agendas.	CT17	ongoing basis factoring in early preparations for the next revision Strategy	BAU	01/03/2024	4 31/03/2026	Green	N/A	Statutory Requirement	Tier 2 (Early Intervention)	outcome of collaborative commissioning process as well as the lessons learned, now looking forward to the implementation of new contracts starting in April 2025.
	Develop and implement										
	local strategies to ensure alignment with national and		Develop the revised Strategic Plan for 2025 - 2028 taking comissionice of the strategic context, resources available and								statis Engineent feedback has been collected and the Dath Strategic Fast, with Editoria Drossaries, and Consultation Fasts are descripted features, then his one been a resentative to consider the fraction pressures and obsequent impact on our future gloring commitment to consultation filters are descripted features. There has been been an expectation for the strategic features and obsequent impact on the feature gloring features. The strategic feature features feature features feature
Strategy	regional agendas.	CT23	cogniscance of the strategic context, resources available and views of stakeholders. 99. Revised Strategic Plan	BAU	01/03/2024	4 31/03/2025	Green	N/A	Statutory Requirement	Tier 2 (Early Intervention)	plan and the ACHSCP IB Strategic Plan. This will help reduce the feeling of engagement fatigue within Communities and a joint approach to support partner strategies and intertinking themes.
				1		1					Wooding medican Hatthess and golds a hand at improving the world being of citizens and stamles.  Advancing Neglects Relearable: International pressure in International Security (Press of the International Centre will plans for a third block due to positive feedback.  Page Programmes: There has been a poof exposing pressure form purents who would called the bar Peop trained and cell differenties the Sold being and continued. From the International Centre will have increased as 35% more families attending. There is ongoing work to develop a
				1							hap Pigrammer. There has been a poord reported in the last quarter with an increase of 35% more families attending. There is ongoing most to develop a Rapitorie Person Consentant in the hands (as of all the second of the last quarter with an increase of 35% more families attending. There is ongoing most to develop a Rapitorie Person Consentant in the hands (as of all the second of the last quarter with an increase of 35% more families attending. There is ongoing most to develop a Rapitorie Person Consentant in the hands (as of all the second of the last quarter with an increase of 35% more families attending. There is ongoing most to develop a Rapitorie Person Consentant in the hands (as of the last quarter with an increase of 35% more families attending. There is ongoing most to develop a Rapitorie Person Consentant in the hands (as of the last quarter with an increase of 35% more families attending. There is ongoing most to develop a Rapitorie Person Consentant in the hands (as of the last quarter with an increase of 35% more families attending. The increase of 35% more families attending to t
											Domestic Abuse Support: A Community Nursery Nurse has been identified to assist with delivering a programme for those moving on from domestic abuse.
1	Develop and implement										Detail All-All: Childrenig Healthire Tenilles - there is a colorat all fullow and it is hoped to deliver this at either Greyfringe or Deside. There is a large Nigerian contengent in Tony and a Childrenile worker who is Nigerian has been inhed in to offer advice and support around dental care as they are cold then aware of the care they are criticated to when present and a childrenile worker who is Nigerian has been inhed in to offer advice and support around dental care as they are criticated to when present and a childrenile worker who is Nigerian has been inhed in to offer advice and support around dental care as they are critical to when present and a childrenile worker who is Nigerian has been inhed in to offer advice and support around dental care as they are critical to when present and a childrenile worker who is Nigerian has been inhed in to offer advice and support around dental care as they are critical to when present and a childrenile worker who is Nigerian has been inhed in to offer advice and support around dental care as they are critical to whom present a childrenile worker who is Nigerian has been inhed in to offer advice and support around dental care as they are critical to whom present a childrenile worker who is Nigerian has been inhed in to offer advice and support around dental care as they are critical to a childrenile worker who is nigerial.
				1	1	1				1	Financial Spapert is suse with the Entity Years Financial Inclusion, no referrads have been received. Pulling together everyone to revisit. There is an alternative that can also deliver all round support for health issues, finance e.e., that can give us the data we really need but means a new way of our HHS staff referring into the NHS Healthoost. Third is a literal analoused but the literal analouse of the staff referring into the NHS Healthoost. Third is a literal analouse of the literal analouse of the literal analouse of the literal analouse. Third is a literal analouse of the literal analouse o
	local strategies to ensure alignment with national and		Revisit ACHSCP contributions to early years and school health								

							_				
	Develop and implement										
	local strategies to ensure										
	alignment with national and		Deliver relevant recommendations from the Hosted Services								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
Strategy	regional agendas.	CT25	Internal Audit	101. Hosted Services Audit	BAU	31/03/	2025 Green	N/A	Future Sustainability	Tier 3 (Response)	deadine.
											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 5th December 2024, and had a focus on Staff Health and Weilbeing and future planning (Strategic Plan Refresh) and showcasing mutitisis plinnary teams and innovative working. Data reports are now through to
	Develop and implement our		Deliver the relevant actions on each of the three Workstream								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 25 March 2025 Commissioning Academy
	Workforce Plan										event.
Workforce	Workforce Plan	SEU1	Action Plans supporting the Workforce Plan.	60. Develop Workforce Plan	BAU U1	1/03/2024 31/03/	2025 Green			Her 2 (Early Intervention)	Subject to completion of Strategic Plan , a refreshed workforce plan will be produced in second half of 2025.
	Develop and implement our		Pledge support for Volunteer Scotland's Volunteer Charter and								
Workforce	Workforce Plan	SE02	identify and Volunteer Champion for ACHSCP	Champion	BAU	31/03/	2025 Amber			Tier 2 (Early Intervention)	Still working with NHSG working group to agree protocols for volunteer use
	Develop and implement our		Continue to support initiatives supporting staff health and								Very high absence levels a cross Grampian 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
Workforce	Workforce Plan	SE03	wellbeing	62. Staff Health & Wellbeing	BAU	31/03/	2025 Green			Tier 2 (Early Intervention)	to ensure good slickness management, return to work policies and staff attendance at various support opportunities available will continue through Q4.
				l						l	
	Develop and implement our										
Workforce	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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2022 Q3 2023 Q1 2023 Q3 2024 Q1 2024 Q3

31/03

29/06

18/09

19/12

28/03

27/06

		DEFIN	ITIONS		
METRICS	USED	This is taken from DATIV as all falls listed and as the ADOLTY.	Primary Care	CTAC calls and attendance	Provided by ACHSCP. Community Treatment and Care services appointments booked and attended. Conumbers and results also included.
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 Stability Levels	Supplied by the Primary Care Contracts Team. Practices contact the team with their current 'Level' whi 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 considerd 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 admis to an acute hospital setting. These beds may prevent the person from an avoidable admission to hospi or a crisis driven avoidable admission to a mainstream care home. For the dashboard these are identificusing 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 ran Individuals who have multiple movements into the ward in a date range are counted for both movement
	Monthly Bed	d 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 dec day value. This value is expressed as an average for all ward end dates (discharges and transfers) duri the given date range.
	Standard Delays	A delay meeting the definition for delayed discharge for which the reason for delay is considerd 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 by available for the applicable ward(s), given as a percentage.
Hospital at	Allocated Beds	Allocated beds is pulled directly from the applicable field in Trakcare for that ward.		Max LOS	As above however, only the maximum LOS value for a discharge that has occurred in the given date ra
Home	Available			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 movement
	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.	Social Care	Care Searches in Place	Provided by ACHSCP. The total number of cases which remain open and awaiting care (a single client have multiple cases).
	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.		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.
	Overnight Occupancy	The total number of occupied beds at midnight for The given date.		Weekly Carer Hours	Provided by ACHSCP. The total number of hours required to satisy the care requirements for all open cases.
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.		Weekly Unmet Needs Carer Hours	Provided by ACHSCP. The total number of hours required to satisy the care requirements for all open cases that have been open for 14+ days.
	PT Percentage Treated	The percentage of patients who were treated within the 18 week treatment time target for the listed service teams. Hosted Specialist Services: Community Perinatal, Commmunity Rehab, Eating Disorders, Eden, Forensic Services, LD, Liason Psychiatry, Maternity., Neonatal, Perinatal & Rehabilitation. CAHMS: Child and Adolescent	Strategy	Adapations	Provided by ACHSCP. Adaptations completed split by major/minor.
	within 18 Weeks RCH Average	Mental Health Services  Calculated using the overnight occupancy for a given ward or group of wards divided by the allocated beds		Carers Supported (Young & Adult)	The number of carers supported by the partnership, split by age
	Overnight Occupancy	available for the applicable ward(s), given as a percentage.		Telecare	Provided by ACHSCP. Telecare and community alarm clients.
Prevention		I These are admissions which have ICD10 codes given below. Note that this figure can vary and lag as diagnosis			
	Admissions	d 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	Daily Boarders -	
	Admissions Sexual	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.  C Provided by ACHSCP for the dashboard and include face to face and phone/virtual visits.	Ward 102	Daily Boarders - Ward 102 Ward Starts	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.  Admission to Ward 102 from anywhere in the system at any point during a patients stay, including transfrom any other ward/locations as well as first ward admissions for a given date range. Individuals who hamultiple movements into the ward in a date range are counted for both movements.
	Admissions  Sexual  Health Clinic  Activity	should be considered as changable. Alcohol Related– F10 codes. Drug Related – F11 – F19 codes.	Ward 102	Ward 102 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.  Admission to Ward 102 from anywhere in the system at any point during a patients stay, including transfrom any other ward/locations as well as first ward admissions for a given date range. Individuals who have
	Sexual Health Clinic Activity  CY OF ADDI  Creati for cal The C	should be considered as changable. Alcohol Related– F10 codes. Drug Related – F11 – F19 codes.  c Provided by ACHSCP for the dashboard and include face to face and phone/virtual visits.	of the Scottish	Ward 102 Ward Starts  Government. The the people that the	however no bed was available to admit them. For example a patient who is under the care of Ward 10 may use a bed in another ward.  Admission to Ward 102 from anywhere in the system at any point during a patients stay, including transfrom any other ward/locations as well as first ward admissions for a given date range. Individuals who is multiple movements into the ward in a date range are counted for both movements.
GLOSSAR  Creative bro	Sexual Health Clinic Activity  CY OF ADDI  Creati for car The C that the	should be considered as changable. Alcohol Related – F10 codes. Drug Related – F11 – F19 codes.  C Provided by ACHSCP for the dashboard and include face to face and phone/virtual visits.  ITIONAL TERMS  Live Breaks is a funding programme of the Short Breaks Fund, operated by Shared Care Scotland on behalf arers and those they care for across Scotland. The Short Breaks Fund aims to make a lasting positive impact Creative Breaks programme provides grant funding to third sector organisations to develop and deliver short	of the Scottishet to carers and breaks project discharged satheir individual r safely – this c	Ward 102 Ward Starts  Government. The the people that the sand services for other than the description of the perhealth needs. Disciplines of the people that the people that the perhealth needs. Disciplines of the perhealth needs. Disciplines of the perhealth needs.	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.  Admission to Ward 102 from anywhere in the system at any point during a patients stay, including transfrom 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.  Durpose of the Short Breaks Fund is to increase the range, availability, and choice of short break by care for, to funded organisations, and to wider short breaks policy and practice. Carers of adults (aged 21 years), and young carers (caring for children or adults), and the people sons stay the doctors, nurses and other staff will work with them to observe and record their marge from hospital happens when they are medically ready to go and their healthcare team have mean walking, but means they can safely transfer from bed to a chair etc. with any equipment
GLOSSAR	Sexual Health Clinic Activity  CY OF ADDI  Creati for car The C that th  This to progre confirm asses  A dela the re-	c Provided by ACHSCP for the dashboard and include face to face and phone/virtual visits.  ITIONAL TERMS  Tive Breaks is a funding programme of the Short Breaks Fund, operated by Shared Care Scotland on behalf arers and those they care for across Scotland. The Short Breaks Fund aims to make a lasting positive impact Creative Breaks programme provides grant funding to third sector organisations to develop and deliver short hey care for.  Items is used to describe a discharge process which is led by certain criteria that will enable the person to be sess with certain "goals". The term 'goal' refers to what the healthcare team want they person to achieve for the remed they have met their goals as an inpatient. Criteria Led Discharge goals may include: • Ability to transfer	of the Scottishet to carers and breaks project discharged satheir individual r safely – this cheir discharge clinician in cor	Ward 102 Ward Starts  Government. The the people that the sand services for office the sand services for office the sand services for office the sand services are saily destination is ready destination with all against the sand services are saily destination with all against the sand services are saily destination with all against the sail sail sail sail sail sail sail sail	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.  Admission to Ward 102 from anywhere in the system at any point during a patients stay, including transfrom any other ward/locations as well as first ward admissions for a given date range. Individuals who is multiple movements into the ward in a date range are counted for both movements.  Durpose of the Short Breaks Fund is to increase the range, availability, and choice of short break by care for, to funded organisations, and to wider short breaks policy and practice. Carers of adults (aged 21 years), and young carers (caring for children or adults), and the people sons stay the doctors, nurses and other staff will work with them to observe and record their marge from hospital happens when they are medically ready to go and their healthcare team have mean walking, but means they can safely transfer from bed to a chair etc. with any equipment or, safe for them to return to and they have any required care packages/equipment in place.
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Step down beds

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.

Respite

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.

Step up beds

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.

