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Aberdeen City Health & Social Care Partnership
A caring partnership

To: Members of the Risk, Audit and Performance Committee

Town House,
ABERDEEN 12 November 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, 19 NOVEMBER 2025 at 10.00 am.**

JENNI LAWSON
CHIEF OFFICER - GOVERNANCE

BUSINESS

RISK APPETITE STATEMENT

DECLARATION OF INTERESTS AND TRANSPARENCY STATEMENTS

- 1.1 Declarations of interest or transparency statements

DETERMINATION OF EXEMPT BUSINESS

- 2.1 Exempt business

STANDING ITEMS

- 3.1 Minute of Previous Meeting of 27 August 2025 (Pages 7 - 10)
- 3.2 Business Planner (Pages 11 - 14)

PERFORMANCE

- 4.1 Community Nursing Role Test of Change Evaluation - HSCP.25.094
(Pages 15 - 44)

- 4.2 Quarter 2 Delivery Plan Update - HSCP.25.092 (Pages 45 - 66)
- 4.3 Justice Social Work Service Annual Performance Report 2024-25 - HSCP.25.087 (Pages 67 - 86)

GOVERNANCE

- 5.1 Quarter 2 - 2025/2026 Budget and Savings Monitoring Update including per Service Line - HSCP.25.090 (Pages 87 - 96)
- 5.2 Directions and Data Protection Impact Assessments Update Report - HSCP.25.091 (Pages 97 - 110)

RISK

- 6.1 Strategic Risk Register - HSCP.25.088 (Pages 111 - 122)

AUDIT

- 7.1 Aberdeen City HSCP: Prescribing Efficiencies Update Report - HSCP.25.093 (Pages 123 - 138)
- 7.2 Internal Audit Update - HSCP.25.095 (Pages 139 - 148)

COMMITTEE DATES

- 8.1 Date of Next Meeting - 24 February 2026

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

IJB Risk Appetite Statement –2025

Introduction

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

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

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

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

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

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

Risk Appetite

The dimensions of risk and corresponding risk appetite are:

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

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

Review

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



Risk, Audit and Performance Committee

Minute of Meeting

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

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

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

Apologies: Calum Leask.

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

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.

EXEMPT BUSINESS

2. There was no exempt business.

MINUTE OF PREVIOUS MEETING OF 17 JUNE 2025

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

The Committee resolved:-

to approve the minute as a correct record.

BUSINESS PLANNER

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

RISK, AUDIT AND PERFORMANCE COMMITTEE

27 August 2025

The Committee resolved:-

to agree the Planner.

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

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

The report recommended:-

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

The Committee resolved:-

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

BOARD ASSURANCE AND ESCALATION FRAMEWORK - HSCP.25.064

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

The report recommended:-

that the Committee:

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

The Committee resolved:-

to agree the recommendations.

INTERNAL AUDIT UPDATE - HSCP.25.065

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

RISK, AUDIT AND PERFORMANCE COMMITTEE

27 August 2025

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

The report recommended:-

that the Committee:

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

The Committee resolved:-

to agree the recommendations.

DELIVERY PLAN 2025/26 UPDATE - HSCP.25.067

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

The report recommended:-

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

The Committee resolved:-

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

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

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

The report recommended:-

that the Committee:

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

RISK, AUDIT AND PERFORMANCE COMMITTEE

27 August 2025

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

The Committee resolved:-

to agree the recommendations.

DATE OF NEXT MEETING - 19 NOVEMBER 2025

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

The Committee resolved:-

to note the date of the next meeting.

- **COUNCILLOR MARTIN GREIG, Chair.**

	A	B	C	D	E	F	G	H	I	J
2	RISK and AUDIT PERFORMANCE COMMITTEE BUSINESS PLANNER									
3	The Business Planner details the reports which have been instructed by the Committee as well as reports which the Functions expect to be submitting for the calendar year.									
4	Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	Directorate	Update/Status	Delayed or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
5	19 November 2025									
6	29-Sep-25	Community Nursing Role Test of Change Evaluation	To provide assurance that the necessary efforts to transform service delivery are being undertaken as set out within the ACHSCP Strategic Plan 2025-2029. An example of one such innovation from within the Health Visiting Service is detailed within this report.	HSCP.25.094	Calum Leask	Alison MacLeod	ACHSCP	On the agenda		
7	Standing Item	Quarter 2 Delivery Plan Update	To provide assurance and relates to the progress of the Delivery Plan as set out within the ACHSCP Strategy Plan 2022-2025.	HSCP.25.092	Calum Leask	Alison MacLeod	ACHSCP	On the agenda		
8	19.09.2023	Justice Social Work Service Annual Performance Report 2024-25	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.	HSCP.25.087	Val Vertigans	Chief Social Work Officer	ACHSCP	On the agenda		
9	Standing Item	Budget Savings Update (incorporated into one report HSCP.25.090)	To summarise the financial performance, in reference to the budget approved for 2025-2026 fiscal year.	HSCP.25.089	Bernadette Bularan	CFO	ACHSCP	Incorporated into HSCP.25.090 below		
10	27-Aug-25	Quarter 2 - 2025/2026 Budget and Savings Monitoring Update including per Service Line	On 27 August 2025, RAPC resolved to instruct the Chief Officer to provide detailed information to the next Committee meeting in November 2025 in respect of savings progress and mitigations against specific services.	HSCP.25.090	Fiona Mitchellhill/ Bernadette Bularan	CFO	ACHSCP	On the agenda		
11	Standing Item	Directions and Data Protection Impact Assessments Update Report	To present the six-monthly update on the status of Directions and Data Protection Impact Assessments made by the IJB to Aberdeen City Council and NHS Grampian.	HSCP.25.091	Alison MacLeod	Alison MacLeod	ACHSCP	On the agenda		
12	08.01.2025	Strategic Risk Register	To present an updated version of the Strategic Risk Register	HSCP.25.088	Martin Allan	Business and Resilience Manager	ACHSCP	On the agenda		
13	27-Aug-25	Aberdeen City HSCP: Prescribing Efficiencies Update Report	To advise members of the programme of prescribing efficiencies work within Grampian and Aberdeen City noting areas of obligations, ongoing risk and management of mitigating actions for 2025/26.	HSCP.25.093	Susie Downie/ Clair Ross	Emma King	ACHSCP	On the agenda		
14	Standing Item	Internal Audit Update report	To provide an update on Internal Audit's work since the last update. Details are provided of the progress against the approved Internal Audit plans, audit recommendations follow up, and other relevant matters for the RAPC to be aware of.	HSCP.25.095	Jamie Dale	Chief Internal Auditor	Governance	On the agenda		
15	24 February 2026									
16	Standing Item	Budget Savings Update	To summarise the financial performance, in reference to the budget approved for 2025-2026 fiscal year.		Bernadette Bularan	Jonathan Belford	ACHSCP			
17	Standing Item	Delivery Plan Update and Quarterly Report	To provide assurance and relates to the progress of the Delivery Plan as set out within the ACHSCP Strategy Plan.		Calum Leask	Alison MacLeod	ACHSCP			
18	04.11.25	Audit Scotland Section 22 Report on NHS Grampian	Added at the RAPC pre agenda meeting on 4 November 2025.		Bernadette Bularan	Jonathan Belford	ACHSCP			
19	2026 and TBC - Proposed dates to be agreed at the IJB on 2 December 2025:									
20	26 May 2026									
21	25 August 2026									
22	24 November 2026									
23	23 February 2027									
24	Standing Item	Budget Savings Update	To summarise the financial performance, in reference to the budget approved for 2025-2026 fiscal year.		Bernadette Bularan	CFO	ACHSCP			
25	Standing Item	Delivery Plan Update and Quarterly Report	To provide assurance and relates to the progress of the Delivery Plan as set out within the ACHSCP Strategy Plan. Report to every RAPC meeting.		Calum Leask	Alison MacLeod	ACHSCP			

	A	B	C	D	E	F	G	H	I	J
	Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	Directorate	Update/Status	Delayed or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
4										
26	Standing Item	External Audit Strategy 2025/26	To provide a summary of the work plan for Audit Scotland's 2025/26 external audit of Aberdeen City Integration Joint Board (IJB).		Anne MacDonald	Audit Scotland	Audit Scotland	Last considered at RAPC 30 April 2025		
27	23.09.21	Primary Care Improvement Plan Update	IJB agreed on 30 September 2025 to transfer bi-annual reporting to RAPC in May and September, commencing May 2026 with data driven reports focussing on outcomes and the effects of the plan. All RAPC papers are available to IJB members on Aberdeen City Councils website. Any issue which impacts on the delivery of PCIP will be notified to the IJB through a report where a decision is required, or updates provided in CO report /Service Update.		Emma King / Alison Penman	Emma King	ACHSCP	May 2026		Agreed by the IJB on 30 September 2025 to transfer to RAPC.
28		Internal Audit Annual Report	To provide the Committee with Internal Audit's Annual Report for 2025/26.		Jamie Dale	Chief Internal Auditor	Governance	Last presented to RAPC on 17 June 2025 - this is an annual requirement.		
29		Approval of Unaudited Accounts	To present the draft annual accounts.		CFO	CFO	ACHSCP	Last presented to RAPC on17 June 2025		
30		Review of Duties and Year End Report - Annual Review of RAPC	To present a review of reporting for 2026/27 and an early draft intended schedule of reporting for 2025/26 to provide assurance that the Committee is fulfilling all the duties as set out in its terms of reference.		Alison Macleod	Amy McDonald	ACHSCP	Last presented to RAPC on 17 June 2025 - this is an annual requirement.		
31	01.05.2025	Health Improvement Fund Annual Report	To present the Health Improvement fund annual report for approval.		Calum Leask	Alison MacLeod	ACHSCP	Last presented to RAPC on 17 June 2025		
32	19.09.2023	Locality Planning Annual Reports	To present the locality plan annual reports 2025-26 for approval.		Alison Macleod / Iain Robertson	Lead Strategy and Performance Manager	ACHSCP	Last presented to RAPC on 17 June 2025 - this is an annual requirement.		
33	08.01.2025	Strategic Risk Register	To present an updated version of the Strategic Risk Register.		Martin Allan	Business and Resilience Manager	ACHSCP	Six-monthly reporting to RAPC, annually to IJB. Last reported to RAPC on 19 November 2025 - due May/June 2026.		
34	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	Last presented to RAPC on 27 August 2025 - this is an annual requirement.		
35	Standing Item	Workforce Plan Annual Progress 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 27 August 2025.		Stuart Lamberton / Grace Milne	Sandy Reid	ACHSCP	Last presented to RAPC on 27 August 2025 - this is an annual requirement.		
36	30.09.2025	External Audit Action Plan - monitoring	At the IJB on 30 September 2025, Audited Final Accounts and EA Annual Report: Members resolved to note the draft action plan created by officers in response to the External Auditor's report, attached at Appendix D of the report. Progress would be monitored through the Risk, Audit and Performance Committee.		Bernadette Bularan	Jonathan Belford	ACC			
37	20.08.2024	Accounts Commission: IJB Finance and Performance Report 2025.	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	Jonathan Belford	ACHSCP	HSCP.24.072 report reported to RAPC on 10 September 2024.		
38	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		

	A	B	C	D	E	F	G	H	I	J
	Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	Directorate	Update/Status	Delayed or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
4										
	30-Sep-25	Unscheduled Care Improvement Plan - Financial Oversight	Report presented to the IJB on 30 September 2025: Unscheduled Care Improvement - Aberdeen City Health & Social Care Partnership's Plan and Impact - HSCP.25.074. Members resolved to note that financial oversight of spend against this additional money would be monitored through the Risk, Audit and Performance Committee.		Julie Warrender, Bernadette Bularan	Fiona Mitchelhill	ACHSCP	As required		
39										
40	Service Updates									
41	27-Aug-25	Digital Inclusion	On 27 August 2025, Members resolved to instruct the Transformation Programme Manager to issue a Service Update in respect of the digital inclusion plan.		James Maitland	Alison MacLeod	ACHSCP		R	Remove from Planner as this topic will be covered over two IJB Insights Sessions. Digital Inclusion will be covered off in the upcoming Digital Strategy.

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RISK AUDIT PERFORMANCE COMMITTEE

Date of Meeting	19 November 2025
Report Title	Community Nursing Role Test of Change Evaluation
Report Number	HSCP.25.094
Lead Officer	Bethan Murdoch
Report Author Details	Calum Leask Transformation Programme Manager CLeask@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Exempt	No
Appendices	<i>a. Evaluation Report</i>
Terms of Reference	5. Receive and scrutinise performance reports and receive assurance that actions in respect of emerging trends are proportionate to the IJB's Risk Appetite Statement.

1. Purpose of the Report

- 1.1. This report seeks to provide assurance to the Risk, Audit and Performance Committee (RAPC) that the necessary efforts to transform service delivery are being undertaken as set out within the Aberdeen City Health and Social Care Partnership (ACHSCP) Strategic Plan 2025-2029. An example of one such innovation from within the Health Visiting Service is detailed within this report.

2. Recommendations

- 2.1. It is recommended that the Risk, Audit and Performance Committee:
- 2.1.1. Note the findings and lessons learned from the test of change.



RISK AUDIT PERFORMANCE COMMITTEE

- 2.1.2. Endorse the approach undertaken by the service to develop and test different models of care in order to modernise service delivery
- 2.1.3. To note and thank colleagues from the Public Health Scotland Local Intelligence Support Team for ensuring the robust evaluation of this test of change.

3. Strategic Plan Context

- 3.1. The ACHSCP's Strategic Plan for 2025-2029 was approved by the Integration Joint Board on 1st July 2025. It sets out two main aims:
 - 3.1.1. *Modernise our approach to service delivery (Make best use of resources; Implement transformation)*
 - 3.1.2. *Shift our focus towards prevention and early intervention (Improve physical and mental health; Reduce harm)*
- 3.2. Given the challenges that the ACHSCP currently experience with service delivery (including human and financial resources), the Strategic Plan explicitly states the need “*to transform our service delivery to increase capacity within existing resources*”. Therefore, there is a need to think about how services can be delivered in different ways, to achieve this.
- 3.3. This report describes one such innovative approach that occurred within the Health Visiting Service.

4. Summary of Key Information

4.1. Background

Under the Aberdeen City Integration Scheme, Health Visiting is delegated operationally to the Chief Officer of the IJB. It is a service experiencing workforce pressures that constrained delivery of the Universal Health Visiting Pathway (further information is visible [here](#)). To mitigate this, Community Nurses (Band 5) were introduced to support Health Visitors and bridge the gap with Nursery Nurses. The test of change commenced in April 2024 with Community Nurse (CN) recruitment and onboarding.

4.2. Method

The Local Intelligence Support Team were commissioned to lead the evaluation of this initiative, with oversight being provided by the Programme Manager for Public



RISK AUDIT PERFORMANCE COMMITTEE

Health and Data. A proportionate mixed-methods evaluation was undertaken, combining internal referral data with semi-structured interviews (CNs, HVs, and team leads). The evaluation was conducted in March–April 2025 before publication in June 2025.

4.3. Results

CNs handled 202 referrals during the test period assessed, with ‘new to area’ contacts comprising 53%, directly releasing an estimated ~162 hours of HV capacity over an 8 month period. Early uncertainty about CN role boundaries improved over time, leading to better integration and increased delegation. Overall satisfaction with the test of change averaged 6.6/10, though impact was tempered by reductions in CN staffing that occurred during the implementation period.

4.4. Conclusions and next steps

The model demonstrated clear benefits for specific Health Visitor tasks, such as ‘new to area’ contacts; however, its overall impact during the test phase was constrained by staffing challenges. Between the winter of 2024 and the spring of 2025, two community nurses were not available to work in the service (specific reasons redacted for identifiability purposes), reducing continuity and limiting the model’s longer-term contribution during the evaluation period. Work remains ongoing to ensure that learning from this test of change informs future service design, particularly around onboarding and induction processes, where clearer role expectations and structured support could further improve integration and effectiveness.

Despite these challenges, the model will continue beyond the test phase. The staff involved are employed on permanent contracts and are now focused on developing their knowledge and skills. One team member is currently on maternity leave and will be supported to build a comprehensive understanding of the Health Visitor role on their return, with the aim of applying for training next year. In the meantime, the role is being adapted to provide targeted support for families who are subject to child planning but are not considered complex (i.e. those requiring additional visits beyond the standard pathway). This adaptation is designed to enhance service delivery, alleviate pressures on Health Visitors, and strengthen the developmental pathway toward Health Visitor training.

Looking ahead, the priority remains to strengthen and expand the Health Visitor establishment to build a resilient and sustainable workforce. This direction aligns with the Scottish Government’s Health Visiting Action Plan, which emphasises building capacity and resilience within Health Visiting services. The Community Nurse role may continue to offer value as a developmental and supportive function,



RISK AUDIT PERFORMANCE COMMITTEE

best positioned as complementary to, rather than a substitute for, the Health Visitor establishment. Any future implementation will benefit from a clearly defined role, improved integration planning, and alignment with service needs, professional boundaries, and national policy priorities.

4.5. Delivery of statutory duties

During a period of significant staffing challenges within the Health Visiting service in Aberdeen, operational priorities were adjusted to ensure continued support for the most vulnerable children. Child Protection and Looked After Children were prioritised, and delivery of the full Universal Health Visiting Pathway was temporarily reduced. As staffing levels have now improved, the service is actively reintroducing the full pathway, ensuring that all children and families receive the appropriate level of support. Throughout the period of reduced capacity, the full Health Visiting Pathway remained available to children identified as requiring additional support, enabling continued monitoring of wellbeing and the identification and assessment of emerging needs.

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality

There are no direct implications arising from this report.

5.2. Financial

The test of change did provide cost comparisons of particular interventions and was able to demonstrate financial savings associated with some of these. For example, CN's employed as a Band 5 undertook 108 'new to area' visits on behalf of the HV's (Band 7), saving almost £2000 over this 8 month period, demonstrating that there are opportunities in some instances to provide greater efficiencies in service delivery.

5.3. Workforce

This test of change did highlight the challenges that can be associated with piloting innovative care models with small staff groups. With two of the staff unable to operate in the service due to redacted reasons, there needs to be realistic consideration given as to how much impact one member of staff can have on providing efficiencies for a City-wide service.



RISK AUDIT PERFORMANCE COMMITTEE

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

Any potential quality and safety risks in the Health Visiting Service are monitored through the Clinical Care Governance Committee. This includes the implementation of Health Visiting pathway visits that is under a phased reintroduction with its progress being reported through that governance structure.

6. Management of Risk

6.1. Identified risks(s)

Risk	Likelihood	Impact	Controls	Evaluation
Assurance over delivery of strategic priorities	Low	Medium	Performance Framework outlines the required reporting to take place through the year in order	If the paper was not presented, assurance would not be given to the RAPC and therefore part of the remit



RISK AUDIT PERFORMANCE COMMITTEE

			to create assurance	and responsibility of the Committee would not be met.
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6.2. Link to risks on strategic or operational risk register:

This report links to Strategic Risks 2, 4 and 5 on the Strategic Risk Register:

Strategic Risk	Cause	Event	Consequence
2	IJB financial failure and projection of overspend	Demand outstrips available budget	IJB can't deliver on its strategic plan priorities, statutory work, and projects.
4	Performance standards/outcomes are set by national and regulatory bodies and those locally determined performance standards are set by the board itself.	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.	This may result in harm or risk of harm to people.
5	Demographic & financial pressures requiring IJB to deliver transformational system change which helps to meet its strategic priorities.	Failure to deliver transformation and sustainable systems change.	People not receiving the best health and social care outcomes

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 2025-2029 is being achieved. It demonstrates that the types of innovations required to transform service



RISK AUDIT PERFORMANCE COMMITTEE

delivery are being tested and also provides evidence of how if well designed, can result in more cost-effective delivery of care.

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Aberdeen City Health & Social Care Partnership
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Aberdeen City HSCP Health Visiting

Community Nursing Role Test of Change Evaluation

June 2025

Key Points

- In April 2024, 3 Band 5 Community Nurses (CNs) were recruited into the Aberdeen City Health Visiting team to support existing health visitors with their workload. Two CN's were unavailable to work in the service between winter 2024 and spring 2025 (reasons for which are redacted due to identifiability purposes), leaving 1 CN actively in post. Neither of the 2x CNs posts have been replaced/filled and therefore the current impact of the CNs on Health Visitor (HV) workload is likely to be minimal.
- In March 2025, semi-structured interviews were undertaken with 7 staff members across most of the Aberdeen City Health Visiting teams (2 CNs and 5 HVs, 2 of which were also Team Leads).
- A common theme identified across the feedback was centred around the requirement for clear community nurse role definition and communication of this to the wider team to enable effective partnership working.
- Staff reflected that greater clarity around the remit of CNs may have improved initial understanding and potentially increased the number of referrals to CNs at an earlier stage.
- The majority of staff agreed that the role of the CN within the team is now clearer, which has resulted in increased delegation and referral rates.
- Some staff identified that working environment and, specifically, working within the same office helped to build strong team relationships and therefore enhanced understanding of roles and responsibilities within the team.
- Some staff identified the 'new to area' contacts as being the main area that Community Nurses had been able to alleviate some of the Health Visitor workload and directly release capacity for HVs.
- In terms of role expansion, some staff identified that CNs could potentially provide support with public health-based tasks.

- Overall, feedback emphasised that the whole team is currently working at full capacity, with some acknowledging that the CNs are helping to alleviate some of the stress associated with that. As a result, feedback participants gave the test of change a mean satisfaction score of 6.6/10.

Contents

1. Background	2
2. Methodology	4
3. Results	6
3.1. Participant demographics	6
3.2. Community Nurse Role Definition	7
3.3. Training and Development	9
3.4. Integration and Communication	10
3.5. CN Experience of Role	11
3.6. Impact on Health Visitor Workload	11
3.7. Test of Change Satisfaction	14
4. Conclusions and Observations	16
Acknowledgements	18
References	19

1. Background

It is widely recognised that the early years strongly influence a child's future development.¹ Health visiting teams are uniquely positioned to improve health outcomes and reduce inequalities for children and families, by providing sensitive, responsive and proactive care.

To ensure consistency and maximise the impact of the Health Visiting service in Scotland, health visiting (HV) teams follow a routine pathway for delivery (Universal Health Visiting Pathway (UHVP)). The UHVP recommends at least eleven visits before children start school, eight in the first year of life, in addition to three child health reviews which should be carried out by a qualified health visitor.² The Pathway is based on several underlying principles:

- Promoting, supporting and safeguarding the wellbeing of children
- Person-centeredness
- Building strong relationships from pregnancy
- Offering support during the early weeks and planning future contacts with families
- Focusing on family strengths, while assessing and respectfully responding to their needs.³

In April 2024 the Health Visiting service within Aberdeen City Health and Social Care Partnership (ACHSCP) identified that they were unable to follow the UHVP for core families due to a reduction in workforce whilst being unsuccessful in recruiting experienced health visitors. To help combat the gap in health visiting time, core pathway families, were seen less frequently following the priorities of care guidance, which helps manage local pressures by reducing visits for 'core families'. The red pathway is the highest level of visit reduction, with 'core' families receiving 3 visits in the first 12 months (11–14-day, 6-8 week, and 6-month review). A development review is also conducted between 27 and 30 months.

In addition to reducing certain visits, a test of change was initiated, whereby in April 2024, three band 5 community nurses (CNs) were recruited to help support existing health visitors with their workload. Furthermore, it was proposed that introducing the CN role would help to bridge the gap between the HVs and existing band 4 community nursery nurses (NNs), who work alongside the HV to deal with suitable tasks associated with the infant/children. It was hypothesised that the CNs would be able to take on more complex cases than the NNs, therefore releasing additional HV capacity to support children and families with the most complex needs.

The CNs undertook an initial training period and started to receive referrals in July 2024. HVs direct referrals to the CNs, and can include tasks such as feeding support, complex behavioural support, sleep management and supporting families that are new to the area.

Two CN's were unavailable to work in the service between winter 2024 and spring 2025 (reasons for which are redacted due to identifiability purposes). Neither post has been replaced and therefore from April 2025 the service was reduced to have 1 CN actively in post. With the reduced level of CN staff available to the HV service, the impact on HV workload is likely to be limited based this.

As of January 2025, the health visiting team are now following the amber pathway, which may indicate the service is under less pressure as it was previously. Again, following the priorities of care guidance, the amber pathway allows for 5 visits within the first 12 months of life (11-14day, 3-5 weeks, 6-8 weeks, 6 months and 8 months) with 2 developmental reviews (13-15 months and 27-30 months).

2. Methodology

This evaluation aimed to explore the impact of CNs on HV workload via referral data. It also sought to understand the experiences of the CN and HV staff in Aberdeen City with respect to the CN role test of change. Specifically, it explored:

- How the CN role has embedded within the team and to what extent it has impacted upon health visitor workload.
- The level of staff satisfaction with the test of change overall and learnings for the future.
- What financial impact the introduction of the CN role might have had.

A working group was developed, containing representatives from the ACHSCP Health Visiting Leadership team, ACHSCP Transformation team and Public Health Scotland (PHS) Local Intelligence Support Team (LIST). An evaluation framework was subsequently developed based on a proportionate approach, prioritising existing internal data and staff feedback.

Due to the small cohort of CNs, it was deemed appropriate to conduct semi-structured interviews to gain detailed feedback that reflected their individual experiences. Furthermore, maintaining a consistent approach, all health visitors were similarly provided the opportunity to provide feedback via a semi-structured interview. This approach provided valuable insights into both the experiences of the community nurses, and those of the wider team. For the purposes of this evaluation trainee Health Visitors were excluded as they cannot compare experiences prior to the test of change.

As requested by ACHSCP, PHS LIST conducted 7 semi-structured interviews between 17th March- 4th April 2025. Prior to conducting the interviews, questions were developed dependant on the respondent's role; CNs were asked one set of questions, while HVs (& Team Leads) were asked another, both sets followed common themes within the questions to allow for comparable results where possible.

These were focussed around the key themes of:

- Training and Development
- Integration and Communication
- Current role
- Impact on workload
- Overall satisfaction

Due to the small staff cohort, all information collected during the interviews was anonymised and aggregated to the level of role. All notes and quotes transcribed from the interviews were validated and approved by the interviewee at the end of each feedback session. A systematic thematic analysis was carried out, to explore the impact of the test of change and identify areas for future improvement. Themes and data interpretation were cross checked by multiple project team members. This process was a service evaluation therefore no ethical approval was required.

In addition to staff feedback, internal CN referral data was analysed to help understand their caseload and provide quantitative context to the qualitative feedback collected.

3. Results

3.1. Participant demographics

In total, 7 staff chose to feedback about their experience as part of the Health Visiting test of change, split by role as per Figure 1. Feedback from both community nurses in post at the time (n=2) was received which accounted for 29% of the total feedback. The remaining 5 interviewees (71%) were health visitors. Furthermore, two of the Health Visitors interviewed were also team leaders.

Figure 1: Interview Participants by Role



Feedback was captured from the majority (n=4) of area teams across the HSCP, staff within the 'red' and 'purple' teams chose not to participate and therefore any observations will not reflect those teams.

3.2. Community Nurse Role Definition

A common theme that emerged throughout the feedback interviews and indeed across multiple question areas centred around community nurse role definition. Specifically, 86% of participants (n=6) felt the community nurse role within this test of change had not been clearly defined prior to them coming into post.

The feedback highlighted the impact this was perceived to have had on a number of areas. Some staff felt that insufficient role definition had an impact on the recruitment and initial training processes, feeling that the previous experience or training required by the post holder was not initially clear.

"... Didn't have the training/knowledge/skills to take off and had to wait months for training. When we did get [guidelines] for the referral process ... wasn't at the stage where we could refer work ... didn't have the required skills. Management hadn't defined what their role was yet."

CNs felt they had been given referrals without having the required training to fully help children/ parents. In those situations HVs may have contacted families to provide additional support and therefore adding to their caseload. If training had been identified and provided to CNs earlier this may have limited the additional contact from HVs.

"I had areas of knowledge lacking in terms of quality of knowledge needed to help parents"

Many staff reported feeling confusion initially around what tasks could be referred on to CNs. In particular, expressing initial confusion around what would be within the remit of a CN compared to a NN. Respondents did however reflect that the role is now more defined, and the referral guidelines now in place are clear to follow.

" When the community nurses came in place there was a bit of confusion about when to refer to a CN or a nursery nurse...the referral process is clearer now though."

"Having more structure would have made the transition easier. I don't think they had a clear vision for the role before we started, it was shaped as we went along. Confusion around the role came from this. I think people coming into the role now would have an easier process. This is what the role is, this is what gets referred, this is the type of work we see- and carry out the training from there."

Some staff members noted that clearer job definitions would have improved the referral process. It should be noted that CNs came into post with differing experience and therefore different capabilities. This led to some element of flexibility on how the role was defined over time.

"The role was being moulded the more staff got to know the community nurse's capabilities."

3.3. Training and Development

When evaluating the implementation of the CNs within the health visiting team, it was fundamental to understand the initial training period and subsequent continued development in role. CNs were asked to provide details of their training experience and what improvements could be made, with HVs providing additional feedback on their experience of supporting training (where relevant).

Although some staff felt that greater clarity of CN role would have improved the initial training process as noted previously, staff overall felt satisfied with the initial training provided. This consisted of an induction pack with self-study materials and links to online study. It was noted however that one CN self-funded some of their own courses as a result of having a gap in knowledge and experience. They identified these gaps to be around sleep issues and neurodiversity. NHS courses are availability within these topic areas however may not be as in depth as the staff member desired.

The shadowing process offered was noted to be particularly beneficial to new staff. From those participants who were involved in receiving or providing training n=4 (57%), all noted that they were involved in shadowing, where CNs would come out on visit(s) with the HV or the NNs. Respondents found shadowing to be particularly beneficial to gain experience of the role and referrals they may receive. These visits helped to identify strengths and gaps in CN knowledge that could then be addressed.

"I was able to go out with health visitors to shadow and went out once with nursery nurse. With the knowledge I have now, absolutely this was useful".

Staff did suggest that shadowing at a later stage could have been even more beneficial to their learning. Furthermore, CNs felt that shadowing the NNs provides great benefit in addition to shadowing HVs due to perceived overlap in elements of their roles.

"I think more shadowing later after courses might have been better...and I would benefit a lot from shadowing the nursery nurses- my role very much reflects their role. There is quite a significant amount of overlap."

3.4. Integration and Communication

It was evident that many staff felt initial integration into the team was challenging due to the previously mentioned uncertainty around CN role and how this fit within the existing team structure. Furthermore, it was felt that early communication could have been stronger from senior staff to help existing roles embrace the new CN role within the team. Despite this, most staff felt the CN role had now integrated well within the team and CNs felt well supported by their colleagues. Both roles found communication was working well and a good structure had been developed for CNs to update HVs and vice versa.

"Once there was better clarification of the role the service was used more by health visitors... everyone now works together well."

Staff identified that working within the office has helped to build relationships but understood this isn't always realistic especially as the CNs tend to work across teams in different offices. Staff felt working in the same office had been beneficial to building professional relationships and this was certainly encouraged going forward. In particular, the CNs working closely alongside HVs was felt to improve knowledge across the whole team. HVs in particular noted the benefits of CNs being 'visible' to the team.

"I feel supported by colleagues now...they are very supportive and very happy to help and answer questions. We work in the same office together so [are able to] build up those professional relationships."

Despite CNs now being described as well integrated within the team, staff highlighted the need for improved delegation of tasks by HVs, with some acknowledging that

they can be reluctant to delegate some tasks to the CNs which could reduce their workload. It was reported that this has already begun to be actioned by the health visiting team to address this training need and improve confidence.

3.5. Community Nurse Experience of Role

Staff were asked to comment on how the CNs role compared to their initial expectations, and, for CNs, what they enjoyed most about the role.

Overall, staff were happy within their role when providing feedback. In particular, CNs most enjoyed the opportunity to build relationships with families to help support families and build parent confidence. Again, the observation was made from respondents that the initial integration of the CN role into the team was commonly felt to not be clear, which some felt made it difficult to manage clear expectations within the new role. However, CNs reported having high levels of satisfaction within the role.

"I really enjoy that I have my own caseload of kids and have the ability to create professional working relationships with the families... It's been really rewarding, really lovely."

"It's magical to see parents grown in their confidence and see children blossom [with the advice and strategy you give them]."

3.6. Impact on Health Visitor Workload

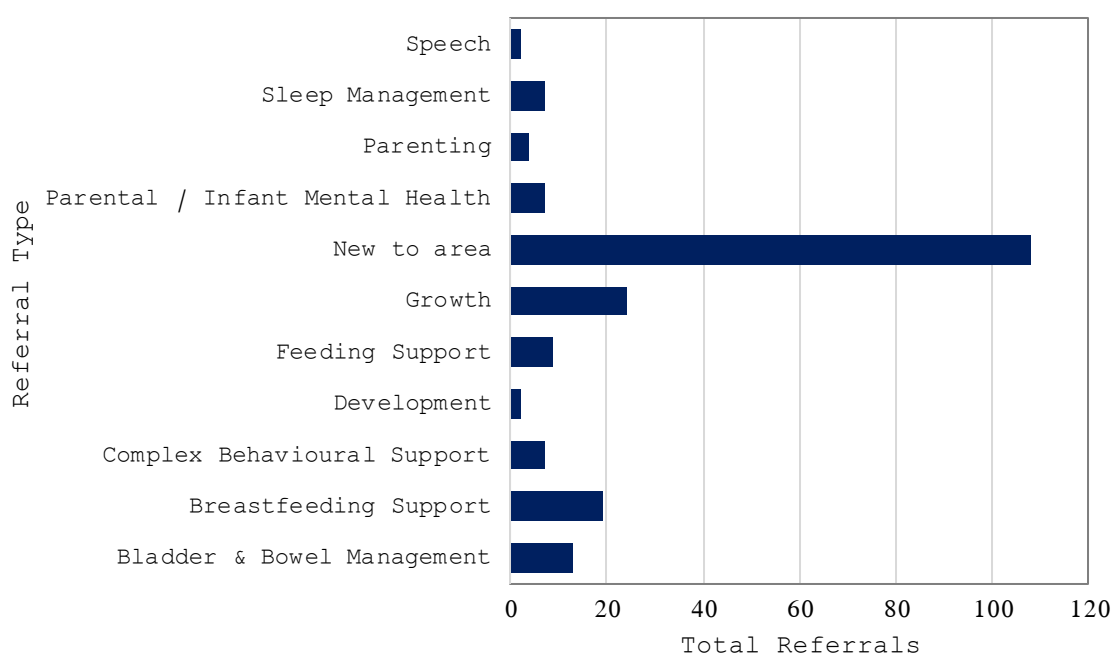
A core objective of this test of change was for CNs to help alleviate some of the HVs workload. In respect to this, staff feedback was mixed, with both roles appreciative that CNs can only undertake certain tasks. Review visits for example must be completed by a HV as per Scottish Government guidance.

The area where HVs felt CNs had a direct impact upon their own workload was in carrying out 'new to area' visits. While several staff felt the CNs may have had more of an impact on the NNs workload as the two roles have similar types of referrals,

HVs noted that the CNs could bring enhanced professional accountability and academic rigour to more complex tasks.

Between 31st July 2024 and 31st March 2025, the CNs received 202 referrals. Referrals for new to area visits accounted for 53% of the CN workload during this time (n=108), while Growth, Breastfeeding support and Bowel and Bladder management accounted for a combined 28% of total referrals (n=56) (Figure 2).

Figure 2. Total Number of Referrals by Referral Type (source: Health Visiting Service Community Nurse Referral Data)



Focussing on the 'new to area' visits as these were reported by HV staff to be directly releasing capacity for HVs, during this 8-month period the CNs completed 108 of these visits. Assuming (based on participant estimates) each visit takes approximately 90 minutes, over 8 months this has saved the HVs approximately 162 hours of caseload. Taking top-point hourly rates by band (with on-costs) from the NHS agenda for change 2024/25 we can see that this could be estimated to equate to a saving of approximately £18.09 per visit, or £1,953.72 over the 8-month period (Table 1).

Table 1. Approximate cost comparison for 'new to area' visits

AfC Band 24/25	Hourly rate (with on-costs)	Cost per new area visit (1.5 hours)	Saving (per new area visit)	Total saving over 8 months (108 visits)
Top-point Band 5 (CN)	27.53	41.30	£18.09	£1,953.72
Top-point Band 7 (HV)	39.59	59.39	n/a	n/a

"I think CNs have definitely reduced HV workload especially when it comes to new to area contacts. These take approx 1.5 hours."

Overall, feedback emphasised that the whole team is currently working at full capacity, with some acknowledged that the CNs are helping to alleviate some of the stress associated with that.

"Whole team is very stressed at the moment, CNs are helping that- would be worse if they weren't there."

Furthermore, many HVs note that the CNs are able to dedicate more time to family visits and build strong relationships that the HVs themselves may not have time to do. With the ability to refer to CNs, this may improve initial access to care.

"Been supporting families who require quite intense help which HVs might not have the time for. Able to build up a relationship with the families and the families trust them [CNs]."

"The [CN] role has impacted [HV] role because they can distribute service to the families who can get to them quite quickly, improved access."

Since certain visits can only be conducted by HVs e.g. reviews and more complex issues as per Scottish Government guidance, we asked both roles if there would be other tasks which the CN could take on to support with the HV caseload. Some staff

identified that CNs could potentially support with public health-based tasks e.g. talks in primary schools, supporting toileting in nurseries.

"I don't know how else [CNs] could support [HV] visits; [CNs] aren't qualified to support the core pathway."

"[CNs] could do more public health work, HVs don't have capacity to do that currently."

3.7. Test of Change Satisfaction

All staff who provided feedback were asked on a scale of 0-10 how they would rate their satisfaction with the test of change. Satisfaction varied across all teams and roles; scores ranged from 2 to 10.

The mean satisfaction score was 6.6/10.

- Positive

Some staff acknowledged that the test of change had been successful, and that the CN role had been a beneficial addition to the team. Those staff felt the CNs had integrated well and had defined their role as time progressed, with that identifying any limitations in their knowledge and experience.

"Would like more of them [CNs]. [They] have made a big difference. They are approachable, they feed back to us. If they come across something they don't feel they can deal with they will get in contact."

"It would be a loss if they [CNs] were stopped. It's taken a while to get used to the referrals and accept they were qualified..."

- Mixed

As the service is at such high demand and roles within the team do not have enough time to train or further develop CNs in order for the role to be more impactful on the HV workload.

"Mostly positive but I don't think we are making the necessary changes that are essential for the HVs as a service e.g. doing more of what they do. Time and training are not there for that."

"At the start HVs were a bit wary of using them but they have built up a relationship with families. Initially some early confusion."

- Negative

For some staff, definition of the CN role still causes an element of confusion, in particular the difference in roles between CN and NN and knowing who and what to refer. Some staff had previously worked with a similar structure but felt the remit of the NNs now covers the need.

"Our perception of what we thought their job role would be didn't match what their job role was. Role wasn't defined at first. Always felt they had been employed before we knew what their role was. In the end seeing it as very similar to the nursery nurse"

4. Conclusions and Observations

Overall, findings from the feedback sessions attended by both Health Visitors and Community Nurses suggest that the majority of those staff are generally more satisfied with the test of change as time has progressed.

The feedback from staff has, however, highlighted a number of potential areas to be considered which may improve staff experience and team relationships as well as support delivery of a more defined and equitable service. It should be noted that the small sample size (n=7) should be taken into consideration when interpreting these results.

1. Explore communication and clear vision of roles within the health visiting team with all Health Visitors, Community Nurses and Nursery Nurses going forward. Ensure the whole team gains understanding of how their role and the role of colleagues help to deliver the service in partnership.

"There was some early confusion- some thought [CNs were brought in] because HVs were not doing their job properly."

"Some felt [CNs] were coming in and taking over work they [NNs] used to do. A lot of time was put in to earning their trust and respect. Thankfully now respect is there but the first year was difficult."

2. Explore the caseload of the health visitors to potentially identify further tasks/referrals which may be appropriate for Community Nurses and therefore further reduce Health Visitor workload.

"There are things that would be nice to add on [to CN workload] e.g. public health messages at playgroups, school induction days, vaccine centre opening days. Things that wouldn't need a [HV] but would need a public health voice at. Scope that they could expand into."

3. From the Health Visitor tasks identified (as above) have open discussions with Health Visitors and Community Nurses to gain clear understanding of any new training required for Community Nurses to take on new referrals. Ensure clear training plans are developed and communicated to the whole team to ensure consistency and understanding across the service.

"Conversations about the job role with the wider team could have been had at the start to reassure the team and provide clarity."

4. Identify and keep open communication with Community Nurses about realistic potential progression routes within which they can work towards becoming a Health Visitor in future.

"Initially went into the post to get a better understanding of Health Visiting and its complexity with the aim of going into Health Visiting. Believe progression is still an option but I am unclear on it."

Furthermore, by regularly engaging and seeking the views of all staff, service leads should continue to seek opportunities for service improvement.

Acknowledgements

With thanks to all those who either attended or provided feedback through colleagues. All the community nurses and health visitors/team leads who took the time out of their busy schedules to provide feedback to help identify learnings which can help the service to grow in the future. Additionally, all those staff who assisted with referral data collection which provided integral understanding to the caseload of community nurses.

References

- ¹ <https://www.psych.ox.ac.uk/news/new-research-highlights-importance-of-early-years-development-on-future-wellbeing>
- ² Developmental tools used in review - Universal Health Visiting Pathway evaluation: phase 1 report - routine data analysis - implementation and delivery - gov.scot
- ³ Universal Health Visiting Pathway in Scotland: pre-birth to pre-school - gov.scot



RISK AUDIT PERFORMANCE COMMITTEE

Date of Meeting	19 November 2025
Report Title	Quarter 2 Delivery Plan Update
Report Number	HSCP.25.092
Lead Officer	Alison MacLeod
Report Author Details	Calum Leask Transformation Programme Manager CLEask@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Exempt	No
Appendices	a. <i>Delivery Plan Summary</i> b. <i>Delivery Plan Workplan</i>
Terms of Reference	5. Receive and scrutinise performance reports and receive assurance that actions in respect of emerging trends are proportionate to the IJB's Risk Appetite Statement.

1. Purpose of the Report

- 1.1. This report seeks to provide assurance to the Risk, Audit and Performance Committee (RAPC) and relates to the progress of the Delivery Plan as set out within the Aberdeen City Health and Social Care Partnership (ACHSCP) Strategy Plan 2025-2029.

2. Recommendations

- 2.1. It is recommended that the Risk, Audit and Performance Committee:
- Notes and considers the Delivery Plan Quarter 2 Workplan and Summary as appended to this report.
 - Are satisfied that risks to the Delivery Plan are being monitored and feels assured with the mitigations highlighted with the appendices to the report



RISK AUDIT PERFORMANCE COMMITTEE

3. Strategic Plan Context

- 3.1. The ACHSCP's Strategic Plan for 2025-2029 was approved by the Integration Joint Board on 1st July 2025. The Strategic Plan's Reporting Framework outlines our requirement to provide assurance to RAPC on a quarterly basis that progress is being made 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 2 update to the Risk, Audit and Performance Committee based upon the Year 1 Delivery Plan as approved by the Risk, Audit and Performance Committee in August 2025.
- 4.2. At the Committee meeting on 17th June 2025, RAPC endorsed the proposed approach to performance monitoring for the Year 1 Delivery Plan, recognising this would adapt over time to ensure it was fit for purpose. Appendix A provides a visual overview of progress by priority area. This was developed using PowerBI (a Microsoft digital platform for data visualisation), allowing for progress to be reviewed at a glance. Information is provided regarding the status of projects; mitigations implemented should projects be at risk; and any measurable progress documented during the reporting period.
- 4.3. For this reporting cycle, the BRAG status guidance has been updated, and the newly established criteria for which is visible in Appendix A. Given the increasingly challenging context in which the ACHSCP operates, it was felt that the BRAG status criteria was required to be more sensitive in order to adequately account for nuances associated with delivery, for example programmes of work whereby different deliverables may be progressing at varying degrees. Further, the thresholds for projects reporting an overall status of 'at risk' or 'missed deadline' have been lowered. This was deemed to be more appropriate in recognition that all projects carry an inherent level of risk that requires active management; for example having limited staffing capacity and the need to balance delivering budget savings with transformative and preventative activity. Given this stricter criteria, projects reporting an 'at risk' position is likely to appear more frequently when compared to previous delivery plans the Committee has received.



RISK AUDIT PERFORMANCE COMMITTEE

- 4.4.** The Delivery Plan Workplan is a spreadsheet used by our programme and project teams to provide updates to the Senior Leadership Team (SLT). This contains the full output of all Delivery Plan entries and is visible in Appendix B. For the purposes of RAPC, updates are typically provided on a quarterly basis, however this has been amended for this reporting cycle considering that the full endorsement of the delivery plan occurred after commencement of the new financial year. 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.** Since the approval of the Year 1 Delivery Plan, one adaptation has been made. The project description of MSD12 (Learning Disability and Day Care) was amended to: Review Day Care Provision for people with Learning Disabilities. This was approved by the Senior Leadership Team in July 2025.

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality

There are no direct implications arising from this report.

5.2. Financial

Budget saving activities within the Delivery Plan are supporting the ACHSCP to achieve a sustainable financial position.

5.3. Workforce

The Delivery Plan contains projects aiming to deliver efficiencies from the robust management of vacancies, therefore reducing the overall number of posts within the ACHSCP establishment.

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



RISK AUDIT PERFORMANCE COMMITTEE

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 over Strategic Plan not met	Low	Medium	Performance Framework outlines the required reporting to take place through the year in order to create assurance	If the paper was not presented, assurance would not be given to the RAPC and therefore part of the remit and responsibility of the Committee would not be met.

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

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



RISK AUDIT PERFORMANCE COMMITTEE

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

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

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

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

The report and its appendices help to mitigate the risk by providing assurance that progress against the Strategic Plan 2025-2029 and the associated Delivery Plan is being achieved and, that this has been monitored by the Senior Leadership Team on a monthly basis who consider and direct remedial action and unblock barriers where relevant. It further provides assurance that these arrangements shall continue into the new strategic planning cycle.

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Quarter 2 Delivery Plan Update

Risk Audit and Performance Committee
Summary of Progress

DELIVERY PLAN DASHBOARD

PREVENTION & EARLY INTERVENTION

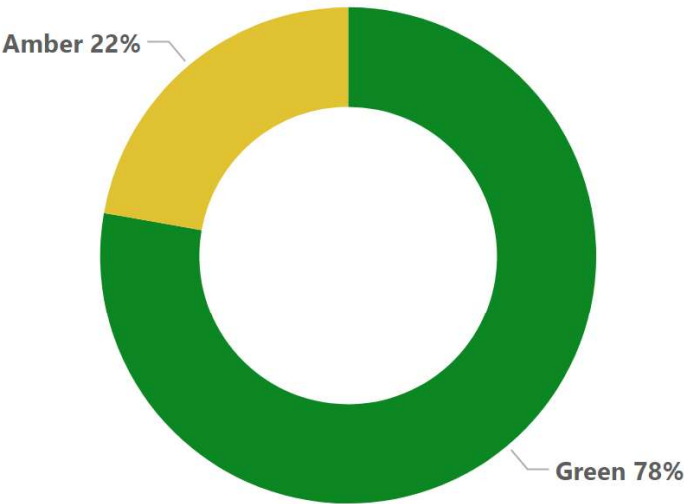
9

TOTAL PROJECTS

32

MODERNISING SERVICE DELIVERY

23

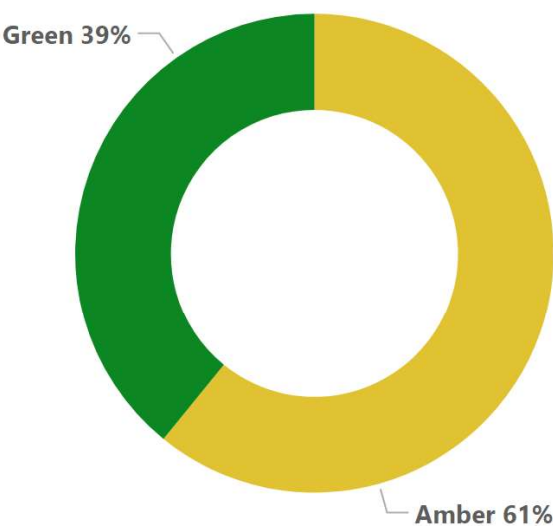


AMBER

RED

GREEN

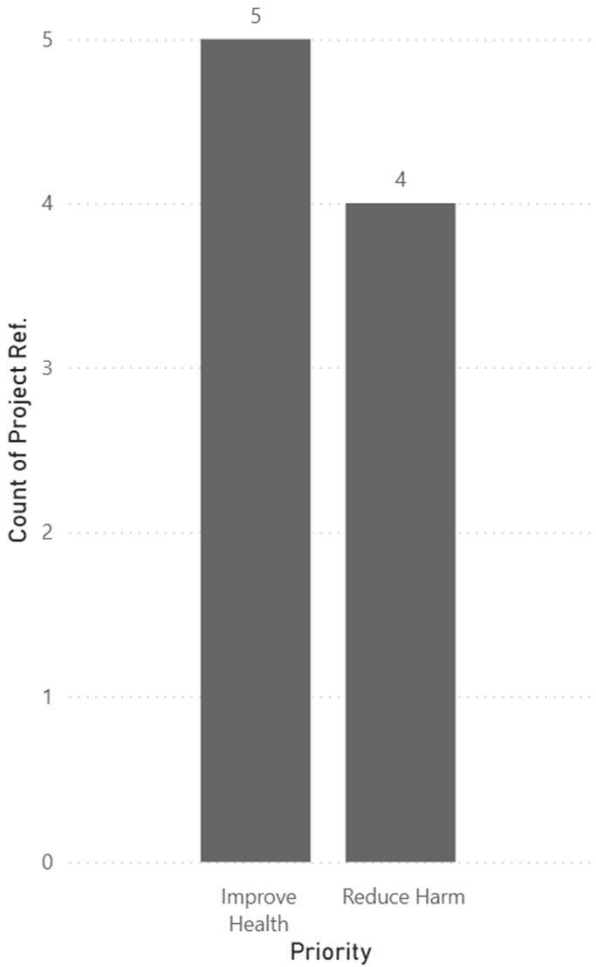
BLUE





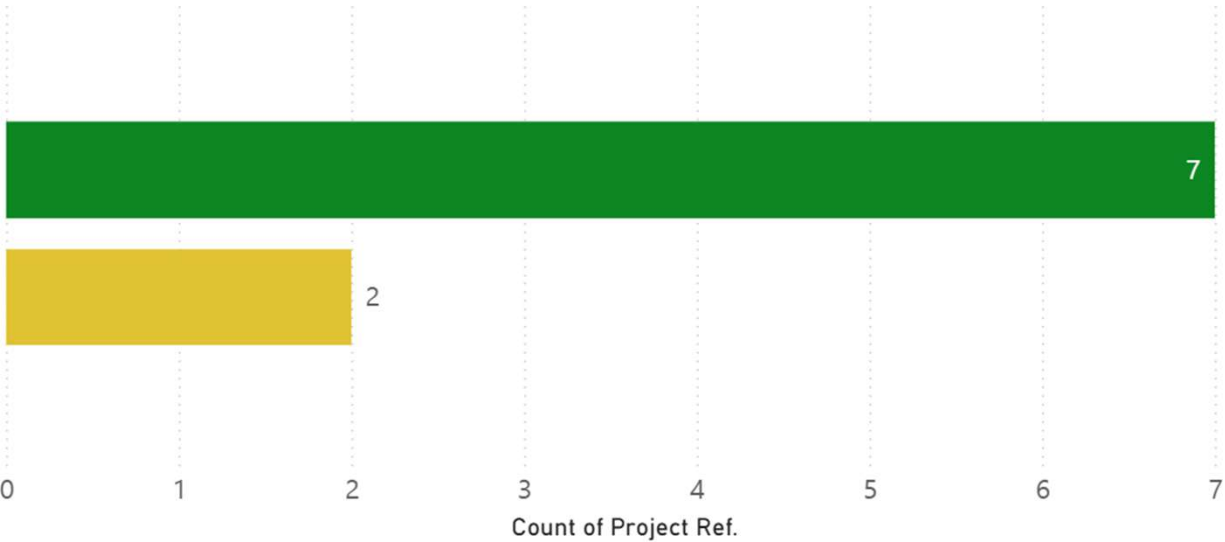
PREVENTION & EARLY INTERVENTION

Projects by Priority



BRAG Status

Green
Amber



Project by Reasons



Prevention & Early Intervention

Risks and Mitigations

Title	Project Description	BRAG Status	Explanation	Mitigating actions
<div> <div>Page 54</div> <div>28. Ageing Well</div> </div>	Publish an agreed multi-agency Ageing Well action plan for Aberdeen City by April 2026	Amber	Amber rating as project is currently meeting its milestones, however challenges will emerge at upcoming phases relating to key staff and partner availability to support the project over the winter period, particularly as the project only has one member of the Strategy and Transformation Team working on the project. There is also a risk around the complexity of the mapping exercise.	<div> <div>Programme Plan</div> <div>Communication and Engagement Plan</div> <div>Risk Register</div> <div>Support and oversight of Prevention SRO, Active Ageing Aberdeen Working Group, and Public Health Oversight and Support Group</div> </div>
31. Drugs and Alcohol Harms	Reduce harm caused by the use of drugs and alcohol	Amber	Aberdeen, along with other areas in Scotland, have had an increase in drug deaths in 2025 linked to synthetic opioids contaminating the illicit drug supply. This has increased pressure on services. Specialist drug and alcohol services are GOPES4. ADP/CPA system changes are ambitious but capacity to support transformation is limited	<div> <div>Maintaining service capacity / stability</div> </div>

Prevention & Early Intervention

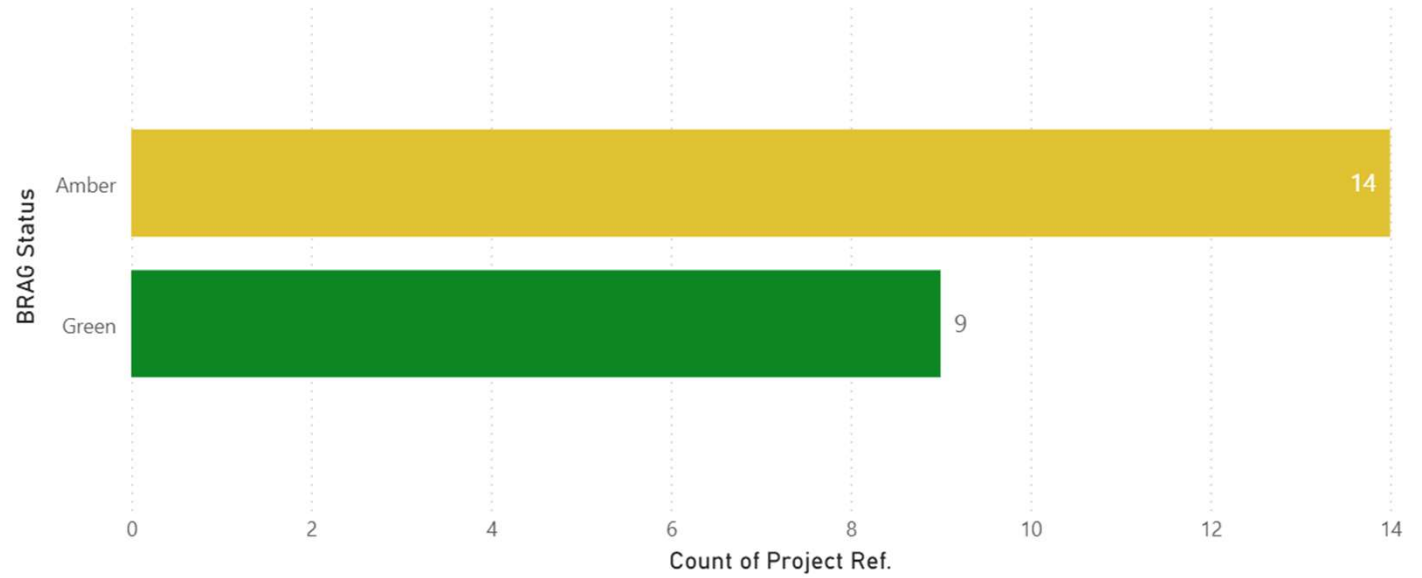
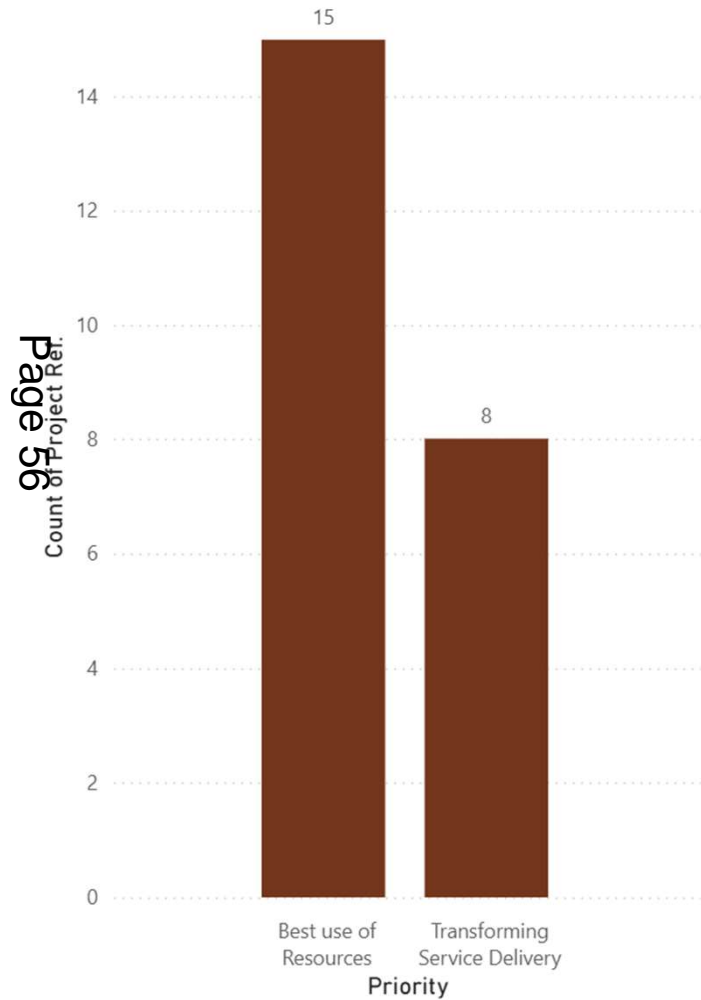
Summary of Measurable Progress

Priority	Tier	Title	Key Progress
Improve Health	Tier 1 (Prevention)	26. Healthy Weight	58 Cross-system stakeholders attended workshop to prioritise activities aligned to this project. Average satisfaction score from attendees was 8.5 / 10 .
Reduce Harm	Tier 2 (Early Intervention)	29. Smoking in Pregnancy	144 women booked by Aberdeen City Community Midwives through new Tobacco Dependency in Pregnancy pathway in July 2025. This contributed towards an increase in the Grampian-wide Carbon Monoxide testing figures, which rose from 71.4% in July 2024 to 77.1% in July 2025.

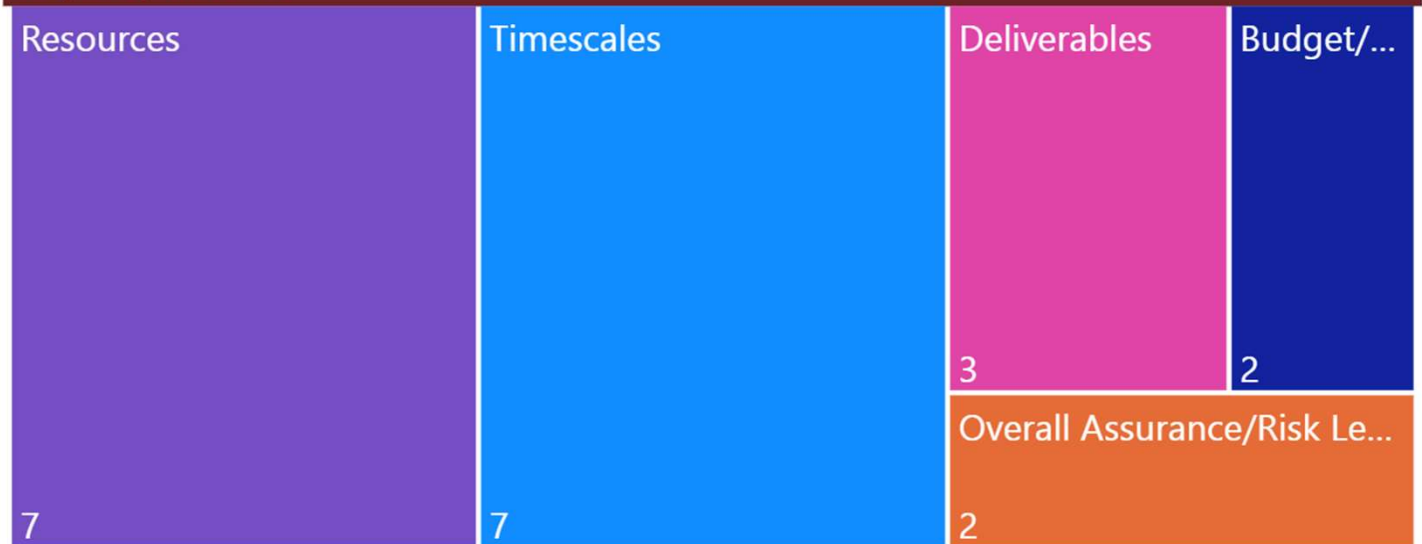


MODERNISING SERVICE DELIVERY

Projects by Priority



Project by Reasons



Modernising Service Delivery

Risks and Mitigations

Title	Project Description	BRAG Status	Explain why BRAG Status is RED/AMBER/BUE	RED/AMBER Mitigation Actions
3. Management of Vacancies	Deliver efficiencies from robust management of vacancies	At Risk	Difficult to measure how many posts have been removed from establishment in 25/26 and how much of the savings can be equated to delaying the process in 25/26.	The vacancy assessment protocol asks managers to skill mix and redesign posts to enable new posts to be considered by the Chief Officer for approval. As of June 2025, all approved vacancies can now be collated on a monthly basis.
5. Technology and TEC usage	Increase the use of technology and Technology Enabled Care across the system	At Risk	<p>The digital innovation project has just been initiated and the level of resource required and capacity to meet resource requirements is being determined.</p> <p>Community pharmacies that serve three of the in-house Learning Disability services have advised that they will not integrate with eMAR for reasons of cost. This issue may impact on timelines and deliverables.</p>	<p>Liaison with internal resources to establish capacity and availability to meet digital innovation project requirements.</p> <p>Discussion between in-house Learning Disability management, SLT, Primary Care and NHS Grampian Community Pharmacy to inform decision-making regarding next steps with regards to pharmacy.</p>
9. Develop data dashboards	Develop data dashboards to support the planning and delivery of services	At Risk	This project is Amber in specific relation to the Activity Dashboards. Whilst they have been developed, a full cycle has not yet occurred whereby they have been presented and socialised at SLT meetings. Further, feedback has been provided that context would be valuable to ensure this information is interpreted appropriately, however this has yet to be produced.	All iterations of the activity dashboard will be presented at SLT by the end of October. Further, an associated commentary documented will be developed, helping provide guidance as to how best interpret the metrics contained within the dashboards, and an indication as to where may be the most appropriate areas of focus. This will be operational by November 2025.
10. Modernise Care Models	Modernise care delivery models for vulnerable adults including people with Learning Disabilities and Complex Needs.	At Risk	This is one of a number of priorities aligned to LD which need to be planned for. There is a lack of both planning capacity and operational capacity to fully progress, and other projects underway will need to complete to release capacity. The Stoneywood Project for complex residential care has been top priority for the teams and this workstream.	Work continues to review care packages regularly and make adjustments when needed; providers are reviewed on a regular basis to ensure compliance and if there are issues of overprovision this is addressed. The Dynamic Support Register to log all current and at risk complex and out of area packages is now fully established; Stoneywood site has now opened and will accommodate 5 individuals with complex needs; all these people were longstanding Out of Area cases. Over last six months we have had to prioritise Stoneywood which will also provide key procedures, practices and learning to inform and facilitate further modernisation of all our care delivery models.

Modernising Service Delivery

Risks and Mitigations

Title	Project Description	BRAG Status	Explain why BRAG Status is RED/AMBER/BLUE	RED/AMBER Mitigation Actions
11. Improving Transitions	Implement transitions process to improve service user experience and future financial planning	At Risk	The action, to review with Health (CAMHS, LD) its relationship with the approved Transitions Pathway, could not be undertaken by the end of September. Stakeholders are unable to meet until late October. Remain positive and confident for completion by March 2026,	Project Manager undertook a review of the pathway with existing information gained from Health, as an interim, and determined no concerns. A meeting with appropriate Health colleagues has been scheduled for the end of October 2025.
12. Learning Disability Day Care	Review Day Care Provision for people with Learning Disabilities	At Risk	The milestones and dates have slipped over the last month because of other team workload priorities.	Slippage due to limited care management Team resources and need to focus on statutory duties and other work especially around cost control and containment.
13. Out of Area Placements	Review use and cost of Out of Area care	At Risk	The milestones and dates have slipped over the last month because of other team workload priorities.	For all our LD Out of Area 'social care provision' placements we continue to ensure :- 1) Requirements for care management review & provider engagement are met. 2) The Dynamic Support Register (SGovt requirement) is fully maintained on monthly basis. 3) Potential new placements are fully reviewed by MHLD Resource Allocation Panel For Out of Area all specialist health needs placements, we continue to ensure 1) Placement register is maintained and reviewed quarterly. 2) Potential new placements are fully reviewed clinically and processed via formal approval COO/CFO procedures.

Modernising Service Delivery - Risks and Mitigations

Title	Project Description	BRAG Status	Explain why BRAG Status is RED/AMBER/BUE	RED/AMBER Mitigation Actions
14. Commissioned Service Provider Spending Reduction	Reduce spend and achieve value for money with key commissioned service provider	At Risk	Timeline and governance has yet to be defined for the project. At the moment this is overseen by the Budget Saving Oversight Group. Work is being progressed through the Scenario Planning Group and the Contract SLWG.	Highlight requirement for defining exact timescales and project governance at the next scenario planning project group, being held on 09/10/25. Continue to work with partners in the scenario planning group to ensure this happens and the timelines adhered to.
16. GP Vision	Deliver city commitments in the GP Vision	Amber	No dedicated capacity allocated to this programme of work, there is currently only resource to deliver on 6 of the 10 objectives.	A workshop was recently held to determine if there were any additional resources available or whether resource could be re-allocated to alternative workstreams, however it was determined to continue with the current resourced workstreams. There are currently no further mitigations identified.
17. Primary Care Improvement Plan (PCIP) Review	Implement and review Primary Care Improvement Plan (PCIP) to identify, successful efficient delivery of services and areas of improvement	Amber	Lack of interface with Primary care and service delivery.	Amber : Completion within this year 25/26. Challenges in terms of data required across 3 HSCP's. Very little data available through primary care channels and this has caused the delay in completion.
18. Discharge without Delay	Deliver the Discharge Without Delay Collaborative commitments	Amber	The individual projects within this programme are at varying stages. Frailty at the front door progress is reaching a point of being impacted by the progress of the other elements. Implementation of D2A service is slightly behind the original timescales due to the recruitment of staff within the Red Cross (care provider of D2A). Progress in the community hospital step down work has been limited due to difficulties in commencing the group. Planned discharge date / Integrated discharge Hub have a number of test of changes ready to initiate.	A Grampian wide group is being progressed for the community hospital step down work and aiming to accelerate the required key actions. The first patient through the D2A service is scheduled by the end of November and should be embedded rapidly.
21. Residential Substance Use Service	Implement redesign of residential substance use service with a view to delivering a community based support service model	Amber	Update required from Cyrenians on lived experience feedback and project meetings to be reinstated.	Further discussions with Service Manager to explore available future options and set up project governance within project times, and clear timelines agreed.
22. Sheltered Housing Redesign	In conjunction with ACC colleagues, influence the redesign of Sheltered Housing to modernise the model of Housing support .	Amber	Project 1 facing delays in gaining approval due to resource pressures, and other Housing activities being prioritised.	In order to mitigate delays ensure that project team carries out tasks set out in time for the tenants consultation meetings, as there is a small degree of buffer set within existing deadlines.

Modernising Service Delivery

Summary of Measurable Progress

Priority	Tier	Title	Key Progress
Best use of resources	Tier 4 (System Change)	Use of Properties	Target of £153k for this financial year already been achieved through moving CTAC and Immunisations from South College Street into Countesswells and Health Village
Best use of resources	Tier 4 (System Change)	Management of Vacancies	Partnership headcount decreased by 3.3% and whole time equivalent decreased by 4% . Represents a reduction of 65 headcount between July 2024 and June 2025, with an estimated cost saving of £2.8m .
Best use of resources	Tier 4 (System Change)	9. Develop data dashboards	Three new activity dashboards launched this cycle: System indicators (Key Measures which if viewed daily can indicate pressure on the Partnership as a whole); High level dashboard (give an indication of pressure points and activity on particular services on a weekly basis); and Operational dashboard (give an overview of activity across Partnership Services on a monthly basis)

Update BRAG Status Guidance

Criteria	Green	Amber	Red
Timescales (Milestones & Completion Date)	All milestones to date met. Future milestones and final completion date are on track.	One or more milestones delayed, but final completion date still achievable with mitigation.	Critical milestones missed and final completion date cannot be met.
Deliverables (Single or Multiple Outputs)	All deliverables on track for delivery.	75–99% of deliverables on track (some risk but majority expected to be achieved).	<75% of deliverables on track (significant risk to scope).
Resources	Sufficient staff, skills, and capacity available to deliver project as planned.	Some resource pressure or short-term gaps, creating risk to delivery if not addressed.	Insufficient resource available; unlikely to deliver without major intervention.
Budget / Savings	On budget or within tolerance. Financial savings on track.	Budget is forecast to be overspent but mitigations are in place to reduce	Budget is forecast to be overspent and no credible mitigations in place
Overall Assurance / Risk Level	No significant risks identified. Issues minor and easily managed.	Moderate risks present but being actively managed.	Major risks identified with no credible mitigation plan.

Blue Status

- Project completed.
- Project closed.
- Project formally on hold until a future year.
- Not started (planned to start later in the year)

Overall BRAG Status Rule

- Lowest score (i.e. if one criteria is red, overall status is red)

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Blue = complete/closed/ not started
Red = missed deadline/unable to deliver
Amber = at risk of non-delivery/not meeting deadline
Green = on track to delivery by deadline

Delivery Plan Workplan Y1 Q2

Title	Project Description	Strategic Aim	Priority	Project Ref.	Start Date	End Date	BRAG Status	If BRAG Status is RED, AMBER or BLUE what is the main reason for this?	Explain why BRAG Status is RED/AMBER/BLUE	RED/AMBER Mitigation Actions	Tier	Measures	Latest Update
1. Use of Properties	Consolidate our use of properties	Modernising Service Delivery	Best use of Resources	MSD01	01/07/2025	31/03/2026	Green				Tier 4 (System Change)	Reduction in Premises Costs by £153,000	The target savings of £153k for this financial year have already been achieved through moving CTAC and Imrms from South College Street into Countesswells and the Health Village. CTAC also moved out of Carden House to give the GP Practice more clinical space allowing them to see more patients. The Woodside building has also been reviewed and these together with utility savings across ACHSCP have ensured we met our target. Work is ongoing to identify savings and efficiencies for the next two financial years which will be reported in due course.
2. Utility Savings	Deliver savings in Utility costs	Modernising Service Delivery	Best use of Resources	MSD02	01/07/2025	31/10/2025	Amber	Budget/Savings; Overall Assurance/Risk Level	Bill's come in several months retrospectively and only then will it be known if reduction activities have been successful.	Reduced heating temperatures were instructed from 1st April	Tier 4 (System Change)	Reduction in Utility Spend by £50,000	Actual utility costs are only known retrospectively , but heating in hubco buildings has been reduced and "switched off" most of the time until end September at least. Zonal Heating will be introduced within the Health Village within Q3 and this will mean only heating the areas that staff and patients use out of hours
3. Management of Vacancies	Deliver efficiencies from robust management of vacancies	Modernising Service Delivery	Best use of Resources	MSD03	01/07/2025	31/03/2026	Amber	Overall Assurance/Risk Level	However it is difficult to measure how many posts have been removed from establishment in 25/26 and how much of the savings can be equated to delaying the process in 25/26.	The vacancy assessment protocol asks managers to skill mix and redesign posts to enable new posts to be considered by the Chief Officer for approval. As of June 2025, all approved vacancies can now be collated on a monthly basis.	Tier 4 (System Change)	Reduction in Staff Costs by £1,346,000	Vacancy Assessment Protocol continues to be used across the Partnership. The Protocol has been reviewed on a quarterly basis and minor changes have been made. There is evidence from NHSG that the vacancy management process, introduced earlier this year, has contributed to a slowdown in the growth of headcount and whole-time equivalents (WTE). Within Aberdeen City H&SCP, headcount has decreased by 3.3% and WTE has declined by 4%. In comparison. In absolute terms, this represents a reduction of 65 in headcount and 65.1 in WTE between July 2024 and June 2025. Average Band of vacancies approved in 25/26 so far is B5. Assuming this as an average of posts that have been delayed, with on-costs each post would be £43k approx. 65 posts =£2.8m.
4. ACHSCP Posts	Reduce the number of posts in ACHSCP establishment	Modernising Service Delivery	Best use of Resources	MSD04	01/07/2025	31/03/2026	Green				Tier 4 (System Change)	Reduction in Staff Costs by £884,000	Recent evidence via NHS that ACHSCP reduced headcount by 4% wte (65 headcount) from June '24 to June '25. 13 posts have been lost through VRES in ACC 4 Senior Leadership Team posts have become vacant since 01/04/2025 and none are currently filled.
5. Technology and TEC usage	Increase the use of technology and Technology Enabled Care across the system	Modernising Service Delivery	Best use of Resources	MSD05	01/07/2025	31/03/2026	Amber	Timescales; Resources; Deliverables	The digital innovation project has just been initiated and the level of resource required and capacity to meet resource requirements is being determined. Community pharmacies that serve three of the in-house Learning Disability services have advised that they will not integrate with eMAR for reasons of cost. This issue may impact on timelines and deliverables.	Liaison with internal resources to establish capacity and availability to meet digital innovation project requirements. Discussion between in-house Learning Disability management, SLT, Primary Care and NHS Grampian Community Pharmacy to inform decision-making regarding next steps with regards to pharmacy.	Tier 2 (Early Intervention)	No. of care packages including TEC	Digital innovation and TEC paper was discussed and approved at IJB on 30th September. This detailed all of the current or planned digital and TEC projects proposed. Funding was approved by SLT for the roll out of eMAR to the remaining four in-house learning disability services in May 2025. Weekly meetings are in place to progress the project. There are a number of dependencies which impact timeline including: community pharmacy software integration, device ordering, D&T resource to set up 13 devices and input toData Protection Impact Assessment (DPIA), medication cycle dates, in-house service capacity (taking account of no go-live in December). Timeline will be updated as timescales regarding dependencies are confirmed, current estimate of eMAR integration at all sites by end March 2026, with a 4 month post-implementation evaluation period. Community pharmacies for 3 of the 5 services have currently declined integration with eMAR. Alternative pharmacies that could provide an eMAR service are currently being identified. Dialogue currently ongoing with SRO, Learning Disability Service Manager, Primary Care team and NHS Grampian community pharmacy lead regarding barriers to community pharmacy adoption (these are financial) and decision regarding services moving their business to different pharmacies that provide eMAR. Stoneywood TEC (Just Checking system) awaiting installation of WiFi and broadband connectivity at the site for go-live, currently in progress. Evaluation will be conducted over a 12 month period following the first supported person moving in and system going live. A small co-design project funded through the Health Improvement Fund is currently under way at Len Ironside Centre, trialling the Konpanion Maah products using sensor data to generate insights valuable in care planning. Demand request submitted for Aberdeen City Council Digital & Technology input to DPIA. TEC pop-up is planned for 5th November at Woodend Hospital and TEC awareness week is being planned for week commencing 3rd November, avoiding school holidays. This will included an invited event, with venue to be confirmed. Digital Improvement Programme (DIP) Update There are four AI Applications planned for development. Funded by Scottish Government Practitioners Search - (suggesting content from multiple different source to help with filling in business process documentation like assessments etc) Practitioners Application - (Transcription tool creating draft minutes of recorded meetings or consultations with service users) Single Point Of Contact SPOC - Service directory Tool helping practitioners find the right help and referral pathways across the partnership Initial Point of Contact Creating tools and forms for service users to get right help and or sign posting, and or filter referrals for practitioners - his project is current being report here in the delivery plan TBD if amaigamated Successes so far Funding agreed Initial scoping and proposal agreed Work order and contracts signed off Start date of Project and project & timelines provisionally agreed with moving to mobilisation and project kick off for late September Note :The Technology and TEC updates will be separated for the next reporting cycle to assist in updates and review.
6. Social Care Charging	Implementing the new Charging Policy	Modernising Service Delivery	Best use of Resources	MSD06	01/07/2025	31/03/2026	Green				Tier 4 (System Change)	Policy developed and approved, systems and communications in place	New charging policy was approved by the ACC Finance & Resource Committee on 6th August. An in-person and a virtual workshop will be held with key staff to identify priorities for the first implementation phase (Nov 2025-March 2026), and ensure good alignment and coordination across social care, finance, and IT systems, teams, and ways of working. Benefits of outcomes will be identified at workshops to ensure effective tracking of benefits, continuous improvement and evaluation of project delivery. This includes estimating changes in income generation from next FY onwards.
7. Older People Care Provision	Modernise care provision for Older People	Modernising Service Delivery	Best use of Resources	MSD07	01/07/2025	31/03/2026	Green				Tier 1 (Prevention)	Reduction in Spend by £3,328,000	The Option 2 reviews remain ongoing; however, the timeline has been impacted by staff sickness and competing review priorities. As a result, completion is now expected in early Q3. We continue to monitor progress closely and will provide further updates as needed.
8. Residential Care Review	Review mix of residential care	Modernising Service Delivery	Best use of Resources	MSD08	01/07/2025	31/03/2026	Green				Tier 3 (Response)	Reduction in spend by £336,000	All packages have been reviewed and are due to be discussed with Contracts to finalise the contractual arrangements. However, a number of providers have now issued notice on some packages. Despite 1:1 support being in place, the providers have indicated they are no longer able to meet the individual needs of the service users.Work has commenced on creating a template to report on the care package review carried out using the manually gathered data which will be available at the beginning of October. The Care Package Review Report has been drafted and is currently being reviewed. This will be presented at SLT on 05/11/2025
9. Develop data dashboards	Develop data dashboards to support the planning and delivery of services	Modernising Service Delivery	Best use of Resources	MSD09	01/07/2025	31/03/2026	Amber	Deliverables	This project is Amber in specific relation to the Activity Dashboards. Whilst they have been developed, a full cycle has not yet occurred whereby they have been presented and socialised at SLT meetings. Further, feedback has been provided that context would be valuable to ensure this information is interpreted appropriately, however this has yet to be produced.	All iterations of the activity dashboard will be presented at SLT. Further, an associated commentary documented will be developed, helping provide guidance as to how best interpret the metrics contained within the dashboards, and an indication as to where may be the most appropriate areas of focus. This will be operational by November 2025.	Tier 4 (System Change)	Dashboards in place and reports informing work focus	Delivery Plan Dashboard Dashboard is live for Delivery Plan updates in the 2025/26 financial year. This was being considered for the first time at the Partnership's Senior Leadership Team in September 2025 with further refinements to the BRAG status criteria being identified as necessary to progress. PMB Dashboard Dashboard is in development. The purpose is to provide a visual overview of key performance indicators aligned to the Adult Social Work Service Performance Framework. For this reporting period, the data model / schema was developed along with data security and access controls, which were presented to the Performance Management Board in August. The first iteration of the dashboard was viewed at the Board meeting in September. Activity Dashboard Dashboard is in development. Three views are being developed: System indicators (Key Measures which if viewed daily can indicate pressure on the Partnership as a whole); High level dashboard (give an indication of pressure points and activity on particular services on a weekly basis); and operational dashboard (give an overview of activity across Partnership Services on a monthly basis). A second demo of the dashboard was presented to the Chief Officer in September, with further socialising / refinement of its development to occur at Senior Leadership Team meeting Strategic Plan Dashboard Further discussions to be held with the new Principal Information Analyst for Public Health Scotland who has recently been appointed to the Grampian region about alternative options of delivering this. It is likely that data from existing initiatives (such as the activity dashboard described above) can be repurposed to fulfil this ask. Governance Dashboard Dashboard is live and reviewed by the Partnership's Senior Leadership Team on a monthly basis, covering a variety of data such as staff absences; fulfilment of audit recommendations; training compliance; complaints and agency expenditure. This is now regarding as business as usual and future updates will only be provided when changes are made to its contents.
10. Modernise Care Models	Modernise care delivery models for vulnerable adults including people with Learning Disabilities and Complex Needs.	Modernising Service Delivery	Best use of Resources	MSD10	01/08/2025	31/03/2026	Amber	Timescales; Deliverables; Budget/Savings	This is one of a number of priorities aligned to LD which need to be planned for. There is a lack of both planning capacity and operational capacity to fully progress, and other projects underway will need to complete to release capacity. The Stoneywood Project for complex residential care has been top priority for the teams and this workstream.	Work continues to review care packages regularly and make adjustments when needed; providers are reviewed on a regular basis to ensure compliance and if there are issues of overprovision this is addressed. The Dynamic Support Register to log all current and at risk complex and out of area packages is now fully established; Stoneywood site has now opened and will accommodate 5 individuals with complex needs; all these people were longstanding Out of Area cases. Over last six months we have had to prioritise Stoneywood which will also provide key procedures, practices and learning to inform and facilitate further modernisation of all our care delivery models.	Tier 1 (Prevention)	Increase in % of clients with LD and Complex Needs living independently; Reduction in Out of Area placements	This project has not fully commenced due to capacity issues however as referenced in the mitigations a number of actions are already underway which support the aims of this work. The broader capacity issues especially in the operational team will continue to have an ongoing effect to this work as they will need to complete current projects and essential work; particularly around cost reduction and containment, options for freeing up capacity and the team is limited. Additionally there is limited project capacity to spread across a large number of projects. Significant progress has been made but a wider review and prioritisation of this project will now be undertaken with the SRO and service manager to align milestones and focus team efforts.
11. Improving Transitions	Implement transitions process to improve service user experience and future financial planning	Modernising Service Delivery	Best use of Resources	MSD11	01/07/2025	31/03/2026	Amber	Resources	The action, to review with Health (CAMHS, LD) its relationship with the approved Transitions Pathway, could not be undertaken by the end of September and remains ongoing.	Project Manager undertook a review of the pathway with existing information gained from Health, as an interim, and determined no concerns. A meeting with appropriate Health colleagues has been scheduled. Remain positive and confident for completion by March 2026.	Tier 1 (Prevention)	Process implemented, client feedback, budget performance	Transitions Pathway Intranet Page is active.Transitions Pathway Staff Guide approved and active.Staff Communications approved and shared for distribution.Transitions Partnership Group (TPG)/Coordinator Role reviewed alongside gaps identified from engagement undertaken with stakeholders.Transitions Referral Form live and proforma responses agreed.Drop-In Sessions organised for early Q3.Meeting with Chief Officer of CSW and Family Support rescheduled for early Q3
12. Learning Disability Day Care	Review Day Care Provision for people with Learning Disabilities	Modernising Service Delivery	Best use of Resources	MSD12	01/07/2025		Amber	Timescales;#Resources	The milestones and dates have slipped over the last month because of other team workload priorities.	Slippage due to limited care management Team resources and need to focus on statutory duties and other work especially around cost control and containment.	Tier 3 (Response)	Reduction in spend by £1,449,000	Work continues on the identified LD day opportunities which are being reviewed by care managers. The milestones and dates have slipped over the last month because of other team workload priorities. Budget savings have been taken out of the service budget and therefore we will not separately report on these, this will be via finance reporting and oversight from the budget holder. Significant progress has been made but a review and prioritisation of milestones and dates will now be undertaken with the SRO and service manager to focus team efforts.

										For all our LD Out of Area 'social care provision' placements we continue to ensure :- 1) Requirements for care management review & provider engagement are met. 2) The Dynamic Support Register (SGovt requirement) is fully maintained on monthly basis. 3) Potential new placements are fully reviewed by MHLDResource Allocation Panel For Out of Area all specialist health needs placements, we continue to ensure 1) Placement register is maintained and reviewed quarterly. 2) Potential new placements are fully reviewed clinically and processed via formal approval COO/CFO procedures.			
13. Out of Area Placements	Review use and cost of Out of Area care	Modernising Service Delivery	Best use of Resources	MSD13	06/10/2025	31/03/2026	Amber	Timescales; Resources	The milestones and dates have slipped over the last month because of other team workload priorities.			Reduction in spend by £174,000	This is partly covered by the modernising LD provision also. There are a set of milestones in place and timelines to achieve, however these are not scheduled to commenced until other projects conclude to free up capacity. Budget savings have been taken out of the service budget and therefore we will not separately report on these, this will be via finance reporting and oversight from the budget holder. Our specialist health out of area placements register has now been fully updated and there will now be ongoing review on a quarterly basis on a cross Grampian basis. Work has commenced on reviewing and updating the Standard Operating Procedure for clinical and management oversight.
14. Commissioned Service Provider Spending Reduction	Reduce spend and achieve value for money with key commissioned service provider	Modernising Service Delivery	Best use of Resources	MSD14	01/07/2025	31/03/2026	Amber	Timescales	Timeline and governance has yet to be defined for the project. At the moment this is overseen by the Budget Saving Oversight Group. Work is being progressed through the Scenario Planning Group and the Contract SLWG.	Highlight requirement for defining exact timescales and project governance at the next scenario planning project group, being held on 09/10/25. Continue to work with partners in the scenario planning group to ensure this happens and the timelines adhered to.	Tier 4 (System Change)	Reduction in budget by £4,599,000	Meeting held on 11/09/2025.Further work has been carried out to map out residential care in Aberdeen.
15. Workforce Plan Refresh	Refresh Workforce Plan focusing on future staffing requirements taking service transformation into account	Modernising Service Delivery	Best use of Resources	MSD15	01/07/2025	31/03/2026	Green				Tier 4 (System Change)	Refreshed Workforce Plan developed and implemented	Final progress report for the current Workforce Plan 2022-2025 was approved at RAPC on 27 August 2025. Work is already ongoing in relation to the refreshed Workforce Plan 2025-2029 with engagement and consultation due to begin in mid-September 2025. The final refreshed plan is due at IJB early 2026.
16. GP Vision	Deliver city commitments in the GP Vision	Modernising Service Delivery	Transforming Service Delivery	MSD16	01/07/2025	31/03/2029	Amber	Resources	No dedicated capacity allocated to this programme of work, there is currently only resource to deliver on 6 of the 10 objectives.	A workshop was recently held to determine if there were any additional resources available or whether resource could be re-allocated to alternative workstreams, however it was determined to continue with the current resourced workstreams. There are currently no further mitigations identified.	Tier 1 (Prevention)	Commitments delivered	An in-person workshop on 5th March 2025 reviewed Phase One priorities and assessed Phase Two feasibility amid resource constraints. Key decisions at the 16th April Programme Board meeting included realigning workstreams, confirming SROs, and identifying top priorities. A GP survey (April–May) refined these priorities, highlighting five key focus areas, with resource gaps noted for Continuity of Care and Keeping the Population Well. Following the Programme Board meeting, it has been agreed to maintain the Data and Digital workstreams, pause un-resourced areas, and support a future transition to a new Primary Care Board. Key Progress highlights: · The PCIP Review is Nearing completion of activity data capture, every workstream lead across the three partnerships has been interviewed. There has been significant effort and coordination to reach this stage, progress is continuous and substantial each month. It is anticipated that the PCIP review will be completed within this calendar year. · The digital Workstream has created a digital blueprint, this sets out the following Key objectives: Support patient self-management; Reduce low-value staff activities; to Minimise variation across practices and to Improve data quality and utility. There is also an emphasis on shared platforms, ambient summarisation, and enabling information Governance. The Digital Blueprint will be presented to the Scottish Government in June 2025. · Work is ongoing within the Communications and Engagement sub group to support a small number of GP practices to develop a Patient Participation Group (PPG). The group will support the practices to communicate with patients, informing patients how Practices have changed and how they currently operate using a 'Did you know' approach. There is insufficient resources within the sub-group and wider NHSG/HSCPs communications s teams to establish PPGs for all GP Practice
17. Primary Care Improvement Plan (PCIP) Review	Implement and review Primary Care Improvement Plan (PCIP) to identify, successful efficient delivery of services and areas of improvement	Modernising Service Delivery	Transforming Service Delivery	MSD17	01/03/2025	31/03/2026	Amber	Resources		Amber : Completion within this year 25/26. Challenges in terms of data required across 3 HSCP's. Very little data available through primary care channels and this has caused the delay in completion.	Tier 1 (Prevention)	Refreshed PCIP approved	The PCIP Review is included in the GP Visioning Programme and is currently being delivered across NHS Grampian in terms of revising the delivery of the plan within the 3 HSCP's. A project sub group has been set up to review the PCIP's across Grampian and the work continues to progress with a SLWG meeting every 2 weeks and a wider project group meeting monthly. Work has progressed well in terms of the activity data for 5/6 to workstreams and the exception being the Vaccination Transformation Programme. In terms of sharing good practice a system already in place in the Moray HSCP has been replicated and implemented this month (September) for the pharmacotherapy workstream for Shire and City HSCP's. The data has not been previously available and will give feedback on the 3 levels of pharmacotherapy data. Gap analysis has been carried out as the practice feedback is a that not all work is being undertaken by PCIP. Financial calculations are included in terms of the costs for workforce and a dashboard has been created for 23/24 and 24/25. Work has commence in terms of quality aspects of the project and an example is the analysis of sickness absence across the workstreams. This has also been calculated in terms of the financial cost of the gap created by staff sickness and also maternity leave as there is currently no budget for resilience plans that would support practices. DNA rate and fill rates are included for workstream with appointment systems. The final piece of the puzzle is patients engagement and staff questionnaires - PCIP and Practice staff - work has commenced and networking opportunities in terms of the PCIP demonstrator sites looking at the patients engagement and process. The work is supported by LIST and is on track to be completed within this year, 25/26.
18. Discharge without Delay	Deliver the Discharge Without Delay Collaborative commitments	Modernising Service Delivery	Transforming Service Delivery	MSD18	01/07/2025	31/03/2026	Amber	Timescales	The individual projects within this programme are at varying stages. Frailty at the front door progress is reaching a point of being impacted by the progress of the other elements. Implementation of DZA service is slightly behind the original timescales due to the recruitment of staff within the Red Cross (care provider of DZA). Progress in the community hospital step down work has been limited due to difficulties in commencing the group. Planned discharge date / Integrated discharge Hub have a number of test of changes ready to initiate.	A Grampian wide group is being progressed for the community hospital step down work and aiming to accelerate the required key actions. The first patient through the DZA service is scheduled by the end of November and should be embedded rapidly.	Tier 1 (Prevention)	Reduction in Bank Nursing spend by £999,000, delivery of DWD measures	Frailty @ The Front Door (F@FD) Aberdeen - Formal Test of Change of Consultant Geriatrician attending the Emergency Department (ED) Mon - Fri, commenced 8th September. With this routine regular attendance is anticipated that a greater number of older patients will be appropriately redirected from ED. Clinical Frailty Scoring (CFS) education continues with an increase in recording taking place. An increase in CFS recording will enable this information to act as a frailty indicator, removing the need for a separate flag. Elgin: A pause is in place to review the situation and focus of the work due to the resignation of the Clinical Frailty Lead. Meetings with key stakeholders are taking place in September to redefine the priorities. Discharge To Assess Aberdeen - Workshop with Red Cross held, agreed next steps to draft project plan for implementation and map out pathway. Fortnightly meetings have recommenced. Grampian -fortnightly meetings have recommenced with Moray and Aberdeenshire providing updates on their projects.
19. Support to Amputees	Redesign model of support to Amputees to community based provision	Modernising Service Delivery	Transforming Service Delivery	MSD19	01/07/2025	31/03/2026	Green				Tier 4 (System Change)	Closure of 6 beds, Length of Stay and Delayed Discharge Data	Group with representation from AHP, nursing and medical staff in pathway have been meeting regularly. Have mapped out both in patient and outpatient parts of the pathway. We have identified various opportunities and challenges and myself and QI facilitator are pulling together details of this in order to agree areas of focus. Work progressing and meetings being held colleagues to understand the requirement for the amputees if we were to have a different model of out reach and bed base within the community where needed. Teams are in the process of pulling together a list of requirements for the amputees so that we can understand need and how we can meet those needs with a home first ethos rather than a hospital bed. Next steps are to get commissioning teams and housing to support the model going forward.
20. Counselling Services	Codesign alliancing work with Counselling Services	Modernising Service Delivery	Transforming Service Delivery	MSD20	01/07/2025	31/03/2026	Green				Tier 4 (System Change)	Reduction in average waiting times; increase in inter-provider collaboration; and reduction in duplication of services and waiting lists	List of counselling services within Aberdeen city to be updated and provided to Development manager. Meeting held with ACVO to discuss alliance model set up for befriending service and how the counselling services can follow the model
21. Residential Substance Use Service	Implement redesign of residential substance use service with a view to delivering a community based support service model	Modernising Service Delivery	Transforming Service Delivery	MSD21	01/07/2025	31/03/2026	Amber	Timescales	Update required from Cyrenians on lived experience feedback and project meetings to be reinstated.	Further discussions with Service Manager to explore available future options and set up project governance within project times, and clear timelines agreed.	Tier 4 (System Change)	Redesign implemented	Workshops held with practitioners and providers. Cyrenians are advancing discussions with Hillcrest regarding the capital build perspective for the new Wernham project, ensuring alignment with the Care Inspectorate's expectations. Collaboration with ACC Housing is ongoing. A significant aspect of this project involves incorporating lived experiences, with Aberdeen in Recovery also exploring this angle. Cyrenians recently met with Police Scotland to address issues related to antisocial behaviour and public drinking, seeking solutions to curb such activities. They plan to conduct one-on-one meetings with individuals who have lived experiences and key workers, recording these sessions for further analysis. Feedback from this will inform the process.
22. Sheltered Housing Redesign	In conjunction with ACC colleagues, influence the redesign of Sheltered Housing to modernise the model of Housing support .	Modernising Service Delivery	Transforming Service Delivery	MSD22	01/07/2025	31/03/2026	Amber	Resources	Project 1 facing delays in gaining approval due to resource pressures, and other Housing activities being prioritised.	In order to mitigate delays ensure that project team carries out tasks set out in time for the tenants consultation meetings, as there is a small degree of buffer set within existing deadlines.	Tier 4 (System Change)	Numbers of tenants receiving low, medium and high support	Delay in 3 minute brief being agreed due to lack of capacity from project team. draft has been updated with comments received so far. Project is still on course to meet timeline.
23. Initial Point of Contact	Develop an Initial Point of Contact Model (pre assessment offer) for Adult Social Care	Modernising Service Delivery	Transforming Service Delivery	MSD23	01/07/2025	31/03/2026	Green				Tier 1 (Prevention)	IPOC model in place, demand statistics for assessment and care, budget management	This project now comes under the Tech work for Digital. We have agreed to develop an AI application with our partners Hitachi. The tech work is being reported under Technology and TEC usage project. TBD if we amalgamate . So alongside 3 other AI applications . The application initially will be IPOC e-form and case management aiming to simplify the process for citizens to access community-based services without needing to know which specific service they require. It focuses on providing a streamlined initial contact point for various services. Successes So far Funding agreed Initial scoping and proposal agreed Work order and contracts signed off Start date of Project and project & timelines provisionally agreed with moving to mobilisation and project kick off for late September
24. Cancer Screening Invitations	Increase the number of people who accept the invitation of cancer screening on the basis of informed consent.	Prevention & Early Intervention	Improve Health	PAEI01	01/04/2024	31/03/2026	Green				Tier 1 (Prevention)	Cancer Screening Uptake Stats	Communication materials for target group designed from community feedback. Workshops being held in Torry during September regarding community engagement around bowel screening. Video brochures on cancer screening have been circulated to people including Community Health Champions. Discussions being help with a GP Practice about supporting with follow up calls to non attenders for cervical screening.
25. Immunisations Uptake	Improve uptake of immunisations to at least the NHS Scotland average level by March 2027	Prevention & Early Intervention	Improve Health	PAEI02	01/07/2025	31/03/2027	Green				Tier 1 (Prevention)	Immunisation Uptake level	The Winter Vaccination Programme has now commenced with a targetted programme of Health & Social Care Staff Vaccination Clinics. There has been wide communication with staff to encourage early uptake. Internal recruitment & training is progressing for Staff to undertake peer to peer vaccinations within their own workplace to increase opportunities for staff. Age 2-5 Flu has commenced and work is being undertaken to increase uptake by including opportunistic vaccinations at pre-school baby Imms clinics in addition to allocated appointments. Social Media coverage highlighting the change of eligibility for 2025/26 has been widely shared. The Vaccination Team have attended several events during August and September to continue promoting the winter programme including the Podiatry and Chronic Pain Community Appointment Days and the Great Weern Road Community Commcon event to speak to families about the importance of protecting themselves this winter. Further promotions has taken place at the Womens Wellbeing Day and Torry Family Health & Wellbeing day. Work will be undertaken throughout the programme to offer more opportunities within local pop up clinics as staffing capacity allows.

26. Healthy Weight	Publish an agreed multi-agency Healthy Weight Action Plan for Aberdeen City by December 2025	Prevention & Early Intervention	Improve Health	PAEI03	01/07/2025	31/12/2025	Green				Tier 1 (Prevention)	Plan published following approval by relevant agencies.	A system-wide workshop was held on 16/09/25. The purpose of which is threefold: 1) revisit the causes of obesity; 2) prioritise system level change ideas; and 3) refining our vision statement. There were 58 individuals who attended the event, including cross-system representation from Partners in academia; the third sector; catering; transport; education; sport and healthcare services. Of those who completed the post-event evaluation, the average satisfaction rating was 8.5/10, with almost half of responders rating the event 9/10. One responder stated they "felt part of a movement rather than learning" and particularly enjoyed "brain storming and thinking rather than listening to presentation[s]". Next steps is collating feedback and actions highlighted. Representatives from the project team co-presented an abstract at the UK Congress on Obesity on the 10-11 September. The presentation focused on the role of the Health Determinants Research Collaborative in supporting the development of the Healthy Weight Approach in Aberdeen City
27. Public Mental Health	Publish an agreed multi-agency Public Mental Health action plan for Aberdeen City by March 26	Prevention & Early Intervention	Improve Health	PAEI04	01/07/2025	31/03/2026	Green				Tier 1 (Prevention)	Plan published following approval by relevant agencies.	Early stakeholder engagement is now underway to introduce action plan development work to key stakeholders from across the system High level service mapping is being undertaken to better understand mental health services and supporting landscape in Aberdeen City Collaborating with colleagues in NHS Grampian's Health Intelligence department to secure support for data mapping and high level summary of mental health data across Aberdeen City Planning to undertake wider action mapping work with stakeholders, which will inform stakeholder workshops that are currently scheduled for November.
28. Ageing Well	Publish an agreed multi-agency Ageing Well action plan for Aberdeen City by April 2026	Prevention & Early Intervention	Improve Health	PAEI05	01/07/2025	30/04/2026	Amber	Timescales; Deliverables; Budget/Savings; Resources	Amber rating as project is currently meeting its milestones, however challenges will emerge at upcoming phases relating to key staff and partner availability to support the project over the winter period, particularly as the project only has one member of the Strategy and Transformation Team working on the project. There is also a risk around the complexity of the mapping exercise.	Programme Plan Communication and Engagement Plan Risk Register Support and oversight of Prevention SRO, Active Ageing Aberdeen Working Group, and Public Health Oversight and Support Group	Tier 1 (Prevention)	Plan published following approval by relevant agencies.	The Active Ageing Aberdeen programme commenced in June 2025 and is coming to the end of phase 1 of its programme cycle (programme set up). Programme governance has been put in place, which includes development of key documents such as a programme plan, risk register, communication and engagement plan, and programme initiation document. The Active Ageing Aberdeen Working Group met for the first time on 26 June and now meets on a six-weekly cycle. The Active Ageing Working Group is chaired by ACHSCP's Prevention Lead and supported by the Transformation Programme Manager-Communities. Membership of the Working Group includes representation from Primary Care, Strategy and Transformation, Mental Health and Learning Disabilities, Community Nursing, Adult Social Work, Bon Accord Care, and NHS Grampian's Older Person's Psychology Service. The programme has now commenced phase 2 (Building the Local Picture) and mapping the active ageing system across Aberdeen City has begun. The Active Ageing Working Group next meets on 4th December. The programme remains on track to develop an Active Ageing action plan by April 2026.
29. Smoking in Pregnancy	Decrease the number of women who are smoking during pregnancy in the 40% most deprived SIMD	Prevention & Early Intervention	Reduce Harm	PAEI06	01/07/2025	30/09/2025	Green				Tier 2 (Early Intervention)	Reduction in smoking prevalence at booking, number of pregnant women who set a quit date	Aberdeen City continues to show strong progress under the new Tobacco Dependency in Pregnancy (TDIP) pathway. In July 2025, 144 women were booked by Aberdeen City Community Midwives, with 83 receiving CO tests at booking—representing a 57.6% testing rate. Of these, 10 women were identified as smokers or recent quitters, and 6 had elevated CO readings. These figures contribute to the wider Grampian improvement, where CO testing at booking rose from 71.4% in July 2024 to 77.1% in July 2025. The Healthpoint service has successfully contacted 175 women across Grampian, with 78.1% of those who requested support setting quit dates—many from SIMD 1 & 2 areas. Local engagement and service integration are key to Aberdeen's success. Healthpoint wellbeing calls now include advice on smoking, oral health, gestational diabetes, mental wellbeing, and financial support. In Aberdeen, 34 women have been referred to the Infant Feeding Peer Support team, and 28 received dental access advice. (Source: Tobacco Dependency in Pregnancy Monthly Report July 2025)
30. Young People Vaping	Reduce the number of 13-18-year-olds in regular use of Vaping products	Prevention & Early Intervention	Reduce Harm	PAEI07	01/05/2024	30/04/2026	Green				Tier 2 (Early Intervention)	No. 13-18 year olds regularly Vaping	The "ABZ Vape-Free Generation" improvement project is working to reduce regular vaping among 13–18-year-olds to 4% by 2026. Led by Education Support Officers and supported by a Health Improvement Officer this is aligned with the LOIP goal of increasing healthy life expectancy, the initiative responds to rising youth vaping trends driven by sweet-flavoured, brightly packaged products and social media influence. The project includes school-based surveys, awareness campaigns, and support mechanisms tailored to young people. It aims to shift attitudes and behaviours through education and engagement, recognising the addictive nature of nicotine and the unknown long-term health impacts of vaping.
31. Drugs and Alcohol Harms	Reduce harm caused by the use of drugs and alcohol	Prevention & Early Intervention	Reduce Harm	PAEI08	01/07/2025	31/03/2029	Amber	Deliverables; Resources; Overall Assurance/Risk Level	Aberdeen, along with other areas in Scotland, have had an increase in drug deaths in 2025 linked to synthetic opioids contaminating the illicit drug supply. This has increased pressure on services. Specialist drug and alcohol services are GOPES4. ADP/CPA system changes are ambitious but capacity to support transformation is limited	Maintaining service capacity / stability	Tier 2 (Early Intervention)	Reduction in deaths related to drugs and alcohol by 10%	A number of initiatives are progressing, albeit slowly. Work on scenario and emergency planning is progressing. Need to get more partners proactively engaged. Work ongoing to refresh LOIP. Awaiting new SG plans for 25/26. Medication Assisted Treatment Standards (MAT Standard) Reporting prepared for national benchmarking
32. Suicide and Self Harm Prevention	Deliver & implement Action plans for Suicide & Self Harm Prevention Strategies	Prevention & Early Intervention	Reduce Harm	PAEI09	01/07/2025	31/03/2029	Green				Tier 1 (Prevention)	5 Year Rolling Average No. of Suicides	Based on the National Strategy for Suicide Prevention 'Creating hope together' and how it aligns with Aberdeen City. SAMH are the current service provider for Suicide Prevention work which started in April 2025 - March 2026. There are 5 priorities across Aberdeen City. These are: Building Community Capacity, Children and Young People, Lived/Living experience, Bereavement and Data analysis and risk. We are in the process of developing the 2025/2026 action plan. This feeds into the Aberdeen/Moray Suicide Prevention Leadership Group (AMSPLG). Aberdeen City Delivery multi-agency group is established to focus on local issues, aims and local action plans. We link into the Aberdeen City Local Outcome Improvement Plan where the project aim is "Reduce the 5 year rolling average number of suicides in Aberdeen by at least 5% by 2026". Quarterly updates are submitted. Aberdeen City are piloting a multi-agency database system for death review called QES which, started on 01/10/24. Processes have been developed alongside Public Health Scotland and ongoing monitoring of this is underway. World Suicide Prevention Day took place on 10th September 2025 where various events happened across the City, on social media and Marischal College will be lit up. An evaluation will take place on how we did.

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INTEGRATION JOINT BOARD

Date of Meeting	19 th November 2025
Report Title	Justice Social Work Service Annual Performance Report 2024-25
Report Number	HSCP.25.087
Lead Officer	Claire Wilson, Chief Officer Adult Social Work
Report Author Details	Name: Val Vertigans Job Title: Strategic Service Manager, Justice Social Work Service Email Address: vavertigans@aberdeencity.gov.uk
Consultation Checklist Completed	Yes/No
Directions Required	No
Exempt	No
Appendices	A: Justice Social Work Annual Performance Report 2024-25
Terms of Reference	5. Receive and scrutinise performance reports and receive assurance that actions in respect of emerging trends are proportionate to the IJB's Risk Appetite Statement.

1. Purpose of the Report

- 1.1. The purpose of the report is to present the Risk, Audit and Performance Committee (RAPC) with the Justice Social Work Service (JSWS) Annual Performance Report 2024-25.

2. Recommendations



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2.1. It is recommended that the Risk Audit and Performance Committee:

- a) Notes the Justice Social Work Annual Performance Report 2024-25 (Appendix A) which provides assurance about progress made over the year.

3. Strategic Plan Context

3.1. Justice Social Work is delegated by Aberdeen City Council to the Integration Joint Board (IJB) as set out in the Aberdeen City Integration Scheme created under the Public Bodies (Joint Working) (Scotland) Act 2014. The two Strategic Aims set out in the Aberdeen City Health and Social Care Partnership Strategic Plan 2025-29 underpin, and have a strong, particular relevance to the work of the Justice Social Work Service, in terms of modernising our approach to service delivery and increasing our focus on prevention and early intervention wherever we can.

4. Summary of Key Information

4.1. As set out in the Annual Performance Report at Appendix A, 2024–25 has been a year of significant activity, challenge, and progress for the Justice Social Work Service. Despite increasing complexity in the needs of those we support, legislative changes, and ongoing system pressures, the service has continued to deliver high-quality, person-centred interventions that prioritise public protection and individual outcomes.

4.2. Demand on the Service is now returning to pre-pandemic levels. Highlights, in relation to the year 2024-25, include:

- the number of Justice Social Work Reports requested by the Courts increased by 5% from the previous year and continue to surpass pre-pandemic levels;
- Diversion from Prosecution cases have reduced overall in 2024-25, after the significant increase seen the previous year, but still remain higher than the four year period from April 2019 to March 2023;
- the numbers on Bail Supervision have reduced over 2024-25 by 29% compared to the previous year. This is due to a number of factors including changes in legislation which mean that sheriffs are more reluctant to remand and will offer standard bail rather than requesting assessment for Supervised Bail or an Electronic Monitoring Order, a decline in bail being opposed by



INTEGRATION JOINT BOARD

COPFS, for the same reasons, and implementation of a new process, in conjunction with the Court;

- the number of Community Payback Orders imposed increased significantly, up by 24% from the previous year and returning to pre-pandemic levels;
- the number of CPO Unpaid Work and Other Activity Requirements stood at 701 as at 7th May 2025, up from 524 as of 2nd May 2024 (an increase of 34%);
- numbers undertaking the Caledonian Programme for perpetrators of domestic abuse remain significant;
- the number of individuals where Aberdeen has statutory Throughcare supervision responsibility increased to 255 as at 31st March 2025 (up from 190 as at 31st March 2024).

4.3. The Performance Report also includes:

- an overview of specific current challenges (in addition to the general overall increase in demand), and work being progressed to address these, including: the wider partnership response to those released from custody via virtual courts, and unplanned liberations from other courts; the increase in the number of Unpaid Work Requirements and how we respond to this; and improving pathways for young people, in collaboration with Children's Services;
- an overview of how we listen to the voice of those we work with, via completion of Exit Questionnaires, and reflects the overwhelmingly positive nature of these;
- how we are moving forwards via our refreshed [JSW Service Delivery Plan for 2025-29](#), which encompasses areas identified for improvement and gaps in support or services identified.

4.4. The report presents an overview of the huge amount of work undertaken by the service during the year, showing what has been achieved, including the positive outcomes for our clients. It also reflects the ongoing commitment and dedication of the staff who work within the service within an increasingly challenging context.



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- 4.5.** Justice Social Work cannot operate in isolation, and continues to work closely on a multi agency basis with a wide range of partner organisations and services, including as part of the Multi Agency Public Protection Arrangements (MAPPA), and MARAC (multi agency working around the safety of those harmed by or at risk of domestic abuse), and as part of Community Planning Aberdeen's multi agency Community Justice Group, and the related Local Outcome Improvement Plan work.

5. Implications for IJB

As referenced above, Justice Social Work is delegated by Aberdeen City Council to the Integration Joint Board (IJB) as set out in the Aberdeen City Integration Scheme. This report provides assurance about how the Service is fulfilling its functions.

5.1. Equalities, Fairer Scotland and Health Inequality

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

5.2. Financial

There are no direct financial implications arising from the recommendations of this report. Justice Social Work is funded primarily via ring-fenced funding based on service volumes as reported to Scottish Government on a regular basis.

5.3. Workforce

There are no direct Workforce implications arising from the recommendations of this report. Training and development of staff is prioritised to ensure we have a motivated and effective workforce which has the capability of delivering services to the Courts as required.

5.4. Legal

There are no direct legal implications arising from the recommendations of this report. JSWS undertakes statutory functions and legal advice is sought as required.



INTEGRATION JOINT BOARD

5.5. Unpaid Carers

There are no direct implications for Unpaid Carers arising from the recommendations of this report.

5.6. Information Governance

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

5.7. Environmental Impacts

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

5.8. Sustainability

There are no direct implications arising from the recommendations of this report in relation to Sustainability.

5.9. Other

There are no other implications.

5.10. Management of Risk

Risk Appetite Statement

The content of the Report relates to the following from the ACHSCP Risk Appetite Statement:

Regulatory compliance risk: It will accept no or low risk in relation to breaches of regulatory and statutory compliance.

Assessment and mitigation of risk relating to individual clients forms the basis of JSW's fundamental ongoing service delivery across the piece. Arrangements are in place for escalation, in conjunction with partners as required, including as part of MAPPA.

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Justice Social Work

Annual Performance Report 2024-25

1. Introduction

As Chief Officer for Adult Social Work, I am delighted to present our Justice Social Work Annual Performance Report for 2024-25.

We continue to deliver our services to a high standard, despite increasing workloads (as reflected in the figures provided in this report). Justice Social Work is also impacted by wider system pressures, including resourcing constraints which are affecting services across the piece. And those we work with are presenting with increasingly complex and challenging risks and needs.

Notwithstanding this, our dedicated workforce continues to aspire to our service Vision, that “Every person that we work with achieves the best possible individual and statutory outcomes, whilst acknowledging that public protection is paramount”. Staff engaged in the refresh of our Vision and Values in February 2025, (as part of the refresh of our service Delivery Plan), which served to reinforce our core values of being person-centred, demonstrating ‘stickability’, flexibility and responsiveness, and working in a way that is informed by an understanding of the impact of trauma.

In August 2024 the first appointment was made to a new role within the Justice Social Work Service – Strategic Service Manager – to work alongside the Service Manager for Operations. This role was created in recognition of the extensive strategic, statutory performance reporting and governance demands that the service has in place. This also gave a real focus and increased capacity for continuous on service improvement.

This report presents an overview of the huge amount of work undertaken by the service during the year, showing what has been achieved, including the positive outcomes for our clients. I would like to take this opportunity to express my thanks to all the staff who work within the service for their ongoing commitment and dedication within an increasingly challenging context. I would also like to recognise the longstanding contribution made by our outgoing service manager who retired at the end of March 2025.

2. Strategic Context

Justice social work is delegated by Aberdeen City Council to the Integration Joint Board (IJB) as set out by the Public Bodies (Joint Working) (Scotland) Act 2014. The Aberdeen City Health & Social Care Partnership’s [Strategic Plan 2025-29](#) sets out the priority objectives for all of the delegated functions and services. ACHSCP is also a statutory member of Community Planning Aberdeen. There is a strong alignment between the integration partnership’s Strategic Plan and the community

planning partnership's [Local Outcome Improvement Plan 2016-26](#), which was refreshed in April 2024. The LOIP contains a number of improvement projects under Stretch Outcome 9 - *10% fewer adults (over 18) charged with more than one offence by 2026* - in which the JSW Service is playing a key part due to its central role within Community Justice.

At a national level, the [National Outcomes and Standards](#) provide clear guidance on the delivery of justice social work services. Other key strategic documents include [The Vision for Justice in Scotland](#) (2022), the [Strategy for Community Justice](#) (2022), and a Community Justice Outcomes Performance and Improvement Framework (2023). Service delivery also aligns with the national [GIRFE principles](#). In addition, and the Scottish Government have outlined [national health and wellbeing outcomes](#) which all partnerships must strive towards.

3. Governance

The Terms of Reference of the Service's Performance Management Board (PMB), were refreshed during the year, as part of a review of the Services' governance arrangements. The PMB is chaired at Chief Officer level and, with Senior representation from across the Service, has continued to meet on a quarterly basis and maintain oversight of progression of the Delivery Plan, performance management, learning and development, digital developments, and informed by findings from quality assurance, reviews and exit questionnaires, to drive forward continuous improvement across the Service.

A new operational Implementation Group, on which all staff are represented, was established during the year. This group reports in to the PMB, with the remit of progressing the Delivery Plan actions, consideration of performance information and learning & development matters, resolution of any systems issues (D365, LSCMI, etc), and consideration of any wider Community Justice 'operational' issues / issues relating to other services. This group has replaced three other groups, contributing to freeing up valuable staff time.

The scheduled Service Quality Assurance programme has, for the most part, been progressed during the year, although service demands did impact on completions in some areas. This forms part of the JSW Performance Framework, and there are targets which Senior Social Workers should meet which are reported in to each meeting of the PMB, via the Implementation Group.

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

4. Our Service

The Service continues to be diverse, complex and busy and consists of a Pre-Disposal team based at the Court, three Community Payback Orders (CPO) teams, an Unpaid Work team, Women's Service, Caledonian workers, Throughcare team, Support Work and Admin teams. The primary remit of the Service is to provide statutory supervision and support to individuals who have offended, using interventions which are proportionate to risk and need. This supervision ranges from low level for those on Diversion from Prosecution to very high level, and with support from Multi Agency Public Protection Arrangements (MAPPA) for the "critical few" who pose significant public protection concerns.

The individuals with whom the service works may be experiencing a range of issues, including mental health problems, learning difficulties, personality disorders, drug and/or alcohol problems, behavioural/anger management problems, neurodiversity issues etc., often undiagnosed, and a poverty of aspiration for themselves. JSW staff are responsive to these increasingly complex needs and risks and accept their professional responsibilities to respond accordingly in a person-centred and trauma-informed manner in order to deliver individual and statutory outcomes.

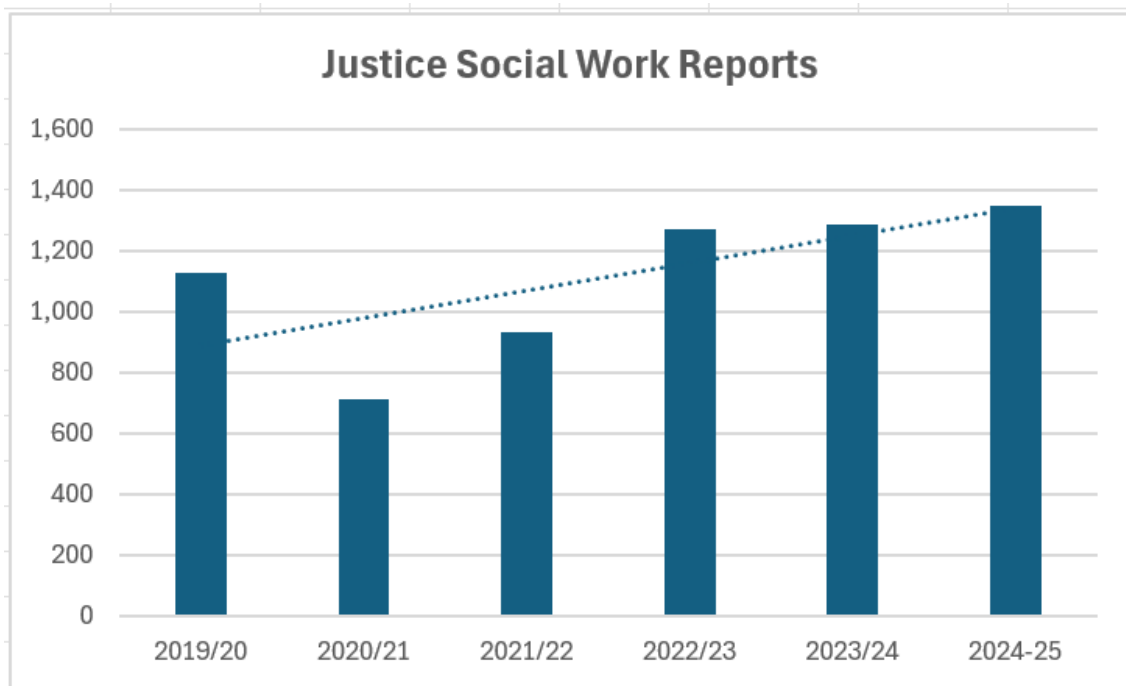
5. Our Performance

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

Table 1

	2019/20	2020/21	2021/22	2022/23	2023/24	2024-25
Justice Social Work Reports	1,126	715	935	1271	1286	1348
Community Payback Orders imposed	1,055	506	667	909	851	1059
Diversion commenced	114	150	168	149	287	248
Bail Supervision commenced	45	<5	26	117	126	90

The purpose of **Justice Social Work Reports** (JSWR) is to assist in the sentencing process, provide a risk and needs assessment, which will complement the range of other information available to the court. Justice Social Workers are skilled at assessment, problem solving and devising person centred plans and require drawing on all of these skills when compiling a JSWR. In particular, the report provides information on the context of the person's circumstances and focuses on social work interventions and how these may impact positively upon recidivism and the identified risk and need factors.



Numbers of Justice Social Work Reports have increased by 5% from 2023-24 to 2024-25, and continue to surpass pre-pandemic levels.

Diversion from Prosecution by the Crown Office and Procurator Fiscal Service enables individuals who have committed offences and have significant underlying needs to be diverted into support and, ideally out of offending and Court processes, at an early stage. This disposal, particularly when imposed by the Problem-Solving Court, is again intended both as a lower level, albeit intensive, intervention and as a diversion from custody.

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

Although numbers of Diversion cases have reduced overall in 2024-25, (though still remain higher than the four year period from April 2019 to March 2024), the numbers of young people aged between 16 and 25 who were diverted has increased by 41%, with the increase particularly relating to young people under 21. This reflects local multi agency efforts to ensure that young people are kept out of the adult justice system where possible and diverted to interventions which will support them to move away from offending behaviour.

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

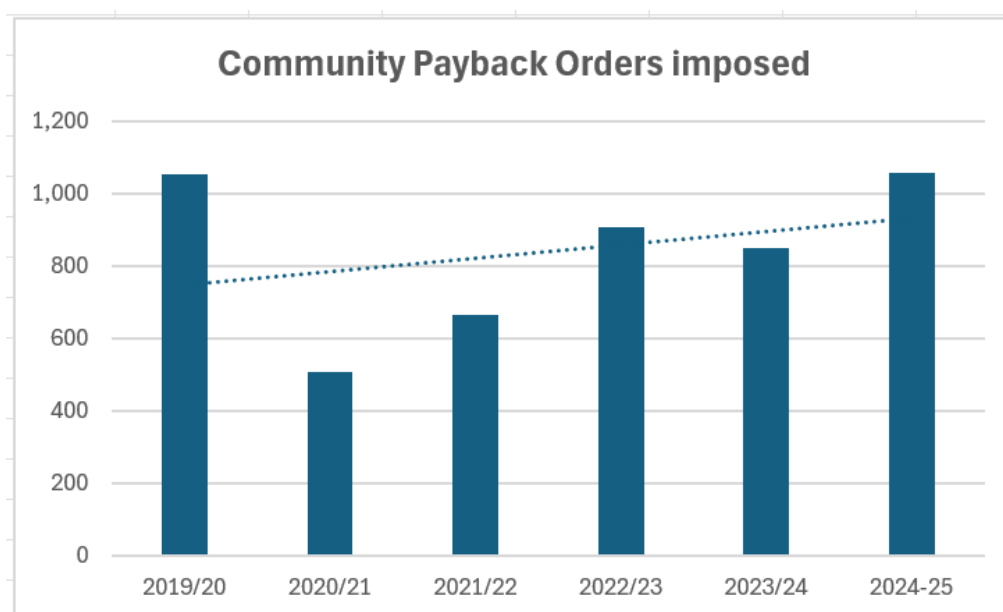
80% of those who completed Exit Questionnaires at the end of their Diversion intervention felt that they were less likely to get into trouble again, and better able to cope with issues that led to them being charged.

Bail Supervision offers a robust and credible alternative to remand in custody, whereby people accused or convicted of an offence (or offences) are assessed as

requiring a level of supervision, monitoring, and support to adhere to bail conditions. Bail supervision involves Bail Supervision assessments being provided to the Court with a proposed a package of supervision and support to the person. This can include the provision of direct support, as well as signposting and assistance to access relevant support services, including accommodation, employability, drug and alcohol services, or mental health support. Access to appropriate support services whilst subject to bail supervision is dependent on statutory and third sector services provided in local areas. As such, local collaboration between community justice partners is critical.

As Table 1 above shows, the numbers on Bail Supervision have reduced over 2024-25 by 29% compared to the previous year. This is due to a number of factors, including changes in legislation (eg the Bail and Release from Custody (Scotland) Act 2023 and the Children (Care and Justice) (Scotland) Act 2024) which mean that sheriffs are more reluctant to remand and will offer standard bail rather than requesting assessment for Supervised Bail or an Electronic Monitoring Order. A decline has also been seen in bail being opposed by COPFS, for the same reasons. A new process was implemented, in conjunction with the Court, in light of the legislative changes, which has led to a reduction in the number of individuals assessed for Bail Supervision. The service now awaits requests for bail supervision assessment from the court or sheriffs except where an individual is specifically identified who would benefit from Supervised bail.

Community Payback Orders (CPO) are the main community sentence in Scotland. A CPO can consist of one or more of nine requirements including offender supervision, compensation, unpaid work or other activity, mental health treatment, drug treatment and alcohol treatment. Every order must contain either an unpaid work or other activity requirement or an offender supervision requirement, or both.



As can be seen, the number of Community Payback Orders imposed has increased significantly from 2023-24 to 2024-25, up by 24% and returning to pre-pandemic levels.

80% of those who completed Supervision Exit Questionnaires (the majority of these being individuals who have successfully completed Community Payback Orders with Supervision), felt that their Supervision had helped them stop or reduce their offending.

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

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

Definitely won't be back!

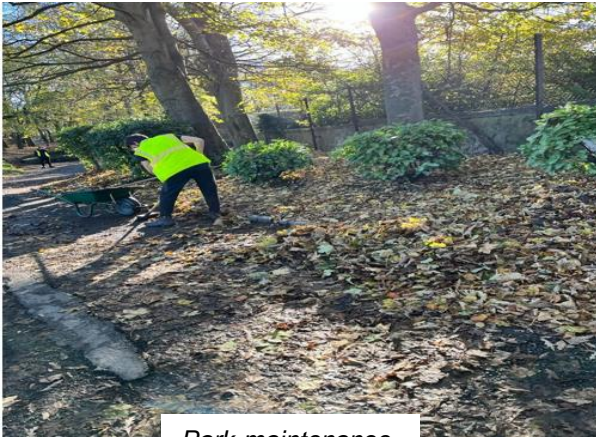
Unpaid Work

At the point of sentence, the court may impose an unpaid work or other activity requirement as part of a CPO. Reparation via 'unpaid work' supports the strengthening of relationships with others in the community, improves employability where appropriate, and supports the development by the individual of a new 'pro-social' identity. Unpaid work is intended to be purposeful, have clear tangible benefits to the community and be meaningful to the individual.

In Aberdeen those undertaking unpaid work are involved in a range of initiatives such as:

- community garden assistance,
- park maintenance,
- painting of community centres, and supported accommodation units etc,
- rubbish collection/fly tip removal,
- assisted shopping runs for the Elderly community,
- snow clearing and gritting, and
- indoor unpaid work craft.

These projects have been instrumental in fostering a sense of togetherness, benefiting both service users, community groups and individuals in need of support.



Park maintenance



Assisted shopping



Snow clearing



Indoor unpaid work craft

As at 7th May 2025, there were 701 CPO Unpaid Work and Other Activity Requirements in place (up from 524 as of 2nd May 2024), and 52,468 hours of Unpaid Work outstanding (up from 42,471). This is an increase in Requirements of 34% on the same date the previous year, and an increase in hours outstanding of 24%.

We currently have 18 Unpaid Work 'Individual Placements' in the city. These include large second hand furniture stores, smaller high street second hand clothing stores, food banks, community centres, a community café, churches and mosques, a community golf course, and a local football and boxing club. Most clients on Individual Placements say they enjoyed the experience, and some have continued volunteering after the Placement has completed.

Below are examples of feedback received from beneficiaries of unpaid work in the community:

- The job that would have taken myself and two others at least a couple of hours, was achieved in less than an hour. The young men you sent were brilliant, and so very helpful, I am impressed.
- I want to express a huge thank you to the task supervisors & the UPW'S for their help yesterday it was fantastic and actually I don't know what I would have done without them.
- Thanks once again and your team for all your help with our young people. We would be lost without it and couldn't do our job.

Programmes

i) Caledonian

The Caledonian System is an integrated approach to addressing domestic abuse. It combines a court-ordered programme for men, which is given as a CPO Programme Requirement, which is aimed at changing their behaviour, with support services for women and children.

During 2024-25, 132 Caledonian assessments were undertaken for suitability of the programme, following which 44 Caledonian Programme requirements were imposed as part of Community Payback Orders. The number of men on programmes generally sits at around 84. The service completes Caledonian assessments for most cases of domestic offending and victims are referred to the Caledonian Women's Service for support from a Women's Worker. So whilst a Caledonian Programme may not be imposed as part of a CPO, victims of domestic offences are offered support. We are also developing a lower-level Domestic Abuse programme which is to be piloted this autumn.

	2020/21	2021/22	2022/23	2023/24	2024-25
Assessments	171	202	161	138	132
Orders	49	64	49	41	44

ii) Moving Forwards Making Changes / Moving Forwards 2 Change

The Moving Forward Making Changes (MFMC) programme was developed to provide treatment for moderate-high risk adult men (aged 18 and above) convicted of sexual offences, and to increase their capacity to meet their needs by non-offending means. During 2024, MFMC was re-designed to draw on the latest available evidence base and based on evaluation and consultation with relevant stakeholders. The re-designed programme, Moving Forward 2 Change (MF2C), has now been rolled out across the country.

Attendance on the MF2C programme is as part of a three year Community Payback Order (CPO) Programme Requirement or prison licence condition. On average we have had between 30 and 35 people on the MFMC programme at any time due to it being a three year programme and people joining and leaving the programme throughout the year.

Aberdeenshire Council has delivered the MFMC (and now MF2C) Programme on behalf of Aberdeen City but is withdrawing that service from April 2026. Our JSW Service is currently establishing a new team which will deliver the service in-house from that time.

Throughcare

The number of individuals in custody on 31st March 2025 where Aberdeen have Throughcare supervision responsibility was 180 (up by 31% from 137 the previous year) and those in the community subject to licence conditions and Supervised Release Orders was 75 (61 as of 31st March 2024).

Table 2 below sets out the number of individuals released on licence during the year.

	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Female	<5	<5	<5	<5	<5	<5
Male	37	39	32	39	45	45

MAPPA

Multi-Agency Public Protection Arrangements (MAPPA) places a statutory duty on the responsible authorities in a local authority area to jointly establish arrangements for assessing and managing the risk posed by certain categories of offenders. This includes all registered sex offenders under MAPPA Category 1 and those assessed as presenting a high risk of serious harm under MAPPA Category 3 for violent offenders.

Justice Social Work continue to work in close collaboration with the MAPPA Co-ordination Unit and with our partner internal and external agencies such as Health, Housing, Police Scotland, Scottish Prison Service, Care Management and Children's Services. The revised national guidance implemented in May 2022 has been

incorporated into practice resulting in clearer processes and co-ordination of multi-agency services being taken forward. This continues to ensure that access to appropriate housing and primary care services are in place when prisoners are released.

Throughout the year 2024/25, Justice Social Work reported 6 initial notifications of potentially serious incidents between MAPPA and the Care Inspectorate with none of those reported proceeding to a Serious Case or Learning Review which indicates the ongoing appropriateness of our interventions and balancing statutory obligations, public protection and the needs and rights of those we work with.

Support Work

The service's support work staff are a vital part of the Justice Social Work Service. Support Workers work with clients to encourage and support them to comply with orders and licence conditions, supporting them to engage as well as with accommodation and financial issues, etc.

6. Working with Third Sector partners

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

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

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

7. Challenges

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

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

Although numbers of 16 and 17 year olds in contact with the service are low (seven Justice Social Work Reports and <5 CPOs in 2024-25), the service provided JSWRs for 89 young people aged 18 – 20 years, and oversaw the same number of CPOs, in the same period. Getting it right for these young people is critical, and with a lack of dedicated resourcing, there is scope for improvement in terms of pathways and collaborative working between Justice and Children’s Social Work Services, particularly in light of current and future changes relating to the Children’s Care & Justice (Scotland) Act 2024.

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

8. Feedback from clients

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

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

* includes 2 for whom gender unknown

** collation of Exit Questionnaires not reinstated until November 2023

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

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

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

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

9. Areas for Improvement / Looking Forwards

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

understanding of our client base and inform how we better meet the needs of those we work with.

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

- Outstanding actions from the previous Delivery Plan;
- Feedback from staff, clients and partners;
- Key data, including comparison with other areas;
- Findings from the above referenced Self Evaluation of Performance and Quality Assurance (as part of a national exercise led by the Care Inspectorate), and from Quality Assurance of case records;
- Alignment with the local Health & Social Care Partnership Strategic Plan and Community Planning Aberdeen Local Outcome Improvement Plan priorities; and
- Alignment with national Community Justice priorities.

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

Local / service issues:

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

National / wider issues:

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

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

training and development of appropriate procedures, etc, which will be required to fill this gap.

10. Conclusion

2024–25 has been a year of significant activity, challenge, and progress for the Justice Social Work Service. Despite increasing complexity in the needs of those we support, legislative changes, and ongoing system pressures, the service has continued to deliver high-quality, person-centred interventions that prioritise public protection and individual outcomes.

The data and feedback presented in this report demonstrate the breadth and depth of our work — from statutory supervision and unpaid work to specialist programmes and throughcare support. Our commitment to continuous improvement has been evident through the refresh of our Delivery Plan, enhanced governance structures, and engagement with national thematic reviews and strategic developments.

Looking ahead, we remain focused on addressing identified gaps, strengthening partnerships, and preparing for future legislative and policy changes. The development of in-house provision for the MF2C programme, further work on domestic abuse interventions, and improved collaboration with housing and mental health services are key priorities.

We extend our sincere thanks to all staff across the service for their dedication, resilience, and professionalism. Their efforts continue to make a meaningful difference in the lives of individuals, families, and communities across Aberdeen.



RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	19 November 2025
Report Title	Q2 – 2025/2026 Budget and Savings Monitoring Update including per Service Line
Report Number	HSCP.25.090
Lead Officer	Fiona Mitchelhill Chief Officer - ACHSCP
Report Author Details	Bernadette Bularan Deputy Chief Finance Officer, ACC bbularan@aberdeencity.gov.uk
Consultation Checklist Completed	No
Directions Required	No
Exempt	No
Appendices	None
Terms of Reference	Clauses 15 – 19 of the Terms of Reference for the Aberdeen City IJB

1. Purpose of the Report

- 1.1. To summarise the financial performance, in reference to the budget approved for 2025/26 fiscal year, of the second quarter (Q2) ending 30 September 2025 for the services within the remit of the Integration Joint Board (IJB);
- 1.2. To present the projected results up to the end of FY 2025 – 2026; and
- 1.3. To advise on any areas of risk and management mitigating action.

2. Recommendations

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



RISK, AUDIT AND PERFORMANCE COMMITTEE

- a) Notes the results hereinunder shown for the following periods and the related risks and mitigating measures:
- Updated funding / income for the year 2025/26
 - Projected / forecasted costs of services / expenditure up to the end of the fiscal year, 31 March 2026
 - Q2 / 2025/26 Costs of Services against budget for the same period

3. Summary of Key Information

3.1. Funding availability (INCOME):

- a.) In reiteration and with due consideration to the approved IJB Budget 2025/26¹, and Medium Term Financial Forecast (MTFF) approved 1 July 2025², the budget funding for 2025/26 was valued at £439.094million with savings of c.£14m also approved. The updated funding of £442.863million was updated with the change in the Set Aside and eNIC values during the Q1 discussions.

PARTICULARS REPORTED Q1 / 2025 - 2026	ACC £'000	NHS £'000	TOTAL £'000
Funding commitments 2025 - 2026	(135,958)	(233,755)	(369,713)
Set Asides	(1,771)	(59,238)	(61,009)
eNIC	(303)	(929)	(1,232)
Additional contribution	(4,200)	(6,709)	(10,909)
GROSS INCOME 2025 - 2026	(142,232)	(300,631)	(442,863)

- b.) As of Q2 / 2025/26, the funding status had been updated to consider the funding adjustments from the local government to the NHSG. Funding structure from the ACC remains the same.

PARTICULARS AS AT Q2 - 2025 / 2026	ACC £'000	NHS £'000	TOTAL £'000
INCOME			
Funding commitments 2025-2026	(135,958)	(251,454)	(387,412)
Set Asides	(1,771)	(59,238)	(61,009)
eNIC	(303)	(929)	(1,232)
Additional contribution	(4,200)	(6,709)	(10,909)
TOTAL INCOME	(142,232)	(318,330)	(460,562)

Additional funding from the NHSG applies to:

- a.) Primary Care Improvement (Ring-fenced up to £7.9m)

¹ [Budget 25-26 Report.pdf](#) – 18 March 2025

² [HSCP.25.053 IJB MTFF paper.pdf](#)



RISK, AUDIT AND PERFORMANCE COMMITTEE

- b.) Various mental health and substance abuse requirements (Ring-fenced up to £4.3m)
- c.) Community services (Ring-fenced up to £0.3m)
- d.) City Vaccinations (Tranche 2 up to £1.1m)
- e.) Hosted Services alignment (up to £3.9m)
- f.) Other minor adjustments (up to £0.2m)

3.2. Cost of Services (Expenditures):

- a.) Projected / forecasted (outturns) up to the year end 2025/26 pertaining to the costs of services are as follows:

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

Some of the unfavourable variances against budget is a result of:

- i. Mental Health and Learning Disabilities: Transitioning costs from child to adult learning disabilities coming in later during the year and was not considered at the time the annual budget was prepared
- ii. Across service lines: Increased rates in commissioning costs, agency locums across the OAP, AMS, and SMS pathways
- iii. Primary Care Prescribing: Increased volumes of prescriptions while at the same time, there is an increase in prescription rates
- iv. Community Health: Additional nursing costs for clients on out of area placements
- v. Across service lines: Staffing costs brought on by long-term absences, where the costs of absent staff and their fillers add up to the pressure.



RISK, AUDIT AND PERFORMANCE COMMITTEE

- b.) Noting the current income level of £460.6m, and the projected expenditure of £460.5m, an underspend of £0.43k is indicated at year end.

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

- c.) As of the end of 30 September 2025, there is an overspend in the cost of services compared to the YTD budget, the unfavourable variance of which is / are caused by the aforementioned causes from a.i to a.v above.



RISK, AUDIT AND PERFORMANCE COMMITTEE

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

4. Implications for IJB

Every organisation must manage the risks inherent in the operation of large and complex budgets. These risks are minimised by the regular review of financial information by budget holders and collectively by the Board and the Risk Audit and Performance Committee. This report is part of that framework and has been produced to provide an overview of the current financial operating position.

4.1. Equalities, Fairer Scotland and Health Inequality

There are no implications arising from this report.

4.2. Financial

The financial implications are contained within this report and further noted in section / clause 5.

4.3. Workforce

There are no major direct workforce implications arising from the recommendations of this report. The search for the Deputy CFO – IJB has



RISK, AUDIT AND PERFORMANCE COMMITTEE

now been finalised and a candidate had been identified. Specific commencement date will be announced outwith this Committee session. In addition, linked to point 4.2 above and section / clause 5 below, the relevance of financial literacy amongst the operations team is vital.

4.4. Legal

There are no direct legal implications arising from this report.

4.5. Unpaid Carers

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

4.6. Information Governance

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

4.7. Environmental Impacts

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

4.8. Sustainability

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

4.9. Other

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

5. Management of Risk

5.1. Identified risks(s) considering the Strategic Risk Register

- a) Financial sustainability: The approved budget for 2025/26 includes additional funding from both Partners and amounts to £10.909m. This has helped the UB avoid implementing the full range of budget saving options this year, that would have impacted on citizens, service users and the Health and Social Care system. The fact this funding is not assumed to



RISK, AUDIT AND PERFORMANCE COMMITTEE

be recurring presents the IJB with a financial challenge in future years, and this was captured in the approved MTFF, 1 July 2025.2025/26

- b) In the current year the following are contributing to on-going pressures:
 - i. Staffing costs not only resulting from annual pay awards but also from (Note point 3.2.a.v above)
 - Absences and the need to fill those absences
 - Staff utilisation and operational costs efficiency
 - ii. Provider care costs with the IJB contractually obligated, based on existing contracts, to fund the running costs of most care providers. 20% of existing contracts are on block – funding basis which means that whether or not we are utilising space, we are paying for said space.
 - iii. Upcoming increases in prescription rates compounded by the fact that the volume of prescriptions are increasing as noted in point 3.2.a.iii above
 - iv. Care needs (demand for services):
 - Ever-changing care needs, general trend is rising, with aging population
 - Young people (i.e., children) transitioning to adult social care needs.
- c) The Level 4 corrective actions instigated for NHSG were published 9 October 2025³. And in line with this, the IJB expects that the existing Integration Scheme's⁴ definition of each partner's funding contribution in line with its planned service deliveries will remain intact. Currently, the funding proportion averages:
 - i. ACC: 30 – 35%
 - ii. NHSG: 65 – 70%

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

- a) The impact is clear: The recognition of the relationship between funding – supply-demand cannot be underestimated.
- b) To mitigate future financial risk the IJB will work together to deliver further financial savings plans.

For fiscal year 2025 – 2026, an iteration of the savings objectives are noted hereunder. Noting the causes of the unfavourable variances in the Costs of Services as per point 3.2 and 5.1 above, and the overspends reported as of

³ [KPMG Report](#)

⁴ [Integration Scheme](#)



RISK, AUDIT AND PERFORMANCE COMMITTEE

Q2 and projected towards year-end, work is on-going to recognise these savings targets.

Budget Saving Category	Budget Saving £'000
Managing staff vacancies	1,346
Anticipated savings from post reduction	884
Reducing bank nursing expenditure	999
Estates savings - consolidation of properties	153
Utility savings	50
Review of care provision older people and learning disability	3,328
Review of day care provision	1,449
Key commissioned service provider review	4,599
Reviewing mix of residential care provision	336
Review out of area care	174
Supplier review	1,035
TOTAL	14,353

Vital to note though:

- i. Service provider under review is currently on track to break even hence meeting the £4.599m target, savings to date is £2.3m
 - ii. Supplier or Provider contracts review is on-going with existing contracts currently under negotiations.
- c) In the future, the following estimated savings requirements⁵ will have to be thoroughly reviewed. It must be noted that these savings estimates can further increase depending on on-going performance delivery of the IJB, i.e., overspends and reliance on additional funding mean more savings are required.

	2025/26 £'000	2026/27 £'000	2027/28 £'000	2028/29 £'000
Estimated Summary position				
Estimated in year savings required		(14,045)	(1,929)	(1,585)

Based on the identified risks above, the following are currently being prioritised by the senior leadership team of the IJB:

- i. Staff costings (Absence management + staff utilisation)

⁵ [The IJB MTFF presented in July 2025's IJB Board meeting](#)



RISK, AUDIT AND PERFORMANCE COMMITTEE

- ii. Supplier / Provider care review, which then feeds into the scenario study of a key service provider
 - iii. Stringent Services Lines' financial performance monitoring: project timeline, immediate via point c below and the regularised budget holder meetings
- b) In reference to the above point 5.2-c.iii, there is an extensive systems work via MS Dynamics 365 being carried out to monitor clients, their care package status, along with their financial assessments that will enable the IJB to track not just the ever-changing client care requirements but also its related costs. As on-going configuration works are currently being done, a viable presentation of a sample dashboard may only be presented at the close of Q3 / 2025/26.

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RISK AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	19 November 2025
Report Title	Directions and Data Protection Impact Assessments Update Report
Report Number	HSCP25.091
Lead Officer	Alison MacLeod, Strategy and Transformation Lead
Report Author Details	Name: Alison MacLeod Job Title: Strategy and Transformation Lead Email Address: alimacleod@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	A. Directions Tracker B. Record of Data Protection Impact Assessments (DPIAs)
Terms of Reference	6. Instruct Performance Reviews and related processes.

1. Purpose of the Report

- 1.1. This report presents the six-monthly update on the status of Directions and Data Protection Impact Assessments (DPIAs) made by the Integration Joint Board (IJB) to Aberdeen City Council (ACC) and NHS Grampian (NHSG).

2. Recommendations

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

- a) Notes the detail and updates contained within the report and the two appendices.



RISK AUDIT AND PERFORMANCE COMMITTEE

3. Strategic Plan Context

- 3.1. Under Section 26 of the Public Bodies (Joint Working) (Scotland) Act 2014, in order to carry out the functions delegated, the IJB must give Directions to a constituent authority. For Aberdeen City IJB the constituent authorities are ACC and NHSG. Monitoring the effectiveness of the Direction process provides assurance that activity is being undertaken to help further the delivery of the Strategic Plan. Many of the Directions made are linked directly to specific programmes or projects as set out in the Delivery Plan.
- 3.2. A Data Protection Impact Assessment (DPIA) is a process designed to help the systematic analysis of the data protection risks of a project or plan and the identification of mitigating actions. It is a key part of accountability obligations under the UK General Data Protection Regulation (GDPR). Recording DPIAs helps to assess and demonstrate compliance of the Strategic Plan with GDPR regulation.

4. Summary of Key Information

- 4.1. 'Health and Social Care Integration Statutory Guidance - Directions from Integration Authorities to Health Boards and Local Authorities', published in January 2020, states that there should be a log kept of all Directions made. At its meeting on 23 September 2020, the Risk Audit and Performance Committee (RAPC) agreed that a report on Directions would be presented every 6 months to review this log and provide assurance that the Directions were being issued and actioned in accordance with the 2014 Act.
- 4.2. Members agreed at the RAPC on 23rd June 2022 to a new 'traffic lights' system with four classifications to indicate the status of Directions. The classifications are as follows;

GREEN (Ongoing) indicating where the current direction is still valid, in place and not due for renewal or completion.

AMBER (Due) indicating Directions which are due for renewal or completion within the 6 months following the date of the Committee where the report is presented, including those which are at risk of not being completed within the timescale and / or within the allocated budget. In the case of the latter, an update to RAPC is required.

RED (Concern) indicating Directions which have either:



RISK AUDIT AND PERFORMANCE COMMITTEE

- a) Not been implemented due to issues with implementation e.g. no service available to deliver on the direction; or
- b) Directions which have expired and have not been reported as renewed or completed.

GREY (Complete) – indicating Directions where the date has expired, and the direction is either no longer required or has been superseded by a new direction. It also includes Directions which have been completed within a set timescale and will not be required to continue beyond that.

4.3. Appendix A shows all 'open' Directions and those Directions which were reported previously to the RAPC meeting in June 2025 but have since had a change in status. Those that are now complete will be archived for future reports. Six Directions have been added to the spreadsheet since the last report – two from the IJB meeting on 18th March 2025, three from the IJB meeting on 1st July 2025 and one from the IJB meeting on 30th September 2025. There were no Directions made at the IJB meeting on 13th May 2025.

4.4. Please note the two Directions from the 18th March meeting in relation to the Annual Budget should have been recorded in the last report to Committee but were inadvertently omitted. Two from the 1st July meeting are in relation to Shifting the Balance of Care and the remaining one is in relation to commissioning the Discharge to Assess Service which is linked to the Shifting the Balance of Care report. The direction from the 30th September meeting is to utilise the grant funding provided by the Scottish Government, Invest to Save Fund, to design, develop and implement the Practitioner Application, Practitioner Search functionality, Initial Point of Contact and Single Point of Contact. The funding is to be utilised by 31st March 2026.

4.5. Five Directions have been closed since the last report to committee. Two in relation to the Medium Term Financial Framework have been superseded by the Directions linked to the Annual Budget Report approved on 18th March 2025. Two in relation to Rosewell House have been superseded by two linked to the Shifting the Balance of Care report approved on 1st July 2025. The final Direction which has been closed is in relation to the First Contact Mental Health and Wellbeing Service. This Direction was actually superseded by a Direction relating to report 23.056 MH Community Intervention Services, approved by the IJB meeting on 22nd August 2023 and should have been updated in previous reports. Again this had been inadvertently omitted but was picked up during an audit of the Directions Register.



RISK AUDIT AND PERFORMANCE COMMITTEE

- 4.6.** The Directions in Appendix A are sorted in chronological order of the 'Effective To' date, starting with the oldest date. The total number of 'open' Directions reported is 31. It should be noted that some IJB decisions require a Direction to be made to both ACC and NHSG. Five (16.1%) are now complete (Grey category) and will be removed from the report for the next iteration. 19 (61.3%) are classified as Green (still live within their timescale), and seven (22.6%) are Amber (timescale expiring within 6 months of the date of this meeting). Three of the services that these relate to are due to be the subject of a report to the IJB meeting on 2nd December, one is subject to a report due at IJB on 3rd February 2026, and two are scheduled to be discussed at the IJB meeting on 17th March 2026. The final Amber Direction is due to expire once the digital innovations are complete. There are no Directions in the Red (expired) category.
- 4.7.** As part of the 2022/23 Internal Audit Programme an audit was undertaken on Data Sharing. One of the recommendations was to ensure assurance is obtained that Data Protection Impact Assessments (DPIAs) are completed where appropriate and that a register of these is held by each Data Controller. It was agreed to add this assurance to the process of capturing and monitoring Directions. The record of Data Protection Impact Assessments (DPIAs) is attached at Appendix B. The committee should note that an audit of the DPIAs reported to RAPC is due to be undertaken in advance of the next scheduled report in conjunction with the Data Protection Officers (DPOs) from both ACC and NHSG.

5. Implications for Risk Audit and Performance Committee

5.1. Equalities, Fairer Scotland and Health Inequality

As this is a report on performance and no changes to service delivery are proposed, there is no requirement for an impact assessment to be undertaken and there are no direct implications in respect of Equality, Fairer Scotland or Health Inequality. The individual reports which prompted the Directions referred to within this report would have been subject to impact assessments where relevant.

5.2. Financial

There are no direct financial implications as a result of the recommendations in this report. The individual reports which prompted the Directions referred to within this report would have noted the financial implications and the budget would have been identified within the Direction.



RISK AUDIT AND PERFORMANCE COMMITTEE

5.3. Workforce

There are no direct workforce implications as a result of the recommendations in this report. The individual reports which prompted the Directions referred to within this report would have noted the workforce implications and links to the Workforce Plan.

5.4. Legal

The monitoring of the Directions Log ensures that the IJB is discharging the requirement under the Health and Social Care Integration Statutory Guidance- Directions from Integration Authorities to Health Boards and Local Authorities (Jan 2020).

The recording and monitoring of DPIAs ensures compliance with GDPR legislation.

5.5. Unpaid Carers

There are no direct implications for Unpaid Carers as a result of the recommendations in this report.

5.6. Information Governance

This report seeks to provide assurance on Information Governance Arrangements relevant to decisions and Directions made by the IJB as part of the delivery of the Strategic Plan.

5.7. Environmental Impacts

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

5.8. Sustainability

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

5.9. Other

None.



RISK AUDIT AND PERFORMANCE COMMITTEE

6. Management of Risk

6.1. Identified risks(s)

There is a risk that if the Directions Log is not reviewed on a regular basis there would be no assurance that the IJB is discharging the requirement under the Health and Social Care Integration Statutory Guidance- Directions from Integration Authorities to Health Boards and Local Authorities (Jan 2020).

There is a risk that if DPIAs are not reviewed on a regular basis there would be no assurance on compliance with GDPR.

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

This report links to Risk 4 on the Strategic Risk Register,

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

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

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

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

The 6 monthly Directions and DPIA Update Report provides the necessary regular review and assurance.



APPENDIX A

Direction in relation to	Total Budget	Report No. (HSCP)	Lead Officer	ACC/ NHSG	Date Approved	Effective To	Status	Narrative
Medium Term Financial Framework (MTFF)	£131,067,000	24.012	Chief Finance Officer	ACC	01/04/24	31/03/25		Direction closed. Superseded by Direction relating to report reference 25.019, Annual Budget Report , IJB meeting 18/03/25
Medium Term Financial Framework (MTFF)	£266,000,000 (of which approximately £30M relates to Hosted Services and £53M is set aside for large hospital services)	24.012	Chief Finance Officer	NHSG	01/04/24	31/03/25		Direction closed. Superseded by Direction relating to report reference 25.019, Annual Budget Report , IJB meeting 18/03/25
First Contact Mental Health and Wellbeing	£1,462,733.00	21.045	Lead Commissioner	ACC	25/05/21	31/08/25		Direction closed. Superseded by Direction relating to report 23.056 MH community Intervention Services, IJB meeting 22 nd August 2023.
Rosewell House	Existing Budget	23.054	Chief Officer	NHSG	22/08/23	31/12/25		Direction closed. Superseded by Direction relating to report 25.054 shifting the Balance of Care, IJB meeting 1 st July 2025
Rosewell House	Existing Budget	23.054	Chief Officer	ACC	22/08/23	31/12/25		Direction closed. Superseded by Direction relating to report 25.054 shifting the Balance of Care, IJB meeting 1 st July 2025



Direction in relation to	Total Budget	Report No. (HSCP)	Lead Officer	ACC/ NHSG	Date Approved	Effective To	Status	Narrative
Grants Funding	£438,141	25.021	Lead Commissioner	ACC	18/03/25	31/03/26		Direct Award of grant funding to 8 organisations for 12 months. Report on future funding scheduled to come to IJB 2 nd December 2025.
Annual Budget Report	£137.729m	25.019	Chief Finance Officer	ACC	18/03/25	31/03/26		All adult social care services covered by the Aberdeen City Integration Scheme. Report on future years budget due to come to IJB 17 March 2026.
Annual Budget Report	£235.066m of which approx. £32m relates to Hosted Services and £55.55m is set aside for large hospital services.	25.019	Chief Finance Officer	NHSG	18/03/25	31/03/26		All community health services covered by the Aberdeen city Integration Scheme. Report on future years budget due to come to IJB 17 March 2026.
Shifting the Balance of Care	£6.4m	25.054	Chief Nurse	ACC	01/07/25	31/03/26		Commission the supply of appropriate social care service for the Discharge to Assess Service. Update on progress and mitigation plans due to come to IJB 2 nd December 2025
Shifting the Balance of Care		25.054	Chief Nurse	NHSG	01/07/25	31/03/26		Provision of nursing, specialist geriatric and allied health profession services. Update on progress and mitigation plans due to come to IJB 2 nd December 2025

Page 104



Direction in relation to	Total Budget	Report No. (HSCP)	Lead Officer	ACC/ NHSG	Date Approved	Effective To	Status	Narrative
Digital Innovation Programme and Technology Enabled Care,	£1,238, 627	25.057	Chief Officer Adult Social Work	ACC	30/09/25	31/03/26		To utilise the grant funding provided by the Scottish Government, Invest to Save Fund, to design, develop and implement the Practitioner Application, Practitioner Search functionality, Initial Point of Contact and Single Point of Contact digital innovations.
Annual Procurement Workplan 2025/26	£42,554,350	25.007	Strategic Procurement Manager (Social Care)	ACC	04/02/25	05/04/26		One year contract extension of 23 residential services for older people under the National Care Home Contract. Annual Procurement workplan due to be considered at IJB on 3 rd February 2026 will propose future arrangements.
Supplementary Workplan	£3,616,748.00	20.001	Strategic Procurement Manager (Social Care)	ACC	09/06/20	30/06/26		Training and Skills commissioned services listed on contracts register which is reviewed at least annually. Review scheduled for January 2026.
Annual Procurement Plan	£56,205,827.00	21.008	Lead Commissioner	ACC	23/02/21	30/09/26		Various commissioned services only two of which remain open. One of these is reviewed annually and the other is due to end Sept 2026. A review of the service is currently underway as part of the overall contract review of commissioned contracts as part of the budget savings work.



Direction in relation to	Total Budget	Report No. (HSCP)	Lead Officer	ACC/ NHSG	Date Approved	Effective To	Status	Narrative
Alcohol and Drugs Partnership (ADP) Investment Programme	ADP Budget	22.037	Lead for Community MHL	NHSG	07/06/22	30/06/27		Scheduled for review a minimum of 12 months in advance of the end date.
Alcohol and Drugs Partnership (ADP) Investment Programme	ADP Budget	22.037	Lead for Community MHL	ACC	07/06/22	30/06/27		Scheduled for review a minimum of 12 months in advance of the end date.
Moray Community Electronic Patient Record Evaluation and Contract Renewal	£913,042.00	24.030	Lead for Strategy and Transformation	NHSG	07/05/24	01/10/27		Approved at IJB May 2024. Budget is maximum required, could be less if Shire and Moray come on board. Contract review will be undertaken a minimum of 12 months prior to contract end date.
Supplementary Workplan	£42,391,380.00	22.098	Strategic Procurement Manager (Social Care)	ACC	29/11/22	31/03/28		Various commissioned services all listed on Contracts Register which is reviewed at least annually. Review date will be noted on 2027/28 Annual Procurement Workplan.
Supplementary Procurement Workplan 2024/25	£146,096,300	24.007	Chief Officer	ACC	01/04/24	31/03/28		Bon Accord Support Services including variation to detail (not timescale) of original Direction in relation to Rosewell House
Aberdeen City Vaccination and Wellbeing Hub	c £300,000	24.047	Lead for People and Organisation	NHSG	09/07/24	09/05/28		Extension of provision of Wellbeing Hub at current location. Budget in relation to additional rental, maintenance, cleaning, utilities etc. only.



Direction in relation to	Total Budget	Report No. (HSCP)	Lead Officer	ACC/ NHSG	Date Approved	Effective To	Status	Narrative
Supplementary Workplan	£12,887,689.00	22.066	Strategic Procurement Manager (Social Care)	ACC	30/08/22	30/11/28		ADP and MH commissioned services all listed on Contracts Register which is reviewed at least annually. Review date will be noted on 2028/29 Annual Procurement Workplan.
Annual Procurement Workplan	£110,536,534.00	23.002	Strategic Procurement Manager (Social Care)	ACC	31/01/23	31/03/29		Various commissioned services all listed on Contracts Register which is reviewed at least annually. Review date will be noted on 2028/29 Annual Procurement Workplan.
Independent Advocacy	£2,059,612.00	23.018	Strategic Procurement Manager (Social Care)	ACC	25/04/23	30/09/29		On Grants Register which is reviewed at least annually. Review date will be noted on 2029/30 Annual Procurement Workplan.
Procurement Workplan (MH Community Intervention Services)	£4,824,046.00	23.056	Strategic Procurement Manager (Social Care)	ACC	22/08/23	31/10/29		Listed on Contracts Register which is reviewed at least annually. Review date will be noted on 2029/30 Annual Procurement Workplan.
Link Practitioner Service	£6,129,974.00	22.062	Lead for Strategy and Transformation	NHSG	30/08/22	31/03/30		Funded by PCIP – on Programme for review prior to end of contract.
Annual Procurement Workplan 2025/26	£18,356,085	25.007	Strategic Procurement Manager (Social Care)	ACC	04/02/25	31/03/30		Direct award of six contracts to Care Homes for adults with learning disabilities for a period of five years



Direction in relation to	Total Budget	Report No. (HSCP)	Lead Officer	ACC/ NHSG	Date Approved	Effective To	Status	Narrative
Annual Procurement Workplan 2025/26	£5,650,518	25.007	Strategic Procurement Manager (Social Care)	ACC	04/02/25	30/06/30		5 year extension for a residential service supporting people with substance use issues
Discharge to Assess Service	£7,263,704	25.062	Chief Officer	ACC	01/07/25	20/08/30		Undertake a Discharge to Assess service – linked to Shifting the Balance report 25.054, IJB Meeting 1 st July 2025
Annual Procurement Workplan 2024/25	£220,737,528	24.004	Chief Officer	ACC	01/04/24	31/03/31		Various commissioned services including NCHC, Housing Support, Complex Care Support Services which are listed on the Contracts Register and Grant Funded Services which are listed on the Grants Register. Both registers are reviewed at least annually.
Supplementary Procurement Workplan 2024/25	£117,716,381	24.026	Chief Officer	ACC	07/05/24	31/10/31		Care and Support at Home Services. Listed on the contracts Register which is reviewed at least annually. Review date will be noted on 2031/32 Annual Procurement Workplan. – contract will be reviewed a minimum of one year prior to contract expiry date.
Supplementary Procurement Workplan 2024/25	£200,250 (extension) + £7,103,102 (re-tender)	24.066	Chief Officer	ACC	24/09/24	31/03/32		Carers Support Services – 4 month extension to Adult Carers Support Service and retendering of both Adult and young Carers Support Services.



APPENDIX B

Record of DPIAs

Topic	Service	Partner	Date Submitted	Date Approved	Comments
MORSE Integration with TrakCare	Nursing, AHPs	NHSG	June 2023	April 2024	Approved
Transitions Survey	MHLD	ACC	06/06/23	06/06/23	
Community Mental Health Interventions Commissioning	MHLD	ACC	Oct 2023	Oct 2023	
Adult Mental Health Mapping	MHLD	NHSG	09/02/24	12/02/24	
CNOT (Community Nursing Outreach Team) at Middlefield Hub	Primary Care	NHSG	20.03.24	22.03.24	
Complex Care	MHLD	ACC	06/06/2024	-	
GIRFE Pathfinder (Older People)	ASW	ACC	01/06/23		
GIRFE Pathfinder (Transitions)	MHLD	ACC	01/06/23		
Assisted Care Robots	ASW	ACC	14/03/24	19/03/24	On Hold
MORSE Document Upload	Nursing AHPs	NHSG	Nov 2024	-	
Shared Federated Vision	Primary Care	NHSG	26/08/24		Approval Pending
eMAR	LD	ACC	04/12/24	04/12/24	
Stoneywood TEC	LD	ACC	03/03/25	03/03/25	
Eventbrite for Community Appointment Day (CAD) bookings	Vaccinations	NHSG	29/04/25	-	Currently with DPO for Review.

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Risk Audit & Performance Committee

Date of Meeting	19 November 2025
Report Title	Strategic Risk Register
Report Number	HSCP25.088
Lead Officer	Martin Allan
Report Author Details	Name: Martin Allan Job Title: Business, Resilience & Communications Lead Email Address: martin.allan3@nhs.scot
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	a. Risk Appetite Statement b. Strategic Risk Register
Terms of Reference	10. Scrutinise and ensure the existence of, and compliance, with an appropriate risk management strategy including: reviewing risk management arrangements; receiving biannual Strategic Risk Management updates and undertaking in-depth review of a set of risks and annually review the IJB's risk appetite document with recommendations being brought to the IJB

1. Purpose of the Report

- 1.1 To present to the Risk, Audit and Performance Committee (RAPC) an updated version of the Strategic Risk Register (SRR).



Risk Audit & Performance Committee

2. Recommendations

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

- a) Approve the IJB revised Strategic Risk Register at Appendix A.

3. Strategic Plan Context

3.1 The draft Strategic Plan 2025-2029 and the Medium-Term Financial Framework were approved by the Integration Joint Board (IJB) in July 2025. Work has been undertaken to align the activities within the Strategic Plan and the Medium-Term Financial Framework to the 8 risks in the Strategic Risk Register. The Strategic Plan outlines the 8 strategic risks, along with narrative which explains how the Strategic Plan will help mitigate each of the risks.

4. Summary of Key Information

- 4.1** To fulfil its remit, the IJB must demonstrate an effective governance process whereby it can be assured that key risks to the achievement of integration objectives are appropriately identified, communicated and addressed.
- 4.2** The IJB's Board Assurance and Escalation Framework (BAEF) describes the regulatory framework of the IJB to support its vision, values and principles. Fundamental to the framework are the IJB's strategic priorities and the appetite for risk that exists across these priorities. The BAEF was submitted to the RAPC in August 2025 for annual review.
- 4.3** The fundamental purpose of the SRR is to provide the IJB with assurance that it can deliver the organisation's strategic objectives and goals. This involves setting out those issues or risks which may threaten delivery of objectives and assure the IJB that they are being managed effectively and that opportunity to achieve goals can be taken; it is the lens through which the IJB examines the assurances it requires to discharge its duties. The IJB uses this document to monitor its progress, demonstrate its attention to key accountability issues, ensure that it debates the right issue, and that it takes remedial actions to reduce risk to integration. Importantly, it identifies the assurances and assurance routes against each risk and the associated mitigating actions.



Risk Audit & Performance Committee

- 4.4** The SLT reviews the SRR considering their experiences and insight into key issues and recommends the updated version to the RAPC for formal review and an annual review by the IJB. The IJB also holds an annual risk workshop where the Board reviews the RAS and the Strategic Risks.
- 4.5** The revised SRR template appended to this report has been developed to help SLT members and specific risk owners to have a more focused SRR that will allow them to see more clearly the current performance of the mitigations for the risks. The template also links to the risk appetite statement and its risk dimensions in a more coordinated way. The template adheres to the revised NHS Scotland Risk Matrix. It is proposed that the more detailed template be used by the RAPC to help fulfil its remit around risk management (“Scrutinise and ensure the existence of, and compliance with, an appropriate risk management strategy”) as well as for the annual review of the strategic risks and risk appetite statement.
- 4.6** The main changes to the SRR relate to Risk 2, with additional mitigations added around developing a financial sustainability assurance map. Having reviewed the risk with the Chief Officer and the Interim Deputy Chief Finance Officer it has been agreed that the risk scoring for this risk remain at 25 (probability –almost certain and impact-extreme). This scoring will be reviewed in detail once Quarter 3 financial results are published. A report on the agenda for this meeting by the Interim Deputy Chief Finance Officer on Quarter 2-2025/26 Budget and Savings Update provides specific details on Quarter 2 results, as well as outlining the projected results up to the end of 2025/26 and advises on any areas of risk and management mitigating actions. The other main change related to Risk 7, with the Cause, Event and Consequence of the risk being reworded to reflect the details in the Strategic Plan and Medium-Term Financial Framework. The Cause would be lack of continued integration of staff and use of technology, to assist the restructuring and redesign of roles to meet strategic priorities, with the Event being the failure to manage staffing budgets within forecasted predictions and the Consequence being unmet health and social care needs with clinical risks and reputational damage. The projects and activities in the Delivery Plan around greater integration of health and social care staff will help mitigate the risk.
- 4.7** The Business and Resilience Manager has met with all Risk Owners to review the risks.



Risk Audit & Performance Committee

4.8 The updated version of the SRR forms the Appendix to this report.

5. Implications for Committee

5.1 Equalities, Fairer Scotland and Health Inequality

There are no direct equalities, Fairer Scotland and Health Inequalities implications arising from this report.

5.2 Financial

There are no direct financial implications arising from this report.

5.3 Workforce

There are no direct workforce implications arising from this report.

5.4 Legal

There are no direct legal implications arising from this report.

5.5 Unpaid Carers

There are no direct implications relating to Unpaid Carers arising from this report.

5.6 Information Governance

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

5.7 Environmental Impacts

There are no direct environmental implications arising from this report.

5.8 Sustainability

There are no direct sustainability implications arising from this report.

5.9 Other

There are no other implications arising from this report.

6. Management of Risk



Risk Audit & Performance Committee

The IJB's Board Assurance and Escalation Framework outlines the governance processes for the consideration and escalation of risks through the Partnership. The SRR is part of the governance arrangements.

6.1 Identified risks(s)

All known strategic risks.

6.2 Link to risks on strategic or operational risk register:

The report has the full SRR appended.

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Risk ID	Risk Dimension	Risk Appetite	Risk Description	Untreated Prob	Untreated Impact	Untreated Score	Risk Mitigation/Controls in Place	Previous Prob	Previous Impact	Previous Score	Current Prob	Current Impact	Current Score	Planned Risk Mitigation	Target Prob	Target Impact	Target Score	Target Date	Risk Movement	Risk Owner	Comments (Including Closure Date)
SRR 1	Commissioned and Hosted Services	Low	Description of Risk: Cause: The commissioning of services from third sector and independent providers (e.g., General Practice and other primary care services) relies on effective collaboration among all stakeholders to ensure the needs of local communities are met. Event: There is a potential risk that commissioned services may not fully deliver on their contractual obligations. Consequences: This could result in a misalignment between the services available and the increasingly complex needs of individuals. Potential impacts include limited access to appropriate care delivered locally by suitably trained professionals; increased pressure on services; and increased costs to the IJB. Financial Sustainability - risk of financial failure arising from demand for services outstripping the available budget, as a result of the level of delegated resource to the IJB from partners not being sufficient to deliver on strategic objectives. There is a risk that the IJB exceeds its allocated funding in 2025/26 due to failing to deliver savings and increasing levels of demand resulting in:- 1. The IJB failing to deliver efficiencies and savings as set out in the budget plan. 2. Continuing to deliver health and care when it is unaffordable to do so. 3. Failing to work within the budgets afforded to the IJB by partners. 4. Not working to the financial efficiency targets as set out in the medium term financial forecast aligned to the IJB strategy. 5. Reputational damage of the IJB caused by failing to implement changes to service.	Almost Certain	Extreme	25	Workplan for Commissioned Services; Social Care Contract Monitoring Officers; Strategic Commissioning Programme Board (SCPB); Residential and Non-Residential Oversight Group; Performance Management Board (PMB); Clinical Care and Governance Committee; GP Sub Group; Local Medical Council; GPAS escalation document; Clinical Director and Clinical Leads; Primary Care Contracts Team; City Primary Care Team; Grampian Primary Care Sustainability Group; Cluster Quality Leads; NHSG Clinical Assurance and Quality Group; Medical Director's Annual Report.	Likely	Major	16	Likely	Major	16	Close collaboration and joint strategic planning with care providers. Market position statement in place. Review of care packages-Self Directed Support (1,2 and 3)-ongoing review as part of 25/26 budget setting process, to reduce care hours and ensure only those who are eligible are in receipt of care. Monitoring and review of OOA placements with plan to return. Re-establishing Provider Forums with third sector partners. Collaborative work with ACVO, to include development of alliance model working. Recruitment drives to address staffing challenges. Real living wage uplifts. Contract review visits with all practices in Aberdeen; working in collaboration with the Scottish Government, GP Sub, Local Medical Council and Clinical leads to ensure the visioning work reflects needs and risks in Grampian; collaborative approach with MEARS as the provider for the needs of asylum seekers.	Possible	Major	12		↔	Chief Officer Social Work and Lead for Primary Care	updated 25/9/25
SRR2	Finance	High		Almost Certain	Extreme	25	The financial controls across the ACHSCP cover the following: - The Integration Scheme states partners required to supplement resources if recovery plans fail. - Finance reports are taken to each IJB meeting detailing current and forecast financial position. The IJB work to a 4 year MTFF which supports strategic delivery. This includes clearly demonstrating the level of delegated resource from partners, the forecast expenditure and savings each year, the risk around these plans and subsequent impact should they not be achieved. - RAPC oversight of processes and progress to working towards a financially sustainable position. - Budget Savings Oversight Group provides stronger financial governance and support over savings delivery. - Increased focus and resource on delivery of the Savings Plan following consistent project management approach to monitor and recording of progress. - Monthly financial analysis monitoring run rate, expenditure against budget and actions to bring expenditure back into line with budget. - SLT review of financial position and elements which make this up pushing actions as required. - As additional funding comes available to support investment opportunities creating efficiency, the ACHSCP submit applications to secure additional resource.	Almost Certain	Extreme	25	Almost Certain	Extreme	25	Budget Savings Options Group-Terms of Reference-Oversee the budget savings programme ensuring appropriate and consistent governance is in place: (a) Provide strategic direction and stewardship for all in-year budget proposals, projects and initiatives. (b) Lead and oversee the development of future budget savings proposals and initiatives and provide strategic direction and oversight of the implementation of these proposals and initiatives. (c) Agree the financial benefits for the programme and ensure they are built into the IJB budget planning process. (d) Develop and hold the programme plan, including the financial benefits tracker, and review progress updates from each of the programmes and projects. (e) Hold to account and support the Senior Responsible Officers and Project Sponsors. (f) Help remove blockages and make key decisions on issues and emerging risks, that cannot be resolved at programme or project level. (g) Ensure engagement with key stakeholders and manage their influence and expectations. (h) Champion the budget programme across the IJB and develop and lead an effective engagement plan. (i) Oversee IJB Board business that relates to all budget proposals and initiatives. (j) Define a clear financial sustainability assurance map that covers the following: "Do-ers"-(i) financial understanding amongst ACHSCP staff (SLT,OLT and frontline), (ii) Walking the talk-linking the budget protocol to Strategic Priorities to actual results and its monitoring, (iii) better understanding of the Integration Scheme's functions by partners (including timelines, budget holder management etc), (iv) .	Likely	Major	16	31/03/26	↔	Chief Finance Officer	
SRR 3	Commissioned and Hosted Services	Low	Cause: Under Integration arrangements, Aberdeen IJB hosts services on behalf of Moray and Aberdeenshire, who also hosts services on behalf of Aberdeen City.Event: hosted services do not deliver the expected outcomes, fail to deliver transformation of services, or face service failure.Consequence: Failure to meet health outcomes for Aberdeen City, resources not being maximised and reputational damage.	Almost Certain	Major	20	Integration Scheme agreement on cross reporting; North East Partnership Steering Group; Aberdeen City Strategic Planning Group; North East System Wide Transformation Group; IJB Hosted Services Internal Audit.	Likely	Major	16	Likely	Major	16	Aberdeen City HSCP working with Aberdeenshire and Moray Chief Officers to implement the agreed governance arrangements as detailed in internal audit by an extended deadline of March 2026 (subject to consultation with Internal Audit); As part of the development of the governance arrangements, Aberdeen City HSCP and Aberdeenshire and Moray HSCP's will develop relevant performance metrics and agree reporting routes and frequency, by March 2026; once agreed, Aberdeen City HSCP and Aberdeenshire and Moray HSCP's will implement the agreed governance arrangements by March 2026.	Possible	Major	12		↔	Strategy and Transformation Lead	updated 2/9/25
SRR 4	Quality and Innovation	High	Cause: Performance standards/outcomes are set by national and regulatory bodies and those locally-determined performance standards are set by the board itself.Event: There is a risk that the IJB, and the services that it directs and has operational oversight of, fails to meet the national, regulatory and local standards. Consequence: This may result in harm or risk of harm to people	Likely	Major	16	Clinical Care and Governance Committee and Group; Risk, Audit and Performance Committee; Performance Framework; Linkage with ACC and NHSG reporting frameworks; Annual Performance Report; Chief Social Work Officer's Report; External and Internal Audit reports; Contract Management Framework; Weekly Senior Leadership Team Meetings; Operational Leadership Team huddles; and Urgent and Unscheduled Care Programme Board.	Likely	Major	16	Likely	Major	16	Continuous review of Performance Management Framework; Monthly Review of Governance Dashboard by SLT; Whole System Tactical Group; D365 reporting. Further development of Operational Dashboards to be taken through SLT in September 2025.	Possible	Moderate	6		↔	Strategy and Transformation Lead	updated 2/9/25
SRR 5	Quality and Innovation	High	Cause: Demographic & financial pressures requiring IJB to deliver transformational system change which helps to meet its strategic priorities.Event: Failure to deliver transformation and sustainable systems change. Consequence: people not receiving the best health and social care outcomes	Almost Certain	Major	20	Governance Structure and Process (IJB and Committees, Senior Leadership Team, Operational Leadership Team); Quarterly Reporting of Delivery Plan progress to Risk,Audit and Performance Committee; Annual Performance Report; Programme and Project Management approach being taken across the whole Partnership.	Possible	Major	12	Possible	Major	12	Regular reporting on progress on programmes and projects to SLT; A number of plans and frameworks have been developed to underpin our transformation activity across our wider system including Primary Care improvement Plan and Action 15 Plan; Close working with Aberdeen City Health Determinants Research Collaborative (HRC) to evaluate the impact of ACHSCP's Strategic Plan and ACHSCP's contribution to the refresh of the Local Outcome Improvement Plan (LOIP) in 2026.	Possible	Moderate	6		↔	Strategy and Transformation Lead	updated 2/9/25
SRR 6	Reputation	High	Cause: Need to involve lived experience in service delivery and design as per Integration Principles.Event: UB fails to maximise the opportunities created for engaging with our communities.Consequences: Services are not tailored to individual needs; reputational damage; and IJB does not meet strategic aims	Likely	Major	16	Community Planning Aberdeen Governance Structures; Locality Plan Arrangements with Aberdeen City Council; Locality Empowerment Groups; Strategic Planning Group; Locality Plans	Possible	Minor	6	Possible	Minor	6	refresh of Local Outcome Improvement Plan (LOIP) in 2026 and associated community empowerment stretch outcomes. Locality Plans will be refreshed in line with the refresh of the LOIP.	Unlikely	Minor	4		↔	Strategy and Transformation Lead	updated 2/9/25
SRR 7	Reputation	High	Cause- Not maximising the opportunities of further integration of staff and use of technology to assist the restructuring and redesign of roles to meet strategic priorities and the ongoing recruitment and retention of staff within a reducing financial environment. Event: Failure to manage staffing budgets within forecasted predictions. Consequence: Unmet health and social care needs, leading to severe reputational damage.	Likely	Extreme	20	Clinical Care and Governance Committee and Group reviews tactical and operational levels of risk around the staffing numbers respectively; ACHSCP's Workforce Plan and Annual Report (presented to RAPC in August 2025); NHSG and ACC workforce policies and planning groups; ACHSCP's internal vacancy assessment protocol; ACC and NHSG's vacancy control processes. Revised contract monitoring arrangements with providers to determine recruitment and retention trends in the wider care sector.	Likely	Major	16	Likely	Major	16	increase emphasis on health and wellbeing; increased monitoring of staff statistics (including sickness and turnover) via SLT Governance Dashboard (including targeted actions in areas of highest sickness absence); Comms Trustees Group helping positively promote the work of ACHSCP and its staff; Ongoing support from ACHSCP to continue the mentoring of Career Ready students in 25/26 and 26/27; Foundation Apprenticeship Scheme support continued in 2025; Working with Academies in the City and Shire around a variety of different subjects to match school curriculum with future workforce opportunities; Increase emphasis on communications with staff, including regular budget information sessions for all staff.	Likely	Moderate	8		↔	Lead for People and Organisation	updated 2/9/25
SRR 8	Reputation	High	Description of Risk: there is a risk that buildings across the city, operated by, or overseen by, the UB/ACHSCP are not being used to maximum efficiency and are not in line with statutory/regulatory requirements. Cause: Lack of funding to maintain buildings, not having adequate staff resource to operate from buildings, failing to adequately plan which buildings ACHSCP need and where, and failure to collaborate with partners on wider asset planning.Event: UB is unable to deliver on all of its strategic objectives.Consequence: services not tailored to users' needs and reputational damage to organisation	Almost Certain	Major	20	NHSG Asset Management Group; Aberdeen City Council's Local Development Plan; ACHSCP's Strategic Plan and Delivery Plan; IJB and Committees; Various Market Position Statements; SLT; Forensic Service Infrastructure Improvement Board and Project Team	Likely	Moderate	8	Likely	Moderate	8	ACHSCP Premises Review-work will be ongoing over the next 2-3 years with specific mitigating actions being added when dates are known; Development of the IJB's Infrastructure Plan by March 2026, to tie in with NHSG's Infrastructure Plan timeline, plan will identify and forecast the areas of pressure and demand across the City and how ACHSCP plan to deliver services to respond to that demand; Scottish Government and whole system infrastructure approach adopted by Health Boards.	Possible	Moderate	6		↔	Strategy and Transformation Lead	updated 2/9/25

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Dimension of Risk	Corresponding Risk Appetite
Finance	<p>The IJB has a low appetite for risks which may impair financial stewardship, internal controls and financial sustainability.</p> <p>The IJB has a high appetite for risks that could help the IJB achieve financial sustainability such as transformational activity. The IJB acknowledges the substantial challenges regarding financial certainty and will seek to maximise the use of resources available.</p>
Regulation & Compliance	<p>The IJB has no appetite for risks that will result in breaches to regulatory and statutory compliance.</p>
Quality & Innovation	<p>The IJB has a high appetite for risks which will deliver the quality outcomes prescribed by professional bodies.</p> <p>The IJB has a high appetite for risks associated with the development and delivery of innovative practices for realising the IJB's strategic objectives.</p>
Safety	<p>The IJB has a low appetite for risks which could cause harm to patients/clients or to staff.</p> <p>By low appetite, the IJB means it will only accept low risk to patients/clients or staff when the comparative risk of doing nothing is higher than the risk of intervention. Otherwise, the IJB has no appetite for such risks.</p>

Reputation	<p>The IJB has a high appetite for risks associated with the IJB's reputation where the action being proposed has significant benefits for the organisation's strategic priorities. Wherever possible, decisions will be taken following consultation/co-production with the public and other key stakeholders. Concerted efforts will be made to explain reasons for decisions taken to the public transparently in a way which is accessible and easy to understand.</p>
Commissioned & Hosted Services	<p>The IJB recognises the complexity of planning and delivery of commissioned and hosted services.</p> <p>The IJB has a low appetite for risks relating to patient/client safety.</p> <p>The IJB has a high appetite for risks which relate to service redesign or improvement where as much risk as possible has been mitigated.</p>

Probability

Almost Certain	5	5	10	10	20	25
Likely	4	4	8	8	16	20
Possible	3	3	6	6	12	15
Unlikely	2	2	4	4	8	10
Rare	1	1	2	2	4	5

Impact

Negligible Minor Moderate Major Extreme

Legend

Color Code	Score
Very High	>20
High	5- 16
Medium	4-8
Low	1-3

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Date of Meeting	19 November 2025
Report Title	Aberdeen City HSCP: Prescribing Efficiencies Update Report
Report Number	HSCP.25.093
Lead Officer	Emma King, Primary Care Lead, ACHSCP
Report Author Details	Name: Susie Downie Job Title: Deputy Primary Care Lead, ACHSCP Email Address: susie.downie1@nhs.scot
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	n/a
Terms of Reference	5, 18

1. Purpose of the Report

- 1.1. Whilst the Prescribing Group has not been formally tasked with reporting progress or financial monitoring to RAPC, specific members of the group have been asked to support with the preparation of this report. The Pharmacy & Medicines Directorate's usual process for financial performance reporting is to provide updates to the Prescribing Group at its bi-monthly meetings, which include representation from the City team.
- 1.2. To advise members of the programme of prescribing efficiencies work within Grampian and Aberdeen City noting areas of obligations, ongoing risk and management of mitigating actions for 2025/26.

2. Recommendations

- 2.1 It is recommended that the Committee:



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- a) Notes the update regarding prescribing costs and forecast budget position for 2025/26;
- b) Note areas of risk and management of mitigating actions that forms part of the overall NHS Grampian's Primary Care Prescribing work programme.

3. Strategic Plan Context

This work supports 2 of the IJB's strategic aims:

1. Strategic Aim: Modernise Our Approach to Service Delivery

The prescribing report supports data-driven decision-making and cost efficiency, which aligns with the strategic goal of transforming service delivery to be more sustainable and effective. By identifying cost pressures and variance in both prescribing spend and activity, making efficiencies and data for accurate budget planning, this workstream supports financial sustainability for HSCP through reduction of unplanned overspends.

2. Strategic Aim: Shift Our Focus to Prevention and Early Intervention

The report provides early identification of financial risks and encourages proactive budget setting to avoid reactive cuts or service disruptions. Medicines management activities contribute to preventative care through reduction of unnecessary medication use (e.g. Reducing errors/duplications, improved quality, or reduced wastage) and thus potentially reducing spend.

4. Summary of Key Information

Background Aberdeen City Health and Social Care Partnership's (ACHSCP) 2025/26 prescribing budget is £44.5m. During the 2025/26 budget setting of the Integration Joint Board (IJB), the Medium-Term Financial Framework¹ (MTFF) considered significant pressures and agreed savings to deliver a balanced budget. The prescribing budget, as one of the largest delegated budgets was noted as a key risk to the IJB financial planning. The prescribing budget comes from central government and is delegated to Boards for the management and delivery of the service.

¹ ABERDEEN CITY IJB MEDIUM TERM FINANCIAL FRAMEWORK 2024/25 – 2030/31
<https://www.aberdeencityhscp.scot/globalassets/governance/medium-term-financial-strategy.pdf>



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The prescribing budget is a significant part of the overall health and social care budget and is allocated to Integration Joint Boards (IJBs) as part of their delegated responsibilities. This funding stream covers the cost of medicines prescribed in primary care and dispensed in the community.

While national agreements (such as those negotiated by NHS Scotland or the Scottish Government) influence medicine pricing and availability, the IJB is responsible for managing the local prescribing budget. This includes monitoring trends, supporting cost-effective prescribing, and ensuring safe and appropriate use of medicines across GP practices.

However, it's important to note that:

- The IJB does not directly control all aspects of prescribing (e.g. individual clinical decisions or national drug tariffs).
- The IJB can influence and monitor prescribing through local policies, formularies, and support from pharmacy teams.
- Prescribing is a demand-led budget, meaning costs can fluctuate based on patient need, new treatments, or changes in clinical guidance.

This makes collaboration with GPs, pharmacists, and wider primary care teams essential to ensure the budget is used effectively while maintaining high standards of patient care.

The continued pressure on prescribing budgets can be seen with ACHSCP's current overspend of £0.914million at month 5 figures. There is a forecast overspend outturn of a £2.9million against budget in this fiscal year 25/26. Close monitoring of expenditure and improvement activity continues via the bi-monthly Primary Care Prescribing Group (PCPG) and the pan Grampian Pharmacy Leads meetings.

Context

4.1. Across Scotland, prescribing accounts for circa. 10% of IJB budgets and around a third of overspends are attributed to prescribing. Prescribing trends continue to reflect both the growing complexity of patient needs and the financial pressures facing the NHS. The volume and cost of medicines prescribed in primary care have steadily increased, driven by factors such as population growth, changing demographics, changes in medicine pricing, new medicines, changes in treatment pathways, inflation, rising multi-morbidity, medicine shortages and although a small cost overall, changes in Scottish Government policies such as Pharmacy First / First Plus also contribute. National strategies—like Population Health Scotland, Polypharmacy Guidance and Realistic Medicine—are encouraging a more preventative, person-centred, closer to home,



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evidence-based prescribing, with a focus on reducing harm and improving outcomes of which, any efficiencies work must be seen in the context of.

Scottish Drug Tariff

4.2. In July 2025, the Scottish Government set the Part 11 clawback rate in the Scottish Drug Tariff to 0%, removing the previous deduction applied to pharmacy reimbursements to reflect supplier discounts. This change increases the gross cost of medicines reimbursed under NHS prescriptions, as IJBs must now absorb the full cost without offsetting clawback savings. As prescribing budgets sit within the Family Health Services allocation, this adjustment places additional financial pressure on IJBs.

4.3. By suspending clawback, the government acknowledges the fragility of the pharmacy network and aims to prevent closures or service reductions, especially in areas where pharmacies are under financial strain. This will be reviewed again after the Community Pharmacies 2026/27 discount survey, indicating this is a short-term measure to support pharmacies while longer-term funding models are evaluated.

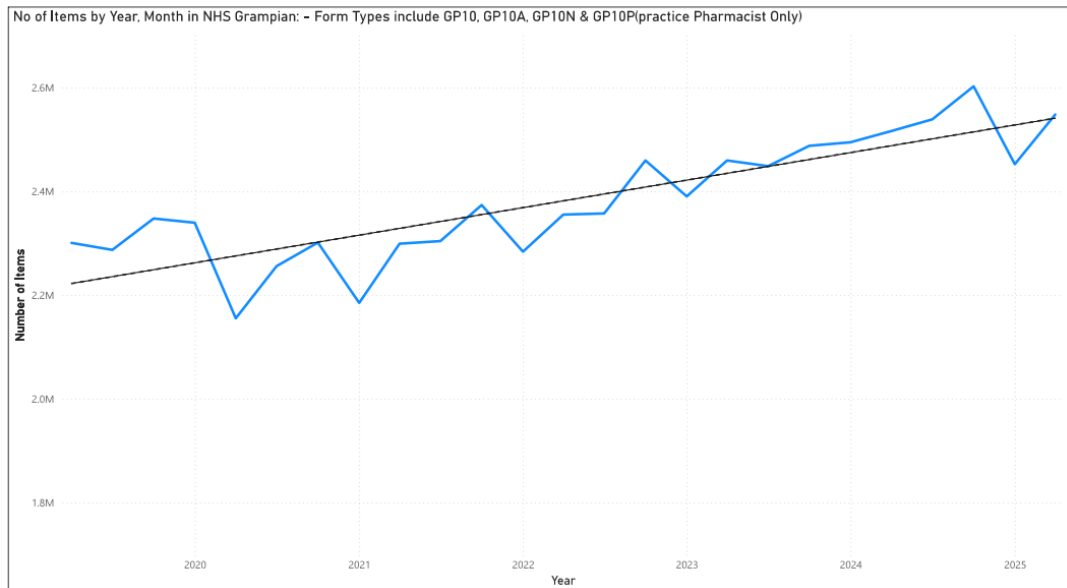
GP Prescribing

4.4. General practice plays a central role in Primary Care prescribing activity, with approximately 95% of the prescribing budget driven by GP-issued prescriptions. The remainder of prescribing is nurse, pharmacist and other ANP prescribing. This reflects the volume and breadth of conditions managed in primary care, including long-term conditions, acute episodes, and preventative treatments. These prescriptions can be initiated either by primary care clinicians or on the recommendation of secondary care colleagues. As such, prescribing decisions made in general practice have a significant impact on overall budgetary pressures.

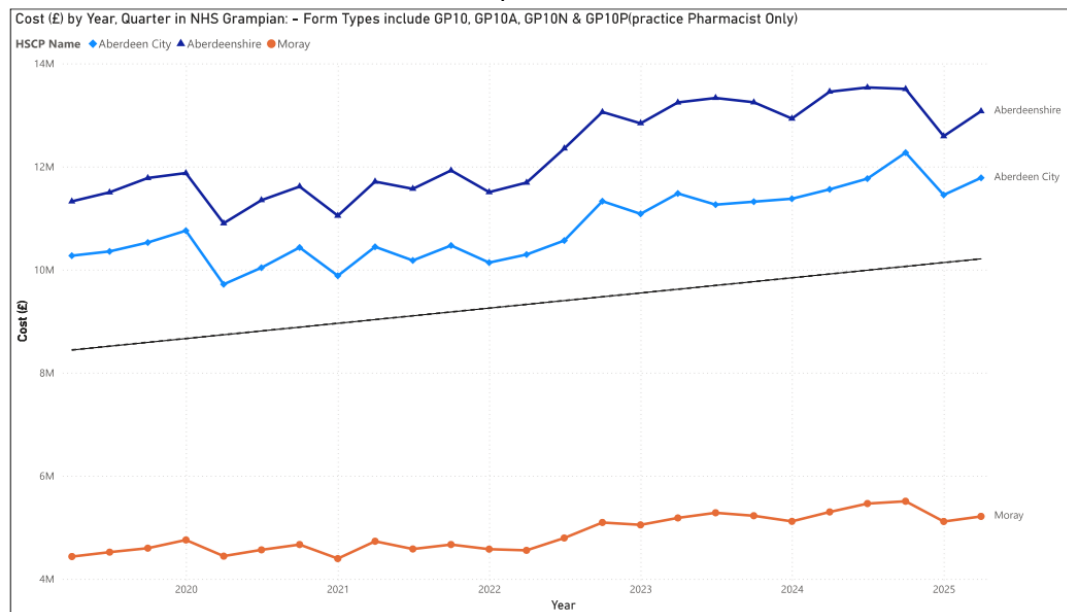
4.5. See below Graph 1 noting the continued rising trend of items volume (GP10 is GP/ANP/practice pharmacist prescribing only) within general practice. With Graph 2 noting the increasing costs associated with this.



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Graph 1.



Graph 2.

4.6. While many prescriptions are clinically appropriate and necessary, variation in prescribing patterns, formulary adherence, and repeat prescribing processes can all influence cost. Supporting GPs with robust prescribing guidance, decision support tools, and pharmacotherapy input is essential to ensure prescribing remains clinically appropriate, safe, effective, and financially sustainable. The Pharmacy core team prior to Pharmacotherapy service delivery requirements, would undertake some of this work previously working in collaboration with GPs. This work was previously supported by the now obsolete Quality and Outcomes



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Framework Contract² (QOF) which allowed for regular reporting of prescribing data to facilitate qualitative clinical discussions with clinicians. Unfortunately, due to the underfunded nature of PCIP coupled with the continued growing population demand, the core team have been absorbed into delivery of this service.

NHS Pharmacy First Scotland

4.7. Another element of the budget is Pharmacy First. Pharmacy First is a national NHS service launched in July 2020 that enables patients to access advice, treatment, or referral for common clinical conditions directly from community pharmacies, without needing to see a GP for all people in Scotland (this was originally known as the Minor Ailments Service which launched in 2008. In 2020 eligibility criteria was removed which made it available to all). Pharmacy First covers common ailments such as sore throats, earaches, urinary tract infections, and impetigo. The service has a set formulary which is agreed at national level. The aim is to provide timely care, reduce pressure on general practice and emergency departments, and improve access to treatment.

4.8. Pharmacy First prescribing costs NHS Grampian circa £1.52million a year. This roughly equates to approx. £609k for Aberdeen City HSCP's share. The service has seen a small 8% increase since 2023 to 2024 figures for both volume and cost. Please see Graph 3 below.

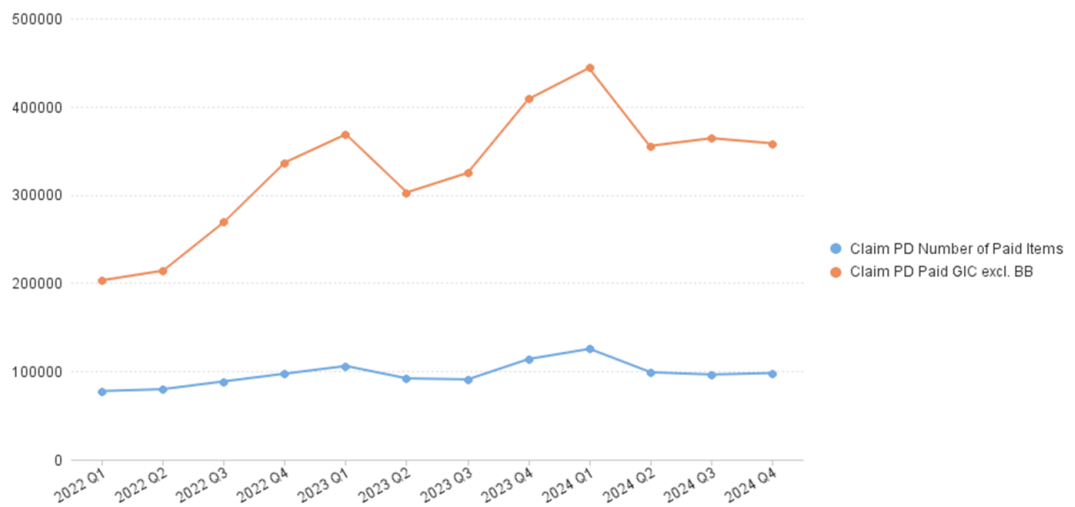
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[Improving Together: A National Framework for Quality and GP Clusters in Scotland - gov.scot](https://www.gov.scot/publications/improving-together-a-national-framework-for-quality-and-gp-clusters-in-scotland/pages/2/) and [Quality and Outcomes Framework \(QOF\) - closed - Search the datasets - National Datasets - National Data Catalogue - Health intelligence and data management - Resources and tools - Public Health Scotland](https://www.gov.scot/publications/quality-and-outcomes-framework-qof/pages/2/)



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Ph1st Items and Cost trend



Graph 3

NHS Pharmacy First Plus Scotland

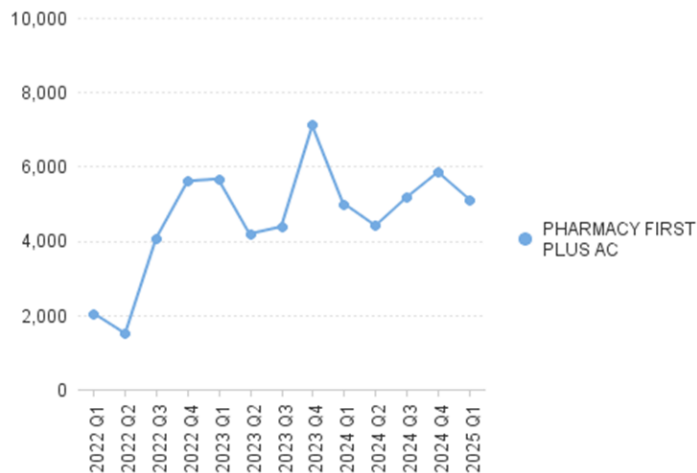
4.9. An additional service recently implemented, is Pharmacy First Plus which allows pharmacist independent prescribers (CPIPs) to manage common clinical conditions that would otherwise require GP input. Conditions covered include dermatological issues, respiratory infections, and eye conditions. For 2024/25 Pharmacy First Plus costs in Aberdeen City were £20,481 (in 23/24 costs were £21,352).

4.10. Graphs 4 and 5 below show the increasing trends of both volume and costs. For Pharmacy First Plus prescribing, there has been 54% increase in costs since 2022 until 2024 (full year figures) from £13,218 to £20,418. This equates to 141% increase in volume from 2247 to 5433 items prescribed and would be expected as part of a growing service for patients. While this percentage makes the growth look significant, the actual cost is very low when comparing the amount spent on primary care prescribing. The intention and benefits of Pharmacy First Plus, is to reduce the contacts and workload within GP Practices. (Pharmacy First Plus AC relates to Aberdeen City).

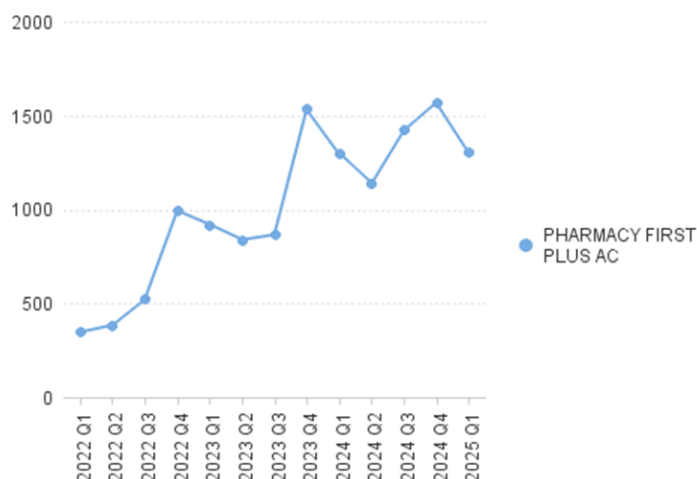


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Pharmacy First PLUS: Cost per quarter



Pharmacy First PLUS: Items per quarter



Graphs 4 and 5

4.11. The Scottish Government planned continued expansion of Pharmacy First and Pharmacy First Plus has had implications for IJB budgets, particularly in regions like Grampian. However, while this shift benefits the whole system, it presents a challenge for IJB budgets. As prescribing activity and associated costs move from general practice to community pharmacy, the financial responsibility increasingly falls on IJBs, who may not see a corresponding reduction in GP funding. This creates a budgetary pressure that needs to be addressed to ensure sustainable service delivery. On one hand, these services can reduce demand on GP practices and unscheduled care, potentially lowering costs associated with more expensive healthcare settings as well as increased community-based care giving easier access for patients.



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4.12. However, for both services this cost is relatively low compared to the overall prescribing budget of £44.5m. This demonstrates the need for collaboration with general practice and individual clinicians to consider the funding implications when prescribing and where much of the improvement actions have been focused.

4.13. The monthly pharmacy payments for both schemes are nationally funded however the costs of medicines prescribed under these schemes contribute to a small rise in prescribing budgets comparatively to prescribing within practices. The overall impact is positive—reducing demand on overstretched GPs, improving patient experience, and supporting the long-term transformation of primary care.

Efficiencies: A Broad Approach Required

4.14. There is no single solution to controlling prescribing costs. A broad, system-wide approach is needed, combining clinical, operational, and strategic actions. It is important to recognise that workforce engagement is required, and for Primary Care that is a number of different people: GPs, clinical/cluster leads, Local Medical Committee/GP-Sub Committee, ANPs, practice teams to name a few. Aberdeen City HSCP's Primary Care Team works closely with NHS Grampian and HSCPs colleagues to do this.

4.15. This includes promoting evidence-based prescribing, enhancing formulary compliance, investing in pharmacist-led medication reviews, and improving digital tools for prescribing decision support. However, it is important to note that this type of quality-led work does not always lead to efficiencies. Collaboration across all sectors including; hosted services, community and primary care, pharmacy, and public health teams is essential to identify unwarranted variation and reduce waste. Ultimately, sustained improvement will depend on coordinated efforts across multiple fronts, supported by data, education, and a shared commitment to value-based care. Efficiencies are also not just about cost savings; they are essential to ensuring safe, sustainable, and equitable access to medicines. However, whilst the decisions to prescribe are made locally, the costs of the drugs and the agreement to introduce new drugs are made locally and nationally.

Progress Updates

NHS Grampian Medicines Management



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4.16. NHS Grampian and each of the HSCPs in Grampian agreed in 2024/25 a 'spend to save' to support delivery of prescribing efficiencies. This is a joined-up plan with a distinct NHS Grampian wide team supporting. This comprised of a team of one pharmacist (0.6 FTE) and 2 pharmacy technicians (0.9 FTE) jointly funded by all 3 IJBs to undertake this work. The team are managed within the Pharmacy & Medicines Directorate and their work is reported to the Primary Care Prescribing Group (This group has representatives from each HSCP, clinical leads and the Director of pharmacy amongst others). Savings work undertaken by the team, across NHS Grampian, focuses on high yield medicine switches. Work undertaken in individual practices will be dependent on current prescribing.

4.17. The central medicines management team have undertaken savings work. Twelve months savings are what would be saved in a 12-month period. The in-year savings is what will be saved in 25/26 - this is less because not all work is done on 1st April. To ensure estimates are not exaggerated the team generally use in-year estimates as the guide. This has delivered the following in-year savings (up to 30th September 2025):

Estimated in year saving <u>by remote delivery</u>		
NHS Grampian	£	391,708
Aberdeen City	£	219,790
Aberdeenshire	£	166,674
Moray	£	5,244



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	Estimated actual saving (12 months)
NHS Grampian	£ 429,462
Aberdeen City	£ 266,495
Aberdeenshire	£ 155,978
Moray	£ 6,990

Public Communications

4.18. As part of the ongoing programme of work, NHS Grampian launched a public campaign in early 2025 to reduce medicines waste, shaped by feedback from over 2,800 residents and six public focus groups in late 2024. The campaign highlights the financial and environmental impact of unused medicines. It encourages patients to take simple steps to reduce waste, such as only ordering what they need and reviewing repeat prescriptions. The initiative also aims to redirect resources to frontline care and improve sustainability across the system.

Key Campaign Messages

- **Only order what you need** – especially for repeat prescriptions.
- **Check your medicine cabinet** before reordering.
- **Let your GP or pharmacist know** if there are medicines on your repeat list you no longer take.
- **Don't stop taking medicines** without speaking to a healthcare professional.
- **Check your pharmacy bag before leaving** – medicines cannot be reused once dispensed.
- **Consider buying low-cost over-the-counter medicines** (e.g. paracetamol) when appropriate.
- **Return unused medicines to your pharmacy** for safe disposal.
- **Talk to your pharmacist** about any medicines you're unsure about.
- **Reducing waste helps free up NHS resources** for doctors, nurses, and essential services.



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- **Wasted medicines harm the environment** and increase disposal costs.

4.19. The end of September saw the beginning of a reinvigorated Social Media Campaign regarding Unused Medicines / Minor Illness which is attached in Appendix 1. In addition, see link below for two videos that are being run on social media. This campaign begins Tuesday 30th Sept for 2-weeks with a 2-week break then will run for another 2 weeks. (Appendix 3).

1. Post 1: 1 in 10 medicines go to waste

1 in 10 medicines in Scotland go to waste, costing NHS Grampian millions every year. Learn more about how to help reduce your medicine waste visit Unused Medicines

Accompanying video:

<https://vimeo.com/1057814995/e42b1aa7de?share=copy>

<https://youtu.be/znbtv2aZ-kk>

- 2. Post 2: Over the Counter - Minor Illnesses Did you know?** When it comes to minor illnesses self-care and purchasing medicines saves your NHS money. For minor illnesses please visit www.nhsinform.scot or speak to your community pharmacist for advice. Accompanying Video attached.

<https://youtube.com/shorts/Be5sVFYMCew?feature=share>

This work is now being re-shared and re-invigorated across public social media and professional communication channels this Autumn.

ACHSCP Primary Care

4.20. Across Grampian, GP practices (as independent contractors) have the choice to accept central support for the delivery of prescribing efficiency savings. To date, of the two Practices who have not signed up, they have fed-back concerns about unfunded transfer of work within an already busy system. There has been a satisfactory level of Grampian-wide engagement to those who have been offered which have been stratified in order of financial benefit as detailed in table below. This work is ongoing;

Efficiency Engagement	City No. of practices	Grampian No. of Practices
Practices have had efficiency work completed	13	30



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Practices pending	3	6
Practices awaiting log-ons	1	2
practices awaiting preference forms	0	0
Practice awaiting log-ons and preference form	0	0
Practices have not responded to engagement emails	2	7
Practices have declined engagement with the team.	2	3
Practices have had Chronic Medication Service (CMS) issues reviewed	12	34

4.21. All requests for remote access have to undergo a Data Protection Impact Assessment (DPIA) and data sharing agreement as GP practices are their own data controller. This has been supported by Information Governance colleagues. A DPIA is in place to ensure appropriate governance arrangements support the remote delivery of efficiency work.

4.22. Within ACHSCP, to support prescribing improvement, information sessions were held with those who attended the City-Wide GP Practice events from general practices across the city over 2024/25, focusing on cost-effective prescribing, regular updates and use of lower cost non-branded medicines. During these sessions, attendees were shown comparative data highlighting the financial impact and were guided on how to optimise prescribing using ScriptSwitch. The sessions also included discussion on the rising financial pressures facing IJB budgets and the role prescribers can play in mitigating these through clinically appropriate, cost-conscious choices. Feedback from practices was generally positive, with many identifying immediate opportunities to reduce unnecessary spend.

4.23. Over the course of 2024/25 and so far in 2025/26 practices have been given the opportunity to participate in various savings initiatives, where there has been a payment per patient review. See below timelines for your information;

- May 2024: opt in to undertake Keppra to generic levetiracetam
- July 2024: opt in to undertake rivaroxaban to apixaban switches



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- July 2025: opt in to either undertake DOAC switches or have central team undertake on practice behalf (no payment for central teamwork undertaken).

4.24. In addition, Cluster Leads were encouraged to share learning and experiences with their cluster practices. Presentations were given to non-medical prescribers at an online event.

5. Implications for IJB

5.1 Equalities, Fairer Scotland and Health Inequality

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

Financial

5.1. Aberdeen City HSCP has a total prescribing budget of £44.5 million. Current predictions indicate a £2.9 million forecast overspend in 2025/26. Risks to budget stability include medicine shortages, volatility in drug pricing, and unpredictable uptake of new medicines. This changed position from 2024/25 has also been negatively impacted by a £5.9 million budget movement, which involved the reallocation of funding originally contributed by the local authority to support prescribing. Due to significant financial pressures on local authority budgets, this funding was redirected to other service areas considered higher risk, such as care packages.

5.2. National prescribing policies, including changes to drug tariff, licensing updates, and increased demand for newer or specialist medications, are contributing to rising prescribing costs across Scotland. These pressures—many of which are outside local control—are impacting the city (and other) IJB budgets significantly, with prescribing now accounting for a substantial proportion of forecast overspends and requiring close collaboration to manage sustainably. While these trends are largely shaped at a national level, it's important to note that most prescribing decisions are made by GPs based on individual clinical need, ensuring patients receive the most appropriate care. Supporting prescribers with guidance and system-wide efficiencies will be key to managing these pressures sustainably.

5.3 Workforce



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

5.4 Legal

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

5.5 Unpaid Carers

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

5.6 Information Governance

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

5.7 Environmental Impacts

There are no direct environmental implications arising from the recommendations of this noting report. We feel it is worthwhile mentioning the ongoing 'green' agenda can sometimes mean that the 'cheapest' medicine is not the 'greenest' medicine

5.8 Sustainability

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

6.0 Management of Risk

- 6.1 The key risks to delivering a balanced prescribing budget have been identified as Financial;

Financial Risk – Insufficient funding available to cover the prescribing budget for full year costs without significant cost efficiencies made.

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

Category	Description of risk	Mitigations
Finance	IJB financial failure and projection of overspend	Efficiency work as detailed in this report



RISK, AUDIT AND PERFORMANCE COMMITTEE

		<p>is underway. NHSG public communications focusing on reducing waste and overordering.</p> <p>Workshops with ACHSCP prescribers e.g. GPs to educate and ensure data-driven work to reduce spend but not clinical care.</p> <p>Remote working by the Central pharmacy team to move prescriptions to cheaper/non-branded alternatives without impacted patient care.</p>
Commissioning	<p>The commissioning of services from third sector and independent providers (e.g. General Practice and other primary care services) requires all stakeholders to work collaboratively to meet the needs of local people.</p>	<p>Ongoing discussions with GP cluster and clinical leads to support focus on prescribing efficiencies and education.</p> <p>Citywide GP and practice manager workshops highlighting areas of focus and opportunities for reducing waste and spend.</p>



Risk, Audit and Performance Committee

Date of Meeting	19 November 2025
Report Title	Internal Audit Update Report
Report Number	HSCP.25.095
Lead Officer	Jamie Dale Chief Internal Auditor
Report Author Details	Jamie Dale Chief Internal Auditor Jamie.Dale@aberdeenshire.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	Appendix A – RAPC - Internal Audit Update Report November 2025
Terms of Reference	2. Review and approve the annual audit plans (internal and external) on behalf of the IJB, receiving reports, overseeing and reviewing actions taken on audit recommendations and escalating to the IJB as appropriate.

1. Purpose of the Report

- 1.1. The purpose of this report is to provide the Risk, Audit and Performance Committee (RAPC) with an update on Internal Audit's work since the last update. Details are provided of the progress against the approved Internal Audit plans, audit recommendations follow up, and other relevant matters for the RAPC to be aware of.

2. Recommendations

- 2.1. It is recommended that the Committee:

- a) Note the contents of the RAPC - Internal Audit Update Report November 2025 ("the Internal Audit Update Report"), as appended at Appendix A, and the work of Internal Audit since the last update; and



Risk, Audit and Performance Committee

- b) Note the progress against the approved 2025/26 Internal Audit Plan as detailed in the Internal Audit Update Report.

3. Strategic Plan Context

- 3.1. Internal Audit's role is to provide assurance regarding the adequacy and effectiveness of the Integration Joint Board's framework of governance, risk management and control. Each of these areas helps ensure that the IJB can deliver on all strategic priorities as identified in its strategic plan.

4. Summary of Key Information

- 4.1. Internal Audit's primary role is to provide independent and objective assurance on the Board's risk management, control and governance processes. This requires a continuous rolling review and appraisal of the internal controls of the Board involving the examination and evaluation of the adequacy of systems of risk management, control and governance, making recommendations for improvement where appropriate. Reports are produced relating to each audit assignment and summaries of these are provided to the RAPC.

5. Implications for IJB

- 5.1. **Equalities, Fairer Scotland and Health Inequality** – An equality impact assessment is not required because the reason for this report is for the RAPC to discuss, review and comment on the contents of the Internal Audit Update Report and there will be no differential impact, as a result of this report, on people with protected characteristics.
- 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.



Risk, Audit and Performance Committee

5.7. Environmental Impacts – There are no direct impacts arising from this report.

5.8. Sustainability – There are no direct impacts arising from this report.

5.9. Other – there are no other impacts arising from this report.

6. Management of Risk

6.1. Identified risks(s): The Internal Audit process considers risks involved in the areas subject to review. Any risk implications identified through the Internal Audit process are as detailed in the resultant report.

6.2. Link to risks on strategic risk register: The Internal Audit Plan, and this output report, is developed following consideration of the Aberdeen City Health and Social care Partnership Risk Register and through consultation with management.

6.3. How might the content of this report impact or mitigate these risks:
Where risks are identified during the Internal Audit process, recommendations are made to management in order to mitigate these risks.

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Aberdeen City Health & Social Care Partnership
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Internal Audit

Risk, Audit and Performance Committee Internal Audit Update Report November 2025

Contents

1	Executive Summary.....	3
1.1	Introduction and background.....	3
1.2	Highlights.....	3
1.3	Action requested of the RAP Committee.....	3
2	Internal Audit Progress.....	4
2.1	2025/26 Audits	4
2.2	Follow up of audit recommendations.....	4
3	Appendix 1 – Grading of Recommendations	5
4	Appendix 2 – Audit Recommendations Follow Up – Outstanding Actions.....	6

1 Executive Summary

1.1 Introduction and background

Internal Audit's primary role is to provide independent and objective assurance on the Council's risk management, control, and governance processes. This requires a continuous rolling review and appraisal of the internal controls of the Board involving the examination and evaluation of the adequacy of systems of risk management, control, and governance, making recommendations for improvement where appropriate. Reports are produced relating to each audit assignment and these are provided to the Risk, Audit and Performance (RAP) Committee. Along with other evidence, these reports are used in forming an annual opinion on the adequacy of risk management, control, and governance processes.

This report advises the RAP Committee of Internal Audit's work since the last update. Details are provided of the progress against the approved 2025/26 Internal Audit Plan, audit recommendations follow up, and other relevant matters for the Committee to be aware of.

1.2 Highlights

Full details are provided in the body of this report however Internal Audit would like to bring to the Committee's attention that since the last update:

- Work is underway to deliver the 2025/26 Internal Audit Plan.
- Work is underway by Management with regards to the implementation of agreed audit recommendations.

1.3 Action requested of the RAP Committee

The Committee is requested to note the contents of this report and the work of Internal Audit since the last update.

2 Internal Audit Progress

2.1 2025/26 Audits

Service	Audit Area	Position
Health & Social Care Partnership	Health and Social Care (staffing) Scotland Act 2019	Review in Progress
Integration Joint Board	IJB Financial Sustainability	Review Scheduled

2.2 Follow up of audit recommendations

Global Internal Audit Standards require that Internal Audit report the results of its activities to the Committee and establishes a follow-up process to monitor and ensure that management actions have been effectively implemented.

As at 30 August 2025 (the baseline for our exercise), two audit recommendations were due and Management has closed off one. Appendix 1 – Grading of Recommendations provides the definitions of each of the ratings used. Appendix 2 – Audit Recommendations Follow Up – Outstanding Actions provides a detailed breakdown of the outstanding audit recommendation that will be taken forward and followed up as part of the next cycle.

3 Appendix 1 – Grading of Recommendations

Risk level	Definition
Corporate	This issue / risk level impacts the Council as a whole. Mitigating actions should be taken at the Senior Leadership level.
Function	This issue / risk level has implications at the functional level and the potential to impact across a range of services. They could be mitigated through the redeployment of resources or a change of policy within a given function.
Cluster	This issue / risk level impacts a particular Service or Cluster. Mitigating actions should be implemented by the responsible Chief Officer.
Programme and Project	This issue / risk level impacts the programme or project that has been reviewed. Mitigating actions should be taken at the level of the programme or project concerned.

Net risk rating	Description	Assurance assessment
Minor	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.	Substantial
Moderate	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified, which may put at risk the achievement of objectives in the area audited.	Reasonable
Major	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Limited
Severe	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Minimal

Individual issue / risk	Definitions
Minor	Although the element of internal control is satisfactory there is scope for improvement. Addressing this issue is considered desirable and should result in enhanced control or better value for money. Action should be taken within a 12 month period.
Moderate	An element of control is missing or only partial in nature. The existence of the weakness identified has an impact on the audited area's adequacy and effectiveness. Action should be taken within a six month period.
Major	The absence of, or failure to comply with, an appropriate internal control, such as those described in the Board's Scheme of Governance. This could result in, for example, a material financial loss, a breach of legislative requirements or reputational damage to the Board. Action should be taken within three months.
Severe	This is an issue / risk that is likely to significantly affect the achievement of one or many of the Board's objectives or could impact the effectiveness or efficiency of the Board's activities or processes. Examples include a material recurring breach of legislative requirements or actions that will likely result in a material financial loss or significant reputational damage to the Board. Action is considered imperative to ensure that the Board is not exposed to severe risks and should be taken immediately.

4 Appendix 2 – Audit Recommendations Follow Up – Outstanding Actions

Overall Report Area	Report	Grading	Recommendation	Original Due Date	Current Due Date	Committee Update	Status
Financial Assessments	AC2414	Major	The Service should document the procedures and internal controls to be applied	Dec-24	Dec-25	Service provided updated documentation regarding procedures and internal controls. Internal Audit supporting with feedback on expectations to mitigate the risk. Work in progress noted and extended till calendar year end to allow for implementation.	In Progress