



## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	13 May 2025
<b>Report Title</b>	Chief Officer's Report
<b>Report Number</b>	HSCP.25.028
<b>Lead Officer</b>	Fiona Mitchelhill, Chief Officer
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<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Exempt</b>	No
<b>Appendices</b>	None
<b>Terms of Reference</b>	5

### 1. Purpose of the Report

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

### 2. Recommendations

It is recommended that the Integration Joint Board:

- a) Notes the detail contained within the report.

### 3. Strategic Plan Context

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



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### 4. Summary of Key Information

#### 4.1 Local updates

##### 4.1.1 Countesswells Hub

A new health and wellbeing clinic opened on Wisely Place, Countesswells, on 3 March 2025 to serve the needs of the new and still emerging 3,000-home Countesswells housing development.

The clinic has two consulting rooms, a public waiting area, a fully accessible public toilet, a staff room, and clinical waste and cleaners' stores. A screen in the waiting area shows a range of public health messages.

Services are being provided by Aberdeen City Health & Social Care Partnership (ACHSCP) on the Community Treatment and Care (CTAC) model. They include child immunisation, venepuncture, chronic disease management, suture and staple removal, blood pressure testing and diabetic foot screening. Services from Health Visiting and Speech and Language Therapy are also being provided.

The services were selected using a scoring process to pinpoint what the community will most need. The predominant demographic of the new community is younger people and families, which led to a special emphasis on health visiting and child immunisations.

The new hub is open Mon-Fri, 9am-5pm, with services provided by appointment only.

Services operating from the building are timetabled to ensure they run at the most beneficial times for patients. The system has been designed to be flexible and so, over time, changing circumstances may see services adapt in line with patient needs.

The unit was purchased by NHS Grampian with capital funding and provides a modern and welcoming facility, using developer obligations for equipment and furnishings as part of the local authority planning process.

##### 4.1.2 Mental Health and Learning Disability (MHL) bed base review

Grampian Mental Health and Learning Disability Board have commissioned phase 2 of the Grampian MHL Bed Base Review.

The programme of work aligns to the Grampian Plan for the Future and key national strategies, including the Mental Health and Wellbeing Strategy, and the Adult Secondary Care Core Mental Health Standards.

Phase 1 of the programme involved colleagues from the health and social care partnerships across Grampian, along with stakeholder agencies. Over the course of two in-person workshops, seven key priorities were pinpointed from the data. Storyboards were created of how colleagues could re-envision the Grampian MHLDS bed base by



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transforming service-delivery models and using the resource in a cross-system pathways way.

The review aims to ensure that those who need an in-patient mental health bed receive a timely, safe and effective service in the right timeframe – and ensure the provision of sustainable services.

The review is also identifying opportunities for people to be better supported in their own community, with a focus on recovery and sustaining wellness, and seeks to develop wider engagement with staff and partners (including users of mental health services), using data and intelligence to improve the service offered.

Lead officers have been identified to progress the seven priority actions and will report into the Grampian MHLB Board. The close-out report from Phase One is being shared with the Grampian MHLB Board in May 2025, alongside the commissioning documentation for Phase 2. A report will be brought to the Aberdeen City IJB on 1 July 2025, concurrent with reporting to Aberdeenshire and Moray IJBs.

The Discharge Planning Improvement Group for MHLB services continues to make progress in reducing delayed discharges. Since the work began at Royal Cornhill Hospital, there has been a 40% reduction in delayed discharges. Improved data and collaborative efforts have led to better decision-making and coordinated care across the service. This work has been supported by Healthcare Improvement Scotland.

### **4.1.3 Aberdeen City Vaccination and Wellbeing Hub winter/spring programme 2024/25**

For winter 2024, both covid-19 and flu vaccinations were offered to the following groups in Scotland:

- residents in care homes for older adults
- all adults aged 65 and over
- individuals aged 6 months and over who are in a clinical at-risk group, including pregnant women
- frontline health & social care workers
- staff in care homes for older adults.

As per the 2024 Adult & Child Flu Chief Medical Officer (CMO) letter, people in the following groups will be offered flu vaccination only:

- those aged 18-64 years with an eligible flu-only clinical risk condition
- unpaid carers, including young carers under the age of 16
- household contacts of those with immune-suppression
- school age pupils (primary and secondary)
- children aged 2-5 (not at school)
- children aged 6 months to 2 years at-risk
- poultry workers
- non-frontline NHS workers
- asylum-seekers living in Home Office hotel or B&B accommodation



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- those experiencing homelessness
- those experiencing substance misuse
- all prisoners within the Scottish prison estate

The Scottish Government decided to end the offer to other groups which were added as part of the pandemic response, notably those aged 50-64, teachers, and prison staff.

Spring covid-19 vaccination eligibility:

- all adults aged 75 and over
- residents in care homes for older adults
- individuals aged 6 months and over who were immune-suppressed (as defined in the Green Book)

The winter vaccination programme began in mid-September 2024, targeting flu-only cohorts. The main programme, which co-administers flu and covid vaccines, started on 1 October 2024.

The Chief Medical Officer set a goal for 80% of the eligible population to be offered appointments by 8 December. The Aberdeen City Vaccination Team successfully met this target.

As at 31 March 2025, the vaccination uptake figures for the Aberdeen City local authority area were:

<b>Aberdeen City</b>				
<b>Flu cohort</b>	<b>Population</b>	<b>Vaccinations</b>	<b>% Uptake</b>	<b>Scotland % Uptake</b>
Age 75+	18,791	15,163	80.7	80.6
Older people care home residents	1,044	895	85.7	83.8
Age 65-74	22,368	15,052	67.3	68.7
Weakened immune system	6,516	3,801	58.3	61.0
At risk age 18-64	32,525	10,405	32.0	34.6
All health care workers	9,200	2,985	32.4	35.9
All social care workers	7,192	973	13.5	17.2
<b>Total</b>	<b>85,718</b>	<b>42,815</b>	<b>49.9</b>	<b>53.2</b>

<b>Aberdeen City</b>				
<b>Covid 19 cohort</b>	<b>Population</b>	<b>Vaccinations</b>	<b>% Uptake</b>	<b>Scotland % Uptake</b>
Age 75+	18,953	14,681	77.5	76.6
Older people care home residents	1,098	908	82.7	81.5
Age 65-74	22,417	14,179	63.3	63.4
Weakened immune system	5,258	2,432	46.3	47.0



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At risk age 18-64	29,443	7,129	24.2	27.6
At risk age 12-17	1,203	92	7.6	7.3
At risk aged 5-11	1,318	109	8.3	6.0
At risk 6mnths-4 years	304	33	10.9	6.3
Frontline health care workers	5,211	1,269	24.4	23.5
All social workers	7,225	667	9.2	11.7
<b>Total</b>	<b>83,362</b>	<b>37,389</b>	<b>44.9</b>	<b>47.4</b>

NHS Grampian is exploring reintroducing peer-to-peer vaccinations to provide staff with more flexible, local options, aiming to improve future uptake. A more comprehensive uptake report will be available in due course.

The spring covid vaccination programme began on 31 March 2025, starting in care homes and very sheltered housing complexes. All other eligible groups are scheduled for appointments between April and June 2025. The Aberdeen Vaccination Team is planning to set up community pop-up clinics in June to reduce barriers to access.

Following the successful chronic pain Community Appointment Days (CADs) in November 2024 and February 2025, further CADs are planned for the Vaccination & Wellbeing Hub in the Bon Accord Centre during 2025 – 21 May, chronic obstructive pulmonary disease; 04 Jun, dementia post-diagnostic support; 01 Jul, chronic pain; 16 Sept, chronic pain – with further CADs in discussion.

### 4.1.4 Stoneywood complex care development

Work is at an advanced stage on Aberdeen's first purpose-built complex care facility to provide accommodation for some of the city's most vulnerable people.

Site works are progressing well, with site handover scheduled for July 2025. At the time of writing (April 2025), week 39 of the build programme has completed. The care provider is now in place and is successfully progressing towards recruitment of the staff team who will support the residents. Work continues with eight prospective residents and their families to ensure a safe and sustainable transition to their new homes.

The £4million development, on the site of the now-demolished Stoneywood School on Stoneywood Road, will deliver specialist accommodation for eight people with complex needs, offering care around the clock. Each of the eight wheelchair-adapted bungalows will have a bedroom, a kitchen, a living room and a wet room, along with a small private garden. A shared garden space and a sensory garden are also part of the scheme – along with a staff building with office space, a meeting/training room, and an area for carers to take time out. Staff will be on site at all times. The development will have 28 car parking spaces for staff and visitors.

Support for its residents will be provided by a specialist operator with expertise in the field. The Aberdeen City Council capital project will be overseen by Aberdeen City Health & Social Care Partnership (ACHSCP) when complete.



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The buildings are all designed to a Passivhaus (ultra-low energy) standard of environmental performance and will feature low and zero carbon energy generating technologies to minimise greenhouse gas emissions.

The project is in line with ACHSCP's Strategic Plan key aims, which include keeping people safe at home and helping them to achieve fulfilling, healthy lives. ACHSCP's Complex Care Programme aims to create suitable local accommodation and associated care provision for people with complex care needs. The scheme also aligns with the Scottish Government's Coming Home agenda, which aims to reduce delayed discharges and inappropriate out-of-area placements for people with learning disabilities and complex care needs.

### **4.1.5 Scotstown branch surgery at Udney Station**

A Scotstown Branch Surgery/Udney Station patient engagement and information session was held on 25 March. Patients of Scotstown Medical Group were invited to attend sessions over the course of the day and/or an evening online session.

The session was held following Scotstown's difficult decision to close the branch site at Udney Station in order to ensure the practice's long-term sustainability. Staff shortages and increasing costs to the practice meant that the partners felt they had to consolidate services.

The event was well attended, with 60 people coming along to outline their concerns. The practice and primary care teams from City and Shire discussed solutions with patients and their families/carers. In addition, the practice has opened a dedicated phone line and email address for any concerns to be raised and for mitigations to be put in place where possible.

The branch site will look to close, following formal approval from NHS Grampian and the GP Sub-Committee, on 17 June 2025.

### **4.1.6 MSP Visit to Royal Cornhill Hospital**

MSP Maree Todd, Minister for Social Care, Mental Wellbeing and Sport, visited Royal Cornhill Hospital on 2 May 2025. During her visit, she toured the Blair Unit and met with forensic rehabilitation patients and community group carers. She also engaged with operational teams for forensic services and discussed the unit's upgrade and the strategic direction of forensic services in Grampian with senior leaders.

## **4.2 National Updates**

### **4.2.1 Discharge without Delay Collaborative**

Discharge without Delay (DwD) is a whole-system programme for frail older people currently accessing Scottish hospitals.





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It pulls together best practice, individual services and pathways into an integrated model that strives to deliver Comprehensive Geriatric Assessment (CGA) in the timeliest manner possible, while ensuring no negative impact from hospital-induced harm or dependency to the person.

The aspirational model is one that delivers an integrated, multi-disciplinary community model which can respond 24/7 as early as possible when a frail older person begins to show signs of decline. This will limit acute illness and, ultimately, the need for hospital admission.

This will require complex strategic and service planning across multiple organisations, some local and some national, including Out-Of-Hours, the Scottish Ambulance Service, NHS24, community services, primary care and acute services.

The aims are:

- to reduce acute geriatric length of stay (LoS) by at least 20% by end March 2026
- to reduce community hospital/step-down LoS by at least 20%, ideally less than 28 days, by end March 2026
- to reduce respective HSCP delayed discharges by at least 20% by end March 2026 as a consequence of improved flow
- to improve four-hour whole-system performance by 3-5 % points with improved downstream capacity
- to delivery on some of these positions by December 2026, given the annual winter pressures.

Focused work will be undertaken to meet these targets, with the priorities being admission prevention and creating a frailty team at the front door who can support admission avoidance. We will also have a community team in Discharge to assess who can provide wrap-around enablement support at home 24/7 to allow for the admission avoidance to be supported.

Our stepdown/community LoS is roughly around 40 days so we are keen to consider seven-day therapy cover by using community partners to support rehab with Community Trust colleagues and the Sports Village. These priorities are under way with small groups in each workstream to achieve some of this by December 2025.

### 4.2.2 Audit Scotland reports

Audit Scotland released its report on General Practice on 27 March 2025

<https://audit.scot/publications/general-practice-progress-since-the-2018-general-medical-services-contract>.

Audit Scotland also published its report 'Reform urgently needed to tackle precarious health and social care finances' on 6 March 2025 <https://audit.scot/news/reform-urgently-needed-to-tackle-precarious-health-and-social-care-finances>

### 4.2.3 National Care Service (NCS) advisory board



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The Care Reform (Scotland) Bill establishes the National Care Service (NCS). Prior to the conclusion of Stage 2 proceedings in the Scottish Parliament on 4 March 2025, the Bill was referred to as the National Care Service (Scotland) Bil.

The Scottish Government announced the creation of a board in January. The board is being established to provide advice on how to improve the delivery of social care, social work and community health services. It will be made up of people who have experience of delivering and accessing social care, social work and community health services. An Interim Advisory Board is to be established in May 2025, ahead of the establishment of a full Advisory Board in six to nine months.

Council Leaders and Scottish Ministers have agreed to progress the board on the basis that it can provide advice to Scottish Ministers, Council Leaders, Integration Authorities and Health Boards – and have agreed that the interim board should lead a review of services which could be in scope for the full board, with the interim board offering advice to Ministers and Leaders for joint consideration following this review. This will include considering the approach of the board to services which may be delegated locally to an Integration Authority under the Public Bodies (Joint Working) Act 2014, including children's services, justice social work services and homelessness services.

The Bill was introduced on 20 June 2022 and is now at Stage 3.

Other current bills of relevance to the IJB are:

- Criminal Justice Modernisation and Abusive Domestic Behaviour Reviews (Scotland) Bill, which is at Stage 2 [Criminal Justice Modernisation and Abusive Domestic Behaviour Reviews \(Scotland\) Bill | Scottish Parliament Website](#)
- Right to Addiction Recovery (Scotland) Bill, which is at Stage 1 [Right to Addiction Recovery \(Scotland\) Bill | Scottish Parliament Website](#)
- Victims, Witnesses, and Justice Reform (Scotland) Bill, which is at Stage 3 [Victims, Witnesses, and Justice Reform \(Scotland\) Bill | Scottish Parliament Website](#)

### 5. Implications for IJB

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

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

#### 5.2 Financial

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

#### 5.3 Workforce





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

### **5.4 Legal**

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

### **5.5 Unpaid Carers**

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

### **5.6 Information Governance**

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

### **5.7 Environmental Impacts**

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

### **5.8 Sustainability**

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

### **5.9 Other Implications**

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

## **6. Management of Risk**

There are no direct risk management issues.