



Aberdeen City Health & Social Care Partnership
A caring partnership



Aberdeen City Integration Joint Board

Annual Accounts 2024/25

DRAFT



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This publication contains the financial statements of Aberdeen City Integration Joint Board ('the IJB') for the year ended 31 March 2025. The Management Commentary outlines the key messages in relation to the IJB's financial planning and performance for the year and how this has supported delivery of the IJB's priorities. This commentary also looks forward, outlining the IJB's future financial plans and the challenges and risks which we will face as we strive to meet the needs of the people of Aberdeen.



Management Commentary

The Role and Remit of the Integration Joint Board (IJB)

Aberdeen City Integration Joint Board (IJB) is a joint venture between NHS Grampian and Aberdeen City Council which has overall responsibility for planning health and social care services within the city. The IJB is the formal legal body that makes the decisions about how health and social care services are delivered based on the Strategic Plan. The functions delegated to the IJB are detailed in the Integration Scheme, and in summary include all community health and social care services provided to adults and older people, homelessness services and criminal justice. Some services such as adult social work, GP services, district nursing, and allied health professionals are fully delegated and the IJB has responsibility both for the strategic planning and governing oversight of these. Other services are Grampian-wide services which Aberdeen City IJB “host” on behalf of all three IJBs in the NHS Grampian area. There are also hospital-based services. Aberdeen City IJB has responsibility for the strategic planning of both hosted and hospital-based services. Full details of the delegated and hosted services can be found at the [Health and Social Care Integration Scheme for Aberdeen City](#).

The IJB directs Aberdeen City Council and NHS Grampian to work together in partnership to deliver services. Here in Aberdeen City, Aberdeen City Council and NHS Grampian deliver integrated services as Aberdeen City Health and Social Care Partnership (often shortened to the HSCP). The HSCP is essentially the staff from both organisations working in partnership to plan and deliver the services under the direction of the Integration Joint Board (IJB). Aberdeen City has a population of 227,750 which is 4.1% of the population of Scotland¹. There are challenges faced in Aberdeen City as a result of poverty, deprivation, ill health and inequality are well documented. The HSCP understands that there are a whole range of factors that influence people’s health and social care needs. Meeting those needs means considering all these factors and working with our partners to reduce their impact. To understand the bigger picture and help to plan services the IJB gathers and considers information from different sources to build a profile of the city and its needs. This is called a “strategic needs assessment”. That information drives the priorities and the work of teams and partners to try to make a difference to people’s lives. The full range of information that forms the basis of this needs assessment can be viewed online.(insert link)

The policy ambition is to improve the quality and consistency of services to patients, carers, service users and their families; to provide seamless, joined-up, quality health and social care services in order to care for people in their own homes or a homely setting where it is safe to do so; and to ensure resources are used effectively and efficiently to deliver services that meet the increasing number of people with longer-term and often complex needs, many of whom are older. The IJB has

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governing oversight whilst Aberdeen City Health and Social Care Partnership (ACHSCP) has responsibility for the operational delivery of these services.

The IJB sets the direction of ACHSCP via the preparation and implementation of the Strategic Plan and seeks assurance on the management and delivery of the integrated services through appropriate scrutiny and performance monitoring, whilst ensuring the effective use of resources.

IJB and Sub Committees Membership		
IJB		
Cllr J Cooke, <u>Chair</u>	ACC voting member	Appointed Chair 25 April 2023 (VC from 7 June 2022)
Hussein Patwa, <u>Vice Chair</u>	NHSG voting member	Appointed as Member 22 August 2023; Appointed VC 10 October 2023
Prof. David Blackburn	NHSG voting member	Nominated July 2024, noted 24 September 2024
Ritchie Johnson	NHSG voting member	Nominated July 2024, noted 24 September 2024
Mark Burrell	NHSG voting member	Appointed 22 August 2023
Cllr Lee Fairfull	ACC voting member	Appointed 22 August 2023; Last meeting 6 February 2024, reappointed 19 November 2024
Cllr Martin Greig	ACC voting member	Appointed 7 June 2022
Cllr Malik	ACC voting member	Appointed 11 March 2025
Amanda Foster Debbie Oyegun Kenneth McAlpine	Patient/Service User Reps	All Appointed 9 July 2024
Jim Currie	ACC Union Rep	Term extended - Reappointed 19 November 2024
Jamie Donaldson	NHSG Staff Rep	Appointed 22 August 2023
Jenny Gibb	NHSG Nursing Rep	
Christine Hemming and Steve Close (joint membership) Stephen Friar/ Joy Miller	Senior Leadership Team - Medicine and Unscheduled Care	Appointed 30 August 2022 SC resigned 26 June 2024; CH 12 Feb 2025 SF and JM appointed 12 Feb 2025
Maggie Hepburn (ACVO)	Third Sector Rep	Term extended - Reappointed 19 November 2024
Dr Caroline Howarth	Clinical Director	
Shona McFarlane	Carer Rep	Check Alison MacLeod report –

		carer reps' terms extended
Phil Mackie	NHSG Depute Director of Public Health	Appointed 7 June 2022
Fiona Mitchelhill	Chief Officer	First meeting 26 March 2024
Kenny Low	Chief Finance Officer	First meeting 9 July 2024
Graeme Simpson	ACC, Chief Social Work Officer	
Resigned:		
Cllr Christian Allard	ACC voting member	Appointed 6 February 2024, resigned 19 November 2024
Cllr Jennifer Bonsell	ACC voting member	Appointed 10 October 2023, resigned 11 March 2025
June Brown	NHSG voting member	Appointed 7 June 2022; Resigned 17 July 2024
Professor Siladitya Bhattacharya	NHSG voting member	Appointed 10 October 2023; Resigned 30 July 2024
Paul Mitchell	Chief Finance Officer	Last meeting 9 July 2024
Sandra MacLeod	Chief Officer	Last meeting 6 February 2024
Alison Murray	Carer Representative	Last meeting 6 February 2024
Luan Gurgeon	Chair, VC	Stood down as Chair 25 April 2023; resigned as VC 10 October 2023
Mike Adams	NHSG Staff Rep	Resigned 30 May 2023
Kim Cruttenden	NHSG voting member	Resigned 6 June 2023

RAPC		
Councillor Martin Greig	Chair, ACC	Appointed as Chair 17 November 2022 (Member from 7 June 2022)
Hussein Patwa	NHSG	Appointed 22 August 2023

Councillor John Cooke	ACC	Appointed 7 June 2022
Ritchie Johnson TBC	NHSG	To be approved 24 September 2024
June Brown	NHSG	Appointed 7 June 2022; Resigned 17 July 2024

CCG		
Mark Burrell	Chair, NHSG	Appointed 22 August 2023
Councillor Malik	ACC	Appointed 18 March 2025
Professor David Blackburn	NHSG	Appointed 24 September 2024
Councillor Lee Fairfull	ACC	Appointed 22 August 2023; Resigned 6 February 2024; reappointed 19 November 2024
Councillor Christian Allard	ACC	Appointed 6 February 2024; resigned 19 November 2024
Councillor Jennifer Bonsell	ACC	Appointed 10 October 2023, resigned 11 March 2025

Current Service Delivery

In 2023/24, 8,790 people in Aberdeen City were receiving social care services/ support, 58% of whom were frail/elderly. 6,000 people were supported by a Social Worker, with 5,305 receiving care at home and 2,055 residents in a care home. 3,365 people had long term needs and 510 people required high levels of care at home (10 hours or more).

In 2024/25 there were 1,265 patient admissions to Hospital at Home, 1,694 referrals to the Community Link Worker Service, and the City Visits Team undertook 6,216 visits. 170,489 vaccinations were administered, and 170,000 appointments were available at our Community Treatment and Assessment Centres throughout the City. Our Stay Well Stay connected activities and events reached 1,777 people a massive 169% increase on the previous year.

The AC HSCP services are well used:

- Demand for GP appointments is high. Throughout the year around 50% of the population are supported in some way by Primary Care every week.
- There is increasing demand and increasing costs for care delivery in adult social care. This has led to budget overspends in commissioned services. Action has been taken to start addressing this cost base in the forthcoming year reviewing how care can be delivered differently with a greater focus on prevention, technology enabled care and ensuring there is a consistent approach to the application of the partnership eligibility criteria which supports an entitlement to care.
- Adult Social Care services are running at capacity leading which has led to increased waiting times for assessment and a reduction in our performance in relation to Delayed Discharges. This can put more pressure on Aberdeen Royal Infirmary who have also seen demand for their services increase. Improving frailty pathways, enabling people to reduce their need to care and improving the infrastructure to better support the users of the service will increase capacity within the current financial envelop. In addition there is strong evidence that the focus on prevention in this area also reduces the requirement for higher levels of ongoing care therefore leading to a more financially sustainable financial model.
- Demand for inpatient care in Mental Health and Learning Disability Services and longer lengths of stay making it difficult to create space for new patients.
- Managing increasing spikes in substance use requiring a community response. Additional prescribing of medications which help reduce the risk of serious harm.
- There is pressure on Abortion Care Services requiring a review of the way the service is delivered and use of contraception.

- Prescribing volumes have grown over the last year by around 3.5% with costs rising 1%. The volume of drugs prescribed continues to grow but is well understood and managed across NHS Grampian. There continues to be high wastage of around 10% of all prescriptions issued – there is an active advertising campaign highlighting this to the people of Aberdeen.

Aberdeen City Population Needs Assessment

In October 2024 Community Planning Aberdeen published a [Population Needs Assessment for Aberdeen City](#). This information highlights the following:

Physical Health

- Life Expectancy had been increasing since the early 1980s but has now remained virtually unchanged since 2012-14.
- The latest figures for Healthy Life Expectancy indicate that males can expect to have a period of 16.7 years and females a period of 19.6 years with health problems.
- In 2023, cancer and circulatory diseases (such as coronary heart disease and stroke) together accounted for half (50.4%) of all causes of death.
- In 2023, the most prevalent disease overall was hypertension, at an incidence of 11.1 patients per 100 population.
- The incidence of Chronic Obstructive Pulmonary Disease (COPD) at 200 (3-year average number) has increased.
- Data from the Scottish Health Survey estimates that in 2019-23, 18% of people had doctor-diagnosed asthma, up from 16% in 2018-22

Mental Health

- In 2023, Dementia and Alzheimer's disease were the leading cause of death for females (13.4% of all female deaths) and the second most common cause of death for males (7% of all male deaths).
- In 2023 there were 29 probable suicides (24 male and 5 female).
- In 2019-2023, an estimated 18% of people were deemed to have a potential psychiatric disorder.
- Depression was reported as the second most prevalent condition at 7.3 patients per 100 population.

Health Behaviours

- In 2019-2023 23% of adults were drinking alcohol above the guideline recommendations which is an increase on the previous period.
- In 2023 there were 54 drug related deaths an increase from 42 in 2022.
- Over half of the deaths in Aberdeen City in 2023 were associated with cancers and circulatory diseases, for which smoking, obesity, and physical inactivity are risks.

- Smoking during pregnancy can have significant consequences for mother and baby, and increases the risk of stillbirth, miscarriage and preterm birth. Around 9% of pregnancies booked are current smokers.
- In 2022 and 2023, 5.6% of 13–18-year-olds reported that they were vaping regularly which could lead to smoking in later life.
- Obesity rates in 2023 were 32%, a significant increase from 23% in 2016-19.
- In the latest 2020-2022 reporting period, bowel cancer screening uptake were 67.8%.
- The latest data for the three-year rolling period 2020-2023 indicates an uptake rate of 80.3% for breast cancer screening.
- The NHS Grampian cervical cancer screening uptake rate for females aged 25-49 in 2021/22 was 67.3%
- During 2022-23, 56,564 Influenza vaccines were administered to eligible groups which equates to an uptake rate of 50.8%.

There is the opportunity to influencing health related behaviours in order to improve population health, help reduce the harm and negative impacts of some of the health behaviours. This will have an impact on the ongoing cost of providing care, hopefully by reducing the care needs of the population which adds to the financial sustainability of the HSCP.

Scottish Index of Multiple Deprivation

There is a strong association between deprivation and health outcomes as indicated by the table below. According to an analysis of the Scottish Index of Multiple Deprivation (SIMD) in 2020, 19.3% of Aberdeen City's population are in the three most health deprived data zones. This is higher than Edinburgh (16.2%) but considerably lower than both Dundee (48.4%) and Glasgow (54.4%). The neighbourhoods in the 20% most deprived data zones (Quintile 1) include Torry, Woodside, Seaton, Northfield, Middlefield, Tillydrone, Mastrick, Sheddocksley and George St.

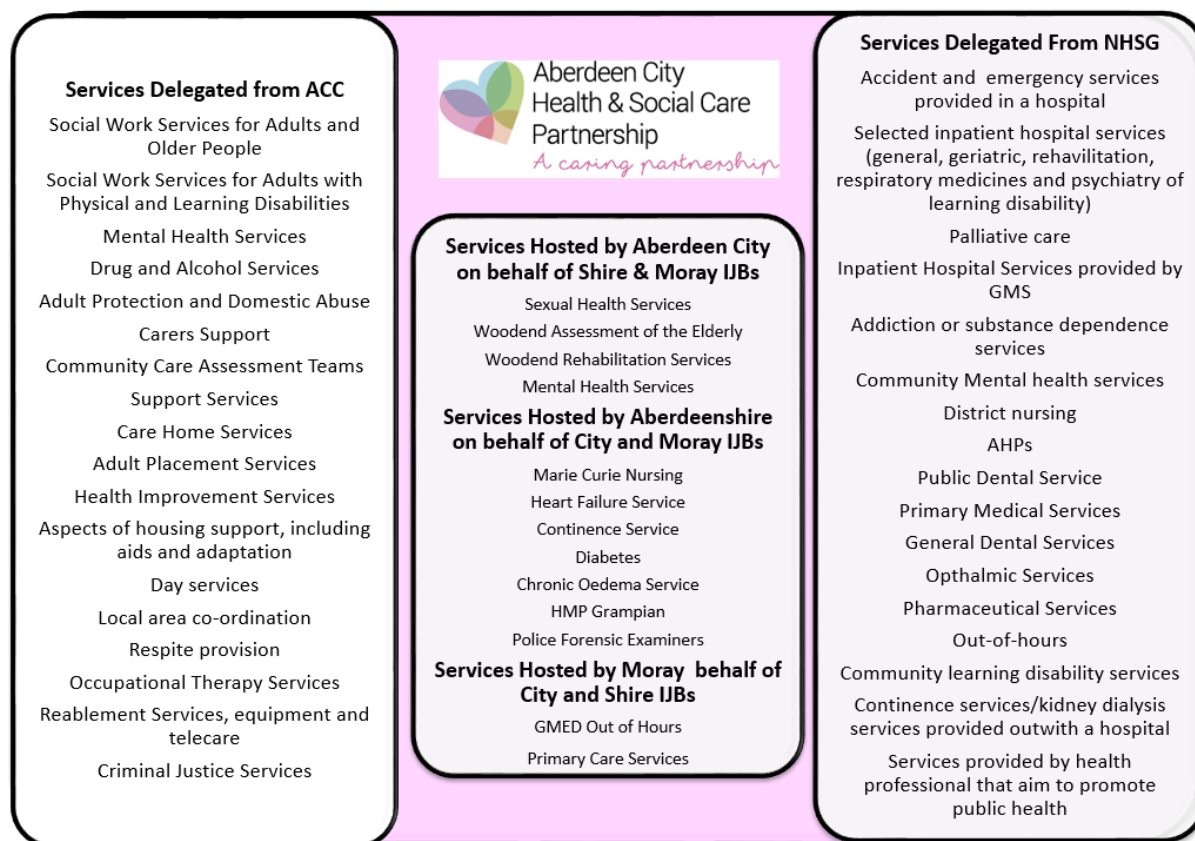
Health Indicator	Least Deprived	Most Deprived
Life Expectancy Males	81.1	71.7
Life Expectancy Females	84.8	76.4
Healthy Life Expectancy (Scotland)		26 years lower
Alcohol related hospital admissions (per 100,000)	300.7	1,044.2
Alcohol related deaths (per 100,000)	10.5	40.4
Drug related hospital admissions (per 100,000)	39.9	532
Drug related deaths (per 100,000)	5.2	57.3
Psychiatric patient hospital admissions (per 100,000)	144	343

Prescriptions for anxiety, depression and psychosis	12.5%	23.8%
Cancer registrations (per 100,000)	571.2	768.9
Early deaths from cancer (per 100,000)	98	249
Hospitalisations for coronary heart disease (per 100,000)	256.2	443.1
Early death from coronary heart disease (per 100,000)	25	95.9
Hospitalisations for COPD (per 100,000)	65.4	402.9
Incidences of smoking in pregnancy	23.9%	2.9%
Disposable income required to be spent on healthy diet	11%	50%

Reducing this impact of inequality and influencing the wider determinants of health will be a focus for the partnership to ensure better outcomes for the population of Aberdeen.

Aberdeen City IJB Strategic Plan

The IJB Strategic Plan for 2022 to 2025 covered the services provided by the partnership as shown below:



The strategy was supported by a three year Delivery Plan, approved at the IJB meeting in June 2022. The strategy has four strategic aims:-

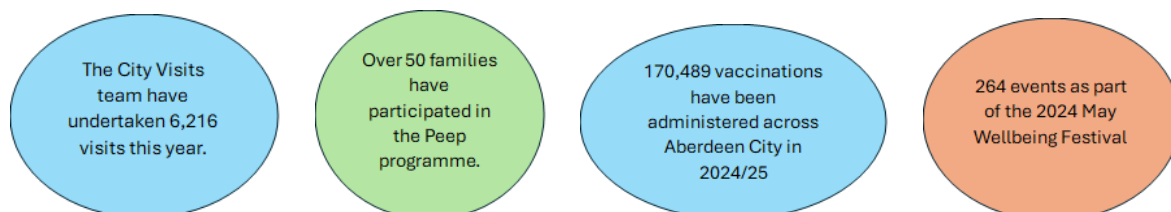
Strategic Plan on a Page

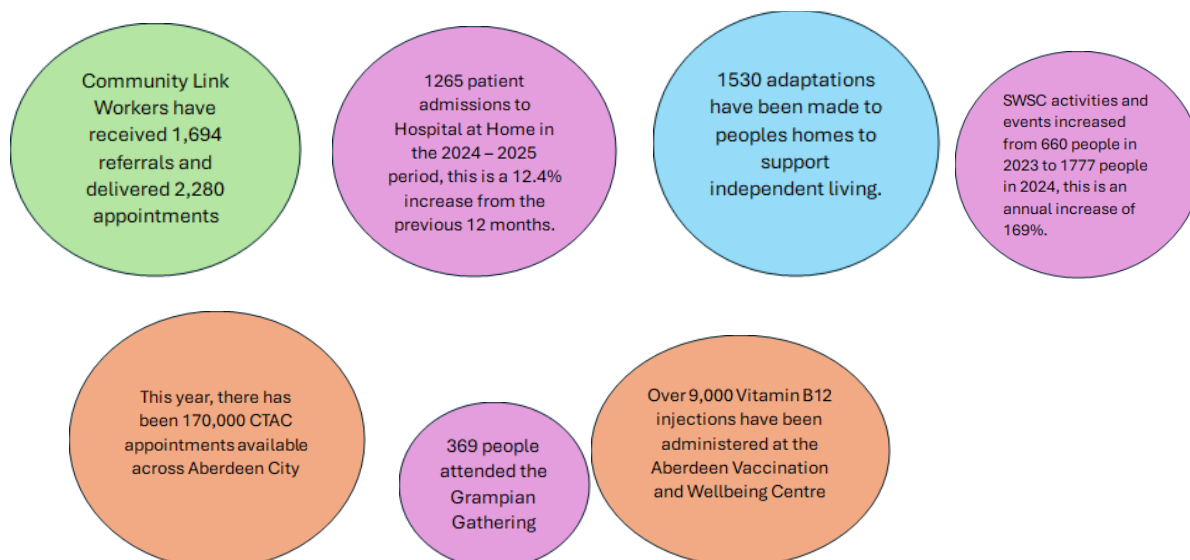
Strategic Aims				
CARING TOGETHER	KEEPING PEOPLE SAFE AT HOME	PREVENTING ILL HEALTH	ACHIEVE FULFILLING, HEALTHY LIVES	
Strategic Priorities				
▶ Undertake whole pathway reviews ensuring services are more accessible and coordinated ▶ Empower our communities to be involved in planning and leading services locally ▶ Create capacity for General Practice improving patient experience ▶ Deliver better support to unpaid carers	▶ Maximise independence through rehabilitation ▶ Reduce the impact of unscheduled care on the hospital ▶ Expand the choice of housing options for people requiring care ▶ Deliver intensive family support to keep children with their families	▶ Tackle the top preventable risk factors for poor mental and physical health including: - obesity, smoking, and use of alcohol and drugs ▶ Enable people to look after their own health in a way which is manageable for them	▶ Help people access support to overcome the impact of the wider determinants of health ▶ Ensure services do not stigmatise people ▶ Improve public mental health and wellbeing ▶ Improve opportunities for those requiring complex care ▶ Remobilise services and develop plans to work towards addressing the consequences of deferred care	
Enabling Priorities				
WORKFORCE	TECHNOLOGY	FINANCE	RELATIONSHIPS	INFRASTRUCTURE
▶ Develop a Workforce Plan ▶ Develop and implement a volunteer protocol and pathway ▶ Continue to support initiatives supporting staff health and wellbeing ▶ Train our workforce to be Trauma informed	▶ Support the implementation of appropriate technology-based improvements – digital records, SPOC, D365, EMAR, Morse expansion ▶ Expand the use of Technology Enabled Care throughout Aberdeen ▶ Explore ways to assist access to digital systems ▶ Develop and deliver Analogue to Digital Implementation Plan	▶ Refresh our Medium-Term Financial Framework annually ▶ Report on financial performance on a regular basis to IJB and the Audit Risk and Performance Committee ▶ Monitor costings and benefits of Delivery Plan projects ▶ Continually seek to achieve best value in our service delivery	▶ Transform our commissioning approach focusing on social care market stability ▶ Design, deliver and improve services with people around their needs ▶ Develop proactive communications to keep communities informed	▶ Develop an interim and longer-term solution for Countesswells ▶ Review and update the Primary Care Premises Plan

The delivery of the strategy was supported by a delivery plan, 2024/25 was the last full year of this plan. Progress updates have been monitored by the Senior Leadership Team, the Risk Audit and Performance Committee and the Integration Joint Board (IJB).

The Annual Performance Report will be published during the Autumn of 2025. Below are some of the services which have been undertaken this year.

What have our services undertaken this year?





Our Progress and Achievements in 2024/2025

The following sections are broken down by Strategic Aim and they give an overview of the aim followed by the programmes and projects outlined in the 2024/25 delivery plan and the progress made. An indication has been made next to each strategic aim which link the national indicators, the aim and the underlying programmes and projects intend to influence.

Strategic Aim - Caring Together

The strategic aim of Caring Together means that together with our communities, the Partnership wants to ensure that health and social care services are high quality, accessible, safe, and sustainable; that people have their rights, dignity and diversity respected; and that they have a say in how services are designed and delivered both for themselves and for the people they care for, ensuring they can access the right care, at the right time, in a way that suits them. The following table shows a list of the national indicators which the work undertaken under the Caring Together aim intends to positively influence.

Strategic Measures

NI 3 - Percentage of adults supported at home who agreed they had a say in how their help, care or support was provided

NI 4 - Percentage of adults supported at home who agreed that their health and social care services seem to be well coordinated

NI 5 - Total percentage of adults receiving any care or support who rated it as excellent or good

NI 6 - % of people with positive experience of care at their GP practice

NI 8 - total combined percentage of carers who feel supported to continue in their caring role

Social Care Unmet Need

Within the Caring Together strategic aim, there are five main programmes of work.

1 Programme Communities – provide community based services codesigned and codelivered with our communities

Expansion and continuation of the Community Room test of change project at Get Active at Northfield -

The 18 month pilot project launched in October 2022, successfully integrated health, social care and wellbeing services within a leisure facility. Services offered included Speech & Language Therapy, Community Listening services, pop-up vaccination clinics and Pulmonary Rehabilitation. Due to its success in addressing health inequalities and improving access in a high-deprivation area, the project was approved to continue on an annual review basis.

Continuation of the Aberdeen Vaccination & Wellbeing Hub –

The hub has evolved significantly over the past year, transitioning from a vaccination centre into a fully integrated wellbeing hub. Its relocation to the Bon Accord Centre has made services more accessible, while also contributing to increased footfall in the city centre. The hub now offers a broad range of services including Vaccination, Community Treatment and Care (CTAC), Vitamin B12 Injections and Health Visitor 8 month reviews. In addition the hub works in partnership with over 70 organisations, including mental health peer support, energy and financial advice, digital support, drugs and alcohol peer support and much more. This transformation into a “one-stop shop” has allowed it to play a key role in prevention, early intervention, and support for self-management, particularly for vulnerable populations.

Development of Community Appointment Days at both Hubs -

The Chronic Pain Community Appointment Days(CADs) were developed to provide accessible, person-centred support for individuals living with chronic pain in a community setting. By offering appointments closer to home, the initiative aimed to reduce barriers to care, deliver earlier interventions, and improve overall wellbeing. CADs align with “Putting People First” and “Getting It Right for Everyone” (GIRFE) principles, and are centred on delivering holistic, inclusive, and accessible care by placing individuals at the centre of support. By bringing multiple services together in accessible locations, the approach reduces barriers such as travel and stigma while enabling earlier interventions. It also empowers individuals through education and support to manage long-term conditions and make informed lifestyle choices. Strong collaboration between health, social care, and community partners ensures coordinated, person-centred care, while a focus on equity helps to actively address and reduce health inequalities. The first community appointment day was held in November 2024 at Get Active @ Northfield and the second In February 2025 within the Aberdeen City Vaccination & Wellbeing Hub.

2. Programme Primary Care – identifying strategy and actions to improve Primary Care services and ensure future sustainability

Since the inception of the 2018 General Medical Services (GMS) contract, we continue to develop the six established primary care services under our 'Primary Care Improvement Plan' (PCIP) to help support our GP Practices. These continued to grow and develop during 2024/25, this includes:

Community Treatment and Care (CTAC)

CTAC services include, but are not limited to, phlebotomy, management of minor injuries and dressings; ear syringing; suture removal; chronic disease monitoring; diabetic foot screening and other locally agreed services.

The CTAC service is being delivered through centralised hubs operated by practice-based staff. Patients have a choice of hubs at the following locations:

An application to request space at the new Countesswells Hub was successful in March 2024 and space has been secured for CTAC, Childhood Vaccinations, Health Visiting and Speech and Language Therapy. The additional capacity will provide additional opportunities for patients to access these service and support the population in the Countesswells area.

The CTAC service now provide B12 injections at the Aberdeen Vaccination and Wellbeing Centre and are also training CTAC staff embedded within practices to deliver the injections. This gives patients increased flexibility on location so that their treatment can be provided in a facility most convenient for them.

Pharmacotherapy

The Pharmacotherapy service is fully operational and staff are embedded within the practices across the city.

The Pharmacotherapy Hub, located within the premises of Old Aberdeen Medical Practice, continues to offer an element of support to GP practices during periods of pharmacy team member's annual leave and to help maintain continuity of service. The Hub staff consists of a skill mix of Advanced Pharmacists, Clinical Pharmacists and Pharmacy Technicians and give a range of cover in terms of experience.

Musculoskeletal - First Contact Physiotherapy

The Musculoskeletal (MSK) First Contact Physiotherapy service provides experienced physiotherapists who have the advanced skills necessary to assess, diagnose and recommend appropriate treatment or referral for MSK problems on a patient's first contact with the healthcare service. The team are undertaking training to allow the physiotherapists to attain their advanced clinical qualification.

The service has worked tirelessly to maximise the level of first contacts by creating a number of informative and supportive documents which have been shared with all GP practices and by taking this approach increased the percentage of first contacts by 21%. This improvement releases capacity to enable GP's to work in their areas of expertise.

Link Practitioners

A contract is in place following a commissioning process for the Link Practitioner Service. It is 2 years into a 4 year agreement with an option to extend for up to 3 years giving continuity of care to service users. This Link Practitioners can offer Social Prescribing to service users and this will relieve the pressure on GP's and is a better fit for the non- clinical issues.

GPs and Primary Care staff can refer patients when they assess a social issue is having a bearing on a patient's medical condition. The most common referrals are for the following categories: Money and Finance; Benefits; Housing and Homelessness; Mental Health; and Managing Conditions.

Urgent Care/City Visits

Through PCIP, Aberdeen provides a 'City Visits' service for general practice. All GP practices now have access to the service, which provides clinical assessment, diagnosis, and initial management in patients' own homes by a team of qualified and trainee Advanced Clinical Practitioners. The team have undertaken over 6,000 visits this year. Healthcare Support Workers provide support to GPs and the City Visits Practitioners with phlebotomy, clinical observations, ECG monitoring and bladder scanning that will contribute to diagnosis for on-the-day urgent consultations. The GP practices value this service that allows GP's to divert their time to other tasks.

Visioning

Work was commissioned in July 2023 to articulate a new vision statement and strategic objectives that capture the changes required to move towards a more sustainable general practice sector within the area.

In March 2024 the output of this programme of work was presented to the three Integrated Joint Boards (IJB's) and approved. The Vision Statement, *'A sustainable General Practice across Grampian which enables people in their communities to stay well through the prevention and treatment of ill health'*.

An implementation plan was developed to deliver the set objectives within existing resources. The initial step involved assessing all ten objectives to determine prioritisation within available resource. Based on the prioritisation, five objectives have been prioritised for progress under phase 1. These are:

- Data;
- Multi-Disciplinary Team;
- Models of Contract;
- Premises;
- Digital.

This year, the Vision project has established regular meetings with the Scottish Government to ensure consistent progress reporting and maintain alignment with national objectives. A Digital Blueprint has been drafted which will set out all existing and additional priorities for the development of digital capability for General Practice in Grampian.

Prescribing

Following identification of significant increases in prescribing costs, there was a requirement to investigate a means to safely reduce these costs across Aberdeen City. A Grampian wide prescribing efficiencies group was set up. This was led by the Grampian Medicines Management team with representation from all three Health and Social Care Partnership's in Grampian. Various pieces of work were undertaken including a communications piece to highlight to members of the public the impact of the cost of prescriptions. This was done using social media, posters and on local radio. Presentations were made to various professions groups including the IJB, GP Cluster meetings and non-medical prescribers to highlight the situation.

The group also developed a prescribing efficiencies document for all prescribers to highlight potential savings including medicines of low or limited clinical value and successful engagement took place with practices to make several medication switches for specific drugs where there was a cost saving with no clinical detriment to patients.

- 3. Programme Social Care Pathways** – Undertake a strategic review of the specific social care pathways utilising the GIRFE multi-agency approach where relevant and develop and integrate an implementation plan for improving accessibility and co-ordination.

Adult Protection

The Adult Protection Social Work team (APSW) plays a crucial role in safeguarding adults at risk of harm by collaborating with various organisations to ensure their support and protection. Serving as the central point for Adult Support and Protection (ASP) inquiries. The APSW is the first point of contact for the triaging, screening, and respond to all adult protection referrals, police concern reports and crisis intervention to those at risk. They work alongside services such as the Community Intervention Hub, Housing, the Single Access Point, and the third and private sectors, to deliver early intervention and prevention practice. The implementation of standard operating procedures has provided robust systems and processes in our duties and created a strong, consistent and responsive approach to adult protection.

Adult Protection Committee Improvement Plan

Since the conclusion of the work around the recommendations from the ASP Inspection in June 2022, a number of processes and outcomes have been adopted by the service through the Adult Protection Committee (APC) Improvement Plan. The Aberdeen APC Improvement Plan 2024-2026 outlines several initiatives aimed at enhancing adult support and protection practices. The plan is derived from various sources, including findings from the ASP Joint Inspection June 2022, APC Improvement Plan 2021-23, APC Self-evaluation Oct 2023, and the APC Stakeholder Engagement Event Sept 23. The following indicates some key successes from this financial year.

Learning Reviews

Established a consistent approach to conducting Learning Reviews, which has enhanced the

Chronologies Working Groups

Established a Chronologies working groups to improve the quality and consistency of chronologies. This group is

Stakeholder Engagement

Developed a strategy on 'How we communicate and

Social Care Charging Policy

Helping people live at home independently, safely, and for as long as possible. Enabling people with a range of needs to make a contribution towards the cost of certain aspects of their care and support services, determined by a financial assessment. The key aspect is to treat people equitably and fairly through consistent application of the charging policy.

Key achievements over 2024-2025 include:

1. Collaborative work across the partnership to implement the charging policy. Overall increase in income generated across non-residential social care charging in line with the 'Contributing to Your Care' policy from £2,573,204 in 23-24 to £3,434,969 in 24-25
2. Significant cultural change which has started moving towards an understanding of why contributing to your care is required to support essential service delivery within tight financial landscapes. Several change management models have been used to comprehensively support staff through this transition. The budget consultation also allowed the public to engage in this change. A key point was that people generally felt that charging appropriately for services was one of the fairest ways for the Partnership to balance its budget.

In the future, the partnership is committed to implementing individual (personal) budgets for social care. This would bring in a contribution-based charging policy which more closely aligns with national guidance and policy, such as COSLA charging guidance and self-directed support.

Discharge to Assess

The partnership tested a Discharge to Assess (D2A) model with patients from Ward 102, the Emergency Department (ED), and Acute Medical Initial Assessment (AMIA). This ensured that medically fit individuals were safely transported home to be supported by our care provider and assessed by Occupational Therapy.

We conducted a test of change for the D2A model, completing three cycles and incorporating feedback from each previous cycle. During this test, we successfully transitioned 18 medically fit individuals from ARI to their homes, providing short-term care with a focus on reablement. This care was gradually reduced to support the individuals in regaining independent living.

Occupational Therapy and Care Management conducted assessments within a day of the individuals' return home. Those requiring ongoing care were appropriately referred for continued support.

The positive outcomes of this test supported national evidence which indicates improved patient outcomes and higher levels of satisfaction.

Looking ahead, the future of the D2A work is being incorporated into the Discharge without Delay programme which aims to establish a 7 day therapy provision, review existing resources to identify opportunities to transfer support to D2A, review existing community based services to support enablement and explore opportunities with external providers to support the D2A process.

4. Programme Social Care Pathways

Undertake evaluation of redesign work to date ensuring this links to latest service developments particularly in relation to use of digital.

A business case supporting the development of a Social Care application was put together during the year. The application is a key part of the Aberdeen City Council ACC Smart City Vision. Aberdeen is on a journey to create a digital platform based on open technologies. This will ensure interoperability and data sharing across partners to deliver predictive services. We will be able to predict and address need to avoid further deterioration in someone's health and wellbeing.

Aberdeen City Council (ACC) has invested in the Microsoft Dynamics 365 suite of products, launching a new Social Work platform in October 2022. This digital investment equips the Aberdeen City Health and Social Care Partnership (ACHSCP) with tools to transform social work delivery, supporting both adults and children's services. The platform integrates with life events for digital delivery and offers reusability of data to gain insights into long-term impacts and needs.

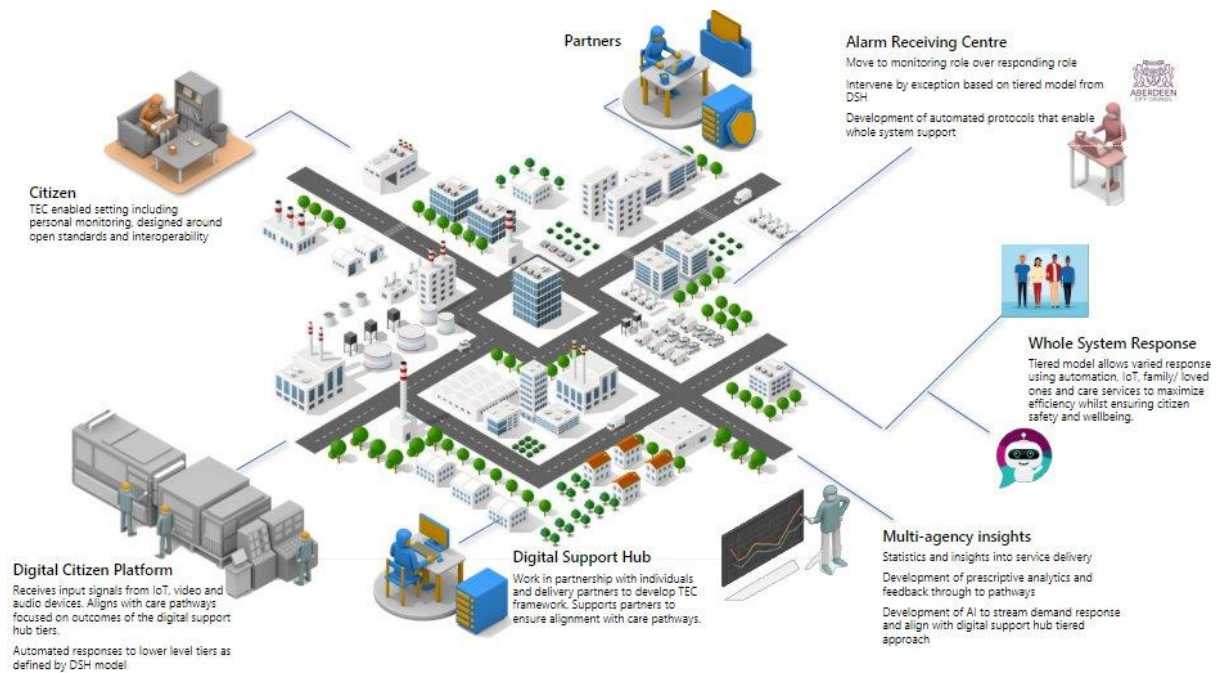
The project aims to address the increasing demands and pressures from an ageing population with complex care needs. By leveraging advanced digital tools, it seeks to

enhance care efficiency and quality, ensuring services are flexible, comprehensive, and person-centered. This aligns with the national Scottish Government's Digital Strategy and Public Health's Strategy, focusing on prevention, early intervention, and building resilient communities through technology-enabled care.

Key project objectives include:

- Promoting self-management of care and independent living
- Achieving long-term outcomes for staff and patients
- Empowering citizens to have control over their care
- Reducing waiting lists by creating an informed population
- Focusing on mental health and well-being, identifying crisis points
- Creating capacity within the workforce

The Social Work Practitioner Application builds on the capabilities of our existing AB-1 bot, not only allowing practitioners to record conversations but to integrate these directly into the Dynamics 365 platform covering Social Work and Citizen services. The population of the relevant data in the Dynamics platform ensures that a Care Commissioning Plan is created through the Home Care Commissioning Portal. This plan is then maintained and updated in real-time, enhancing the efficiency of care delivery by at least 15%. The 2 applications support the ACC Smart City Vision, promoting reuse of technology, interoperability and data sharing to deliver predictive services and address health and well-being needs proactively. The connection to Technology Enabled Care (TEC) and the new Digital Alarm Receiving center create the opportunity for prescribing technology support which will assist in preventing hospital admissions and improve discharge support thereby ensuring a reduction in delays.



Alignment opportunities:

- Implementation of the digital alarm receiving centre (ARC) from the Regional Control Centre (RCC) as part of the Analogue to Digital Telecare project;
- Continuous development of Dynamics 365 Social Work;
- Integration with the Dynamics 365 citizen platform;
- Ingestion of Internet of Things (IoT) data to support Technology Enabled Care.
- Ingestion of social work, citizen and TEC data into the data platform to drive insights and progress the prevention agenda through proactive service design;

Expected outcomes include:

- Preventing health deterioration and reducing hospital admissions using predictive technology
- Optimising staff time for acute needs
- Supporting citizens to live well and independently at home

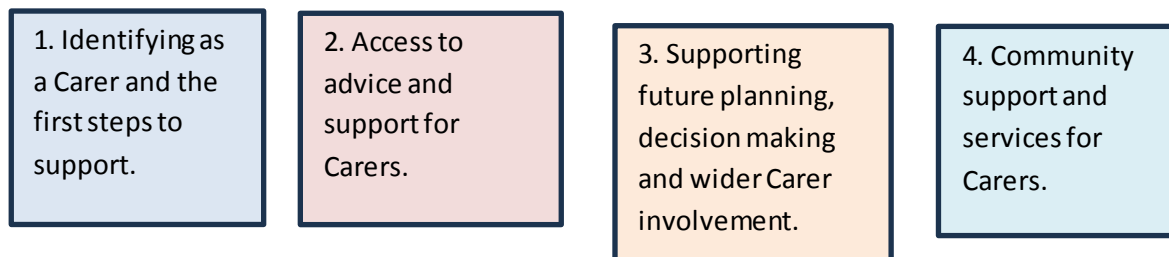
This project will ultimately contribute to more efficient and effective social care services, improving the quality of life for citizens and reducing the burden on health services.

Following a successful funding application the required funding to support the development of this key application will now proceed and be completed in the 2025/26 financial year.

5. Programme Strategy

Develop and implement local strategies to ensure alignment with the national and regional agendas.

Our Strategic Priorities include:



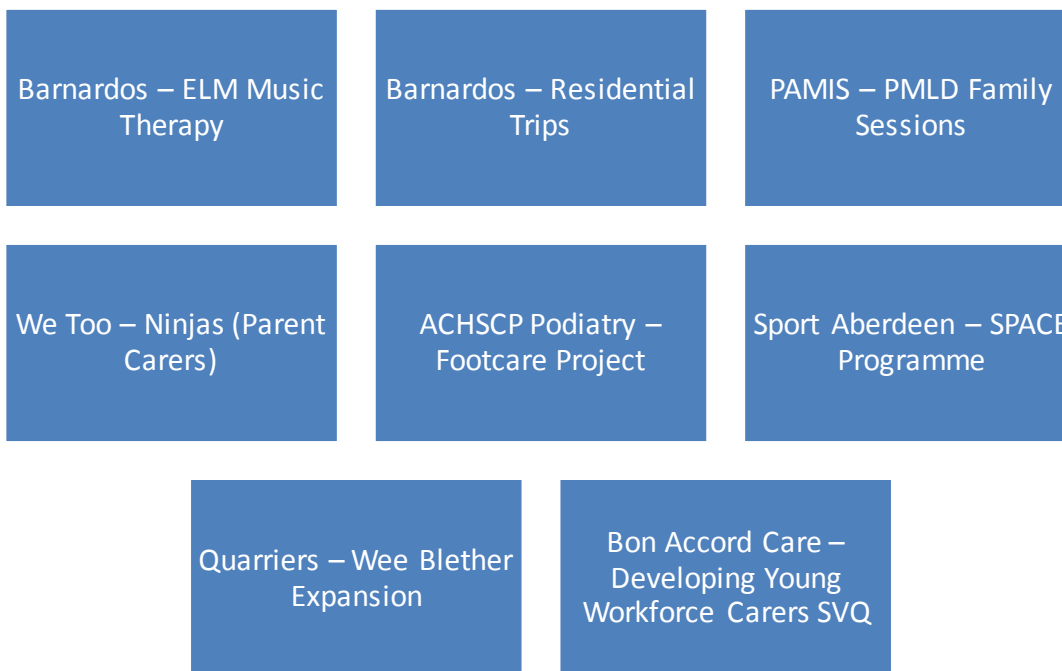
In February 2025, the IJB approved our Year 2 progress report for the Carers Strategy 2023-26. The Partnership has an action plan associated with the delivery of the carers strategy. This year, the Partnership has completed 15 actions, ten actions have been moved into Business as Usual/Continuous Review, and 13 actions are still on track and on progress. Six of these will be completed before end of 2025.

One of the successes this year includes, the Collaborative Commissioning process for the Adult and Young Carers Support Services. This process was a valuable exercise in coproducing the service outcomes and providing an opportunity to build closer working relationships and address challenges. The process utilised Ethical Commissioning and GIRFE principles.

The Year 2 progress report also states that, both adult and young carer services have seen a more than 40% increase in engagement and support with unpaid Carers, which is a huge step for unpaid Carer identification and accessing appropriate support.

Our Carers Strategy Aim Statement is: “We will demonstrate overall improvement in all four priority areas by receiving a minimum of 40% positive responses to our Carer Experience statements (what we want Carers to be able to say about their support) when surveyed in 2026.” We are hoping to achieve this and to date it has increased from 32% to 37% since the start of our strategy.

Our Annual Report showed further progress with a number of improvement projects supported the Carers Strategy Implementation Group. They include: -



Updating the IJB strategy for the next 4 years from July 2025

In March 2025 the IJB approved the draft Strategic Plan 2025 - 2029 to go out for Consultation. There has been significant effort to align Strategies and Plans across Aberdeen City Council and the IJB. Our Strategic Plan lays out the Vision, Values and Strategic Aims for the ACHSCP. There is a strong commitment for this plan to be cognisant of the challenging financial climate, and ensuring we have achievable aims while understanding the difficult challenges we will face over the next few years.

2 Strategic Aim – Keeping People Safe at Home

It is the strategic responsibility of the IJB to shift the balance of care from hospital to be delivered in primary, community and social care settings so that, where possible, people are cared for and supported closer to home. The aim is to enable people to remain living independently at home by choice, thereby improving outcomes. The following table shows a list of the national indicators which the work undertaken under the Keeping People Safe aim has intended to positively influence.

Strategic Measures

- NI 2 – Percentage of adults supported at home who agree that they are supported to live as independently as possible
- NI 9 – Percentage of adults supported at home who agree they felt safe
- NI 12 – Emergency admission rate
- NI 13 – Emergency bed day rate
- NI 14 – Readmission to hospital within 28 days
- NI 15 – Proportion of last 6 months of life spent at home or in a community setting
- NI 16 – Falls rate per 1,000 population aged 65+
- NI 18 – Percentage of adults with intensive care needs receiving care at home
- NI 19 – Number of days people spend in hospital when they are ready to be discharged, per 1,000 population
- NI 20 – percentage of health and care resource spent on hospital stays where the patient was admitted from community

NI 21 – Number of specialist hospital admissions

NI 22 – Adaptation statistic

NI 23 – Support statistic

Within the Keeping People Safe at Home strategic aim, there are five main programmes of work. The following information is divided by programme and will thereafter give an overview of the progress being made within various strands of work aligned to this.

1. Programme Frailty

Ensure there is a consistent approach to supporting Frail patients in Aberdeen both in a hospital and community setting with a focus on shifting towards community based support where possible.

The Grampian Frailty Programme Board is in place to ensure that there is appropriate support for older adults experiencing frailty within the region, it oversees the shared objectives of each of the three health and social care partnerships, Aberdeen City, Aberdeenshire, and Moray.

Representatives from frailty in Grampian worked with Health Improvement Scotland (HIS) on developing and publishing the new HIS frailty standards – ‘Ageing and Frailty – Standards for the Care of Older People’ these have replaced the HIS Standards of Care for Older People in Hospital (2015). The new standards apply to all settings where those with frailty receive health and social care. The adherence and alignment to these standards by each of the three partnership areas continues to be taken forward to improve the integration of their frailty services, whilst ensuring people and their rights are at the centre of this process.

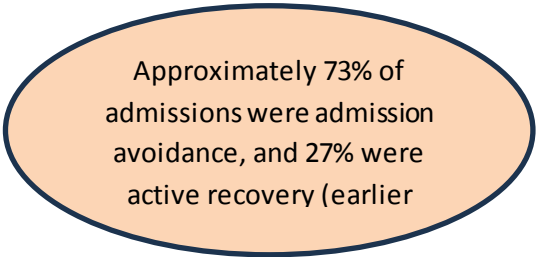
A shared learning culture across the three partnership areas is embedded for frailty. A Grampian wide frailty workshop took place to understand the frailty pathways in each of the three areas through the production of detailed process maps. This exercise enabled a better understanding of the current challenges within the frailty system and the sharing of good practice.

The focus for frailty over the next 12 months will centre around the Discharge Without Delay Programme of work. This programme aims to help the older population remain as independent as possible by reducing the time they spend in hospital and consequently reducing the associated hospital induced dependency.

2. Programme Hospital at Home Expansion

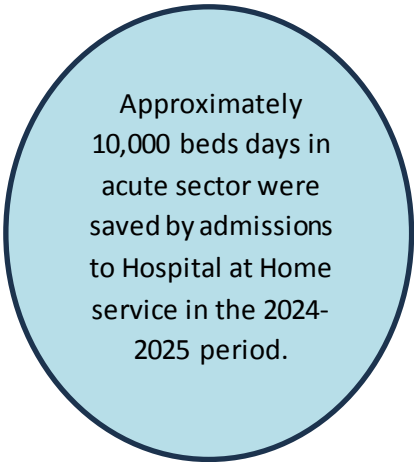
In line with Scottish Government objectives increase our Hospital at Home base with an ultimate ambition of 100 beds. These will be for Medical and Respiratory Pathways as well as the current Frailty, End of Life Care and OPAT Pathways.

The Hospital at Home service in Aberdeen city provides acute level care in an individual's own home for short term, targeted interventions. Since the first patient was received in the service back in 2018 it has expanded significantly, increasing the number of patients it can care for and the conditions it can manage. The team predominately supports older adults experiencing frailty but also manage respiratory and outpatient parental antimicrobial therapy patients, and more recently acute medicine patients. The service plays a significant role in the reduction of pressure on Aberdeen Royal Infirmary by enabling patients to avoid a hospital admission while also accelerating discharge for those patients with an ongoing acute need that can be managed at home. The Hospital at Home service allows patients to receive their treatment in an environment that they feel familiar with and comfortable in, giving people greater independence during their recovery.



Approximately 73% of admissions were admission avoidance, and 27% were active recovery (earlier

Key successes in this period include, the development and embedding of a new acute medicine pathway within the service. This has been led by an acute medicine consultant and facilitates the step down of patients from Aberdeen Royal Infirmary. More recently the direct referrals from the community via the City Visits nursing team have also been facilitated. Increased referrals to the service through ongoing engagement with General Practice, alongside developing and trialling new direct referral pathways e.g. with the Community Adults Assessment and Rehabilitation service (CAARS), and the heart failure nursing team. There have been sustained high rates of positive patient feedback with the service including substantial donation to endowments.



Approximately 10,000 beds days in acute sector were saved by admissions to Hospital at Home service in the 2024-2025 period.

3. Programme Rehabilitation

Undertake a strategic review of rehabilitation services across Grampian to identify new delivery models.

The Specialist Rehabilitation Strategic Huddle, driven by the service leads, oversees the implementation of a programme of improvement for specialist rehabilitation and continues to make great progress.

Key achievements include:

Rehabilitation Hubs: development of detailed plans to put in place rehabilitation hubs at the in-patient settings at Woodend Hospital (Neuro Rehab Unit and the Stroke Unit). The project will deliver technology-enabled rehabilitation hubs to support personalised rehabilitation and provide enhanced opportunities for independent practice of rehabilitation activities, with clear benefits to patients.

Enhanced Community Working: the Specialist Rehabilitation Service has been working closely with the sports and leisure sector to develop opportunities together. This has included proposals for enhanced NHSG usage of sports and leisure facilities, as well as locating Sport Aberdeen and Aberdeen Sports Village staff at Woodend Hospital to provide strength & balance classes, and 1-1 support for gym usages, over the weekends.

In the next financial year, the Specialist Rehabilitation Service will focus on implementation of these plans and building on the benefits realised. The service will also continue to consider ways in which it can redesign rehabilitation service to reduce inpatient bed base and grow capacity in the community, including a redesign of the model of support for amputee rehabilitation to community-based provision.

4. Programme Home Pathways

Develop and deliver local and sustainable system flow and return to home pathways with partners, supporting reduced hospital admission, delays in hospital discharge and out of area placements.

This project helps people in Aberdeen City, no matter what type of housing they live in, make sure that their home meets their needs. This includes any adaptations that may be required to support independent living. This project is managed and monitored by the Disabled Adaptations Group (DAG), who also oversee the budget expenditure, ensuring best value for money is obtained and that resources are targeted where it is needed most.

DAG comprises of various members from Aberdeen City Council, Aberdeen City Health & Social Care Partnership, Registered Social Landlords, private sector housing and more. DAG have developed a monitoring system to track exactly what kind of changes are being made to homes.

DAG also produces quarterly reports and provides detail on these adaptations throughout the financial year. DAG reviews the data and uses this to challenge performance and lobby for equity in budget and adaptation provision.

A major adaptation is defined as work which “addresses complex needs and involves expensive, permanent structural changes to a person's home, such as widening doors for wheelchair access, provision of shower facilities, ground floor toilet or installation of a through floor lift”.

A minor adaptation is defined as work which “is relatively inexpensive and may be fitted easily and quickly, such as grab-rails for support”.

For 2024/2025 there have been 222 major adaptations completed and 1308 minor adaptations completed, totalling 1530 adaptation completed across Aberdeen City over the past year.

Strategic Aim – Preventing ill health

By promoting health, we can help communities to achieve positive mental and physical health outcomes by providing advice and designing suitable support (which may include using existing local assets), to help address the preventable causes of ill health, ensuring this starts as early as possible. The following table shows a list of the national indicators which the work undertaken under the preventing ill health aim intends to positively influence.

Strategic Measures

NI 2 – Percentage of adults supported at home who agree that they are supported to live as independently as possible

NI 9 – Percentage of adults supported at home who agree they felt safe

NI 12 – Emergency admission rate

NI 13 – Emergency bed day rate NI 14 – Readmission to hospital within 28 days

NI 15 – Proportion of last 6 months of life spent at home or in a community setting

NI 16 – Falls rate per 1,000 population aged 65+

NI 18 – Percentage of adults with intensive care needs receiving care at home

NI 19 – Number of days people spend in hospital when they are ready to be discharged, per 1,000 population

NI 20 – percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency

Numbers of specialist housing new build

Adaptation statistics

Within the Preventing Ill Health aim, there are two main programmes of work. The following information is divided by programme and will thereafter give an overview of the progress being made within various strands of work aligned to this.

1. Programme Prevention

Keeping people healthy and avoiding the risk of poor health, illness, injury and early death.

Reducing harm from drugs and alcohol:

The Local Improvement Plan (LOIP) project team comprises of representatives from midwifery, Health Point, health visiting, public health, and the community is working

to reduce alcohol consumption during pregnancy. The aim is to ensure that the message is clear: there is no safe limit and no safe time to drink alcohol while pregnant.

By utilising ‘Drymester’ resources—originally developed in Manchester to raise awareness of alcohol-exposed pregnancies—we have been able to run a series of workshops and focus groups. These sessions have provided valuable feedback, allowing us to refine the materials to ensure they are not only informative but also engaging and accessible to a wide audience.

Community feedback highlighted confusion caused by mixed messages regarding alcohol consumption during pregnancy. To address this, the group recommended targeted communication via social media and trusted community voices. Additionally, they emphasised the importance of engaging young people through schools, universities, and colleges.

As part of a broader effort to ensure accurate and impactful messaging reaches younger audiences, an Aberdeen secondary school will pilot a resource specifically designed for young people. This pilot will involve interactive sessions where students engage with the materials and participate in discussions facilitated by school staff. Insights gained from these sessions will help refine the resource to better meet the needs of young people in Aberdeen.

Deliver actions to meet HIS Sexual Health Standards:

Aberdeen City is committed to becoming a Fast Track city. This means the city will strive to meet the ‘90-90-90’ targets set by the Paris Declaration by:

Ensuring 90% of people living with HIV know their status

Improving access to anti-retroviral treatment (ART) for people living with HIV to 90%

Increasing the proportion of people living with HIV on ART with an undetectable viral load to at least 90%

This declaration also commits cities to reduce stigma and discrimination related to HIV to zero – and also sets long-term goals by 2030 of zero new HIV transmissions, zero HIV-related deaths and zero HIV-related stigma.

In December 2024 a local awareness campaign was created to help debunk historical myths and reduce stigma. This was co-developed with partners from the Fast Track city working group and was promoted across key partners such as Education and Children's Services, and the Aberdeen City Vaccination and Wellbeing Hub in the lead up to ‘World Aids Day’.

Increase uptake in Childhood Immunisations

The declining vaccination uptake within the pre-school age range across Grampian and Scotland has become a significant concern, with factors such as vaccine

hesitancy and post-COVID vaccine fatigue contributing to this trend. To address this, the Partnership aimed to improve childhood vaccinations through a variety of actions. These included:

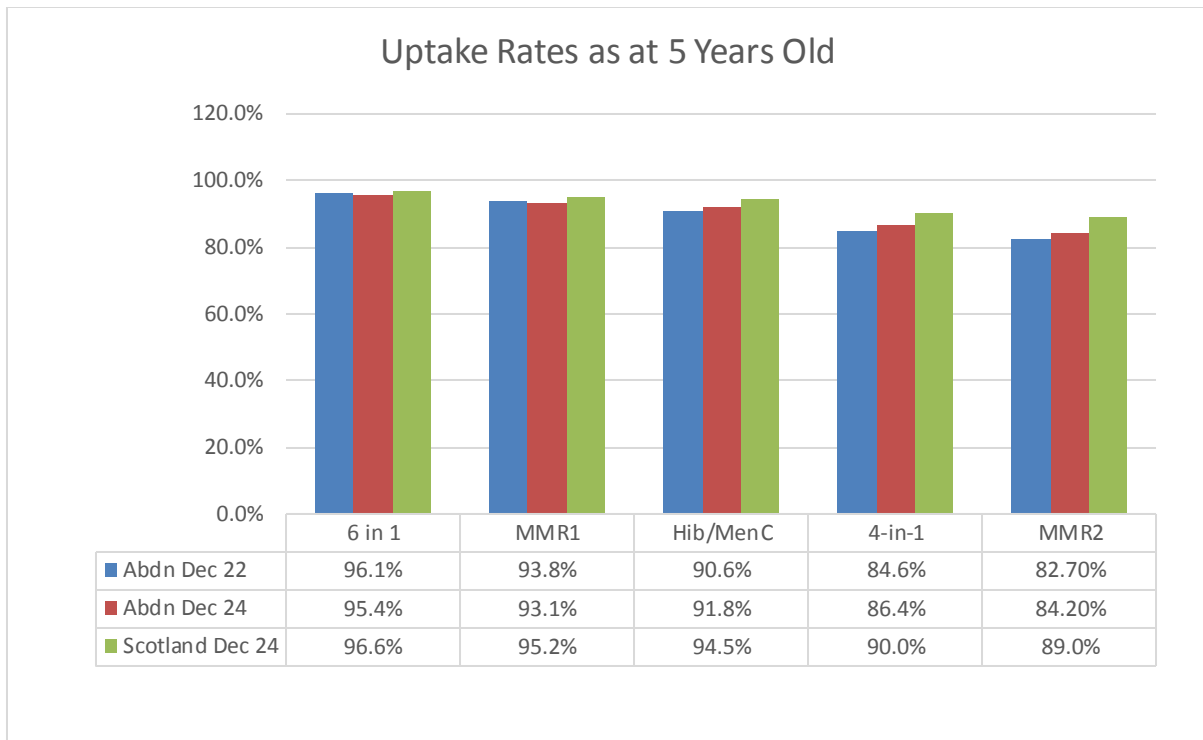
The expansion of local pre-school vaccination clinics has significantly contributed to improved access and uptake of childhood vaccinations across Aberdeen. In June and July 2024, two new clinics were established at Tillydrone Community Campus and Inverurie Road Health Centre, followed by the opening of three more in February 2025 at Torry Health Centre, Countesswells Health & Wellbeing Clinic, and The Health Village.

These new locations complement the existing vaccination services available at Bridge of Don Clinic, Old Aberdeen Medical Practice, and Mastrick Community Hub, creating a broader and more evenly distributed network of accessible sites for families.

Early feedback from service users and staff has been extremely positive, with families reporting increased convenience, reduced travel time, and a more welcoming environment within their local community. This proximity has been especially valuable in addressing health inequalities, ensuring that families in underserved areas have equitable access to essential immunisation services.

This work has been combined with a Family Health and Wellbeing Event held in the Aberdeen Vaccination and Wellbeing Hub in July 2024. There has also been increased social media giving constant reminders and in person promotion of childhood vaccinations during the year – particularly through attending local summer fairs, Aberdeen City Councils “Under the Sea” event and visiting early years settings.

Based on data released by Public Health Scotland in March 2024, the Partnership can evidence that these interventions have assisted with the uptake of vaccinations in Aberdeen City and the table below shows that by age 5, the 6 in 1 uptake has increased to 95.4% and is within target range. The 2nd dose of MMR has increased by 2% since December 2022, but is currently 5% below the Scottish average. Hib/MenC and the 4 in 1 vaccine have both increased in uptake between 1-2% over the past two years, however are still around 3-4% under the Scottish average.



Contributing to nicotine cessation

Across 2024-25, the Partnership worked to successfully draft, submit, and adapt the LOIP Charter around reducing vaping for young people, this includes community tests of change such as education to primary schools. The Partnership received valuable evaluation feedback from Greyhope Primary on our resources and further collaborated with Countesswells Primary School to plan and evaluate the impact of their vaping programme using our educational resources and connections made with ABSAFE to provide further learning. This initiative is helping organise project groups and streamline efforts to address vaping and smoking in the community.

The Partnership also developed and delivered training sessions, using ASH Scotland resources, on the Cost of Smoking for money advice staff, third sector organisations, and volunteers. These sessions increased attendees' knowledge and confidence in providing Very Brief Advice, highlighting the financial impact of smoking, and support options available for smoking cessation.

Continue to deliver Stay Well Stay Connected Programme

Stay Well Stay Connected (SWSC) is a community-based programme of early intervention. The aim is to keep older people healthy, to experience good wellbeing for as long as possible, and avoid the risk of social isolation, poor health, illness, injury, and early death. More than 1,700 people have taken part in SWSC activities this financial year. The following provides some examples of the activities which have been on offer.

Image 1. Boogie in the Bar. wellbeing



Image 4. Woman's Health and



Image 2. Soup and Sannies at Greyhope



Image 3. Mens shed- cooking course



SWSC along with Strikers Walking Football has a significantly improved calendar available to promote men's health in 2024/25. Along with the regular Walking Football there is a Parkinson's Walking Football group, Walking Padel sessions, Pilates and muscle strengthening and balance sessions, spring and autumn golf trips, annual functional fitness MOTs, talks on Men's health and wellbeing topics and regular social events.

SWSC in partnership with Men's Sheds hold monthly workshop and talks on health & wellbeing topics relevant to men for both Men's Shed Bridge of Don & Dyce. The range of topics have included: prostate cancer, healthy eating, suicide prevention awareness, cooking sessions & health MOTs.

In partnership with the Scottish Football Association, SWSC delivered Menopause Goals in a programme designed around the impacts of the menopause and the support available to women during this time. The programme included understanding physical changes, relationship challenges, how to take control and what treatment options are available. 7 women completed the eight week programme in November 2024.

SWSC delivered the annual women's health and wellbeing fair as part of the 16 days of activism against Gender Based Violence. 32 stall holders from a range of organisations including statutory, voluntary & charitable took part. Feedback indicated that women who attended the event appreciated the opportunity to have meaningful conversations at the stalls.

SWSC Soup and Sannies continued to be very popular in 2024/25 and from one location initially it has now spread to three. Soup and Sannies are now in Seaton, Cornhill and Torry. Successful applications for Health Improvement Funding helped establish two new Soup and Sannies in 2024 not only increasing social connectedness for isolated older people but it providing a nutritious meal. Soup and Sannies has some really engaged volunteers working alongside us in both the kitchen and serving the attendees making this a very sustainable model.

Boogie in Bar is including a light lunch, helping those at risk of social isolation & loneliness. The boogies remain very popular with local residents and have good attendance all year round. Care homes and sheltered housing residents enjoy coming along to these too. There are several boogies being supported by SWSC in the city, including Sunnybank Football Club, Green Trees, Dee Swimming Club, The Abbott & The White cockade. Some boogies have greatly appreciated volunteers who help to run the events, provide a warm welcome and act as DJ. National Lottery, Participatory Budgeting, and Health Improvement Funding have helped to make these boogies the success they are.

SWSC supported the Compassionate Buildings and Spaces project in two sheltered housing complexes. Input from SWSC established a monthly Boogie in the Hoose, both complexes took part in Dementia Awareness sessions run by Age Scotland and residents take part in a Fun Activities Leader Training course to enable them to run Body Boosting Bingo session with their neighbours.

Addressing Obesity

The Whole Systems Approach (WSA) to healthy weight is an evidence-based programme developed by Leeds Beckett University. It involves drawing on local authorities, statutory bodies strengths and engaging with communities and local assets to identify and help people make healthier choices. By adopting a WSA, it is hoped that we will reduce the prevalence of child and adult obesity and see further positive changes to health and lifestyle including employability and productivity of the local population. The WSA is supported nationally and there are a range of policies such as "*A healthier future: Scotland's diet and healthy weight delivery plan*" which can assist its delivery.

Over the past year, the Partnership have focused on establishing the Healthy Weight Strategic Network Group (SNG) and ensuring that there are close ties to the

Aberdeen City LOIP. The group are currently undertaking a cross- sector mapping exercise which is identifying organisations which can assist in tackling diet related inequalities and food insecurities. Following this, further action areas are being identified for the group to consider how best to embed this WSA across Aberdeen City.

Contribute to tackling Health Inequalities

The Health Improvement Fund (HIF) seeks to improve health and wellbeing in communities across Aberdeen. The Fund is awarded through community grants of up to £5,000.00. Anyone living and/or working in Aberdeen City is eligible to apply.

Funded by
**Aberdeen City
Health & Social Care
Partnership**



Health Improvement Fund

All applications must support at least one priority of the Aberdeen City Health and Social Care Partnership Strategic Plan, as well as, supporting at least one priority from the associated Locality Plan or LOIP. Applications are assessed by screening panels which consist of community members and volunteers, as well as, third and public sector staff.

1. Number of projects funded: 66 projects funded (63% of applications successful)
2. Screening panel members: 40 active screening panel members, of which 21 were community members/volunteers.
3. Number of community led projects: 30 (projects that the community themselves have identified and implemented (CLD Standards Council)).

Building relationships with other local funders

The Health Improvement Fund works alongside other local funders in a multi-agency project group to support priority 16.5 of the Local Outcome Improvement Plan. The priority aims to ensure access to local funding is as simple as possible for communities, and expand the amount of funding distributed by local funders across Aberdeen City using non-traditional methods.

Commendation from Scottish Parliament!

The Health Improvement Fund provided funding to Sport Aberdeen for the reactivation of Northfield Academy's climbing wall. The project has been a great success with many pupils attending lunch and after school climbing clubs. The wall is now also open to the local community who wish to have a go! The project has received recognition and commendation from Scottish Parliament for the valuable opportunity this project provides to the local community.

Some examples of projects funded through the Health Improvement fund in 2024/2025 include:

1.Sustaining and Expanding Health Networks:

Through joint work with NHS Grampian Public Health and supported by the Health Improvement fund we successfully supported GREC in sustaining their Health and Diversity Network and recruiting an additional 20 health champions, enhancing community health messaging and support.

1.Training and Engagement Initiatives: Working with CHEX Scotland we trained a multi-agency group of staff to deliver the Health Issues in the Community programme which supports a community led health approach within Aberdeen. Funding was agreed to support training GP Link Practitioners in Nature Prescriptions in partnership with the RSPB and supporting GREC have been supported to recruit a dedicated Community Connector for the Clinterty Gypsy and Travellers.

1.Cancer Screening Awareness: Deliver of a health issues in the Community course in Sunnybank and Old Aberdeen and tailored to support the uptake of cervical cancer screening uptake. The initiative empowered local women with health advocacy skills and supported the development of resources for community health awareness.



System Wide Approach to increasing community and professional capacity through community led development

Health Issues in the Community (HIIC) continues to empower community members and organisations to support health and wellbeing needs. Here are some of the

achievements for 2024/25 that help to demonstrate the Partnerships ongoing commitment to fostering community health and empowerment.

Expansion of HHC tutor Training Programs:

- **10 new HHC tutors trained** in Aberdeen City, expanding the reach to more community groups.

Increased collaboration with **7 services and organisations**, including new partners like Pathways, Barnardo's and Aberdeen City.

Sunnybank Community Centre Initiative:

- Continued efforts to improve cervical cancer screening uptake in Sunnybank and Old Aberdeen. The Health Issues course was arranged to support a focus on women's health and wellbeing.
- Empowered local women with health advocacy skills, resulting in:
 - 3 participants becoming GREC Health Champions.
 - 5 participants booking cervical smear tests, with 6 more planning to attend.

2. Programme Enhanced Community Engagement and involvement

Facilitated **community-led projects** that empower members to take active roles in decision-making and service planning. Participants within the Middlefield project are still being supported to be volunteers in projects within the locality.

Scale up Healthier Families Peep Programme

Healthier Families Peep (Peers Early Education Partnership) is a programme that can be delivered by early years Peep for families practitioners with toddlers aged 1-3 years. The eight week programme was developed in partnership with Peep to support child healthy weight tier one delivery. Peep programmes are fun, interactive learning experiences which provide families with simple, low cost ideas to support children's learning in everyday life. The Healthier Families programme incorporates key health messaging around food and hydration, sleep and routines, and physical activity and screen time into activities, songs and playing together.

Following on from the development, delivery and evaluation of the pilot programme, the next steps were to scale up and build capacity amongst Early Years Practitioners (EYPs) who were Peep trained.

During 2024/25, a successful funding application to the Child Healthy Weight Fund enabled us to recruit 10 EYP's to attend two days of core Peep training. Delegates then attended a further half day, in-person training session which was developed to support use of the [toolkit](#). The half day training was evaluated to ensure Peep trained practitioners' knowledge, skills, and confidence improved in key health messaging, and practitioners felt supported on the practical delivery of the Healthier Families programme. The training has now been delivered to 27 Peep practitioners across various services in Aberdeen City and has received positive feedback. Seven groups have been created, and 51 families have participated so far in the programme.

Provide Community based services codesigned and co-delivered within our communities

Delivering events within the community - being Age Friendly Aberdeen, The Gathering and a Wellbeing Festival to support people to live well and independently as part of their communities.

The Grampian Gathering was held in October 2024. The event promoted active ageing and aimed to improve population health and wellbeing, with a view to reduce demand and pressures on the wider health and social care system through preventative approaches, whilst encouraging community empowerment and greater self-management of health and wellbeing.

The Grampian Wellbeing Festival was held during May 2024 and was the first time that Aberdeen City Health and Social Care Partnership took part in the Festival. The aims of Wellbeing festival were to create opportunities for people to access activities which would improve their mental health and wellbeing, whilst ensuring services were not stigmatising people.

Strategic Aim – Achieve Healthy Fulfilling Lives

The intention is that by supporting people to help overcome the health and wellbeing challenges they may face – particularly in relation to inequality, recovering from Covid-19, and the impact of an unpaid caring role – we can help to enable them to live the life they want, at every stage. The following table shows a list of the national indicators which the work undertaken under the Achieving Healthy Fulfilling Lives aim intends to positively influence.

Strategic Measures

NI 1 – Percentage of adults able to look after their health very well or quite well

NI 7 – Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life

Percentage of Equality Outcomes and Mainstream Framework delivered

Number of Health Inequality Impact Assessments published

Complex Care Statistics

Within the Achieving Healthy Fulfilling Lives aim, there are five main programmes or work. The following information is divided by programme and will thereafter give an overview of the progress being made within the various projects aligned to this.

1. **Programme: Strategy** – develop and implement local strategies to ensure alignment with national and regional agencies.

Publish impact assessments for service change.

The Equalities Human Rights Commission (EHRC) have been undertaking improvement programme work with IJB's since 2022. As a result of this work there were compliance measures set for IJB's to comply with Equalities Act 2010 (Specific duties) (Scotland) Regulations 2012.

The EHRC undertook a compliance check on our published work and received positive feedback and positive feedback. The EHRC verified all compliance requirements set out under the Public Sector Equality Duty were met. They found the development work undertaken to be reassuring, and that our work with the sector has improved over the three years. Furthermore we are cited in national good practice examples shared by the EHRC regarding taking action in relation to feedback received and building in a specific review stage for all of our Integrated Impact Assessments.

Deliver a capability framework for a workforce to support complex behaviour

The Complex Care Capability Framework was developed in response to the Scottish Government's Coming Home Report (2018) and the Coming Home Implementation Report (2022). These reports identified significant barriers in social care, particularly the need for specialised staff training to support individuals with learning disabilities and complex care needs. The primary purpose of the Capability Framework is to outline the core skills and training requirements for staff at various levels, ensuring a stable, therapeutic, and capable environment for those in need.

The framework was finalised and approved for use by the Complex Care Programme Board in April 2024. It outlines extensively, key training requirements including Positive Behaviour Support (PBS) training, which is crucial for managing challenging behaviours. The Capability Framework was successfully utilised as part of the commissioning process for the Stoneywood Complex Care housing build in September 2024. This set out the training and skills expectation for the preferred service provider and subsequently all staff who would deliver services to residents of the Stoneywood project.

Progress the Grampian wide MHL D Transformation Programme

The Mental Health and Learning Disabilities (MHL D) Programme aims to improve mental health and learning disability services across Grampian. It focuses on enhancing patient outcomes, streamlining service delivery, and ensuring compliance with national standards.

Services have implemented high-quality care standards, secured funding for infrastructure improvements, and developed a comprehensive risk assessment and operational plan.

The MHL D Programme plans to continue addressing outstanding actions in Adult Mental Health Pathway Mapping, complete infrastructure improvements in Forensic Services, and enhance delivery models for LD Health Checks to ensure sustainability and improved engagement.

Review strategy and arrangements for Learning Disabilities / Autism and Neurodevelopmental needs

Working on a Grampian wide basis and in tandem with the National Autism Implementation Team, the project undertakes service development work which aims to continue to provide support to the Adult Autism Assessment Team (AAAT). The team provides adult assessment and diagnosis to patients across Grampian and works with people whilst waiting for assessment through tools such as information resources and drop in sessions.

The project is also actively involved in the consultation of the Learning Disabilities and Autism and Neurodiversity (LDAN) Bill.

Programme Home Pathways - Develop and deliver local and sustainable system flow and return to home pathways with partners, supporting reduced hospital admission, delays in hospital discharge and out of area placements.

Review Scheme of Assistance with a view to revising criteria for eligibility for funded application support.

There is a challenge with the potential for the demand for disabled adaptations to outstrip the budget available to undertake these. It had originally been thought that the Scheme of Assistance may have to be amended to ensure that those who needed adaptations the most were supported to undertake them. Upon review however, it was noted that the Scheme was accurate and in line with Statutory Guidance and other health and social care partnership arrangements. It was identified that the application of guidance for Occupational Therapists undertaking assessments needed to be more robust and consistent and as such this has been reviewed and additional training undertaken. This will ensure a consistent approach in relation to needs assessment and the provision of disabled adaptations across the city. During this review it became apparent how vital the support from Aberdeen City

Care and Repair is to people who do not meet the assessment criteria for a mainstream service and we are delighted to be able to continue to grant fund this vital service.

Strategic Enablers

Our Strategic Enablers are an important part of our delivery plan and enable our strategic intent to be delivered by supporting its main aims

Technology

Workforce

Finance

Relationships

Infrastructure

Programme:

Commissioning - Develop and deliver the Procurement Workplan incorporating our commissioning principles so that our commissioning is ethical, creative and co-designed and co-produced with partners and communities.

Project: Review of Bon Accord Care (BAC) contract and redesign of associated service specifications.

The BAC contract has now been reviewed. Utilising a codesign approach working with the various services that BAC provide, new service specifications were approved and have been added to the contract. The codesign approach allowed staff and teams to have a say and involvement in shaping the contract and service specifications. The Contract has been signed by both parties.

Project: Explore how counselling service can work in a more collaborative, joined up way to support people experiencing care to benefit from a more holistic approach whilst achieving efficiencies

Key members of the counselling services within Aberdeen met to discuss how services could work in a more collaborative and joined up way of working. An initial steering group meeting was organised to ensure that all opportunities were discussed and maximised at the start of 2025 however this paused due to budget discussions. Grant Funding for the counselling services was recently approved at IJB and this will now allow this work to progress with providers.

Programme

Digital- maximise the use of technology to support innovation, efficiency and access to services.

Project: Support the implementation of Electronic Medication Administration Recording (EMAR) in our care homes.

Aberdeen City Health and Social Care Partnership (ACHSCP) has successfully implemented an electronic Medication Administration Record (eMAR) system at the partnerships Back Hilton Road Learning Disability service in Aberdeen. This digital system replaced the paper-based system and has significantly improved the accuracy, efficiency, and safety of medication administration. We are now proposing to roll out eMAR systems to the other four in-house Learning Disability service sites in Aberdeen to achieve similar benefits across all sites.

One of the aims of implementing eMAR as a pilot was to encourage wider adoption by care providers of these systems. We have shared our learning throughout the journey with VSA who are implementing the same eMAR system. They advised that although they still would have moved forward with eMAR, it was great to hear our experience and reassuring that another organisation had done their research and would be using the same system.



Project: Deliver Analogue to Digital Telecare Implementation Plan

The A2DT (Analogue to Digital Telecare) programme is dedicated to ensuring the delivery of a reliable and robust digital telecare emergency response service ahead of the decommissioning of analogue networks in January 2027. This initiative encompasses the replacement of the existing analogue Alarm Receiving Centre (ARC) software platform and the maintenance of connectivity with all currently linked alarm units and peripherals. Transitioning to a modern digital platform is anticipated to enhance reliability, efficiency, and integration with new technologies.

Aberdeen City Council's Regional Communications Centre (RCC) provides telecare alarm-monitoring services to approximately 16,000 citizens. This includes monitoring over 7,000 dispersed units and 9,000 sheltered-housing connections across Aberdeen, Aberdeenshire, and Moray.

The nearly completed replacement of analogue dispersed alarm units with digital alarms in Aberdeen has led to the Digital Office for Scottish Local Government awarding Bon Accord Care and Aberdeen City HSCP the Bronze Award for Digital Telecare Implementation.

The project leverages the Shared ARC framework, an initiative led by the Digital Office, to streamline procurement and implementation processes, ensuring compliance and cost efficiency. The contract with Chubb, the selected vendor for the shared ARC, was signed in November 2024. Onboarding activities commenced in January 2025, with the target go-live date for the new ARC set for spring 2025.



Project: Seek to expand the use of Technology Enabled Care (TEC) throughout Aberdeen.

The TEC Delivery Plan 2023-2025 was successfully delivered over the course of 2023-2024 and needed renewal. Work commenced on planning a longer term digital and TEC vision for ACHSCP with the presentation of the TEC Outline Business Case to the IJB in September 2024. The TEC Project Board was re-launched in October 2024 with a refreshed membership and purpose. A wide group of care providers are represented on this board, reflecting the intention to promote and prioritise use of technology in this sector. Since the re-launch of the board, stakeholder engagement work has been undertaken between January and March 2025 with a series of workshops facilitated. This has provided evidence regarding the priority challenges and issues across the partnership to be considered within the TEC Vision full business case to be presented to the IJB in June 2025.

The Stoneywood development will provide care for supported people with the highest level of complex care needs in their own community. Technology Enabled Care (TEC) solutions are a crucial element to enhance the safety and well-being of

residents with complex care needs. This is a new build site which will feature eight wheelchair-adapted bungalows equipped with discreet and durable bespoke TEC systems designed to meet individual needs. Stonewood is due to be completed in the spring of 2025. ACHSCP are working with the TEC provider, Care provider and Scottish Governments Digital Office to evaluate the impact the innovative use of technology will have in this setting. This learning will be shared nationally for Health and Social Care Partnerships across Scotland to learn from.

TEC Awareness Week, held from 18th to 22nd November 2024, aimed to highlight the use and availability of technology-enabled care (TEC) in Aberdeen. The campaign included a social media campaign and several in-person events, such as drop-in sessions at Marshall College and the Aberdeen City Vaccination and Wellbeing Hub. The week successfully raised awareness of TEC despite the challenges of poor weather that week. Recommendations for future initiatives include implementing paid social media campaigns, improving signage at event locations, and scheduling the week when there is likely to be more favourable weather.

Funding was received in December 2024 from the Health Improvement Fund to deliver the Maah robot project. The Konpanion Maah project involves the development of a pillow-like companion robot designed to support individuals with profound learning disabilities, dementia, and loneliness, as well as the care staff who work closely with them. The robot, currently in its research phase, aims to enhance well-being through comforting tactile interactions and subtle vocalisations, while providing valuable insights into residents' behavioural markers and needs. This project is currently in discovery phase.

2. Programme.

Infrastructure - Assess future infrastructure needs and engage with partners to ensure these needs are met.

Project: Develop an interim solution for the provision of health and social care services within the Countesswells housing development and work on the long-term solution

Throughout 2024 a new healthcare facility supporting primary and community care in the Countesswells area of the city was fitted out through sourcing funding from developer obligations. The new facility became fully operational on Monday 3rd March 2025. After careful consideration of which services would best support the needs of the area, the services operating from the new facility include Community Treatment and Assessment (CTAC), Children's Immunisations, Health Visiting and Speech & Language Therapy. The facility is operating at 100% capacity and is providing additional capacity which takes some pressure off surrounding GP practices.

Project: Rapid review of assets

The work on the premises review has progressed with a significant amount of detail gathered and analysed. This was presented to the Senior Leadership Team (SLT) in early Summer 2024.

At that meeting a very in-depth and detailed overview of the premises that Aberdeen City Health and Social Care Partnership staff operate from was presented. A mapping exercise was also carried out for staff operating from NHS Grampian and Aberdeen City Council buildings too. The goal is to have a single, multi-agency, mapping of all services engaging with our partners - this will feed into the Infrastructure Plan. It was requested by SLT that a set of proposals be developed looking specifically at efficiencies, effective use of buildings, and potential savings. This was progressed as requested and presented back to SLT in July 2024.

Two proposals that SLT selected to be carried out in financial year 2024/25, have now been completed as of February 2025.

Work is ongoing in relation to the final two proposals that SLT selected to be carried out in financial year 2024/25. These will be completed and then will go back to SLT before any agreed work will be completed in the 2025/26.

Project: Deliver the relevant actions on each of the three Workstream Action Plans supporting the Workforce Plan.

The next Workforce Plan annual progress report is due to be present to Committee later in 2025. The three main aims; Recruitment and Retention, Staff Health and Wellbeing and Growth and Development Opportunities are all at the forefront of actions to deliver on our workforce plan. At the point of reporting, workforce data from 2024/25 has not been released.

This year we hosted a half day Connect Conference at the Aberdeen Beach Ballroom where staff listened to some of the work ongoing including Adult Social Work, Enhanced Community Support Huddles and Learning Disability and Affinity trust. Feedback from the day was very positive with 94% of respondents stating that it was a good use of their time.

The IJB's Position at 31 March 2024

The IJB set a balanced budget for 2024/25 of £385,760,794.

The financial position for 2024/25 resulted in an overspend of £17.036m on mainstream budgets. This overspend has been offset from using uncommitted reserves of £6.546m and an additional contribution from partners of £10.490m.

It was recognised an additional partner contribution would be required to balance the accounts of the IJB for 2024/25 prior to the year end. At a special meeting of the IJB on the 28th of February 2025 it was recognised that Aberdeen City Council and NHS Grampian agreed to provide additional financial support to the IJB totalling £10.454m, based on the quarter 3 year end forecast. At the year end the financial this contribution increased by £0.036m to £10.490m.

The accounts for the year ended 31 March 2025 show there are no usable reserves remaining (31 March 2024 £9,834,836). This means there is no risk reserve (2023/24 £2.5m) available to the IJB to manage in year pressures during 2025/26. The agreed savings of £14.354m therefore must be delivered in full as well as managing any further in year pressures, no overspend during the 2025/26 year can be afforded.

The majority of IJB's are facing similar challenges both in balancing their budgets and also having no remaining reserves to support in year fluctuations. For ACHSCP the current service pressures remain high, particularly across commissioned services in Adult Social Care and therefore it is vital that service transformation, driving efficiencies as well as ensuring value for money is achieved. The IJB March budget outlined that the 2024/25 expenditure had carried forward financial overspend from the previous year. Savings work started in the Autumn of 2024 to start to reduce costs which strict controls implemented around recruitment for example to reduce costs with only posts essential for service delivery progressing.

The IJB 2025/26 budget sets out the plans in place to reduce expenditure in the coming year to the actions which require to be adopted beyond this for savings which require greater planning and input to deliver in 2026/27. The work of delivering in year savings and planning for service transition will be demanding for the HSCP. It is essential the focus remains high on these plans as both of the IJB partners are facing financial pressures and therefore it becomes increasingly important for the IJB to deliver financial balance and sustainability. This is in the environment of increasing demand and costs, while the funding available is reducing in real terms.

IJB Chief Officers and Chairs continue to work closely with Scottish Government highlighting the issues being faced by IJBs. This is particularly important to ensure the necessary future funding for Health and Social Care is delivered. The government's new Service Renewal Framework for health and social care is being consulted upon, it is recognised this framework must properly integrate the work of NHS and local authorities to ensure when changes are made to hospital care a whole system approach is taken to the impacts for Health and Social Care Partnerships.

The high risks the IJB continue to manage are focused around the requirement to maintain service delivery whilst carefully considering budget expenditure and driving savings activity. Funding levels for the IJB are not just a risk for the IJB but for the Council and NHS who recognise this risk and the financial consequences of the IJB not balancing the budget having both made additional financial contributions to support the 2024/25 budget overspend. This risk is managed with a strong approach to managing savings delivery and the governance around this and partly mitigated through the achievement of receiving additional funding from Scottish Governments Invest to Save programme to development technology to improve service and reduce associated costs. Such technology initiatives which can transform care and bring improvement reduce the financial pressure on budgets.

The IJB has made arrangements with adult social care providers to allow the Scottish Living Wage uplift to be paid in 2024/25, Aberdeen City Council passed all funding received for this uplift through to the IJB which was received from the Scottish Government to implement this policy commitment.

Demand for service continues to remain high across all areas of health and care particularly for older people and is expected to continue to rise given the increase in the number of over-65s forecast. During the year the partnership started to look at alternative delivery models to keep people well longer – this work is now coming forward and is anticipated to improve people's health outcomes in the years to come.

At the same time the complexity of the care required is increasing due to improvements in medicine and the increased average life expectancy evidenced over the last few decades. This is evidenced in by our increasing social care spend on clients with learning disabilities. Also, there are greater expectations being placed on our services by clients and this, along with expectations from our other stakeholders, continues to drive performance on targets such as waiting times.

The Medium-Term Financial Framework (MTFF) was approved by the IJB on 18 March 2025. The MTFF included a four year financial forecast which supported the delivery of IJB strategy over the same period of time. The new IJB strategy has completed the consultation phase and will be taken to the IJB for approval in July 2025, the MTFF will be reviewed and also taken to the July 2025 Board meeting. The forecast financial position will be reviewed annually over the next four years. Contained in the MTFF are proposals to balance the 2025/26 budget which are aligned to the Delivery Plan. The MTFF considers the many ongoing projects to reach financial sustainability and their impact in futures years. The IJB continues to work to deliver on the ambitions of this MTFF and ensure financial balance.

Key Risks and Uncertainties

The key strategic risks (High risks), as contained in the Strategic Risk Register, along with an assessment of level of risk facing the IJB, are as indicated below.

The Strategic Risk Register is monitored and updated frequently by the Aberdeen City Health and Social Care Partnership Senior Leadership Team, who in turn report to the IJB and Risk, Audit & Performance Committee and the IJB on a regular basis.

The IJB Members, at a workshop on 16 January 2024, considered the Board's Risk Appetite Statement and agreed that the Committee review the Statement at the mid-point of financial year 2024/25 to sense check the Board's appetite to risk at that point.

At the Risk, Audit and Performance Committee on 3 December 2024, it was agreed that the IJB Insights and Topic Specific Seminars be used to gather the thoughts of IJB members around the review of the Statement.

As a result, the Insights Session on the 14th of January 2025 considered the Statement. The Session heard from the Business, Resilience and Communications Lead explain that Aberdeen City Health and Social Care Partnership (ACHSCP) is drafting a refreshed Strategic Plan which will be taken through the IJB in July 2025. The refreshed Strategic Plan will be aligned to the Medium-Term Financial Framework, and the Risk Appetite Statement and Strategic Risk Register will be aligned to these two key documents.

At the session, members considered the risk dimensions and how changing one dimension could have a knock-on effect to other dimensions. The thoughts and comments of the members were collated. These included raising the dimension about Financial Risk to a high appetite, specifically in relation to risks that could help the IJB achieve financial sustainability. Similarly, in relation to the Quality and Innovation and Reputation Dimensions, these were raised to high appetite. The Dimensions relating to Regulatory and Compliance and Safety remain at either no appetite or low appetite. These changes reflected the conversations and discussions of the IJB and SLT members.

Work has been undertaken to edit the content of each risk, as requested by the IJB. The risk owners have undertaken this task as well as making revisions to the description of the strategic risks, following the "case/event/consequence" model.

The Risk, Audit and Performance Committee at its meeting on 3 December 2024 approved the revised Strategic Risk Register and Risk Appetite Statement. The risks that are classed as **High** risk on the Strategic Risk Register are detailed below:

- 1. High: Cause:** 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. **Event:** Potential failure of commissioned services to deliver on their contract. **Consequence:** There is a gap between what is required to meet the needs of local people, and services that are available. Consequences to the individual include not having the right level of care delivered locally, by suitably trained staff.

Consequences: ability of other commissioned services to cope with the unexpected increased in demand.

Consequences to the partnership includes an inability to meet people's needs for health and care and the additional financial burden of seeking that care in an alternative setting.

Mitigating Actions:

All opportunities to work in a collaborative manner to commission services are advertised on Public Contract Scotland, as well as individual invitations made to CEOs / owners of social care services.

- 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; 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.
- Agreed strategic commissioning approach for ACHSCP.
- National Insurance contribution increase-SCPB and PMB-awareness of any provider with significant financial challenges-offer of uplifts of up to 3% (IJB decision Jan 2025). Process in place to research/meet and then offer uplift (if applicable). Review of care packages-Self Directed Support (1,2 and 3)-ongoing review as part of 25/26 budget setting process. Contract review meetings with all practices in Aberdeen; working in collaboration with the Scottish Government, 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; weekly RAG status for all City practices; working closely with those practices identified as highest risk; significant event assessment and lessons learned being shared across clusters.

2. **High: Cause:** IJB financial failure and projection of overspend. **Event:** Demand outstrips available budget. **Consequence:** IJB can't deliver on its strategic plan priorities, statutory work, and projects.

Mitigating Actions:

- 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 and Oversight Group provide 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 record progress.
- Monthly financial analysis monitoring run rate, expenditure against budget and actions to bring expenditure back into line with budget.

- SLT review of finance position and elements which make this up pushing actions as required.
- As additional funding comes available to support investment opportunities creating efficiency the AC HSCP submit applications to secure additional resource.
- The Senior Leadership Team are committed to driving out efficiencies, encouraging self-management and moving forward the prevention agenda to help manage future demand for services.
- The Senior Leadership Team have formalised arrangements to receive monthly financial monitoring statements.
- Senior Leadership Team will be scrutinising the ACHSCP Delivery Plan to identify projects that will generate financial savings or prevent and reduce future budget pressures.
- SLT working closely with the Chief Finance officer to allow early identification of any additional pressures or savings that are unable to be made.

3. High: Cause: Under Integration arrangements, Aberdeen IJB hosts services on behalf of Moray and Aberdeenshire, and 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.

Mitigating Actions:

- 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.
- Aberdeen City HSCP will work with Aberdeenshire and Moray HSCP's to implement the agreed governance arrangements as detailed in internal audit report by September 2025; 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 September 2025; once agreed, Aberdeen City HSCP and Aberdeenshire and Moray HSCP's will implement the agreed governance arrangements by September 2025.

4. 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.

Mitigating Actions:

- 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.

- Continuous review of Performance Management Framework; Monthly Review of Governance Dashboard by SLT; Whole System Tactical Group; Use of system reporting to highlight changes in performance and actions necessary to address.
- Refinement of Performance Dashboard, presented to a number of groups, raising profile of performance and encouraging discussion leading to further review and development
- Recruitment of additional resource to drive performance management process development
- Risk-assessed plans with actions, responsible owners, timescales and performance measures monitored by dedicated teams
- Use of Grampian Operational Pressure Escalation System (G-OPES) and Daily and Weekly System Connect Meetings help to mitigate the risk of services not meeting standards through system wide support.
- All recommendations from the Internal Audit report on Performance Management have been implemented

5. 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.

Mitigating Actions:

- 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 Management approach being taken across the whole Partnership.
- Regular reporting of 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 (HDRC) to evaluate the impact of ACHSCP's Strategic Plan; External scrutiny and validation of the refreshed Strategic Plan.
- Programme management approach being taken across whole of the Partnership
- All Programme and Project Managers have been trained in the appropriate level of Managing Successful Programmes methodology and Prince2, where appropriate.

6. High: Cause: The ongoing recruitment and retention of staff. **Event:** Insufficient staff to provide patients/clients with services required.

Consequence: Potential loss of life and unmet health and social care needs, leading to severe reputational damage.

Mitigating Actions:

- Clinical Care and Governance Committee and Group reviews tactical and operational levels of risk around the staffing numbers respectively; Revised contract monitoring arrangements with providers to determine recruitment and retention trends in the wider care sector; ACHSCP's Workforce Plan and Annual Report; NHSG and ACC workforce policies and planning groups; ACHSCP's internal vacancy assessment protocol; ACC and NHSG's vacancy control processes.
- increase emphasis on health and wellbeing; increased monitoring of staff statistics (including sickness and turnover) via SLT Governance Dashboard; 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; 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. ACHSP Workforce Plan Annual Report to be submitted to Risk, Audit and Performance Committee on 27th August 2025.
- All staff strongly encouraged to use their annual leave throughout the year, take regular breaks and this to be positively modelled by SLT
- Flexible/hybrid working options to become 'normal' working practice that benefit staff time & supports their wellbeing as well as helps staff retention

Analysis of the Financial Statements

The accounts show usable reserves of £nil at 31 March 2024 (£9,834,836 at 31 March 2024) following the use of all non-allocated reserves being used to balance the year end position. The actual overspend was £17.036m and therefore as noted earlier partners contribution was also necessary to achieve balance in the 2024/25 financial year.

The 2025/26 budget considered the financial outturn for 2025/26 and incorporated into the budget an additional partner contribution of £10.9m. Both IJB partners made allowance for this additional funding contribution in their own 2025/26 budget. The IJB budget for 2025/26 is therefore able to protect frontline services and manage a reduction in expenditure more easily over 2 financial years as opposed to more dramatic services cuts over the next 12 months.

Commissioned services expenditure grew over the last 12 months particularly across Learning Disabilities. The demands on these services is growing and generally service users have more complex needs which require more hours of care. The service also manages a number of younger adults coming through the transitions pathway from child to adult services. The needs of young adults on this pathway tends to be of an overall higher nature with people requiring higher degrees of support over their lifetime due to a general improvement in the standards of health care. The partnership works hard with people using these services with the objective to make people as independent as possible, this report has detailed some of these

initiatives which as well as improving outcomes reduces costs. Efficient expenditure in commissioned services which support these adults is also part of the 2025/26 budget savings plan.

Mental Health and addictions service costs also increased in the year due to a greater spend on commissioned services. The demand for mental health services has seen an overall increase over the last year and is a key area of focus for the partnership. Medical staffing budgets are being managed collectively across Grampian over the coming 12 months to bring greater efficiency to the overall service delivery model to ensure the needs of people using the service can be met. It is hoped this work will allow costs to be managed down while at the same time better meeting the needs of those that use the service.

Care for Older People continues to be an area of focus for the partnership. The expenditure is significant and continues to grow in line with inflation across commissioned service providers. The partnership eligibility criteria are being used to effectively to ensure support is provided to those that most need to the service as was the case during 2024/25 and will continue to be the case in 2025/26.

Prescribing costs continue to grow each year, growth of over 4% is seen year on year based on an increase in the number of prescribed items, being 3.5% and around 1% being cost increases. Prescribing is managed collectively across NHS Grampian with significant analysis being undertaken across reducing these costs down. During the later half of the year public awareness has been increased around the number of prescriptions being wasted, at around 10% any reduction would create a significant cost reduction.

Primary care costs have increased in line with budget increased passed through to the Partnership by NHS Grampian. These increases cover inflationary pressures being incurred by the City's GP practices.

The level of reserve has decreased to nil with significant use of reserves, £27,145,850, over the last two years. This has been due to various activities of the IJB, as well as the requirement to cover to overspends during this period of time.

Budgets for large hospitals are managed by NHS Grampian. The IJB has a notional budget representing the consumption of these services by residents. The IJB is responsible for the strategic planning for these services as a result of the legislation which established the IJBs.

The services covered include:

- Accident and emergency services at Aberdeen Royal Infirmary and Dr Gray's - inpatient & outpatient;
- Inpatient hospital services relating to general medicine, geriatric medicine, rehabilitation medicine, respiratory medicine, learning disabilities, old age psychiatry, general psychiatry;
- Palliative care services provided at Roxburghe House, Aberdeen, and The Oaks, Elgin.

The notional budget and outturn from 2020/21 to 2024/25 is as follows:-

Set Aside	2020/21	2021/22	2022/23	2023/24	2024/25
Budget	£47,802,300	£49,408,000	£52,719,000	£55,550,000	£59,238,000
Outturn	£47,802,300	£49,408,000	£52,719,000	£55,550,000	£59,238,000

Chief Officers

Fiona Mitchelhill was the Chief Officer. There were four Chief Finance Officer during the year. Amy McDonald was the Chief Finance Officer at the year end.

Hussein Patwa
IJB Chair

Fiona Mitchelhill
Chief Officer

Amy McDonald
Chief Finance Officer



**Independent auditor's report to the members of Aberdeen City Integration
Joint Board and the Accounts Commission**

Statement of Responsibilities

Responsibilities of the Integration Joint Board

The Integration Joint Board is required to:

- make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973); in this authority, that officer is the Chief Finance Officer;
- manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets;
- ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland act 2003).
- approve the Annual Accounts.

I confirm that these Annual Accounts were approved for signature by the Integration Joint Board at its meeting on DD MMM 2025.

Signed on behalf of the Aberdeen City Integration Joint Board

Hussein Patwa

IJB Chair

Responsibilities of the chief financial officer

The chief financial officer is responsible for the preparation of the IJB's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the chief financial officer has:

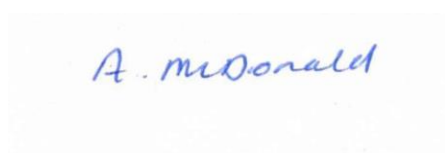
- selected suitable accounting policies and then applied them consistently;
- made judgements and estimates that were reasonable and prudent;
- complied with legislation; and
- complied with the local authority Code (in so far as it is compatible with legislation).

The chief finance officer has also:

- kept proper accounting records which were up to date; and
- taken reasonable steps for the prevention and detection of fraud and other irregularities.

Amy McDonald replaced interim Chief Finance Officer Alex Stephen as the Chief Finance Officer of the Partnership on 19 December 2024.

I certify that the financial statements give a true and fair view of the financial position of the Aberdeen City Integration Joint Board as at 31 March 2024 and the transactions for the year then ended.



Amy McDonald
Chief Finance Officer

Remuneration Report

Introduction

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified IJB members and staff.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditor to ensure it is consistent with the financial statements.

Remuneration: IJB Chair and Vice-Chair

The voting members of the IJB are appointed through nomination by Aberdeen City Council and NHS Grampian. The positions of IJB Chair and Vice-Chair alternate between a Councillor and a Health Board representative every two years.

The IJB does not provide any additional remuneration to the Chair, Vice-Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. The details of the Chair and Vice-Chair appointments and any taxable expenses paid by the IJB are shown below.

Taxable Expenses 2023/24 £	Name	Post(s) Held	Nominated by	Taxable Expenses 2024/25 £
Nil	Cllr John Cooke	Chair	Aberdeen City Council	Nil
Nil	Hussein Patwa	Vice Chair	NHS Grampian	Nil
Nil	Total			Nil

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore, no pension rights disclosures are provided for the Chair or Vice-Chair.

Remuneration: Officers of the IJB

The IJB does not directly employ any staff in its own right, however specific post-holding officers are non-voting members of the Board.

Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014, a Chief Officer for the IJB must be appointed and the employing partner must formally second the officer to the IJB. The employment contract for the Chief Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the IJB.

Other Officers

No other staff are appointed by the IJB under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

Total 2023/24 £	Senior Employees	Salary, Fees & Allowances £	Taxable Expenses £	Total 2024/25 £
109,417	Sandra Macleod Chief Officer to 15/02/24	-	-	-
11,793	Fiona Mitchelhill Chief Officer From 19/02/24	104,521	-	104,521
114,233	Fraser Bell Chief Operating Officer	119,939	-	119,939
84,969	Paul Mitchell Chief Finance Officer	30,859	-	30,859
-	Kenny Low Chief Finance Officer	20,231	-	20,321
-	Amy McDonald Chief Finance Officer	25,623	-	25,623
320,412	Total	301,173	-	301,173

Alex Stephen acted as Interim Chief Finance Officer for the partnership while maintaining his permanent position as Chief Finance Officer for NHS Grampian. No recharge for his time was made to the partnership by NHS Grampian.

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the IJB balance sheet for the Chief Officer or any other officers.

The IJB however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The following table shows the IJB's funding during the year to

support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

Officer Name	Responsibility	Pension as at 31/3/2025 £000	Pension Difference from 31/3/2024 £000	Lump Sum as at 31/3/2025 £000	Lump Sum Difference from 31/3/2024 £000	Pension Contribution 2024/25 £	Pension Contribution 2023/24 £
Sandra Macleod	Chief Officer To 15/02/24	-	14	7	-	-	27,459
Fiona Mitchelhill	Chief Officer From 19/02/24	x	31	x	82	x	1,669
Fraser Bell	Chief Operating Officer	x	2	-	-	X	25,348
Paul Mitchell	Chief Finance Officer	x	27	x	23	x	15,209
Alex Stephen	Chief Finance Officer	x	-	x	-	x	-
Amy McDonald	Chief Finance Officer	x	-	x	-	x	-
						x	69,685

The IJB does not have its own pension scheme, however, details of the Northeast of Scotland Pension scheme can be found in Aberdeen City Council's accounts and details of the NHS pension scheme can be found in NHS Grampian's accounts. Both documents are available on their respective websites. The pension figures for the chief officer and chief finance officer are indicative based on last years.

Disclosure by Pay Bands

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000.

Number of Employees in Band – 2023/4	Remuneration Band	Number of Employees in Band – 2024/25
1	£80,000 - £84,999	1
0	£95,000 - £99,999	0
1	£100,000 - £104,999	1
1	£110,000 - £114,999	1
0	£130,000 - £134,999	0

Exit Packages

No exit packages were paid to IJB staff during this period or the previous period.

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Fiona Mitchelhill

Chief Officer

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Hussein Patwa

Chair

Annual Governance Statement

Scope of Responsibility

The Integration Joint Board (“IJB”) is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, safeguarding public funds and assets and making arrangements to secure best value in their use.

In discharging this responsibility, the Chief Officer has put in place arrangements for governance which include the system of internal control. This is designed to manage risk to a reasonable level but cannot eliminate the risk of failure to achieve policies, aims and objectives and can therefore only provide reasonable but not absolute assurance of effectiveness.

The IJB has a reliance on the Aberdeen City Council and NHS Grampian systems of internal control, which support compliance with both organisations’ policies and promote achievement of each organisation’s aims and objectives, as well as those of the IJB.

The result of this is a situation where assurances are required on the effectiveness of the governance arrangements from the three partners. This means that a significant failure in the internal control environment of one of the three partners may require to be disclosed in the accounts of all three partners and not just the IJB and the partner where the issue occurred.

The Governance Framework

In this complex environment of circular assurances, it is important that the IJB has its own local code of corporate governance and regularly reviews performance against the governance principles included within this code. The IJB has developed an Assurance Framework in conjunction with the Good Governance Institute which provides readers with an understanding of the governance framework and the assurances that can be obtained from it.

The IJB agreed on 11 April 2017 at the Audit & Performance Systems Committee to adopt a local code of corporate governance which was built around the principles identified in the CIPFA\SOLACE² Delivering Good Governance in Local Government Framework (2016 Edition). The local code of governance is generally reviewed annually and reported to the same audit committee where the annual governance statement is approved. This code provides a list of documents\activities from an IJB, NHS Grampian and Aberdeen City Council perspective which provide assurance on the governance framework.

A review is also undertaken by the Chief Finance Officer evaluating the IJB’s governance environment against the governance principles detailed in the CIPFA document titled the [‘The role of the chief financial officer in local government’](#).

² CIPFA - The Chartered Institute of Public Finance and Accountancy

SOLACE – The Society of Local Authority Chief Executives

Whilst both these documents were specifically written for local government, the governance principles can be used by other public sector organisations. Also, the IJB is defined as a local government organisation per the Local Government (Scotland) Act 1973 and Aberdeen City Council has also adopted the governance principles from the delivering good governance document in its own local code of corporate governance.

Seven Governance Principles of local governance framework

Against each of the seven governance principles adopted by the IJB there are key documents, activities, policies and arrangements which help address these. For the IJB some of these documents belong to NHS Grampian and Aberdeen City Council given their operational delivery role and the fact that the staff have remained employed by the partner bodies.

The seven governance principles identified in the local code of corporate governance and recommended in the CIPFA/SOLACE Framework are identified below, along with narratives evidencing compliance with the principles.

Principle 1 – Behaving with integrity, demonstrating strong commitment to ethical values and representing the rule of law.

Integrity: The following values of the IJB are indicated in the Strategic Plan:

- caring
- person-centred
- enabling

These values form part of the decision-making process of the IJB and are evident in the actions and decisions made by the Board. The IJB has appointed a Standards Officer who is responsible, amongst other things, for the maintaining of Registers of Interests, Registers of Gifts and Hospitality and training on the Model Code of Conduct for Members of Devolved Public Bodies.

Ethical Values: The IJB has agreed in principle to adopt the Unison Ethical Care Charter and has provided funding to care providers to allow the Scottish Living Wage to be paid.

Rule of Law: A comprehensive consultation process has been developed with officers from Aberdeen City Council and NHS Grampian to ensure that decisions and reports comply with legislation. A member of the Council's Governance Team attends the IJB to ensure that decisions taken are in line with any legislative requirements. The IJB has appointed a Chief Finance Officer to ensure that the accounts and finances are in line with the statutory accounting environment. The IJB has standing orders and an integration scheme which provide information on where decisions can be made. Two sub committees have been created and each has its own terms of reference.

Principle 2 – Ensuring openness and comprehensive stakeholder engagement.

Openness: Pre-COVID the IJB was a public board where members of the public and press could attend and agendas, reports and minutes were available publicly to

review. Therefore, members of the public could assess whether they believe that decisions are being taken in the public interest. As a result of the COVID restrictions IJB meetings were held electronically and were recorded. The recordings are made available to the public shortly after the meeting. The Risk, Audit & Performance Committee is also a public meeting. Recent meetings of the IJB have been operated under a hybrid model with some participants meeting in person and others online. The IJB has its own complaints handling procedure which complies with Scottish Public Services Ombudsman's guidance.

Stakeholder Engagement: The non-voting membership of the IJB is set out in the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. This comprises six professional members and a minimum of four stakeholder representatives for each of the following groups - staff, third sector bodies, service users and carers. The IJB agreed a budget protocol on the 7 March 2017 which sought to formalise stakeholder engagement with the partner organisations around the budget process. Care providers are very much thought of as a key part of the partnership and invited to the majority of the events the IJB hosts. The IJB has established the Aberdeen City Joint Staff Forum, which includes representation from the trade unions and the staff partnership, as a forum for workforce issues affecting social care and health staff. An engagement and consultation protocol with the trade unions was agreed at the IJB on 21 January 2020.

Principle 3 – Defining outcomes in terms of sustainable economic, social and environmental benefits.

Economic: The IJB has agreed a Medium-Term Financial Framework which is updated annually. The transformation programme and IJB report format specifically highlight the economic impact of the decisions being taken on current and future financial years. Work has been undertaken to establish the financial and operational benefits of the major transformation projects. The partnership has adopted the lean six sigma quality improvement methodology, has trained relevant staff and has undertaken and implemented several improvement projects using this methodology. The outcomes of some of these projects are directly informing, wider transformational activity across the partnership including the redesign of staffing teams aligned to localities and are part of our conditions for change programme. A strategic planning framework has been agreed and implemented for the large hospital services. A governance structure has been implemented to support this work including a cross system transformation board which include senior officers from the Council, NHSG and the IJBs.

Social: The IJB's Strategic Plan identifies outcomes and the direction of travel over the next few years. The majority of outcomes are closely linked to how social care and health services will be delivered and improved over the life of the Strategic Plan.

Environmental: A public bodies climate change duties report is collated and submitted annually on behalf of the IJB.

Principle 4 – Determining the interventions necessary to optimise the achievement of intended outcomes.

Interventions: A transformation programme and senior leadership team objectives have been developed which will help support the delivery of the Strategic Plan. This programme is monitored on a regular basis and information on progress is received by the IJB and the Risk, Audit and Performance Committee for scrutiny and challenge. Decisions to procure services costing over £50,000 are taken by the IJB in so far as they relate to a Direction made to the NHS or Aberdeen City Council in respect of a delegated function and each report contains a section on risk.

Principle 5 – Developing the entity’s capacity, including the capability of its leadership and the individuals within it.

Entity’s Capacity: A workforce plan has been developed for the IJB covering health and social care services. Capacity is further developed and scrutinised by having stakeholders out with those employed by the IJB, ACC or NHS Grampian around the IJB and many of its working groups. The career ready programme and various initiatives through Developing the Young Workforce North East have been developed and established within services. Regular meetings have been held with the direct reports of the senior leadership team to promote the localities model and the senior leadership team objectives. A new senior leadership team structure has been implemented to allow Strategic Plan outcomes to be achieved.

Leadership: The IJB has set itself goals and has evaluated their performance against these goals. An organisational development plan has been developed and agreed which has a focus on leadership.

Individuals: An induction programme has been established for the IJB which complements the induction programmes of NHS Grampian and Aberdeen City Council. Staff surveys have been undertaken for Council staff and the ‘iMatter’ survey is undertaken annually. The outputs from these surveys are discussed by the IJB Senior Leadership Team and any necessary improvement actions implemented. The IJB and SLT have developed a sustainable approach to board development through the creation of a 'culture sounding board' which pays attention to relationships and behaviours to ensure all voices are heard equally, enabling effective challenge and decision making at the IJB.

Principle 6 - Managing risk and performance through robust internal control and strong public financial management.

Risk: Two risk registers have been developed. The first is an IJB Strategic Risk Register and this documents the risk that the IJB may face in delivery of the Strategic Plan. The second register covers operational risks and is a summary of the departmental operational risk registers. The Strategic Risk Register is updated frequently and reported to the Risk, Audit & Performance Committee and the IJB.

Performance: A performance management framework has been developed for the IJB and is reported frequently to the Risk, Audit & Performance Committee and the IJB. Performance is also monitored by bi-monthly city sector performance review meetings, where the Chief Executives and senior finance officers from NHS Grampian and Aberdeen City Council discuss performance and finance in a structured meeting with the Chief Officer and Chief Finance Officer. Performance management

information is provided at a national NHS level and also contained within the statutory performance indicators reported by the Council. An annual performance report is required as defined in the legislation (Public Bodies (Joint Working) (Scotland) Act 2014) underpinning the creation of the IJB.

Internal Controls: The internal control environment is largely delivered by the partner organisations given their operational remit. However, internal controls are evidenced in the IJB integration scheme and financial regulations. A review of the IJB internal controls is undertaken annually by the Chief Internal Auditor and his opinion on the adequacy of the internal control environment is highlighted below.

Financial Management: The IJB has received quarterly reports on the financial position as indicated in the integration scheme. All IJB reports contain a financial implications section advising the IJB on the budget implications of agreeing the recommendations of the report.

Principle 7 – Implementing good practices in transparency, reporting, and audit to deliver effective accountability.

Transparency: Recordings of the IJB meetings were made available to the public after the meeting was held due to COVID restrictions and the agendas, reports and minutes are available for the public to inspect. The Risk, Audit & Performance committee is also a public meeting. The IJB has developed a publication scheme as required under the Freedom of Information (Scotland) Act 2002.

Reporting: The annual accounts management commentary section will have a focus on both financial and service performance over the last financial year. A review has been undertaken of the role of the North East Partnership which has strengthen governance arrangements for hosted and large hospital services.

Audit: The 2021/22 accounts received an unqualified audit opinion. The Risk, Audit & Performance Committee has received an internal audit plan from the Chief Internal Auditor and internal audit reports over the last financial year.

Review of Effectiveness

The IJB has responsibility for conducting, at least annually, a review of the effectiveness of the governance arrangements, including the system of internal control. The review is informed by the work of the IJB Senior Leadership Team (who have responsibility for the development and maintenance of the internal control framework environment), the work of the internal auditor and the Chief Internal Auditor's annual report; and reports from the external auditor and other review agencies and inspectorates.

Aberdeen City Council's Chief Internal Auditor provides an Internal Audit services to the IJB. The Chief Internal Auditor's annual opinion on the effectiveness of the IJB's governance framework for 2024/25 will be reported to the Risk, Audit and Performance Committee on 17 June 2025.

The report will outline Internal Audit's views on the assurance that the IJB received in relation to governance, risk management and control, covering the periods 1 April 2024 to 31 March 2025.

The governance framework will be reviewed by the IJB Senior Leadership Team against the governance principles identified in the CIPFA Role of the Chief Finance Officer Framework.

The local code of corporate governance was agreed by the Audit & Performance Systems Committee on 11 April 2017 and progress against the seven principles is detailed above.

In addition, the review of the effectiveness of the governance arrangements and systems of internal control within Aberdeen City Council and NHS Grampian places reliance upon the individual bodies' management assurances in relation to the soundness of their systems of internal control and that they have embedded standards for countering fraud and corruption.

Accordingly, the following notes support the reliance that is placed upon those systems:

i. Aberdeen City Council's governance framework

Aberdeen City Council's governance framework comprises the systems and processes, culture and values by which the Council is directed and controlled, and the activities through which it accounts to, engages with and leads the community. It enables the Council to monitor the achievement of its outcomes given the crucial role of governance, performance management and risk management in improving stewardship and how we do business. Reviewing our governance activity enables us to consider whether those objectives have led to the delivery of appropriate, cost effective services to the citizens of Aberdeen.

The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. It cannot eliminate all risk of failure to achieve policies, aims and objectives, or comply with controls, and can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to: -

- identify and prioritise the risks to the achievement of the Council's outcomes;
- evaluate the likelihood of those risks being realised and the impact should they be realised; and to manage those risks efficiently, effectively and economically.

The Audit, Risk & Scrutiny Committee has a key role in this, and an annual report of its activities and effectiveness will be considered by the committee and referred to Council for its consideration. This demonstrates improved transparency, understanding and challenge of the activity and outcomes from the Audit, Risk & Scrutiny Committee. The Council has an approved Local Code of Corporate Governance which sets out their commitment to the seven principles recommended in the CIPFA / SOLACE Framework 2016, by citing the primary sources of assurance which demonstrate the effectiveness of the systems of internal control.

Principle A: Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law

- Principle B: Ensuring openness and comprehensive stakeholder engagement
- Principle C: Defining outcomes in terms of sustainable economic, social and environmental benefits
- Principle D: Determining the interventions necessary to optimise the achievement of the intended outcomes
- Principle E: Developing the entity's capacity, including the capability of its leadership and the individuals within it
- Principle F: Managing risk and performance through robust internal control and strong public financial management
- Principle G: Implementing good practices in transparency, reporting and audit, to deliver effective accountability

In summary the Council undertakes an annual self-evaluation of its Local Code of Corporate Governance. This demonstrates that reasonable assurance can be placed upon the adequacy and effectiveness of Aberdeen City Council and its systems of governance.

ii. NHS Grampian governance framework

NHS Grampian is required to operate within the aspects of the Scottish Public Finance Manual (SPFM) which are set out within the guidance issued to Chief Executives and more generally to all Board members by the Scottish Government Health and Social Care Directorates as being applicable to NHS Boards. The SPFM is issued by Scottish Ministers to provide guidance to the Scottish Government and other relevant bodies on the proper handling and reporting of public funds. The SPFM sets out the relevant statutory, parliamentary and administrative requirements, emphasises the need for efficiency, effectiveness and economy, and promotes good practice and high standards of propriety.

As Accountable Officer, the Chief Executive is responsible for maintaining an adequate and effective system of internal control that identifies, prioritises and manages the principal risks facing the organisation, promotes achievement of the organisation's aims and objectives and supports compliance with the organisation's policies and safeguarding public funds.

The Board continually monitors and reviews the effectiveness of the system of internal control with a specific focus on the delivery of safe and effective patient care, achievement of national and local targets and demonstrating best value and the efficient use of resources. Key elements of the system of internal control include:

1. A Board which meets regularly to discharge its governance responsibilities, set the strategic direction for the organisation and approve decisions in line with the Scheme of Delegation. The Board comprises the Executive Directors and Non-Executive members. The Board activity is open to public scrutiny with minutes of meetings publicly available;
2. The Board receives regular reports on Healthcare Associated Infection from the Clinical Governance Committee and reducing infection as well as ensuring that health and safety, cleanliness and good clinical practice are high priorities;
3. Scheme of Delegation, Standing Orders and Standing Financial Instructions approved by the Board are subject to regular review to assess whether they are relevant and fully reflective of both best practice and mandatory requirements;

4. Mature and organisation wide risk management arrangements built on localised risk registers and processes which ensure, as appropriate, escalation of significant instances of non-compliance with applicable laws and regulations;
5. Dedicated full time members of staff for key statutory compliance functions including Information Governance, Health and Safety, fire and asbestos, tasked with ensuring they are up to date with all relevant legislation and are responsible for co-ordinating management action in these areas;
6. A focus on best value and commitment to ensuring that resources are used efficiently, effectively and economically taking into consideration equal opportunities and sustainable development requirements;
7. Consideration by the Board of regular reports from the chairs of the performance governance, engagement and participation, staff governance, clinical governance, audit committee and from the Chair of the Endowment Trustees concerning any significant matters on governance, risk and internal controls;
8. Each key governance committee is supported by a designated lead Executive Director who has the delegated management accountability for statutory and regulatory matters. In addition, senior leadership arrangements were strengthened during the year to provide additional capacity and support to the Chief Executive;
9. Regular review of financial performance, risk management arrangements and non-financial performance against key service measures and standards by the Performance Governance Committee;
10. Regular review of service quality against recognised professional clinical standards by the Clinical Governance Committee;
11. Regular review of workforce arrangements and implementation of the NHS Scotland Staff Governance standards by the Staff Governance Committee;
12. An active joint management and staff partnership forum with staff side representation embedded in all key management teams and a dedicated full time Employee Director who is a member of the Board;
13. Regular review of priorities for infrastructure investment and progress against the agreed Asset Management Plan by an Asset Management Group chaired by a Board Executive Director and including management representatives from all operational sectors and representation from the clinical advisory structure;
14. Clear allocation of responsibilities to ensure we review and develop our organisational arrangements and services in line with national standards and guidance including consultation with all stakeholders on service change proposals to inform decision making;
15. Promotion of effective cross sector governance arrangements through participation by the IJB Board members and the Chief Executives of each of the partner organisations in the regular meetings between the Chief Executives of all Public Sector organisations in Grampian and performance review meetings with each IJB Chief Officer to further develop and drive improvement through integrated service delivery; and
16. A patient feedback service to record and investigate complaints and policies to protect employees who raise concerns in relation to suspected wrongdoing such as clinical malpractice, fraud and health and safety breaches; and
17. Separate governance arrangements for the NHS Grampian Endowment Funds including a Chair of the Trustees elected from within the body of the Trustees, an annual general meeting of all Trustees to agree all policy matters and an

Endowment Sub Committee of Trustees with delegated authority to manage the day to day operational matters of the charity.

Based on the evidence considered during the review of the effectiveness of the internal control environment NHS Grampian has confirmed that there are no known outstanding significant control weaknesses or other failures to achieve the standards set out in the guidance on governance, risk management and control.

Certification: Subject to the above, and on the basis of assurances provided, we consider that the internal control environment operating during the reporting period provides reasonable and objective assurance that any significant risks impacting upon the achievement of our principal objectives will be identified and actions taken to avoid or mitigate their impact. Systems are in place to continually review and improve the internal control environment and action plans are in place to identify areas for improvement. It is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the Aberdeen City Integration Joint Board's systems of governance.

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Fiona Mitchelhill
Chief Officer

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Hussein Patwa
Chair

Comprehensive Income and Expenditure Statement

This statement shows the cost of providing services for the year according to accepted accounting practices.

2023/24				2024/25		
Gross Expenditure	Gross Income	Net Expenditure		Gross Expenditure	Gross Income	Net Expenditure
£	£	£		£	£	£
46,116,494	0	46,116,494	Community Health Services	49,958,169	0	49,958,169
31,323,029	0	31,323,029	Aberdeen City share of Hosted Services (health)	30,350,665	0	30,350,665
45,015,163	0	45,015,163	Learning Disabilities	51,304,195	0	51,304,195
26,985,068	0	26,985,068	Mental Health & Addictions	31,459,476	0	31,459,476
107,204,489	0	107,204,489	Older People & Physical and Sensory Disabilities	108,116,879	0	108,116,879
2,208,531	0	2,208,531	Head office/Admin	1,523,262	0	1,523,262
5,262,277	(5,114,956)	147,321	Criminal Justice	6,548,679	(6,384,627)	164,052
2,257,873	0	2,257,873	Aids, Adaptations & PSHG	1,793,981	0	1,793,981
46,349,194	0	46,349,194	Primary Care Prescribing	47,428,983	0	47,428,983
45,094,568	0	45,094,568	Primary Care	49,805,060	0	49,805,060
2,502,936	0	2,502,936	Out of Area Treatments	3,038,684	0	3,038,684
55,550,000	0	55,550,000	Set Aside Services	59,238,000	0	59,238,000
3,058,242	0	3,058,242	City Vaccinations	2,530,267	0	2,530,267
15,254,159	0	15,254,159	Transformation	17,016,957	0	17,016,957
164,965	0	164,965	Uplift funding	1,105,000	0	1,105,000
434,346,988	(5,114,956)	429,232,032	Cost of Services	461,218,257	(6,384,627)	454,833,630
0	(411,921,018)	(411,921,018)	Taxation and Non-Specific Grant Income (Note 5)	0	(444,998,793)	(444,998,793)
403,909,337	(379,663,186)	24,246,151	(Surplus) or Deficit on Provision of Services	461,218,257	(451,383,420)	9,834,836
		24,246,151	Total Comprehensive Income and Expenditure			9,934,836

There are no statutory or presentation adjustments which affect the IJB's application of the funding received from partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently, an Expenditure and Funding Analysis is not provided in these annual accounts.

Movement in Reserves Statement

This statement shows the movement in the year on the IJB's reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

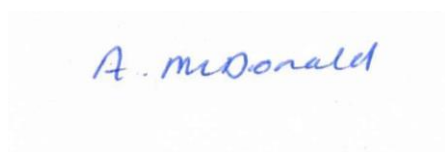
Movements in Reserves During 2024/25	General Fund Balance	Total Reserves
	£	£
Opening Balance at 31 March 2024	(9,834,836)	(9,834,836)
Total Comprehensive Income and Expenditure	9,834,836	9,834,836
Adjustments between accounting basis and funding basis under regulation	-	-
(Increase) or Decrease in 2023/24	9,834,836	9,834,836
Closing Balance at 31 March 2024	0	0
Movements in Reserves During 2023/24	General Fund Balance	Total Reserves
	£	£
Opening Balance at 31 March 2023	(27,145,850)	(27,145,850)
Total Comprehensive Income and Expenditure	17,311,014	17,311,014
Adjustments between accounting basis and funding basis under regulation	-	-
(Increase) or Decrease in 2023/24	17,311,014	17,311,014
Closing Balance at 31 March 2024	(9,834,835)	(9,834,835)

Balance Sheet

The Balance Sheet shows the value of the IJB's assets and liabilities as at the balance sheet date. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31 Mar 2024		Notes	31 Mar 2025
£			£
9,834,836	Short term Debtors	(7)	0
<u>9,834,836</u>	Current Assets		<u>0</u>
<u>9,834,836</u>	Net Assets		<u>0</u>
	Usable Reserve:		
(9,834,836)	General Fund	(8)	0
-	Unusable Reserve:		-
<u>(9,834,836)</u>	Total Reserves		<u>0</u>

The unaudited accounts were issued on 17 June 2025 and the audited accounts were authorised for issue on DD MMM 2025.



Amy McDonald
Chief Finance Officer

Notes to the Financial Statements

1. Significant Accounting Policies

General Principles

The Financial Statements summarises the authority's transactions for the 2024/25 financial year and its position at the year-end of 31 March 2025.

The IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2022/23, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the IJB will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the IJB.
- Income is recognised when the IJB has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

Funding

The IJB is primarily funded through funding contributions from the statutory funding partners, Aberdeen City Council and NHS Grampian. Expenditure is incurred as the IJB commissions specified health and social care services from the funding partners for the benefit of service recipients in Aberdeen City.

Cash and Cash Equivalents

The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partners. Consequently, the IJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet or a cashflow statement.

The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the IJB's Balance Sheet.

Employee Benefits

The IJB does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a Pensions Liability on its Balance Sheet.

The IJB has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs. Where material the Chief Officer's absence entitlement as at 31 March is accrued, for example in relation to annual leave earned but not yet taken. In the case of Aberdeen City IJB any annual leave earned but not yet taken is not considered to be material.

Reserves

The IJB is permitted to set aside specific amounts as reserves for future policy purposes. Reserves are generally held to do three things:

- create a working balance to help cushion the impact of uneven cash flows – this forms part of general reserves;
- create a risk fund to cushion the impact of unexpected events or emergencies; and
- create a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities.

The balance of the reserves normally comprises:

- funds that are earmarked or set aside for specific purposes; and
- funds which are not earmarked for specific purposes but are set aside to deal with unexpected events or emergencies.

Reserves are created by appropriating amounts out of the General Fund Balance in the Movement in Reserves Statement. When expenditure to be financed from a reserve is incurred, it is charged against the appropriate line in the Income and Expenditure Statement in that year to score against the Surplus/Deficit on the Provision of Services. The reserve is then appropriated back into the General Fund Balance in the Movement in Reserves Statement.

The IJB's reserves are classified as either Usable or Unusable Reserves.

The IJB's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the IJB can use in later years to support service provision.

Indemnity Insurance

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Grampian and Aberdeen City Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the IJB does not have any 'shared risk' exposure from participation in CNORIS. The IJB participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration, is provided for in the IJB's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

Support Services

Corporate support services (finance, legal and strategy) are provided by Aberdeen City Council and NHS Grampian at no cost to the IJB and it is not possible to separately identify these costs. To the extent that delegated services include an element of overheads and support services costs, these will be included within the appropriate line within the Income and Expenditure statement.

2. Accounting Standards that have been Issued but have not yet been Adopted

The Code requires the disclosure of information relating to the impact of an accounting change that will be required by a new standard that has been issued but not yet adopted and could have a material impact on the accounts. This applies to new or amended standards withing the 2024/25 Code.

There are no new or amended Accounting Standards issued but not yet adopted that will have a material impact on the 2024/25 Annual Accounts.

3. Critical Judgements and Estimation Uncertainty

The Financial Statements include some estimated figures. Estimates are made taking into account the best available information, however actual results could be materially different from the assumptions and estimates used. The key items in this respect are listed below.

Provisions

No financial provision for any future events has been made by the IJB in this accounting period.

4. Prior Period Adjustments, Changes in Accounting Policies and Estimates and Errors

Changes in accounting policies are only made when required by proper accounting practices or the change provides more reliable or relevant information about the effect of transactions, other events and conditions on the IJB's financial position or financial performance. Where a change is made, it is applied retrospectively by adjusting opening balances and comparative amounts for the prior period as if the new policy had always been applied.

Changes in accounting estimates are accounted for prospectively, i.e. in the current and future years affected by the change.

Material errors discovered in prior period figures are corrected retrospectively by amending opening balances and comparative amounts for the prior period.

The unaudited Annual Accounts were authorised for issue by the Chief Finance Officer in June 2025. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2025, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

5. Expenditure and Income Analysis by Nature

2023/24		2024/25
£		£
176,471,867	Services commissioned from Aberdeen City Council	186,846,910
257,830,741	Services commissioned from NHS Grampian	274,327,458
44,380	Auditor Fee: External Audit	43,890
(5,114,956)	Service Income: Aberdeen City Council	(6,384,627)
(411,921,018)	Partners Funding Contributions and Non-Specific Grant Income	(444,998,793)
17,311,014	(Surplus) or Deficit on the Provision of Services	9,834,836

6. Taxation and Non-Specific Grant Income

2023/24		2024/25
£		£
(123,740,740)	Funding Contribution from Aberdeen City Council	(133,449,610)
(288,180,278)	Funding Contribution from NHS Grampian	(311,549,185)
(411,921,018)	Taxation and Non-specific Grant Income	(444,998,794)

The funding contribution from the NHS Board shown above includes £59 million in respect of 'set-aside' resources relating to acute hospital and other resources. These are provided by the NHS, which retains responsibility for managing the costs of providing the services. The IJB, however, has responsibility for the consumption of, and level of demand placed on, these resources.

The funding contributions from the partners shown above exclude any funding which is ring-fenced for the provision of specific services, such as that provided for Criminal Justice. Such ring-fenced funding is presented as income in the Cost of Services in the Comprehensive Income and Expenditure Statement.

7. Debtors

31 Mar 24		31 Mar 25
£		£
9,690,763	NHS Grampian	0
144,073	Aberdeen City Council	0
9,834,836	Debtors	0

Amounts owed by the funding partners are stated on a net basis. Creditor balances relating to expenditure obligations incurred by the funding partners but not yet settled in cash terms are offset against the funds they are holding on behalf of the IJB.

8. Usable Reserve: General Fund

The IJB holds a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.
- To provide a risk fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the IJB's risk management framework.

The table below shows the movements on the General Fund balance, analysed between those elements earmarked for specific planned future expenditure, and the amount held as a risk fund.

2023/24				2024/25			
Balance at 1 April 2023	Transfers In	Transfers Out	Balance at 31 March 2024		Transfers In	Transfers Out	Balance at 31 March 2025
£	£	£	£		£	£	£
0	-	0	-	Covid	-	-	-
(1,700,103)	-	665,808	(1,034,295)	Earmarked External Funding	-	1,034,295	-
(876,523)	-	876,523	-	Community Living Change	-	-	-
-	-	1,668,982	-	Primary Care	-	-	-
(366,712)	-	366,712	(219)	PCIP	-	219	-
-	(5,396)	-	(5,396)	Action 15	-	5,396	-
(937,644)	-	107,828	(829,816)	MH Recovery and Renewal	-	829,816	-
(931,166)	(237,293)	-	(1,168,459)	ADP	-	1,168,459	-
(18,164,720)	-	13,868,069	(4,296,651)	Integration and Change	-	4,296,651	-
(24,645,850)	(242,689)	17,553,703	(24,645,850)	Total Earmarked	-	7,334,836	-
(2,500,000)	-	-	(2,500,000)	Risk Fund	-	2,500,000	-
(27,145,850)	(242,689)	17,553,703	(9,834,836)	General Fund	-	9,834,836	-

9. Agency Income and Expenditure

On behalf of all IJBs within the NHS Grampian area, the IJB acts as the lead manager for Sexual Health Services and Woodend Rehabilitation Services. It commissions services on behalf of the other IJBs and reclaims the costs involved. The payments that are made on behalf of the other IJBs, and the consequential reimbursement, are not included in the Comprehensive Income and Expenditure Statement (CIES) since the IJB is not acting as principal in these transactions.

The amount of expenditure and income relating to the Sexual Health Services agency arrangement is shown below.

2023/24		2024/25
£		£
1,901,192	Expenditure on Agency Services	1,977,596
(1,901,192)	Reimbursement for Agency Services	(1,977,596)
- Net Agency Expenditure excluded from the CIES		-

The amount of expenditure and income relating to the Woodend Rehabilitation Services agency arrangement is shown below.

2023/24		2024/25
£		£
8,853,575	Expenditure on Agency Services	8,302,184
(8,853,575)	Reimbursement for Agency Services	(8,302,184)
- Net Agency Expenditure excluded from the CIES		-

10. Related Party Transactions

The IJB has related party relationships with the NHS Grampian, Aberdeen City Council and Bon Accord Care/Bon Accord Support Services. The nature of these relationships means that the IJB may influence, and be influenced by, these parties. The following transactions and balances included in the IJB's accounts are presented to provide additional information on the relationships.

NHS Grampian

2023/24		2024/25
£		£
(288,180,278)	Funding Contributions received from the NHS Board*	(311,549,185)
-	Service Income received from the NHS Board	-
257,616,814	Expenditure on Services Provided by the NHS Board	274,327,458
213,927	Key Management Personnel: Non-Voting Board Members	147,142
(22,646,693)	Net Transactions with the NHS Grampian	(37,074,585)

Key Management Personnel: The non-voting Board members employed by the NHS Board and recharged to the IJB include the Chief Officer and the Clinical Director. Details of the remuneration for some specific post-holders is provided in the Remuneration Report.

*Includes resource transfer income of £37.9 million.

Balances with NHS Grampian

31-Mar-24		31-Mar-25
£		£
9,690,763	Debtor balances: Amounts due from the NHS Board	-
-	- Creditor balances: Amounts due to the NHS Board	-
9,690,763	Net Balance with the NHS Grampian	-

Transactions with Aberdeen City Council

2023/24		2024/25
£		£
(123,740,740)	Funding Contributions received from the Council	(133,449,610)
(5,114,956)	Service Income received from the Council	(6,384,627)
176,405,173	Expenditure on Services Provided by the Council	186,819,375
111,074	Key Management Personnel: Non-Voting Board Members	71,425
47,660,551	Net Transactions with Aberdeen City Council	47,056,563

Key Management Personnel: The non-voting Board members employed by the Council and recharged to the IJB include the Chief Financial Officer. Details of the remuneration for some specific post-holders is provided in the Remuneration Report. The Chief Social Work Officer is a non-voting member of the IJB and the costs associated with this post are borne by the Council.

31-Mar-23		31-Mar-24
£		£
144,073	Debtor balances: Amounts due from the Council	-
-	- Creditor balances: Amounts due to the Council	-
144,073	Net Balance with the Aberdeen City Council	-

Transactions with Bon Accord Care (BAC) and Bon Accord Support Services (BASS)

Bon Accord Care Limited and Bon Accord Support Services Limited are private companies limited by shares which are 100% owned by Aberdeen City Council. Bon

Accord Care provides regulated (by the Care Inspectorate) care services to Bon Accord Support Services which in turn delivers both regulated and unregulated adult social care services to the Council.

31-Mar-24		31-Mar-25
£		£
(436,510)	Service Income received from the Council	(675,597)
34,636,540	Expenditure on Services Provided by the Council	35,070,424
34,200,030	Net Transactions with BAC/BASS	34,394,827

11. VAT

VAT payable is included as an expense only to the extent that it is not recoverable from Her Majesty's Revenue and Customs. VAT receivable is excluded from income.

Glossary of Terms

While the terminology used in this report is intended to be self-explanatory, it may be useful to provide additional definition and interpretation of the terms used.

Accounting Period

The period of time covered by the Accounts, normally a period of 12 months commencing on 1 April each year. The end of the accounting period is the Balance Sheet date.

Accruals

The concept that income and expenditure are recognised as they are earned or incurred not as money is received or paid.

Asset

An item having value to the IJB in monetary terms. Assets are categorised as either current or non-current. A current asset will be consumed or cease to have material value within the next financial year (e.g., cash and stock). A non-current asset provides benefits to the IJB and to the services it provides for a period of more than one year.

Audit of Accounts

An independent examination of the IJB's financial affairs.

Balance Sheet

A statement of the recorded assets, liabilities and other balances at the end of the accounting period.

CIPFA

The Chartered Institute of Public Finance and Accountancy.

Consistency

The concept that the accounting treatment of like terms within an accounting period and from one period to the next is the same.

Contingent Asset/Liability

A Contingent Asset/Liability is either:

A possible benefit/obligation arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain events not wholly within the IJB's control; or

A present benefit/obligation arising from past events where it is not probable that a transfer of economic benefits will be required, or the amount of the obligation cannot be measured with sufficient reliability.

Creditor

Amounts owed by the IJB for work done, goods received or services rendered within the accounting period, but for which payment has not been made by the end of that accounting period.

Debtor

Amount owed to the IJB for works done, goods received, or services rendered within the accounting period, but for which payment has not been received by the end of that accounting period.

Entity

A body corporate, partnership, trust, unincorporated association or statutory body that is delivering a service or carrying on a trade or business with or without a view to profit. It should have a separate legal personality and is legally required to prepare its own single entity accounts.

Exceptional Items

Material items which derive from events or transactions that fall within the ordinary activities of the IJB and which need to be disclosed separately by virtue of their size or incidence to give a fair presentation of the accounts.

Government Grants

Grants made by the Government towards either revenue or capital expenditure in return for past or future compliance with certain conditions relating to the activities of the IJB. These grants may be specific to a particular scheme or may support the revenue spend of the IJB in general.

IAS

International Accounting Standards.

IFRS

International Financial Reporting Standards.

IRAG

Integration Resources Advisory Group.

LASAAC

Local Authority (Scotland) Accounts Advisory Committee.

Liability

A liability is where the IJB owes payment to an individual or another organisation. A current liability is an amount which will become payable or could be called in within the next accounting period e.g. creditors or cash overdrawn. A non-current liability is an amount which by arrangement is payable beyond the next year at some point in the future or will be paid off by an annual sum over a period of time.

Provisions

An amount put aside in the accounts for future liabilities or losses which are certain or very likely to occur but the amounts or dates of when they will arise are uncertain.

PSIAS

Public Sector Internal Audit Standards.

Related Parties

Bodies or individuals that have the potential to control or influence the IJB or to be controlled or influenced by the IJB. For the IJB's purposes, related parties are deemed to include voting members, the Chief Officer, the Chief Finance Officer, the Heads of Service and their close family and household members.

Remuneration

All sums paid to or receivable by an employee and sums due by way of expenses allowances (as far as these sums are chargeable to UK income tax) and the monetary value of any other benefits received other than incash.

Reserves

The accumulation of surpluses, deficits and appropriation over past years. Reserves of a revenue nature are available and can be spent or earmarked at the discretion of the IJB.

Revenue Expenditure

The day-to-day expenses of providing services.

Significant Interest

The reporting authority is actively involved and is influential in the direction of an entity through its participation in policy decisions.

SOLACE

Society of Local Authority Chief Executives.

The Code

The Code of Practice on Local Authority Accounting in the United Kingdom.