



Aberdeen City  
Health & Social Care  
Partnership

*A caring partnership*



# DELIVERY PLAN 2025/26

ABERDEEN





## Priority A– Making the Best Use of Resources

The following are the projects activities we will undertake to contribute towards achieve this priority.

Description	Rationale	Outcome/ Impact	Measure	Target
Consolidate our use of properties	Due to budget pressures, it has been agreed to look into a number of ways to reduce costs whilst still protecting frontline service delivery. ACHSCP services are delivered from a number of locations, and these arrangements have evolved over time for a variety of reasons. This project will review usage and seek to rationalise where possible including exploring sharing premises with partners	Reduction in premises costs by £153,000. Potential impact on staffing groups relocating however we will engage with staff throughout and fully involve them in the process.	Budget Saving	£153,000
Deliver savings in utility costs	Due to budget pressures, it has been agreed to look into a number of ways to reduce costs whilst still protecting frontline service delivery. The temperature within certain buildings is something that is within our control and we plan to reduce the temperature setting where possible in the Spring and Autum and potentially switch off altogether in Summer.	Reduction in Utility Costs of £50,000. Staff may be impacted by the change, and we will communicate with them and monitor the situation.	Budget Saving	£50,000
Deliver efficiencies from robust management of vacancies	Staffing costs are a significant part of the IJB budget and due to budget pressures, this is an area that needs to be explored for any potential cost efficiencies. A robust recruitment protocol has been developed to ensure consistent and robust analysis of all staff vacancies arising. Mangers are asked to consider post redesign or alternatives to recruitment where appropriate. The protocol performance will be kept under review to ensure the identified target saving is delivered	Reduction in staffing cost of £1,346,000. Vacancies may be slower to fill which could potentially impact service delivery. Managers will keep this under continual review. Post redesign could potentially impact traditional ways of working and staff will be supported to adapt.	Budget Saving	£1,346,000
Reduce the number of posts in ACHSCP establishment	Staffing costs are a significant part of the IJB budget and due to budget pressures, this is an area that needs to be explored for any potential cost efficiencies. In addition to the robust management of vacancies activity, managers across all services in ACHSCP are being asked to review their budgeted staffing establishments and identify any vacant posts or temporary arrangements that are no longer required, or any other opportunities where savings could be made. Aberdeen City Council are offering their staff Voluntary Severance/Early Retirement (VSER), and this also presents an opportunity for post reduction.	Reduction in staffing costs by £884,000. Reducing posts has the potential to impact service delivery however posts will only be reduced where it is deemed that the impact on service delivery can be mitigated.	Budget Saving	£884,000
Increase the use of technology and Technology Enabled Care (TEC) across the system	Digital innovation can improve access to information, enhance service delivery, and empower both staff and service users. It can also create capacity by making processes more efficient and less labour intensive. Year 1 of this project is the beginning of our digital and TEC journey. Implementing new technologies requires investment and whilst we have received some initial external funding for a couple of the projects within the Digital and TEC Road Map limited funding has been identified from within our existing resources for the others. We are starting small, but these initiatives will release capacity.	Improved access to information, enhanced service delivery, and empowered staff and service users. We recognise that not all service users or staff will be able to embrace new technology in the same way. As part of the project, we will develop a Digital Inclusion Plan.	Number of care packages that have an element of TEC	N/A
Implement an ‘Individual Budget’ approach to the charging of social care	In addition to achieving savings another way to help manage our financial situation is to maximise the income we receive from the Contributing to your Care Policy which charges people in receipt of certain social care support based on their ability to pay. It has been identified that one of the first things we need to do in order to achieve that maximisation is to develop and implement an ‘Individual Budget’ approach whereby the total cost of an agreed care package for an individual is calculated before splitting out the chargeable and non-chargeable elements and calculating any contribution. Undertaking this work in Year 1 will allow us to progress to more income maximisation in future years.	Individual Budget approach developed and implemented. Impact on staff learning to adapt to new ways or working and they will be supported through this. No impact on service users in Year 1.	Policy developed and approved, systems and communications in place	N/A

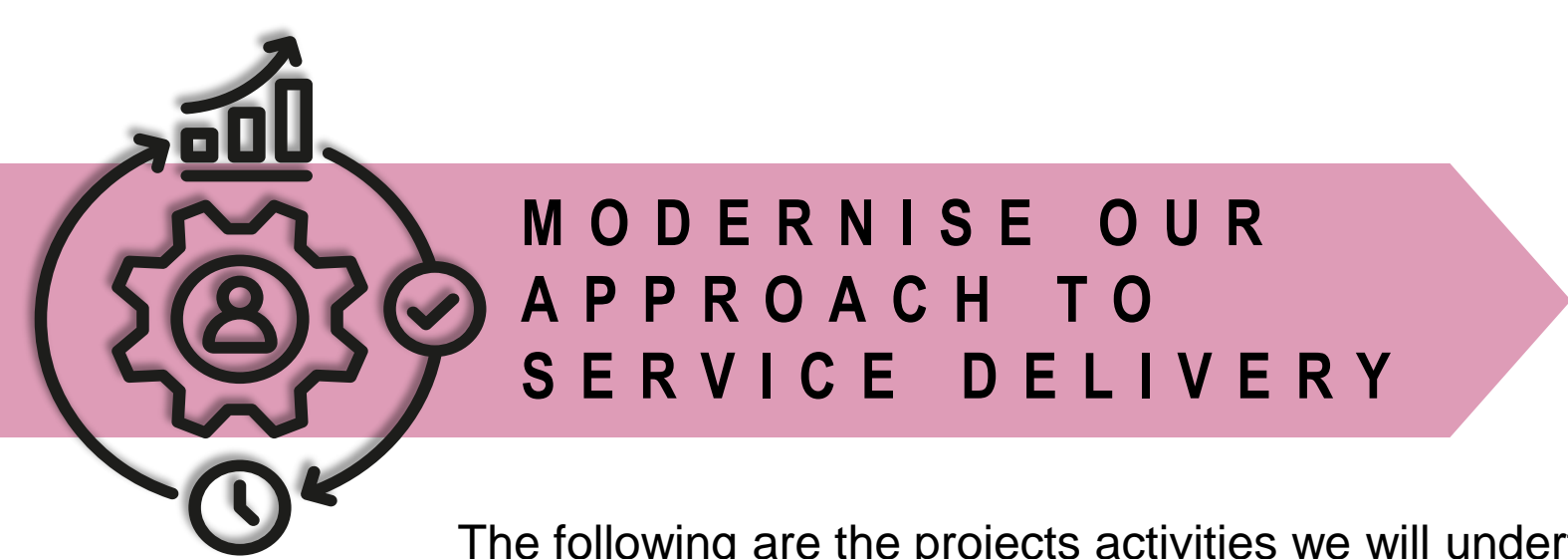


MODERNISE OUR  
APPROACH TO  
SERVICE DELIVERY

Priority A– Making the Best Use of Resources

The following are the projects activities we will undertake to contribute towards achieve this priority.

Description	Rationale	Outcome/ Impact	Measure	Target
Modernise care provision for older people	As a result of the cost pressure in adult social care we must find a way to continue to meet people’s needs but to do so within budget. Our Eligibility Criteria remains at high and urgent need, but we are reviewing care packages to ensure there is robust application of the criteria across the board and step down when people’s needs change.	Reduction in spend of £3,328,000 (3% total budget) Some individuals may experience a change in care arrangements in line with their needs. Any changes will be planned and communicated.	Budget Saving	£3,328,000
Review mix of residential care	As a result of the cost pressure in adult social care we must find a way to continue to meet people’s needs but to do so within budget. Most of residential care is covered by the National Care Home Contract however there are some agreements where higher rates are paid for a number of reasons but mainly for care for people with complex needs. These arrangements will be review to ensure they continue to meet client needs.	Reduction in spend of £336,000. Some individuals may experience a change in care arrangements in line with their needs. Any changes will be planned and communicated.	Budget Saving	£336,000
Develop data dashboards to support the planning and delivery of services	Having the right data and monitoring it on a regular basis can help make better decisions about service delivery, service change or the requirement to make savings in year. The type of information being reported on is being reviewed and a number of dashboards developed that will help monitor current service delivery from an activity, quality, and financial point of view, cross reference this performance with system wide measures (e.g. hospital attendances, admissions, delayed discharges etc.) and predict future demand to inform service planning.	Dashboards and reporting in place. Robust information informing decision making.	Dashboards and reporting in place	N/A
Modernise care delivery models for vulnerable adults including people with Learning Disabilities and Complex Needs	People with Learning Disabilities and other complex needs require more bespoke responses to their care needs than other client groups and if the arrangements are not suitable or if they break down for any reason it can have a significant impact on their health.	Ensure provision of sustainable and responsive care models for people in Aberdeen requiring supported living at home and residential care placements. If achieved this will have a significantly positive impact on outcomes for individuals.	Increase in % of clients with LD and Complex Needs living independently	N/A
Implement transitions process to improve service user experience and future financial planning	The process for children transitioning from children’s social services to adult social services is not always positive. We intend to implement plans to improve these arrangements, to enhance early joint working with partners, the children themselves and their families to better plan and prepare for the transition and also to help assist with future service planning and budgeting.	Improvements implemented which should lead to more positive outcomes for children transitioning and their families	Feedback	N/A
Develop an Initial Point of Contact Model (pre assessment offer) for adult social care.	As a result of the cost pressure in adult social care, we have to find a way to continue to meet people’s needs but to do so within budget. The Initial Point of Contact will enhance early intervention serving as a central access point for requests for social care support.	Ensure people get the support they need whilst maximising the use of resources	Referral Rates	N/A

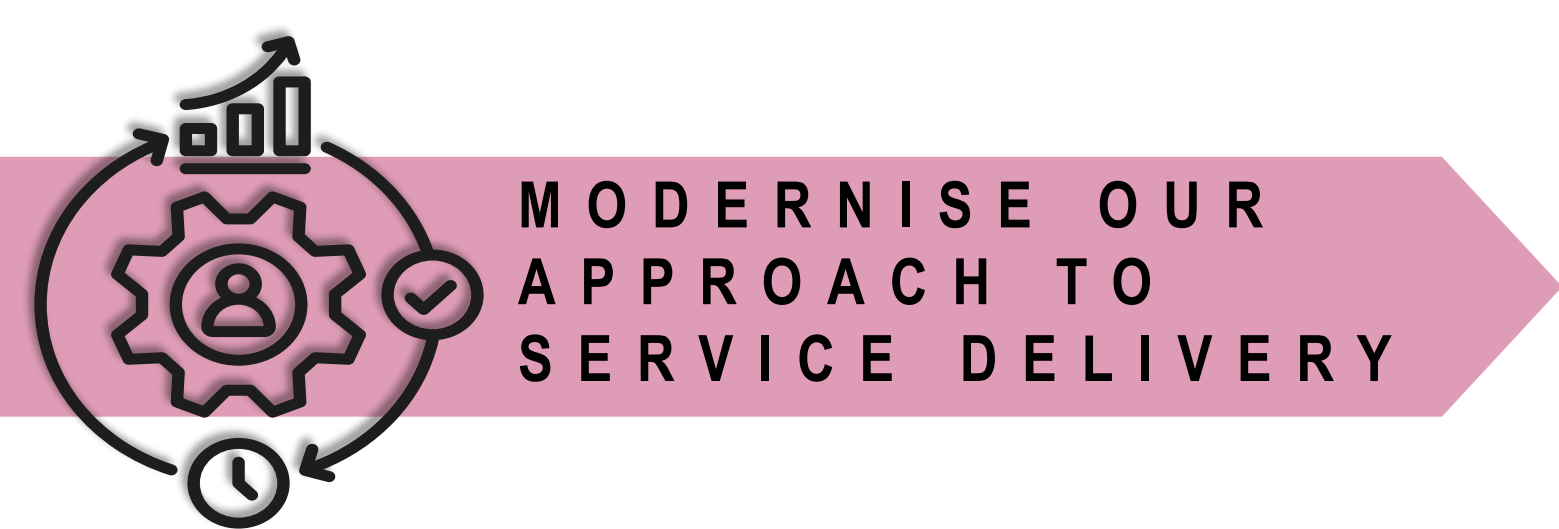


## Priority A– Making the Best Use of Resources

The following are the projects activities we will undertake to contribute towards achieve this priority.

Description	Rationale	Outcome/ Impact	Measure	Target
Review Day Care Provision for people with Learning Disabilities	As a result of the cost pressure in adult social care, we must find a way to continue to meet people’s needs but to do so within budget. The current day care provision for people with Learning Disabilities will be reviewed in line with people’s needs.	Reduction in budget spend £1,449,000. The support some clients get will potentially change however people and their families will be involved in the decision-making process and we will have ongoing dialogues throughout the transition	Budget Saving	£1,449,000
Review use and cost of Out of Area care	As a result of the cost pressure in adult social cork we must find a way to continue to meet people’s needs but to do so within budget. The Coming Home report sets out recommendations to improve support for people with learning disabilities and complex needs, with a focus on providing care closer to home. The service currently has a number of clients being cared for out with the local area and as such the placements, contracts and funding arrangements will be reviewed initially with a view to reducing costs but also considering	Reduction in Budget Spend £174,000	Budget Saving	£174,000
Reduce spend and achieve value for money with key commissioned service providers	As a result of the cost pressure in adult social care we must find a way to continue to meet people’s needs but to do so within budget. Work is underway with some of our larger commissioned service providers to share learning in our approach to reducing costs and work with them to identify areas where they could contribute to reducing the budget overspend.	Reduction in Budget Spend £4,599,000	Budget Saving	£4,599,000
Refresh Workforce Plan focusing on future staffing requirements taking service transformation into account	Workforce is a key enabler to delivery of the Strategic and Delivery plans. The changes highlighted in these plans have significant implications for staff and as such our Workforce Plan needs to be reviewed and revised in light of this.	Refreshed Workforce Plan that supports delivery of the Strategic Plan	Refreshed Workforce Plan developed	N/A





## MODERNISE OUR APPROACH TO SERVICE DELIVERY

## Priority B – Implementing Transformation

The following are the projects activities we will undertake to contribute towards achieve this priority.

Description	Rationale	Outcome/ Impact	Measure	Target
Deliver ACHSCP commitments in the GP Vision	Our population are experiencing challenges in accessing GP appointments at the right time, demand is high, and we don't have the resources to meet this. We are committed to creating opportunities to change the way general practice services are delivered and implementing the Grampian General Practice Vision should help resolve this. ACHSCP staff have particular responsibilities within the Vision and City IJB resource will therefore be allocated to those. The Vision is to 2030.	Commitments delivered and the impacts of those realised.	Commitments delivered	
Implement and review Primary Care Improvement Plan (PCIP)	Our population are experiencing challenges in accessing GP appointments at the right time, demand is high, and we don't have the resources to meet this. We are committed to creating opportunities to change the way general practice services are delivered and continuing to deliver the 6 workstreams within the PCIP is one way to do this. A review of the PCIP is also planned to ensure work continues to focus on the right areas. The review is being undertaken in conjunction with Aberdeenshire and Moray HSCPs to share good practice.	Efficient delivery of services and areas of improvement. It is hoped this work will have a positive impact on people's experiences of General Practice however not all of the impacts will be realised in Year 1.	Commitments delivered	
Deliver ACHSCP commitments from the Discharge Without Delay Collaborative	Adult Social Care services are at capacity causing longer waits for assessment and lowering performance on Delayed Discharges. The Discharge Without Delay Collaborative is a pan-Grampian piece of work, with support provided from NHS Grampian and all three HSCPS. ACHSCP will lead specifically the Discharge to Assess (D2A) and Frailty at the Front Door (a Geriatrician-led, admission avoidance service delivered within the Emergency Department) Projects, providing senior project management support into these.	The aim of the collaborative is to reduce lengths of stay and delayed discharges and to improve the 4-hour waiting time target for the Emergency Department at Aberdeen royal Infirmary.	Budget Saving Acute Geriatric length of stay Community Hospital length of stay Delayed Discharges 4-hour Performance	£999,000 20% reduction 20% reduction 20% reduction 3-5% improvement
Redesign model of support to Amputees to community-based provision	Amputees can experience lengthy stays in hospital and delayed discharge. It is anticipated a redesign of the model of support to a community-based pathway will reduce the time spent in hospital and provide improved patient experience.	Improved patient experience, reduced Lengths of Stay and Delayed Discharge.	Patent Experience Lengths of Stay Delayed Discharge	N/A
Codesign alliancing work with Counselling Services	There are a number of providers delivering counselling services across the city and demand for these services is high. This project is about enhancing collaboration across the providers to design an integrated service which maximises the capacity available and optimises the experience for those using the service.	Improved experience, reduced wating times and elimination of duplication.	Feedback Waiting Times	
Implement redesign of residential substance use service with a view to delivering a community-based support service model	Consultation feedback highlighted concerns over the availability of community support for those with substance use issues. We currently commission a residential substance use service and this project is about implementing a redesign of this service with a view to delivering a community-based support service model.	Providing support in the right place at the right time from the right person.	Number of people supported in the community Feedback	
In conjunction with ACC colleagues, influence the redesign of Sheltered Housing to modernise the model of Housing Support	The right housing is a key element to good physical and mental health and wellbeing. Colleagues in ACC Housing are currently undertaking a review of Housing for Varying Needs. ACHSCP staff will work alongside this review helping to identify levels of need for the various types of housing and the associated requirements for Housing Support	People are housed in properties and receive support to maintain their tenancies appropriate to their needs. The review may cause some changes for individuals however they will be involved in the process of change which will be managed in line with all relevant policies	Proportionate change in provision of low medium and high levels of Housing Support	



## SHIFT OUR FOCUS TOWARDS PREVENTION AND EARLY INTERVENTION

## Priority A – Improve both physical and mental health

The following are the projects activities we will undertake to contribute towards achieve this priority.

Description	Rationale	Outcome/ Impact	Measure	Target
Increase the number of people who accept the invitation of cancer screening on the basis of informed consent	Early detection of cancer can lead to early treatment and an improved outcome should cancer be found. The best way to achieve early detection is to participate in the cancer screening programmes for bowel cancer, breast cancer and cervical cancer that are available. We know that participation rates are lower in areas of deprivation and amongst some ethnic groups. This project is about targeting these groups ensuring they are informed of the availability of the screening and the benefits.	Improved screening uptake rates particularly in priority neighbourhoods, reduced length of stay for cancer and improved population health	Cancer related lengths of stay Increased participation rates	10% reduction 5%
Improve uptake of immunisations to at least the Grampian average level by March 2027	Various immunisations are on offer, but uptake rates are not as high as we would like. Immunisation prevents disease and maintaining immunity can help maintain good health and reduce the need for healthcare services. Staff immunisation can help maintain a healthy workforce and reduce the need to backfill for absence.	Increase immunisation rates helping to improve health	Uptake rates	Achieve at least Grampian average
Publish an agreed multi-agency Healthy Weight Action Plan for Aberdeen City by December 2025	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 and obesity rates in 2023 were 32%, a significant increase from 23% in 2016-19. Action is needed to encourage the achievement of healthy weight to reduce potential harm and improve overall health.	A multi-agency Healthy Weight Action Plan will set out the activity needed for a whole system approach to tackling obesity	Plan published	By Dec 2025
Publish an agreed multi-agency Public Mental Health action plan for Aberdeen City by March 2026	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 2019-2023, an estimated 18% of people were deemed to have a potential psychiatric disorder. Action is needed to optimise whole system support	A multi-agency Public Mental Health Action Plan will set out the activity needed for a whole system response addressing gaps in support provision and making best use of resources.	Plan published	By Mar 2026
Publish an agreed multi-agency Ageing Well action plan for Aberdeen City by April 2026	By 2028 the number of 65–74-year-olds will increase by 14.4% and the number of 75+ will increase by 16.1% - that represents an additional 4,000 people who will potentially require health and social care. Interestingly in the 75+ age category the increase in the male population is expected to be 26.2%. Action is needed to help people to age well reducing the need for health care services in future.	A multi-agency Ageing Well action plan will provide increased clarity on preventative and early intervention activities and expected outcomes.	Plan published	By April 2026





SHIFT OUR FOCUS  
TOWARDS PREVENTION AND  
EARLY INTERVENTION

Priority B – Reduce Harm

The following are the projects activities we will undertake to contribute towards achieve this priority.

Description	Rationale	Outcome/ Impact	Measure	Target
Decrease the number of women who are smoking during pregnancy in the 40% most deprived SIMD	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 booking their first midwife appointment are current smokers.	A reduction in smoking prevalence at booking could lead to improved maternal and foetal health and better outcomes for children.	Prevalence at booking Pregnant women setting quit dates	
Reduce the number of 13-18-year-olds in regular use of Vaping products	In 2022 and 2023, 5.6% of 13–18-year-olds reported that they were vaping regularly. The impact of vaping on long term health is not yet known but most vaping products contain nicotine.	Better long-term outcome for children.	% of 13–18-year-olds vaping	Reduction from 5.6% to 4%
Reduce harm caused by the use of drugs and alcohol	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. One of the specific project aims is to increase the number of Naloxone kits distributed to try to reduce the number of drug related deaths. Another is to refresh the Alcohol Prevention Strategy	Reduction in both drug related and alcohol related deaths	Drug related deaths Alcohol related deaths	10% reduction 10% reduction
Deliver & implement Action plans for Suicide & Self Harm Prevention Strategies	In 2023 there were 29 probable suicides (24 male and 5 female).	Reduction in the 5-year rolling average number of suicides	Number Suicides	Reduce



Priority	Action	Measure	Start Date	End Date
MODERNISING SERVICE DELIVERY				
Best use of Resources	Consolidate our use of properties	Reduction in Premises Costs by £153,000	Started	Mar-26
Best use of Resources	Deliver savings in Utility costs	Reduction in Utility Spend by £50,000	Started	Oct-25
Best use of Resources	Deliver efficiencies from robust management of vacancies	Reduction in Staff Costs by £1,346,000	Started	Mar-26
Best use of Resources	Reduce the number of posts in ACHSCP establishment	Reduction in Staff Costs by £884,000	Started	Mar-26
Best Use of Resources	Increase the use of technology and Technology Enabled Care across the system	No. of care packages including TEC	Started	Mar-26
Best use of Resources	Implement an Individual Budget approach to the charging of social care	Policy developed and approved, systems and communications in place	Started	Mar-26
Best use of Resources	Modernise care provision for Older People	Reduction in Spend by £3,328,000	Started	Mar-26
Best use of Resources	Review mix of residential care	Reduction in spend by £336,000	Started	Mar-26
Best use of Resources	Develop data dashboards to support the planning and delivery of services	Dashboards in place and reports informing work focus	Started	Mar-26
Best use of Resources	Modernise care delivery models for vulnerable adults including people with Learning Disabilities and Complex Needs.	Increase in % of clients with LD and Complex Needs living independantly; Reduction in Out of Area placements	Started	Mar-26
Best use of Resources	Implement transitions process to improve service user experience and future financial planning	Process implemented, client feedback, budget performance	Started	Mar-26
Best use of Resources	Redesign Day Care Provision for people with Learning Disabilities	Reduction in spend by £1,449,000	Started	
Best use of Resources	Review use and cost of Out of Area care	Reduction in spend by £174,000	Started	Mar-26
Best use of Resources	Reduce spend and achieve value for money with key commissioned service provider	Reduction in budget by £4,599,000	Started	Mar-26
Best use of Resources	Refresh Workforce Plan focusing on future staffing requirements taking service transformation into account	Refreshed Workforce Plan developed	Jul-25	Mar-26
Transforming Services	Deliver city commitments in the GP Vision	Commitments delivered	Started	Mar-29
Transforming Services	Implement and review Primary Care Improvement Plan (PCIP) to identify, successful efficient delivery of services and areas of improvement	Refreshed PCIP approved	Mar-25	Mar-26
Transforming Services	Deliver the Discharge Without Delay Collaborative commitments	Reduction in Bank Nursing spend by £999,000, delivery of DWD measures	Started	Mar-26
Transforming Services	Redesign model of support to Amputees to community-based provision	Closure of 6 beds, Length of Stay and Delayed Discharge Data	Started	Mar-26
Transforming Services	Codesign alliancing work with Counselling Services	Reduction in average waiting times; increase in inter-provider collaboration; and reduction in duplication of services and waiting lists	Started	Mar-26
Transforming Services	Implement redesign of residential substance use service with a view to delivering a community-based support service model	Redesign implemented	Started	Mar-26
Transforming Services	Develop an Initial Point of Contact Model (pre assessment offer) for adult social care.	Referral Rates	Started	Mar-26
Transforming Services	In conjunction with ACC colleagues, influence the redesign of Sheltered Housing to modernise the model of Housing support .	Numbers of tenants receiving low, medium and high support	Started	Mar-26
PREVENTION AND EARLY INTERVENTION				
Improve Health	Increase the number of people who accept the invitation of cancer screening on the basis of informed consent.	Cancer Screening Uptake Stats	Started	Mar-26
Improve Health	Improve uptake of immunisations to at least the Grampian average level by March 2027	Immunisation Uptake level	Started	Mar-27
Improve Health	Publish an agreed multi-agency Healthy Weight Action Plan for Aberdeen City by December 2025	Plan published following approval by relevant agencies.	Started	Dec-25
Improve Health	Publish an agreed multi-agency Public Mental Health action plan for Aberdeen City by March 26	Plan published following approval by relevant agencies.	Started	Mar-26
Improve Health	Publish an agreed multi-agency Ageing Well action plan for Aberdeen City by April 2026	Plan published following approval by relevant agencies.	Started	Apr-26
Reduce Harm	Decrease the number of women who are smoking during pregnancy in the 40% most deprived SIMD	Reduction in smoking prevalence at booking, number of pregnant women who set a quit date	Started	Apr-26
Reduce Harm	Reduce the number of 13-18-year-olds in regular use of Vaping products	No. 13–18-year-olds regularly Vaping	Started	Apr-26
Reduce Harm	Reduce harm caused by the use of drugs and alcohol	Reduction in deaths related to drugs and alcohol by 10%	Started	Mar-29
Reduce Harm	Deliver & implement Action plans for Suicide & Self Harm Prevention Strategies	5 Year Rolling Average No.of Suicides	Started	Mar-29