



INTEGRATION JOINT BOARD

Date of Meeting	30 September 2025
Report Title	Digital Innovation Programme and Technology Enabled Care
Report Number	HSCP.25.057
Lead Officer	Claire Wilson
Report Author Details	<i>Name:</i> James Maitland <i>Job Title:</i> Transformation Programme Manager <i>Email Address:</i> <i>JaMaitland@aberdeencity.gov.uk</i>
Consultation Checklist Completed	Yes
Directions Required	Yes
Exempt	No
Appendices	Appendix A- Direction to Aberdeen City Council
Terms of Reference	6 - Contracts, in so far as it relates to business services, the engagement of consultants, or external advisors for specialist advice, such as administrative, accounting or legal support, where this requires authority from the IJB in respect of the Partners' own procurement rules and Schemes of Delegation;

1. Purpose of the Report

This report is presented to the Integration Joint Board (IJB) to provide an update on activity to the Digital Innovation Programme and Technology Enabled Care Programme (TEC) since the last report was presented to the Board in September 2024.

2. Recommendations

2.1. It is recommended that the Integration Joint Board (IJB):



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- a) Notes the content of the report as an update on current progress on the Digital Innovation Programme with future updates being presented as part of the quarterly delivery plan progress report to the Risk, Audit and Performance Committee (RAPC).
- b) Notes the successful funding application to the Scottish Government, Invest to Save Fund, of £1,238,627 payable over the financial year 01/04/2025 to 31/03/2026 in connection with the HSCP Digital Innovation Programme – Right Care, Right Time, Right Place bid.
- c) Makes the Direction, attached at Appendix A, to Aberdeen City Council, and
- d) Instructs the Chief Officer to issue the Direction to Aberdeen City Council.

3. Strategic Plan Context

The primary objective of the Digital Innovation and TEC Programme is to scope and build on the use of digital technology to enhance the quality of care and health outcomes for individuals living in Aberdeen City whilst delivering improved services that are efficient and sustainable to meet current and future financial and demographic challenges. By focusing on digital innovation, the programme aims to address key challenges and opportunities identified through stakeholder engagement. This includes improving access to information, enhancing service delivery, and empowering both staff and service users.

The successful implementation of these initiatives will contribute to achieving the strategic aims outlined in the Aberdeen City Health & Social Care Partnership (ACHSCP) Strategic Plan 2025-2029:

- Shift our focus towards Prevention and Early Intervention.
- Modernise our approach to service delivery

The Digital Innovation Programme and Technology Enabled Care also support the IJB's effort to meet its statutory duties on climate change, including reducing climate change-related emissions associated with services provided or commissioned by the IJB, and ensuring such services are more resilient to current and future impacts of climate change.

4. Summary of Key Information

4.1. Background

The [Digital Innovation Programme Business case](#) and the [TEC outline business case](#) were presented to the IJB in September 2024. The Digital Innovation paper set out the Partnership's digital vision and the development of two applications working with Microsoft.



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The TEC Outline Business focuses on optimising the use of digital technology to improve care quality and health outcomes for those supported by our services. Both programmes of work outline a development roadmap aligned with the ACHSCP's Strategic Plan 2025–2029 and set out the aims and approach contributing to the strategic objectives by:

- Enhancing digital innovation
- Using digital as an enabler of the IJB's strategic aims
- Developing a connected care system
- Addressing business needs
- Adopting a person-centred approach
- Improving health outcomes while empowering individuals and supporting carers, with a focus on early intervention and prevention
- Achieving financial sustainability

4.1.1 Engagement

As part of the Scale up of TEC programme of work, extensive dialogue and engagement with the public and staff across ACHSCP took place. A structured, service design-led approach was adopted, involving broad stakeholder engagement to identify key issues, challenges, and opportunities.

Stakeholder Engagement Activities:

Two major staff workshops (January and March 2025):

- January: Included senior management
- March: Focused on frontline operational staff

Group sessions with:

- People with lived experience (with and without TEC use)
- Unpaid carers
- Members of the public at the Aberdeen City Vaccination and Wellbeing hub.

Key Principles:

- Focused on understanding real challenges and priorities, rather than starting with specific technologies
- Emphasised technology as an enabler, not a predetermined solution
- Collaborated with the Digital Health and Care Institute (DHI) and Glasgow School of Art (GSA) for expert service design input and workshop facilitation. This service was provided to the ACHSCP at no cost.



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Following these engagement sessions, the information was collated, analysed, and themed based on the most frequently noted and priority challenges identified by participants. The key themes were:

- Accessing Information
- Re-traumatisation
- Technology Use
- Digital Inclusion
- Access to Services
- Support and Information
- Training and Knowledge
- Delayed Discharge
- Financial Constraints
- Communication with Services

4.2. External Funding

There was a commitment made to the IJB in the [TEC outline business case](#) to seek external funding opportunities to assist us in realising our digital ambitions. We followed through on this commitment and funding of £1,238,627 has been successfully secured through the Scottish Government's Public Service Reform Invest to Save Fund. This funding will allow the Partnership to develop applications that will assist and enhance our digital offering to the citizens of Aberdeen City and our workforce as outlined in the [Digital Innovation Programme Business case](#).

4.3. Digital Roadmap

ACHSCP have engaged with Aberdeen City Council at a technical level to align the respective business and digital ambitions into a collaborative roadmap. This model ensures the partners can share developed digital capabilities and align investments to remove any duplication or waste. A fundamental aspect of this collaboration is ensuring that each partner can maintain its brand identity whilst sharing a digital business platform.

Requirements from the ACHSCP have been aligned with the 3 year roadmap for Customer, Digital and Data contained within the draft enabling strategy and continues the work from the current enabling strategy and technology roadmap.

4.4 Digital development and timeframes

Following the successful external funding bid the ACHSCP restarted collaborating and working with Hitachi on the development of applications that are designed to improve the workforce experience. These followed on from the initial work in 2024 that informed the Digital Innovation Programme Business Case. In June 2025 discussions took place on the potential for moving forward on the project to provide a technology solution which will:



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- Improve Service User Experience.
- Ease Social Workers workload and provide additional capacity in the working day

As part of the discussion, Hitachi and ACHSCP agreed to work together to:

- Understand the needs of the business, to define an initial scope.
- Understand what technologies can be used which is currently operational (or will be).
- Create a plan for delivery to achieve the success.
- Understand the commercial impact to draw down from Scottish Government Funding.

Additional intense workshops were held between Hitachi and the ACHSCP team members following the first meeting. These workshops focused on the scoping of the Social Care Practitioner Application (App) and also the additional requirements following the stakeholder engagement sessions.

Examples of how the Practitioner App will be used were developed, along with additional features such as Practitioner Search, Initial Point of Contact (IPOC), and Single Point of Contact (SPOC).

The team at Hitachi scoped the whole project to deliver these by March 2026, as outlined in section 4.4.2, which is in line with the requirements of the external funding received.

As per the previous business case, the current model for the practitioner application anticipates that it could create capacity to the equivalent of 16fte (£50k per 1fte x 16 = approx. £800,000 full year equivalent). This is based on the following assumptions that have been agreed with the Adult Social Work team:

- There are approximately 600 social work staff who work for ACHSCP.
- Approximately 75% of social workers, i.e., 450 social workers, would routinely use the application ('App').
- It is anticipated that those 450 social workers will each attend at least four interactions per week on average with people where a detailed case note will require to be recorded.
- That is approximately 1,800 interactions per week where the App could be used.
- It is assumed that 70% of clients in those 1,800 interactions would approve the use of the App to transcribe the meeting, i.e., 1,260 clients.
- On average, it can take 2 hours per social worker per interaction to record a detailed assessment report of a 1-hour interaction; and
- Through use of the App, the time to record a detailed report of the interaction is envisaged to reduce by 25%.

4.4.1 Phase 1 Use Cases

Practitioner Application



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An application to allow practitioners to digitally dictate observations, notes and interactions with service users. The application will link to the existing Social Care Platform in Dynamics 365, allowing practitioners to link their interactions to a service user's case. The application will also allow practitioners to record notes manually or through their voice which will use generative AI to summarise the interaction with service users. Generative AI is currently utilised within ACC through the AB1 chatbot as well as Microsoft Copilot. Practitioners will be able to capture and amend their manual notes which will be created directly in the D365 platform as an observation.

Practitioner Search

An integrated version of Microsoft Copilot within the Practitioners Application will support practitioners across ACHSCP in pooling relevant documentation about a service user while populating an assessment template.

Sources of information may include:

- Notes captured in observations within the Practitioner App
- Relevant documents stored in SharePoint, including both archived and active files migrated from OneDrive during the construction and implementation of Dynamics 365
- Shared mailbox messages
- Finance systems
- Potential integrations with historical case data from the legacy CareFirst system, currently stored in an SQL database

This integrated version of Microsoft Copilot will assist practitioners in drafting often time-consuming assessment templates, streamlining the process and improving efficiency.

SPOC (single point of contact)

A Microsoft Copilot solution to support practitioners in directing individuals to the appropriate service pathway across the partnership. The goal is to design a conversational interface where practitioners can input case or pathway details. Based on the predefined service pathway model, the virtual agent will recommend the correct route removing the need to manually search websites or documents for guidance.

IPOC (initial point of contact)

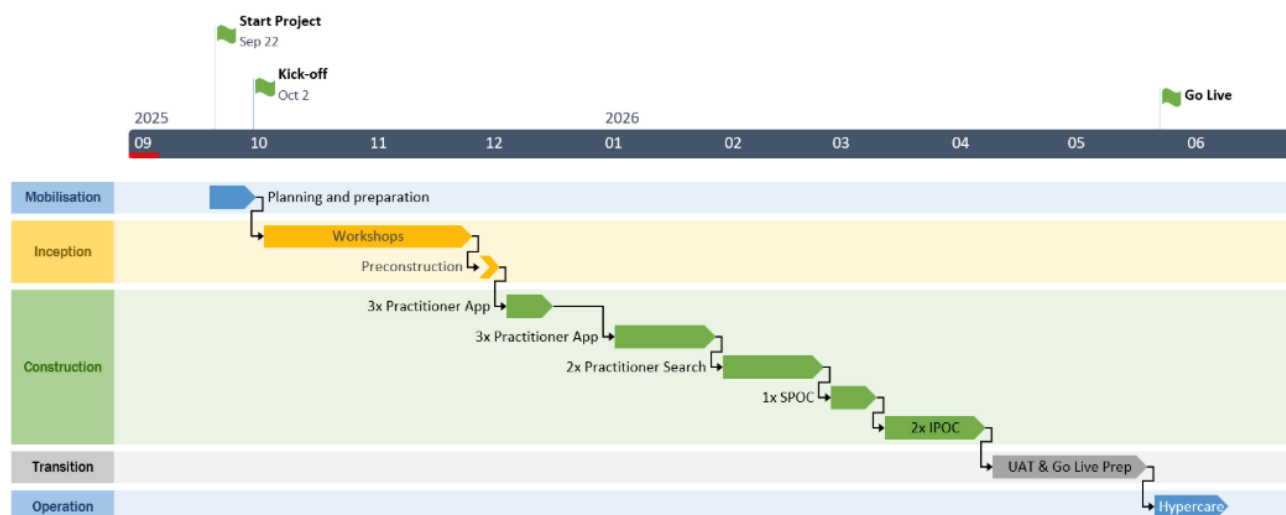
An electronic form (e-form) with eligibility criteria to allow an individual to self-refer into several services within the partnership. The e-form could be populated by the individual or walked through with customer support via the contact centre. Based on the eligibility criteria, an individual may be approved as eligible or referred to another service. This would all be done via the e-form. In a scenario where the determination cannot be made, a case would be created and routed to the appropriate team within the partnership to undertake a full assessment.



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4.4.2 Proposed Project Delivery Plan

Timeframes provided to deliver the phase 1 programme of work are in alignment with the requirements of the external funding, with a projected go live of 30 March 2026.



4.4. Ongoing Digital and TEC workstreams

4.5.1 eMAR (Electronic Medication Administration Record)

The eMAR system has now been successfully implemented at the Back Hilton Road Learning Disability service, following a pilot. There are now plans underway to extend the rollout to all in-house Learning Disability services. Evaluation data indicates significant improvements in medication safety, administration accuracy, and operational efficiency. The system has contributed to a reduction in medication errors and improved stock control, supporting both quality of care and environmental sustainability.

Efficiency benefits

There have been significant time savings achieved because of implementing eMAR, estimated at approximately 22.5 hours per week.

Task	Time Saved	Details
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Medication Administration	5 minutes per client for 12 clients, twice per day. 2 hours per day. = 14 hours weekly	Reduced from 10 minutes to 5 minutes per client, a 50% time saving.
Shift Leader Checks	30 minutes daily = 3.5 hours weekly	Reduced from 30 minutes in the afternoon and 30 minutes in the evening to 30 minutes total through being able to check eMAR dashboard.
Two Staff Members Requirement	15 minutes daily = 1.75 hours weekly	No longer needed for certain medications, saving 15 mins per day.
Medication Audits	= 0.5 hours weekly	Reduced from 1 hour to 30 minutes weekly.
Monitoring	20 minutes daily = 2.3 hours weekly	Estimated 20 minutes saved daily due to proactive dashboard monitoring.
Medication Returns	= 0.25 hours weekly	Simplified process, reducing time spent on manual entries and audits.
Archiving MAR Charts	60 minutes per month = 0.25 hours weekly	Eliminated manual archiving, now done electronically.

Total Time Saved Weekly: 22.5 hours across the Back Hilton team

Total Weekly Recurring Cost (i.e. minus cost of device purchase): £34



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The time savings noted above are those achieved at the Back Hilton Road service since the launch of eMAR in January 2025. All other services except Rowan Road have higher numbers of supported people and will therefore achieve proportionately greater efficiency savings. In addition, medication is administered up to 4 times per day in other services such as Balnagask Court where there are more complex care needs. eMAR will be of even greater benefit in these services.

The improvements in stock control provided by the eMAR system helps to reduce over ordering and medication wastage. This has positive impacts in a range of key areas such as reducing prescribing costs, environmental benefits from reduction on hazardous waste and providing time savings for Pharmacy staff who spend less time on medication wastage returns.

Quality of care benefits

Due to the eMAR system increasing safety, there are health and wellbeing benefits for service users as a result of having fewer medication errors. There are also additional time-savings from not needing to respond to as many medication errors (which is a time-consuming task) and reducing the amount of time it takes to respond to an error when these do occur.

Month	Number of Medication errors (category - NCC MERP)
September 2024	4 (Category C)
October 2024	3 (Category C)
November 2024	4 (Category C)
February 2025	0
March 2025	1 (Category C)
April 2025	0

Estimated time to respond to a category C medication error prior to eMAR – 4.25 hrs

Estimated time to respond to a category C medication error with eMAR – 3.5 hrs

Service benefits

Staff feedback has been overwhelmingly positive, highlighting the system as simple, user-friendly and has resulted in a much more efficient process. Management also note that confidence has increased, and anxiety reduced among the staff team with regards to administering medication. A summary of responses to staff survey is below.



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How easy did you find using the eMAR system? (5 stars being very easy) – 4.67

How satisfied are you with the eMAR system? (5 stars being very satisfied) – 4.67

Community Pharmacy benefits

Community Pharmacy highlight the reduction of paper records as a major benefit from implementing eMAR. Being able to send MARs immediately is very useful for patients who have dosage changes, it means rather than waiting on new MAR to be delivered, they can send it to the care provider instantly. According to the care inspectorate, care homes can supply medication from a new MAR, even if the label on the box is different. The eMAR system has also saved the community pharmacy time when correcting dispensing errors. They have found that they can change the dosage/round on the eMAR quickly, rather than printing a whole new MAR, which would need checked fully again.

The pharmacy staff like how they can easily check when a care provider's next cycle is due to start, which is clearly detailed on their pharmacy portal dashboard.

There were some technical struggles initially for the pharmacy, but since then there have been minimal minor problems. Our pharmacy colleagues state that this is a positive change for both pharmacy and care providers. The improved stock management for care providers in turn reduces pharmacy workload, as when stock is managed efficiently, they have less requests for emergency and mid-cycle supplies.

The pharmacy involved in the pilot look forward to seeing the positive impact this service will no doubt have on care providers and supported people.

4.5.2 Stoneywood Development

The Stoneywood development is a new build site for ACHSCP Learning Disability service for people with high levels of complex care needs. The installation of a TEC solution to deliver high quality care and enhance the safety, well-being, and quality of life for its supported people is essential. It is also a critical system for the safety of staff at the site.

The development reached completion in August 2025, with supported individuals beginning to move in from the same month. The Technology Enabled Care (TEC) system for the site has been procured from Just Checking, following a comprehensive options appraisal and Data Protection Impact Assessment (DPIA) process.

This is a fully wireless digital system, with peripherals linking to Just Checking hubs throughout the site. These hubs connect via ethernet, WiFi, or Global System for Mobile Communications (GSM) to the Just Checking platform. Alerts are presented to staff on handheld devices through a dedicated application.

As part of the safety infrastructure, staff will also be equipped with Global Positioning System (GPS) pendants. These devices are not intended for continuous location tracking but are designed to enhance staff safety. In the event that a staff member requires urgent



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assistance, they can activate the SOS function on the pendant. This triggers an alert within the application and initiates a call sequence to three designated phone numbers until a response is received. A two-way communication channel is then established, allowing the staff member to explain the situation. If the incident occurs off-site, the responder can view the staff member's location to coordinate appropriate support.

Alerts concerning individuals receiving support are generated within the home environment. For example, if staff are based at the central hub overnight and an individual exits their bedroom, prompting a support requirement, an alert is sent to staff indicating the need to attend the property. Similarly, for individuals with epilepsy, the system can detect potential seizure activity and issue an alert via the application.

All alerts, whether related to staff safety or individual support needs, are presented using a Red-Amber-Green (RAG) status system to indicate the level of risk or urgency. Staff are required to acknowledge and respond to the alert, complete the necessary support actions, and subsequently close the alert within the system. This process enables management to monitor response times and support durations, providing valuable data to inform any necessary adjustments to individual support models.

This system will provide a bespoke TEC service with individual assessments undertaken by Just Checking and the technology adapted to meet individual needs and updated as necessary when needs change.

The Richmond Fellowship have been commissioned to support and operate the service, and a 12-month evaluation plan has been agreed with the Scottish Digital Office and other stakeholders. The TEC system is designed to support individuals with complex care needs, enhance safety, and enable flexible staffing models as the service matures. The system includes a dashboard portal for monitoring and analysis which provides structured and contextualised data to inform care and service planning. This has the potential for delivering financial efficiencies based on objective evidence, only available due to the Just Checking system.

4.5.3 A2DT (Analogue to Digital Telecare)

The A2DT programme is in its final implementation phase, with the digital Alarm Receiving Centre (ARC) rollout underway. The programme remains a critical priority due to the imminent national switch-off of analogue networks. Governance is provided through a dedicated project board, and the programme continues to engage with partners across Aberdeen City Council, Bon Accord Care, Health & Social Care Moray and Aberdeenshire Health and Social Care Partnership.

By replacing legacy Telecare infrastructure with digital-ready alternatives, we are laying the foundation for a more responsive and integrated care environment. This shift enables the deployment of advanced technologies such as predictive analytics, real-time data streaming, and Internet of Things (IoT) devices. This technology collectively supports increased proactive care planning, early intervention, and improved safety for vulnerable individuals. Our aim for the digital Alarm Receiving Centre is that it will serve as a central



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hub for managing alerts and coordinating responses, ensuring continuity and reliability of service as analogue networks are phased out.

Beyond infrastructure, the digital transition fosters a culture of innovation and collaboration across internal services and external partners. It creates new pathways for co-designed solutions, workforce development, and citizen empowerment. The move to digital platforms supports scalable models of care, enabling the ACHSCP, Health & Social Care Moray and Aberdeenshire Health and Social Care Partnership as well as housing providers to respond flexibly to increasing demand and resource constraints. It also aligns with national strategic priorities, positioning Aberdeen as a leader in digital health and care transformation.

4.5.4 Technology Enabled Care (TEC) Programme

The TEC programme continues to develop across Aberdeen, with a focus on embedding digital solutions that support prevention, early intervention, and person-centred care. Work is ongoing through the Housing for Varying Needs Group to review current provision and create future services that are digitally supported. A refreshed TEC strategy is being prepared in accordance with the opportunities arising through the transition from analogue to digital TEC and our overall vision and ambition for TEC and future service delivery. The use of TEC in care planning is embedded within the culture of Aberdeen City and reinforced by the use of TEC assessments and ongoing TEC training for staff.

The Konpanion Maah project is a pilot initiative funded by the Health Improvement Fund, aimed at exploring the therapeutic and data-driven potential of the Maah robot—a tactile, pillow-like companion device—for individuals with dementia, mental health challenges, or learning disabilities. Initial workshops have engaged care staff and families and, on 15 September 2025 a trial involving three participants is scheduled to commence. The timeline is contingent upon the completion of the DPIA, receipt of technical updates from Konpanion, and finalisation of all required documentation and approvals. While families have been advised of the target date, there remains flexibility should any outstanding items not be resolved in time.

4.5.5 GP Visioning Digital Workstream – NHS Grampian

In early 2023, the NHS Grampian Chief Executive Team tasked the Chief Officers of the three Grampian HSCP's with developing a Vision for General Practice, supported by strategic objectives one of which focused on digital transformation. Throughout 2024/2025, the GP Visioning Digital Workstream was formally established to explore and define what a digitally enabled general practice could look like five years into the future. Key activities included engaging with GPs across Grampian to co-create a shared digital vision, conducting a comprehensive audit of national and local digital initiatives, and performing a gap analysis to identify opportunities and priority areas for acceleration. These efforts culminated in the development of the [GP Grampian Digital Blueprint](#), which outlines a clear set of aims and prioritised projects to enhance the current digital ecosystem in general practice.



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The overarching aim of the workstream is to improve the efficiency and productivity of general practice through the optimal use of digital technology. Supporting objectives include empowering patients and their representatives to self-manage where appropriate; enabling staff to focus on high-value activities; reducing unwarranted variation in digital capabilities across practices to promote equity and efficiency; and increasing the value of data for health improvement and planning.

Next steps involve progressing tactical actions aligned with the blueprint's recommendations. Several initiatives are already underway at both national and local levels. It is anticipated that further resourcing both in terms of time and technology will be required to fully implement the proposed solutions. Recommendations will be presented to the GP Vision - Implementation Programme Board for approval, after which delivery timelines will be confirmed. The workstream is expected to continue through to 2026.

4.5.6 Sibstar Test of Change

Sibstar is a financial technology solution designed to support vulnerable individuals in managing their money safely and independently. It empowers people living with dementia, learning disabilities, mental health conditions, or recovering from addiction by offering a secure prepaid card and App with dual-user access. Trusted supporters such as family members or care providers can set spending limits, monitor transactions, and freeze the card instantly, helping prevent financial exploitation and overspending while promoting autonomy and dignity.

In partnership with Penumbra, a test of change is being launched involving five clients residing in supported living sites. Penumbra will assume corporate appointeeship responsibilities from Aberdeen City Council and use the Sibstar system to support these individuals with their daily finances. A short-life working group will be established to oversee the pilot, involving 3–5 focused meetings. The pilot will run for three months, and if successful, a report will be presented to other Social Work services for promotion with a view to extending the approach to learning disability and older people services.

This initiative aligns closely with IJB priorities around independent living, person-centred care, and safeguarding, offering a scalable, preventative solution that complements existing health and social care frameworks.

4.5.7 CoPilot

The ACHSCP has significantly expanded its use of Microsoft Copilot as a strategic enabler of digital transformation. This AI-powered tool is now embedded across a growing number of functions, supporting our ambition to modernise operations, enhance productivity, and unlock greater value from our data assets. Copilot is being utilised to automate routine tasks, generate insights from complex datasets, and assist in the preparation of reports and communications, freeing up capacity for higher-value, strategic work.



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This increased adoption reflects our commitment to equipping teams with intelligent tools that drive efficiency, improve decision-making, and support a culture of continuous improvement. As we continue to scale its use, Copilot will play a key role in accelerating programme delivery, enhancing service design, and ensuring our workforce is empowered with the capabilities needed to meet evolving citizen and stakeholder expectations.

The use of CoPilot will increase further within teams with the development of the new Practitioner Application and Search functionality utilising AI technology.

4.5.8 Ongoing D365 development

We continue to build and continually improve our D365 system through regular delivery phases, allowing for steady and responsive progress.

Our main focus areas are:

- Strengthening the financial infrastructure
- Aligning processes with national standards, including the Self Directed Support (SDS) framework

One key project is integrating all social care packages into the ContrOCC/D365 system. This will improve financial monitoring and support the shift to individual budgets and contribution-based charging. This project is within the Year 1 Delivery Plan and links with budget savings in future years. This work is time-sensitive, as it needs to align with the new charging policy planned for April 2026 and was approved at the ACC Finance and Resources Committee on 6 August 2025.

4.5. Future Developments and building on foundations

4.6.1 Digital Strategy

ACHSCP is committed to developing and delivering a forward-looking digital strategy that meets the evolving needs of our communities, workforce, and partners—both now and into the future. A key challenge we face is the interoperability of diverse systems across health and social care, and the ability to share information, data, and digital resources effectively. The ACHSCP rely on our parent organisations NHS Grampian and Aberdeen City Council, to provide the digital infrastructure, platforms, and technical expertise that underpin our transformation ambitions.

The strategy will look to build upon and enhance existing initiatives while introducing new, innovative approaches. Our aim is to ensure that all digital developments are cohesive, inclusive, and aligned with both our local strategic priorities and the national direction for digital health and care in Scotland.



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As part of this commitment, ACHSCP will also develop a Digital Inclusion Plan to ensure that supported individuals, carers, and staff are not disadvantaged by digital transformation. By embedding digital inclusion into our strategic approach, we aim to promote equity and ensure that everyone where possible can benefit from the opportunities presented by digital innovation in health and social care.

4.6.2 TEC Scale Up - TEC Pop Ups and demo areas

The development of TEC Pop-Ups will feature a range of TEC solutions offered by local health and care organisations, alongside commercially available devices. These temporary Pop-up events will take place at various locations across Aberdeen City providing opportunities for people to test devices and discuss possible TEC solutions. Staff from these organisations will be present to guide visitors and provide information tailored to individual needs, including where and how to access the technology. We are also working in collaboration with one of our providers who is establishing a TEC 'house' which allows people to see how TEC innovation integrates into homes.

Establishing demonstration areas for TEC offers several key benefits:

- **Hands-on Experience:** Visitors can interact directly with the technology, gaining a clearer understanding of its features and benefits—especially valuable for those less familiar with digital tools.
- **Encouraging Adoption:** Seeing TEC in action can help demystify the technology and promote wider uptake by showcasing its practical applications.
- **Training and Education:** These spaces can serve as hubs for training professionals and caregivers, ensuring they are confident in using and supporting TEC systems.
- **Highlighting Benefits:** Demonstrations can effectively communicate the advantages of TEC, such as improved monitoring, increased independence, and better health outcomes.

4.6.3 Phase 2 Development of Microsoft work

Digital Care Planning

Digital Care Planning (DCP) systems are centralised digital platforms used within health and social care services to manage and deliver personalised care. These systems store comprehensive information about individual care needs, preferences, medical history, and daily activities, ensuring that care plans are accurate and up-to-date. They allow real-time updates to care records, risk assessments, and support plans, and can incorporate visual aids like pictures and symbols. The App interface ensures immediate reflection of changes in care needs, helping staff maintain timely and appropriate support aligned with statutory responsibilities.

The benefits of DCP systems are wide-ranging. They improve efficiency by enabling staff to record notes in real time without returning to office bases, enhance collaboration across



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care teams, and empower individuals and families to actively participate in care planning. Dashboards provide managers with visual tools for monitoring and quality assurance, supporting evidence-based improvements. DCP systems are flexible, accessible, and truly person-centred, promoting better outcomes through increased engagement and streamlined communication among all stakeholders.

As part of the Digital Innovation Programme engagement workshops with Hitachi Solutions, further areas for potential development were explored. One such area was Digital Care Planning. Several of the requirements identified in relation to digital care planning align with functionality either already available within Dynamics 365 or proposed for inclusion in the Practitioner App.

There are additional features requested around eMAR integration which would need to be further refined prior to proceeding with initiating this project.

IPOC V2

This would build on the functionality proposed in phase 1. This may include integration, reporting or data exchange with third parties. The proposed first phase would include the e-form functionality being developed with eligibility functionality alongside a case management integration when a determination cannot be made.

The case management system will be integrated into the broader programme of work that Hitachi Solutions is delivering in partnership with Aberdeen City Council.

SPOC V2

This would build on the functionality developed in the proposed first phase to give a holistic view of all care pathways for a client, allowing both citizens and professionals to see the status of referrals and services being provided

Developing this functionality would require more detailed refinement on how to visualise pathways for both citizens and practitioners.

4.6.4 Development and redesign of ACHSCP website

The current iteration of the ACHSCP external-facing website has remained largely unchanged for the past eight years. During this time, significant advancements in digital technology and evolving user expectations, particularly among the citizens of Aberdeen, have highlighted the need for a comprehensive review and modernisation of our online presence.

This initiative is strategically aligned with broader transformation efforts being undertaken by the ACHSCP in collaboration with ACC and Hitachi. These efforts aim to introduce innovative applications and enhance service accessibility through IPOC, thereby improving the overall user experience and operational efficiency.



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The scope of the website review will encompass:

- **Design and User Experience:** Evaluating the visual layout, navigation structure, and accessibility to ensure the site meets modern standards and user needs.
- **Content Strategy:** Assessing the relevance, clarity, and organisation of existing content, with a view to improving engagement and transparency.
- **Technology Platform:** Reviewing the current content management system (CMS) to determine its suitability for future requirements, including scalability, security, and ease of maintenance.

This review represents a critical step in ensuring that the ACHSCP's digital presence remains responsive, inclusive, and aligned with our strategic goals for service delivery and customer engagement.

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality

Full Impact Assessments will be carried out as part of the process of developing the projects within the Programme.

5.2. Financial

The Chief Finance Officer, IJB made the application for the funding from the Scottish Government on behalf of the ACHSCP in support of the ACHSCP Digital programme. This funding, whilst ring fenced for the projects outlined in this report, comes into the IJB and as such, requires a Direction to Aberdeen City Council to proceed with the project along with the allocated resource. The Chief Officer has powers under the Council's Powers Delegated to Officers to accept the grant, following consultation with the IJB Chair.

Dedicated resource has been allocated to support the delivery of the projects. This will consist of ACHSCP and ACC's Digital & Technology staff.

5.3. Workforce

As set out in the IJB's Strategic Risk Register, there are significant challenges in Health and Social Care including regarding the recruitment and retention of staff. Technology creates opportunities for increased flexibility and a change of focus in staff recruitment as the importance of remote health and care delivery and use of data to provide predictive and proactive care increases.

The programme of work with Hitachi and Microsoft provides the potential to create greater capacity within Social Work. Staff will spend less time on manual documentation and have greater capacity to invest time in other higher value activities such as early intervention and prevention.



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5.4. Legal

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

5.5. Unpaid Carers

We have engaged with unpaid carers and have identified potential benefits for this group. This will be detailed within individual projects and integrated impact assessments that are approved where identified.

5.6. Information Governance

Full Data Protection Impact Assessments (DPIAs) will be required for the life span of the project(s) with involvement of staff across ACHSCP and the Council as the platforms are hosted by our partners (D365, Power Platform and ACC Mobile Phones). Privacy Impact Assessments as well as Risk Assessments will also be completed for each of the projects and engagement with both ACC and NHSG Information Governance and also Information Security Officers will be undertaken.

The eMAR project has a full Data Protection Impact Assessment (DPIAs) completed and authorised as a requirement prior to procuring any system.

5.7. Environmental Impacts

Impact	Services impacted	Positive/Negative
Reduction of paper resources. the use of the Social Work Practitioner App will allow services to reduce the amount of paper being printed, ink cartridges being used and Paper records being created.	All services who use the Practitioner App	Positive



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<p>The use of eMAR and Digital Care Planning will allow services to reduce the amount of paper being printed, ink cartridges being used and paper records being created.</p> <p>Improved medication stock management will reduce medication wastage.</p>	<p>Learning Disability in-house services</p> <p>Community Pharmacy</p>	<p>Positive</p>
<p>Reliance on tablet /Mobile devices. Tablet and Mobile devices use mined material as part of the construction process.</p>	<p>All services</p>	<p>Negative</p>

5.8. Sustainability

The projects outlined are digital and not hosted directly by us however we expect our suppliers to comply with any relevant environmental control as set out in the procurement and contracts that we specify.

5.9. Other



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No other implications have been identified from the recommendations of this report.



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6. Management of Risk

Risk Appetite Statement

The IJB has previously agreed through its Risk Appetite Statement that it has a low to medium appetite for risk related to quality and innovation outcomes. With reference to the potential benefits identified in the Appendices and a process which will have due regard to statutory requirements, the proposals are consistent with the IJB's Risk Appetite Statement.

6.1. Identified risks(s)

Risk	Likelihood/Impact	Mitigation
Mobile Phone use with the Social Work Practitioner App will increase data usage and may incur unforeseen costs	High	Ongoing investigation with ACC Chief Digital Officer to assess impact and take mitigating actions.
Policy Change New ways of working may require policy or standard changes this would affect timeline and delivery	Medium	Ongoing investigation with Cyber Security Officer & Data Protection Officers to assess impact. Any Policy Change required will go through the respective organisational procedures.
Delivery Timescales – Vendor has indicated a window for product delivery. Any delay may incur additional cost and/or delay benefits realisation.	High	Ongoing investigation between ACHSCP, ACC Chief Digital Officer, Microsoft to ensure approach and timescales are deliverable within resource identified.
Resources – There is a risk that ACHSCP or ACC working together fail to identify and maintain adequate staff resource required to deliver the projects.	High	Ongoing discussions and investigation into the resources required to deliver the project between key stakeholders.



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Budget – Failure to deliver proposals within available budget.	Medium	The projects will be subject to a robust governance structure to help ensure that the project is delivered within the agreed budget and timeline so far as possible.
Adoption – Failure to adopt new digital capability by staff, service providers or lack of permission from citizens to use capability.	Medium	Ongoing work as part of the project to provide engagement and support to staff/service providers and also public to assist with adoption of new applications and aligned benefits.
Benefits – Investment into leading edge technology fails to deliver projected financial and non-financial benefits.	Medium	<p>There has been extensive work to identify the financial and non-financial benefits. It is noted that in particular with the initial resource required for these projects, that financial savings will be in the medium to longer term. An element of the return on investment is dependent on staff turnover.</p> <p>As part of the budget setting process, due regard will be taken to the financial benefits that each proposed project has anticipated to ensure that the benefits identified are realised.</p> <p>Whilst investment in leading edge technology carries inherent risk, careful diligence has been undertaken to ensure that the tools available to the provider are fit for the task and that their teams have the skills to build the proposed solution.</p>

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

Risk 1- Financial Risk



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Low to medium. It will have zero tolerance of instances of fraud. The Board must make maximum use of resources available and also acknowledge the challenges regarding financial certainty.

Risk 3- Risks to quality and innovation outcomes

Low to medium (quality and innovation outcomes which predict clearly identifiable benefits and can be managed within statutory safeguards)

Risk 5- Reputational risk

It will accept medium to high risks to reputation where the decision being proposed has significant benefits for the organisation's strategic priorities. Such decisions will be explained clearly and transparently to the public.

Risk 6- Risks relating to commissioned and hosted services

The IJB recognises the complexity of planning and delivery of commissioned and hosted services. The IJB has no or low tolerance for risks relating to patient/client safety and service quality. It has medium to high tolerance for risks relating to service redesign or improvement where as much risk as possible has been mitigated.