



INTEGRATION JOINT BOARD

Date of Meeting	30 September 2025
Report Title	Chief Officer's Report
Report Number	HSCP.25.069
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Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	None
Terms of Reference	1(c) Any other matter that the Chief Officer determines appropriate to report to the IJB

1. Purpose of the Report

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

2. Recommendations

It is recommended that the Integration Joint Board (IJB);

- a) Notes the detail contained within the report.

3. Strategic Plan Context

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



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4. Summary of Key Information

Local updates

1. New purpose-built complex care homes

Aberdeen City has opened its first dedicated complex care facility at Stoneywood Road, a £4.5 million development providing round-the-clock specialised accommodation for eight vulnerable residents.

The launch included an open day for council members, partner organisations, locals, and media. This new facility allows individuals previously cared for outside Aberdeen to receive tailored support in purpose-built homes within their city.



Pictured L-R - Kerrie Clark, Senior Social Worker; Jenny Rae, Transformation Programme Manager; IJB member and Chair of the IJB's Risk, Audit and Performance Committee Councillor Martin Greig; Katharine Paton, Service Manager; Nicola Cassie, Senior Manager at site; Eric Studzinski, Ogilvie Construction at the opening of the new accommodation

Each of the eight wheelchair-accessible bungalows includes a bedroom, kitchen, living room, wet room, and private garden, designed with a maximised footprint and durable materials. The site also has a shared garden, sensory garden, and a staff building with offices, meeting space, and a carers' lounge. All buildings meet ultra-low energy standards, with on-site staff always present. The Richmond Fellowship Scotland provides resident support.



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2. Winter flu & Covid 19 vaccination programme 2025

The 2025 Winter Vaccination Programme in Grampian targets those most at risk from flu and Covid-19, following advice from the Joint Committee on Vaccination & Immunisation and Scottish Government.

Flu vaccine eligibility:

- Adults 65+
- Individuals 6 months+ with certain health conditions
- Pregnant women
- Children aged 2–5 (pre-school)
- Primary & secondary school children
- Unpaid carers and household contacts of the immunocompromised
- Health & social care staff (flu only)

Flu & Covid-19 vaccine eligibility:

- Adults 75+
- Older adult care home residents
- Immunosuppressed individuals aged 6 months+

Vaccinations will prioritise at-risk groups between 29 September and 6 December, ahead of increased festive social contact. Eligible individuals will be contacted for appointments or can book via the national portal; care home visits are set for mid-October. To improve uptake among health and social care staff, peer-to-peer and flu-only clinics will run during early September, with both drop-in and scheduled options. Early vaccination is highly encouraged to protect staff and vulnerable groups.

Vaccinations will be offered at our three hubs: Aberdeen Vaccination & Wellbeing Hub, Airyhall, and Bridge of Don. People can change an appointment to a more convenient location if they wish by contacting the National Contact Centre on 0800 030 8013 or the Local Contact Centre on 01224 555333. Additionally, there will be local pop-up clinics organised later in the programme, with locations publicised closer to the time.

3. Closure of Tigh a'Chomainn Camphill care home

Tigh a'Chomainn Camphill, Craigton Road, Aberdeen, a charity offering residential care in Peterculter for eight adults with learning disabilities and complex additional support needs, announced on 1 August 2025 that it would cease operations.

The board overseeing the facility decided to close the home after receiving several Care Inspectorate inspections over a number of months, which identified areas of operation as



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weak or unsatisfactory. The board stated that it was not feasible for the home to meet the required standards.

Aberdeen City Health and Social Care Partnership (ACHSCP) staff have been coordinating with the board to support the transition of residents to alternative accommodation as part of our responsibilities for clients. The focus has been on providing the necessary assistance to residents, their families, Tigh a'Chomainn staff, and the board during this period.

Regular meetings with Tigh a'Chomainn staff and the board are being held to address risks and mitigate impacts. Families and carers have been kept informed and involved throughout the process.

ACHSCP and the board continue to liaise with the Care Inspectorate to maintain appropriate oversight.

All residents are expected to have transitioned to new housing within three months of the closure announcement, after which the property will close.

4. Mental Health Aberdeen

Mental Health Aberdeen (MHA) announced that it was ceasing operations with immediate effect on the 24 July 2025.

Aberdeen City Council and ACHSCP were saddened by the sudden loss of the valued organisation, with its dedicated approach over many years to supporting people in Aberdeen and Aberdeenshire with their mental health and wellbeing challenges.

ACHSCP and the City Council fully recognise the vital importance of mental health support and worked to identify solutions to ensure continuity of care for MHA's clients. ACHSCP priority is to make sure that children, young people and adults continue to receive the support they need.

5. Blair Unit, Royal Cornhill Hospital update

The Blair Unit improvement programme addresses major safety and compliance issues in NHS Grampian's forensic mental health inpatient services. Reports have highlighted significant shortcomings at Royal Cornhill Hospital, which does not meet Low Secure Care Standards.

A £2 million investment by NHS Grampian, was approved in February 2025 to upgrade the Forensic Acute and IPCU wards, including perimeter fencing, window replacement, ligature reduction, bathroom, lighting, fire safety enhancements, and redecoration.



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Phase 1 (Forensic Acute) will finish by September 2025, with Phase 2 (IPCU) starting in October 2025; planning is underway for Forensic Rehabilitation. The project remains on time and budget.

Temporary relocation during upgrades has reduced bed and therapy space, with mitigations in place such as revised admissions and communication nationally on capacity.

Oversight is provided by a dedicated project team reporting to relevant NHS Grampian boards and to Clinical Care Governance Group to ensure compliance with strategic priorities and standards.

These upgrades will enhance safety, privacy, dignity, and therapeutic engagement, with better garden access and ventilation supporting recovery. However, a new purpose-built facility is needed for long-term compliance and sustainability.

6. Chief Finance Officer (CFO) update

On 4 September 2025, the appointment panel convened and approved the interim appointment of Jonathan Belford as the IJB CFO. Additionally, they endorsed Aberdeen City Council's decision to advertise for a deputy CFO. Interim arrangements will be subject to review after a six-month period.

Regional Updates

1. GP Vision update

The Integration Joint Board approved a new vision and set of objectives for General Practice in Grampian at its meeting in March 2024 [HSCP.24.002 IJB Report - GP Vision March 2024 v2.3.pdf](#).

An in-person workshop on 5 March 2025 reviewed Phase One priorities and assessed Phase Two feasibility amid resource constraints.

Key decisions at the 16 April 2025 Programme Board meeting included realigning workstreams and identifying top priorities.

A GP survey was conducted (April–May) to refine these priorities in line with current resources. The programme remains focused on Priority workstreams and will work towards how this programme will be embedded as business as usual. Further detail on this will be included in the November Chief Officer's Report.

Key progress highlights:



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- The Primary Care Improvement Plan (PCIP) review is nearing completion of activity data capture, with every workstream lead across the three partnerships interviewed.
- It is anticipated that the PCIP review will be completed within this calendar year.
- The digital workstream has created a digital blueprint, which sets out the key objectives: support patient self-management; reduce low-value staff activities; minimise variation across practices and improve data quality and utility. There is also an emphasis on shared platforms, summarisation, and enabling information governance.
- Work is ongoing within the Communications and Engagement sub-group to support a small number of GP practices to develop a Patient Participation Group (PPG). The group will support the practices to communicate with patients, informing them on how practices have changed and how they currently operate, using a 'Did you know?' approach.

2. Discharge without Delay (DwD)

This work continues to progress at pace across all three Health and Social Care Partnerships within Grampian. The workstreams are Grampian-focused with four key elements:

- Community hospitals work, to enable access to step-down at point of referral.
- Frailty at front door, ensuring we have a Frailty team at front doors assessing and preventing admission where possible
- Home First with the creation of a Discharge to Assess model, ensuring there is wrap-around support.
- Integrated discharge hub, to ensure we have a single point of referral for community teams and supporting coordination of discharge.

There are timelines for tests of change within these workstreams and continuing with aim of full implementation of DwD principles as soon as possible.

5. Implications for IJB

5.1 Equalities, Fairer Scotland and Health Inequality

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

5.2 Financial

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

5.3 Workforce

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



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5.4 Legal

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

5.5 Unpaid Carers

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

5.6 Information Governance

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

5.7 Environmental Impacts

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

5.8 Sustainability

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

5.9 Other Implications

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

6. Management of Risk

Risks associated with the projects highlighted in this report are being monitored in the relevant operational risk registers and oversight and assurance is being provided to NHS Grampian's Assurance Committee.