Blue = complete/closed/ not started

Red = missed deadline/unable to deliver

Amber = at risk of non-delivery/not meeting deadline

Green = on track to delivery by deadline

## Delivery Plan Workplan Y1 Q2

Delivery Plan W	Jikptuli 11 Q2						Orecil = Oll ti	rack to delivery by deadline					
Title	Project Description	Strategic Aim	Priority	Project Re	of Start Date	End Date	RPAG Status	If BRAG Status is RED, AMBER or BLUE what is the main reason for this?	Explain why BRAG Status is RED/AMBER/BLUE	RED/AMBER Mitigation Actions	Tier	Measures	Latest Update
Title	- reject bescription	etrategic Ailli	Thority	1 roject Re	Start Date	End Date	SHAO STATUS	ane-main reason for tills:	Explain why broke Status is RED/AMBER/BLUE	TESTA IDENTITION ACTIONS	TICI	Hedoures	- Catoor Openio
													The target savings of £153k for this financial year have already been achieved through moving CTAC and Imms from South College Street into Countesswells and the Health
		Modernising Service	Rost use of								Tier 4 (System		Village. CTAC also moved out of Carden House to give the GP Practice more clinical space allowing them to see more patients. The Woodside building has also been reviewed and these together with utility savings across ACHSCP have ensured we met our target. Work is ongoing to identify savings and efficiencies for the next two
1. Use of Properties	Consolidate our use of properties	Delivery	Resources	MSD01	01/07/2025	31/03/2026	Green				Change)	Reduction in Premises Costs by £153,000	financial years which will be reported in due course.
									Pills and a land and a land				
		Modernising Service	Best use of					Budget/Savings;	Bill's come in several months retrospectivly and only then will it be known if reduction activities have been		Tier 4 (System		Actual utility costs are only known retrospectively, but heating in hubco buildings has been reduced and "switched off" most of the time until end September at least.
2. Utility Savings	Deliver savings in Utility costs	Delivery	Resources	MSD02	01/07/2025	31/10/2025	Amber	Overall Assurance/Risk Level	successfull.	Reduced heating temperatures were instructed from 1st April		Reduction in Utility Spend by £50,000	Zonal Heating will be introduced within the Heatith Village within Q3 and this will mean only heating the areas that staff and patients use out of hours
										The second secon			
									However it is difficult to measure how many posts have	The vacancy assessment protocol asks managers to skill mix and redesign posts to enable new posts to be considered by the	e		Vacancy Assessment Protocol continues to be used across the Partnership. The Protocol has been reviewed on a quarterly basis and minor changes have been made. There is evidence from NHSG that the vacancy management process, introduced earlier this year, has contributed to a slowdown in the growth of headcount and whole-time
									been removed from establishment in 25/26 and how	Chief Officer for approval.			equivalents (WTE). Within Aberdeen City H&SCP, headcount has decreased by 3.3% and WTE has declined by 4%. In comparison. In absolute terms, this represents a
3. Management of	Deliver efficiencies from robust	Modernising Service							much of the savings can be equated to delaying the	As of June 2025, all approved vacancies can now be collated or	n Tier 4 (System		reduction of 65 in headcount and 65.1 in WTE between July 2024 and June 2025. Average Band of vacancies approved in 25/26 so far is B5. Assuming this as an average of
Vacancies	management of vacancies	Delivery	Resources	MSD03	01/07/2025	31/03/2026	Amber	Overall Assurance/Risk Level	process in 25/26.	a monthly basis.	Change)	Reduction in Staff Costs by £1,346,000	posts that have been delayed, with on-costs each post would be £43k approx. 65 posts =£2.8m.
													Recent evidence via NHS that ACHSCP reduced headcount by 4% wte (65 headcount) from June '24 to June '25.
4. ACHSCP Posts	Reduce the number of posts in ACHSCP establishment	Modernising Service Delivery	Best use of Resources	MSD04	01/07/2020	5 31/03/2026	Croon				Tier 4 (System	Reduction in Staff Costs by £884,000	13 posts have been lost through VRES in ACC 4 Senior Leadership Team posts have become vacant since 01/04/2025 and none are currently filled.
4. ACHSCP POSIS	ACH3CP establishment	Delivery	nesources	M3D04	01/0//2023	31/03/2020	Gleen				Change)	Reduction in Stan Costs by £004,000	4 senior Leaduelship ream posts have become vacant since 0.004/2023 and none are currently inted.
													Digital innovation and TEC paper was discussed and approved at IJB on 30th September. This detailed all of the current or planned digital and TEC projects proposed.  Funding was approved by SLT for the roll out of eMAR to the remaining four in-house learning disability services in May 2025. Weekly meetings are in place to progress the project. There are a number of dependencies which impact timeline including: community pharmacy software integration, device ordering, D&T resource to set up 13
													devices and input toData Protection Impact Assessment (DPIA), medication cycle dates, in-house service capacity (taking account of no go-live in December). Timeline will
													be updated as timescales regarding dependencies are confirmed, current estimate of eMAR integration at all sites by end March 2026, with a 4 month post-implementation
													evaluation period. Community pharmacies for 3 of the 5 services have currently declined integration with eMAR. Alternative pharmacies that could provide an eMAR service are currently being identified. Dialogue currently ongoing with SRO, Learning Disability Service Manager, Primary Care team and NHS Grampian community pharmacy lead
													regarding barriers to community pharmacy adoption (these are financial) and decision regarding services moving their business to different pharmacies that provide eMAR.
													Stoneywood TEC (Just Checking system) awaiting installation of WiFi and broadband connectivity at the site for go-live, currently in progress. Evaluation will be conducted
													over a 12 month period following the first supported person moving in and system going live.  A small co-design project funded through the Health Improvement Fund is currently under way at Len Ironside Centre, trialling the Konpanion Maah products using sensor
													data to generate insights valuable in care planning. Demand request submitted for Aberdeen City Council Digital & Technology input to DPIA.
													TEC pop-up is planned for 5th November at Woodend Hospital and TEC awareness week is being planned for week commencing 3rd November, avoiding school holidays.
													This will included an invited event, with venue to be confirmed. Digital Improvement Programme (DIP) Update  There are four AI Applications planned for development. Funded by Scottish Government
									The digital innovation project has just been initiated				Practitioners Search - (suggesting content from multiple different source to help with filling in business process documentation like assessments etc)
										t Liaison with internal resources to establish capacity and			Practitioners Application - (Transcription tool creating draft minutes of recorded meetings or consultations with service users)
									resource requirements is being determined.	availability to meet digital innovation project requirements.			Single Point Of Contact SPOC - Service directory Tool helping practitioners find the right help and referral pathways across the partnership  Initial Point of Contact Creating tools and forms for service users to get right help and or sign posting and or filter referrals for practitioners - his project is current being
									Community pharmacies that serve three of the in-	Discussion between in-house Learning Disability management,	,		report here in the delivery plan TBD if amalgamated Successes so far
	Increase the use of technology and							Timescales;	house Learning Disability services have advised that	SLT, Primary Care and NHS Grampian Community Pharmacy to	1		Funding agreed Initial scoping and proposal agreed Work order and contracts signed off Start date of Project & timelines provisionally agreed with moving to
<ol><li>Technology and TEC usage</li></ol>	Technology Enabled Care across the system	Delivery	Resources	MSD05	01/07/2025	31/03/2026	Amber	Resources; Deliverables	they will not integrate with eMAR for reasons of cost. This issue may impact on timelines and deliverables.	inform decision-making regarding next steps with regards to pharmacy.	Tier 2 (Early Intervention)	No. of care packages including TEC	mobilisation and project kick off for late September  Note: The Technology and TEC updates will be separated for the next reporting cycle to assist in updates and review.
	,												
													New charging policy was approved by the ACC Finance & Resource Committee on 6th August. An in-person and a virtual workshop will be held with key staff to identify priorities for the first implementation phase (Nov 2025-March 2026), and ensure good alignment and coordination across social care, finance, and IT systems, teams, and
	Implementing the new Charging	Modernising Service	Best use of								Tier 4 (System	Policy developed and approved, systems	ways of working. Benefits of outcomes will be identified at workshops to ensure effective tracking of benefits, continuous improvement and evaluation of project delivery.
6. Social Care Charging	Policy	Delivery	Resources	MSD06	01/07/2025	31/03/2026	Green				Change)	and communications in place	This includes estimating changes in income generation from next FY onwards.
7. Older People Care	Modernise care provision for Older	Modernising Service	Doct upo of								Tier 1		The Option 2 reviews remain ongoing; however, the timeline has been impacted by staff sickness and competing review priorities. As a result, completion is now expected in
Provision	People	Delivery	Resources	MSD07	01/07/2025	31/03/2026	Green				(Prevention)	Reduction in Spend by £3,328,000	The option z reviews tenian origining, nowever, the amenic has been impacted by said sixthess and competing review priorities. As a result, completion is now expected in early Q3. We continue to monitor progress closely and will provide further updates as needed.
													All packages have been reviewed and are due to be discussed with Contracts to finalise the contractual arrangements. However, a number of providers have now issued notice on some packages. Despite 1:1 support being in place, the providers have indicated they are no longer able to meet the individual needs of the service users. Work
		Modernising Service	Best use of										has commenced on creating a template to report on the care package review carried out using the manually gathered data which will be available at the beginning of
8. Residential Care Review	Review mix of residential care	Delivery	Resources	MSD08	01/07/2025	5 31/03/2026	Green				Tier 3 (Respon	ise) Reduction in spend by £336,000	October. The Care Package Review Report has been drafted and is currently being reviewed. This will be presented at SLT on 05/11/2025
													Delivery Plan Dashboard
													Dashboard is live for Delivery Plan updates in the 2025/26 financial year. This was being considered for the first time at the Partnership's Senior Leadership Team in
													September 2025 with further refinements to the BRAG status criteria being identified as necessary to progress.
													PMB Dashboard  Dashboard is in development. The purpose is to provide a visual overview of key performance indicators aligned to the Adult Social Work Service Performance Framework.
													For this reporting period, the data model / schema was developed along with data security and access controls, which were presented to the Performance Management
													Board in August. The first iteration of the dashboard was viewed at the Board meeting in September.
													Activity Dashboard  Dashboard is in development. Three views are being developed: System indicators (Key Measures which if viewed daily can indicate pressure on the Partnership as a
													whole); High level dashboard (give an indication of pressure points and activity on particular services on a weekly basis); and Operational dashboard (give an overview of
													activity across Partnership Services on a monthly basis). A second demo of the dashboard was presented to the Chief Officer in September, with further socialising /
													refinement of its development to occur at Senior Leadership Team meeting Strategic Plan Dashboard
									This project is Amber in specific relation to the Activity				Further discussions to be held with the new Principal Information Analyst for Public Health Scotland who has recently been appointed to the Grampian region about
										All iterations of the activity dashboard will be presented at SLT.			alternative options of delivering this. It is likely that data from existing initiatives (such as the activity dashboard described above) can be repurposed to fulfil this ask.
									cycle has not yet occurred whereby they have been presented and socialised at SLT meetings. Further,	Further, an associated commentary documented will be developed, helping provide guidance as to how best interpret			Governance Dashboard
									feedback has been provided that context would be	the metrics contained within the dashboards, and an indication	1		Dashboard is live and reviewed by the Partnership's Senior Leadership Team on a monthly basis, covering a variety of data such as staff absences; fulfilment of audit
O Douglan data data da	Develop data dashboards to support			Menee	04/07/005	21/02/22	Ambar	Doliverables	valuable to ensure this information is interpreted	as to where may be the most appropriate areas of focus. This		Dashboards in place and reports informing	recommendations; training compliance; complaints and agency expenditure. This is now regarding as business as usual and future updates will only be provided when
a. Develop data dashboards	the planning and delivery of services	Delivery	Resources	MSD09	01/0//2025	5 31/03/2026	Amper	Deliverables	appropriately, however this has yet to be produced.	will be operational by November 2025.	Change)	work focus	changes are made to its contents.
										Work continues to review care packages regularly and make			
										adjustments when needed; providers are reviewed on a regular			
										basis to ensure compliance and if there are issues of overprovision this is addressed. The Dynamic Support Register	. [		
										to log all current and at risk complex and out of area packages i	is		
									need to be planned for. There is a a lack of both	now fully established; Stoneywood site has now opened and			This resident has not fully a managed due to a socialization to be seen as the second
	Modernise care delivery models for								planning capacity and operational capacity to fully progress, and other projects underway will need to	will accommodate 5 individuals with complex needs; all these people were longstanding Out of Area cases. Over last six			This project has not fully commenced due to capacity issues however as referenced in the mitigations a number of actions are already underway which support the aims of this work. The broader capacity issues especially in the operational team will continue to have an ongoing effect to this work as they will need to complete current projects
	vulnerable adults including people							Timescales;	complete to release capacity. The Stoneywood Project			Increase in % of clients with LD and Comple	x and essential work; particularly around cost reduction and containment, options for freeing up capacity and the team is limited. Additionally there is limited project
	with Learning Disabilities and	Modernising Service						Deliverables;	for complex residential care has been top priority for	provide key procedures, practices and learning to inform and		Needs living independently; Reduction in O	r capacity to spread across a large number of projects. Significant progress has been made but a wider review and prioritisation of this project will now be undertaken with the
10. Modernise Care Models	Complex Needs.	Delivery	Resources	MSD10	01/08/2025	31/03/2026	Amber	Budget/Savings	the teams and this workstream.  The action, to review with Health (CAMHS, LD) its	facilitate further modernisation of all our care delivery models.  Project Manager undertook a review of the pathway with existin		of Area placements	SRO and service manager to align milestones and focus team efforts.
									relationship with the approved Transitions Pathway,	information gained from Health, as an interim, and determined			
	Implement transitions process to								could not be undertaken by the end of September and	no concerns. A meeting with appropriate Health colleagues has	s		Transitions Pathway Intranet Page is active. Transitions Pathway Staff Guide approved and active. Staff Communications approved and shared for distribution. Transitions
11 Improving Transition	improve service user experience and	Modernising Service Delivery	Best use of Resources	MCD11	01/07/2020	31/02/2002	Ambor	Recourses	remains ongoing.	been scheduled.  Remain positive and confident for completion by March 2026	Tier 1 (Prevention)	Process implemented, client feedback,	Partnership Group (TPG)/Coordinator Role reviewed alongside gaps identified from engagement undertaken with stakeholders. Transitions Referral Form live and proforma responses agreed. Drop-In Sessions organised for early Q3. Meeting with Chief Officer of CSW and Family Support rescheduled for early Q3
11. Improving Transitions	rucure imanciat planning	Delivery	nesources	MSD11	01/0//2025	31/03/2026	AITIDEI	Resources		Remain positive and confident for completion by March 2026,	(rieveiition)	budget performance	розронное адгосологранноевымые институтельные министраний описа описа институтельные дорог rescribeduled for early Q3
													Work continues on the identified LD day opportunities which are being reviewed by care managers. The milestones and dates have slipped over the last month because of other team workload priorities. Budget savings have been taken out of the service budget and therefore we will not separately report on these, this will be via finance
										Slippage due to limited care management Team resources and			reporting and oversight from the budget holder.
12. Learning Disability Day	Review Day Care Provision for	Modernising Service							The milestones and dates have slipped over the last	need to focus on statutory duties and other work especially			
Care	people with Learning Disabilities	Delivery	Resources	MSD12	01/07/2025	5	Amber	Timescales;#Resources	month because of other team workload priorities.	around cost control and containment.	Tier 3 (Respon	se) Reduction in spend by £1,449,000	Significant progress has been made but a review and prioritisation of milestones and dates will now be undertaken with the SRO and service manager to focus team efforts.

									For all our LD Out of Area 'social care provision' placements we continue to ensure:-			
									Requirements for care management review & provider			
									engagement are met.			
									The Dynamic Support Register (SGovt requirement) is fully maintained on monthly basis.			
									Potential new placements are fully reviewed by MHLD			
									Resource Allocation Panel			
									For Out of Area all specialist health needs placements, we			This is partly covered by the modernising LD provision also. There are a set of milestones in place and timelines to achieve, however these are not scheduled to commenced
									continue to ensure			until other projects conclude to free up capacity. Budget savings have been taken out of the service budget and therefore we will not separately report on these, this will be
									Placement register is maintained and reviewed quarterly.			via finance reporting and oversight from the budget holder.
13. Out of Area Placements	Review use and cost of Out of Area	Modernising Service Best use of Delivery Resources	MSD13	06/10/2025	5 31/03/2026	6 Amhar	Timescales; Resources	The milestones and dates have slipped over the last month because of other team workload priorities.	Potential new placements are fully reviewed clinically and processed via formal approval COO/CFO procedures.		Reduction in spend by £174,000	Our specialist health out of area placements register has now been fully updated and there will now be ongoing review on a quarterly basis on a cross Grampian basis. Work has commenced on reviewing and updating the Standard Operating Procedure for clinical and management oversight.
13. Out of Alea Flacements	care	Delivery nesources	113013	00/10/202	31/03/2020	Allibei	nesources	·	Highlight requirement for defining exact timescales and project		neduction in Spend by £174,000	has commenced on reviewing and updating the standard operating Procedure for Camical and management oversight.
									governance at the next scenario planning project group, being			
<ol> <li>Commissioned Service Provider Spending</li> </ol>	Reduce spend and achieve value for money with key commissioned	Modernising Service Best use of						Saving Oversight Group. Work is being progressed	held on 09/10/25. Continue to work with partners in the scenario planning group to ensure this happens and the	Tier 4 (System		
	service provider	Delivery Resources	MSD14	01/07/2025	5 31/03/2026	6 Amber		SLWG.	timelines adhered to.	Change)	Reduction in budget by £4,599,000	Meeting held on 11/09/2025.Further work has been carried out to map out residential care in Aberdeen.
	Refresh Workforce Plan focusing on future staffing requirements taking	Modernising Service Restuse of								Tier 4 (System	Refreshed Workforce Plan developed and	Final progress report for the current Workforce Plan 2022-2025 was approved at RAPC on 27 August 2025. Work is already ongoing in relation to the refreshed Workforce
15. Workforce Plan Refresh	service transformation into account		MSD15	01/07/2025	5 31/03/2026	6 Green				Change)	implemented	Plan 2025-2029 with engagement and consultation due to begin in mid-September 2025. The final refreshed plan is due at IJB early 2026.
												An in-person workshop on 5th March 2025 reviewed Phase One priorities and assessed Phase Two feasibility amid resource constraints. Key decisions at the 16th April
												Programme Board meeting included realigning workstreams, confirming SROs, and identifying top priorities. A GP survey (April-May) refined these priorities, highlighting five
												key focus areas, with resource gaps noted for Continuity of Care and Keeping the Population Well. Following the Programme Board meeting, it has been agreed to maintain
												the Data and Digital workstreams, pause un-resourced areas, and support a future transition to a new Primary Care Board.
												Key Progress highlights:  The PCIP Review is Nearing completion of activity data capture, every workstream lead across the three partnerships has been interviewed. There has been significant
												effort and coordination to reach this stage, progress is continuous and substantial each month. It is anticipated that the PCIP review will be completed within this calendar
												year.
									A workshop was recently held to determine if there were any			- The digital Workstream has created a digital blueprint, this sets out the following Key objectives: Support patient self-management; Reduce low-value staff activities; to Minimise variation across practices and to Improve data quality and utility. There is also an emphasis on shared platforms, ambient summarisation, and enabling
									additional resources available or whether resource could be re- allocated to alternative workstreams, however it was			Minimise variation across practices and to Improve data quality and utility. There is also an emphasis on shared platforms, ambient summarisation, and enabling information Governance. The Digital Blueprint will be presented to the Scottish Government in June 2025.
								No dedicated capacity allocated to this programme of	determined to continue with the current resourced			- 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
	Deliver city commitments in the GP							work, there is currently only resource to deliver on 6 of	workstreams. There are currently no further mitigations	Tier 1		group will support the practices to communicate with patients, Informing patients how Practices have changed and how they currently operate using a 'Did you know'
16. GP Vision	Vision	Delivery Service Deliver	y MSD16	01/07/2025	31/03/2029	Amber	Resources	the 10 objectives.	identified.	(Prevention)	Commitments delivered	approach. There is insufficient resources within the sub-group and wider NHSG/HSCPs communications s teams to establish PPGs for all GP Practice
												The PCIP Review is included in the GP Visioning Programme and is currently being delivered across NHS Grampian in terms of revising the delivery of the plan within the 3
												HSCP's. A project sub group has been set up to review the PCIP's across Grampian and the work continues to progress with a SLWG meeting every 2 weeks and a wider
												project group meeting monthly. Work has progressed well in terms of the activity data for 5/6 to workstreams and the exception being the Vaccination Transformation
												Programme. In terms of sharing good practice a system already in place in the Moray HSCP has been replicated and implemented this month (September) for the pharmacotherapy workstream for
												Shire and City HSCP's. The data has not been previously available and will give feedback on the 3 levels of pharmacotherapy data. Gap analysis has been carried out as the
												practice feedback is a that not all work is being undertaken by PCIP. Financial calculations are included in terms of the costs for workforce and a dashboard has been
												created for 23/24 and 24/25. Work has commence in terms of quality aspects of the project and an example is the analysis of sickness absence across the workstreams.
17. Primary Care	Implement and review Primary Care Improvement Plan (PCIP) to identify,								Amber: Completion within this year 25/26. Challenges in terms of data required across 3 HSCP's. Very little data available			This has also been calculated in terms of the financial cost of the gap created by staff sickness and also maternity leave as there is currently no budget for resilience plans that would support practices. DNA rate and fill rates are included for workstream with appointment systems. The final piece of the puzzle is patients engagement and staff
Improvement Plan (PCIP)	successful efficient delivery of	Modernising Service Transforming							through primary care channels and this has caused the delay in	Tier 1		questionnaires - PCIP and Practice staff - work has commenced and networking opportunities in terms of the PCPIP demonstrator sites looking at the patients engagement
Review	services and areas of improvement		y MSD17	01/03/2025	5 31/03/2026	6 Amber	Resources	Lack of interface with Primary care and service delivery			Refreshed PCIP approved	and process. The work is supported by LIST and is on track to be completed within this year, 25/26.
												Freihr Q Ta Frenk Dan (FQFD) Mandan Formal Tool of Change of Canadana Cariobiains attending the French Dan (FQFD) Man Fri any mandan (Ph.
								The individual projects within this programme are at				Frailty @ The Front Door (F@FD)Aberdeen - Formal Test of Change of Consultant Geriatrician attending the Emergency Department (ED) Mon - Fri, commenced 8th  September. With this routine regular attendance is anticipated that a greater number of older patients will be appropriately redirected from ED. Clinical Frailty Scoring (CFS)
								varying stages. Frailty at the front door progress is				education continues with an increase in recording taking place. An increase in CFS recording will enable this information to act as a frailty indicator, removing the need for
										1		separate flag.
								reaching a point of being impacted by the progress of				
								the other elements. Implementation of D2A service is				Elgin: A pause is in place to review the situation and focus of the work due to the resignation of the Clinical Frailty Lead. Meetings with key stakeholders are taking place in
								the other elements. Implementation of D2A service is slightly behind the original timescales due to the				
								the other elements. Implementation of D2A service is slightly behind the original timescales due to the recruitment of staff within the Red Cross (care provider	A Grampian wide group is being progressed for the community			Elgin: A pause is in place to review the situation and focus of the work due to the resignation of the Clinical Frailty Lead. Meetings with key stakeholders are taking place in
								the other elements. Implementation of D2A service is slightly behind the original timescales due to the recruitment of staff within the Red Cross (care provider of D2A). Progress in the community hospital step down work has been limited due to difficulties in	hospital step down work and aiming to accelerate the required			Elgin: A pause is in place to review the situation and focus of the work due to the resignation of the Clinical Frailty Lead. Meetings with key stakeholders are taking place in September to redefine the priorities.  Discharge To Assess  Aberdeen - Workshop with Red Cross held, agreed next steps to draft project plan for implementation and map out pathway.
	Daliver the Discharrie Without Delay	Modernising Sendice, Transforming						the other elements. Implementation of D2A service is slightly behind the original timescales due to the recruitment of staff within the Red Cross (care provider of D2A). Progress in the community hospital step down work has been limited due to difficulties in commencing the group. Planned discharge date /	hospital step down work and aiming to accelerate the required key actions. The first patient through the D2A service is	Tier 1	Beduction in Bank Nursing spand by	Elgin: A pause is in place to review the situation and focus of the work due to the resignation of the Clinical Frailty Lead. Meetings with key stakeholders are taking place in September to redefine the priorities.  Discharge To Assess
18. Discharge without Delay	Deliver the Discharge Without Delay Collaborative commitments	Modernising Service Transforming Delivery Service Deliver	y MSD18	01/07/2025	5 31/03/2026	6 Amber		the other elements. Implementation of D2A service is slightly behind the original timescales due to the recruitment of staff within the Red Cross (care provider of D2A). Progress in the community hospital step down work has been limited due to difficulties in	hospital step down work and aiming to accelerate the required	Tier 1 (Prevention)	Reduction in Bank Nursing spend by E999,000, delivery of DWD measures	Elgin: A pause is in place to review the situation and focus of the work due to the resignation of the Clinical Frailty Lead. Meetings with key stakeholders are taking place in September to redefine the priorities.  Discharge To Assess  Aberdeen - Workshop with Red Cross held, agreed next steps to draft project plan for implementation and map out pathway.
18. Discharge without Delay			y MSD18	01/07/2025	5 31/03/2026	6 <mark>Amber</mark>		the other elements. Implementation of D2A service is slightly behind the original timescales due to the recruitment of staff within the Red Cross (care provider of D2A). Progress in the community hospital step down work has been limited due to difficulties in commencing the group. Planned discharge date / Integrated discharge Hub have a number of test of	hospital step down work and aiming to accelerate the required key actions. The first patient through the D2A service is scheduled by the end of November and should be embedded			Elgin: A pause is in place to review the situation and focus of the work due to the resignation of the Clinical Frailty Lead. Meetings with key stakeholders are taking place in September to redefine the priorities.  Discharge To Assess Aberdeen - Workshop with Red Cross held, agreed next steps to draft project plan for implementation and map out pathway. Fortnightly meetings have recommenced.  Grampian -fortnightly meetings have recommenced with Moray and Aberdeenshire providing updates on their projects.
18. Discharge without Delay			y MSD18	01/07/2025	5 31/03/2026	6 <mark>Amber</mark>		the other elements. Implementation of D2A service is slightly behind the original timescales due to the recruitment of staff within the Red Cross (care provider of D2A). Progress in the community hospital step down work has been limited due to difficulties in commencing the group. Planned discharge date / Integrated discharge Hub have a number of test of	hospital step down work and aiming to accelerate the required key actions. The first patient through the D2A service is scheduled by the end of November and should be embedded			Elgin: A pause is in place to review the situation and focus of the work due to the resignation of the Clinical Frailty Lead. Meetings with key stakeholders are taking place in September to redefine the priorities.  Discharge To Assess Aberdeen - Workshop with Red Cross held, agreed next steps to draft project plan for implementation and map out pathway. Fortnightly meetings have recommenced.  Grampian -fortnightly meetings have recommenced with Moray and Aberdeenshire providing updates on their projects.  Group with representation from AHP, nursing and medical staff in pathway have been meeting regularly. Have mapped out both in patient and outpatient parts of the
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18. Discharge without Delay  19. Support to Amputees	Collaborative commitments  Redesign model of support to	Delivery Service Deliver						the other elements. Implementation of D2A service is slightly behind the original timescales due to the recruitment of staff within the Red Cross (care provider of D2A). Progress in the community hospital step down work has been limited due to difficulties in commencing the group. Planned discharge date / Integrated discharge Hub have a number of test of	hospital step down work and aiming to accelerate the required key actions. The first patient through the D2A service is scheduled by the end of November and should be embedded	(Prevention)	£999,000, delivery of DWD measures	Elgin: A pause is in place to review the situation and focus of the work due to the resignation of the Clinical Frailty Lead. Meetings with key stakeholders are taking place in September to redefine the priorities.  Discharge To Assess  Aberdeen - Workshop with Red Cross held, agreed next steps to draft project plan for implementation and map out pathway.  Fortnightly meetings have recommenced.  Grampian -fortnightly meetings have recommenced with Moray and Aberdeenshire providing updates on their projects.  Group with representation from AHP, nursing and medical staff in pathway have been meeting regularly. Have mapped out both in patient and outpatient parts of the pathway. We have identified various opportunities and challenges and myself and Ql facilitator are pulling together details of this in order to agree areas of focus.  Work progressing and meetings being held colleagues to understand the requirement for the amputees if we were to have a different model of out reach and bed base within
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19. Support to Amputees	Collaborative commitments  Redesign model of support to Amputees to community based provision  Codesign alliancing work with	Delivery Service Deliver  Modernising Service Transforming Delivery Service Deliver  Modernising Service Transforming Tran	y MSD19	01/07/2025	5 31/03/2026	6 Green		the other elements. Implementation of D2A service is slightly behind the original timescales due to the recruitment of staff within the Red Cross (care provider of D2A). Progress in the community hospital step down work has been limited due to difficulties in commencing the group. Planned discharge date / Integrated discharge Hub have a number of test of	hospital step down work and aiming to accelerate the required key actions. The first patient through the D2A service is scheduled by the end of November and should be embedded	(Prevention) Tier 4 (System Change)	£999,000, delivery of DWD measures  Closure of 6 beds, Length of Stay and Delayed Discharge Data  Reduction in average waiting times; increase in inter-provider collaboration; and reduction	Eight: A pause is in place to review the situation and focus of the work due to the resignation of the Clinical Frailty Lead. Meetings with key stakeholders are taking place in September to redefine the priorities.  Discharge To Assess Aberdeen - Workshop with Red Cross held, agreed next steps to draft project plan for implementation and map out pathway. Fortnightly meetings have recommenced.  Grampian-fortnightly meetings have recommenced with Moray and Aberdeenshire providing updates on their projects.  Group with representation from AHP, nursing and medical staff in pathway have been meeting regularly. Have mapped out both in patient and outpatient parts of the pathway. We have identified various opportunities and challenges and myself and QI facilitator are putling together details of this in order to agree areas of focus.  Work progressing and meetings being held colleagues to understand the requirement for the amputees if we were to have a different model of out reach and bed base within the community where needed. Teams are in the process of putling together a list of requirements for the amputees so that we can understand need and how we can meet those needs with a home first ethos rather than a hospital bed. Next steps are to get commissioning teams and housing to support the model going forward.  List of counselling services within Aberdeen city to be updated and provided to Development manager. Meeting held with ACVO to discuss alliance model set up for befriending service and how the counselling services can follow the model
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19. Support to Amputees	Collaborative commitments  Redesign model of support to  Amputees to community based  provision  Codesign alliancing work with  Counselling Services	Delivery Service Deliver  Modernising Service Transforming Delivery Service Deliver  Modernising Service Transforming Tran	y MSD19	01/07/2025	5 31/03/2026	6 Green		the other elements. Implementation of D2A service is slightly behind the original timescales due to the recruitment of staff within the Red Cross (care provider of D2A). Progress in the community hospital step down work has been limited due to difficulties in commencing the group. Planned discharge date / Integrated discharge Hub have a number of test of	hospital step down work and aiming to accelerate the required key actions. The first patient through the D2A service is scheduled by the end of November and should be embedded	(Prevention) Tier 4 (System Change)	£999,000, delivery of DWD measures  Closure of 6 beds, Length of Stay and Delayed Discharge Data  Reduction in average waiting times; increase in inter-provider collaboration; and reduction	Eight: A pause is in place to review the situation and focus of the work due to the resignation of the Clinical Frailty Lead. Meetings with key stakeholders are taking place in September to redefine the priorities.  Discharge To Assess  Aberdeen - Workshop with Red Cross held, agreed next steps to draft project plan for implementation and map out pathway.  Fortnightly meetings have recommenced.  Grampian -fortnightly meetings have recommenced with Moray and Aberdeenshire providing updates on their projects.  Group with representation from AHP, nursing and medical staff in pathway have been meeting regularly. Have mapped out both in patient and outpatient parts of the pathway. We have identified various opportunities and challenges and myself and Q1 facilitator are pulling together details of this in order to agree areas of focus.  Work progressing and meetings being held colleagues to understand the requirement for the amputees if we were to have a different model of our reach and bed base within the community where needed. Teams are in the process of pulling together a list of requirements for the amputees so that we can understand need and how we can meet those needs with a home first ethos rather than a hospital bed. Next steps are to get commissioning teams and housing to support the model going forward.  List of counselling services within Aberdeen city to be updated and provided to Development manager. Meeting held with ACVO to discuss alliance model set up for befriending service and how the counselling services can follow the model  Workshops held with practitioners and providers.  Cyrenians are advancing discussions with Hillicrest regarding the capital build perspective for the new Wernham project, ensuring alignment with the Care Inspectorate's expectations. Collaboration with ACC Housing is ongoing. A significant aspect of this project involves incorporating lived experiences, with Aberdeen in Recovery also exploring this angle. Cyrenians recently met with Police Scotland to address issues related t
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19. Support to Amputees	Collaborative commitments  Redesign model of support to  Amputees to community based  provision  Codesign alliancing work with  Counselling Services	Delivery Service Deliver  Modernising Service Transforming Delivery Service Deliver  Modernising Service Transforming Tran	y MSD19	01/07/2025	5 31/03/2026	6 Green		the other elements. Implementation of D2A service is slightly behind the original timescales due to the recruitment of staff within the Red Cross (care provider of D2A). Progress in the community hospital step down work has been limited due to difficulties in commencing the group. Planned discharge date / Integrated discharge Hub have a number of test of	hospital step down work and aiming to accelerate the required key actions. The first patient through the D2A service is scheduled by the end of November and should be embedded	(Prevention) Tier 4 (System Change)	£999,000, delivery of DWD measures  Closure of 6 beds, Length of Stay and Delayed Discharge Data  Reduction in average waiting times; increase in inter-provider collaboration; and reduction	Eight: A pause is in place to review the situation and focus of the work due to the resignation of the Clinical Frailty Lead. Meetings with key stakeholders are taking place in September to redefine the priorities.  Discharge To Assess  Aberdeen - Workshop with Red Cross held, agreed next steps to draft project plan for implementation and map out pathway.  Fortnightly meetings have recommenced.  Grampian -fortnightly meetings have recommenced with Moray and Aberdeenshire providing updates on their projects.  Group with representation from AHP, nursing and medical staff in pathway have been meeting regularly. Have mapped out both in patient and outpatient parts of the pathway. We have identified various opportunities and challenges and myself and Q1 facilitator are pulling together details of this in order to agree areas of focus.  Work progressing and meetings being held colleagues to understand the requirement for the amputees if we were to have a different model of our reach and bed base within the community where needed. Teams are in the process of pulling together a list of requirements for the amputees so that we can understand need and how we can meet those needs with a home first ethos rather than a hospital bed. Next steps are to get commissioning teams and housing to support the model going forward.  List of counselling services within Aberdeen city to be updated and provided to Development manager. Meeting held with ACVO to discuss alliance model set up for befriending service and how the counselling services can follow the model  Workshops held with practitioners and providers.  Cyrenians are advancing discussions with Hillicrest regarding the capital build perspective for the new Wernham project, ensuring alignment with the Care Inspectorate's expectations. Collaboration with ACC Housing is ongoing. A significant aspect of this project involves incorporating lived experiences, with Aberdeen in Recovery also exploring this angle. Cyrenians recently met with Police Scotland to address issues related t
19. Support to Amputees  20. Counselling Services  21. Residential Substance Use Service	Collaborative commitments  Redesign model of support to Amputees to community based provision  Codesign alliancing work with Counselling Services  Implement redesign of residential substance use service with a view to delivering a community based support service model	Delivery Service Deliver  Modernising Service Delivery Service Deliver  Modernising Service Transforming Service Deliver  Modernising Service Transforming Delivery Service Deliver	y MSD19	01/07/2025	5 31/03/2026	6 Green		the other elements. Implementation of D2A service is slightly behind the original timescales due to the recruitment of staff within the Red Cross (care provider of D2A). Progress in the community hospital step down work has been limited due to difficulties in commencing the group. Planned discharge date / Integrated discharge Hub have a number of test of changes ready to initiate.	hospital step down work and aiming to accelerate the required key actions. The first patient through the D2A service is scheduled by the end of November and should be embedded rapidly.  Further discussions with Service Manager to explore available	(Prevention)  Tier 4 (System Change)  Tier 4 (System Change)	£999,000, delivery of DWD measures  Closure of 6 beds, Length of Stay and Delayed Discharge Data  Reduction in average waiting times; increase in inter-provider collaboration; and reduction	Eigin: A pause is in place to review the situation and focus of the work due to the resignation of the Clinical Frailty Lead. Meetings with key stakeholders are taking place in September to redefine the priorities.  Discharge To Assess Aberdeen - Workshop with Red Cross held, agreed next steps to draft project plan for implementation and map out pathway. Fornightly meetings have recommenced.  Grampian -fortnightly meetings have recommenced with Moray and Aberdeenshire providing updates on their projects.  Group with representation from AHP, nursing and medical staff in pathway have been meeting regularly. Have mapped out both in patient and outpatient parts of the pathway. We have identified various opportunities and challenges and myself and Ql facilitator are pulling together details of this in order to agree areas of focus.  Work progressing and meetings being held colleagues to understand the requirement for the amputees if we were to have a different model of out reach and bed base within the community where needed. Teams are in the process of pulling together a list of requirements for the amputees so that we can understand need and how we can meet those needs with a home first ethos rather than a hospital bed. Next steps are to get commissioning teams and housing to support the model going forward.  List of counselling services within Aberdeen city to be updated and provided to Development manager. Meeting held with ACVO to discuss alliance model set up for befriending service and how the counselling services can follow the model  Workshops held with practitioners and providers.  Cyrenians are advancing discussions with Hillicrest regarding the capital build perspective for the new Wernham project, ensuring alignment with the Care Inspectorate's expectations. Collaboration with ACC Housing is ongoing, a significant aspect of this project involves incorporating lived experiences, with Aberdeen in Recovery also exploring this angle. Cyrenians recently met with Police Scotland to address issues related to a
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26. Healthy Weight	Publish an agreed multi-agency Healthy Weight Action Plan for Aberdeen City by December 2025	Prevention & Early Intervention	Improve Health	PAEI03	01/07/2025 31/12/2025	Green				Tier 1 (Prevention)	Plan published following approval by relevant agencies.	A system-wide workshop was held on 16/09/25. The purpose of which is threefold: 1) revisit the causes of obesity; 2) prioritise system level change ideas; and 3) refining our vision statement. There were 58 individuals who attended the event, including cross-system representation from Partners in academia; the third sector; catering; transport; education; sport and healthcare services. Of those who completed the post-event evaluation, the average satisfaction rating was 8.5/10, with almost half of responders rating the event 9/10. One responder stated they "lett part of a movement rather than learning" and particularly enjoyed "brain storming and thinking rather than listening to presentation[s]". Next steps is collating feedback and actions highlighted.  Representatives from the project team co-presented an abstract at the UK Congress on Obesity on the 10-11 September. The presentation focused on the role of the Health Determinants Research Collaborative in supporting the development of the Healthy Weight Approach in Aberdeen City
27. Public Mental Health	Publish an agreed multi-agency Public Mental Health action plan for Aberdeen City by March 26	Prevention & Early Intervention	Improve Health	PAEI04	01/07/2025 31/03/2026	Green				Tier 1 (Prevention)	Plan published following approval by relevant agencies.	Early stakeholder engagement is now underway to introduce action plan development work to key stakeholders from across the system High level service mapping is being undertaken to better understand mental health services and supporting landscape in Aberdeen City Collaborating with colleagues in NHS Grampian's Health Intelligence department to secure support for data mapping and high level summary of mental health data across Aberdeen City Planning to undertake wider action mapping work with stakeholders, which will inform stakeholder workshops that are currently scheduled for November.
								Amber rating as project is currently meeting its				The Active Ageing Aberdeen programme commenced in June 2025 and is coming to the end of phase 1 of its programme cycle (programme set up). Programme governance has been put in place, which includes development of key documents such as a programme plan, risk register, communication and engagement plan, and programme initiation document.
	Publish an agreed multi-agency						Timescales; Deliverables:	milestones, however challenges will emerge at upcoming phases relating to key staff and partner availability to support the project over the winter period, particularly as the project only has one member of the Strategy and Transformation Team working on	Programme Plan Communication and Engagement Plan Risk Register Support and oversight of Prevention SRO, Active Ageing			The Active Ageing Aberdeen Working Group met for the first time on 28 June and now meets on a six-weekly cycle. The Active Ageing Working Group is chaired by ACHSCP's Prevention Lead and supported by the Transformation Programme Manager-Communities. Membership of the Working Group includes representation from Primary Care, Strategy and Transformation, Mental Health and Learning Disabilities, Community Nursing, Adult Social Work, Bon Accord Care, and NHS Grampian's Older Person's Psychology Service.
28. Ageing Well	Ageing Well action plan for Aberdeen City by April 2026	Prevention & Early Intervention	Improve Health	PAFIN5	01/07/2025 30/04/2026	Amher	Budget/Savings; Resources		Aberdeen Working Group, and Public Health Oversight and Support Group	Tier 1 (Prevention)	Plan published following approval by relevant agencies.	The programme has now commenced phase 2 (Building the Local Picture) and mapping the active ageing system across Aberdeen City has begun. The Active Ageing Working Group next meets on 4th December. The programme remains on track to develop an Active Ageing action plan by April 2026.
29. Smoking in Pregnancy	Decrease the number of women who are smoking during pregnancy in the 40% most deprived SIMD	Prevention & Early	Reduce Harm	PAEI06	01/07/2025 30/09/2025	Green				Tier 2 (Early Intervention)	Reduction in smoking prevalence at booking number of pregnant women who set a quit date	Aberdeen City continues to show strong progress under the new Tobacco Dependency in Pregnancy (TDIP) pathway. In July 2025, 144 women were booked by Aberdeen City Community Midwives, with 83 receiving CO tests at booking—representing a 57.6% testing rate. Of these, 10 women were identified as smokers or recent quitters, and 6 had elevated CO readings. These figures contribute to the wider Grampian improvement, where CO testing at booking roor 7.4% in July 2024 to 77.1% in July 2025. The Healthpoint service has successfully contacted 175 women a cross Grampian, with 78.1% of those who requested support setting quit dates—many from SIMD 1.8.2 areas.  Local engagement and service integration are key to Aberdeen's success. Healthpoint wellbeing calls now include advice on smoking, or al health, gestational diabetes, mental wellbeing, and financial support. In Aberdeen, 34 women have been referred to the Infant Feeding Peer Support team, and 28 received dental access advice.  (Source: Tobacco Dependency in Pregnancy Monthly Report July 2025)
	Reduce the number of 13-18-year- olds in regular use of Vaping	Prevention & Early								Tier 2 (Early		The "ABZ Vape-Free Generation" improvement project is working to reduce regular vaping among 13-18-year-olds to 4% by 2026. Led by Education Support Officers and supported by a Health Improvement Officer this is aligned with the LOIP goal of increasing healthy life expectancy, the initiative responds to rising youth vaping trends driven by sweet-flavoured, brightly packaged products and social media influence. The project includes school-based surveys, awareness campaigns, and support mechanisms tailored to young people. It aims to shift attitudes and behaviours through education and engagement, recognising the addictive nature of nicotine and the unknown long-
30. Young People Vaping  31. Drugs and Alcohol	Reduce harm caused by the use of	Intervention  Prevention & Early	Reduce Harm		01/05/2024 30/04/2026		Deliverables; Resources;	Aberdeen, along with other areas in Scotland, have had an increase in drug deaths in 2025 linked to synthetic opioids contaminating the Illicit drug supply. This has increased pressure on services. Specialist drug and alcohol services are GOPES4. ADP/CPA system changes are ambitious but capacity to support		Intervention) Tier 2 (Early	No. 13-18 year olds regularly Vaping  Reduction in deaths related to drugs and	A number of initiatives are progressing, albeit slowly. Work on scenario and emergency planning is progressing. Need to get more partners proactively engaged. Work
Harms  32. Suicide and Setf Harm Prevention	Deliver & implement Action plans for Suicide & Self Harm Prevention Strategies	Prevention & Early Intervention	Reduce Harm  Reduce Harm		01/07/2025 31/03/2029 01/07/2025 31/03/2029		Overall Assurance/Risk Level	transformation is limited	Maintaining service capacity / stability	Tier 1 (Prevention)	alcohol by 10%  5 Year Rolling Average No. of Suicides	ongoing to refresh LOIP. Awaiting new SG plans for 25/26. Medication Assisted Treatment Standards (MAT Standard) Reporting prepared for national benchmarking  Based on the National Strategy for Suicide Prevention 'Creating hope together' and how it aligns with Aberdeen City.  SAMH are the current service provider for Suicide Prevention work which started in April 2025 - March 2026. There are 5 priorities across Aberdeen City. These are: Building Community Capacity, Children and Young People, Lived/Living experience, Bereavement and Data analysis and risk. We are in the process of developing the 2025/2026 action plan. This feeds into the Aberdeen/Moray Suicide Prevention Leadership Group (AMSPLG). Aberdeen City Delivery mutit-agency group is established to focus on local issues, aims and local action plans. We link into the Aberdeen City Local Outcome Improvement Plan where the project aim is "Reduce the 5 year rolling average number of suicides in Aberdeen by at least 5% by 2026". Quarterly updates are submitted.  Aberdeen City are piloting a mutit-agency database system for death review called QES which, started on 01/10/24. Processes have been developed alongside Public Health Scotland and ongoing monitoring of this is underway.  World Suicide Prevention Day took place on 10th September 2025 where various events happened across the City, on social media and Marischal College will be lit up. An evaluation will take place on how we did.