



INTEGRATION JOINT BOARD

Date of Meeting	3 February 2026
Report Title	Chief Officer's Report
Report Number	HSCP.26.001
Lead Officer	Fiona Mitchelhill, Chief Officer
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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 (IJB) with an update from the Chief Officer on recent and upcoming activities.

2. Recommendations

It is recommended that the 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 & Social Care Partnership (ACHSCP) activity which are relevant to the delivery of the Strategic Plan.



INTEGRATION JOINT BOARD

4. Summary of Key Information

National

4.1 Auditor General for Scotland and Accounts Commission joint briefings on Community Health and Social Care Performance 2025 and Delayed Discharges: A symptom of the challenges facing health and social care

We have received two joint briefings from the Auditor General for Scotland and the Accounts Commission. The first is on community health and social care, which highlights the need for improved national performance information and provides an interactive data tool for benchmarking and self-assessment. The second report includes findings on delayed discharges and their impact on health and social care services. We are currently reviewing the content and assessing any potential impact to ensure appropriate alignment with our priorities. In line with RAPC's Terms of Reference, we will present the briefings at the May RAPC meeting, allowing sufficient time for consideration and integration with planning requirements.

4.2 Publication of Scottish Learning and Improvement Framework for Adult Social Care Support and Community Health (SLIF)

The Scottish Government's Social Care and National Care Service Development Directorate has released a draft Scottish Learning and Improvement Framework for Adult Social Care Support and Community Health. Co-developed with COSLA, SOLACE, the NHS, and a cross-sector steering group, the Framework outlines a unified vision and system-wide improvement priorities.

<https://www.gov.scot/publications/draft-scottish-learning-improvement-framework-adult-social-care-support-community-health/>

Developed amid ongoing health, social care, and social work reform, the Framework aligns with other government initiatives such as the Operational Improvement Plan, Population Health Framework, and Service Renewal Framework. Additional reforms include the Primary Care and Community Health Route Map, creation of a National Social Work Agency, and the work of the National Care Service Advisory Board. These efforts will inform updates to the Framework, ensuring all priorities are considered.



INTEGRATION JOINT BOARD

4.3 Exercise Pegasus pandemic planning

ACHSCP participated in Exercise Pegasus from September to November 2025, a Tier 1 national simulation led by the Department of Health and Social Care and the UK Health Security Agency. The exercise assessed the UK's readiness for a pandemic caused by a novel infectious disease, involving participants from across the UK, government bodies, and local responders.

Pegasus tested response strategies through the phases of emergence, containment, and mitigation, using an evidence-based, adaptive format. Aberdeen IJB, as a Category 1 Responder under the Civil Contingencies Act 2004, took part along with Aberdeenshire and Moray IJBs, NHS Grampian, Councils, Police Scotland, and other local partners in the Grampian Local Resilience Partnership (GLRP).

The three North-east IJBs addressed specific health and social care questions during the exercise, drawing on COVID-19 response experience, and shared their input with the wider Grampian group and the Scottish Government. Outcomes will be discussed at GLRP and relevant actions implemented, with a follow-up phase planned for spring 2026 and publication expected later that year.

4.4 Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Amendment Order 2025

The Scottish Government has put forward the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Amendment Order 2025. This is intended to extend voting rights to members with lived experience of the social care, social work and community health system on Integration Joint Boards (IJBs). These include unpaid carers and third sector representatives.

The Order was placed before the Scottish Parliament on 19 December 2025. It will remain before the Scottish Parliament until 9 February 2026. On that date, the Health Social Care and Sport Committee will publish a report on the Order. If that committee agrees with the Order, it will become law. If the Committee does not agree, the Order will be subject to a vote before the full Scottish Parliament. It is expected that the Committee will agree with the Order and that it will thus become law.

If it becomes law, the Order will not take effect until 1 September 2026. This will



INTEGRATION JOINT BOARD

allow IJB's across Scotland time to prepare for the extended voting rights and to offer training to affected Members.

4.5 Coming Home Action Plan

Following a Summit of system leaders, COSLA and Scottish Government convened a Short Life Working Group (SLWG) to develop an Action Plan to address the issues identified by the Mental Welfare Commission and the Scottish Human Rights Commission about individuals remaining in hospital for many years and the slow pace of change.

The Coming Home Action Plan sets out a nationally driven programme aimed at accelerating progress in reducing inappropriate out of area placements and long hospital stays for people with learning disabilities and complex needs. The plan outlines coordinated actions across data improvement, national support, inpatient redesign, housing, community capacity, and commissioning. Its intention is to strengthen accountability, address system barriers, and ensure a human rights-based approach that supports people to live in their communities with the right support.

The Aberdeen City Health and Social Care Partnership's commitment to the Coming Home Action Plan was a key factor in the development of the Stoneywood Service, which provides new homes for eight individuals previously living out of area, at risk of placement breakdown, or transitioning from children's services. The bespoke semi-detached bungalows were designed to maximise technology-enabled care (TEC), supporting tenants to live as independently as possible with 24-hour care available seven days a week. To ensure a smooth transition, the commissioned provider spent several months shadowing the individuals and their staff teams within their previous environments. Moves to Stoneywood took place on a phased basis, concluding on 9 and 10 December 2025. The relocation has enabled families to spend more meaningful time together, including for several families the first shared Christmas Day in over a decade. A comprehensive evaluation will capture learning from this process, identify future improvements, and highlight the positive impact of the new environment and proximity to family.

4.6 Summary of National Alcohol & Drugs Strategy and Partnership Delivery Framework Developments

The Scottish Government and COSLA have progressed the development of a new joint national Drugs & Alcohol Strategy to replace the National Mission when it



INTEGRATION JOINT BOARD

concludes in 2026. The Strategy aims to embed long-term, whole-system change with a strengthened focus on prevention, reducing alcohol-related harm, and delivering a human-rights-based approach. It places equal emphasis on alcohol and drugs, highlights the need for sustained action across social determinants of health, and reinforces the importance of local flexibility within a shared national direction.

Alongside this, a revised Partnership Delivery Framework (PDF) has been produced to clarify the governance, accountability and operational expectations for Alcohol & Drug Partnerships (ADPs). The updated Framework clearly sets out roles and responsibilities for statutory partners, the requirements for ADP Chairs and Coordinators, and expectations around planning, resource oversight, data, performance reporting and scrutiny. While ADPs remain non-statutory, the Framework strengthens their operating environment and provides greater consistency to support local delivery.

The draft Alcohol & Drugs Strategic Plan (2026–2035) sets a long-term national direction for preventing harm, improving treatment and care, expanding harm-reduction measures, strengthening family support, and improving links between alcohol and drug services and wider public services including housing, justice, primary care and mental health. It acknowledges ongoing challenges such as high mortality rates, widening inequalities, changing drug supply patterns and variable service access. The Plan positions ADPs as central to delivering a locally-led, recovery-oriented system of care.

Together, the Strategy and revised PDF provide a significant opportunity to strengthen local delivery arrangements, focus accountability, and deliver a more sustainable approach beyond the National Mission. Both documents highlight the need for meaningful involvement of people with lived and living experience, stronger multi-agency collaboration, and an ongoing commitment to securing adequate, long-term funding. Final versions are expected to be published in early March following further refinement.

Regional

4.7 New Primary Care Board in 2026

A Primary Care Board (PCB) serves as a strategic planning body that enables community health care providers within primary care to collaborate effectively with local communities, facilitating the delivery of enhanced services that positively impact individuals' lives. The board is designed to represent all primary care



INTEGRATION JOINT BOARD

contractor groups, including general medical services, pharmacy, dental, and community ophthalmology. This representation extends to both in-hours and out-of-hours care provision.

On 18 November 2025, Grampian leaders and stakeholders met to develop a strategic framework for a unified PCB. The workshop aimed to create a collaborative, sustainable model focused on patient health, supporting the shift from Grampian Vision Work to routine operations.

Attendees discussed principles, governance, options, risks, mitigation strategies, and opportunities for innovation and partnership to shape the initial Terms of Reference. A follow-up workshop in January 2026 will confirm the governance model and scope. Implementation of the PCB will then proceed, with the first meeting scheduled before March 2026.

4.8 GP walk-in centres update

Following the First Minister's announcement, the Scottish Government plans to improve GP access by introducing a seven-day walk-in service from 12pm to 8pm. The pan Grampian bid, submitted on 28 November 2025, proposes a mixed model with both GP practices and GMED providing coverage. Participation requires a Service Level Agreement. The government has provided feedback and questions to be addressed by 14 January 2026. We are coordinating with the Grampian GP Sub-Committee and engaging practices to inform next steps, pending government approval.

Local

4.9 Successful completion of core Analogue to Digital Telecare (A2DT) project

The completion of the A2DT programme is a major achievement for Aberdeen, showcasing effective teamwork among various departments and partners. The project has modernised and strengthened telecare services, improving care quality and protecting critical systems.

Aberdeen City Council received the Scottish Government's Digital Office Gold Level 2 Award, recognition given after testing digital telecare with high-risk users and rolling it out to over 40% of users. This award also acknowledges technical excellence in launching a new digital alarm platform, migrating thousands of alarms,



INTEGRATION JOINT BOARD

and integrating vital services into the digital system, ensuring reliable emergency support during the UK's digital switchover.

4.10 Public Dental Service Premises Review

An Organisational Change Steering Group has been formed to collaborate closely with staff and evaluate appropriate relocation options for the Public Dental Service (PDS).

The primary function of the PDS is to deliver dental care to individuals who are unable to access treatment from independent dentists. This includes patients with special requirements, such as those with mental health conditions or physical disabilities, residents in long-term care facilities, and individuals referred for specific treatments.

The review paper has received approval from the Grampian Primary Care Premises Group and is scheduled for submission to the Asset Management Group in January.

4.11 Transfer of Bon Accord Care to Aberdeen City Council

In December 2025, Aberdeen City Council (ACC) decided¹ to transfer Bon Accord Care Ltd SC416826 (BAC), Bon Accord Support Services Ltd SC432814 (BASS), and City Home Helpers Ltd, SC520710 (here on in referred to collectively as BAC), collectively an Arms-length External Organisation (ALEO) and 100% owned by ACC, back into the ACC structure. This transfer is set to take place within the financial year 2026/2027. A comprehensive project plan is being developed by ACC to progress the transfer with BAC management.

The IJB directs ACC to provide adult support services, which ACC does under a contract with BASS, as a provider. In February 2024, the IJB issued a Direction to ACC to provide adult support services and authorised the extension of the existing contract with BASS, for a period of 4 years. This was implemented, and a contract is now in place until 2028. The management of this contract is overseen by the Chief Officer, operating under ACC procurement/ contract management processes and may change/ flex over the course of 2026/27 as the transfer process matures towards completion. Ultimately though, ACC retain the responsibility to provide adult support services within the budget allocated by the IJB, and as such, service delivery will be maintained. In effect, all that happens on transfer day is that ACC will deliver the services itself and contractual arrangements with BAC will cease on its dissolution.

¹ [\(Public Pack\)Agenda Document for Council, 10/12/2025 10:30](#)



INTEGRATION JOINT BOARD

4.12 ACHSCP Conference

The ACHSCP Conference on 28 January 2026, at the Beach Ballroom is a key event for engaging with staff and partners. This year's theme, "Turning Plans into Progress," will focus on interactive workshops, stalls, and presentations aimed at developing the Year 2 Delivery Plan and the refreshed Workforce Plan 2026-2029. The commitment and effort of our staff and partners are essential to our services, and this event provides an opportunity to reflect on achievements and turn plans and challenges into progress.

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

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.



INTEGRATION JOINT BOARD

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

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