

Quarter 3 Delivery Plan Update

Risk Audit and Performance Committee
Summary of Progress

DELIVERY PLAN DASHBOARD

PREVENTION & EARLY INTERVENTION

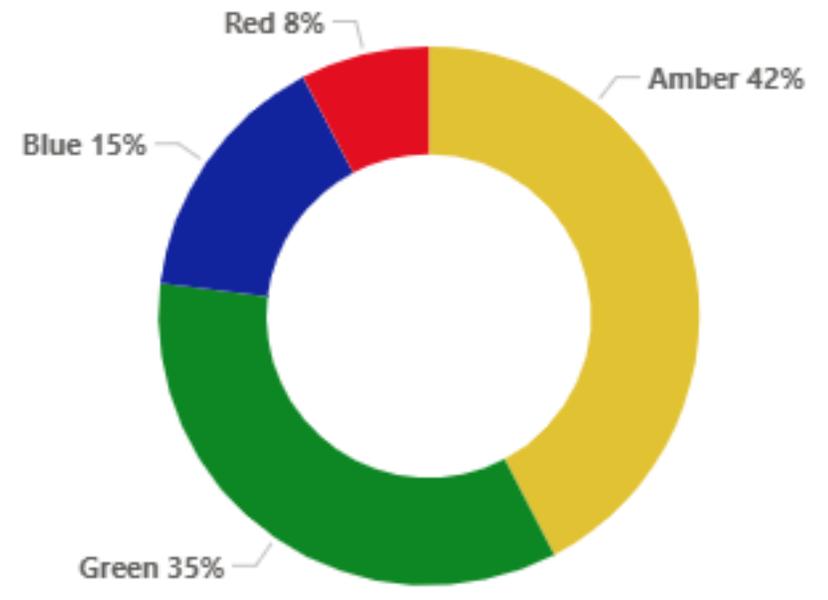
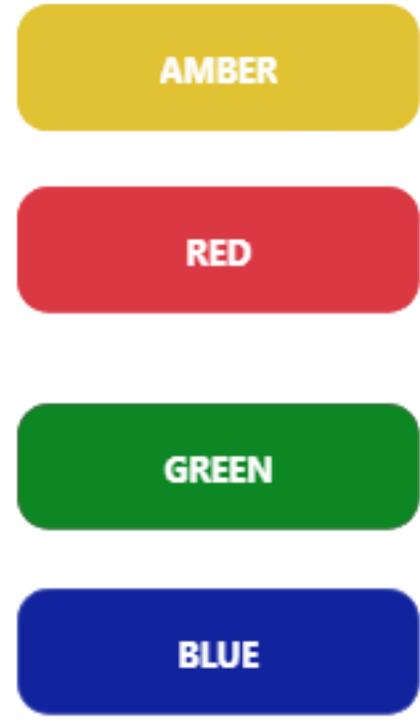
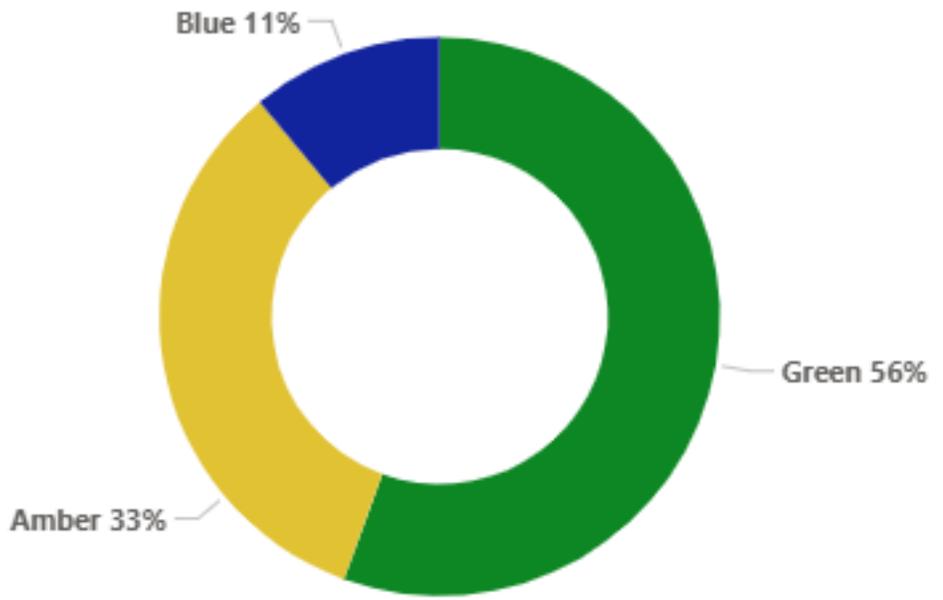
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TOTAL PROJECTS

35

MODERNISING SERVICE DELIVERY

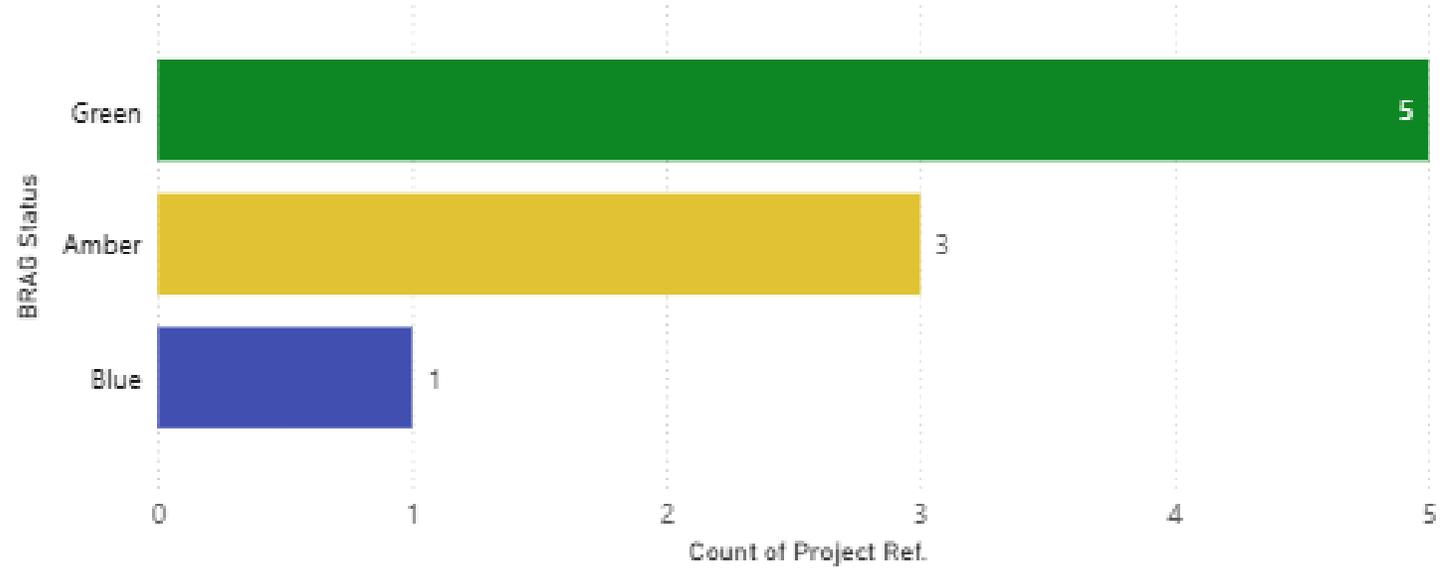
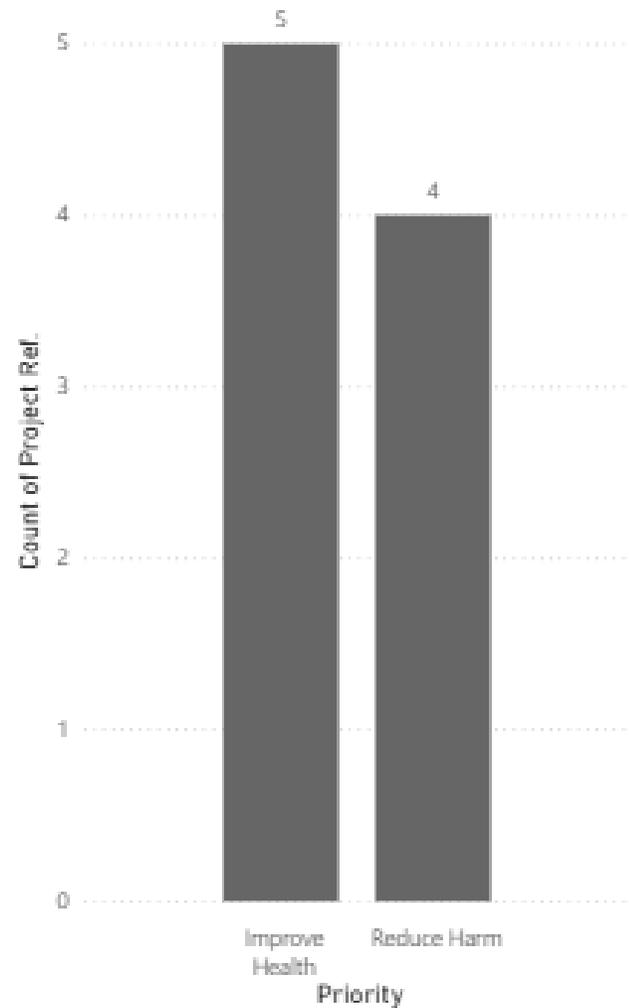
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PREVENTION & EARLY INTERVENTION

Projects by Priority



Project by Reasons



Prevention & Early Intervention

Risks and Mitigations

Title	Project Description	BRAG Status	Explanation	Mitigating actions
27. Public Mental Health	Publish an agreed multi-agency Public Mental Health action plan for Aberdeen City by March 26		The Health Improvement Team continues to operate with low staffing levels, with external support from colleagues in NHS Grampian necessary to progress this work.	Ongoing discussions being held regarding moving towards a more sustainable model staffing across preventative activities.
28. Ageing Well	Publish an agreed multi-agency Ageing Well action plan for Aberdeen City by April 2026		Amber rating as project is currently meeting its milestones, however challenges are very likely to emerge relating to key staff and partner availability to support the programme over the winter period, particularly as only has one member of the Strategy and Transformation Team is working on the programme. Plans are also in place for headcount reduction within the Public Health Team to achieve financial savings in the new financial year. This will likely put additional pressure on delivery of the programme.	Support from ACHSCP Prevention Lead Programme Plan Communication and Engagement Plan Risk Register Support and oversight of Prevention SRO, Active Ageing Aberdeen Working Group, and Public Health Oversight and Support Group
31. Drugs and Alcohol Harms	Reduce harm caused by the use of drugs and alcohol		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 transformation is limited	Maintaining service capacity / stability

Prevention & Early Intervention

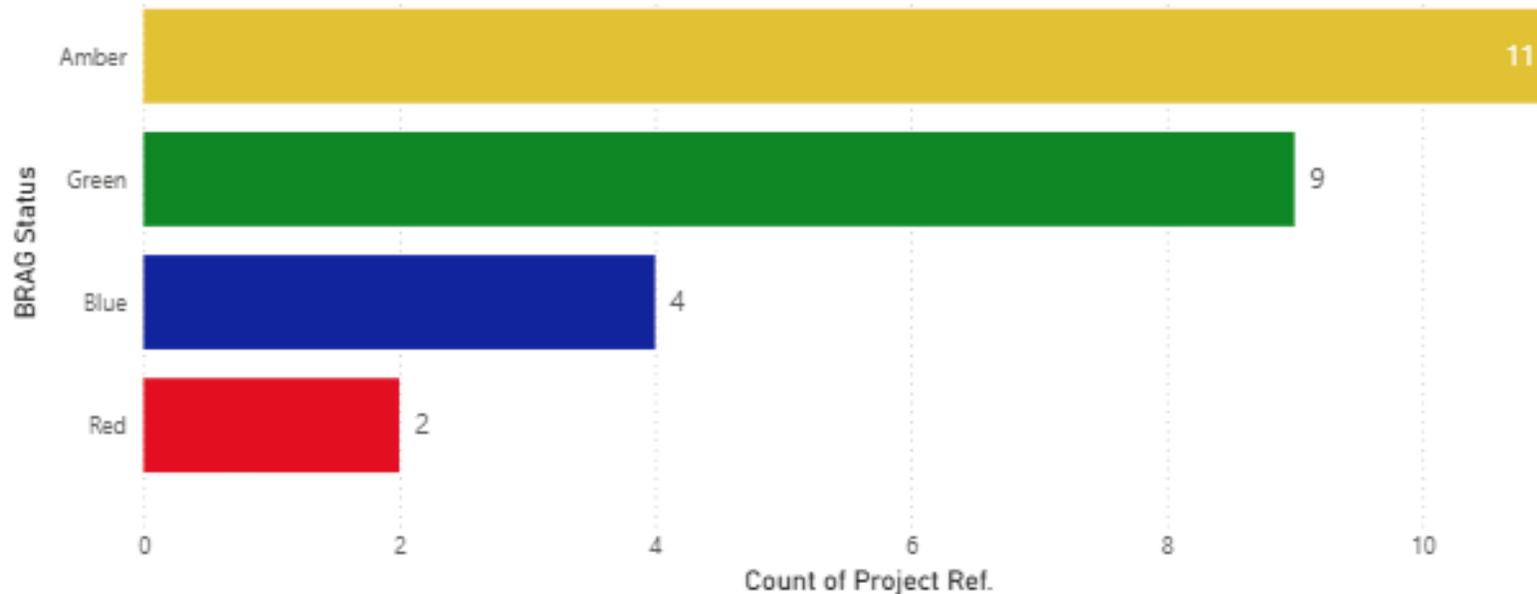
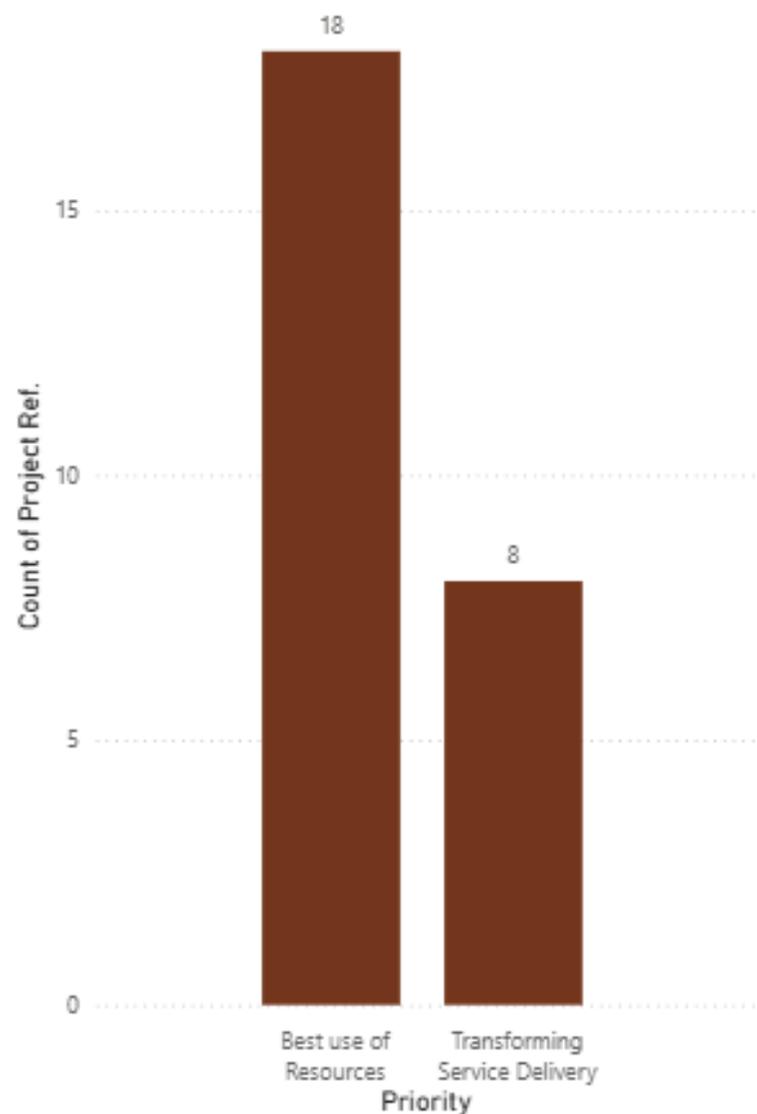
Summary of Measurable Progress

Priority	Title	Key Progress
Improve Health	26. Healthy Weight	Multi-agency action plan successfully developed
Improve Health	27. Public Mental Health	Two workshops held in November, Workshop 1 had 72 attendees and Workshop 2 had 49 attendees . Evaluation feedback showed average scores for clearly communicating the objectives was 4.88/5 and the format of the workshop leading to meaningful collaborative conversations was 5/5 .
Improve Health	28. Ageing Well	Four key themes agreed for programme structure: autonomy; independence; quality of life; and life expectancy.
Reduce Harm	29. Smoking in Pregnancy	Engagement in new Tobacco Dependency in Pregnancy pathway has nearly tripled compared to previous year with 315 out of 449 identified pregnant women contacted.
Reduce Harm	30. Young People Vaping	Recent School Health and Wellbeing survey data shows a 46.3% decrease in the number of 13–18 year olds who regularly vape



MODERNISING SERVICE DELIVERY

Projects by Priority



Project by Reasons



Modernising Service Delivery

Risks and Mitigations

Title	Project Description	BRAG Status	Explain why BRAG Status is RED/AMBER/BLUE	RED/AMBER Mitigation Actions
5b. TEC	Increasing the use of Technology Enabled Care	AMBER	Ongoing work required to clarify clear objectives and outcomes for TEC work following conclusion of current work.	Scoping work will be undertaken to clarify specific project work moving forward that is outcome focused and evidence-based.
6. Social Care Charging	Implementing the new Charging Policy	RED	Upon further discussions it was felt that the previous AMBER status had not sufficiently helped to raise awareness of the complex issues around this delivery against a short timeline, so it was uprated to RED. It will be changed to green once an SBAR is presented at SLT and an extension received to ensure effective but timeline delivery.	We are continuing to flag capacity issues and optimising capacity planning and once we can establish firmer delivery expectations based on that, an SBAR will go to SLT to request an extension for the delivery of this programme.
10. Modernise Care Models	Modernise care delivery models for vulnerable adults including people with Learning Disabilities and Complex Needs.	AMBER	This is one of a number of priorities aligned to LD which need to be planned for. There is a lack of both planning capacity and operational capacity to fully progress, and other projects underway will need to complete to release capacity. The Stonewood Project for complex residential care has been top priority for the teams and this workstream.	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 is now fully established; Stonewood site has now opened and will accommodate 5 individuals with complex needs; all these people were longstanding Out of Area cases. Over last six months we have had to prioritise Stonewood which will also provide key procedures, practices and learning to inform and facilitate further modernisation of all our care delivery models.
11. Improving Transitions	Implement transitions process to improve service user experience and future financial planning	AMBER	Capacity within the relevant Health teams meetings have not allowed for meetings / mapping exercises to take place as yet.	Both Adult Health and CAMHS have set up internal groups to review the Transitions Pathway, clarify team roles for the Staff Guide, and identify service gaps, especially for 16–17 year olds not yet assessed, with a mapping exercise planned to address these gaps.

Modernising Service Delivery

Risks and Mitigations

Title	Project Description	BRAG Status	Explain why BRAG Status is RED/AMBER/BUE	RED/AMBER Mitigation Actions
12. Learning Disability Day Care	Review Day Care Provision for people with Learning Disabilities		The milestones and dates have slipped over the last month because of other team workload priorities.	Slippage due to limited care management Team resources and need to focus on statutory duties and other work especially around cost control and containment.
13. Out of Area Placements	Review use and cost of Out of Area care		The milestones and dates have slipped over the last month because of other team workload priorities.	For all our LD Out of Area 'social care provision' placements we continue to ensure 1) Requirements for care management review & provider engagement are met 2) The Dynamic Support Register (SGovt requirement) is fully maintained on monthly basis 3) Potential new placements are fully reviewed by MHLD Resource Allocation Panel For Out of Area all specialist health needs placements, we continue to ensure 1) Placement register is maintained and reviewed quarterly 2) Potential new placements are fully reviewed clinically and processed via formal approval COO/CFO procedures.
14. Commissioned Service Provider Spending Reduction	Reduce spend and achieve value for money with key commissioned service provider		Timeline and governance has yet to be defined for the project. At the moment this is overseen by the Budget Saving Oversight Group. Work is being progressed through the Scenario Planning Group and the Contract SLWG.	Continue to work with partners in the scenario planning group to ensure governance is determined and the timelines created and adhered to.
16. GP Vision	Deliver city commitments in the GP Vision		No dedicated capacity allocated to this programme of work, there is currently only resource to deliver on 6 of the 10 objectives.	A workshop was recently held to determine if there were any additional resources available or whether resource could be re-allocated to alternative workstreams, however it was determined to continue with the current resourced workstreams. There are currently no further mitigations identified.
17. Primary Care Improvement Plan (PCIP) Review	Implement and review Primary Care Improvement Plan (PCIP) to identify, successful efficient delivery of services and areas of improvement		Lack of interface with certain PCIP workstreams and difficulty in accessing practice system data.	Amber : Completion within this year 25/26. Challenges in terms of data required across 3 HSCP's. Very little data available through primary care channels and this has caused the delay in completion.

Modernising Service Delivery

Risks and Mitigations

Title	Project Description	BRAG Status	Explain why BRAG Status is RED/AMBER/BUE	RED/AMBER Mitigation Actions
18. Discharge without Delay	Deliver the Discharge Without Delay Collaborative commitments	Amber	All projects within this programme are progressing but delivery on time is dependant on successful timely recruitment.	<p>Recruitment for the community hospitals is progressing and changes are being actioned as staff enter posts</p> <p>PDD / Integrated Discharge Hub again is progressing with recruitment, confidence remains high the hub will be up and running by the end of March 26</p> <p>D2A in city is operational and Shire is progressing with recruitment, a start date is expected in January</p> <p>F@FD was unsuccessful in consultant recruitment but work is taken place to add stability to F@FD by consultants with existing resource.</p>
19. Support to Amputees	Redesign model of support to Amputees to community based provision	Amber	Work remains ongoing to understand need of amputees and what model is most appropriate going forward. Clashie may be a more appropriate placement. Paper being written with findings to inform next steps.	Paper expected imminently or so to inform next steps. Will take to SLT for further planning.
21. Residential Substance Use Service	Implement redesign of residential substance use service with a view to delivering a community based support service model	Amber	Update required from Cyrenians on lived experience feedback and project meetings to be reinstated.	Further discussions with Service Manager to explore available future options and set up project governance within project times, and clear timelines agreed.
22. Sheltered Housing Redesign	In conjunction with ACC colleagues, influence the redesign of Sheltered Housing to modernise the model of Housing support .	Red	Project 1 facing delays in gaining approval due to resource pressures, and other Housing activities being prioritised. Also now being delayed for decision to be made around wider housing model	In order to mitigate delays ensure that project team carries out tasks set out in time for the tenants consultation meetings, as there is a small degree of buffer set within existing deadlines.

Modernising Service Delivery

Summary of Measurable Progress

Priority	Title	Key Progress
Best use of Resources	1. Use of Properties	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 Village
Best use of Resources	2. Utility Savings	On track to save an additional £50,000 above the original target on heat / electricity costs
Best use of Resources	3. Management of Vacancies	Within Aberdeen City H&SCP, headcount has decreased by 3.3% and WTE has declined by 4%
Best use of Resources	7. Older People Care Provision	100% of option 2 reviews completed
Best use of Resources	10. Modernise Care Models	5 people returning from out of area placements due to Stoneywood opening with another 3 people also supported who would be noted within our local Dynamic Support Register
Transforming Service Delivery	18. Discharge without Delay	Initial 500 hours of Discharge 2 Assess service being fully utilised

Updated BRAG Status Guidance

Criteria	Green	Amber	Red
Timescales (Milestones & Completion Date)	All milestones to date met. Future milestones and final completion date are on track.	One or more milestones delayed, but final completion date still achievable with mitigation.	Critical milestones missed and final completion date cannot be met.
Deliverables (Single or Multiple Outputs)	All deliverables on track for delivery.	75–99% of deliverables on track (some risk but majority expected to be achieved).	<75% of deliverables on track (significant risk to scope).
Resources	Sufficient staff, skills, and capacity available to deliver project as planned.	Some resource pressure or short-term gaps, creating risk to delivery if not addressed.	Insufficient resource available; unlikely to deliver without major intervention.
Budget / Savings	On budget or within tolerance. Financial savings on track.	Budget is forecast to be overspent but mitigations are in place to reduce	Budget is forecast to be overspent and no credible mitigations in place
Overall Assurance / Risk Level	No significant risks identified. Issues minor and easily managed.	Moderate risks present but being actively managed.	Major risks identified with no credible mitigation plan.

Blue Status

- Project completed.
- Project closed.
- Project formally on hold until a future year.
- Not started (planned to start later in the year)

Overall BRAG Status Rule

- Lowest score (i.e. if one criteria is red, overall status is red)