

INTEGRATION JOINT BOARD

COUNCIL CHAMBER - WOODHILL HOUSE, WESTBURN ROAD, ABERDEEN, AB16 5GB, WEDNESDAY, 1 JULY, 2026

Integration Joint Board Members:

Councillor A Stirling (Chair), Dr J Tomlinson (NHS Grampian) (Vice-Chair), Dr C Backwell, Councillor R Cassie, Ms J Duncan, Councillor M Grant, Councillor D Keating, Councillor G Lang, Mr S Lindsay and Professor S Paranjothy (NHS Grampian).

Integration Joint Board Non-Voting Members:

Fiona Alderson (Third Sector Representative), June Barnard (Nursing Lead Adviser), Keith Grant (NHS Trade Union), Leigh Jolly (Chief Officer), Sue Kinsey (Third Sector Representative), Inez Kirk (UNISON Trade Union), Gillian Milne (Interim Chief Finance and Business Officer), Angie Mutch (Service User Representative) and Carlyne Wood (Carer Representative).

Officers: Stephanie Anthony (Lead Nurse), Cats Cameron (Lead Allied Health Professional for Aberdeenshire), Shona Campbell (Strategy and Transformation Manager), Fiona Campbell (Business Asset Manager), Lauren Cowie (Legal Service Manager), Lynne Gravener (Team Lead Strategy), Alison Macleod (Strategy and Transformation Lead, Aberdeen City HSCP), Angela MacLeod (Programme Manager), Alison McGruther (Chief Nurse), Alex Pirrie (Partnership Manager for North Aberdeenshire), Jo Raine Mitchell (Communications & Marketing Team Leader), Sandy Reid (Lead People and Organisation, Aberdeen City HSCP and Manager Grampian Sexual Health Hosted Service), Neil Stephenson (Strategic Procurement Manager), Fiona Stephen (Location Manager), Rachel Taylor (Interim Partnership Manager for Central Aberdeenshire) and Harriet Tevendale (Committee Officer).

Apologies: Dr Jon Blake (Primary Care Advisor), Dr Stephen Friar (Secondary Care Adviser), Janine Howie (Deputy Interim Chief Social Work Officer), and Victoria Brown (Third Sector Representative).

1 SEDERUNT AND DECLARATION OF MEMBERS' INTERESTS

The Chair asked for Declarations of Interest. No interests were declared.

2A PUBLIC SECTOR EQUALITY DUTY

In taking decisions on the undernoted items of business, the Committee **agreed**, in terms of Section 149 of the Equality Act 2010:-

(1) To have due regard to the need to:-

(a) eliminate discrimination, harassment and victimisation;

(b) advance equality and opportunity between those who share a protected characteristic and persons who do not share it; and

- (c) foster good relations between those who share a protected characteristic and persons who do not share it, and
- (2) to consider, where an Integrated Impact Assessment has been provided, its contents and to take those into consideration when reaching a decision.

2B EXEMPT INFORMATION

The Joint Board **agreed** that, under paragraphs 6 and 7 of the Categories of Exempt Information found at Appendix 2 of the Standing Orders of the Integration Joint Board, the public and media representatives be excluded from the meeting for Item 14 of the business below, on the grounds that it involved the likely disclosure of exempt information of the classes described in the relevant paragraphs.

3 MINUTE OF MEETING OF THE INTEGRATION JOINT BOARD OF 27 MAY 2026

There had been circulated and was **approved** as a correct record the Minute of the Meeting of 27 May 2026.

4 INTEGRATION JOINT BOARD ACTION LOG

There had been circulated and was **noted** a report by the Chief Officer providing updates on progress with actions which had still to be completed and advising when these were scheduled to be reported to the Integration Joint Board.

The Chief Officer advised that the actions remained on track and highlighted that several items were included on the agenda, including the recovery plan, NHS Grampian as a population health organisation and the update in relation to the Inch War Memorial Hospital. It was confirmed that the remaining actions were progressing in line with the timescales set out in the action log. Members raised a query regarding an apparent drafting error in the membership updates and appointments section and officers advised that this would be corrected. Clarification was also provided that vaccination and immunisation services in Aberdeenshire were overseen through the Primary Care Improvement Plan Programme Board and that consideration was being given to submitting an Aberdeenshire annual report to the IJB.

5 CHIEF OFFICER'S REPORT

There had been circulated a report by the Chief Officer which provided updates on the Health and Care (Staffing) (Scotland) Act 2019 Annual Report, Carers Week 2026, the Grampian Mental Health Bed Base and Tier 4 Review and the Inch War Memorial Hospital engagement update.

The Chair advised that a request to speak had been received in relation to the Inch War Memorial Hospital engagement update. The request had been submitted by Mr Frank Musgrave, representing Bennachie Community Council, who was supported at the meeting by Ms Sheena Lonchay, Chair of Bennachie Community Council. The Integration Joint Board agreed to hear the request to speak.

The Chief Officer introduced the first three updates and advised that arrangements were in place to ensure compliance with the Health and Care (Staffing) (Scotland) Act 2019 in the commissioning and monitoring of third-party services, with providers required to evidence safe staffing and compliance and key risks monitored through contract and governance arrangements. Members were advised that these arrangements were operating as intended, although continued oversight remained important given workforce and market pressures.

The Chief Officer also highlighted work undertaken during Carers Week, advising that activity by the commissioned carer support service and partners had raised awareness of unpaid carers, carers' rights, and available support, which Members recognised supported prevention, early intervention, and carer-friendly communities.

In relation to the Grampian Mental Health Bed Base and Tier 4 Review, the Chief Officer advised that the work had moved into implementation as a whole-system programme with partners leading specific elements. Members discussed capacity, risk, partner involvement, and the pace of delivery noting that priority would be given to the areas requiring most urgent attention. Phase one had involved stakeholder engagement, while phase two focused on changes within NHS and partnership services to improve system flow. Governance would be through a cross-system Grampian group, with reporting through the Mental Health and Learning Disability Board. Any matters requiring an IJB decision would return to the Board and a multi-agency presentation would be arranged as part of a future development session.

The Chief Officer introduced the Inch War Memorial Hospital engagement update, advising that no final decision had been made and that community engagement was currently underway and being undertaken in line with national guidance, with input from Health Improvement Scotland. The process included online and paper surveys, telephone completion, local drop-off points, posters, FAQs, and further opportunities where required. Members were advised that 270 online survey responses had been received to date, excluding paper returns and that related social media posts had reached around 63,000 people. The Chief Officer explained that, following feedback from Bennachie Community Council, the final survey question had been amended to clarify that respondents could comment on the impact of the temporary closure/mothballing of inpatient beds over the previous six years. Engagement remained open until 31 July 2026 and would be considered alongside all relevant evidence, including the updated integrated impact assessment, before any recommendation was brought back to the IJB in September.

Mr Musgrave addressed the IJB on behalf of Bennachie Community Council. He outlined the Community Council's involvement in engagement and consultation activity relating to Inch War Memorial Hospital since 2020 and advised that both Bennachie Community Council and the Friends of Inch Hospital had encouraged local residents to participate in the current engagement process. He referred to concerns regarding aspects of the engagement material, the timing of the consultation and the extent to which community views would form future decision-making and stated that the Community Council considered the process should be evidence-based, meaningful and fair.

The Chair thanked Mr Musgrave and Ms Lonchay for attending the meeting and after discussion, the Integration Joint Board **noted** the updates provided.

There had been circulated a report dated 18 June 2026 by the Chief Officer providing the financial position of the IJB based on the year-to-date budget and actual expenditure as of 31 May 2026.

The Interim Chief Finance Business Officer advised that, at month two, the IJB was reporting a favourable variance of £1.372 million against budget. She emphasised that this was an early position and should be treated with caution, as activity levels, commitments and the planned use of reserves would develop during the year.

Members were advised that the budget had been phased monthly to reflect anticipated spending patterns and known commitments, rather than allocated evenly across the year. Some variances could therefore relate to timing and profiling, and finance colleagues would continue to refine this. Members heard that the overall position was broadly favourable across services, including Council social care and NHS core services, although apparent pressures in out-of-area placements and older people's residential care would continue to be monitored closely. In relation to unscheduled care funding, officers explained that Appendix 1 compared actual expenditure against budget and did not yet include the planned use of earmarked reserves for 2025/26. When reflected in forecast reporting, those reserves were expected to offset most, if not all, of the apparent pressure. The wider financial position remained challenging, with the main risk continuing to be the gap between demand and available funding, alongside pressures in specific service areas. A further report, developed with funding partners, would be brought back on shared risk appetite, reserves, financial risk, and the actions required to support longer-term sustainability.

Members welcomed the improved financial position and formally acknowledged the significant work undertaken by the Chief Officer, finance team, wider leadership team, and budget holders to strengthen financial oversight and control. While the position was positive, Members acknowledged that it remained too early in the financial year to provide a reliable forecast outturn. Officers confirmed that a clearer trajectory would be available when the quarter three position was reported in September, including further detail on variances and any actions required. Members further recognised that the improved financial stability provided a basis for addressing future pressures, unmet need, sustainability, and service redesign, while acknowledging the continued work required over the coming years.

Thereafter, the Integration Joint Board **agreed** to:-

- (1) note the financial position, based on the year-to-date budget and actual expenditure as of 31 May 2026, as set out in the table at paragraph 4.3 and Appendix 1; and
- (2) note that, at this early stage of the financial year, a reliable forecast outturn could not yet be provided, and that close monitoring would continue with focus on the key financial risks identified in the report.

7 IJB RECOVERY PLAN

There had been circulated a report dated 17 June 2026 by the Chief Officer providing an update on the IJB Recovery Plan and the proposal to stand down the exceptional recovery arrangements.

The Interim Chief Finance Business Officer introduced the report and advised Members that the Recovery Plan had provided additional oversight during a period of significant financial pressure and governance risk, and that a structured, time-limited approach had supported the restoration of financial grip and control.

Members were further advised that, over the previous year, the Recovery Plan had strengthened financial management, oversight and forecasting and had contributed to a materially improved financial position. Taking account of the views of the funding partners, it was considered that the circumstances which had required exceptional escalation were no longer in place and that the relevant risks could now be managed through strengthened business-as-usual governance arrangements.

Members noted that NHS Grampian had considered the matter through its Executive Team and agreed that the Recovery Plan could be stood down. Aberdeenshire Council had also considered the matter at its meeting on 25 June 2026 and supported the conclusion of the plan and the return to normal governance arrangements. Both funding partners had reviewed the evidence, including the improved financial position and strengthened oversight arrangements before the matter returned to the IJB for final consideration. It was emphasised that standing down the Recovery Plan would not reduce financial discipline, oversight, or accountability. Instead, it was recognised that the arrangements introduced through the plan had become embedded within normal business processes and could now be managed through routine reporting, monitoring, and escalation arrangements. Any future issues would continue to be managed in accordance with the Integration Scheme, beginning with local corrective action and management intervention and escalating only where the level of risk required it.

Members welcomed the report and recognised that the strengthen financial governance, grip and control now in place supported the return of financial performance and risk to routine governance arrangements. Members recognised the significant work undertaken to implement the plan, including the difficult decisions required, and acknowledged both the progress made and the challenges that remained.

Thereafter, the Integration Joint Board **agreed:-**

- (1) to note that NHS Grampian and Aberdeenshire Council had both considered and supported the IJB's recommendation that the Recovery Plan be stood down, with financial performance and risk to return to routine governance arrangements; and
- (2) that ongoing financial performance and risk would continue to be managed through routine governance arrangements, regular reporting to the IJB and funding partners and escalation where required.

8 REVIEW OF INTEGRATION SCHEME

There had been circulated a report dated 8 June 2026 by the Chief Officer on the review of the Integration Scheme.

The Legal Services Manager introduced the report and advised that it proposed a small number of amendments to reflect recent legislative changes, including the introduction of voting rights for service user, carer and third sector representatives on the Integration Joint Board (“the Board”). Members were advised that the amendments were consequential and necessary to keep the Board’s governance documents aligned with the statutory framework. Officers confirmed that no wider policy changes were proposed and that, subject to the Board’s agreement, the revised Integration Scheme would be submitted to Aberdeenshire Council and NHS Grampian for approval.

In response to questions, officers confirmed that the legislation conferred voting rights on categories of membership and that the IJB would determine the number of members in each category. A membership update report would therefore be submitted to the Board in September 2026. Members were also advised that the IJB Governance Handbook, including the terms of reference and quorum arrangements for the Clinical and Adult Social Work Governance Committee and the IJB Audit Committee would be reviewed in consultation with the chairs of those committees. The Board also heard that consideration should be given, as part of the wider membership review, to whether representation from Aberdeenshire Voluntary Action would provide a broader third sector perspective. Officers confirmed that this had been discussed previously by the IJB and would be considered as part of the membership review report to be brought back in September.

Members welcomed the proposed extension of voting rights, recognising that it would enable service user, carer and third sector representatives to contribute further to the work of the IJB. Members also welcomed the recognition of those representatives’ contribution and the support and training available to all Board Members as the revised arrangements were implemented.

Thereafter, the Integration Joint Board **agreed** to note the amendments to the Integration Scheme required to implement legislative changes to voting membership from 1 September 2026 and that both NHS Grampian and Aberdeenshire Council would be asked to approve the changes to the Integration Scheme.

9 ABERDEENSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP'S ANNUAL PERFORMANCE REPORT

There had been circulated a report dated 18 May 2026 by the Chief Officer presenting the Aberdeenshire Health and Social Care Partnership Annual Performance Report 2025/26. The report provided an overview of performance during 2025/26, including progress against strategic priorities, key service developments, ongoing challenges, and areas for further improvement.

Members welcomed the report’s clarity and accessibility and recognised the range of work delivered across the Partnership during the year including progress against strategic priorities, prevention and early intervention activity, service redesign,

engagement, co-production, and support to enable people to live independently. Members also acknowledged the continuing financial, workforce and demand pressures within which services had been delivered. During discussion, Members emphasised the importance of giving greater prominence in future annual performance reports to preventative health activity across Aberdeenshire, including breastfeeding, healthy weight management, smoking cessation, vaccinations, and screening. In response to questions on performance data, officers advised that some national indicator data had not been available at the time of writing due to Public Health Scotland publication timescales. Members requested that the Annual Performance Report and supporting data annex be updated with the latest national indicator data following the Public Health Scotland release on 7 July 2026.

Members were also advised that work was underway to improve NHS Grampian data completeness retrospectively. Members discussed increased demand in relation to suicide prevention and distress brief intervention, with officers advising that this reflected increased awareness of referral routes and pathways, wider national and local work and people being more proactive in seeking support. In relation to the iMatter staff survey, officers acknowledged recurring feedback around involvement in decision-making and the visibility of senior leadership and advised that an improvement plan was being developed following the latest survey results. Members discussed enhanced dementia support, community appointment days, Getting it Right for Everyone and the Grampian Hope approach. Officers advised that dementia support was being considered through wider older adult mental health and bed-based review work, while community appointment days were being developed through community planning arrangements. Members requested that all IJB Members be advised of confirmed dates and that engagement and action days be promoted more widely through schools, community centres, and local shops. Members also highlighted the need to reduce duplication, strengthen person-centred approaches, bring related initiatives together in practice and improve future reports with clearer information on the scale, volume, trends, and benchmarking of Partnership support.

Thereafter, the Integration Joint Board **agreed:-**

- (1) to approve the final draft Aberdeenshire Health and Social Care Partnership Annual Performance Report 2025–2026;
- (2) to instruct the Chief Officer to publish the Annual Performance Report on the Aberdeenshire Health and Social Care Partnership website and share it with the Chief Executives of Aberdeenshire Council and NHS Grampian; and
- (3) to instruct officers to provide all IJB Members with the dates of upcoming community appointment days once confirmed through the Community Planning Partnership.

10 ALFORD CLINIC

There had been circulated a report dated 8 June 2026 by the Chief Officer which sought approval to declare Alford Clinic surplus to requirements. Members were advised that the property was no longer required for the delivery of services and that, if agreed, the matter would be referred to NHS Grampian to initiate its process for repurposing or disposal.

Thereafter, the Integration Joint Board **agreed** to:-

- (1) note that Alford Clinic was no longer required for the provision of health and social care services within the IJB's remit and declare the building surplus to requirements; and
- (2) instruct the Chief Officer to inform the Chief Executive of NHS Grampian that Alford Clinic had been declared surplus and to initiate NHS Grampian's process for re-purposing or disposal.

11 PROPOSED MOVE OF MACDUFF VACCINATION SERVICE

There had been circulated a report dated 19 June 2026 by the Chief Officer seeking approval to relocate the vaccination service from the former Macduff GP practice premises to Chalmers Hospital, Banff and, subject to approval, to declare the Macduff premises surplus to the requirements of the Health and Social Care Partnership.

The Partnership Manager for North Aberdeenshire introduced the report and advised that the current premises had been used on a temporary basis since 2021 and were no longer sustainable or suitable for service expansion and that relocation to Chalmers Hospital would provide a fit-for-purpose clinical environment, support safe and effective service delivery and make more efficient use of available resources.

Members discussed the engagement undertaken with affected communities and stakeholders including the online survey, feedback from the Banff and Buchan Area Committee and the integrated impact assessments. Officers advised that the main concerns related to parking and access at Chalmers Hospital, increased travel time, transport difficulties and cost, and concern about the cumulative impact of service changes in Macduff. Members also recognised that the proposal would benefit some Banff residents by locating the service closer to home and that the Board needed to balance the impacts identified through engagement with the clinical suitability and sustainability of the proposed location.

In response to questions, officers outlined proposed mitigations, including managing appointment flow, offering appointments at various times, including evenings and Saturday clinics, using pop-up clinics at peak periods where appropriate, improving signage and including information in appointment letters about transport options and how to rearrange appointments. Members recognised concerns raised about the impact on Macduff residents, including travel, transport costs and access, and agreed that these would require active monitoring and mitigation following implementation. Officers advised that the Roads Service had been engaged and supported the proposed mitigation measures. Members requested that traffic flow, parking capacity, and access arrangements at and around the Chalmers Hospital site be formally monitored following the relocation, with Roads officers involved in assessing the findings and identifying any additional measures that may be required.

Members also discussed the naming of the vaccination service, with officers advising that the current name was used locally rather than as a formal registered name and that future signposting could refer more generally to the vaccination centre. In relation to the integrated impact assessments, officers acknowledged comments on the balance of positive and negative impacts and confirmed that feedback would be

considered in future assessments. Members also asked about any potential impact on staff and officers advised that the number affected was limited and that any impact on staff parking or access would continue to be monitored.

Thereafter, the Integration Joint Board **agreed** to:-

- (1) approve the move of the vaccination service from the site of the previous Macduff GP Practice, at 100 Duff Street, Macduff to Chalmers Hospital, Banff;
- (2) declare the Macduff premises as being surplus to Aberdeenshire Health and Social Care Partnership (AHSCP) requirements; and
- (3) implement a monitoring programme for parking and traffic flow at Chalmers Hospital following relocation of the vaccination service, in collaboration with Roads Service, for a defined period of 6 to 12 months, and request that officers report back to the IJB on any further mitigations required.

12 NHS GRAMPIAN AS A POPULATION HEALTH ORGANISATION

There had been circulated a report dated 8 June 2026 by the Chief Officer providing further information on the development of NHS Grampian as a Population Health Organisation. The report outlined the approach shared with COSLA, implementation progress across NHS Grampian, proposed Health and Social Care Partnership officer participation in a Community Planning Partners workshop and the intention to provide an update on the workshop outcome once the assessment had been completed.

The Director of Public Health advised Members that the approach formed part of the wider Scottish Government population health framework and represented a shift from a treatment-focused model towards improving population health and wellbeing, preventing ill health, reducing inequalities, and supporting more sustainable, value-based care. Members were further advised that the report set out plans to work with community planning partners, including health and social care, to apply the population health organisation maturity matrix through a workshop. This would help establish the current baseline position, identify learning, and strengthen whole-system partnership working to improve population health outcomes, particularly through prevention and early intervention.

Members recognised that improving population health required a whole-system partnership approach and could not be delivered by any single organisation. Officers confirmed that sufficient capacity was available to support the workshop and advised that the maturity matrix would be used to map existing activity, identify gaps and consider opportunities to better connect services. It was emphasised that the exercise would be proportionate and focused on understanding current strengths and areas for improvement, rather than developing a new action plan or additional workstreams.

Members emphasised the role of local authorities in influencing the wider determinants of health, including poverty, housing, education, and employment. Officers advised that the approach had been discussed nationally with COSLA and locally through existing partnership arrangements, including the North East Population Health Alliance (“the Alliance”). Members sought clarity on how the Alliance would interact with community planning arrangements. Officers advised that its role would

include bringing together and sharing learning across Grampian, while allowing delivery to be shaped locally. Members raised concerns about duplication, the breadth of the national framework and the importance of not presenting existing duties or established practice as additional work. Officers explained that the aim was to recognise the contribution already being made by NHS Grampian and partners, including anchor organisations, and to identify practical improvements to strengthen local delivery. Members emphasised that outcomes from the workshop should be tangible and locally relevant, particularly in relation to prevention, early intervention and shifting the balance of care. Members noted that prevention and early intervention were strategic priorities for both the IJB and the Health and Social Care Partnership and that the maturity matrix should provide a realistic assessment of progress against those priorities.

Thereafter, the Integration Joint Board **agreed** to:-

- (1) note the concept and model for the NHS as a Population Health Organisation as set out in Appendix 1 to the report;
- (2) support Aberdeenshire Health and Social Care Partnership officer participation in a Community Planning Partners workshop to consider the relevant maturity matrix domains and identify learning to strengthen whole-system partnership working; and
- (3) receive an update on the outcome of the workshop once the assessment had been completed.

13 HOSTED SERVICES - SERVICE LEVEL AGREEMENTS

There had been circulated a report dated 8 June 2026 by the Chief Officer outlining the proposed implementation of Service Level Agreements for hosted services across Grampian.

The Strategy and Transformation Manager advised Members that the three Integration Joint Boards (Aberdeen City, Aberdeenshire and Moray) collectively held responsibility for the strategic planning of a number of Grampian-wide hosted services, with operational delivery delegated to a single host partnership, and that the proposed Service Level Agreements (SLAs) were intended to strengthen consistency, transparency, assurance and governance across the three partnerships. Members welcomed the development of the SLAs and recognised the significant work undertaken by officers across the three IJBs. Members noted that the agreements set out expectations for service delivery, performance and financial metrics, reporting and accountability arrangements, and a framework for service improvement and transformation. Members also noted the proposed proportionate, risk-based approach to performance reporting, with baseline performance information for 2025/26 to be provided before detailed reporting arrangements were finalised.

During discussion, Members emphasised that risks associated with hosted services should include clinical and care delivery matters as well as financial considerations. Clarification was also sought on service change, governance arrangements, and the application of Healthcare Improvement Scotland guidance. Officers advised that decisions would be made at the appropriate level, taking account of the scale, complexity, and strategic impact of any proposed change, with the guidance informing engagement requirements. Members also emphasised the importance of clear and

consistent wording in the service level agreements, particularly in relation to transformation activity, the roles of the three IJBs and the reporting of significant service developments, including the proposed move towards employed staff within Grampian Medical Emergency Department. Members further discussed how agreement would be reached where changes to hosted services required approval by all three IJBs. Officers advised that such matters would be considered collaboratively across the partnerships, with the SLAs providing a clearer framework for doing so.

Thereafter, the Integration Joint Board **agreed** to:-

- (1) approve the implementation of the Service Level Agreements contained in Appendices 1 to 13 to the report;
- (2) defer the decision on proposed reporting arrangements detailed in paragraph 4.7 until the IJB meeting on 18 November 2026 to allow time for provision and consideration of baseline performance reports;
- (3) approve the approach to service improvement and transformation activity detailed in paragraph 4.10 within the report; and
- (4) delegate authority to the Chief Officer, in consultation with the Chair and Vice Chair, to agree any required amendments to the service level agreement wording before final approval.

14 2026/27 SUPPLEMENTARY PROCUREMENT WORK PLAN (ASSET MANAGEMENT)

There had been circulated a report dated 18 June 2026 by the Chief Officer which provided a Supplementary Procurement Work Plan for approval.

The Strategy and Transformation Manager introduced the report and highlighted relevant information on the Supplementary Procurement Work Plan in relation to Asset Management.

Thereafter, the Integration Joint Board **agreed** to:-

- (1) note the Supplementary Procurement Work Plan detailed in Appendix 1, which included two Procurement Approval Forms (PAFs) at Appendices 2a & 2b;
- (2) note the Procurement Approval Forms for items on the Work Plan which were within the Integration Joint Board's remit and where the value of the matter was over £50,000 but below £1,000,000; and
- (3) direct Aberdeenshire Council to procure the works and services detailed in the Supplementary Procurement Work Plan on behalf of the Integration Joint Board.