

INTEGRATION JOINT BOARD

**COUNCIL CHAMBER - WOODHILL HOUSE, WESTBURN ROAD, ABERDEEN, AB16
5GB, WEDNESDAY, 28TH JANUARY, 2026**

Integration Joint Board Members:

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

Integration Joint Board Non-Voting Members:

June Barnard (Nursing Lead Adviser), Victoria Brown (Third Sector Representative), Andrew Dick (Chief Social Work Officer), Dr Stephen Friar (Secondary Care Adviser), Keith Grant (NHS Trade Union), Janine Howie (Deputy Interim Chief Social Work Officer), Leigh Jolly (Chief Officer), Inez Kirk (UNISON Trade Union), Gillian Milne (Interim Chief Finance and Business Officer), Angie Mutch (Service User Representative), Rachel Taylor (Primary Care Advisor) and Carolyne Wood (Carer Representative).

In Attendance:

Dr Jon Blake (Primary Care Adviser).

Officers: Shona Campbell (Interim Strategy and Transformation Manager), Alex Pirrie (Partnership Manager North), Angela MacLeod (Programme Manager), Lynne Gravener (Team Leader Strategy & Business), Jo Raine Mitchell (Communications & Marketing Team Leader), Alison McGruther (Chief Nurse), Ewan Black (Finance Manager (NHS Grampian); Lauren Cowie (Legal Service Manager), Alison McLeod (Committee Officer), Neil Stephenson (Strategic Procurement Manager); and Vicky Craig-Wood (Category Manager).

Apologies: Professor Shantini Paranjothy (NHS Grampian), Fiona Alderson (Third Sector Representative), Sue Kinsey (Third Sector Representative), Catriona Cameron (AHP Lead).

1 Sederunt and Declaration of Members' Interests

The Chair asked for Declarations of Interest.

Councillor Keating made a transparency statement in relation to Item 5 by virtue of being a volunteer for the Samaritans, an organisation which is involved in suicide prevention. He clarified that there was no funding proposed in the report in relation to the Samaritans and that he had concluded that he did not have an interest to declare

The Chair (Councillor Stirling) made a transparency statement in relation to Item 12, as a patient of the GP Practice which was the subject of the report. Having applied the objective test, she considered that her connection was not so significant as to be considered as being likely to influence the discussion. She had therefore concluded that she would demit the Chair for that item and she would take part in the discussion.

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 13 of the business below, on the grounds that it involves the likely disclosure of exempt information of the classes described in the relevant paragraphs.

3 Minute of Meeting of the Integration Joint Board of 10 December 2025

There had been circulated and was **approved** as a correct record the Minutes of the Meeting of 10 December 2025.

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 Joint Board. By way of update, the Chief Officer noted that all of the items on the log were on track, with two of the items appearing on the current agenda. She confirmed that in relation to the Insch Hospital work the project group had met and was working with the community group to complete consultation and engagement, with a final report being anticipated to the IJB by June 2026.

5 Chief Officer's Report

There had been circulated a report by the Chief Officer, providing an update of the ongoing work of the Health and Social Care Partnership, including (a) an update on the Scottish Government's new Direction DL(2025)25 which introduces an updated statutory approach to sub-national planning across NHS Scotland; (b) an update on the planned recruitment process for a new Unpaid Carer Stakeholder Representative; (c) an update on the Strategic Planning Group (SPG) and the Strategic Plan and ongoing work for its publication; (d) information outlining how the H&SCP is

embedding the national GIRFE framework through the HOPE approach to create more person-centred, joined-up support, strengthened by learning and collaboration from the 2025 HOPE Conference; and (e) an update on the allocation of grant funding to a number of third-sector organisations for 2025-2028.

By way of update, the Chief Officer advised that the briefing on sub-national planning was NHS focused with limited guidance for IJBs and no statutory changes yet. Financial planning was the area of greatest emerging impact but this was currently for information only. She advised that the Unpaid Carer stakeholder recruitment was paused due to upcoming changes in voting rights and responsibilities, with recruitment expected to resume once roles had been clarified, likely by September. She provided an update on the Strategic Planning Group and highlighted the positive GIRFE HOPE event which focused on person-centred services and community led approaches. She summarised a number of grant funding updates. Finally, she noted an uncommitted balance for suicide prevention, with discussions underway to prioritise the funding internally, especially with education colleagues.

During discussion, Members supported keeping a watching brief on the sub-national planning issue and asked for updates as soon as available and it was suggested that NHS representatives be invited to a future meeting to give further insight once the matter had progressed.

After discussion, the Integration Joint Board **noted** the updates provided.

6 IJB Revenue Budget Update

There had been circulated a report dated 19 January 2026 by the Chief Officer which provided the year-to-date financial position for 2025/26 and the financial forecast to 31 March 2026 in respect of the IJB Revenue Budget, based on actual income and expenditure up to 31 December 2025.

The Interim Chief Finance and Business Officer introduced the report and noted a number of minor errors in the report, specifically incorrect dates and titles in the tables in paragraphs 4.6 and 4.9 and a clarification that the proposed 3.5% uplift to charges should apply across all services, including Learning Disability Day Services. She then provided an update on the financial position as at 31 December 2025, with a year to date under budget position of £9.027 million, which reflected ongoing strong budget management across services. She advised that a forecast underspend of £6.122 million was projected for 2025/26, however, once the £17.155 million partner underwriting assumed in the budget was taken into account, this would result in an underlying overspend of £11.033 million, meaning that a draw-down of that amount of available underwriting would be required. Cost pressures, particularly within care packages, continued to be a key challenge, although a shift from higher-cost to lower-cost packages between April and November had reduced monthly expenditure. The 2025/26 savings plan would fall short by £2.717 million, largely due to delays in major redesign projects. The Recovery Plan had removed £19 million from the budget and strengthened governance, with around 70% of savings recurring, but continued transformation was essential. The draft Medium Term Financial Strategy (2025/26 to 2030/21) outlined substantial future financial pressure driven by demographic change and rising demand.

For 2026/27 work was underway to finalise a three-year Savings Plan, and the report proposed a 3.5% uplift in fees and charges, in line with staffing cost inflation. It was noted that Aberdeenshire Council holds the statutory power to set fees and charges and would be asked to consider the proposed uplift as part of their 2026/27 budget process.

She advised that the MTFs had been formally shared with both NHS Grampian and Aberdeenshire Council to support their budget setting process and confirmation was awaited from the funding partners on the funding they would provide to the IJB in 2026/27.

In conclusion, despite progress on stabilisation, there was a need to maintain strong financial discipline, to deliver transformation at pace, and to work closely with partners to secure long-term sustainability.

During discussion, Members commented on lessons for future savings and the benefits of integrating financial and performance data to improve transparency and tracking. Members asked about redundancy cost estimation, provider fragility, budget management and staff cost variances. Officers clarified that redundancy costs were hard to predict, provider risk would be addressed in future budgets and staff cost variances were due to budgeting methods. There was some discussion on the impact of transformation on care package costs and future underwriting. The Chief Officer advised that the aim was to rebase the budget for sustainability rather than to rely on underwriting. In respect of the Recovery Plan, the Chief Officer confirmed that it would remain in place until March 2026 and would continue to be delivered as reported and that in March the IJB would receive proposals for balancing the budget and required savings, with information from funding partners to provide a whole system view, and at that stage the IJB would be asked to consider if the financial grip and control demonstrated was sufficient to move to a business-as-usual approach and whether a Recovery Plan was still needed.

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

- (1) note the financial position based on the year-to-date budget and year-to-date actuals as at 31 December 2025;
- (2) note the financial forecast to 31 March 2026;
- (3) agree the budget movements as reflected in Appendices 1 to 3;
- (4) note the progress made in delivering the Recovery Plan and the ongoing work to develop a three-year savings plan to support medium-term financial sustainability; and
- (5) recommend to Aberdeenshire Council that H&SCP fees and charges for 2026/27 are uplifted by 3.5% in line with staffing cost inflation.

7 Membership Updates and Appointments to Committees

There had been circulated a report dated 9 January 2026 by the Chief Officer which informed the Board of a number of changes to the membership of the IJB and its Committees.

The Legal Services Manager introduced the report and advised the Board that the report provided an overview of proposed changes to the IJB's membership and updates to committee appointments to ensure robust and transparent governance. She noted that a full review of membership would return once legislative changes regarding voting rights for some non-voting members were clearer.

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

- (1) note the appointment by NHS Grampian of Dr Stephen Friar, Consultant in Anaesthesia and Critical Care/Portfolio Medical Director Medicine and Unscheduled Care as the Secondary Care Adviser to the Board (non-voting), replacing Mr Paul Bachoo;
- (2) note that Ms Angie Mutch, Service User Representative had intimated her resignation from the Clinical and Adult Social Work Governance Committee (CASWG);
- (3) note the existing vacancy for a non-voting member on the IJB Audit Committee and to appoint Ms Angie Mutch as a non-voting member to the IJB Audit Committee; and
- (4) note that the Scottish Government have intimated that there will be legislative change regarding voting rights for certain members of Integration Joint Boards and that a full review of the memberships of Committees will be undertaken as details emerge.

8 A Response to the Request to Explore a Reduced Neurodevelopmental Assessment Pathway for a Period of Six Months

With reference to the Minute of the IJB of 19 March 2025 (Item 8), there had been circulated a report dated 19 January 2026 by the Chief Officer which addressed the Board's request for further information to ensure that all relevant details and implications were thoroughly examined before making a final decision on whether to seek to deliver a reduced service for adult Autism and ADHD assessment for a time limited period of six months.

The report outlined the background to the closure of the adult Autism and ADHD diagnostic pathways in Aberdeenshire on 31 March 2025, explaining that both services had previously relied on time-limited Scottish Government funding that had since ceased, leaving no recurring budget to sustain provision. In response to the IJB's request to explore whether a reduced six-month Neurodevelopmental Assessment Pathway could be delivered, officers had undertaken extensive engagement with professional leads across psychiatry, psychology, AHPs, social work, and primary care, along with a review by the Clinical and Adult Social Work Governance Committee. This engagement identified significant risks related to workforce capacity, clinical safety, waiting-list management, and the potential diversion of staff from other critical services. Updated Integrated Impact Assessments highlighted inequity, unmet need, and limited mitigation options. The report also noted ongoing national discussions on future neurodevelopmental pathway models, with briefings to be

provided to the IJB as required. The report concluded that the Aberdeenshire H&SCP could not safely or sustainably deliver a reduced six-month Neurodevelopmental Assessment Pathway due to significant clinical, financial and operational risks, and because there was no dedicated funding to support such a service.

The Partnership Manager, North introduced the report and along with other officers responded to questions from members in relation to GP awareness of the private diagnosis pathway, the impacts on individuals without diagnosis, the potential higher costs from not providing a pathway, and the monitoring of unintended consequences, which would be undertaken.

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

- (1) to note that as of 31 March 2025 the diagnostic pathway for Adult Autism and ADHD (Attention Deficit-Hyperactivity Disorder) assessment ceased, as agreed at the IJB meeting on 19 February 2025;
- (2) that Aberdeenshire Health and Social Care Partnership is unable to offer a reduced Neurodevelopmental Assessment pathway, which was requested for consideration by the IJB on 19 February 2025 (which would have included assessment for Autism and/or ADHD) for a period of six months; and
- (3) that Officers should follow up on GP awareness of the partial mitigation pathway that would allow NHS support for patients with private ADHD/autism diagnoses.

9 Internal Audit Annual Report and Update on AHSCP Risk & Assurance Work

There had been circulated a report dated 16 January 2026 by the Chief Officer, which provided an overview of the Internal Audit Annual Report 2024/25 and the Chief Internal Auditor's opinion. It summarised the work undertaken since June 2025 to address a number of identified issues, including closure of most audit recommendations, improvements in financial management and reporting, the refresh of the Risk & Assurance Group's remit and processes, and strengthened monitoring of internal and external audit actions. The report outlined the remaining open recommendations, actions underway to enhance governance and assurance, and next steps focused on embedding improved processes, strengthening thematic learning, and ensuring continued oversight by the IJB Audit Committee.

The Interim Strategy and Transformation Manager introduced the report and provided an update on actions taken since the Internal Audit Annual Report for 2024/25. She highlighted progress in closing audit recommendations, improvements in governance, risk management and financial control, and noted that the number of outstanding recommendations had reduced. She also described enhanced financial monitoring, refreshed risk and assurance groups and ongoing work to embed improvements.

During discussion, Members asked for regular updates from the IJB Audit Committee to the Board and asked whether NHS Grampian's Audit Committee may have any concerns to share. In addition, officers clarified that timelines were being refreshed, escalation processes were in place for action ownership and that most outstanding severe/major actions were recently identified and were being addressed, with Internal Audit content with progress.

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

- (1) note the actions taken to date in response to the Internal Audit Annual Report 2024/25 at Appendix 1 and the concerns escalated by the IJB Audit Committee;
- (2) acknowledge the improvements made in financial management, risk and assurance arrangements, and monitoring of audit recommendations;
- (3) reinstate regular updates from the IJB Audit Committee, to strengthen oversight and ensure ongoing visibility of audit progress;
- (4) seek assurance from NHS Grampian's Audit Committee to confirm whether any concerns relevant to the IJB's remit and ensure the Board is informed of any such risks.

10 Chief Social Work Officer Annual Report 2024 - 2025

There had been circulated a report dated 16 December 2025 by the Director of Education and Children's Services introducing the Chief Social Work Officer (CSWO) Annual Report for 2024/25. The report advised that (1) the CSWO report described those services which were performing well in most of the key areas upon which the report was focussed; (2) in those areas where improvement was required, timely and effective remedial measures had been put in place; (3) currently there were no specific areas that required additional scrutiny beyond that provided by existing processes.

The Chief Social Work Officer introduced the report and outlined the statutory responsibilities of the Chief Social Work Officer, oversight of children, adult and justice services, and the creation of a Deputy CSWO role, and noted that Janine Howie had been appointed to the role. He highlighted strong service delivery, positive inspection results, challenges such as demographic changes, financial strain, and workforce issues, and emphasised ongoing innovation and partnership working to mitigate these challenges.

During discussion, Members asked about challenges in achieving savings, reasons for the increase in unpaid carers, and higher sickness absence in adult social care staff. There was also some discussion on whether the service should push back on change due to workforce pressures, strategies for extending staff working life, use of technology to mitigate staff shortages. Officers advised of ongoing workforce planning, service reviews and the upcoming Workforce Plan which would be presented to the Board. There was some discussion of child poverty rates compared to other areas and a request for benchmarking information.

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

- (1) to note the Chief Social Work Officer Annual Report for the 2024/25 financial year in relation to Children and Adult Social Work Services;
- (2) to acknowledge the level of investment in Children and Adult Social Work Services for the residents of Aberdeenshire;
- (3) to acknowledge the commitment of social work staff in the consistent delivery of high performing services; and

- (4) that the Chief Social Work Officer provide benchmarking data on child poverty rates and highlight work of the Strategic Partnership for Tackling Poverty and Inequalities for Aberdeenshire.

11 Community Hospital Strategic Review Update on Phase 1: Planning and Investigation

With reference to the Minute of the IJB of 19 March 2025, Item 9, there had been circulated a report dated 15 January 2026 by the Interim Partnership Manager, Central, which provided a summary of Phase 1 of a strategic review of community hospitals in Aberdeenshire, and was seeking approval to begin Phase 2, which would develop a long-term route map and Delivery Plan for the hospital network (2027-2037).

The Interim Partnership Manager, Central introduced the report and outlined the work during Phase 1 which had been completed following extensive engagement with over 2,800 community members and 147 staff across all hospital localities. She highlighted that the findings showed strong community attachment to local hospital services, a significant variation across sites in terms of estate conditions, service models and workforce and the need to modernise hospitals so they could function as proactive centres for rehabilitation rather than reactive overflow capacity. She also emphasised increasing demographic pressures, the importance of aligning future planning with wider system dependencies such as acute flow and primary care sustainability, and the overall need for a clear, evidence-based route map for the next decade.

During discussion, Members asked about how the route map would be structured and whether the ten-year plan would include staged, flexible timelines to take account of system-wide dependencies and officers confirmed that Phase 2 would use indicative timeframes which would be revisited regularly and aligned with wider transformation work. It was also confirmed that the future model would be population-needs-led rather than uniform, would be aligned with wider system change and adaptable through flexible timelines.

Thereafter, the Integration Joint Board **agreed** to commence Phase 2: Develop a route map and delivery plan for our community hospital network in Aberdeenshire for 2027-2037.

12 Fyvie Health Centre

As the Chair had made a transparency statement in relation to this item, and advised that she would demit the Chair, the Vice-Chair took the Chair during consideration of this item.

There had been circulated a report dated 16 January 2026 by the Chief Officer, which provided the background to the closure of the Fyvie Health Centre, details of a community engagement process which had been undertaken and a recommendation that the building should be declared surplus to requirements and that NHS Grampian are asked to commence the closure and decommissioning process for the building.

The Partnership Manager, Central introduced the report and reminded the Board of the long-standing position of the Fyvie Health Centre, which had been closed for more than five years and could not be reinstated by the current GP practice, who had advised they were unable to deliver face-to-face services from the building. The Health and Social Care Partnership had also confirmed that it lacked the capacity to operate services from the site and the report therefore recommended that the premises be declared surplus to requirements. Officers outlined the engagement that had been undertaken with local communities, including drop-ins, surveys and correspondence and acknowledged concerns that had been raised about the adequacy and timing of communication, particularly prior to the involvement of the Health and Social Care Partnership.

Officers noted a proposed change to part of the recommendation in the report as there was no requirement to issue a Direction and the appropriate action was to recommend that NHS Grampian declare the building surplus to requirements and to follow their disposal process.

During discussion, Members highlighted significant unease among the Fyvie and Rothienorman communities about communication from the GP practice, with some feeling they had not been adequately engaged or informed throughout the process leading to the proposed closure. They also emphasised the real difficulties that rural residents, particularly older and less mobile people, faced in accessing services at Oldmeldrum Health Centre due to limited public transport and the distance between the bus stop and the building. Members acknowledged the complex timeline of the last several years which had contributed to delays and the Chief Officer acknowledged the distress caused and apologised on behalf of the Partnership and committed to improving communication and governance processes in future.

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

- (1) to note that Fyvie Health Centre has been closed for a period exceeding 5 years;
- (2) to note that the GP Practice responsible for serving the patient population for Fyvie and Oldmeldrum have confirmed that face-to-face GP and nursing appointments will not be reinstated within the building, with service delivery continuing through existing arrangements that meet clinical and operational requirements;
- (3) to note given the GP practice were unable to utilise the building, an exercise scoping potential service provision with the premises has been undertaken, which concluded that there was insufficient capacity within Health and Social Care Partnership teams to deliver services from the building at a level that would justify reopening. Furthermore, the associated running costs cannot be supported given the limited scope for service delivery. NHS Grampian were also consulted and had no plans to further utilise the building;
- (4) in light of these findings, it is recommended that Fyvie Health Centre be declared surplus to requirements and NHS Grampian be requested to commence their closure and decommissioning process for the building;
- (5) the Health and Social Care Partnership will undertake a review of the governance arrangements relating to the process followed when buildings are identified as no

longer required for service delivery. This work will ensure that decision making is transparent, consistent, and aligned with statutory responsibilities and best practice. The review will consider roles, responsibilities and reporting requirements to provide assurance to the IJB that oversight is in place; and

- (6) the Chief Officer to report back to the IJB on GP engagement, how relationships can be strengthened and how similar issues can be prevented in the future.

13 2026/2027 Annual Procurement Work Plan (Social Care)

There had been circulated a report dated 16 December 2025 by the Chief Officer which provided the Annual Procurement Work Plan for approval, for procurements to be undertaken during 2026/27.

The Strategic Procurement Manager introduced the report and highlighted relevant information on the three items on the Annual Procurement Work Plan, which included (a) Residential Service for Adults with Learning and Physical Disabilities; (b) National Care Home Contracts for residential services for older people; and (c) Scotland Excel Care Homes for Adults with Learning Disabilities National Framework.

Thereafter, the IJB **agreed** to:

- (1) approve the Annual Procurement Work Plan detailed in Appendix 1, the one Procurement Approval Form (PAF) and two Award Reports in Appendix 2 (A-C);
- (2) note the Procurement Approval Form and Award reports for items on the Work Plan which were within the Integration Joint Board's remit and where the value of the matter was over £1,000,000;
- (3) direct Aberdeenshire Council to extend the services and carry out an open tender detailed in the Annual Procurement Work Plan on behalf of the Integration Joint Board;
- (4) note the following updates: Out of Area National Care Home Contract (NCHC) Placements (4.6), Learning Disability & Older People's contracts of an indeterminate period (4.7); and additional Out of Area placements (4.8); and
- (5) note that the contract requirements relating to care and support services align with the Integration Joint Board's Strategic Plan in relation to Outcome 2: People, including those with disabilities or long-term conditions or are frail, can live independently at home or in a homely setting in their community. Additionally, an update on the outcomes from the approved procurements in the report would be included in the Commercial & Procurement Shared Service's annual report.