

## **INTEGRATION JOINT BOARD**

**COUNCIL CHAMBER - WOODHILL HOUSE, WESTBURN ROAD, ABERDEEN, AB16  
5GB, WEDNESDAY, 18TH MARCH, 2026**

### **Integration Joint Board Members:**

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

### **Integration Joint Board Non-Voting Members:**

Mary Beatie (S95 Officer), Victoria Brown (Third Sector Representative), 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), Sue Kinsey (Third Sector Representative), Gillian Milne (Interim Chief Finance and Business Officer), Rachel Taylor (Primary Care Advisor) and Carlyne Wood (Carer Representative).

**Officers:** Ewan Black (Finance Manager, NHS Grampian), Shona Campbell (Interim Strategy and Transformation Manager), Lauren Cowie (Legal Service Manager), Tracy Gordon (Service Development Officer), Lynne Gravener (Team Leader Strategy & Business), Susan McKinnon (Team Leader), Rebecca Meiklejohn (Business Partner), Alison McGruther (Chief Nurse), Angela MacLeod (Programme Manager), Jo Raine Mitchell (Communications & Marketing Team Leader), Alex Pirrie (Partnership Manager North), Neil Stephenson (Strategic Procurement Manager) and Harriet Tevendale (Committee Officer)

**Apologies:** Fiona Alderson (Third Sector Representative), Ms J Duncan (NHS), June Barnard (Nursing Lead Adviser) and Angie Mutch (Service User Representative).

## **1 Sederunt and Declaration of Members' Interests**

The Chair asked for Declarations of Interest.

Councillor Cassie made a transparency statement by virtue of his wife working for a care provider whose services are commissioned by the Council. As the meeting was not considering the commissioning of services directly, he had concluded that he had no interest to declare and he would remain and participate in the meeting.

## **2 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.

### **3 Minute of Meeting of the Integration Joint Board 28 January 2026**

There had been circulated and was **approved** as a correct record the Minute of the Meeting of 28 January 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 provided an update regarding the action log. She advised that the first three items, including the recovery plan, would be considered as part of the current agenda. It was noted that item 4, concerning the revised work plan, would be revisited at the next meeting of the Integration Joint Board scheduled for 28 May 2026. With respect to item 5, Fyvie Health Centre, the Chief Officer confirmed that a development session focused on GP engagement had been planned, with the date to be communicated in due course. Regarding the final action relating to Inch Hospital, she pointed out an error in the previously indicated date, clarifying that the correct date for reporting to the Integration Joint Board should be 1 July 2026, rather than 2 July.

### **5 Chief Officer's Report**

There had been circulated a report by the Chief Officer which provided an overview of key national and local developments shaping service delivery of the partnership. The Chief Officer introduced the report which outlined the launch of the National Social Work Agency, progress with implementing the support at home framework - such as increasing provider capacity and introducing enhanced rural rates and updates on the NHS Grampian walk-in centre programme. The report also detailed plans to expand hospital at home capacity, outlined preparatory work regarding upcoming changes to voting rights for non-voting Integration Joint Board members and related governance considerations, and provided an update on risks and mitigation measures linked to the neuro rehabilitation pathway redesign.

Members sought clarity on the definitions of remote and rural areas. The Partnership Manager North advised that the support at home framework mainly uses the Scottish Government's urban rural classification but applies it flexibly to reflect Aberdeenshire's

specific needs. Areas showing clear operational requirements may be included even if they do not fully meet national criteria.

Some concerns were raised regarding staffing for hospital at home services, walk-in GP centres, and the neurorehabilitation pathway. The Chief Officer along with other officers reported ongoing collaboration, low overnight nursing demand, and workforce constraints affecting expansion and recruitment. Members discussed and sought clarification regarding its locus in the decision-making process for the selection of the walk-in GP centre site. Members requested that the precise role and responsibilities of the Integration Joint Board in this matter be clearly outlined, and that a report detailing these be brought back to the Board once further information was available. It was noted that confirmation of the walk-in centre location was anticipated by the end of April 2026, and members emphasised the importance of being kept informed of developments and ensuring transparent decision-making.

There had been additional discussion about how the Integration Joint Board participated in decision-making and addressed delays related to neurorehabilitation staffing, the National Social Work Agency, support at home framework, and workforce challenges. The Board noted ongoing recruitment and workforce issues, requesting officers to report on solutions and progress at future meetings. Officers provided clarification that the agency provides advice on standards and workforce planning, with increased rates for remote providers set within budget. Actions were underway to address workforce problems and maintain communication with unions.

After discussion, the Integration Joint Board **agreed**;

(1) to instruct officer to provide further information to be reported back to the IJB regarding the walk in GP Centre once available; and

in other respects, to note the updates provided.

## **6 IJB Budget Report 2026-27**

There had been circulated a report dated 9 March 2026 by the Chief Officer which outlined the Integration Joint Board's Budget for 2026/27 and provided an update on the financial position for 2025-26. The Chair noted that an updated recommendation was proposed (1.2) to provide greater clarity on the proposed 2026/27 savings. It was highlighted that several items required further scoping and impact assessment to be completed.

The Chief Finance and Business Officer presented the financial report, drawing attention to an error in the updated financial scenarios found on pages 46 and 47 of the agenda. Specifically, the split between NHS and council funding had been transposed in the figures. Furthermore, it was noted that the Council's contribution in these figures was £6.2 million, which was slightly less than the council's own budget figure. The difference in the figures was because the Integration Joint Board's figures had not been finalised at the time the council's papers were published. Officers had reported a positive in-year financial position for 2025/26, with a projected £7.4 million underspend and reduced reliance on partner underwriting. The 2026/27 budget had been balanced, supported by confirmed funding from Aberdeenshire Council and NHS Grampian, and was based on a one-year settlement with no reserves, requiring continued discipline and transformation.

Members questioned the achievability and specificity of the proposed savings, referencing previous years' shortfalls. Officers confirmed that savings were being scoped, were considered deliverable, and that lessons from previous years had been applied, with close monitoring and alternative options to be developed if needed. Clarification was sought on the distinction and potential efficiencies between the Aberdeenshire Drug and Alcohol Partnership and Service; officers explained that the partnership was strategic and the service was operational, with both working closely together. Concerns had been raised about the realism of prescribing savings and their impact on budget balance; officers provided assurance that prescribing savings were considered realistic given the size of the budget and ongoing efficiency work but acknowledged that some variables were out with local control.

During the discussion, members sought confirmation that impact assessments for major savings areas had commenced. Officers confirmed these were underway and would be reported to the Integration Joint Board in May 2026, with a focus on transparency and more detail on savings proposals including learning disability tech-enabled care, older people and physical disability, 24/7 accommodation review, carers team, and GPs with special interests. Members also enquired whether the £1 million service redesign saving was supported by a detailed plan. Officers confirmed that a plan was already in place, based on analysis of ongoing underspending and targeted efficiencies, and expressed confidence in meeting the savings target. Additionally, members requested assurance that the budget was shaped by professional judgment and asked for an updated medium-term financial strategy once partner funding decisions were finalised. Officers confirmed that the budget reflected their best professional judgment and committed to providing revised financial forecasts when partner decisions were made.

Additional questions focused on how the savings might impact unmet needs, especially for learning disabilities and older people or those with physical disabilities. Officers explained that unmet need would be managed using risk-based prioritisation, and more information would be provided. Lastly, members requested greater detail on the set aside budget line in future reports, and officers agreed to include this in coming updates.

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

(1) the 2026/27 Revenue Budget as set out in Appendix 1 based on the funding confirmed by Aberdeenshire Council and NHS Grampian for 2026/27;

(2) approve the indicative savings listed in Appendix 2, with the understanding that additional work will be done to assess the implementation and impact, and that the results will be reported back to the IJB in May 2026, for the following proposals:

- Learning Disability Tech enabled care
- Older People and Physical disability
- 24/7 Accommodation Review
- Carers Team
- GP with special interest

(2a) to note that Estate Rationalisation savings would be considered on an individual basis and reported to the IJB in due course and that all other proposals listed in Appendix 2 are operational efficiency savings with no identifiable impacts on strategy

or service users however, if during implementation impacts are identified, a further report will be brought to the IJB;

(3) to note the HSCP Charging Policy 2026/27 and the 2026/27 charges that would be applied from 6 April 2026 as approved by Aberdeenshire Council on 26 February 2026;

(4) to note the update on the Recovery Plan 2025/26 and agree to receive a further report at the next Integration Joint Board following discussion with funding partners;

(5) to instruct the Chief Officer to maintain strengthened financial management and monitoring arrangements to stay within budget and to report regularly to the IJB on progress;

(6) to note that there are no reserves for 2026/27;

(7) the Medium-Term Financial Strategy (MTFS) as detailed in Appendix 6; and

(8) to note the 2025/26 financial position set out in paragraphs 4.36 to 4.41 and appendices 7 and 8.

## 7 Outcomes of IJB Directions 2024-2025

There had been circulated a report dated 6 March 2026 by the Chief Officer which outlined the annual report on directions issued on behalf of the Integration Joint Board to NHS Grampian and Aberdeenshire Council for the financial year 2025/26. The report also included a summary detailing the progress and outcomes of directions issued in the two preceding financial years.

The Interim Strategy and Transformation Manager introduced the report, clarifying that directions, as required by the Public Bodies (Joint Working) (Scotland) Act 2014, were the formal means for commissioning services and clarifying accountability, decision-making, and integrated budget use. Directions were tracked and reported annually, with additional work carried out this year to highlight outcomes and impact. Officers acknowledged the need to enhance reporting for greater assurance and confirmed that ongoing efforts had been made to improve this process. Progress was monitored throughout the year, with updates provided to the Integrated Joint Board as needed.

Members discussed the need to avoid duplication with other assessments, the importance of tracking best value, and the intention to improve the performance framework and reporting, including guidance for officers to ensure clarity and measurability of directions. It was agreed that further work was required to enhance the granularity and outcome focus of directions, with a commitment to ongoing review and integration with procurement and performance reporting processes.

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

(1) note the outcomes and progress of IJB directions implemented in 2023/24 and 2024/25;

(2) note the annual report on all directions issued by the IJB during 2025/26 and agree to receive a further report on progress and outcomes of these directions at the end of this financial year; and

(3) agree for the report to be shared by the Chief Officer with the Chief Executives of both Aberdeenshire Council and NHS Grampian.

## 8 Aberdeenshire Adult Carer Strategy 2025-2030

There had been circulated a report dated 24 February 2026 by the Chief Officer which detailed the strategy for recognising, valuing, and supporting unpaid adult carers throughout Aberdeenshire over the next four years in accordance with national standards and the Carer (Scotland) Act 2016.

The Lead Social Worker introduced the report, explaining that the strategy had been structured around four main priorities: earlier identification of carers, timely and personalised support, recognising carers as equal partners, and improving access to meaningful breaks. It was consistent with national legislation and incorporated a delivery plan and communication strategy.

Members discussed the significant role and economic value of unpaid carers, the need for tailored support for older carers, and challenges in raising awareness of available resources. Officers confirmed that awareness-raising and staff training were integral to the strategy. Concerns arose about low recognition rates among carers and survey participants. Members highlighted the risks posed by budget cuts and efficiency savings, warning of potential negative impacts on carers and those they supported. Officers acknowledged these concerns and agreed to have maintained dialogue with carers, monitored effects, and adapted support as needed and to update the Aberdeenshire Adult Carer Strategy delivery plan, linking it to the performance framework to track outcomes.

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

(1) instruct officers to circulate the figure for the economic value of unpaid carers' work in Aberdeenshire;

(2) instruct officers to initiate follow-up discussions regarding support for unpaid carers, ensuring that meetings are scheduled between officers and relevant representatives;

(3) instruct officers to report back to the IJB in October 2026 with an interim update on progress specifically around the Aberdeenshire Adult Carer Strategy;

(4) instruct officers to update and share the Aberdeenshire Adult Carer Strategy delivery plan with the IJB, connecting it to performance monitoring and outcomes;

(5) instruct officers to report back on consultation responses by carer status (carer, former carer, non-carer) or to confirm feasibility and to ensure that this data is distinguished in future consultations; and

- (6) approve the final draft of the Aberdeenshire Adult Carer Strategy 2025 to 2030 for launch in April 2026.

## 9 NHS Grampian 2026/27 Priorities for Delivery

There had been circulated a report dated 24 February 2026 by the Chief Officer outlining the NHS Grampian 2026/27 Priorities for Delivery. The Director of Public Health presented the report, outlining the five proposed priorities for NHS Grampian for 2026/27: people, leadership and governance, prevention, planned care, urgent and unscheduled care, and value and sustainability.

Members discussed how NHS Grampian's priorities align with the Integration Joint Board's delivery plan, focusing on prevention, home-first approaches, timely discharge, community care, and financial sustainability. There were questions about whether prevention was given sufficient priority within budget constraints, and officers reassured its status as a key priority and ongoing efforts to strengthen collaboration. Members also requested an update report on the mapping of shared outcomes - particularly those related to prevention - and requested a clear timeline for the milestones linked to the Hope Conference actions.

Members also commented on the differentiation of KPIs across localities, the use of numeric targets and the need for detailed reporting for prevention and early intervention. The discussion acknowledged the significant savings required by NHS Grampian and the potential impact on priorities such as prevention. The importance of aligning medium-term financial strategies across organisations was highlighted as crucial for sustainability. Officers agreed to produce a report outlining strategic considerations, inclusivity measures, and anticipated impacts of transitioning to a population health organisation within a whole-system framework and to provide an update on the linkage between the North East Transformation Board and the Integrated Joint Board, including governance and decision-making processes.

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

- (1) instruct officers to provide a further update report to the IJB on the mapping of shared outcomes, with particular emphasis on prevention, and to include a detailed plan with milestones for the Hope Conference actions;
- (2) instruct officers to provide future report to the IJB outlining the thinking, inclusion, and potential impacts of working towards becoming a population health organisation as a whole system;
- (3) instruct officers to provide an update to the IJB on the linkage between the North East Transformation Board and the IJB, including governance and decision making processes;
- (4) note the draft priorities set out within the accompanying slideset: NHS Grampian 2026/27 Priorities for Delivery for the period 1st April 2026 to 31st March 2027; and

(5) note the alignment between IJB and NHS Grampian strategic priorities and the commitment to continue improving how we work as a whole system.

#### **10 Approved Minute of the CASWG Committee 3 October 2025**

The Committee **noted** the approved Minute of the CASWG Committee meeting of 3 October 2025 and noted a discrepancy in the Minute in terms of the number of weekly hours under item 5, where the figure of 19,000 hours should actually be 1,943 hours and noted the matter would be referred to CASWG Committee for clarification.

#### **11 Approved Minute of IJB Audit Committee 3 December 2025**

The Committee **noted** the approved Minute of the IJB Audit Committee Meeting of 3 December 2025.