

## INTEGRATION JOINT BOARD

**COUNCIL CHAMBER - WOODHILL HOUSE, WESTBURN ROAD, ABERDEEN, AB16  
5GB, WEDNESDAY, 8TH OCTOBER, 2025**

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

Councillor A Stirling (Chair), Dr Councillor A Stirling (Chair), Dr C Backwell, Ms J Duncan, Councillor R Cassie, Councillor M Grant, Councillor D Keating, Councillor G Lang, Mr S Lindsay and Prof S Paranjothy.

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

F Alderson (Third Sector Representative), J Barnard (Nursing Lead Advisor), K Grant (NHS Trade Union), J Howie (Deputy Interim Chief Social Work Officer), S Kinsey (Third Sector Representative), I Kirk (Unison Trade Union), L Jolly (Chief Officer), G Milne (Interim Chief Finance and Business Officer), A Mutch (Service User Representative), R Taylor (Primary Care Advisor) and C Wood (Carer Representative).

**Officers:** C Cameron, M Carle, A Pirrie, J Raine Mitchell, L Thom, G Robertson (Aberdeenshire Health and Social Care Partnership); E Black and A McGruther, (NHS Grampian); L Cowie, A McLeod and N Stephenson (Aberdeenshire Council).

**Apologies:** P Bachoo and V Brown.

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

The Chair asked for Declarations of Interest. Angie Mutch declared an interest in Item 11, by virtue of the subject matter having a direct link to her family and she confirmed that she would leave the meeting and take no part in the item.

### **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 Integration Joint Board of 3 September 2025**

There had been circulated and was **approved** as a correct record the Minutes of the Meeting of 3 September 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 Integration Joint Board. By way of update, the Chief Officer noted a revised timeline for reporting on the Inch Hospital project due to some delays, and she confirmed that a Chair had recently been appointed and the first stakeholder meeting was scheduled, with a report planned to be taken back to the Board in February 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 & Social Care Partnership, including (a) an update on the Care Reform (Scotland) Act 2025, (b) information on the Grampian Health & Care Whole System Plan; (c) an update on the Partnership Manager roles for Central and North.

By way of update, the Chief Officer highlighted the Care Reform (Scotland) Act 2025, noting its national significance and the requirement for health and social care partnerships to support carers, especially regarding respite care. She explained the need for collaborative work with third sector partners to meet the new legislative requirements and to ensure appropriate support for carers. She also provided an update on the Whole System Plan for unscheduled care, developed in partnership with Aberdeen City, Moray and NHS Grampian, focussing on improving hospital flow, supporting a Discharge to Assess model, and prioritising person-centred care.

During discussion, Members commented on the financial impact and capacity to deliver respite care under the new legislation, and whether existing resources were sufficient or extra capacity would be needed. The Chief Officer acknowledged that the full financial and operational impact of the new respite requirements was not yet known and emphasised the need for further work with partners to understand and plan for these pressures. She stressed the need for collaborative working with the third sector, independent and private sector partners and the need for a joint approach.

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

- (1) that the Chief Officer should report back to the IJB on the financial, operational and capacity implications of the Care Reform (Scotland) Act 2025, including mechanisms for respite care and the involvement of third sector partners to a future meeting; and
- (2) in other respects, to note the updates provided.

### **6 Schedule of Meetings for 2026**

There had been circulated a report dated 26 August 2025 by the Chief Officer requesting approval of a proposed schedule of meetings for 2026.

The Integration Joint Board **agreed** to approve the following meeting dates for 2026, and that meetings should be scheduled from 10.00 am to 3.00 pm, with appropriate breaks being built in –

28 January 2026  
18 March 2026  
27 May 2026  
1 July 2026  
2 September 2026  
18 November 2026.

## **7 Integration Joint Board - Membership Updates and Appointments to Committees**

With reference to the Minute of Meeting of the IJB of 3 September 2025 (Item 6), there had been circulated a report dated 25 September 2025 by the Chief Officer providing an update on a number of outstanding membership nominations to the IJB and its Committees.

The Legal Services Manager advised the Board that Councillor Moray Grant had been appointed by Aberdeenshire Council as a substantive member of the Integration Joint Board, and that the Board was being asked to make appointments to the IJB Audit Committee and to appoint a Vice-Chair to the Clinical and Adult Social Work Governance Committee.

In respect of the recruitment of a non-voting member to the IJB Audit Committee it was noted that no non-voting members had yet come forward, and the Chair proposed that the matter be revisited at a future meeting after additional efforts were made to fill the vacancy.

The Integration Joint Board **agreed**:

- (1) to note the recent appointment of Councillor Moray Grant by Aberdeenshire Council as a substantive member;
- (2) to appoint Councillor Moray Grant to the IJB Audit Committee;
- (3) to appoint Councillor Moray Grant as Vice-Chair of the IJB Audit Committee;
- (4) to appoint Councillor David Keating as Vice-Chair of the CASWG Committee;  
and
- (5) to note that the remaining vacancy for a non-voting member on the IJB Audit Committee would be reconsidered at a future meeting.

With reference to the Minute of the IJB of 28 May 2025 (Item 10), when the IJB had agreed a new strategic direction for the in-house Home Care Service (and ARCH), there had been circulated a report dated 26 September 2025 by the Chief Officer which provided an update on the progress of the service redesign.

The Partnership Manager, South introduced the report and advised that the redesign aimed to implement a specialist Reablement and Responder Service with a focus on short-term, intensive support to help people regain independence, with priorities on end-of-life care, community alarm response and uninjured falls. The redesign involved three main workstreams: developing the reablement pathway, recommissioning existing care packages to the independent sector and workforce redesign. Progress included 25% of packages recommissioned, but full implementation was delayed due to capacity issues, and a phased approach was proposed which was dependent on the availability of external care provision.

During discussion, Members commented on the safeguards for those unable to afford additional charges for responder services, the importance of end-of-life care, the reduction in overnight teams, ongoing review processes, the need for regular workforce engagement and communication, capacity availability in the independent sector. There were also some concerns raised about risks if the new Support at Home Framework was delayed, and the impacts on remote/rural and complex cases, and the need for ongoing risk monitoring. The need to include lived experience and Integrated Impact Assessments in ongoing planning and reporting was emphasised.

After further discussion, the Integration Joint Board **agreed**:

- (1) to note the progress of the redesign work;
- (2) to acknowledge the limitations of full implementation of the new strategic direction due to the current lack of external care resource and agree a phased approach; and
- (3) to delegate to the Chief Officer to report back, by exception, if any significant issues should arise.

## **9 IJB Revenue Budget Update**

There had been circulated a report dated 25 September 2025 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 between April and July 2025.

The Interim Chief Finance and Business Officer introduced the report and provided an update on the financial position as at 31 July 2025. She referred to the Recovery Plan, the Revenue Budget for 2025/26, the status of efficiency savings, full cost recovery charging, the savings programme. She reported a £4.287 million underspend for the period, with a projected year end overspend of £932,000, noting strong budget management, but she cautioned against straight line projections due to budget phasing and anticipated savings. She highlighted that almost £5 million of the £7.7 million agreed savings were not expected to be achieved as initially planned, but alternative savings (especially In-House Care at Home and ARCH redesign) were now

anticipated to close most of the gap. The report also included trend data on care packages, showing reductions in both the number and cost of packages between April and July 2025. She advised of ongoing work on the Medium Term Financial Strategy (MTFS) which would be considered by the IJB on 10 November 2025. The strategy aims to provide a framework for evidence-based consideration of current and future demands, support adaptable financial planning and facilitate engagement with funding partners on future funding arrangements. It was noted that a three-year savings plan would be developed alongside the MTFS.

The Chief Officer emphasised the main priority was to establish strong financial grip and control, which had led to a notable improvement in managing financial pressures. She highlighted that delivering the Recovery Plan was the second key priority and the data showed that the identified savings for the current financial year were close to being achieved. She noted the difficulty in guaranteeing future pressures due to the demand-led nature of services but advised that the controls in place should provide assurance that the service was in a much better position than last year.

During discussion, Members commented on the collective effort by Officers to ensure strong budget management and acknowledged the efforts of the workforce during a very challenging period. They also noted the importance of ongoing dialogue with funding partners, and the need to determine priorities.

Thereafter, the Integration Joint Board **agreed** to note the financial position based on the year-to-date budget and year-to-date actuals as at 31 July 2025.

## 10 South Aberdeenshire Dementia Service Redesign

There had been circulated a report dated 26 September 2025 by the Chief Officer which provided details on proposals for an enhanced community dementia model for South Aberdeenshire.

The Partnership Manager, South, introduced the report and provided a summary of the redesign process which had been undertaken following the closure of the Scolty Ward Dementia Assessment Unit. She explained the new community-based service model, which would enable assessment within a person's own home or care home, would support unpaid carers, and aimed to minimise stress for both carers and those with dementia. The enhanced dementia team model was chosen, incorporating a community hub approach, and would use the 'Newcastle' model for managing distress in dementia. The new model offered an exciting opportunity to develop an innovative service for the care of people with complex needs arising from their dementia and could provide a future direction that is evidence based and financially sustainable.

During discussion, Members asked about staffing sustainability and the potential for rollout across Grampian. Officers confirmed that the innovative model was likely to attract staff, that some redeployment was planned, and the model was being considered for wider adoption, with ongoing evaluation. Plans for a communications strategy were also outlined and information would be shared appropriately as the service developed. Members also acknowledged the Integrated Impact Assessment (IIA) and the need for ongoing evaluation and communication.

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

- (1) to note the proposed enhanced community dementia model for South Aberdeenshire;
- (2) to agree the implementation of the new model; and
- (3) to Direct NHS Grampian to deliver an enhanced community dementia model in South Aberdeenshire as detailed in Appendix 1 to the report.

## **11 Proposed extension to Learning Disability strategy 2020-2025**

There had been circulated a report dated 26 September 2025 by the Partnership Manager, Central which provided information on work progressed throughout the 5-year lifespan of the Learning Disability Strategy 'Be all you can be' 2020-2025.

The Partnership Manager, North introduced the report and outlined the proposal to extend the current Learning Disability Strategy (2020-2025) due to delays in national legislation (the Learning Disabilities, Autism and Neurodivergence Bill). She explained that while significant progress had been made, some projects were delayed by COVID, operational, and budget pressures. By extending the Strategy, with a refreshed Delivery Plan, for up to two years, would maintain continuity and allow alignment with future national direction. Officers outlined details of the refreshed Plan and its oversight, with a commitment to continued reporting and performance management.

During discussion Members welcomed the pragmatic approach, noting that it avoided unnecessary change before new national guidance was introduced and it was appropriate given financial pressures. In relation to the Integrated Impact Assessments (IIA) Members noted that the impacts had been considered as part of the development of the proposals and the need for further detailed IIAs was acknowledged.

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

- (1) to note the work progressed throughout the 5-year lifespan of Aberdeenshire H&SCP's Learning Disability Strategy 'Be All You Can Be' 2020-2025;
- (2) to note the lack of current national strategic direction, in particular the delay in the implementation of the LDAN (Learning Disabilities, Autism and Neurodivergence) Bill; and
- (3) to support the extension of the Learning Disability Strategy and refreshed Delivery Plan for a further 2 years to provide the necessary stability and continuity to maintain progress on local priorities while allowing time for a clearer national strategic context to emerge.

## **12 Aberdeenshire HSCP - Our approach to Engaging, Consulting and Communicating with our citizens and communities**

There had been circulated a report dated 11 September 2025 by the Chief Officer which highlighted that the Health & Social Care Partnership was undergoing

significant change, including the redesign of services and comprehensive system-wide planning. The report emphasised the importance of placing community voices and the experiences of service users at the centre of all planning and decision-making. This approach would help the Partnership fulfil its statutory duties for engagement and consultation and support Officers in developing and delivering services that were fit for the future.

The Chief Officer introduced the report and outlined the need for a renewed commitment to meaningful engagement due to increased demand, financial pressures and service redesign. She advised that the report sets out the principles, legislative frameworks and practical steps to embed engagement, and aimed to build trust and co-design services with communities.

During discussion, Members requested the use of more plain English in communications and better promotion of engagement events, and the need to co-ordinate with NHS and other partners for joint events. The need for transparency about limited options and realistic expectations was also highlighted and Members supported concise communication and two-way engagement.

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

- (1) to agree in principle the Aberdeenshire H&SCP approach to Engaging, Consulting and Communicating with communities as set out in Appendix 1 to the report;
- (2) to delegate to the Chief Officer to revise the document to incorporate feedback on plain English, clearer definitions of engagement and consultation and realistic parameters and to circulate to the Members of the IJB for their feedback before final sign off;
- (3) to delegate to the Chief Officer, in consultation with the Chair and Vice-Chair to agree the final sign off of the document;
- (4) to agree the principles of change as set out in Appendix 1 to the report; and
- (5) to note the legislative and good practice frameworks set out in Appendix 2 to the report.

### **13 Aberdeenshire ADP Progress Report**

With reference to the Minute of the IJB of 28 May 2025 (Item 16) when further engagement between the IJB and the Alcohol and Drugs Partnership (ADP) had been proposed, there had been circulated a report dated 10 September 2025 by the Chair of the Aberdeenshire Alcohol and Drugs Partnership (ADP), providing details of the ADP Strategic Plan and their performance.

The Partnership Manager, North introduced the report on behalf of the ADP Chair. She outlined the Partnership's role in allocating Scottish Government funding to reduce alcohol and drug harms. The report covered strategic delivery, governance improvements, changes in service trends, and the development of a new strategy for 2026-2031. Key points included strengthened structures, new roles in the Support Team, improved governance and ongoing collaboration with partners. The report also highlighted performance against national standards, increased service capacity and

future plans such as participatory budgeting and a new strategy aligned with national guidance. The Service Manager was in attendance to respond to Members questions.

During discussion, Members asked about the completeness of the ADP membership lists, the purpose of cross-Grampian funding reviews, interpretation of waiting time statistics, how Aberdeenshire's performance compared nationally and questioned the accuracy of 'green' ratings for national standards. Officers responded to members questions and described ongoing work to better measure positive outcomes for service users. Members also commented on the significant improvement of ADP governance and endorsed the progress that had been made.

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

- (1) to note the Progress Report from the Aberdeenshire Alcohol and Drug Partnership (ADP); and
- (2) to acknowledge efforts being made to improve ADP Governance and Structures.