



Aberdeen City Health & Social Care Partnership
A caring partnership



Aberdeen City Integration Joint Board

Annual Accounts 2024/25



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This publication contains the financial statements of Aberdeen City Integration Joint Board ('the IJB') for the year ended 31 March 2025. The Management Commentary outlines the key messages in relation to the IJB's financial planning and performance for the year and how this has supported delivery of the IJB's priorities. This commentary also looks forward, outlining the IJB's future financial plans and the challenges and risks which we will face as we strive to meet the needs of the people of Aberdeen.



Management Commentary

The Role and Remit of the Integration Joint Board (IJB)

Aberdeen City Integration Joint Board (IJB) is a joint venture between NHS Grampian (NHSG) and Aberdeen City Council (ACC) which has overall responsibility for planning health and social care services within the city. The IJB is the formal legal body that makes the decisions about how health and social care services are delivered.



The functions delegated to the IJB are detailed in the Integration Scheme, and in summary include all community health and social care services provided to adults and older people. Some services such as adult social work, GP services, district nursing, and allied health professionals are fully delegated and the IJB has responsibility both for strategic planning and operational delivery of these. Other services are Grampian-wide services which Aberdeen City IJB “host” on behalf of all three IJBs in the NHS Grampian area. Aberdeen City IJB delivers the services they host but they share strategic planning responsibility with Aberdeen, Aberdeenshire and Moray IJBs. There are also hospital-based services which Aberdeen City IJB has responsibility for the strategic planning of. Full details of the delegated and hosted services can be found at the [Health and Social Care Integration Scheme for Aberdeen City](#).

The IJB directs Aberdeen City Council and NHS Grampian to deliver services. Aberdeen City Health and Social Care Partnership (AHSCP) delivers the services on

behalf of the IJB and ultimately ACC and NHSG. ACHSCP is comprised of staff from both organisations. At least every three years the IJB publishes a Strategic Plan which sets out the local challenges and how the IJB intends to make changes to the way delegated services are delivered to improve outcomes for the people of Aberdeen. The policy ambition is to improve the quality and consistency of services to patients, carers, service users and their families; to provide seamless, joined-up, quality health and social care services in order to care for people in their own homes or a homely setting where it is safe to do so; and to ensure resources are used effectively and efficiently to deliver services that meet the increasing number of people with longer-term and often complex needs, many of whom are older.

Population Needs of Aberdeen City

Aberdeen City has a population of 227,750 which is 4.1% of the population of Scotland. Challenges faced in Aberdeen City as a result of poverty, deprivation, ill health and inequality are well documented. ACHSCP understands that there are a whole range of factors that influence people's health and social care needs. Meeting those needs means considering all these factors and working with our partners to reduce their impact.

To understand the bigger picture and help to plan services the IJB gathers and considers information from different sources to build a profile of the city and its needs. A key document is the Population Needs Assessment (PNA) which was last updated in October 2024. A copy of the full report can be found [here](#) but the following paragraphs highlight some of the most relevant information that impacts on the level of demand for health and social care services and, therefore, the pressure on the IJB's budget. It should be noted that although the PNA was updated in 2024 some of the most up to date information contained within it relates to previous years.

The Population needs Assessment (PNA) for Aberdeen City confirms that there is an ageing population in the city. By 2028 the number of 65–74-year-olds will increase by 14.4% and the number of 75+ will increase by 16.1% - that represents an additional 4,000 people who will potentially require health and social care. In addition, 28% of people report they are living with limiting, long term conditions whilst 11% report living with non-limiting conditions.

The Scottish Burden of Disease study forecasts a 21% increase in the annual disease burden in Scotland over the next 20 years. Applied to the local Aberdeen context this would mean potentially an additional 6% of people reporting limiting, long term conditions.

In terms of physical health, life expectancy in Aberdeen is unchanged from 2012-2014. In 2023, cancer and circulatory diseases (such as coronary heart disease and stroke) together accounted for half (50.4%) of all causes of death and the most prevalent disease overall was hypertension, at an incidence of 11.1 patients per 100 population.

The incidence of Chronic Obstructive Pulmonary Disease (COPD) and doctor-diagnosed asthma has increased.

In relation to mental health, in 2019-2023, an estimated 18% of people in Aberdeen were deemed to have a potential psychiatric disorder and depression was reported as the second most prevalent condition. In 2023, Dementia and Alzheimer's disease were the leading cause of death for females and the second most common cause of death for males. Also in 2023, in Aberdeen city there were 29 probable suicides.

Individual behaviour has an impact on health. In 2019-2023 23% of adults in Aberdeen were drinking alcohol above the guideline recommendations which is an increase on the previous period. In 2023 there were 54 drug related deaths, an increase from 42 in 2022. Smoking, obesity, and physical inactivity are risks associated with the deaths from cancers and circulatory diseases mentioned previously. Smoking during pregnancy can have significant consequences for mother and baby, and increases the risk of stillbirth, miscarriage and preterm birth. Around 9% of pregnancies booked in Aberdeen are current smokers. In 2023, 5.6% of 13–18-year-olds reported that they were vaping regularly which could lead to smoking in later life. Obesity rates in 2023 were 32%, a significant increase from 23% in 2016-19. In relation to cancer, the earlier this is detected, the sooner treatment can be considered which can greatly improve chances of survival. Uptake rates for screening are an important factor in early detection. The latest data available indicates that in the Grampian area screening uptake for cervical cancer was 67.3%, for bowel cancer was 67.8% and for breast cancer was 80.3%.

There is a strong association between deprivation and health outcomes as indicated by the table below. The Healthy Life Expectancy of those living in the most deprived areas in Scotland is 26 years lower than those living in the least deprived areas. According to an analysis of the Scottish Index of Multiple Deprivation (SIMD) in 2020, 19.3% of Aberdeen City's population are in the three most health deprived data zones. This is higher than Edinburgh (16.2%) but considerably lower than both Dundee (48.4%) and Glasgow (54.4%). The neighbourhoods in the 20% most deprived data zones (Quintile 1) include Torry, Woodside, Seaton, Northfield, Middlefield, Tillydrone, Mastrick, Sheddocksley and George Street.

Health Indicator	Least Deprived	Most Deprived
Life Expectancy Males	81.1	71.7
Life Expectancy Females	84.8	76.4
Alcohol related hospital admissions (per 100,000)	300.7	1,044.2
Alcohol related deaths (per 100,000)	10.5	40.4
Drug related hospital admissions (per 100,000)	39.9	532

Drug related deaths (per 100,000)	5.2	57.3
Psychiatric patient hospital admissions (per 100,000)	144	343
Prescriptions for anxiety, depression and psychosis	12.5%	23.8%
Cancer registrations (per 100,000)	571.2	768.9
Early deaths from cancer (per 100,000)	98	249
Hospitalisations for coronary heart disease (per 100,000)	256.2	443.1
Early death from coronary heart disease (per 100,000)	25	95.9
Hospitalisations for COPD (per 100,000)	65.4	402.9
Incidences of smoking in pregnancy	2.8%	25%
Disposable income required to be spent on healthy diet	11%	50%

Reducing this impact of inequality and influencing the wider determinants of health will be a focus for the IJB to ensure better outcomes for the population of Aberdeen.

IJB and Sub Committees Membership

IJB and Sub Committees Membership		
Integration Joint Board		
Cllr John Cooke, <u>Chair*</u>	ACC voting member	Appointed Chair 25 April 2023 (VC from 7 June 2022)
Hussein Patwa, <u>Vice Chair*</u>	NHSG voting member	Appointed as Member 22 August 2023; Appointed VC 10 October 2023 ; Appointed Chair 26 April 2025
Prof. David Blackburn	NHSG voting member	Nominated July 2024, noted 24 September 2024
Ritchie Johnson	NHSG voting member	Nominated July 2024, noted 24 September 2024
Mark Burrell	NHSG voting member	Appointed 22 August 2023
Cllr Lee Fairfull	ACC voting member	Appointed 22 August 2023; Last meeting 6 February 2024, reappointed 19 November 2024

Cllr Martin Greig	ACC voting member	Appointed 7 June 2022
Cllr M. Tauqeer Malik	ACC voting member	Appointed 11 March 2025
Amanda Foster Debbie Oyegun Kenneth McAlpine	Patient/Service User Reps	All Appointed 9 July 2024 Debbie resigned 28 March 2025
Jim Currie	ACC Union Rep	Term extended - Reappointed 19 November 2024
Jamie Donaldson	NHSG Staff Rep	Appointed 22 August 2023
Jenny Gibb	NHSG Nursing Rep	Continuous membership
Christine Hemming and Steve Close (joint membership) Stephen Friar/ Joy Miller	Senior Leadership Team - Medicine and Unscheduled Care	Appointed 30 August 2022 SC resigned 26 June 2024; CH 12 Feb 2025 SF and JM appointed 12 Feb 2025
Maggie Hepburn (ACVO)	Third Sector Rep	Term extended - Reappointed 19 November 2024
Dr Caroline Howarth	Clinical Director	Appointed January 2019
Shona McFarlane	Carer Rep	Check Alison MacLeod report – carer reps’ terms extended
Phil Mackie	NHSG Depute Director of Public Health	Appointed 7 June 2022
Fiona Mitchelhill	Chief Officer	First meeting 26 March 2024
Graeme Simpson	ACC, Chief Social Work Officer	Continuous membership
Resigned:		
Cllr Christian Allard	ACC voting member	Appointed 6 February 2024, resigned 19 November 2024
Cllr Jennifer Bonsell	ACC voting member	Appointed 10 October 2023, resigned 11 March 2025
June Brown	NHSG voting member	Appointed 7 June 2022; Resigned 17 July 2024
Professor Siladitya Bhattacharya	NHSG voting member	Appointed 10 October 2023; Resigned 30 July 2024

Paul Mitchell	Chief Finance Officer	Last meeting 9 July 2024
Kenneth Low	Chief Finance Officer	First meeting 9 July 2024; resigned October 2024
Amy McDonald	Chief Finance Officer	Appointed December 2024; resigned 2 July 2025

*The IJB Chair and Vice-Chair rotated roles with effect from April 2025.

Risk, Audit and Performance Committee		
Councillor Martin Greig	Chair, ACC	Appointed as Chair 17 November 2022 (Member from 7 June 2022)
Hussein Patwa	NHSG	Appointed 22 August 2023
Councillor John Cooke	ACC	Appointed 7 June 2022
Ritchie Johnson	NHSG	Appointed July 2024
June Brown	NHSG	Appointed 7 June 2022; Resigned 17 July 2024

Clinical Care & Governance Group		
Mark Burrell	Chair, NHSG	Appointed 22 August 2023
Councillor M. Tauqeer Malik	ACC	Appointed 18 March 2025
Professor David Blackburn	NHSG	Appointed 24 September 2024
Councillor Lee Fairfull	ACC	Appointed 22 August 2023; Resigned 6 February 2024; reappointed 19 November 2024
Councillor Christian Allard	ACC	Appointed 6 February 2024; resigned 19 November 2024
Councillor Jennifer Bonsell	ACC	Appointed 10 October 2023, resigned 11 March 2025

Service Delivery 2024/25

Financial year 2024/25 was the last year of Aberdeen City IJB's Strategic Plan 2022-25.

Strategic Plan on a Page

Strategic Aims				
CARING TOGETHER	KEEPING PEOPLE SAFE AT HOME	PREVENTING ILL HEALTH	ACHIEVE FULFILLING, HEALTHY LIVES	
Strategic Priorities				
▶ Undertake whole pathway reviews ensuring services are more accessible and coordinated ▶ Empower our communities to be involved in planning and leading services locally ▶ Create capacity for General Practice improving patient experience ▶ Deliver better support to unpaid carers	▶ Maximise independence through rehabilitation ▶ Reduce the impact of unscheduled care on the hospital ▶ Expand the choice of housing options for people requiring care ▶ Deliver intensive family support to keep children with their families	▶ Tackle the top preventable risk factors for poor mental and physical health including: - obesity, smoking, and use of alcohol and drugs ▶ Enable people to look after their own health in a way which is manageable for them	▶ Help people access support to overcome the impact of the wider determinants of health ▶ Ensure services do not stigmatise people ▶ Improve public mental health and wellbeing ▶ Improve opportunities for those requiring complex care ▶ Remobilise services and develop plans to work towards addressing the consequences of deferred care	
Enabling Priorities				
WORKFORCE	TECHNOLOGY	FINANCE	RELATIONSHIPS	INFRASTRUCTURE
▶ Develop a Workforce Plan ▶ Develop and implement a volunteer protocol and pathway ▶ Continue to support initiatives supporting staff health and wellbeing ▶ Train our workforce to be Trauma informed	▶ Support the implementation of appropriate technology-based improvements – digital records, SPOC, D365, EMAR, Morse expansion ▶ Expand the use of Technology Enabled Care throughout Aberdeen ▶ Explore ways to assist access to digital systems ▶ Develop and deliver Analogue to Digital Implementation Plan	▶ Refresh our Medium-Term Financial Framework annually ▶ Report on financial performance on a regular basis to IJB and the Audit Risk and Performance Committee ▶ Monitor costings and benefits of Delivery Plan projects ▶ Continually seek to achieve best value in our service delivery	▶ Transform our commissioning approach focusing on social care market stability ▶ Design, deliver and improve services with people around their needs ▶ Develop proactive communications to keep communities informed	▶ Develop an interim and longer-term solution for Countesswells ▶ Review and update the Primary Care Premises Plan

Delivery of the three-year Strategic Plan is achieved through the delivery of three Annual Delivery Plans. The following commentary relates initially to the financial performance of the IJB during this year discussing expenditure in the various service areas and identifying some of the challenges faced. Subsequently there is commentary on delivery of the 2024/25 Delivery Plan highlighting some of the achievements in the year which are helping to reshape service delivery to try to mitigate the impact of some of these challenges.

Context

Firstly it is important to comment on the context of system pressure that health and social care services in Aberdeen City are working within. Data relating to operational activity levels is not readily available for all services for 2024/25 and we have been working to improve this for future year reporting. Data that provides an overall indication of the pressures on the system during 2024/25 include: -

- Inpatient data for specialist older adults and rehabilitation services indicates that midnight occupancy rates were higher in 2024-2025 compared to previous

years, mostly running at 100-105% whereas previously occupancy was typically 90-100%. This was despite generally lower admission levels during this period, which may suggest that patients had increased complexity of healthcare needs.

- Delayed Discharge Bed Days increased from 8,242 in 2023/24 to 17,705 in 2024/25 – an increase of 115%. This was due to a combination of reduced resource and an increase in complex demand. In Aberdeen city 99% of our social care services are externally commissioned. Our interim care home provision was reduced by 70 beds due to care home closures and some homes reduced overall bed availability. Our interim care at home provision, which had previously supported around 70 people was also reduced. In addition, previously we had commissioned over 2,000 hours of care in the community but due to a reduction in funding we were unable to recommission this in 2024/25.
- The number of patients seen in Community Treatment and Care (CTAC) hubs increased from 19,464 in 2023/24 to 25,985 in 2024/25 (33.5%) and the number of CTAC appointments attended increased from 28,702 to 43,030 (50%) in the same time period.

Financial Performance

During 2024/25 information emerged not only that many of our significant budgets were heading for overspends but also that the level of our unallocated reserves would not be sufficient to offset the entire overspend as it had in previous years. Some areas of saving were identified but these were not delivered to the extent that we could balance the budget and at the end of the financial year additional funding had to be requested from both NHS Grampian and Aberdeen City Council to achieve that. Lessons were learned in respect of the need for better quality and more regular reporting and more detail in relation to our future plans can be found in the 'Looking Forward' section later.

At the same time, the complexity of the care required is increasing due to improvements in medicine and the increased average life expectancy evidenced over the last few decades. This is evidenced by our increasing social care spend on clients with learning disabilities. Also, there are greater expectations being placed on our services by clients and this, along with expectations from our other stakeholders, continues to drive performance on targets such as waiting times.

The IJB set a balanced budget for 2024/25 of £437.8m. The financial position for 2024/25 resulted in an overspend of £19.25m on mainstream budgets. This overspend has been offset from using uncommitted reserves of £9.835m and an additional

contribution from partners of £10.490m. The 2024/25 Financial Position Update – Year End Report to the IJB can be found [here](#). The budget of £423m in the Financial Position Update – Year End Report excludes the in-year funding budgets of £12.5m that can be seen in the Transformation line in the CIES.

Following the closure of both Aberdeen City Council and NHS ledgers, it was identified that £3.28m of reserves had not been released from the NHS balance sheet. This omission led to an excess contribution from partner organisations. It was agreed that the excess contributions would be returned to partners. However, an audit adjustment of £2.22m reduced the amount to be returned, resulting in a net repayment of £1.07m. This adjustment is reflected in the Comprehensive Income and Expenditure Statement (CIES) as a reduction in partner funding. This adjustment accounts for the £2.22m increase to the overspend between Financial Position Update – Year End Report and the final annual accounts.

The accounts for the year ended 31 March 2025 show there are no usable reserves remaining (31 March 2024 £9.935m). This means there is no risk reserve (2023/24 £2.5m) available to the IJB to manage in year pressures during 2025/26. The agreed savings of £14.354m therefore must be delivered in full as well as managing any further in year pressures, no overspend during the 2025/26 year can be afforded.

Aberdeen City IJB's Comprehensive Income and Expenditure Statement is shown on page 56 of these Annual Accounts and shows expenditure for 2024/25 compared to the previous financial year. Below is an analysis of what comprises this expenditure by service area and how the service performed against the budget allocated.

Community Health Services

Expenditure on Community Health Services, which includes Community Nursing and Allied Health Professionals, increased from just over £46m in 2023/24 to almost £50m in 2024/25. The outturn for the service as at 31st March 2025 was a £2 million overspend. The increase is mainly attributable to the 6% pay award for 'Agenda for Change' staff. There were also overspends on equipment and property costs and actions are being taken to address these for future years (see Looking Forward).

The Hospital at Home (H@H) service has experienced a rise in admissions, with an increase of 190 admissions during the 2024-25 financial year compared to 2023-24. In terms of Community Nursing, although there was a reduction in the total number of patients seen in 2024-25, the volume of interventions completed during this period has stayed stable, suggesting increased case complexity. This trend is further reflected in the 39% growth in patients undergoing more than four interventions per visit between 2022-2023 and 2024-2025.

Social Care Services

- Commissioned social care services

Aberdeen City IJB spend £150 million on externally commissioning social care services. This represents 99% of all adult social care provision in Aberdeen with only one learning disability service being provided in-house.

Although all of our commissioned services expenditure is under contract, providers, particularly those providing residential based services, have been impacted by higher energy, maintenance and equipment and supplies costs as well as additional costs related to caring for people with increasingly complex needs and we have tried where possible to support them to meet these costs. At the same time, we have identified that the visibility and governance arrangements around our contracted spend could be improved.

To give a flavour of the volume of care provided, whilst there is no data available for 2024/25, in 2023/24, 8,790 people in Aberdeen City were receiving social care services/ support, 58% of whom were frail/elderly. 6,000 people were supported by a Social Worker, with 5,305 receiving care at home and 2,055 residents in a care home. 3,365 people had long term needs and 510 people required high levels of care at home (10 hours or more).

Commissioned services provide care and support for all client groups but the bulk of expenditure as set out below covers the needs of older people, people with learning disabilities, and people with mental health and addictions.

Service/Expenditure	2023/24	2024/25	Increase	Overspend against budget
Learning disabilities	£45m	£51.7m	£6.7m	£10.5m
Mental health and addictions	£27m	£31m	£4m	£4m
Older People's Services	£107m	£110m	£3m	£9.7m
Total	£179m	£192.7m	£11.8m	£24.2m

- Learning disabilities

Anecdotally, the volume of demand for the service and the level of complexity of the needs of the people referred are both growing. Reliable data is not yet available from our systems but we are working on improving that.

One area of note is that the number of children with disabilities transitioning to the adult service is growing year on year with referrals increasing from 23 in 2021/22 to 38 in 2024/25. Those transitioning typically require intensive care with an average cost per care package of £35,000. We are also seeing an increase in people with learning disabilities moving into the area and seeking Ordinary Residency which increases the pressure on the budget. The learning disability population are aging and unfortunately

we do not have bespoke care or nursing home provision for this client group which means one to one care and support provision in the community is increasing.

- Mental health services

There is no data available to confirm the level of demand for this client group but we know that care packages for residential care are typically 13.4% higher than those for older people and supported living is typically 25% higher. There is significant usage of out of area placements and these are more expensive again. We are actively seeking to reduce our reliance on out of area.

Average lengths of stay for inpatient care in mental health and learning disability services have increased from 46 days in 2021/22 to 58 days in 2024/25 which indicates increasing levels of complexity or need. This is making it difficult to create space for new patients thereby creating additional demand for social care support in the community.

- Older people's services

The average number of referrals per week to Care Management for social care support increased from 36.1 in 2021 to 46.6 in 2022/23, an increase of 29%. 100% of referrals are now classed as 'high eligibility criteria' ones which is a significant change from 2017/18 when only 65% were in this category. Applications for Care Home places increased from 504 in 2023/24 to 613 in 2024/25, an increase of 21.6%.

Primary Care

Expenditure on Primary Care Prescribing amounted to £47m in the year. While costs grew by 4.8% in year, this was anticipated and the prescribing budget was increased by £5.931m or 13.1%. Prescribing is a reactive service, providing medicines to keep people well in the community. The nature of the service can be difficult to manage financial cost pressures however work was carried out across different classes of medication to identify how these costs could be managed down. The outturn was therefore an underspend of £3.75m.

Expenditure on Primary Care increased from just over £45m in 2023/24 to almost £50m in 2024/25 but again this had been budgeted for and a small underspend was achieved. Demand for GP appointments is high. Throughout the year around 50% of the population are supported in some way by Primary Care every week.

Large hospital services

Budgets for large hospitals are managed by NHS Grampian. The IJB has a notional budget representing the consumption of these services by residents. The IJB is responsible for the strategic planning for these services as a result of the legislation which established the IJBs.

The services covered include:

- Accident and emergency services at Aberdeen Royal Infirmary and Dr Gray's - inpatient & outpatient;

- Inpatient hospital services relating to general medicine, geriatric medicine, rehabilitation medicine, respiratory medicine, learning disabilities, old age psychiatry, general psychiatry;
- Palliative care services provided at Roxburghe House, Aberdeen, and The Oaks, Elgin.

The notional budget and outturn from 2020/21 to 2024/25 is as follows:-

Set Aside	2020/21	2021/22	2022/23	2023/24	2024/25
Budget	£47,802,300	£49,408,000	£52,719,000	£55,550,000	£59,238,000
Outturn	£47,802,300	£49,408,000	£52,719,000	£55,550,000	£59,238,000

Progress on Year 3 Delivery Plan 2024/25

Demand for service continues to remain high across all areas of health and care particularly for older people and is expected to continue to rise given the increase in the number of over-65s forecast. During the year the partnership started to look at alternative delivery models to keep people well longer. This work is now coming forward and is anticipated to improve people's health outcomes in the years to come.

The following pages provide an overview of progress made during 2024/25 on the year 3 Delivery Plan which is the final Delivery Plan of the Strategic Plan 2022/25. The narrative relates to each of the four Strategic Aims and highlights achievements within each of the programmes and any relevant performance information. There is also commentary on our Strategic Enablers.

A traffic light (RAG) status is used for Delivery Plan projects and this includes Green for on track to deliver by deadline, Amber for at risk of non-delivery/not meeting deadline and Red for missed deadline/unable to deliver. It should be noted that not all of the projects were due to be completed within 2024/25.

The full Annual Performance Report for 2024/25 can be accessed [here](#).

Strategic Aim 1 – Caring Together

Our aim is to ensure health and social care services are high quality, accessible, safe, and sustainable. The latest Health and Care Experience survey results show us operating above the Scottish Average.

Indicator	Performance 2023/24	Scottish average
% of people receiving care in Aberdeen City rated Excellent or Good	75%	70%
% of unpaid carers who felt supported to continue in their caring role	37%	31%

Source - Health and Care Experience Survey 2023/24

Programme	No. of Projects	Status	RAG
Communities	6	All Green	
<u>Highlights</u> The Aberdeen Vaccination and Wellbeing Hub has evolved into an integrated wellbeing hub playing a key role in prevention, early intervention, and support for self-management, particularly for vulnerable populations. Its relocation to the Bon Accord Centre has made services more accessible, while also contributing to increased footfall in the city centre. The hub works in partnership with over 70 organisations, including mental health peer support, energy and financial advice, digital support, drugs and alcohol peer support and much more. Approximately 170,500 vaccinations were administered in 2024/25. Community Appointment Days (CADs) bring multiple services together in accessible locations delivering earlier interventions, and improving overall wellbeing for people living with long term conditions. The approach reduces barriers such as travel and stigma and empowers individuals through education and support to manage their condition and make informed lifestyle choices. Strong collaboration between health, social care, and community partners ensures coordinated, person-centred care, while a focus on equity helps to actively address and reduce health inequalities. The first CAD in the city was held in November 2024 at Get Active @ Northfield and the second in February 2025 within the Aberdeen City Vaccination & Wellbeing Hub.			

Programme	No. of Projects	Status	RAG
Primary Care	3	All Green	
<u>Highlights</u> Our 'Primary Care Improvement Plan' (PCIP) continues to help support our GP Practices. During 2024/25, there was further development of service provision through Community Treatment and Care (CTAC) centres, pharmacotherapy services and Link Practitioner services. The Musculoskeletal (MSK) First Contact Physiotherapy has increased the percentage of first contacts by 21% and over 6,000 visits have been undertaken by the City Visits service both of which release GP capacity. Following identification of significant increases in prescribing costs, a Grampian wide prescribing efficiencies group was set up. This was led by the Grampian Medicines Management team with representation from all three Health and Social Care Partnership's in Grampian. Work included a communications piece to highlight to members of the public the impact of the cost of prescriptions, developing a prescribing efficiencies document for all prescribers to highlight potential savings including medicines of low or limited clinical value and successful engagement took place with practices to make several medication switches for specific drugs where there was a cost saving with no clinical detriment to patients.			

Programme	No. of Projects	Status	RAG
Social Care Pathways	7	3 Complete 4 Green	
<u>Highlights</u> During 2024/25 collaborative work was undertaken to implement the non-residential social care charging policy 'Contributing to Your Care'. This generated an overall increase in income of £861,765. Also, a Discharge to Assess (D2A) model was tested with patients from the Geriatric Medicine Ward, the Emergency Department (ED), and Acute Medical Initial Assessment (AMIA) of Aberdeen Royal Infirmary (ARI). This ensured that 18 medically fit individuals were safely transported home to be supported by our commissioned care providers and assessed at home by Occupational Therapy. Work was undertaken during 2024/25 to scope the development of a Social Work Practitioner Application which would build on the capabilities of our existing AB-1 bot, and would allow practitioners to record conversations and integrate these			

directly into the Dynamics 365 care management platform. A successful bid was made for external funding to progress development of the App and implementation of this will take place during 2025/26.

Programme	No. of Projects	Status	RAG
Strategy	7	5 Green 1 Amber	
<u>Highlights</u> In February 2025, the IJB approved the Year 2 progress report for the Carers Strategy 2023-26. In 2024/25, 15 actions in the associated Action Plan were completed including completion of the collaborative commissioning process for the Adult and Young Carers Support Services and a more than 40% increase in engagement and support with unpaid carers. The full report can be found here . Development of the refreshed Strategic Plan was delayed from its original timetable to enable a deeper understanding of the financial situation and the action required to deliver services within budget.			

Strategic Aim 2 – Keeping People Safe at Home

Our aim is to shift the balance of care from hospital to be delivered in primary, community and social care settings so that, where possible, people are cared for and supported closer to home, enabling them to remain living independently at home by choice, thereby improving outcomes.

Indicator	Performance	Scottish average
Proportion of people who agreed 1) they are able to live independently and	2023/24 77%	72.4%
2) who felt safe	72.4%	72.7%
% of adults with intensive care needs receiving care at home	56.5% (54.6%)	64.70%
The number of days people spend in hospital when they are ready to be discharged (per 1,000 population).	655 (207)	952

Grampian data completeness levels for some of the national indicators for 2024/25 was low and therefore we have been unable to have confidence in making comparisons on some of these for this aim. Two indicators where we can compare performance are the percentage of adults with intensive care needs receiving care at home and the number of days people spend in hospital when they are ready to be discharged (per 1,000 population). Both of these were higher for Aberdeen City in 2024/25 than they were in 2023/24. The almost 2% increase in care provided at

home for those with intensive care needs is positive but Aberdeen remains 8.2% below the Scottish average so this will continue to be an area of focus for us as we progress the 'shifting the balance of care' agenda.

The movement in Delayed Discharge Bed Days represents an increase of 115% and this was explained in the 'Context' section earlier. Creating additional capacity in the community will continue to be a focus in future years but it is positive to note that even with the increase Aberdeen city is significantly lower than the Scottish average.

Programme	No. of Projects	Status	RAG
Frailty	7	6 Green 1 Amber	
<u>Highlights</u> The Grampian Frailty Programme Board continued to ensure there is a consistent approach to supporting frail elderly patients in Aberdeen both in a hospital and community setting with a focus on shifting towards community-based support where possible.			

Programme	No. of Projects	Status	RAG
Hospital at Home	5	2 Green 2 Amber 1 Not Started	
<u>Highlights</u> In line with Scottish Government objectives the aim of this programme is to increase our Hospital at Home (H@H) base with an ultimate ambition of 100 beds. The H@H service in Aberdeen city provides acute level care in an individual's own home for short term, targeted interventions. Since the first patient was received in the service back in 2018 it has expanded significantly, increasing the number of patients it can care for and the conditions it can manages. In 2024/25, there were 1,265 patient admissions to H@H. The service plays a significant role in the reduction of pressure on Aberdeen Royal Infirmary by enabling patients to avoid a hospital admission whilst also accelerating discharge for those patients with an ongoing acute need that can be managed at home. There have been sustained high rates of positive patient feedback with the service including a substantial donation to endowments.			

Programme	No. of Projects	Status	RAG
Rehabilitation	3	2 Green 1 Amber	
<u>Highlights</u> This programme aimed to undertake a strategic review of rehabilitation services across Grampian to identify new delivery models. Two key achievements were the development of detailed plans to put in place technology enabled rehabilitation hubs in the inpatient settings in Woodend Hospital to support personalised rehabilitation and the creation of collaborative opportunities to provide strength and balance classes and 1:1 support of gym users over the weekend at sports and leisure facilities in the city.			

Programme	No. of Projects	Status	RAG
Home Pathways	3	3 Green	
<u>Highlights</u> The aim of this programme was to develop and deliver local and sustainable system flow and return to home pathways with partners, supporting reduced hospital admission, delays in hospital discharge and out of area placements. For 2024/2025, £1.8m was spent on 1530 adaptations completed across Aberdeen City.			

Strategic Aim 3 – Preventing Ill Health

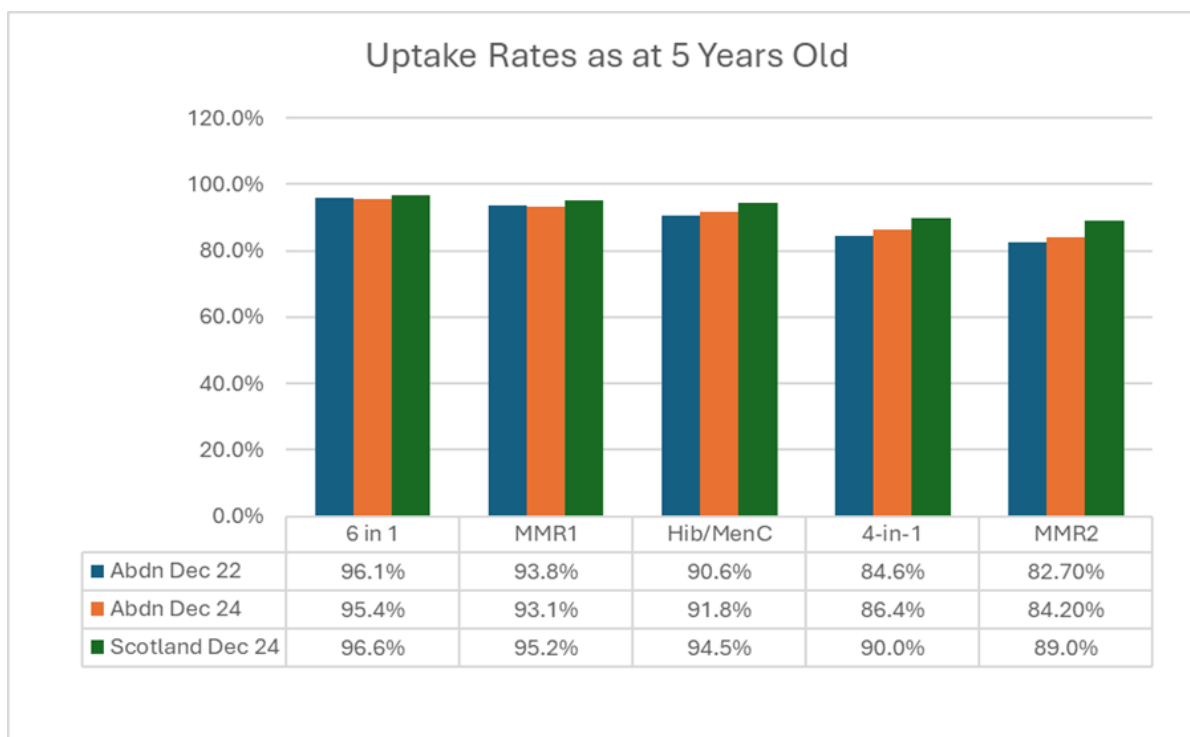
Our aim is to promote health within our communities helping them to achieve positive mental and physical health outcomes by providing advice and designing suitable support (which may include using existing local assets), to help address the preventable causes of ill health, ensuring this starts as early as possible.

Indicator	Performance 2023/24	Scottish average
Number of emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges).	117 (126)	103
Falls rate per 1,000 population aged 65+	17.9 (21.2)	22.5

Source - Health and Care Experience Survey 2023/24

For Aberdeen City in 2024/25, although emergency admissions have decreased, we are still above the national Scottish average of 103. The falls rate has however reduced and is significantly less than the Scottish average.

Programme	No. of Projects	Status	RAG
Prevention	12	11 Green 1 Amber	
<u>Highlights</u> The work of the programme has assisted with the uptake of childhood vaccinations in Aberdeen City. While uptake has increased, as shown by the chart below (e.g. the 2nd dose of MMR has increased by 2% since December 2022, and Hib/MenC and the 4 in 1 vaccine have both increased between 1-2% over the past two years), they are 3-5% below the Scottish average. Stay Well Stay Connected (SWSC) is a community-based programme of early intervention. The aim is to keep older people healthy, to enable them to experience good wellbeing for as long as possible, and avoid the risk of social isolation, poor health, illness, injury, and early death. More than 1,700 people have taken part in SWSC activities this financial year including Boogie in the Bar, Soup and Sannies at Greyhope, and Men's Shed Cooking courses. The Health Improvement Fund (HIF) seeks to improve health and wellbeing in communities across Aberdeen through the award of community grants of up to £5,000. 63% of applications in 2024/25 were successful and 66 projects were funded of which half were community led. There were 40 active screening panel members, of which 21 were community members/volunteers. Other achievements in the year include Health Issues in the Community (HIIC) Tutor Training Programmes, ACHSCP's first participation in the Grampian Wellbeing Festival and the Grampian Gathering which was aimed at supporting active ageing and improving population health and wellbeing.			



Strategic Aim 4 – Achieve Healthy Fulfilling Lives

The aim is that by supporting people to help overcome the health and wellbeing challenges they may face – particularly in relation to inequality, recovering from Covid-19, and the impact of an unpaid caring role – we can help to enable them to live the life they want, at every stage.

Programme	No. of Projects	Status	RAG
MHLD	6	1 Complete 3 Green 2 Amber	
<u>Highlights</u> The Stonewood Project is a new build development featuring eight wheelchair-adapted bungalows providing care to support individuals in their own community with learning disabilities and in need of the highest level of complex care. Detailed plans were put in place to support the transition of residents into their new homes from Autumn 2025. The Complex Care Capability Framework was developed in response to the Scottish Government's Coming Home Report (2018) and the Coming Home Implementation Report (2022) and was approved in April 2024. The Coming Home reports identified the need for specialised staff training to support individuals with learning disabilities and complex care needs. The primary purpose of the Capability Framework is to outline the core skills and training			

requirements for staff at various levels, ensuring a stable, therapeutic, and capable environment for those in need.

Enablers

The five enablers that support delivery of IJB delegated services and the commitments in our Strategic and Delivery Plans are Workforce, Technology, Finance, Relationships and Infrastructure. These Annual Accounts provide detailed commentary in relation to Finance. The Relationship enabler is all about our approach to working with partners including commissioned providers which we have fostered over the years since the IJB was established and which continues to be an area of focus. The following section provides comment on the other three enablers of Workforce, Technology and Infrastructure.

Workforce

Post pandemic, the ACHSCP workforce grew to support the increase of demand and new pressures however this has reduced and stabilised more recently. In 2024, our Whole Time Equivalent (WTE) establishment was 1950.61 (2023 -1933.13). Approximately three quarters of our staff are employed by NHS Grampian and one quarter by Aberdeen City Council.

Staff indicators

	Staff turnover	Sickness absence
Employed by NHS Grampian	5.93 (2023/24 6.06)	6.01% (2023/24 5.72%)
Employed by Aberdeen City Council	6.7 (2023/24 8.2)	4.74 days (2023/24 5.75)

Staff turnover has reduced and we are pleased to see this positive trend but sickness absence (especially for staff employed by NHSG) remains a concern, in terms of capacity for service delivery, with stress and anxiety being the main causes outwith the winter period. Both partners have plans to reduce the number of hours worked across the working week from 37 hours to 35 hours which will impact further on the capacity of staff. ACC implemented their change from 1st July 2025 whereas NHSG are looking to implement this gradually over a number of years.

We recognise that 25% of our current workforce could potentially retire within the next 10 years and we are consistently trying to attract new people into health and social care careers. It is encouraging to note that the proportion of staff in the 20 – 44 age ranges has increased over the past 3-4 years. The bulk of our workforce is female however our male workforce has increased over the last 3 years from 9.68% in 2022 11.08% in 2025. 70% of our staff describe themselves as 'White', 5% as 'Asian', 3% as 'African' and the balance do not say.

More detail on workforce and progress against our workforce priorities – Staff health and Wellbeing, Recruitment and Retention, and Growth and Development Opportunities – can be found in the [Final WFP Progress Report 2022-2025](#). During

2025, work will be undertaken to refresh the Workforce Plan taking cognisance of the refreshed Strategic Plan and the current financial and operational challenges.

Technology

ACHSCP has successfully piloted an **electronic Medication Administration Record (eMAR)** system at the Back Hilton Road Learning Disability service in Aberdeen. This digital system replaced the paper-based system and has significantly improved the accuracy, efficiency, and safety of medication administration. We are now proposing to roll out eMAR systems in another four Learning Disability service sites in Aberdeen. Longer term it is hoped that we can roll out eMAR to all residential services in the city however this is dependant on successful negotiations with third and independent service providers and the local pharmacies who support them.

The A2DT (**Analogue to Digital Telecare**) programme is dedicated to ensuring the delivery of a reliable and robust digital telecare emergency response service ahead of the decommissioning of analogue networks in January 2027. This initiative encompasses the replacement of the existing analogue Alarm Receiving Centre (ARC) software platform and the maintenance of connectivity with all currently linked alarm units and peripherals. . The contract with the selected vendor for the shared ARC, was signed in November 2024. Onboarding activities commenced in January 2025, with the target go-live date for the new ARC set for summer 2025.

Aberdeen City Council's Regional Communications Centre (RCC) provides telecare alarm-monitoring services to approximately 16,000 citizens. This includes monitoring over 7,000 dispersed units and 9,000 sheltered-housing connections across Aberdeen, Aberdeenshire, and Moray. Transitioning to a modern digital platform is anticipated to enhance reliability, efficiency, and integration with new technologies.

The nearly completed replacement of analogue dispersed alarm units with digital alarms in Aberdeen led to the Digital Office for Scottish Local Government awarding Bon Accord Care and Aberdeen City HSCP the Bronze Award for Digital Telecare Implementation.

A number of developments have been progressed around **Technology Enabled Care (TEC)** including:

- Development of the TEC Outline and Full Business Cases
- Equipping the completed Stoneywood development with discreet and durable bespoke TEC systems designed to meet individual needs. (The impact will be evaluated in due course and the learning shared nationally.)
- TEC Awareness Week, held from 18th to 22nd November 2024, highlighted the use and availability of TEC in Aberdeen and included a social media campaign and in-person sessions at Marshall College and the Aberdeen City Vaccination and Wellbeing Hub.
- Funding was received in December 2024 from the Health Improvement Fund to deliver the Maah robot project. The Konpanion Maah project involves the development of a pillow-like companion robot designed to support individuals with profound learning disabilities, dementia, and loneliness, as well as the care staff who work closely with them.

Infrastructure

An in-depth and detailed overview of the premises that ACHSP staff operate from has been developed and mapped to premises used by NHSG and ACC. Four proposals were prioritised and two of these were delivered as of February 2025. Further proposals will be made and work completed on an ongoing basis until we are satisfied maximum efficiency has been achieved.

Key Risks and Uncertainties

The [Aberdeen City Health and Social Care Partnership Strategic Plan 2025-2029](#) and the [Medium-Term Financial Framework](#) were approved by the Integration Joint Board (IJB) in July 2025. Work has been undertaken to align the activities within the Strategic Plan and the Medium-Term Financial Framework to the 8 risks in the Strategic Risk Register. The Strategic Plan outlines the 8 strategic risks, along with narrative which explains how the Strategic Plan will help mitigate each of the risks.

The key strategic risks (High risks), as contained in the Strategic Risk Register, along with an assessment of level of risk facing the IJB, are as indicated below.

The Strategic Risk Register is monitored and updated frequently by the Aberdeen City Health and Social Care Partnership Senior Leadership Team, who in turn report to the IJB and Risk, Audit & Performance Committee and the IJB on a regular basis.

This was reported to the IJB on 1 July 2025 (item 10 in link below)

<https://committees.aberdeencity.gov.uk/ieListDocuments.aspx?CId=516&MId=9712&Ver=4>

Work has been undertaken to revise the Strategic Risk Register template to include risk matrix scores for each risk.

The seven risks that are classed as High risk on the Strategic Risk Register are detailed below:

1.

High
Cause: The commissioning of services from third sector and independent providers (e.g. General Practice and other primary care services) requires all stakeholders to work collaboratively to meet the needs of local people.
Event: Potential failure of commissioned services to deliver on their contract.

Consequence:

There is a gap between what is required to meet the needs of local people, and services that are available.

Consequences to the individual include not having the right level of care delivered locally, by suitably trained staff.

Ability of other commissioned services to cope with the unexpected increased in demand.

Consequences to the partnership includes an inability to meet people's needs for health and care and the additional financial burden of seeking that care in an alternative setting.

Mitigating Actions:

All opportunities to work in a collaborative manner to commission services are advertised on Public Contract Scotland, as well as individual invitations made to CEOs / owners of social care services.

The main controls for the risk are: Workplan for Commissioned Services; Social Care Contract Monitoring Officers; Strategic Commissioning Programme Board (SCPB); Residential and Non-Residential Oversight Group; Performance Management Board (PMB). Clinical Care and Governance Committee; GP Sub Group; Clinical Director and Clinical Leads; Primary Care Contracts Team, City Primary Care Team; Grampian Primary Care Sustainability Group; Cluster Quality Leads; NHSG Clinical Assurance and Quality Group; Medical Director's Annual Report; and an agreed strategic commissioning approach for ACHSCP.

National Insurance contribution increase-SCPB and PMB-awareness of any provider with significant financial challenges-offer of uplifts of up to 3% (IJB decision Jan 2025). Process in place to research/meet and then offer uplift (if applicable). Review of care packages-Self Directed Support (1,2 and 3)-ongoing review as part of 25/26 budget setting process. Contract review meetings with all practices in Aberdeen; working in collaboration with the Scottish Government, Local Medical Council and Clinical leads to ensure the visioning work reflects needs and risks in Grampian; collaborative approach with MEARS as the provider for the needs of asylum seekers; weekly RAG status for all City practices; working closely with those practices identified as highest risk; significant event assessment and lessons learned being shared across clusters.

2.

High

Cause:

IJB financial failure and projection of overspend. Event: Demand outstrips available budget. Consequence: IJB can't deliver on its strategic plan priorities, statutory work, and projects. .

Mitigating Actions:

Finance reports are taken to each IJB meeting detailing current and forecast financial position.

The IJB work to a 4 year MTFF which supports strategic delivery. This includes clearly demonstrating the level of delegated resource from partners, the forecast expenditure and savings each year, the risk around these plans and subsequent impact should they not be achieved.

RAPC oversight of processes and progress to working towards a financially sustainable position. Budget Savings and Oversight Group provide stronger financial governance and support over savings delivery.

Increased focus and resource on delivery of the Savings Plan following consistent project management approach to monitor and record progress.

Monthly financial analysis monitoring run rate, expenditure against budget and actions to bring expenditure back into line with budget. SLT review of finance position and elements which make this up pushing actions as required.

As additional funding comes available to support investment opportunities creating efficiency the AC HSCP submit applications to secure additional resource.

The Senior Leadership Team are committed to driving out efficiencies, encouraging self-management and moving forward the prevention agenda to help manage future demand for services.

The Senior Leadership Team have formalised arrangements to receive monthly financial monitoring statements.

Senior Leadership Team will be scrutinising the ACHSCP Delivery Plan to identify projects that will generate financial savings or prevent and reduce future budget pressures.

SLT working closely with the Chief Finance officer to allow early identification of any additional pressures or savings that are unable to be made.

3.

High

Cause:

Under Integration arrangements, Aberdeen IJB hosts services on behalf of Moray and Aberdeenshire, and who also hosts services on behalf of Aberdeen City. Event: Hosted services do not deliver the expected outcomes, fail to deliver transformation of services, or face service failure. Consequence: Failure to meet health outcomes for Aberdeen City, resources not being maximised and reputational damage.

Mitigating Actions: Integration Scheme agreement on cross reporting; North East Partnership Steering Group; Aberdeen City Strategic Planning Group; North East System Wide Transformation Group; IJB Hosted Services Internal Audit.

Aberdeen City HSCP working with Aberdeenshire and Moray Chief Officers to implement the agreed governance arrangements as detailed in internal audit by an extended deadline of March 2026 (subject to consultation with Internal Audit); As part of the development of the governance arrangements, Aberdeen City HSCP and Aberdeenshire and Moray HSCP's will develop relevant performance metrics and agree reporting routes and frequency, by March 2026; once agreed, Aberdeen City HSCP and Aberdeenshire and Moray HSCP's will implement the agreed governance arrangements by March 2026.

4.

High

Cause:

Performance standards/outcomes are set by national and regulatory bodies and those locally-determined performance standards are set by the board itself. Event: There is a risk that the IJB, and the services that it directs and has operational oversight of, fails to meet the national, regulatory and local standards. Consequence: This may result in harm or risk of harm to people.

Mitigating Actions:

Clinical Care and Governance Committee and Group; Risk, Audit and Performance Committee; Performance Framework; Linkage with ACC and NHSG reporting frameworks; Annual Performance Report; Chief Social Work Officer's Report; External and Internal Audit reports; Contract Management Framework; Weekly Senior Leadership Team Meetings; Operational Leadership Team huddles; and Urgent and unscheduled Care Programme Board.

Continuous review of Performance Management Framework; Monthly Review of Governance Dashboard by SLT; Whole System Tactical Group; D365 reporting.

Further development of Operational Dashboards to be taken through SLT in September 2025.

5.

High

Cause:

Demographic & financial pressures requiring IJB to deliver transformational system change which helps to meet its strategic priorities. Event: Failure to deliver transformation and sustainable systems change.

Consequence:

People not receiving the best health and social care outcomes.

Mitigating Actions:

Governance Structure and Process (IJB and Committees, Senior Leadership Team, Operational Leadership Team); Quarterly Reporting of Delivery Plan progress to Risk, Audit and Performance Committee; Annual Performance Report; Programme Management approach being taken across the whole Partnership.

Regular reporting of progress on programmes and projects to SLT; A number of plans and frameworks have been developed to underpin our transformation activity across our wider system including Primary Care improvement Plan and Action 15 Plan; Close working with Aberdeen City Health Determinants Research Collaborative (HDRC) to evaluate the impact of ACHSCP's Strategic Plan and ACHSCP's contribution to the refresh of the Local Outcome Improvement Plan (LOIP) in 2026.

6.

High

Cause:

The ongoing recruitment and retention of staff. Event: Insufficient staff to provide patients/clients with services required.

Consequence:

Potential loss of life and unmet health and social care needs, leading to severe reputational damage.

Mitigating Actions:

Clinical Care and Governance Committee and Group reviews tactical and operational levels of risk around the staffing numbers respectively; ACHSCP's Workforce Plan and Annual Report (presented to RAPC in August 2025); NHSG and ACC workforce policies and planning groups; ACHSCP's internal vacancy assessment protocol; ACC and NHSG's vacancy control processes. Revised contract monitoring arrangements with providers to determine recruitment and retention trends in the wider care sector.

Increase emphasis on health and wellbeing; increased monitoring of staff statistics (including sickness and turnover) via SLT Governance Dashboard (including targeted actions in areas of highest sickness absence); Comms Trustees Group helping positively promote the work of ACHSCP and its staff; Ongoing support from ACHSCP to continue the mentoring of Career Ready students in 25/26 and 26/27; Foundation Apprenticeship Scheme support continued in 2025; Working with Academies in the City and Shire around a variety of different subjects to match school curriculum with future workforce opportunities; Increase emphasis on communications with staff, including regular budget information sessions for all staff.

7.**High****Description of Risk:**

There is a risk that buildings across the city, operated by, or overseen by, the IJB/ACHSCP are not being used to maximum efficiency and are not in line with statutory/regulatory requirements.

Cause:

Lack of funding to maintain buildings, not having adequate staff resource to operate from buildings, failing to adequately plan which buildings ACHSCP need and where, and failure to collaborate with partners on wider asset planning.

Event:

IJB is unable to deliver on all its strategic objectives. Consequence: services not tailored to users' needs and reputational damage to organisation.

Mitigating Actions:

HSG Asset Management Group; Aberdeen City Council's Local Development Plan; ACHSCP's Strategic Plan and Delivery Plan; IJB and Committees; Various Market

Position Statements; SLT; Forensic Service Infrastructure Improvement Board and Project Team

ACHSCP Premises Review-work will be ongoing over the next 2-3 years with specific mitigating actions being added when dates are known; Development of the IJB's Infrastructure Plan by March 2026, to tie in with NHSG's Infrastructure Plan timeline, plan will identify and forecast the areas of pressure and demand across the City and how ACHSCP plan to deliver services to respond to that demand; Scottish Government and whole system infrastructure approach adopted by Health Boards.

Looking Forward

As the budget challenges emerged during 2024/25 we resolved to improve in a number of areas: -

- Achieving efficiencies in service delivery
- Better budget management and control
- Availability of data to manage services in year and predict future demand
- Detailed workforce planning
- Better use of citywide premises including exploring options to share with partners

The 2025/26 budget considered the financial outturn for 2025/26 and incorporated into the budget an additional partner contribution of £10.9m. Both IJB partners made allowance for this additional funding contribution in their own 2025/26 budget. It is hoped that by focusing on these priority areas we can reduce costs, protect front line service provision, plan for future sustainability, and improve outcomes for the people of Aberdeen.

During the financial year, a lot of work was undertaken on the development of a refreshed Strategic Plan. The timeline for submitting this for approval was originally March 2025 however this was delayed pending clarity of the budget situation and to allow time to reconsider priorities in light of this. The new Strategic Plan [ACHSCP Strategic Plan 2025 – 2029 and route map for delivery](#) was finally approved by IJB on 1st July 2025. It has only two Strategic Aims:

- 'Modernising our Approach to Service Delivery' - making best use of resources and transforming service delivery
- 'Shifting our Focus towards Early Intervention and Prevention' - improving both the physical and mental health of the population and reducing harm with a focus on the wider determinants of health and reducing health inequality which it is hoped will reduce demand for health and social care services in future.

The associated Year 1 Delivery Plan contains actions to consolidate use of premises; reduce overall headcount (mainly from support services); increase the use of

technology in service delivery (recognising the needs of those who are digitally excluded); improve arrangements for maximising income for chargeable social care; review current models of care delivery and find ways to achieve consistency and fairness whilst ensuring value for money; and shift more care provision into the community. A number of these actions have savings targets allocated to them.

There are also a number of actions designed to try to address the population health and behaviours problems identified in the PNA designed to reduce the demand for services in the longer term. These include improving cancer screening uptake rates; reducing the incidence of smoking in pregnant women and vaping in 13-18 year olds; reducing harm caused by drugs and alcohol use; interventions in relation to suicide prevention; and publishing multi agency Action Plans on Healthy Weight, Public Mental Health and Ageing Well.

The new Strategic Plan informed the updated Medium Term Financial Forecast which was also approved by the IJB in July 2025. The MTFF includes a four-year financial forecast which will be reviewed annually. Contained in the MTFF are proposals to balance the 2025/26 budget which are aligned to the Delivery Plan. The MTFF considers the many ongoing projects to reach financial sustainability and their impact in futures years. The IJB continues to work to deliver on the ambitions of this MTFF and ensure financial balance.

The IJB 2025/26 budget sets out the plans in place to reduce expenditure in the coming year to the actions which require to be adopted beyond this for savings which require greater planning and input to deliver in 2026/27. The work of delivering in year savings and planning for service transition will be demanding for the HSCP. It is essential the focus remains high on these plans as both of the IJB partners are facing financial pressures and therefore it becomes increasingly important for the IJB to deliver financial balance and sustainability. This is in the environment of increasing demand and costs, while the funding available is reducing in real terms.

IJB Chief Officers and Chairs continue to work closely with Scottish Government highlighting the issues being faced by IJBs. This is particularly important to ensure the necessary future funding for Health and Social Care is delivered. The government's new Service Renewal Framework for health and social care is being consulted upon, it is recognised this framework must properly integrate the work of NHS and local authorities to ensure when changes are made to hospital care a whole system approach is taken to the impacts for Health and Social Care Partnerships.

Chief Officers

There were four Chief Finance Officers during the year. Amy McDonald was appointed as CFO in December 2024 and resigned in July 2025 and Jonathan Belford, Chief Officer – Finance, Aberdeen City Council was appointed as interim CFO. Jonathan Belford took up the post in July 2025 in addition to his council responsibilities. Amy McDonald was the Chief Finance Officer at 31 March 2025.

Hussein Patwa

Hussein Patwa
IJB Chair



Fiona Mitchelhill

Fiona Mitchelhill
Chief Officer



Jonathan Belford

Jonathan Belford
Interim Chief Finance
Officer



30 September 2025

Independent auditor's report to the members of Aberdeen City Integration Joint Board and the Accounts Commission

Reporting on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Aberdeen City Integration Joint Board for the year ended 31 March 2025 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including material accounting policy information. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2024/25 (the 2024/25 Code).

In my opinion the accompanying financial statements:

- give a true and fair view of the state of affairs of the board as at 31 March 2025 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2024/25 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the [Code of Audit Practice](#) approved by the Accounts Commission for Scotland. my responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed by the Accounts Commission on 3 April 2023. My period of appointment is five years, covering 2022/23 to 2026/27. I am independent of the board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard was not provided to the board. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

These conclusions are not intended to, nor do they, provide assurance on the board's current or future financial sustainability. However, I report on the board's arrangements for financial sustainability in a separate Annual Audit Report available from the [Audit Scotland website](#).

Risks of material misstatement

I report in my Annual Audit Report the most significant assessed risks of material misstatement that I identified and my judgements thereon.

Responsibilities of the Chief Finance Officer and Aberdeen City Integration Joint Board for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Finance Officer is responsible for assessing the board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there is an intention to discontinue the board's operations.

The Aberdeen City Integration Joint Board is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- using my understanding of the local government sector to identify that the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003 are significant in the context of the board;
- inquiring of the Chief Finance Officer as to other laws or regulations that may be expected to have a fundamental effect on the operations of the board;
- inquiring of the Chief Finance Officer concerning the board's policies and procedures regarding compliance with the applicable legal and regulatory framework;
- discussions among my audit team on the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the board's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree

of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited parts of the Remuneration Report

I have audited the parts of the Remuneration Report described as audited. In my opinion, the audited parts of the Remuneration Report have been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Other information

The Chief Finance Officer is responsible for the other information in the annual accounts. The other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

My responsibility is to read all the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on the Management Commentary and Annual Governance Statement

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with

statutory guidance issued under the Local Government in Scotland Act 2003; and

- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit.

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

Use of my report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 108 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Michael Oliphant

Michael Oliphant FCPFA
Audit Director
Audit Scotland
4th Floor
102 West Port
EDINBURGH
EH3 9DN

30 September 2025

Statement of Responsibilities

Responsibilities of the Integration Joint Board

The Integration Joint Board is required to:

- make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973); in this authority, that officer is the Chief Finance Officer;
- manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets;
- ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland act 2003).
- approve the Annual Accounts.

I confirm that these Annual Accounts were approved for signature by the Integration Joint Board at its meeting on 30 September 2025.

Signed on behalf of the Aberdeen City Integration Joint Board

Hussein Patwa

Hussein Patwa
IJB Chair

30 September 2025

Responsibilities of the Chief Financial Officer

The chief financial officer is responsible for the preparation of the IJB's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the chief financial officer has:

- selected suitable accounting policies and then applied them consistently;
- made judgements and estimates that were reasonable and prudent;
- complied with legislation; and
- complied with the local authority Code (in so far as it is compatible with legislation).

The chief finance officer has also:

- kept proper accounting records which were up to date; and
- taken reasonable steps for the prevention and detection of fraud and other irregularities.

I certify that the financial statements give a true and fair view of the financial position of the Aberdeen City Integration Joint Board as at 31 March 2024 and the transactions for the year then ended.



Jonathan Belford
Interim Chief Finance Officer

30 September 2025

Remuneration Report

Introduction

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified IJB members and staff.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditor to ensure it is consistent with the financial statements.

Remuneration: IJB Chair and Vice-Chair

The voting members of the IJB are appointed through nomination by Aberdeen City Council and NHS Grampian. The positions of IJB Chair and Vice-Chair alternate between a Councillor and a Health Board representative every two years.

The IJB does not provide any additional remuneration to the Chair, Vice-Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. The details of the Chair and Vice-Chair appointments and any taxable expenses paid by the IJB are shown below.

Taxable Expenses 2023/24 £	Name	Post(s) Held	Nominated by	Taxable Expenses 2024/25 £
Nil	Cllr John Cooke	Chair	Aberdeen City Council	Nil
Nil	Hussein Patwa	Vice Chair	NHS Grampian	Nil
Nil	Total			Nil

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore, no pension rights disclosures are provided for the Chair or Vice-Chair.

Remuneration: Officers of the IJB

The IJB does not directly employ any staff in its own right, however specific post-holding officers are non-voting members of the Board.

Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014, a Chief Officer for the IJB must be appointed and the employing partner must formally second the officer to the IJB. The employment contract for the Chief Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the IJB.

Other Officers

No other staff are appointed by the IJB under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

Total 2023/24	Senior Employees	Full Time Equivalent Salary	Salary Fees & Allowances	Taxable Expenses	Total Remuneration 2024/25
£		£	£	£	£
11,793	Fiona Mitchelhill Chief Officer From 19/02/24	106,955	108,294	-	108,294
114,233	Fraser Bell Chief Operating Officer To 27/03/2025	122,831	123,173	-	123,173
84,969	Paul Mitchell Chief Finance Officer To 31/07/24	88,028	30,532	-	30,532
-	Kenny Low Chief Finance Officer From 01/08/2024 To 14/10/2024	83,837	21,050	-	21,050
-	Amy MacDonald Chief Finance Officer From 19/12/2024	99,534	25,197	-	25,197
210,995	Total	501,185	308,247	0	308,247

Alex Stephen acted as Interim Chief Finance Officer from the 19th of November 2024 to 19th of December 2024 for the partnership while maintaining his permanent position as Director of Finance for NHS Grampian. No recharge for his time was made to the partnership by NHS Grampian.

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the IJB balance sheet for the Chief Officer or any other officers.

The IJB however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The following table shows the IJB's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

Officer Name	Responsibility	Accrued Pension Benefits				In Year Pension Contributions	
		Pension as at	Pension Difference	Lump sum as at	Lump sum difference	Pension Contribution	Pension Contribution
		31/03/2025	from 31/03/24	31/03/25	from	2024/25	2023/24
		£000	£000	£000	£000	£	£
Fiona Mitchelhill	Chief Officer	36	4	90	7	24,491	1,669
Fraser Bell	Chief Operating Officer To 27/03/2025	30	4	-	-	27,520	23,067
Paul Mitchell	Chief Finance Officer To 31/07/24	28	1	24	-	2,974	15,209
Kenny Low	Chief Finance Officer From 01/08/2024 To 14/10/2024	1	-	-	-	4,736	-
Amy MacDonald	Chief Finance Officer From 19/12/2024	-	-	-	-	5,669	-
Total						65,391	39,945

The IJB does not have its own pension scheme, however, details of the Northeast of Scotland Pension scheme can be found in Aberdeen City Council's accounts and details of the NHS pension scheme can be found in NHS Grampian's accounts. Both documents are available on their respective websites. The pension figures for the chief officer and chief finance officer are indicative based on last years.

Disclosure by Pay Bands

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000.

Number of Employees in Band – 2023/4	Remuneration Band	Number of Employees in Band – 2024/25
1	£80,000 - £84,999	0
0	£105,000 - £109,999	1
1	£110,000 - £114,999	0
1	£120,000 - £124,999	1

Exit Packages

No exit packages were paid to IJB staff during this period or the previous period.

Fiona Mitchelhill

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Fiona Mitchelhill

Chief Officer

Hussein Patwa

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Hussein Patwa

Chair

30 September 2025

Annual Governance Statement

Scope of Responsibility

The Integration Joint Board (“IJB”) is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, safeguarding public funds and assets and making arrangements to secure best value in their use.

In discharging this responsibility, the Chief Officer has put in place arrangements for governance which include the system of internal control. This is designed to manage risk to a reasonable level but cannot eliminate the risk of failure to achieve policies, aims and objectives and can therefore only provide reasonable but not absolute assurance of effectiveness.

The IJB has a reliance on the Aberdeen City Council and NHS Grampian systems of internal control, which support compliance with both organisations’ policies and promote achievement of each organisation’s aims and objectives, as well as those of the IJB.

The result of this is a situation where assurances are required on the effectiveness of the governance arrangements from the three partners. This means that a significant failure in the internal control environment of one of the three partners may require to be disclosed in the accounts of all three partners and not just the IJB and the partner where the issue occurred.

During 2024/25 there were a few changes to the Chief Financial Officer (CFO) role. Paul Mitchell retired in July 2025 after 3 years as CFO. Kenny Low, who succeeded Paul Mitchell was in the post until October 2024. A recruitment process followed this and the vacancy was filled in December 2024 by Amy MacDonald. During the period when no CFO was in place Alex Stephen, Director of Finance, NHS Grampian acted as Interim CFO for the partnership while maintaining his permanent position at NHS Grampian. No recharge for his time was made to the partnership by NHS Grampian.

Amy MacDonald left the CFO role for a position in July 2025, the CFO post is now vacant and the IJB are currently undertaking a recruitment process. Jonathan Belford, Chief Officer – Finance, Aberdeen City Council (ACC) has been acting as Interim CFO during this time. No recharge for his time was made to the partnership by ACC.

A CFO plays a crucial role in ensuring the financial integrity, strategic direction, and long-term success of a company. Without a CFO, organisations expose themselves to a range of significant risks that can threaten their stability, compliance, and future growth. For these reasons, appointing a qualified CFO is considered a best practice in effective corporate governance. The IJB recognise that it is essential that this vacancy is filled as soon as possible to ensure that the IJB maintains its financial stability and governance.

The Governance Framework

In this complex environment of circular assurances, it is important that the IJB has its own local code of corporate governance and regularly reviews performance against the governance principles included within this code. The IJB has developed an

Assurance Framework in conjunction with the Good Governance Institute which provides readers with an understanding of the governance framework and the assurances that can be obtained from it.

The IJB agreed on 11 April 2017 at the Audit & Performance Systems Committee to adopt a local code of corporate governance which was built around the principles identified in the CIPFA\SOLACE¹ Delivering Good Governance in Local Government Framework (2016 Edition). The local code of governance is generally reviewed annually and reported to the same audit committee where the annual governance statement is approved. This code provides a list of documents\activities from an IJB, NHS Grampian and Aberdeen City Council perspective which provide assurance on the governance framework.

A review is also undertaken by the Chief Finance Officer evaluating the IJB's governance environment against the governance principles detailed in the CIPFA document titled the ['The role of the chief financial officer in local government'](#).

Whilst both these documents were specifically written for local government, the governance principles can be used by other public sector organisations. Also, the IJB is defined as a local government organisation per the Local Government (Scotland) Act 1973 and Aberdeen City Council has also adopted the governance principles from the delivering good governance document in its own local code of corporate governance.

Seven Governance Principles of local governance framework

Against each of the seven governance principles adopted by the IJB there are key documents, activities, policies and arrangements which help address these. For the IJB some of these documents belong to NHS Grampian and Aberdeen City Council given their operational delivery role and the fact that the staff have remained employed by the partner bodies.

The seven governance principles identified in the local code of corporate governance and recommended in the CIPFA/SOLACE Framework are identified below, along with narratives evidencing compliance with the principles.

Principle 1 – Behaving with integrity, demonstrating strong commitment to ethical values and representing the rule of law.

Integrity: The following values of the IJB are indicated in the Strategic Plan:

- caring
- person-centred
- enabling

These values form part of the decision-making process of the IJB and are evident in the actions and decisions made by the Board. The IJB has appointed a Standards Officer who is responsible, amongst other things, for the maintaining of Registers of

¹ CIPFA - The Chartered Institute of Public Finance and Accountancy

SOLACE – The Society of Local Authority Chief Executives

Interests, Registers of Gifts and Hospitality and training on the Model Code of Conduct for Members of Devolved Public Bodies.

Ethical Values: The IJB has agreed in principle to adopt the Unison Ethical Care Charter and has provided funding to care providers to allow the Scottish Living Wage to be paid.

Rule of Law: A comprehensive consultation process has been developed with officers from Aberdeen City Council and NHS Grampian to ensure that decisions and reports comply with legislation. A member of the Council's Governance Team attends the IJB to ensure that decisions taken are in line with any legislative requirements. The IJB has a Chief Finance Officer position to ensure that the accounts and finances are in line with the statutory accounting environment. The IJB has standing orders and an integration scheme which provide information on where decisions can be made. Two sub committees have been created and each has its own terms of reference.

Principle 2 – Ensuring openness and comprehensive stakeholder engagement.

Openness: The IJB is a public board where members of the public and press can attend and agendas, reports and minutes are available for public review. The IJB meetings are held under “hybrid” arrangements with members of the IJB, and officers able to either physically attend the meetings (along with members of the public and the Press) or attend via Microsoft Teams. Meetings of the IJB are recorded and these are made available to the public shortly after the meeting. The Risk, Audit & Performance Committee is also a public meeting. The IJB has its own complaints handling procedure which complies with Scottish Public Services Ombudsman's guidance.

Stakeholder Engagement: The non-voting membership of the IJB is set out in the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. This comprises six professional members and a minimum of four stakeholder representatives for each of the following groups - staff, third sector bodies, service users and carers. The IJB agreed a budget protocol on the 7 March 2017 which sought to formalise stakeholder engagement with the partner organisations around the budget process. Care providers are very much thought of as a key part of the partnership and invited to the majority of the events the IJB hosts. The IJB has established the Aberdeen City Joint Staff Forum, which includes representation from the trade unions and the staff partnership, as a forum for workforce issues affecting social care and health staff. An engagement and consultation protocol with the trade unions was agreed at the IJB on 21 January 2020.

Principle 3 – Defining outcomes in terms of sustainable economic, social and environmental benefits.

Economic: The IJB has agreed a Medium-Term Financial Framework which is updated annually. The transformation programme and IJB report format specifically highlight the economic impact of the decisions being taken on current and future financial years. Work has been undertaken to establish the financial and operational benefits of the major transformation projects. The partnership has adopted the lean six sigma quality improvement methodology, has trained relevant staff and has undertaken and

implemented several improvement projects using this methodology. The outcomes of some of these projects are directly informing, wider transformational activity across the partnership including the redesign of staffing teams aligned to localities and are part of our conditions for change programme. A strategic planning framework has been agreed and implemented for the large hospital services. A governance structure has been implemented to support this work including a cross system transformation board which include senior officers from the Council, NHSG and the IJBs.

Social: The IJB's Strategic Plan identifies outcomes and the direction of travel over the next few years. The majority of outcomes are closely linked to how social care and health services will be delivered and improved over the life of the Strategic Plan.

Environmental: A public bodies climate change duties report is collated and submitted annually on behalf of the IJB.

Principle 4 – Determining the interventions necessary to optimise the achievement of intended outcomes.

Interventions: A transformation programme and senior leadership team objectives have been developed which will help support the delivery of the Strategic Plan. This programme is monitored on a regular basis and information on progress is received by the IJB and the Risk, Audit and Performance Committee for scrutiny and challenge. Decisions to procure services costing over £50,000 are taken by the IJB in so far as they relate to a Direction made to the NHS or Aberdeen City Council in respect of a delegated function and each report contains a section on risk.

Principle 5 – Developing the entity's capacity, including the capability of its leadership and the individuals within it.

Entity's Capacity: A workforce plan has been developed for the IJB covering health and social care services. In February 2024 a new Chief Officer was appointed. The Chief Officer confirmed the continuation of the distributive flat structure model of leadership. Capacity is further developed and scrutinised by having stakeholders out with those employed by the IJB, ACC or NHS Grampian around the IJB and many of its working groups. The career ready programme and various initiatives through Developing the Young Workforce North East have been developed and established within services. Regular meetings have been held with the direct reports of the senior leadership team to promote the localities model and the senior leadership team objectives. A new senior leadership team structure has been implemented to allow Strategic Plan outcomes to be achieved.

Leadership: The IJB has set itself goals and has evaluated their performance against these goals. An organisational development plan has been developed and agreed which has a focus on leadership.

Individuals: An induction programme has been established for the IJB which complements the induction programmes of NHS Grampian and Aberdeen City Council. Staff surveys have been undertaken for Council staff and the 'iMatter' survey is undertaken annually. The outputs from these surveys are discussed by the IJB Senior Leadership Team and any necessary improvement actions implemented.

The IJB and SLT have developed a sustainable approach to board development through the creation of a 'culture sounding board' which pays attention to relationships and behaviours to ensure all voices are heard equally, enabling effective challenge and decision making at the IJB.

Principle 6 - Managing risk and performance through robust internal control and strong public financial management.

Risk: Two risk registers have been developed. The first is an IJB Strategic Risk Register and this documents the risk that the IJB may face in delivery of the Strategic Plan. The second register covers operational risks and is a summary of the departmental operational risk registers. The Strategic Risk Register is updated frequently and reported to the Risk, Audit & Performance Committee and the IJB.

Performance: A performance management framework has been developed for the IJB and is reported frequently to the Risk, Audit & Performance Committee and the IJB. Performance is also monitored by bi-monthly city sector performance review meetings, where the Chief Executives and senior finance officers from NHS Grampian and Aberdeen City Council discuss performance and finance in a structured meeting with the Chief Officer and Chief Finance Officer. Performance management information is provided at a national NHS level and also contained within the statutory performance indicators reported by the Council. An annual performance report is required as defined in the legislation (Public Bodies (Joint Working) (Scotland) Act 2014) underpinning the creation of the IJB.

Internal Controls: The internal control environment is largely delivered by the partner organisations given their operational remit. However, internal controls are evidenced in the IJB integration scheme and financial regulations. A review of the IJB internal controls is undertaken annually by the Chief Internal Auditor and his opinion on the adequacy of the internal control environment is highlighted below.

Financial Management: The IJB has received quarterly reports on the financial position as indicated in the integration scheme. All IJB reports contain a financial implications section advising the IJB on the budget implications of agreeing the recommendations of the report. This section allows authors to outline mitigating actions being taken to lower the overspend as detailed in the outturn position for 2024/25. During 2024/25 additional fortnightly meetings were put in place between the CFO and budget holders to provide robust oversight of budget performance on a more frequent basis. In addition for 2025/26 budget setting onwards we are introducing a new Budget Protocol which formalises the process and outlines key commitments in relation to the Audit Scotland Report on IJB's Finance and Performance published 25th July 2024. These commitments relate to engagement with partners and communities, an early focus on the identification of savings, ensuring Integrated impact Assessments are undertaken, and structured and regular reporting of progress to the IJB.

Principle 7 – Implementing good practices in transparency, reporting, and audit to deliver effective accountability.

Transparency: Recordings of the IJB meetings were made available to the public after the meeting was held due to COVID restrictions and the agendas, reports and minutes

are available for the public to inspect. The Risk, Audit & Performance committee is also a public meeting. The IJB has developed a publication scheme as required under the Freedom of Information (Scotland) Act 2002.

Reporting: The annual accounts management commentary section will have a focus on both financial and service performance over the last financial year. A review has been undertaken of the role of the North East Partnership which has strengthen governance arrangements for hosted and large hospital services.

Audit: The 2023/24 accounts received an unqualified audit opinion. The Risk, Audit & Performance Committee has received an internal audit plan from the Chief Internal Auditor and internal audit reports over the last financial year.

Review of Effectiveness

The IJB has responsibility for conducting, at least annually, a review of the effectiveness of the governance arrangements, including the system of internal control. The review is informed by the work of the IJB Senior Leadership Team (who have responsibility for the development and maintenance of the internal control framework environment), the work of the internal auditor and the Chief Internal Auditor's annual report; and reports from the external auditor and other review agencies and inspectorates.

Aberdeen City Council's Chief Internal Auditor provides an Internal Audit services to the IJB. The Chief Internal Auditor's annual opinion on the effectiveness of the IJB's governance framework for 2024/25 was reported to the Risk, Audit and Performance Committee on 17 June 2025. The report outlined Internal Audit's views on the assurance that the IJB received in relation to governance, risk management and control, covering the periods 1 April 2024 to 31 March 2025. The Chief Internal Auditor's opinion was "In my opinion the Board had an adequate and effective framework for governance, risk management and control covering the period 1 April 2024 to 31 March 2025".

The governance framework is reviewed by the IJB Senior Leadership Team against the governance principles identified in the CIPFA Role of the Chief Finance Officer Framework.

The local code of corporate governance was originally agreed on 11 April 2017 and has been reviewed subsequently. Progress against the seven principles is detailed above.

Action Plans

In 2022/23, the Internal Auditor issued a report on the Adults with Incapacity audit which noted areas of major concern. Management convened a short life working group to address all the issued raised. This group met regularly and rectified all the recommendations in May 2024.

As at the 31 March 2025, 21 audit recommendations were open, 6 due in the future (either as the original planned date of implementation or through an agreed extension). Internal Audit records indicate there were 18 recommendations made in 2024/25, with 29 being closed during the year. The Senior Leadership Team continue to work closely with colleagues in Internal Audit to close off recommendations by the agreed due date.

Specifically, audits on Financial Assessments, Budget Setting and Monitoring and Hosted Services were all progressed during 2024/25, with the Senior Leadership Team working with Internal Audit to close the remaining recommendations in 2025/26.

The following table sets out priority governance actions identified in respect of financial year 2024/25. These will be completed in 2025/26

Actions	Responsibility	Target completion date
Budget monitoring and increased scrutiny of financial information, delivering savings and achieving financial balance	Budget Savings Oversight Group/Senior Leadership Team	March 2026
Scheme of Governance Annual Review	Chief Officer/Team Leader, Governance (Aberdeen City Council)	July 2025 (complete) July 2026
IJB Financial Sustainability Internal Audit	Chief Officer/Chief Finance Officer	Audit scheduled for Q3 25/26
Implement onboarding plan for Deputy CFO (training & mentoring)	ACC Chief Finance Officer (CFO) in collaboration with NHSG Director of Finance	Within 3 months of appointment
Social Care Financial Assessments	Chief Finance Officer	October 2025

In addition, the review of the effectiveness of the governance arrangements and systems of internal control within Aberdeen City Council and NHS Grampian places reliance upon the individual bodies' management assurances in relation to the soundness of their systems of internal control and that they have embedded standards for countering fraud and corruption.

Accordingly, the following notes support the reliance that is placed upon those systems:

i. Aberdeen City Council's governance framework

Aberdeen City Council's governance framework comprises the systems and processes, culture and values by which the Council is directed and controlled, and the activities through which it accounts to, engages with and leads the community. It enables the Council to monitor the achievement of its outcomes given the crucial role of governance, performance management and risk management in improving stewardship and how we do business. Reviewing our governance activity enables us to consider whether those objectives have led to the delivery of appropriate, cost effective services to the citizens of Aberdeen.

The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. It cannot eliminate all risk of failure to achieve policies, aims and objectives, or comply with controls, and can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to: -

- identify and prioritise the risks to the achievement of the Council's outcomes;
- evaluate the likelihood of those risks being realised and the impact should they be realised; and to manage those risks efficiently, effectively and economically.

The Audit, Risk & Scrutiny Committee has a key role in this, and an annual report of its activities and effectiveness will be considered by the committee and referred to Council for its consideration. This demonstrates improved transparency, understanding and challenge of the activity and outcomes from the Audit, Risk & Scrutiny Committee. The Council has an approved Local Code of Corporate Governance which sets out their commitment to the seven principles recommended in the CIPFA / SOLACE Framework 2016, by citing the primary sources of assurance which demonstrate the effectiveness of the systems of internal control.

Principle A: Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law

Principle B: Ensuring openness and comprehensive stakeholder engagement

Principle C: Defining outcomes in terms of sustainable economic, social and environmental benefits

Principle D: Determining the interventions necessary to optimise the achievement of the intended outcomes

Principle E: Developing the entity's capacity, including the capability of its leadership and the individuals within it

Principle F: Managing risk and performance through robust internal control and strong public financial management

Principle G: Implementing good practices in transparency, reporting and audit, to deliver effective accountability

In summary the Council undertakes an annual self-evaluation of its Local Code of Corporate Governance. This demonstrates that reasonable assurance can be placed upon the adequacy and effectiveness of Aberdeen City Council and its systems of governance.

ii. NHS Grampian governance framework

NHS Grampian is required to operate within the aspects of the Scottish Public Finance Manual (SPFM) which are set out within the guidance issued to Chief Executives and more generally to all Board members by the Scottish Government Health and Social Care Directorates as being applicable to NHS Boards. The SPFM is issued by Scottish Ministers to provide guidance to the Scottish Government and other relevant bodies on the proper handling and reporting of public funds. The SPFM sets out the relevant statutory, parliamentary and administrative requirements, emphasises the need for efficiency, effectiveness and economy, and promotes good practice and high standards of propriety.

As Accountable Officer, the Chief Executive is responsible for maintaining an adequate and effective system of internal control that identifies, prioritises and manages the principal risks facing the organisation, promotes achievement of the organisation's aims and objectives and supports compliance with the organisation's policies and safeguarding public funds.

The Board continually monitors and reviews the effectiveness of the system of internal control with a specific focus on the delivery of safe and effective patient care, achievement of national and local targets and demonstrating best value and the efficient use of resources. Key elements of the system of internal control include:

1. A Board which meets regularly to discharge its governance responsibilities, set the strategic direction for the organisation and approve decisions in line with the Scheme of Delegation. The Board comprises the Executive Directors and Non-Executive members. The Board activity is open to public scrutiny with minutes of meetings publicly available;
2. The Board receives regular reports on Healthcare Associated Infection from the Clinical Governance Committee and reducing infection as well as ensuring that health and safety, cleanliness and good clinical practice are high priorities;
3. Scheme of Delegation, Standing Orders and Standing Financial Instructions approved by the Board are subject to regular review to assess whether they are relevant and fully reflective of both best practice and mandatory requirements;
4. Mature and organisation wide risk management arrangements built on localised risk registers and processes which ensure, as appropriate, escalation of significant instances of non-compliance with applicable laws and regulations;
5. Dedicated full time members of staff for key statutory compliance functions including Information Governance, Health and Safety, fire and asbestos, tasked with ensuring they are up to date with all relevant legislation and are responsible for co-ordinating management action in these areas;
6. A focus on best value and commitment to ensuring that resources are used efficiently, effectively and economically taking into consideration equal opportunities and sustainable development requirements;

7. Consideration by the Board of regular reports from the chairs of the performance governance, engagement and participation, staff governance, clinical governance, audit committee and from the Chair of the Endowment Trustees concerning any significant matters on governance, risk and internal controls;
8. Each key governance committee is supported by a designated lead Executive Director who has the delegated management accountability for statutory and regulatory matters. In addition, senior leadership arrangements were strengthened during the year to provide additional capacity and support to the Chief Executive;
9. Regular review of financial performance, risk management arrangements and non-financial performance against key service measures and standards by the Performance Governance Committee;
10. Regular review of service quality against recognised professional clinical standards by the Clinical Governance Committee;
11. Regular review of workforce arrangements and implementation of the NHS Scotland Staff Governance standards by the Staff Governance Committee;
12. An active joint management and staff partnership forum with staff side representation embedded in all key management teams and a dedicated full time Employee Director who is a member of the Board;
13. Regular review of priorities for infrastructure investment and progress against the agreed Asset Management Plan by an Asset Management Group chaired by a Board Executive Director and including management representatives from all operational sectors and representation from the clinical advisory structure;
14. Clear allocation of responsibilities to ensure we review and develop our organisational arrangements and services in line with national standards and guidance including consultation with all stakeholders on service change proposals to inform decision making;
15. Promotion of effective cross sector governance arrangements through participation by the IJB Board members and the Chief Executives of each of the partner organisations in the regular meetings between the Chief Executives of all Public Sector organisations in Grampian and performance review meetings with each IJB Chief Officer to further develop and drive improvement through integrated service delivery; and
16. A patient feedback service to record and investigate complaints and policies to protect employees who raise concerns in relation to suspected wrongdoing such as clinical malpractice, fraud and health and safety breaches; and
17. Separate governance arrangements for the NHS Grampian Endowment Funds including a Chair of the Trustees elected from within the body of the Trustees, an annual general meeting of all Trustees to agree all policy matters and an Endowment Sub Committee of Trustees with delegated authority to manage the day to day operational matters of the charity.

Based on the evidence considered during the review of the effectiveness of the internal control environment NHS Grampian has confirmed that there are no known outstanding significant control weaknesses or other failures to achieve the standards set out in the guidance on governance, risk management and control.

Certification:

Subject to the above, and on the basis of assurances provided, we consider that the internal control environment operating during the reporting period provides reasonable and objective assurance that any significant risks impacting upon the achievement of our principal objectives will be identified and actions taken to avoid or mitigate their impact. Systems are in place to continually review and improve the internal control environment and action plans are in place to identify areas for improvement. It is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the Aberdeen City Integration Joint Board's systems of governance.

Fiona Mitchelhill

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Fiona Mitchelhill
Chief Officer

Hussein Patwa

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Hussein Patwa
Chair

30 September 2025

Comprehensive Income and Expenditure Statement

This statement shows the cost of providing services for the year according to accepted accounting practices.

2023/24			2024/25		
Gross Expenditure £	Gross Income £	Net Expenditure £	Gross Expenditure £	Gross Income £	Net Expenditure £
46,116,494	0	46,116,494	49,873,614	0	49,873,614
31,323,029	0	31,323,029	32,898,445	0	32,898,445
		Services (health)			
45,015,163	0	45,015,163	51,688,650	0	51,688,650
26,985,068	0	26,985,068	30,995,471	0	30,995,471
107,204,489	0	107,204,489	110,333,861	0	110,333,861
		Older People & Physical and Sensory Disabilities			
2,373,496	0	2,373,496	1,523,262	0	1,523,262
5,262,277	(5,114,956)	147,321	6,548,679	(6,384,627)	164,052
2,257,873	0	2,257,873	1,793,981	0	1,793,981
46,349,194	0	46,349,194	47,428,983	0	47,428,983
45,094,568	0	45,094,568	49,781,141	0	49,781,141
2,502,936	0	2,502,936	3,038,684	0	3,038,684
55,550,000	0	55,550,000	59,238,000	0	59,238,000
3,058,242	0	3,058,242	2,523,810	0	2,523,810
15,254,159	0	15,254,159	15,768,659	0	15,768,659
434,346,988	(5,114,956)	429,232,032	463,435,238	(6,384,627)	457,050,611
0	(411,921,018)	(411,921,018)	0	(447,215,776)	(447,215,776)
		Taxation and Non-Specific Grant Income (Note 7)			
434,346,988	(417,035,974)	17,311,014	463,435,238	(453,600,403)	9,834,835
		Surplus or Deficit on Provision of Services			
		17,311,014			9,834,835
		Total Comprehensive Income and Expenditure			

There are no statutory or presentation adjustments which affect the IJB's application of the funding received from partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently, an Expenditure and Funding Analysis is not provided in these annual accounts.

Movement in Reserves Statement

This statement shows the movement in the year on the IJB's reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

Movements in Reserves During 2024/25	General Fund Balance	Total Reserves
	£	£
Opening Balance at 31 March 2024	(9,834,835)	(9,834,835)
Total Comprehensive Income and Expenditure	9,834,835	9,834,835
Adjustments between accounting basis and funding basis under regulation	-	-
(Increase) or Decrease in 2024/25	9,834,835	9,834,835
Closing Balance at 31 March 2025	0	0
Movements in Reserves During 2023/24	General Fund Balance	Total Reserves
	£	£
Opening Balance at 31 March 2023	(27,145,850)	(27,145,850)
Total Comprehensive Income and Expenditure	17,311,014	17,311,014
Adjustments between accounting basis and funding basis under regulation	-	-
(Increase) or Decrease in 2023/24	17,311,014	17,311,014
Closing Balance at 31 March 2024	(9,834,835)	(9,834,835)

Balance Sheet

The Balance Sheet shows the value of the IJB's assets and liabilities as at the balance sheet date. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31 Mar 2024		Notes	31 Mar 2025
£			£
9,834,836	Short term Debtors	(8)	18,368,031
9,834,836	Current Assets		18,368,031
	Short term Creditors	(9)	(18,368,031)
	Current Liabilities		(18,368,031)
9,834,836	Net Assets		0
	Usable Reserve:		
(9,834,836)	General Fund	(10)	0
-	Unusable Reserve:		-
(9,834,836)	Total Reserves		0

The unaudited accounts were issued on 17 June 2025 and the audited accounts were authorised for issue on 30 September 2025.



Jonathan Belford
Interim Chief Finance Officer

30 September 2025

Notes to the Financial Statements

1. Significant Accounting Policies

General Principles

The Financial Statements summarises the authority's transactions for the 2024/25 financial year and its position at the year-end of 31 March 2025.

The IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2024/25, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the IJB will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the IJB.
- Income is recognised when the IJB has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

Funding

The IJB is primarily funded through funding contributions from the statutory funding partners, Aberdeen City Council and NHS Grampian. Expenditure is incurred as the IJB commissions specified health and social care services from the funding partners for the benefit of service recipients in Aberdeen City.

Cash and Cash Equivalents

The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partners. Consequently, the IJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet or a cashflow statement. The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the IJB's Balance Sheet.

Employee Benefits

The IJB does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a Pensions Liability on its Balance Sheet.

The IJB has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs. Where material the Chief Officer's absence entitlement as at 31 March is accrued, for example in relation to annual leave earned but not yet taken. In the case of Aberdeen City IJB any annual leave earned but not yet taken is not considered to be material.

Reserves

The IJB is permitted to set aside specific amounts as reserves for future policy purposes. Reserves are generally held to do three things:

- create a working balance to help cushion the impact of uneven cash flows – this forms part of general reserves;
- create a risk fund to cushion the impact of unexpected events or emergencies; and
- create a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities.

The balance of the reserves normally comprises:

- funds that are earmarked or set aside for specific purposes; and
- funds which are not earmarked for specific purposes but are set aside to deal with unexpected events or emergencies.

Reserves are created by appropriating amounts out of the General Fund Balance in the Movement in Reserves Statement. When expenditure to be financed from a reserve is incurred, it is charged against the appropriate line in the Income and Expenditure Statement in that year to score against the Surplus/Deficit on the Provision of Services. The reserve is then appropriated back into the General Fund Balance in the Movement in Reserves Statement.

The IJB's reserves are classified as either Usable or Unusable Reserves.

The IJB's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the IJB can use in later years to support service provision.

Indemnity Insurance

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Grampian and Aberdeen City Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the IJB does not have any 'shared risk' exposure from participation in CNORIS. The IJB participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration, is provided for in the IJB's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

Support Services

Corporate support services (finance, legal and strategy) are provided by Aberdeen City Council and NHS Grampian at no cost to the IJB and it is not possible to separately identify these costs. To the extent that delegated services include an element of overheads and support services costs, these will be included within the appropriate line within the Income and Expenditure statement.

2. Accounting Standards that have been Issued but have not yet been Adopted

The Code requires the disclosure of information relating to the impact of an accounting change that will be required by a new standard that has been issued but not yet adopted and could have a material impact on the accounts. This applies to new or amended standards withing the 2024/25 Code.

There are no new or amended Accounting Standards issued but not yet adopted that will have a material impact on the 2024/25 Annual Accounts.

3. Critical Judgements and Estimation Uncertainty

The Financial Statements include some estimated figures. Estimates are made taking into account the best available information, however actual results could be materially different from the assumptions and estimates used. The key items in this respect are listed below.

Set Aside Services

The value of the set aside budget for large hospital services and the IJB's share of hosted services are subject to estimation uncertainty. For 2024/25, Public Health Scotland has not issued updated set aside activity data. As a result, the most recent available figures from 2019/20 have been used as a proxy, uplifted for five years of baseline increases allocated by the Scottish Government to NHS Grampian (3.0% for 2020/21, 3.36% for 2021/22, 6.70% for 2022/23, 5.37% for 2023/24, and 6.64% for 2024/25).

Aberdeen City Share of Hosted Services

Aberdeen City IJB is the Lead Partner IJB for a number of services on behalf of other NHS Grampian IJBs. Likewise, Aberdeenshire and Moray IJBs are Lead Partner IJBs for a number of services on behalf of Aberdeen City IJB. The allocation of costs for hosted services is based on agreed methodologies between partner bodies and are reviewed annually. These are accounted for on an agency basis (see Note 11).

4. Prior Period Adjustments, Changes in Accounting Policies and Estimates and Errors

Changes in accounting policies are only made when required by proper accounting practices or the change provides more reliable or relevant information about the effect of transactions, other events and conditions on the IJB's financial position or financial performance. Where a change is made, it is applied retrospectively by adjusting opening balances and comparative amounts for the prior period as if the new policy had always been applied.

Changes in accounting estimates are accounted for prospectively, i.e. in the current and future years affected by the change.

Material errors discovered in prior period figures are corrected retrospectively by amending opening balances and comparative amounts for the prior period.

5. Events after the Balance Sheet Date

The unaudited Annual Accounts were authorised for issue by the Chief Finance Officer on 17 June 2025. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2025, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

6. Expenditure and Income Analysis by Nature

2023/24		2024/25
£		£
176,471,867	Services commissioned from Aberdeen City Council	189,063,890
257,830,741	Services commissioned from NHS Grampian	274,327,458
44,380	Auditor Fee: External Audit *	43,890
(5,114,956)	Service Income: Aberdeen City Council	(6,384,627)
(411,921,018)	Partners Funding Contributions and Non-Specific Grant Income	(447,215,776)
17,311,014	(Surplus) or Deficit on the Provision of Services	9,834,835

*Audit fees in respect of 2024/25 are £39,100

7. Taxation and Non-Specific Grant Income

2023/24		2024/25
£		£
(123,740,740)	Funding Contribution from Aberdeen City Council	(136,325,258)
(288,180,278)	Funding Contribution from NHS Grampian	(310,890,518)
(411,921,018)	Taxation and Non-specific Grant Income	(447,215,776)

The funding contribution from the NHS Board shown above includes £59 million in respect of 'set-aside' resources relating to acute hospital and other resources. These are provided by the NHS, which retains responsibility for managing the costs of providing the services. The IJB, however, has responsibility for the consumption of, and level of demand placed on, these resources.

The funding contributions from the partners shown above exclude any funding which is ring-fenced for the provision of specific services, such as that provided for Criminal Justice. Such ring-fenced funding is presented as income in the Cost of Services in the Comprehensive Income and Expenditure Statement.

8. Debtors

31 Mar 24		31 Mar 25
£		£
9,690,763	NHS Grampian	18,368,031
144,073	Aberdeen City Council	-
9,834,836	Debtors	18,368,031

9. Creditors

31 Mar 24		31 Mar 25
£		£
-	Aberdeen City Council	(18,368,031)
-	Creditors	(18,368,031)

Creditor and debtor balances at year-end represent the net position of funds to be transferred between the IJB's funding partners. These balances arise as part of the process to reconcile each partner's share of the year's expenditure, including any overspend or underspend. Where one partner has incurred expenditure on behalf of the IJB in excess of their funding contribution, a creditor balance is recognised, reflecting amounts owed to that partner. Conversely, a debtor balance indicates funds due from a partner to settle their share of the IJB's spend. This approach ensures that the financial statements accurately reflect the outstanding transfers required to balance the year's financial activity between partners.

10. Usable Reserve: General Fund

The IJB holds a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.
- To provide a risk fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the IJB's risk management framework.

The table below shows the movements on the General Fund balance, analysed between those elements earmarked for specific planned future expenditure, and the amount held as a risk fund.

2023/24				2024/25			
Balance at 1 April 2023	Transfers In	Transfers Out	Balance at 31 March 2024		Transfers In	Transfers Out	Balance at 31 March 2025
£	£	£	£		£	£	£
(1,700,103)	-	665,808	(1,034,295)	Earmarked External Funding	-	1,034,295	-
(876,523)	-	876,523	-	Community Living Change	-	-	-
(1,668,982)	-	1,668,982	-	Primary Care	-	-	-
(366,712)	-	366,493	(219)	PCIP	-	219	-
-	(5,396)	-	(5,396)	Action 15	-	5,396	-
(937,644)	-	107,828	(829,816)	MH Recovery and Renewal	-	829,816	-
(931,166)	(237,293)	-	(1,168,459)	ADP	-	1,168,459	-
(18,164,720)	-	13,868,069	(4,296,651)	Integration and Change	-	4,296,651	-
(24,645,850)	(242,689)	17,553,703	(7,334,836)	Total Earmarked	-	7,334,836	-
(2,500,000)	-	-	(2,500,000)	Risk Fund	-	2,500,000	-
(27,145,850)	(242,689)	17,553,703	(9,834,836)	General Fund	-	9,834,836	-

11. Agency Income and Expenditure

On behalf of all IJBs within the NHS Grampian area, the IJB acts as the lead manager for Sexual Health Services and Woodend Rehabilitation Services. It commissions services on behalf of the other IJBs and reclaims the costs involved. The payments that are made on behalf of the other IJBs, and the consequential reimbursement, are not included in the Comprehensive Income and Expenditure Statement (CIES) since the IJB is not acting as principal in these transactions.

The amount of expenditure and income relating to the Sexual Health Services agency arrangement is shown below.

2023/24		2024/25
£		£
1,901,192	Expenditure on Agency Services	1,977,596
(1,901,192)	Reimbursement for Agency Services	(1,977,596)
- Net Agency Expenditure excluded from the CIES		-

The amount of expenditure and income relating to the Woodend Rehabilitation Services agency arrangement is shown below.

2023/24		2024/25
£		£
8,853,575	Expenditure on Agency Services	9,433,729
(8,853,575)	Reimbursement for Agency Services	(9,433,729)
- Net Agency Expenditure excluded from the CIES		-

12. Related Party Transactions

The IJB has related party relationships with the NHS Grampian, Aberdeen City Council and Bon Accord Care/Bon Accord Support Services. The nature of these relationships means that the IJB may influence, and be influenced by, these parties. The following transactions and balances included in the IJB's accounts are presented to provide additional information on the relationships.

NHS Grampian

2023/24		2024/25
£		£
(288,180,278)	Funding Contributions received from the NHS Board*	(310,890,518)
-	Service Income received from the NHS Board	-
257,616,814	Expenditure on Services Provided by the NHS Board	274,180,316
213,927	Key Management Personnel: Non-Voting Board Members	147,142
(30,349,537)	Net Transactions with the NHS Grampian	(36,563,060)

Key Management Personnel: The non-voting Board members employed by the NHS Board and recharged to the IJB include the Chief Officer and the Clinical Director. Details of the remuneration for some specific post-holders is provided in the Remuneration Report.

*Includes resource transfer income of £27.9 million.

Balances with NHS Grampian

31-Mar-24		31-Mar-25
£		£
9,690,763	Debtor balances: Amounts due from the NHS Board	18,368,031
-	- Creditor balances: Amounts due to the NHS Board	-
9,690,763	Net Balance with the NHS Grampian	18,368,031

Transactions with Aberdeen City Council

2023/24		2024/25
£		£
(123,740,740)	Funding Contributions received from the Council	(136,325,258)
(5,114,956)	Service Income received from the Council	(6,384,627)
176,405,173	Expenditure on Services Provided by the Council	189,036,355
111,074	Key Management Personnel: Non-Voting Board Members	71,425
47,660,551	Net Transactions with Aberdeen City Council	46,397,895

Key Management Personnel: The non-voting Board members employed by the Council and recharged to the IJB include the Chief Financial Officer. Details of the remuneration for some specific post-holders is provided in the Remuneration Report. The Chief Social Work Officer is a non-voting member of the IJB and the costs associated with this post are borne by the Council.

31-Mar-23		31-Mar-24
£		£
144,073	Debtor balances: Amounts due from the Council	-
-	- Creditor balances: Amounts due to the Council	(18,368,031)
144,073	Net Balance with the Aberdeen City Council	(18,368,031)

Transactions with Bon Accord Care (BAC) and Bon Accord Support Services (BASS)

Bon Accord Care Limited and Bon Accord Support Services Limited are private companies limited by shares which are 100% owned by Aberdeen City Council. Bon Accord Care provides regulated (by the Care Inspectorate) care services to Bon Accord Support Services which in turn delivers both regulated and unregulated adult social care services to the Council.

31-Mar-24		31-Mar-25
£		£
(436,510)	Service Income received from the Council	(675,597)
34,636,540	Expenditure on Services Provided by the Council	35,070,424
34,200,030	Net Transactions with BAC/BASS	34,394,827

13. VAT

VAT payable is included as an expense only to the extent that it is not recoverable from Her Majesty's Revenue and Customs. VAT receivable is excluded from income.