



Aberdeen City Health and Social Care Partnership

Summary Annual Performance Report 2025-2026



Welcome to the summary version of the Aberdeen City Health and Social Care Partnership's (ACHSCP) Annual Performance Report (APR) for 2025-26. ACHSCP is legally required to publish an APR which demonstrates progress made on strategic intent, how the ACHSCP is performing against the National Integration Indicators and to provide assurance of financial best value for the public purse. This report covers the period from 1st April 2025- 31st March 2026 and demonstrates progress which has been made on the projects outlined in the delivery plan¹ which represents Year 1 of the 2025-2029 ACHSCP Strategic Plan. The full APR should be consulted for more details about the information presented in this summary version. This is available on the ACHSCP website.

ACHSCP was formed in 2016 to bring together planning and oversight for a range of Health and Social Care services. The creation of ACHSCP was intended to improve the City's health and wellbeing through the delivery of more efficient and effective health and social care services, and its success is measured through the National Integration Indicators. As part of its role, ACHSCP works in collaboration with a range of organisations and partners.

The population of Aberdeen is changing with a decreasing population (decrease of 1.1% by 2028), a plateauing life expectancy and a decreasing healthy life expectancy. Continuing economic pressures may continue to lead to a rise in the number of people and families living in challenging conditions and an increasing need for health and social care support through professional services or unpaid care.

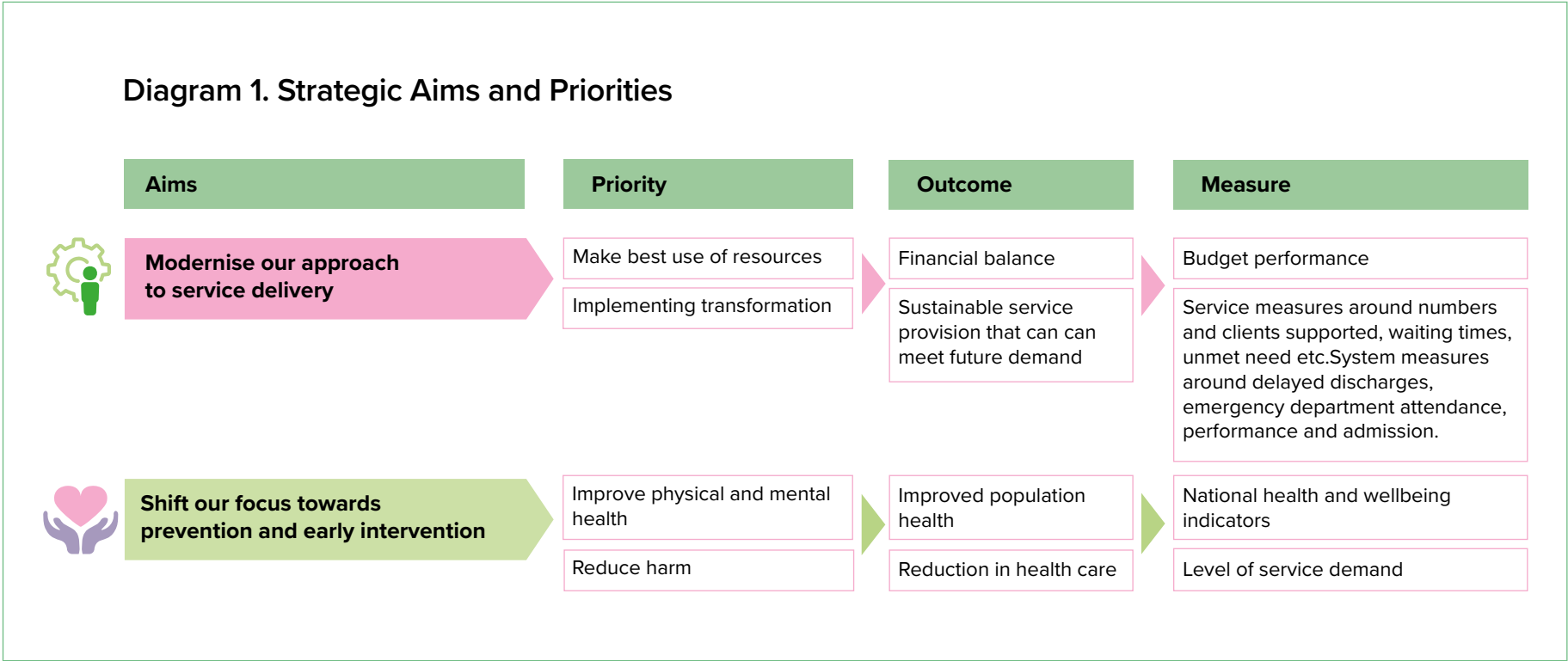
The ACHSCP Strategic Plan for 2025-2029 recognises these challenges and responds by outlining two strategic aims and a further four Strategic priorities. The Year 1 delivery plan outlines a list of programmes and projects which support the priorities and aims of the Strategic Plan.



¹The approved Year 1 Delivery Plan is available here: <https://aberdeen.moderngov.co.uk/eListDocuments.aspx?CId=553&MId=9718&Ver=4>

Strategic Aims and Priorities

The following diagram shows the aims and priorities for the ACHSCP across its 2026-2029 Strategic Plan.



Strategic Priority 1: Make best use of Resources

Projects aligned with this strategic priority are designed to optimise the utilisation of resources available to ACHSCP, including its workforce, financial assets, infrastructure such as buildings, and the effective delivery of services to meet individual and community's needs. Enhancing data and digital capabilities enables services to be well-supported in day-to-day operations and provides leadership with robust information for improved strategic decision making.

Key summary points:

- **Improved use of resources and digital capability**
Significant focus on optimising workforce, buildings and finances, supported by digital innovation (for example through the use of practitioner apps, data dashboards) to improve efficiency and decision making.
- **Expansion of Technology Enabled Care (TEC)**
Increased awareness and use of TEC to support independent living, enhance care quality, and reduce reliance on traditional service models.
- **Improved transitions and person centred service experiences**
Strengthened pathways and coordination for people moving between services, particularly young people transitioning to adult support and promoting independence, for example through the opening of the Stoneywood Complex Care Facility.

Strategic Priority 2: Implementing Transformation

The Strategic Plan places emphasis on implementing transformation throughout ACHSCP services. This allows ACHSCP services to respond to the needs of patients, clients and communities by making these operate more efficiently.

Key summary points:

- **Transformation of care pathways and service models**
Implementation of redesigned discharge, rehabilitation and community-based care approaches to reduce hospital stays and improve outcomes, for example through Discharge without Delay which saved over 700 acute hospital bed days in the first four months of the project.
- **Review of services to ensure efficient and effective practices**
A number of services have been or are under review, for example the Primary Care Improvement Plan, redesigning residential substance use services. This helps to ensure that services continue to provide the efficient and effective care to those who need it.

Strategic Priority 3: Improve Physical and Mental Health

Improving both physical and mental health is fundamental to reducing inequalities and supporting people to live longer, healthier, and more independent lives. ACHSCP recognises the close relationship between physical and mental wellbeing and the importance of delivering person-centred support that addresses both.

Key summary points:

- **Promoting healthier lifestyles and wellbeing**
Initiatives supporting physical activity, healthy weight and emotional wellbeing have been implemented across communities.
- **Enhancing early access to health services**
Focus on early support, screening uptake and immunisation to prevent more serious conditions developing. Immunisation data shows positive movement towards achieving the target of being in line with the Scottish average for immunisations by 2027.
- **Reducing inequalities in health outcomes**
Targeted work in deprived communities and priority groups to improve access and outcomes.
- **Supporting wellbeing across the life course**
Programmes supporting children, young people and older adults to remain healthy, independent and connected supported by action plans in Mental Health, Healthy Weight and Active Aging.

Strategic Priority 4: Reducing Harm

Reducing harm is a key priority for ACHSCP and supports the wider aim of improving health and wellbeing outcomes across Aberdeen City. Harm can arise from a range of social, physical, and behavioural factors and can have significant long-term impacts on individuals, families, and communities. Through a continued focus on prevention and early support, ACHSCP aims to reduce avoidable harm and improve outcomes for people across the city.

Key summary points:

- **Targeted action to reduce preventable harm**
Focus on key risk areas such as smoking in pregnancy, substance use and suicide. There was a 33.5% reduction in woman from SIMD1 and 2 areas recorded as a smoker at their pregnancy booking appointments.
- **Early intervention and education to reduce risk behaviours**
Prevention, awareness raising and improved access to support services are helping to reduce risk and prevent harm from escalating. Education sessions for children and young people may have contributed to a 46.3% reduction in vaping among 13–18 year olds recorded in the local health and wellbeing survey.

Financial Overview 2025-2026

A report to the IJB on 12 May 2026 showed that the final financial position for 2025-26 was £11.2million underspent against the revised budget. This was a significant improvement compared with 2024/25 and allowed the Partnership to rebuild its reserves. After setting aside earmarked funds, £7.7 million remain in uncommitted reserves as at 31 March 2026.

Comprehensive income and expenditure statement.

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

2024/25				2025/26			
Gross Expenditure	Gross Income	Net Expenditure	-	Gross Expenditure	Gross Income	Net Expenditure	
£	£	£		£	£	£	£
-	-	-		-	-	-	-
49,873,614		49,873,614	Community Health Services	50,679,539	-	50,679,539	
32,898,445	-	32,898,445	Aberdeen City share of Hosted Services (health)	34,087,644	-	34,087,644	
51,688,650	-	51,688,650	Learning Disabilities	54,791,104	-	54,791,104	
30,995,471	-	30,995,471	Mental Health & Addictions	30,490,570	-	30,490,570	
110,333,861	-	110,333,861	Older People & Physical and Sensory Disabilities	105,122,809	-	105,122,809	
1,523,262	-	1,523,262	Head office/Admin	1,465,707	-	1,465,707	
6,548,679	(6,384,627)	164,052	Criminal Justice	7,473,638	(7,042,868)	430,770	
1,793,981	-	1,793,981	Housing	1,770,542	-	1,770,542	
47,428,983	-	47,428,983	Primary Care Prescribing	47,998,430	-	47,998,430	
49,781,141	-	49,781,141	Primary Care	53,189,581	-	53,189,581	
3,038,684	-	3,038,684	Out of Area Treatments	3,737,738	-	3,737,738	
59,238,000	-	59,238,000	Set Aside Services	62,588,000	-	62,588,000	
2,523,810	-	2,523,810	City Vaccinations	2,423,486	-	2,423,486	
15,768,659	-	15,768,659	Transformation	15,337,101	-	15,337,101	
-	-	-		-	-	-	-
463,435,238	(6,384,627)	457,050,611	Cost of Services	471,155,889	(7,042,868)	464,113,022	
-	-	-		-	-	-	-
-	(447,215,776)	(447,215,776)	Taxation and Non-Specific Grant Income	-	(475,344,440)	(475,344,440)	
-	-	-		-	-	-	-
463,435,238	(453,600,403)	9,834,835	(Surplus) or Deficit on Provision of Services	471,155,889	(482,387,308)	(11,231,419)	
-	-	-		-	-	-	-
-	-	9,834,835	Total Comprehensive Income and Expenditure	-	-	(11,231,419)	

Overview of our Performance

The National Health and Wellbeing Outcomes provide the strategic framework for planning and delivering health and social care services, with progress measured through the National Integration Indicators and Ministerial Steering Group (MSG) indicators. The latest Health and Care Experience Survey results, which inform National Integration Indicators 1–9, were published in May 2026. Some indicators are currently unavailable due to publication schedules, changes in reporting arrangements, or incomplete national datasets. Where data is available, performance has been assessed using a RAG rating to demonstrate progress since the 2024–25 Annual Performance Report.

Performance against National Integration Indicators and Ministerial Steering Group measures shows continued improvement in key areas, including reduced emergency admissions, falls, delayed discharges, and increased feelings of safety among people

supported at home. These improvements reflect the impact of ongoing unscheduled care initiatives such as Discharge Without Delay, Discharge to Assess, Hospital at Home, and admission avoidance measures. The rate of falls among people aged 65 and over have continued to decline over the past two years, demonstrating the effectiveness of prevention efforts across community and hospital settings. Although local performance improved across indicators relating to GP experience, readmissions, Care Inspectorate grades, and intensive care at home, results remain below the national average. A&E four-hour performance declined during 2025–26 and continues to be influenced by wider system pressures, with ongoing work focused on improving patient flow and reducing avoidable admissions.

RAG Status Colour	Definition
Red	If current position is worse than previous position by 5% or more
Amber	If current position is worse, but within 5% of the previous position
Green	If current position is the same or better than the previous position

National Integration Indicators

	Indicator	Title	ACHSCP Rate (2023-24)	ACHSCP rate (2025/26)	Percentage Change between 2023/24 and 2025-26 (RAG)	Scotland rate	RAG comparison of ACHSCP and Scotland results
Outcome indicators	NI - 1	Percentage of adults able to look after their health very well or quite well	90%	91%		91%	
	NI - 2	Percentage of adults supported at home who agree that they are supported to live as independently as possible	77%	76%		74%	
	NI - 3	Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	57%	66%		64%	
	NI - 4	Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated	63%	71%		65%	
	NI - 5	Percentage of adults receiving any care or support who rate it as excellent or good	75%	72%		72%	
	NI - 6	Percentage of people with positive experience of care at their GP practice	60%	62%		71%	
	NI - 7	Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	74%	71%		72%	

⁴Health and Care Experience Results. Available from: <https://www.gov.scot/collections/health-and-care-experience-survey/>

⁵Core Suite of Integration Indicators. Available from: <https://publichealthscotland.scot/publications/core-suite-of-integration-indicators/core-suite-of-integration-indicators-7-july-2026/>

	Indicator	Title	ACHSCP Rate (2023-24)	ACHSCP rate (2025/26)	Percentage Change between 2023/24 and 2025-26 (RAG)	Scotland rate	RAG comparison of ACHSCP and Scotland results
Outcome indicators	NI - 8	Percentage of carers who feel supported to continue in their caring role	37%	33%		32%	
	NI - 9	Percentage of adults supported at home who agree they felt safe	72%	77%		75%	
	NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work		Data for measure not collected		Data for measure not collected	

			ACHSCP Rate (previous results)	ACHSCP rate (2025/26)	Percentage difference between previous results and 2025-26 (RAG)	Scotland rate	RAG comparison of ACHSCP and Scotland results
Data indicators	NI - 11	Premature mortality rate per 100,000 persons	448	440		426	
	NI - 12	Emergency admission rate (per 100,000 population)	9,805	8,747		11,470	
	NI - 13	Emergency bed day rate (per 100,000 population)	97,032	89,201		108,988	
	NI - 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	126	114		104	
	NI - 15	Proportion of last 6 months of life spent at home or in a community setting	90%	91%		89%	
	NI - 16	Falls rate per 1,000 population aged 65+	21	16.2		22.2	
	NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	72%	78%		83%	
	NI - 18	Percentage of adults with intensive care needs receiving care at home	56%	56%		65%	

		ACHSCP Rate (previous results)	ACHSCP rate (2025/26)	Percentage difference between previous results and 2025-26 (RAG)	Scotland rate	RAG comparison of ACHSCP and Scotland results
Data indicators	NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	655	458		873
	NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency		Data for measure no longer collected		NA
	NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home		Measure under development and not currently reported on		NA
	NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready		Measure under development and not currently reported on		NA
	NI - 23	Expenditure on end of life care, cost in last 6 months per death		Measure under development and not currently reported on		NA

Ministerial Steering Group Indicators

	Indicator	Title	2023-2024	2024-2025	2025-2026	ACHSCP 2025-2026 compared with 2024-2025
Ministerial Group indicators	1a	Number of emergency admissions	21,069	Data incomplete	Data incomplete	Data incomplete
	1b	Percentage admitted from A&E all ages (average for year)	23	Data incomplete	Data incomplete	Data incomplete
	2a	Unscheduled bed days, acute specialities	130,236	Data incomplete	Data incomplete	Data incomplete
	2b	Unscheduled bed days- Geriatric long stay	7,036	Data incomplete	Data incomplete	Data incomplete
	2c	Unscheduled bed days, Mental Health	51,687	Data incomplete	52,576	
	3a	A&E attendances	42,163	42,179	43,145	
	3b	Percentage seen in A&E within 4 hours all ages (average for year)	57	56	51	
	4	Delayed Discharge bed days (age 18+)	7,016	18,066	15,225	
	5	End of life care (% in community all ages)	90.0%	91.7%	Yet to be published	Data incomplete
	6	Balance of Care- %65+ living at home (supported and unsupported)	95.9%	95.9%	Yet to be published	Data incomplete



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