Aberdeen City Health and Social Care Partnership

Annual Performance Report 2024-2025 Summary

NHS Grampian

Aberdeen City Council

Aberdeen City Health & Social Care Partnership

A caring partnership

Summary

The Aberdeen City Health and Social Care Partnership (ACHSCP) has had a busy and demanding year, achieving many successes despite financial challenges. This report reflects on the final year of the Strategic Plan for 2022-2025 and highlights key milestones and achievements.

ACHSCP is legally required to produce and publish an Annual Performance Report (APR) to reflect upon its performance against the Strategic Plan, the Scottish Government's Health and Wellbeing Outcomes [1]and the National Performance Indicators.

The APR covers the period from 1st April 2024- 31st March 2025, which is the third and final year of the current strategic plan. The full APR gives details on the governance structure and all work undertaken aligned to the 2024-2025 Delivery Plan. A link to the full APR is given at the end of this document. This summary version of the APR focuses on the main themes from the national indicators, a financial overview and highlights from the achievements of the ACHSCP which are aligned to the Delivery Plan for 2024-2025.

National Indicators

The following tables show the National Integration Indicators and those set by the Ministerial Steering Group. The tables give an indication of whether these have increased, decreased or remained stable over the past year. Indicators 1-9 are from the Health and Care Experience Survey and are measured every second year, and therefore these figures have not changed from what was reported in the 2023-2024 Annual Performance Report. National Indicators 10, 21,22 and 23 are no longer reported on and therefore figures have not been published for these. The data from indicators 1a, 2a and 2b from the Ministerial Steering Group is not complete and therefore we cannot use this data to compare against previous years. The full publication of the National Integration Indicators can be found on the Public Health Scotland Website.[2]

[1] For more information, please navigate to National health and wellbeing outcomes framework - gov.scot and Health and Social Care Integration: core indicators - gov.scot

[2] Public Health Scotland Core Suite of Integration Indicators published July 2025. https://publichealthscotland.scot/publications/core-suite-of-integration-indicators/core-suite-of-integration-indicators-1-july-2025/

Overview of the National Integration Indicators for Aberdeen City Health and Social Care Partnership compared with the Scottish average

	Indicator	Title	Partnership rate 2024-2025 (same as 2023-2024)	Scotland rate	ACHSCP compared with Scotland Average
Outcome indicators	NI - 1	Percentage of adults able to look after their health very well or quite well	90.40%	90.70%	**Stable**
	NI - 2	Percentage of adults supported at home who agree that they are supported to live as independently as possible	76.80%	72.40%	**Better than average**
	NI - 3	Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	56.50%	59.60%	**Lower than average**
	NI - 4	Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated	63.10%	61.40%	**Better than average**
	NI - 5	Percentage of adults receiving any care or support who rate it as excellent or good	74.90%	70.00%	**Better than average**
	NI - 6	Percentage of people with positive experience of care at their GP practice	60.20%	68.50%	**Lower than average**
	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	74.40%	69.80%	**Better than average**
	NI - 8	Percentage of carers who feel supported to continue in their caring role	37.10%	31.20%	**Better than average**
	NI - 9	Percentage of adults supported at home who agree they felt safe	72.40%	72.70%	**Stable**
	NI - 10	Percentage of staff who say they would recommend their work-place as a good place to work	Data no longer collected	Data no longer collected	Data no longer collected

	Indicator	Title	Partnership Rate 2023-2024	Partnership rate 2024-2025	Increased/Decreased/Stable (2023-2024 compared with 2024-2025)	Scotland rate	ACHSCP compared with Scotland Average
Data indicators	NI - 11	Premature mortality rate per 100,000 persons	448	N/A	-	-	-
	NI - 12	Emergency admission rate (per 100,000 population)	9,805	8,665	**Decreased**	11,559	**Lower than average**
	NI - 13	Emergency bed day rate (per 100,000 population)	97,032	86,474	**Decreased**	113,627	**Lower than average**
	NI - 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	126	117	**Decreased**	103	**Higher than average**
	NI - 15	Proportion of last 6 months of life spent at home or in a community setting	90%	91.60%	**Increased**	89.20%	**Higher than average**
	NI - 16	Falls rate per 1,000 population aged 65+	21.2	17.9	**Decreased**	22.5	**Lower than average**
	NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	70.70%	71.80%	**Increased**	81.90%	**Lower than average**
	NI - 18	Percentage of adults with intensive care needs receiving care at home	54.60%	56.50%	**Increased**	64.70%	**Lower than average**
	NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	207	655	**Increased**	952	**Lower than average**

	Indicator	Title	Partnership Rate 2023-2024	Partnership rate 2024-2025	Increased/Descreased/ Stable (2023-2024 compared with 2024-2025)	Scotland rate	ACHSCP compared with Scotland Average
Data indicators	NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency		Data no longer collected		Data no longer collected	
	NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home		Data no longer collected		Data no longer collected	
	NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready		Data no longer collected		Data no longer collected	
	NI - 23	Expenditure on end of life care, cost in last 6 months per death		Data no longer collected		Data no longer collected	

Ministerial Steering Group Measures

	Indicator	Title	2023-2024	2024-2025	ACHSCP 2024-2025 compared with 2024-2023
Ministerial Group indicators	1a	Number of emergency admissions	21,069	17,773	**Data incomplete**
	1b	Percentage admitted from A&E all ages (average for year)	23	23	**Stable**
	2a	Unscheduled bed days, acute specialities	130,236	107,404	**Data incomplete**
	2b	Unscheduled bed days- Geriatric long stay	7,036	5,138	**Data incomplete**
	2c	Unscheduled bed days, Mental Health	51,687	51,535	**Stable**
	3a	A&E attendances	42,163	42,179	**Stable**
	3b	Percentage seen in A&E within 4 hours all ages (average for year)	57	57	**Stable**
	4	Delayed Discharge bed days (ag1 18+)	7,016	18,066	**Increasing**
	5	End of life care (% in community all ages)	90.2%	90.0%	**Stable**
	6	Balance of Care- %65+ living at home (supported and unsupported)	95.9%	95.9%	**Stable**

Finance and Best Value

A report to the Integration Joint Board (IJB) on 18 March 2025 showed a recurring overspend of £16.786 million for 2024-2025. This shortfall was managed using partner funding and reserves, but now there are no extra reserves left for future years. Across Scotland, financial challenges continue because of higher demand, rising costs, and the need for change.

The 2025 spending review revealed a major funding gap for all IJBs, meaning savings are needed. Finding ways to save money will be vital to keep health and social care services running. Most of the budget pressures come from Commissioned Services—mainly due to an ageing population, more long-term conditions, and higher costs. Payroll and prescribing costs also add pressure. The IJB's main goal is to manage these challenges, protect services for the most vulnerable people in Aberdeen, and balance finances with safe care and staff wellbeing. Detailed budget information is available in the full APR.

ACHSCP Achievements 2024-2025

The Strategic Plan for 2022-2025 is split by four Strategic Aims which is supported by five strategic enablers. The Strategic Aims help to deliver ACHSCP's vision. The following gives an overview of the key achievements for 2024-2025 within each Strategic Aim.

Strategic Aim 1: Caring Together

Caring Together aims to ensure that, with our communities, ACHSCP delivers health and social care services that are high quality, accessible, safe, sustainable, and respectful of individual rights and diversity. Collectively, these efforts help ensure people receive the right care at the right time in a way that suits them, which is reflected by the national indicators we strive to positively influence. The following gives an indication of some of the highlights from this year.

- The Get Active @ Northfield and Aberdeen City Vaccination and Wellbeing Hubs provided community-based services including health, sport, vaccination, and mental health support, improving access and addressing health inequalities. Community Appointment Days for chronic pain were introduced, offering practical advice and fostering collaboration. Feedback highlighted the friendly environment and positive partnership working.
- Locality Empowerment Groups saw increased and more diverse membership, supporting greater community involvement in planning and decision-making since integrating with Community Planning Aberdeen.
- A review and robust implementation of social care charging increased annual income from £2,573,204 in 2023-2024 to £3,434,969 in 2024-2025. New charges for housing support and meals were introduced with effective communication. There is broader understanding and public agreement around means-tested charging to support sustainable services.
- The Carers Strategy delivered improved identification and support for unpaid carers, with over 40% more engagement and increased satisfaction rates (from 32% to 37%). Of 38 action points, 15 were completed, 10 are ongoing in practice, and 13 are in progress. The Partnership is on track to reach its target of 40% positive Carer Experience responses by 2026.

Strategic Aim 2: Keeping People Safe at Home

It is the strategic responsibility of the Integration Joint Board (IJB) to transition care delivery from hospitals to primary, community, and social care settings. This shift aims to ensure that individuals receive care and support closer to home whenever possible. The objective is to enable people to live independently at home by choice, thereby enhancing their overall outcomes. The following gives some highlights from the ongoing work in this area.

- The Hospital at Home service supports Medical and Respiratory Pathways alongside Frailty, End of Life Care, and Outpatient Parenteral Antimicrobial Therapy. Since its inception in 2018, the service has reduced pressure on hospitals by offering acute care at home, enabling faster discharges and improved patient outcomes. Key achievements include successful integration of acute medicine pathways, increased referrals from General Practice, and consistently positive patient feedback.
- The Grampian Frailty Programme Board ensured a consistent and coordinated approach to frailty care across Aberdeen City, Aberdeenshire, and Moray, with a focus on community-based support. In partnership with Health Improvement Scotland, new 'Ageing and Frailty – Standards for the Care of Older People' were developed and implemented, strengthening service integration and a person-centred approach. Regional workshops facilitated shared learning and best practice exchange, resulting in improved pathway mapping and service alignment.

Strategic Aim 3: Preventing Ill Health

By promoting health, we can help communities to achieve positive mental and physical health outcomes by providing advice and designing suitable support to help address the preventable causes of ill health, ensuring this starts as early as possible. Some of the key highlights from this year are outlined below.

- In 2024-2025, the Alcohol and Drugs Partnership (ADP) advanced its five priority themes, achieving notable outcomes. The Whole Family Approach was strengthened through the implementation of a commissioned Family Psychological Wellbeing Service and expanded naloxone training to school staff and pupils. Harm reduction efforts included broadened access to naloxone and outreach services across diverse settings, while intelligence-led delivery was enhanced by improved drug harm monitoring and updated protocols to address emerging risks. Service quality improvements resulted in a 15% reduction in individuals at risk from substance use, and recovery initiatives saw 144 members of Aberdeen In Recovery (AiR) contribute over 18,000 SAFE hours. Across all areas, a focus remained on supporting the most vulnerable communities and adopting trauma-informed, family-inclusive practices.
- Childhood vaccination uptake in Aberdeen City has improved due to targeted partnership interventions addressing vaccine hesitancy and post-COVID fatigue, with Public Health Scotland data (March 2024) showing 6-in-1 vaccine uptake at 95.4% by age five (within target), and modest increases for the 2nd MMR dose, Hib/MenC, and 4-in-1 vaccines. However, some areas remain below the Scottish average, ongoing efforts will continue to prioritise further improvement.
- Stay Well Stay Connected (SWSC) is a community-based programme of early intervention. The aim is to keep older people healthy, 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 1,7000 people have taken part in SWSC activities this financial year, an increase of more than 160% from last year.

Strategic Aim 4: Achieving Healthy Fulfilling Lives

The intention is that by supporting people to help overcome the health and wellbeing challenges they may face, we can help to enable them to live the life they want, at every stage. Some of the projects that we have been working on this year are outlined below.

- The Complex Care Capability Framework, finalised and approved in April 2024, was developed in line with the Scottish Government's Coming Home Reports to address barriers in social care and ensure staff are skilled to support individuals with learning disabilities and complex needs. Through extensive stakeholder collaboration, the framework outlines core training requirements—including Positive Behaviour Support—and was used in commissioning for the Stoneywood Complex Care housing build. Ongoing evaluations and stakeholder engagement will guide future improvements, supporting a stable and therapeutic environment for service users and staff.
- The Grampian-wide Mental Health and Learning Disabilities (MHLD) Programme has made considerable progress in improving patient outcomes and service delivery by identifying 40 targeted improvement actions through Adult General Mental Health Pathway Mapping, enhancing compliance with national standards, and implementing high-quality care practices. Notable achievements include expanding the Psychological Therapies workforce, improving referral-to-treatment times, piloting innovative approaches such as Computerised Cognitive Behavioural Therapies (C-CBT), streamlining Dementia Post Diagnostic Support referrals, and ensuring annual health checks for people with learning disabilities. The Programme remains committed to completing infrastructure enhancements, advancing outstanding improvement actions, and refining delivery models to reduce health inequalities and promote sustainable, effective engagement for all service users.
- ACHSCP achieved full compliance with the Equalities Act 2010, with the Equalities Human Rights Commission commending our integrated impact assessments and national good practice in equality and human rights reporting.

Strategic Enablers

Our Strategic Enablers are an important part of our delivery plan and enable our strategic intent to be delivered by supporting its main aims. Below are some of the areas that have been focussed on over the past year.

- A new healthcare facility in Countesswells was completed and became fully operational in March 2025, offering CTAC, Children's Immunisations, Health Visiting, and Speech and Language Therapy. Operating at full capacity, the centre eases pressure on neighbouring GP practices and enhances primary and community care provision in the area.
- ACHSCP implemented an electronic Medication Administration Record (eMAR) at Back Hilton Road Learning Disability service, resulting in greater medication accuracy, increased staff confidence, fewer errors, and saving 22.5 hours per week. Plans are in place to expand eMAR across all in-house Learning Disability sites, with learning shared to support wider adoption by partner providers.
- In 2024-2025, ACHSCP advanced its Technology Enabled Care (TEC) agenda by implementing the TEC Delivery Plan, developing a long-term digital strategy, and launching projects such as the Stoneywood development—eight smart bungalows for people with complex needs—and the Konpanion Maah robot pilot to support those with learning disabilities, dementia, and loneliness. TEC Awareness Week and ongoing partnerships have further promoted innovative technology solutions to enhance care and support for service users.

Overall, despite financial challenges, ACHSCP remains committed to innovation, efficiency, and community engagement. The Partnership looks forward to setting new goals and achieving further progress with the upcoming Strategic Plan for 2025-2029.

For more information, please consult the full Annual Performance Report, which is available here https://www.aberdeencityhscp.scot/about-us/our-governance/

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