

Meeting on MONDAY, 3 NOVEMBER 2025 at 11.00 am

**** Committee Room 5, Town House, Aberdeen ****

B U S I N E S S

APOLOGIES

MINUTES

- 1.1 Minute of Previous Meeting of 13 August 2025 - for approval (Pages 3 - 12)
- 1.2 Draft Minute of the CPA Board Meeting of 24 September 2025 - for information (Pages 13 - 20)

LOCAL OUTCOME IMPROVEMENT PLAN AND LOCALITY PLANS 2026-36

- 2.1 Local Outcome Improvement Plan 2026-36: Draft Logic Models (Pages 21 - 64)
- 2.2 North, South and Central Locality Plan Learning Journeys (Pages 65 - 128)

COMMUNITY PLANNING ABERDEEN IMPROVEMENT PLAN 2024-26

- 3.1 Improvement Programme 2024-26 Quarterly Progress Report (Pages 129 - 152)

GENERAL BUSINESS

- 4.1 Community Planning Aberdeen Quarterly Budget Monitoring Report (Pages 153 - 154)

- 4.2 Health Determinants Research Collaboration Aberdeen Update (Pages 155 - 164)
- 4.3 Embedded Researcher 3-month review - Meeting Summary and Actions (Pages 165 - 168)

FORWARD BUSINESS PLANNER AND FUNDING TRACKER

- 5.1 Forward Planner (Pages 169 - 170)
- 5.2 Funding Tracker (Pages 171 - 184)
- 5.3 Date of Next Meeting – 18 February 2026

Should you require any further information about this agenda, please contact Nicole Davey, NDavey@aberdeencity.gov.uk

COMMUNITY PLANNING ABERDEEN MANAGEMENT GROUP **13 August 2025**

Present:- Michelle Crombie (Community Empowerment), Paul Finch (Nestrans), Jillian Evans (Sustainable City Group), Alison MacLeod (Aberdeen City Health and Social Care Partnership and Resilient, Included and Supported Group), Martin Murchie (Health Research Determinants Collaboration), Fiona Mitchellhill (Alcohol and Drugs Partnership), Graeme Simpson (Children's Services Board), Heather Crabb (University of Aberdeen), Christopher Parker (as a substitute for Claire Wilson, Community Justice Group), and Victoria Stables (as a substitute for Jason Carrigan, Police Scotland), Julie Wood (as a substitute for Duncan Abernethy, Aberdeen Prospers), Eleanor Sheppard (Aberdeen City Council), Willian Hardie (Robert Gordon University), and Campbell Thomson (Homewards Aberdeen Steering Group).

Also Present:- Daniel Crabtree (Aberdeen Health Research Determinants Collaboration), Nicole Davey (Aberdeen City Council), Guch Dhillon, Margaret Stewart, and Allison Swanson (all Aberdeen City Council), Donna Hutchinson (Aberdeen Cyrenians) Rhia Burrell and Elizabeth Robinson (both NHS Grampian), and Simon Rayner (Alcohol and Drugs Partnership).

Apologies:- Angela Scott (Aberdeen City Council) (Chair), Phil Mackie (NHS Grampian) (Vice Chair), Jamie Bell (Scottish Enterprise), Duncan Abernethy (Aberdeen Prospers), Claire Wilson (Community Justice Group), Maggie Hepburn (Aberdeen Council for Voluntary Organisations), Jason Carrigan (Police Scotland), Nicola Graham (Skills Development Scotland), Ross Mackay (GREC Co-General Manager), Mike Rungay (Scottish Fire and Rescue Service), and Robert Laird (North East Scotland College)

Topic	Discussion/Decision	Action By
1. Welcome and Chair	In the absence of the Chair and the Vice Chair, Martin Murchie took the Chair for this meeting and welcomed all the meeting.	
2. Minute of Previous Meeting of 21 May 2025	The Management Group had before it the minute of its meeting of 21 May 2025, for approval. The Management Group went through the actions and noted that these were either completed, ongoing or on today's agenda. <u>The Management Group resolved:</u> to approve the minute as a correct record.	
3. Draft Minute of Meeting of the Community	The Management Group had before it the draft minute of the Community Planning Aberdeen Board meeting of 18 June 2025, for information.	

Topic	Discussion/Decision	Action By
Planning Aberdeen Board of 18 June 2025	<u>The Management Group resolved:</u> to note the draft minute.	
Page 4 4. Aberdeen Cyrenians Strategic Plan 2025–2030	The Management Group had before it a report which presented the draft Aberdeen Cyrenians Strategic Plan for 2025-2030. The report recommended:- That the CPA Management Group provide feedback from on the draft Aberdeen Cyrenians Strategic Plan to support the refinement the approach and ensure that the work of Aberdeen Cyrenians continues to complement and contribute meaningfully to the wider goals of Aberdeen City. The Management Group heard from Donna Hutchison, Chief Executive of Aberdeen Cyrenians who presented the draft plan and invited partners to explore opportunities for joint working that address the city's most pressing social challenges and contribute to the delivery of the Local Outcome Improvement Plan (LOIP). She highlighted that the priority was to be a trusted, collaborative partner in delivering better outcomes for all who live and work in the city. During the course of the discussion, partners welcomed sight of the strategic plan and the format and alignment to other strategic plans, in particular the structure around the social determinants of health and use of the population needs assessment. In relation to alignment with the other plans it was noticed that consistency with data in some areas was to be clarified and Eleanor Sheppard undertook to connect with Donna on this outwith the meeting. The opportunity to work with third sector organisations to develop and submit research bids was highlighted and Martin Murchie advised that the Health Determinants Research Collaboration would follow up on this. <u>The Management Group resolved:</u> (i) to welcome the draft strategic plan and its alignment to the social determinants of health and the city strategic plans; and (ii) to agree that Eleanor Shepard would connect with Donna Hutchinson to ensure data alignment with the other partnership strategic plans.	Martin Murchie (Health Determinants Research Collaboration) Eleanor Sheppard (Aberdeen City Council)

Topic	Discussion/Decision	Action By
5. Community Learning and Development Strategic plan 2025- 2030 Page 5	The Management Group had before it a report which presented the draft proposed Community Learning and Development Plan for 2025-30. The report recommended: - That Management Group agree to submit the draft proposed Community Learning and Development Plan for 2025-30 to the Board in September 2025 for approval. The Management Group heard from Margaret Stewart who provided a brief overview of the draft plan and invited questions and comments from partners. Partners welcomed the draft strategic plan and its alignment to the social determinants of health and the city strategic alignment to other local strategies and plans. With regards to community capacity building in the logic model inputs, it was asked how this would be achieved. In response, Margate explained that delivery was a cross a range of partners and interwoven to support reach in our communities. She also highlighted that as a Subgroup of the Community Empowerment Group it provided opportunity to ensure all partners connected in and supporting delivery. All partners were encouraged to support implementation of the Plan. Suggestions to support community capacity building included recognising personal development through accredited learning and ensuring neighbourhood-based delivery models address broader social needs. <u>The Management Group resolved:</u> to approve the recommendation and to encourage all partners to support implementation of the Plan.	Margaret Stewart (Aberdeen City Council)/All partners
6. Public Health Scotland Framework	The Management Group had before it a report to introduce the Scottish Government / COSLA Population Health Framework. <u>The report recommended:-</u> that the Management Group: (a) Review and discuss the opportunities presented by the Population Health Framework; and (b) Agree to present the Population Health Framework and the reflections of the Management Group to the Board recommending that the relationship between the Population Health Framework and the Local Outcome Improvement Plan	

Topic	Discussion/Decision	Action By
Page 6	2026-36 were explored and any necessary actions to ensure alignment were identified and taken. The Management Group heard from Elizabeth Robinson from NHS Grampian who advised that in June 2025, the Scottish Government and COSLA published the national Population Health Framework (PHF). Developed in conjunction with Public Health Scotland and the Scottish Directors of Public Health, the Framework set out a long term strategy from 2025 to 2035 to restart improvements in life expectancy for the whole population, and especially reducing the life expectancy gap for the 20% of the population in the most deprived communities in Scotland and the nation as a whole. The Population Health Framework was designed to be inclusive and was aimed at all who have – or consider that they had – a role in building and maintaining good physical and mental health and wellbeing amongst Scottish people. It represented a shift in culture, away from a reliance of treating illness to preventive actions across the whole system to improving health. Elizabeth recognised that Community Planning Aberdeen was already well aligned to the Population Health Framework and encouraged that this continue through the development of the Local Outcome Improvement Plan 2026-36. Martin Murchie highlighted that the Council's Strategy Board had considered the new Framework and also responded to the Scottish Government's consultation on medium term financial strategy and reflected, like Elizabeth, that Community Planning Aberdeen was further ahead than other areas with the alignment. Martin undertook to work with Phil Mackie and others on recommendations to the Board, ensuring links to the broader community planning approach. <u>The Management Group resolved:</u> to approve the recommendations and to agree that Martin Murchie work with Phil Mackie on updating the report in advance of the Board meeting to show the alignment and to reflect the links to community planning.	Martin Murchie (ACC)

Topic	Discussion/Decision	Action By
7. Aberdeen 2036: Towards a Fairer Future Conference – Priorities/System Changes Run Through	The Management Group received an update on the programme for the Aberdeen 2036: Towards a Fairer Future Conference and the Chairs ran through their presentation of the emerging system changes under the five Social Determinants of Health. <u>The Management Group resolved:</u> to note the conference programme; that each presenter had 10 minutes, and therefore that the presentations required to focus on the emerging new and bold system changes.	
8. Just Transition Theory of Change Report	The Management Group had before it a report which compared the Scottish Just Transition Commission's Theory of Change with the Aberdeen Local Outcome Improvement Plan 2016-2026. <u>The report recommended:-</u> that the CPA Management Group note the alignment of the current Local Outcome Improvement Plan to the Scottish Just Transition Theory of Change and the opportunity for the Just Transition Theory of Change to be embedded within the Local Outcome Improvement Plan 2026-36. <u>The Management Group resolved:</u> to approve the recommendations	
9. Embedded Researcher 3-month review – Meeting Summary and Actions	The Management Group had before it a report of the output of the Embedded Researcher 3-month review meeting. The Management Group heard from Daniel Crabtree, Health Research Determinants Collaboration who provided an update on the embedded researcher project, explaining that researchers from the University of Aberdeen and Robert Gordon University had been embedded in seven Outcome Improvement Groups and the Strategy Board for five months, contributing to Local Outcome Improvement Plan 2026-36 development workshops and mapping interventions to priorities. Partners noted that Dan was taking forward the actions as detailed in the report and reflected that Embedded Researchers were finding their role in supporting the Groups and that a further review would be held at 6 months	

Topic	Discussion/Decision				Action By
Page 9		justice clients completing exit questionnaires with 90% of those showing an improvement by 2026.	Partnership, Justice Social Work, Hazel Flett	that this was currently single system activity and for that to actioned within the Justice Social Work Delivery Plan and that the Community Justice Group report back at point multi-agency activity was ready to progressed. It was agreed that there was multi agency activity in relation to showing improvement in the various areas recorded within the exit questionnaire.	Claire Wilson (Community Justice Group)
	12.9	Increase accessibility to a wider range of housing options to people at risk of homelessness.	Aberdeen City Council, Mel Booth	A workshop has been held on 25th June and outputs from Centre for Homelessness Impact received. Ambitious proposals developed from that are expected to be embedded within the new 10 year LOIP refresh and 5 year Local Housing Strategy.	Campbell Thomson (Homewards Steering Group)
	With regards to the other aims with a red rag, the following position was advised: - aims 4.1 reduce demand on Tier 3 services by 5% by 2026 and 4.2 reduce waiting time for interventions starting, by each tier 2/3 service by 5% by 2026, Graeme Simpson advised that he had a meeting with Phil Mackie, Chair of the Stretch Outcome 4 Mental Health Sub Group and that they had agreed on a more focused approach to progress those improvement aims and Phil was now confident in identifying a project lead to take this forward. - aim 15.3, 25% of people report that they understand the importance of nature on both their neighbourhood and individual wellbeing by 2026, Jillian Evans explained that project had been impacted by staff absence, however she was				Graeme Simpson (Children's Services Board) Jillian Evans (Sustainable City Group)

Topic	Discussion/Decision	Action By
	hopeful that they had now identified a way forward and working with a third sector organisation to progress a community-led campaign. <u>The Management Group resolved:</u> to approve the recommendations; and to note the position regarding the red ragged improvement aims as detailed above.	
11. Community Planning Aberdeen Quarterly Budget Monitoring Report Page 10	The purpose of this report is to provide an update on the 2025/26 Community Planning Budget's financial performance for the period 1 April 2025 to 30 June 2025. The report recommended:- that the CPA Management Group note Community Planning Aberdeen Budget's performance during quarter 1 of 2025/26. <u>The Management Group resolved:</u> to approve the recommendation.	
12. Health Determinants Research Collaboration Update	The Management Group had before it a report which presented the current progress of the Health Determinants Research Collaboration Aberdeen (HDRCA). The report recommended:- that the Management Group note the progress report and consider what further collaboration might be prioritised between Community Planning Aberdeen and the Health Determinants Research Collaboration Aberdeen The Management Group heard from Martin Murchie, Health Determinants Research Collaboration who spoke to the update, noting the Health Determinants Research Collaborations growing integration with the community planning process through activities such as strategy reviews, engagement work, Local Outcome Improvement Plan refresh, and the embedded researcher project. He highlighted additions to the Health Determinants Research Collaboration Aberdeen team and the improved communication and visibility across the Council and partner groups as a result. Martin advised that the Health Determinants Research Collaboration was currently two and a half years through its five-year cycle. The NIHR had confirmed that recommissioning would take place, with the process publicised in October this year and	

Topic	Discussion/Decision	Action By										
	a quick turnaround expected by the end of the calendar year for Wave 1 Collaborations all submitting proposals for another five-year term. Sessions had already begun with relevant groups, including co-applicants, to review ongoing activities and identify possible changes. Further engagement was anticipated, including with this group. Prior to resubmission, a steering group meeting—chaired by Angela Scott—would be held in a couple of weeks to consider the recommissioning submission. <u>The Management Group resolved:</u> to approve the recommendation.											
13. Community Planning Aberdeen Forward Planner	The Management Group had before it the Community Planning Aberdeen Forward Planner. <u>The Management Group resolved:</u> to note the Community Planning Aberdeen forward planner and to agree that all partners advise of any items of future business for the planner.											
14. Funding Tracker	The Management Group had before it the current funding tracker <u>The Management Group resolved:</u> to note the funding tracker and to encourage all partners and Groups to use the tracker to apply for funding to support improvement activity.	All Outcome Improvement Group Chairs										
15. Meeting Dates 2026	The Management Group had presented the Management Group and Board meeting dates for 2026 as detailed below: <table><tr><td>Management Group Meeting(all at 2pm – teams meeting)</td><td>18 Feb</td><td>20 May</td><td>12 Aug</td><td>21 Oct</td></tr><tr><td>CPA Board Meeting (all at 2pm in Committee room 2/3)</td><td>18 March</td><td>18 June</td><td>9 Sept</td><td>18 Nov</td></tr></table>	Management Group Meeting (all at 2pm – teams meeting)	18 Feb	20 May	12 Aug	21 Oct	CPA Board Meeting (all at 2pm in Committee room 2/3)	18 March	18 June	9 Sept	18 Nov	
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Topic	Discussion/Decision	Action By
	Michelle Crombie advised that since the report had been issued the Board meeting of 18 June had been rescheduled to 11 June 2026. <u>The Management Group resolved:</u> to note the 2026 meeting dates and that appointments would be circulated accordingly.	
16. Date of Next Meeting	The Management Group noted that its next meeting would be held on 22 October 2025. An updated appointment rescheduling the CPA Management Group meeting to 3 November at 11am instead of 22 October 2025 issued.	

COMMUNITY PLANNING ABERDEEN BOARD
24 SEPTEMBER 2025

Present: Councillor Christian Allard (Aberdeen City Council), Chairperson, Councillor Kate Blake (Aberdeen City Council); Superintendent Jason Carrigan (Police Scotland, as a substitute for Kate Stephen); Susan Elston (NESCOL); Councillor Martin Greig (Aberdeen City Council); Matthew Lockley (Scottish Enterprise); Shantini Paranjothy (NHS Grampian, Public Health); Hussein Patwa (Integration Joint Board Chair); Councillor Miranda Radley (Aberdeen City Council); Angela Scott (Aberdeen City Council); and Andrew Wright (Scottish Fire and Rescue Service).

Also Present: Nicole Davey; Margaret Stewart; and Allison Swanson (Aberdeen City Council); Donna Hutchison (Aberdeen Cyrenians); and Phil Mackie (NHS Grampian).

Apologies: Pete Edwards (University of Aberdeen); Nick Fyfe (Robert Gordon University); Richard McCallum (Scottish Government); Anthony Standing (Skills Development Scotland); and Kate Stephen (Police Scotland)

	Topic	Discussion/Decision	Action By
1 Page 13	Welcome and Appointment of Vice Chair	The Chair welcomed the Board to the meeting. The Board noted the vacancy of Vice Chair and was asked to agree the appointment of a new Vice Chair. <u>The Board resolved: -</u> to approve the appointment of Shantini Paranjothy, Director of Public Health NHS Grampian, as the new Vice Chair.	
2	Community Planning Aberdeen Board Minute of Previous Meeting of 18 June 2025	The Board had before it the minute of its previous meeting of 18 June 2025 for approval. The Board were advised that the actions for items - 6 page 5 - (Regional Wage Action Plan) and 7 page 6 - (Draft Community Planning Budget 2025/26) from the previous meeting of 18 June 2025 had been completed and information emailed to the Board. <u>The Board resolved: -</u> (i) to approve the minute as a correct record; and (ii) to note the information provided on the actions.	
3	Draft Community Planning Aberdeen Management Group Minute of 13 August 2025	The Board had before it the draft minute of the Community Planning Aberdeen Management Group meeting of 13 August 2025 for information.	

	Topic	Discussion/Decision	Action By
		<u>The Board resolved: -</u> to note the draft minute.	
4	Community Planning Aberdeen Board Forward Planner	The Board had before it the Community Planning Aberdeen Board Forward Planner. <u>The Board resolved: -</u> to agree the Forward Planner.	
5.	Scottish Government Location Director National Update	The Board had before it a written update from Richard McCallum, Location Director, Scottish Government. The partners discussed the paper and in the absence of Richard McCallum agreed that any questions would be sent to Richard to answer outwith the meeting. <u>The Board resolved: -</u> (i) to note the Scottish Government update; (ii) to request information from Richard McCallum on why Scotland had a higher inactivity rate compared to UK and some other countries; and (iii) to request further information on the timeline for the Scottish Government Spending Review and the budget process to enable partners to prepare for reform coming.	Richard McCallum/ Scottish Government
Page 14	Thematic Session – Emerging System Changes	The Board had a thematic session to explore the feedback and emerging system changes for inclusion in the Local Outcome Improvement Plan 2026-36 presented at the Aberdeen 2036: Towards a Fairer Future Conference. The Board had before it the emerging system changes by Social Determinant of Health • <u>Children, Families and Lifelong Learning</u> • <u>Economic Stability</u> • <u>Communities and Housing</u> • <u>Neighbourhood and Environment</u> • <u>Health and Social Care</u> • <u>Aberdeen 2036: Towards a Fairer Future Conference report</u> The session focused on partners discussing and reflecting on the emerging system changes and feedback from the Conference from each of your own perspectives. Each partner present provided their feedback using the following questions:: • Which system changes stand out for you? • Are there any changes missing from your perspective? • Where might there be challenges, we may need to overcome?	

	Topic	Discussion/Decision	Action By
		Partners identified the following highlights- Children, Families and Lifelong Learning - Existing wraparound support models and tailored programmes inform proposed “Advocate” and “bespoke support” system changes targeting SIMD 1. - Sustained work experience and bespoke support changes can be linked to avoid duplication of partner efforts supporting disengaged young people. - Ongoing NHS work on neurodevelopmental pathways should align with these system changes. Economic Stability - Outreach programmes supporting access to employment and training for young people are welcomed. - Existing supports like ABZ Work should be strengthened and built upon through system changes. - Localised employability accreditation recognising life skills (e.g., SFRS programmes) should link outreach with non-academic qualification opportunities. Health and Social Care - Inclusion ambassadors and community champions could leverage community assets, especially elderly connections, to reduce isolation and promote inclusion. - Positive language shift on healthy weight noted; need to address underweight individuals and long-term conditions as well. - Structural healthcare issues (e.g., prescription delays) affect affordability and access; system changes needed to simplify processes. “Equally Safe at Work” presents scope to address workplace culture and inclusion for people with long-term conditions, promoting equitable practices and support. Communities and Housing - Community Assistance Hubs offer integration of services through local collaboration. - People Panels encourage inclusion of lived experience in decision-making and service design. - Community Contracts focus on translating explored concepts into tangible community actions. Neighbourhood and Environment - Emphasis on developing resilient systems by continuously evaluating environmental impact over the next decade. In respect of potential changes missed from their perspectives, partners raised the following: Social impact bonds, used in <u>Peterborough</u>. Way of gaining financial support to achieve a preventative outcome.	

	Topic	Discussion/Decision	Action By
		Commissioning Approaches: Is there system change we need to make collectively to our commissioning approaches. Economic Stability: challenge whether the balance is right in terms of the, the supply side issues versus the kind of demand side. Opportunities in relation to what we're procuring, but also what the job opportunities are and which sectors of the economy are likely to grow. A blend of community wealth building and also the future direction. Employment for people with long-term conditions: Underrepresentation of people with long-term conditions in the workplace, especially at leadership levels. Barriers included both the conditions themselves, culture within organisations and lack of access to financial resources and support in organisations. System change to support organisational culture change in this area to support employment. Digital. the importance of digital highlighted as part of the Health and Social Care Service Renewal Framework. It's also part of the population health framework, however not clear where this comes through in the emerging proposals. Digital approaches to reflect societal expectations and our system needs, and also you know how are we using digital to think about delivering services that are accessible through digital technology. In terms of where might there be challenges that might need to be overcome and general comments, the following points were raised: Resources: lot of the system changes and aspirational, but recognise it's set within a financial landscape of doing more for less. Within the constraints that we have, what can be delivered. Note that as a partnership, have to start to thinking about how we present the picture of the resources such as statement of joint resources and what partnerships are committing to. Prevention: Need to ensure preventative focus in the system changes System change: should reflect a change in the way systems work – should be disruptive Connections: Connections between the system changes across the different Social Determinants highlighted and opportunity to connect /cluster these up to avoid overlap/duplication.	

	Topic	Discussion/Decision	Action By
Page 17		Language: making sure the language we use was Plain English. System changes needed to be explained in a much clearer form so that people clearly understand what the system change was. The Board noted that conversations were ongoing regarding a professional and public version of the Plan telling the story of Aberdeen at present and the Plan. Targeting /Reducing inequalities: need to be more explicit about the target population for the changes and how the changes expect to reduce inequality that exists. Management Group to look at the system changes through the lens of what impact would this have on reducing inequalities in the city, with a focus on SIMD 1. Data: Note data system changes under children, family and lifelong learning, however emphasis that data was a cross-cutting enabler for all five social determinants. Data system required for both informing system changes and in supporting ongoing evaluation and tracking impact. Data should be an enabler and reflected in the LOIP but as a collective unified system-wide approach and not as individual system changes. Proposal to form an integrated data piece right across the determinants of health to support Community planning partners to understand really in depth and on the multi faceted way what our communities look like and what services they need and what services we should be prioritising. <u>The Board resolved: -</u> (i) to agree that the reflections above be shared with the Outcome Improvement Groups in the development of the Local Outcome Improvement Plan 2026-2036; and (ii) to agree that that Chief Executives of partners work through what that statement of resources looks like and seek agreement from Chief Executives, prior to the Local Outcome Improvement Plan being submitted, that the system changes included have commitment from the whole system.	Martin Murchie, HDRC Allison Swanson, ACC
	7 Aberdeen Cyrenians 2025-2030 Strategic Plan	The Board had before it a report which presented the Aberdeen Cyrenians Strategic Plan 2025-2030. The report recommended: - that the Board consider the Aberdeen Cyrenians' Strategic Plan 2025-2030 as a good practice example of a Third Sector partner plan showing alignment to the Local Outcome Improvement Plan. The Board heard from Donna Hutchison – Chief Executive – (Aberdeen Cyrenians) provided an overview of the report and reminded the Board that the principle of Aberdeen Cyrenians was that, “no one should be left to face crisis alone.”	

	Topic	Discussion/Decision	Action By
Page 18		Ms Hutchison advised that the 2025-2030 Strategic Plan reflected on the challenges faced in the community such as homelessness; poor mental health; substance use; poverty and social isolation due to the social determinants of health as people had experienced crisis because of absence in housing; income; education; employment and access to care without any support. The Board welcomed the Strategic Plan and its alignment to the Local Outcome Improvement Plan and the Social Determinants of Health. The Board was reminded as per the decision of the review of approach to improving outcomes report in February 2025, that all partners were to schedule submission of their new/refreshed single system Strategic Plans as developed to the Board to show alignment with the Local Outcome Improvement Plan 2026-36. <u>The Board resolved: -</u> (i) to approve the recommendation; and (ii) to request all partners to schedule submission of their new/refreshed single system Strategic Plans as developed to the Board to show alignment with the Local Outcome Improvement Plan 2026-36.	All partners
	Community Learning and Development Plan 2025-2030	The Board had before it a report which shared the proposed Community Learning and Development Strategic Plan 2025-2030. <u>The report recommended: -</u> that the Board: - (i) approve the Community Learning and Development Strategic Plan 2025-2030 included in Appendix B; and (ii) request that the Chair of the Aberdeen Community Learning and Development Strategic Partnership submits a year 1 progress report on behalf of the Community Empowerment Group to a future meeting. The Board heard from Margaret Stewart – Libraries and Community Learning Service Manager – (Aberdeen City Council), as she provided an overview of the report. Mrs Stewart advised that the Plan's aim was to transform lives by having individuals and families supported by removing barriers to build skills and allowing them to be able to contribute towards the community. During the discussion, Partners welcomed the personal stories included within the Plan and Mrs Stewart assured the partners that the Plan was created for 5 years to align with other	

	Topic	Discussion/Decision	Action By
		plans in the Local Outcome Improvement Plan (LOIP) however due to legislation requirements, a refreshed plan would be produced within 3 years. <u>The Board resolved: -</u> to approve the recommendations.	
9	Public Health Scotland Framework	The Board had before it a report which introduced the Scottish Government / COSLA Population Health Framework to the Community Planning Aberdeen Board. <u>The report recommended: -</u> that the Board: - (i) review and discuss the opportunities presented by the Population Health Framework; and (ii) agree that the relationship between the Population Health Framework and the Local Outcome Improvement Plan 2026-36 are explored and any necessary actions to ensure Alignment are identified and taken. Phil Mackie – Consultant in Public Health/ Prevention Lead – (Aberdeen City Health and Social Care Partnership) provided an overview of the report. In response to a question on the population health framework and prevention focus system, and whether there had been any ecosystem mapping, Phil Mackie advised that in the wider population health framework, there had not been any mapping but data focused more on local areas had its own systems maps, although works had been undertaken on the people systems maps especially within health and social care. <u>The Board resolved: -</u> to approve the recommendations.	
10	Community Planning Aberdeen Board Information	The Board had before it the Community Planning Aberdeen Board Information Report which provided Improvement Programme and General updates which had been considered by the Management Group. <u>The Board resolved: -</u> to note the information provided.	

	Topic	Discussion/Decision					Action By
11	2026 Meeting Dates	The Board had before it the proposed meeting dates for 2026 Community Planning Aberdeen Management Group and Board meetings for approval, with meetings to be held at 2pm: –					
			March	June	September	November	
		Management Group Meeting (Teams)	18 February	20 May	12 August	21 October	
		Community Board Planning Meeting (Committee Room 2)	18 March	11 June	9 September	18 November	
		<u>The Board resolved: -</u> to approve the meeting dates and times for 2026.					



Progress Report	Draft Logic Models for the Local Outcome Improvement Plan 2026-36
Lead Officer	Michelle Crombie, Strategic Lead, Prevention and Community Empowerment
Report Author	Allison Swanson, Community Planning and Improvement Manager
Date of Report	10 October 2025
Governance Group	Community Planning Aberdeen Management Group – 3 November 2025

Purpose of the Report

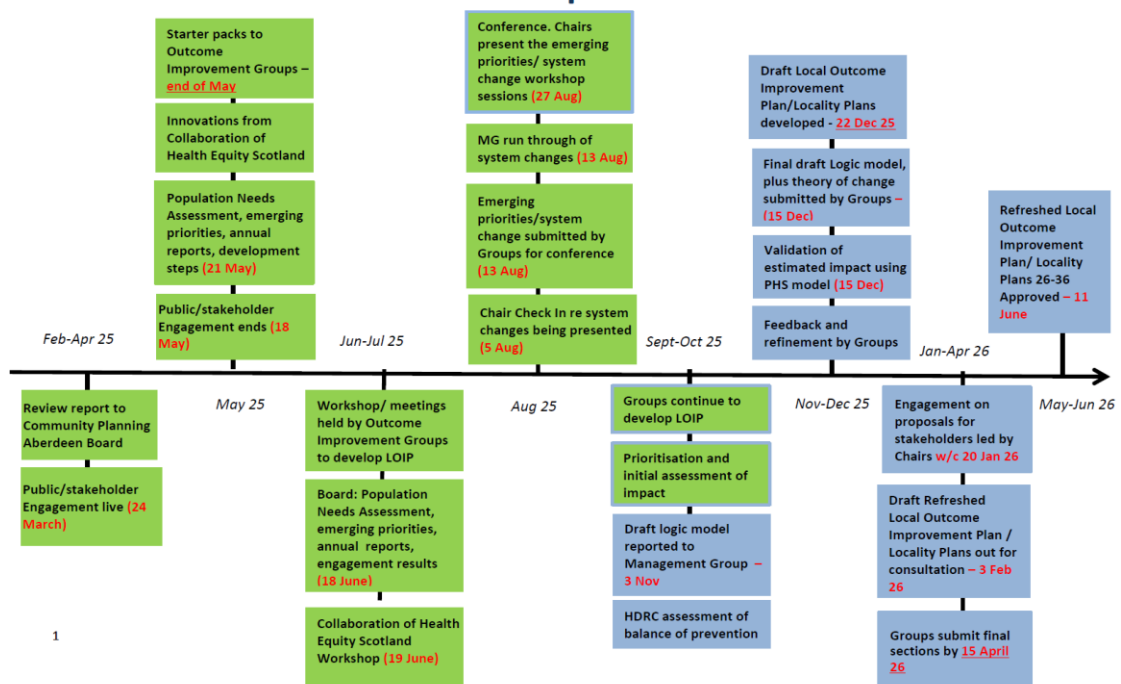
This report presents the first draft logic models with the emerging priorities and system changes for inclusion within the Local Outcome Improvement Plan (LOIP) 2026–2036 for the Management Group’s discussion as Groups continue to further develop and refine the system changes, improvement aims and stretch outcomes.

Summary of Key Information

1 BACKGROUND

1.1 The Local Outcome Improvement Plan 2026-36 development process, as detailed below continues to progress with the key milestones achieved to date reflected in green below:

Timeline to Local Outcome Improvement Plan 2026-36



1.2 Since the last meeting of the Management Group, the Aberdeen 2036: Towards a Fairer Future Conference was held on 27 August with the emerging system changes and priorities presented by Chairs. The [Aberdeen 2036: Towards a Fairer Future Conference report](#) with feedback from the event on the emerging system changes has been used by the Outcome Improvement Groups to further refine their emerging system changes and support development of their theory of change and logic models. As a result, system changes presented at the conference have been removed, refined and new changes identified. The feedback will continue to be used to support the design of system changes proceeding.

1.3 Following the conference, Groups have undertaken the following 3 steps:

1. Prioritisation

Groups have considered the conference feedback and reviewed/confirmed system changes. To support prioritisation and a focus on reducing inequalities, Public Health Scotland provided a structured approach for assessing emerging system changes. The first stage involved evaluating each proposed change against criteria to determine potential population impact and implications for inequalities. The [criteria](#) covered the following areas:

- Outcomes orientated
- Evidence based
- Systematically applied
- Scaled-up appropriately
- Appropriately resourced
- Inequalities Focus
- Voluntary or mandatory
- Any barriers to accessing change
- Overall Scoring

The prioritisation outcome per social determinant of health can be viewed at **Appendix 2**.

2. Theory of Change: Starting to Estimate the Likely Impact of Changes

Using professional and AI assessment of data and current systems, along with evidence from research, Groups developed their initial theory of change. This included: estimating the likely impact of the system changes (AI prompt provided); and developing medium term outcomes (2031 improvement aims) and long term outcome (2036 Stretch Outcome) based on the anticipated impact.

3. Initial Logic Model

Groups have drafted their initial logic model along with the rationale/workings for estimated likely impact of the system changes.

2 DRAFT LOGIC MODELS

2.1 The draft initial logic models have been developed following steps above and they outline the system changes, the medium-term outcomes (2031 improvement aims) and the long-term Stretch Outcome (2036). The draft logic models for each of the social determinants of health are at **Appendix 1** for [review and feedback](#). Summary and rationale for the changes included in **Appendix 2**.

2.2 The table below shows an overview of the number of system changes, improvement aims and proposed Stretch Outcomes per social determinant of health.

Social Determinant of Health	No. of system changes	No. of improvement aims	Proposed Stretch Outcome
Children, Families and Lifelong Learning	8	3	95% of young people in the Scottish Index of Multiple Deprivation 1 and vulnerable groups achieve a positive destination on leaving school by 2036 <i>Baseline Provided</i>
Economic Stability	9	3	Reduce the number of people in the Scottish Index of Multiple Deprivation 1 and vulnerable groups not employed and not employed under fair work conditions by 2036. <i>Baseline Provided</i>
Communities and Housing	13 6 (Communities) 7 (Homelessness)	6 3 (Communities) 3 (Homelessness)	Reduce the proportion of people in relative poverty by 6.5% by 2026 <i>Baseline Provided</i> AND By 2036, achieve a X% reduction in households assessed as homeless in Aberdeen with system-wide shift to prevention and improved outcomes among the identified cohorts. <i>Baseline: TBA</i>
Neighbourhood and Environment	7	2	X % of target neighbourhoods meeting green, circular and sustainable living criteria by 2036. <i>Baseline TBC</i>
Health and Social Care	12	3	Increase Healthy Life Expectancy by at least 2 years by 2036 and reduce gap in Life Expectancy between the most and least deprived areas by X% by 2036 <i>Baseline Provided</i>
Total	49	17	6

AREAS OF ALIGNMENT AND SYSTEM CHANGE ENABLERS

2.3 Across the proposed logic models there are a number of cross-cutting and interdependent system changes. At appendix 3, a mapping of the system changes, highlighting areas of alignment that require collaborative design and implementation is provided.

2.4 Throughout the identification of the system changes a number of key enablers that are cross cutting and provide the foundation and conditions necessary to enable the system changes to be delivered effectively have been identified. The draft enablers of system change are at **Appendix 5**.

PREVENTION AND REDUCING INEQUALITIES

- 2.5 The Local Outcome Improvement Plan is focused on reducing the inequalities experienced across the city as identified in the Population Needs Assessment data, and with a focus on the vulnerable groups detailed in **Appendix 3**. All Groups have developed their logic models with a focus on prevention and reducing inequalities. The HDRC have plotted each of the proposed changes on a framework, built on fundamental causes; social determinants of health; and Marmot Principles, highlighting which most closely match 1 of 3 tiers of prevention. The full framework is at **Appendix 4**. This initial plotting shows:

Place			People		
Universal	Selected	Indicated	Universal	Selected	Indicated
13	8	0	6	13	8

- 2.6 The target populations, where proposed, are detailed in the logic models and within the prioritisation. Of the 49 system changes:

- 20% (10) have a whole population/universal focus
- 71% (35) have a targeted focus
- 9% (4) have both universal and targeted focus

The initial mapping of the system changes to groups experiencing inequality shows that each group is supported by at least one of the system changes, however targeting will be further refined in the next stage. It is important to note that individuals may belong to more than one group, experiencing intersecting forms of inequality. The mapping has been shared with Groups to ensure that Groups are aware of the system changes being targeted at specific localities and groups and can work together, where appropriate.

ESTIMATING IMPACT/SMART IMPROVEMENT AIMS

- 2.7 Measurability of the stretch outcomes/ improvement aims and the availability of data to evidence impact is a consistent area of feedback. A well defined, measurable improvement project aim is an essential starting point for gathering baseline data, or putting systems in place where that data is not currently available.
- 2.8 Post feedback from the Management Group, Groups will validate any estimations and/or begin to estimate the impact of system changes using the Public Health Scotland estimation model. The model estimates the impact using available data and thereafter targets for the improvement aims and Stretch Outcomes will be added/confirmed to ensure that they are SMART. Targets and baseline data will be required for inclusion within the logic model and underpinning theory of change template to be submitted on 15 December.

LEADERSHIP AND RESOURCES

- 2.9 Strong leadership and commitment by individual partners continues to be fundamental to the successful delivery of the Local Outcome Improvement Plan. A number of system changes require a lead partner to be confirmed. Groups continue to progress with each system change to have an identified lead partner by 15 December 2025.

2.10 As part of prioritisation, for each system change Groups were asked “*Is the system change appropriately resourced?*”- Is funding part of a core budget or considered “additional”? Is funding guaranteed over the short or long term? Is there appropriate monitoring in place to consider uptake and impact?”

2.11 The 49 system changes have been categorised as follows in terms of resourcing:

<i>“Is the system change appropriately resourced?”</i>		
Met	Partially	Not Met
11 (22%)	30 (61%)	8 (16%)

2.12 Commitment from all partners to the system changes proposed to be confirmed before the final Local Outcome Improvement Plan 2026-36 is submitted.

ENGAGEMENT FEEDBACK/POTENTIAL GAPS

2.13 Participants to Community Planning Aberdeen’s “Your Place, Your Plans, Your Future, engagement held in March 2025 raised a number of areas where we could “improve” for the future. This [table](#) details how we’ve taken these forward to date in the Local Outcome Improvement Plan 2026-36 emerging priorities and system changes and the Locality Plans as of October 2025. The final column, as detailed below identifies potential gaps and areas that are not addressed in the LOIP 2026-36 and the potential single system activity and existing plans/strategies these could be considered through. Outcome Improvement Groups are therefore also asked to revisit the areas listed to ensure they have been given due consideration and Partners are asked to consider these potential gaps in your respective single system.

2.14 Potential Gaps from Your Place, Your Plans, Your Future (YPYPF) engagement and the Population Needs Assessment (PNA):

- Development of Growth sector jobs and new local businesses: (PNA) ([Aberdeen Prospers](#))
- Support for Local Businesses ([Aberdeen Prospers](#))
- Transport / Public Transport (frequency/reliability, cost of fares, connectivity especially for underserved neighbourhoods, accessibility and infrastructure for disabled people on transport (e.g. buses, stops), cleanliness, safety, routes and connectivity, integration of transport options and tickets (ACC Local Transport Strategy – [Sustainable City Group](#))
- Traffic Flow, Safety and Management (ACC/Nestrans/ [Sustainable City Group](#))
- Lighting (ACC/[Sustainable City Group](#))
- Maintenance of Built environment – general cleanliness, condition of buildings, upkeep of public spaces, dog poo, litter etc (ACC/[Sustainable City Group](#))
- Affordable retail options (ACC Local Development Plan)
- Housing Repairs and Maintenance Response (Local Housing Strategy)
- City Centre Identity / Empty shops/buildings (ACC Empty Shops Plan/City Centre masterplan)
- Addressing the types of behaviours that are associated with health risks - smoking, physical inactivity which contribute to such diseases (PNA) ([Resilient, Included and Supported](#))

- Night-time safety / antisocial behaviour - (*Police Scotland/Community Safety Partnership/ **Community Justice Group***)
- Police resourcing and specific crimes e.g. anti-social driving around schools and the need for enforcement of parking (*Police Scotland*)

2.14 At the Community Planning Board meeting the following potential gaps were identified and responses reflected below:

Potential Gap	Response
Social impact bonds , used in Peterborough . Way of gaining financial support to achieve a preventative outcome.	Considered by Health and Social Care: Evidence on impact: The world's first justice Social impact bonds (HMP Peterborough) achieved an estimated 9.0% reduction in reconviction events across cohorts, exceeding the 7.5% threshold and triggering outcome payments; however, the pilot ended early amid wider system reform, and the model's generalisability is debated. Proposal not to proceed with inclusion.
Commissioning Approaches: Is there system change we need to make collectively to our commissioning approaches.	Some of the system changes proposed will require commissioning approaches to be considered.
Economic Stability: challenge whether the balance is right in terms of the, the supply side issues versus the kind of demand side.	No further system change identified.
Employment for people with long-term conditions	Will be covered under "Create a fair work charter with anchor organisations and employers increasing fair work opportunities for vulnerable groups" system change.
Digital. Digital approaches to reflect societal expectations and our system needs, and also you know how are we using digital to think about delivering services that are accessible through digital technology.	Data is proposed as one of the system change enablers. Digital approaches to be considered by all system changes to reflect societal expectations. Digital tech employment opportunities aligned to "Develop specific employment pipelines providing a variety of entry points into targeted skills demand sectors (health and social care, creative industries, energy, food, drink, tourism, digital tech)"

ALIGNMENT BETWEEN THE LOGIC MODELS AND THE LOCALITY PLANS

2.15 An initial mapping of the emerging ideas from the development of the Locality Plans for 2026-36 as shown at item 2.2 to the draft 17 improvement aims, as well as the system changes within the logic models has been completed and will be shared with Groups as part of the next steps.

3 NEXT STEPS

Nov- Dec 2025	Groups continue to refine develop proposals and populate Theory of Change templates for each improvement aim.
	Groups to use Public Health Scotland estimating impact modelling model to validate initial estimations or identify estimated impact. All aims/Stretch outcome to have a target and baseline data for 15 December
	Initial mapping of alignment of logic models to emerging community ideas from locality plans shared with Groups
15 Dec 2025	Groups submit fully populated logic model and Theory of Change templates for each improvement aim.
w/c 20 Jan 2026	Further engagement on proposals for stakeholders led by Chairs
Jan 2026	Commitment from all partners to the system changes
3 Feb 2026	Consultation on draft Local Outcome Improvement 2026–36 starts
13 March 2026	Consultation on draft Local Outcome Improvement 2026–36 ends
23 March 2026	Feedback from consultation to Groups
22 April 2026	Groups submit final logic model and theory of change template
30 April 2026	Submission of final draft Plan to CPA Management Group
21 May 2026	CPA Management Group approval of the Plan
25 May 2026	Submission of final plan to CPA Board
11 June 2026	Final Local Outcome Improvement Plan 2026–36 submitted for approval.

Recommendations for Action

It is recommended that the CPA Management Group:

- i) consider and provide feedback on:
 - a) the initial logic models received from Outcome Improvement Groups included in Appendix 1, noting the prioritisation and rationale at Appendix 2
 - b) the areas of alignment across the system changes and target populations as detailed at Appendix 3
 - c) the balance of prevention as detailed in the evidence and prevention framework at Appendix 4;
- ii) agree that Outcome Improvement Groups and Partners review the potential gaps as detailed at 2.13 and ensure they have been given due consideration for both the LOIP and single system plans and strategies;
- iii) note the next steps as detailed at section 3 and that Outcome Improvement Groups are to submit further iteration of logic model and Theory of Change template for each improvement aim by 15 December 2025.

Opportunities and Risks

The revised Population Needs Assessment 2025, along with the Annual Report against the Local Outcome Improvement Plan and the Locality Plan Annual Reports and the Your Place, Your Plans, Your Future engagement provide on the evidence base for what Community Planning Aberdeen has achieved to date and areas where outcomes need to improve. This is critical to ensuring that the Partnership continues to respond to local need, taking into account the changing context and priority issues.

Stakeholder and community participation lies at the heart of community planning, and applies in the development, design and delivery of plans as well as in their review, revision and reporting. Consultation is not enough – Community Planning Aberdeen is committed to securing the participation of communities throughout. Following the public engagement held between 24th March to 18th May 2025, the Conference provided another key stage in the development of the Local Outcome Improvement plan 2026-36 ensuring that communities and stakeholders are at the heart of the design and development of the Local Outcome Improvement Plan 2026-36. The feedback from the Conference has been shared with participants and Groups have used the feedback to review and refine proposals. Further engagement will take place early 2026.

Consultation

The following people were consulted in the preparation of this report:

- Chairs and Lead Contacts of Outcome Improvement Groups
- Michelle Crombie, Strategic Lead – Prevention and Community Empowerment
- Martin Murchie, Chief Officer - Data Insights HDRCA

Background Papers

- [Report on Review of Community Planning Aberdeen's Approach to Improving Outcomes](#)
- [Annual Outcome Improvement Report 2024-25](#)
- [Population Needs Assessment 2025](#)
- [Public Engagement 2025](#) and [Aberdeen 2036: Towards a Fairer Future Conference](#)

Appendices

1. [Appendix 1 - Draft logic models by social determinants of health](#)
2. [Appendix 2 – Summary of the system change prioritisation and inequalities using Public Health Scotland criteria](#)
3. [Appendix 3 - Emerging System Changes - Areas of Alignment and Target Population](#)
4. [Appendix 4 - Evidence and prevention framework](#)
5. [Appendix 5 - Ten draft enablers of system change](#)

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Chair, Duncan Abernethy
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Children's Services Board

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Resilient, Included Supported Group:

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ACHSCP

Alcohol & Drugs Partnership:

Chair, Fiona Mithchelhill
ACHSCP

Homewards Aberdeen Coalition:

Contact: Anu Kasim
Royal Foundation

Sustainable City Group:

Chair, Jillian Evans
NHS Grampian

Community Justice Group

Chair, Claire Wilson, ACHSCP

Appendix 1 - Draft Logic Models by Social Determinant of Health

CHILDREN, FAMILIES AND LIFELONG LEARNING					
Input		Output		Outcome	
Lead Partner	Target Population/ Prevention Tier	System Change	Output Measure	Improvement Aim 2031	Stretch Outcome 2036
P 29 ACC/NHS ACC: Youth Work/CSW Police	SIMD 1/Prevention	Provide vulnerable families a named worker and helping them access whole family support.	% of vulnerable families with children under five have access to a link worker % of children in SIMD1 meeting their developmental milestones	Best Start in Life X% increase of attainment levels for Primary 1 pupils in SIMD 1 and other vulnerable groups schools by 2031 Baseline: TBA	95% of young people in SIMD1 and vulnerable groups achieve a positive and sustained destination on leaving school by 2036 Baseline: SIMD1: 84.5%
	SIMD 1/Prevention/ Early Intervention	Co-creation with children and young people a city centre (and communities) safe spaces providing youth activities, communal spaces and access to supportive professionals as a contextual safeguarding response to Child Criminal Exploitation.	No. of young people (by locality) using the safe spaces % of young people engaged in the safe space report a 'strong' relationship with trusted professionals	Empowered and Resilient Increase by X% the number of young people whose behaviour causes harm to self and others who are engaging in early and preventative supports by 2031. Baseline: TBA	
	Universal /Prevention/Early Intervention	Create a Child Criminal Exploitation (CCE) information sharing portal for professionals and citizens to jointly identify the potential impact of Organised Crime in our communities.	% reduction in the number of under 18s convicted of a crime % of young people surveyed report feeling always or mostly safe % citizens and workforce who recognise the indicators of child criminal exploitation and know how to report these concerns		

Police	Prevention/Early Intervention Young people at risk of substance use and exploitation	Wraparound support for young people at risk of harm from substance use and/ or criminal exploitation	% of young people at risk of substance use harm or exploitation who are actively supported through a multi-agency wraparound model, reporting improved SHANNARI measures	(2023/24) LAC: 60% (2023/24) ASN/Dis: 89.4% (2023/24)
TBC	SIMD1 / Prevention	Develop a programme to support 12-18 year olds boys to become positive citizens.	% of 12-18 year old boys reporting sense of belonging or connection to peers. No. of misogynistic incidents in schools.	
ACC	Prevention/Early Intervention SIMD 1 /All Vulnerable Groups of C&YP	Create bespoke support programmes for young people who are more likely to disengage from school and not achieve a positive destination.	% increase attendance in learning opportunities in target groups Increase diversity of the learning pathways.	
ACC	Prevention/Early Intervention SIMD 1 / All Vulnerable Groups of C&YP	Sustained work experience opportunities as part of the curriculum offer	% increase in initial positive destinations	
NHS	Early Intervention SIMD 1 / Families of neurodivergent children awaiting a diagnosis	Establish a Neurodivergent pathway to provide multi agency support to families awaiting a neurodevelopmental diagnosis.	% of children with neurodevelopmental differences and their families with a support plan in place, irrespective of diagnosis, within 12 weeks of identification within identified SIMD1 Schools	Attainment and Transitions Increase by X the tariff scores in SIMD1 schools and other vulnerable groups by 2031. Baseline:

ECONOMIC STABILITY

ECONOMIC STABILITY					
Input		Output		Outcome	
Lead Partner	Target Population/ Prevention Tier	System Change	Output Measure	Improvement Aim 2031	Stretch Outcome 2036
TBC	People not in employment/ transitioning between sectors Targeted/ Prevention	Develop specific employment pipelines providing a variety of entry points into targeted skills demand sectors (health and social care, creative industries, energy, food, drink, tourism, digital tech)	No. of people (by locality and vulnerable group) gaining or achieving employment through reskilling % of jobs in targeted sectors that cannot be filled	Economic Diversification and Just Transition Increase the number of people from targeted priority groups (SIMD 1 and vulnerable groups) employed in targeted sectors by X% by 2031. Baseline: TBA	Reduce by X% the number of people in SIMD 1 and vulnerable groups not employed and not employed under fair work conditions by 2036. Baselines: Claimants Count: 1,115 Claimants in SIMD
TBC	SIMD 1 communities /vulnerable groups Targeted/ Prevention	Develop an Aberdeen Social Enterprise Network to grow existing social enterprises and develop new enterprises where there are gaps or opportunities to support people gain employability skills <i>(being reconsidered in light of scoring)</i>	No. of Co-operatives and Community Enterprises per SIMD 1 community No. of residents (by locality and vulnerable group) working in and/or supported by co-operatives and community Enterprises		
TBC	SIMD 1 communities/ vulnerable groups Targeted/ Prevention	Strengthen cultural infrastructure, employment opportunities and pipeline, to enable UK City of Culture 2033 status	No. of cultural businesses and events (by locality) No. of people (by locality and vulnerable group) employed in culture sector City of Culture achieved		
TBC	Targeted/ Prevention People not in employment/ transitioning between sectors	Establish a joined up community based “outreach” employability support model, providing support alongside other services.	No. of individuals supported with employability within the community outreach model.	Employment and employability support for priority groups Increase to X% the	

TBC	Targeted/ Prevention SIMD 1/Vulnerable Groups	Develop a community based hospitality training opportunity and linked employment	% of people (by locality and vulnerable group) gaining sustained employment from the hospitality training	employment rate of targeted vulnerable groups by 2031.	1 (July 2025) Employment rate: All: 75.4% Males: 77.1% Females: 73.8% 16-24 years: 48.8% Ethnic minority: 69.2% White: 77% EA core disabled: 57.9% EA core or work-limiting disabled: 58.1% Work-Limiting disabled: 51.7% Females: 73.8% 16-24 years: 48.8%
TBC	Targeted / Early Intervention Social Enterprises	Introduce elder consultants sponsored through social enterprises to support intergenerational learning <i>(being reconsidered in light of scoring)</i>	No. of elder consultants % of people (by locality and vulnerable group) mentored gaining employment	Baseline: Ethnic minority: 69.2% EA core disabled: 57.9% EA core or work-limiting disabled: 58.1% Work-Limiting disabled: 51.7% Females: 73.8% 16-24 years: 48.8%	
TBC	Universal/Targeted / Early Intervention SIMD 1/Vulnerable Groups	Develop a localised employability accreditation recognising life skills and support people gain and move to new jobs.	No. of people (by locality and vulnerable group) with the local accreditation % of people with accreditation in employment		
Page 32	Universal / Early Intervention Employers/ People in employment and seeking employment (vulnerable groups)	Create a fair work charter with anchor organisations and employers increasing fair work opportunities for vulnerable groups.	No. of businesses signed up to fair work charter No. of employees receiving the Real Living Wage or above	Measure of Creating the Conditions for Fair Work X% of people (by locality and vulnerable group) in employment are employed under fair work condition.	Living Wage: 10% earning less than the Living Wage (2024)
	Targeted/ Early Intervention People on the employability pipeline	Develop a Framework for assessing the wellbeing impact across the employability pipeline.	% of people on employability pipeline with wellbeing impact assessed. % of people (by locality and vulnerable group) at each stage of employability showing positive wellbeing impact	Baseline: TBA	

COMMUNITIES

COMMUNITIES					
Input		Output		Outcome	
Lead Partner	Target Population/ Prevention Tier	System Change	Output Measure	Medium Term 2031	Longer Term 2036
CFINE	Targeted Early Intervention and Prevention	Food surplus used for food sharing and providing community meals	No. community meals served	Universal Access to Life's Basic Necessities Reducing % of people choosing between eating food and heating homes. Baseline: 10.2% (2024 – City Voice 50)	Reduce the proportion of people in relative poverty by 6.5% Baseline 2025: 18.% of the population lives poverty.
ACVO	Targeted Early Intervention and Prevention	Cash first approach along with standardised income maximisation advice	No. households receiving direct cash support		
ACC	Targeted Early Intervention and Prevention	Pooled budgets across sectors to optimise resources available to support improvement in communities.	No. people benefitting from services/ interventions through pooled budgets		
Cyrenians	Targeted Prevention	Community assistance network of hubs and satellites to provide coordinated, consistent and accessible support	No. of people receiving support at community assistance hubs		
SHMU	Targeted Prevention	Community contracts to shift more power to communities to deliver local priorities	No. of community organisations leading delivery of locality plans		
TBC	Targeted Prevention	People panels made up of people with a mix of lived experience and perspectives to inform decisions	No. of people with diverse lived experience engaged	Empowering Diverse Communities Increase in number and diversity of people engaging in action to tackle poverty and inequality.	

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		HOMELESSNESS			
Input		Output			Outcome
Lead Partner	Target Population/ Prevention Tier	System Change	Output Measure	Improvement Aim 2031	Long term 2036
Station House Media Unit	Citywide, Prevention	Place based campaign to reframe how people think about homelessness, encourage early action and prevention efforts within communities.	No. of people who feel more informed about the causes of homelessness and are likely to take action. No. of people who actively participate in campaigning and prevention initiatives	By 2031, increase % of communities and professionals aware of the root causes of homelessness and support available to mitigate this to empower communities, shift perceptions, and strengthen early intervention for homelessness in Aberdeen. Baseline: TBA	By 2036, achieve a X% reduction in households assessed as homeless in Aberdeen with system-wide shift to prevention and improved outcomes among the identified cohorts.
Aberdeen City Council	Citywide, Prevention	Use technology to enable non-housing professionals recognise early signs of homelessness and confidently connect people to the right support (Ask & Act toolkit).	No. of professionals who are accessing the technology. No. of people presenting earlier for support as a result of the tool		
Aberdeen Foyer/Shelter Scotland	Young people, Prevention	Upstream early intervention model and comprehensive life skills curriculum for young people, to systematically identify young people and equip them to sustain housing and wellbeing.	No. of young people aged 16-24 years presenting. No. of schools implementing the Upstream Geelong early intervention model and life skills curriculum No. of educational sessions/ workshops delivered on housing stability and independent living.	By 2031, achieve an x% reduction in the number of young people (aged under 25) assessed as homeless in Aberdeen through targeted prevention and addressing root causes of homelessness. Baseline: TBA	
Aberdeen Foyer	Young people, Prevention	New Youth Housing Pathways to access safe, affordable homes—and alternative to the homelessness system	No. of young people accessing the youth-led housing pathway. No. of young people supported to move out of the parental home without applying as homeless.		

Aberdeen Cyrenians	Single Adults in RSL Tenancies Prevention/Response	Homes- Wrap-around support service to reduce evictions and widen access to Registered Social Landlords (ATAP).	No. of people prevented from presenting as homelessness once identified through ATAP. No. of people at risk of experiencing or already presenting as homeless supported through ATAP.	By 2031, achieve a x% reduction in the number of single adults presenting as homeless in Aberdeen through targeted prevention and support. Baseline: TBA	
Burgesses of Guild and Seven Incorporated Trades / The Royal Foundation	Single Adults in PRS Tenancies, Prevention	Early intervention to prevent evictions in private rented sector and widen access to the Private Rented Sector (PRS) as a sustainable housing option.	No. of single adults in PRS tenancies who avoid eviction. No. of people who access the PRS as a sustainable housing option		
Aberdeen City Council	Citywide, Prevention/Early Intervention	Transform vacant and underused properties into safe, stable housing for people who need it most.	No. of empty spaces converted into housing through partnership initiatives		

Neighbourhood and Environment

Input		Output		Outcome	
Lead Partner	Target Population/ Prevention Tier	System Change	Output Measure	Improvement Aim 2031	Stretch Outcome 2036
TBC	Priority neighbourhoods / Prevention	Creation of ‘pocket parks’ and land for growing food.	No. of new pocket parks / No. of areas of new land for growing food	Natural Environment	Fairer for all: healthier, wealthier, greener X % of target neighbourhoods meeting green, circular and sustainable living criteria by 2036. Baseline TBC
TBC		Create a network of green byways/wildlife corridors connecting green space for people and nature.	No. km of green byways / wildlife corridors	X% of target neighbourhoods meeting nature-positive criteria for green infrastructure, community engagement, and sustainable enterprise*	
TBC		Become a ‘City for Nature’ through the organised efforts of our communities and fostering new/existing social movements for nature and environment.	% of neighbourhoods with community groups supporting nature & environment % increase in green jobs and microbusinesses	Baseline TBC	
TBC		Establish processes and systematic arrangements for sharing success and peer support in and across neighbourhoods.	% increase in local volunteering No. of learning networks established £ new inward investment		
TBC		Co-design and develop a practical local living approach with neighbourhoods.	% reduction in carbon emissions No. of new green infrastructure % increase in walking and cycling % reduction in air pollution	Cohesion	
TBC		Co-develop community energy solutions with neighbourhoods (solar, heat, power).	% reduction in carbon emissions % increase in local renewable energy % reduction in fuel poverty Evidence of wealth building	X% of target neighbourhoods meeting circular and sustainable living criteria. **	
TBC		Creation of circular neighbourhoods using incentives, rewards and recognition.	% increase in local reuse hubs and repair cafés % of waste reduction	Baseline TBC	

*composite indicator using thresholds for new green infrastructure, community engagement, and sustainable enterprise

** composite indicator using thresholds for low-carbon, local participation, circular practices, equitable access to green energy and sustainable transport

Health and Social Care

Input		Output		Outcome			
Lead Partner	Target Population/ Prevention Tier	System Change	Output Measures	Improvement Aim 2031)	Stretch Outcome 2036		
ACHSCP	Whole System Universal and Targeted Target populations SIMD 1&2	Community Planning Partners will have a shared agreement to allocate a % of budgets to activities that prevent poor health.	% of partner budgets allocated to prevention-focused activities. - Uptake in Self-Management Service - Reduction in health and care service waiting lists.	Increase focus on prevention activity By 2031, X% reduction in deaths in SIMD1 linked to the following: - Mental health - Substance-related harm - Conditions linked to poor diet (e.g., Type 2 diabetes complications, cardiovascular disease) Baselines: <i>Rates per 100,000 population for SIMD 1:</i>	Increase Healthy Life Expectancy by at least 2 years by 2036 and reduce gap in Life Expectancy between the most and least deprived areas by X% by 2036 Baseline: HLE for Males is 58.0 years and for females is 58.1 years (2021-2023).		
SAMH/ ACHSCP	Universal and Selective Prevention All	Aberdeen City will fully embed and connect SAMH's Nook (Mental Health Hub) into the whole system pathway for people with mental health problems promoting and maximising the use of the services and supports available.	- No. of people supported by walk in Mental Health Support - No. of admissions for mental health				
Note two workshops being held in Nov to look at mental health system changes covering all life stages							
ACC	Whole System Universal and Targeted by Life course	Develop and implement a set of city-wide Service Standards for Prevention & Early Identification of Alcohol and Drug Harms across public and community services ensuring staff across all public services recognise the early signs that someone may be at risk of alcohol or drug-related harm.	% of public services that have adopted substance use prevention standards.				

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ACC	Universal and Targeted <u>Target Populations</u> City Wide Children and Families	Aberdeen City will increase healthier food choices through a city-wide reduction in the promotion and sale of high fat, sugar, and salt (HFSS) products.	- No. of organisations and retailers removing HFSS promotion and sales. - Related health measures type 2 diabetes, cardiovascular diseases, blood pressures etc.	Deaths from suicide (16+) - 16.7 (2019-2023) Alcohol-specific deaths -40.4 (2019-2023) Drug-related deaths - 57.3 (2019-2023) CHD early deaths - 95.9 (2021-2023)	Gap in estimated life expectancy between most and least deprived areas is 9.4 years for males and 8.4 years for females (2019-23).
NHSG Public Health	Universal and Targeted Prevention People at risk of gambling harm	Reduce gambling-related harm by establishing a Gambling Recovery Network ensuring timely access for individuals and families to receive support.	- No. of people supported by the Gambling Recovery Network - No. of referrals made		
ACHSCP	Whole System/Prevention <u>Target populations</u> areas with highest levels of health inequality.	Agreement by Community Planning partners to share premises to improve access to health, social care and community led activities.	- No. of shared premises - No. of attendees and uptake of services/activities at shared premises % of residents that live within a 20 minute walk of activities	Improve access to services and support By 2031, achieve a X% increase in the proportion of adults in SIMD1 reporting that they are able to manage their own health and wellbeing 'very well or quite well' (2023/2024 baseline 90.4%),	
ACHSCP	Universal and Targeted Prevention <u>Target populations</u> City wide, those with long-term conditions.	Aberdeen City will embed peer support as a core element of care for people living with long-term conditions. Enabling individuals to better manage their health, reduce isolation, and improve wellbeing through shared lived experience and community-led support	- No. of peer supporters trained with Trauma informed practices. - No. of people supported and reduction in hospital admission and attendances.		

ACC	Targeted/Early Intervention individuals at high risk of substance use or with multiple complex needs	Transform services to a responsive single named support model for individuals at high risk of substance use or with multiple complex needs. Creating streamlined navigation and reduction in barriers that actively meets their need.	No. of individuals at high risk of substance-related harm or with multiple complex needs who are supported through a Single Named Support Model	as measured by the Scottish Health and Care Experience)	
TBC	Universal and Targeted Prevention - City wide, focus on groups at higher risk of isolation (e.g. elderly, disabled, ethnic minorities, young people, SIMD 1&2)	Establish and embed a citywide Inclusion Ambassador programme, recruiting and training community volunteers to connect isolated individuals, reduce stigma, and promote inclusion.	- No. of Inclusion Ambassadors recruited and trained - No. of residents engaged/connected by Ambassadors - Reduction in self-reported loneliness/isolation (surveyed)	community safety and cohesion By 2031, X% increase in the proportion of residents who report feeling safe and included in their communities. Baselines: 45.1% feel part of the community where they live (City Voice 52, Jan. 2025) and 66.5% feel safe in their neighbourhood (City Voice 51, Oct. 2024)	
TBC	Universal and Targeted Prevention	Implement a standardised active bystander training & practice programme with policy integration and peer champions	- Change in Bystander Efficacy (pre/post) - No. of reported bystander interventions - No. of settings embedding bystander policy		
TBC	Universal Prevention (Workforce)	All Community Planning Partners will reform organisational policies and practices to meet the standards of the Equally Safe at Work framework, achieving Bronze accreditation as a minimum, to make gender equality and gender based violence prevention a core part of how services operate.	- No. of employers achieving/maintaining accreditation - Policy coverage % (e.g., GBV, flexible work, equal pay)		

TBC	Targeted/Early Intervention People with substance related offences	Implement health diversion for substance related offences - treating it as a health and social issue, not a crime. The focus will be on care, rehabilitation, and recovery.	• No. of individuals involved in the justice system for substance-related issues who are diverted into health-based pathways. • No. or repeat offences post health diversion.		
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Appendix 2 Aberdeen City LOIP 26-36: Population-level impact and health inequalities

To support prioritisation and focus on inequalities, Public Health Scotland have provided an approach to support Groups prioritise their emerging system. The first stage of this included assessing the set of changes with a set of [criteria](#) to look at potential impact on the population and inequalities.

The criteria covered the following areas:

- Outcomes orientated
- Evidence based
- Systematically applied
- Scaled-up appropriately
- Appropriately resourced
- Inequalities Focus
- Voluntary or mandatory
- Any barriers to accessing change
- Overall Scoring

The prioritisation outcome per social determinant of health can be viewed below.

Scoring

HIGH: where the criteria have been Met/High MED: where the criteria have been Met/High to some degree LOW: where it is unlikely the criteria have been Met/High

Children, Families and Lifelong Learning – Prioritisation of Proposed System Changes Using Public Health Scotland Prioritisation

A summary of the rationale for each of the proposed system changes can be accessed here: [CFL – System Changes Rationales](#)

PHE principles: PHEs description of criteria 1	Provide vulnerable families a named worker and helping them access whole family support.	Co-creation with C&YP of safe spaces and access to supportive professionals as a contextual safeguarding response to CCE	Create a Child Criminal Exploitation (CCE) information sharing portal for professionals and citizens	Wraparound support for young people at risk of harm from substance use and/ or criminal exploitation	Develop a programme to support 12-18 year olds boys to become positive citizens.	Bespoke support programmes for young people who are more likely to disengage from school	Sustained work experience	Neurodivergent pathway to provide multi agency support to families awaiting an neurodevelopmental diagnosis.
Met or Not/Scoring								
Outcomes orientated	Met/High	Met/High	Partially Met/ Med	Met/High	Met/High	Met/High	Met/High	Met/High
Evidence based	Met/High	Partially Met/ Med	Met/High	Met/High	Met/High	Partially Met/ Medium	Met/High	Partially Met/ Medium
Systematically applied	Partially Met/ Medium	Met/High	Met/High	Met/High	Partially Met/ Medium	Partially Met/ Medium	Met/High	Partially Met/ Medium
Scaled-up appropriately	Partially Met/ Medium	Met/High	Met/High	Met/High	Partially Met/ Medium	Partially Met/ Medium	Partially Met/ Med	Partially Met/ Medium
Appropriately resourced	Partially Met/ Medium	Partially Met/ Medium	Partially Met/ Medium	Met/High	Partially Met/ Medium	Partially Met/ Medium	Met/High	Partially Met/ Medium
Inequalities Focus	Targeted on SIMD1, expand to other areas/ vuln groups	Targeted on SIMD1, expand to other areas/ vuln groups	Targeted on SIMD1, expand to other areas/ vuln groups	Targeted on YP with vulnerabilities, SIMD1	Young people with social emotional and behavioural needs	Children in SIMD statistically more likely to disengage	vulnerable young people	Children with neurodevelopmental their families
Voluntary or mandatory	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary
Any barriers to accessing change	interagency agreement to align budgets/ resource will be required to support	How to resource specialist services, reliance on third sector and short term funding likely to be a challenge.	How to resource specialist services, reliance on third sector and short term funding likely to be a challenge	No current financial barriers if additional funding from Cashback For Communities is successful	Will require interagency buy in so as not to be over reliant on school staff	Interagency agreement to align budgets/ resource will be required to support	Lack of buy-in between partners, too heavy reliance on school staff	Will require interagency buy in so as not to be over reliant on school staff
Overall Scoring	High	High	High	High	Medium	Medium	High	Medium
Proposal/ Rationale (see link)	Proposal to proceed with all of the above To see the full rationale for the scoring above please see following link: CFL Scoring Full Rationale							

A summary of the rationale for each of the proposed system changes can be accessed [here](#)

[illegible]

Communities Prioritisation of Proposed System Changes Using Public Health Scotland Prioritisation

A summary of the system changes and rationale for each can be accessed [here](#)

PHE principles: PHEs description of criteria 1	Food Surplus	Cash First/ Income Maximisation	Pooled Budgets	Community Assistance Hubs	Community Contract	People Panels
Outcomes orientated	Met/High	Met/High	Part/Med	Met/High	Part/Med	Part/Med
Evidence based	Part/Med	Met/ High	Part/ Med	Met/ High	Part/Med	Part/Med
Systematically applied	Part/Med	Part/Med	Met/ High	Part/Med	Part/Med	Part/Med
Scaled-up appropriately	Med/High	Met/High	Part/ Med	Part/ Med	Part/Med	Part/Med
Appropriately resourced	Part/Med	Part/Med	Part/Med	Part/Med	Part/Med	Part/Med
Inequalities Focus	Part/ Med	Met/High	Part/Med	Met/High	Part/Med	Part/Med
Voluntary or mandatory	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary
Any barriers to accessing change Page 44	Awareness might be the only barrier given groups are community-based and the service is free and accessible. Location of community meals/ fridges may impact on accessibility - if out with community, may be financial barriers for some individuals.	Resources and funding required to scale-up pilot project. Engagement of target group is notoriously difficult. Multiple barriers being faced, however with person-centred approach, this can be achieved.	Contribution of partners and consensus on how budgets are used to support prevention.	Financial barriers, co-ordination and resources. Using existing knowledge and infrastructure. May require some promotion.	Lack of understanding and buy in.	Recruitment of lived experience and rotation of panel membership. Support and remuneration. Requires a meaningful process to affect change.
Overall Scoring	High	High	High	High	Medium	Medium
Reasons for the overall Score	No low rating and at least one high	No low rating and at least one high	No low rating and at least one high	No low rating and at least one high	All medium	All medium
Lead	CFine	ACVO	ACC	Cyrenians	shmu	TBC
Proposal/Rationale:	Proposal to proceed with all of the above A summary of the rationale for each of the proposed system changes and scoring can be accessed here					

Homelessness Prioritisation of Proposed System Changes Using Public Health Scotland Prioritisation

A summary of the rationale for each of the proposed system changes can be accessed [here](#)

System Change	Place based campaign to reframe how people think about homelessness	Use technology to enable non-housing professionals recognise early signs of homelessness	Upstream early intervention model and comprehensive life skills curriculum for young people	New Youth Housing Pathways to access safe, affordable homes—and alternative to the homelessness	Homes- Wrap-around support service to reduce evictions and widen access to RSLs.	Early intervention to prevent evictions in private rented sector and widen access to the PRS as sustainable housing option.	Transform vacant and underused properties into safe, stable housing for people
Met or Not/ Scoring							
Outcomes orientated	Part met/ Medium	Met/ High	Met/ High	Met/ High	Met/ High	Met/ High	Part met/ Med
Evidence based	Part met/ Medium	Part met/ Medium	Part met/ Medium	Met/ High	Met/ High	Met/ High	Met/ High
Systematically applied	Met/ High	Part met/ Med	Part met/ Medium	Not met / Low	Not met / Low	Part met/ Medium	Met/ High
Scaled-up appropriately	Met/ High	Met/ High	Met/ High	Part met/ Med	Met/ High	Met/ High	Part met/ Med
Appropriately Resourced	Part met/ Medium	Not met / Low	Part met/ Med	Part met/ Med	Met/ High	Part met/ Medium	Not met/Low
Inequalities Focus	Universal	Universal	Targeted change in young people under 25	Targeted change in young people under 25	Targeted change for adults	Targeted change for adults	Targeted change (single adults or young people under 25)
Voluntary or mandatory	Voluntary	Mandatory when law	Voluntary - consent from parents.	Voluntary or opt-in	Voluntary	Voluntary or opt-in	Voluntary or opt-in
Any barriers to accessing change	Accessibility to media sources or localised area.	professional discomfort, inconsistent implementation, org limitations, and individuals' fear of stigma/ disclosure.	Students out with formal education settings would not be able to access the change.	Barriers: awareness, trust, and eligibility.	May include limited awareness of services, inconsistent coordination across agencies, and stigma around seeking help.	May include discrimination against low-income benefit claimants, lack of affordable housing stock, limited legal literacy.	As interventions may be varied, there may be barriers to access change such as age, level of need.
Overall Scoring	Medium	Medium	Medium	Medium	High	High	Medium
Rationale (see link)	Please see full rationale at this link: Homelessness Rationale/Scoring						

A summary of the rationale for each of the proposed system changes can be accessed [here](#)

PHE principles: PHEs description of criteria 1	Establish processes and systematic arrangements for sharing success and peer support in and across neighbourhoods	Aim to become a 'City for Nature' through organised efforts of communities & existing social movements for nature & environment	Co-design and develop a practical local living approach with neighbourhoods	Co-develop community energy solutions with neighbourhoods (solar, heat, power)	Create a network of green byways/ wildlife corridors connecting green space for people and nature	Creation of 'pocket parks' and land for growing food	Creation of circular neighbourhoods
Met or Not/Scoring							
Outcomes orientated	Met/High	Partially met/ Med	Met/High	Met/High	Met/High	Met/High	Met/High
Evidence based	Met/High	Met/High	Met/High	Met/High	Met/High	Met/High	Met/High
Systematically applied	Partially met/ Med	Partially met/ Med	Partially met/ Med	Partially met/ Med	Partially met/ Med	Partially met/ Med	Met/High
Scaled-up appropriately	N/A/High	Met/High	Partially met/ Med	Partially met/ Med	Partially met/ Med	Partially met/ Med	Partially met/ Med
Appropriately resourced	Partially met/Medium	Partially met/ Med	Partially met/ Med	Partially met/ Med	Partially met/ Med	Met/High	Partially met/Medium
Inequalities Focus	Targeted change	City-wide opportunity but targeted in certain areas	Targeted change	Targeted change	Targeted change	Targeted change	Targeted change
Voluntary or mandatory	Voluntary	Voluntary participation/Intervention involuntary	Voluntary participation/Intervention involuntary	Voluntary participation/Intervention involuntary	Voluntary participation/Intervention involuntary	Voluntary participation/Intervention involuntary	Voluntary participation/Intervention involuntary
Any barriers to accessing change	Community buy-in Human resource Access to buildings for meetings; Funding	Community buy-in Human resource Funding	Existing public pre-conceptions about 20 minute neighbourhoods Funding	Funding	Funding	Funding	
Overall Scoring	High	Medium	Medium	Medium	Medium	High	High
Rationale (see link)	Proposal to proceed with all of the above Please see full rationale at this link: Neighbourhood and Environment Rationale/Scoring						

HIGH: where the criteria have been Met/High MED: where the criteria have been Met/High to some degree LOW: where it is unlikely the criteria have been Met/High

A summary of the rationale for each of the proposed system changes can be accessed [here](#)

PHE principles: PHEs description of criteria 1	CPP % allocation of £ to health based prevention	SAMH's Nook (Mental Health Hub) - mental health	Substance-related harm prevention standards	Reduce promotion and sale of high fat, sugar, salt products	Establish a Gambling Recovery Network	Shared Community Planning Partner premises	Embed peer for people living with long-term conditions	Single named support model for inds at high risk of substance use.	Active bystander programme	Equally Safe at Work	Network of trained Inclusion Ambassadors	Health diversions for substance use crimes
Met or Not/ Scoring												
Outcomes orientated	Met/High	Met/ High	Met/High	Met/ High	Met/High	Met/High	Met/High	Met/High	Met/High	Met/High	Met/High	Met/High
Evidence based	Met/High	Met/ High	Met/High	Met/ High	Met/High	Met/High	Met/High	Met/High	Met/High	Met/High	Met/High	Met/High
Systematically applied	Met/High	Met/ High	Met/High	Met/ High	Met/High	Met/High	Met/High	Met/High	Met/High	Met/High	Met/High	Met/High
Scaled-up appropriately	Met/High	Met/ High	Met/High	Met/ High	Met/High	Met/High	Met/High	Met/High	Met/High	Partially met/ Medium	Met/High	Met/High
Appropriately resourced	Partially met/ Med	Met/ High	Met/High	Not Met/ Low	Not Met/Low	Met/High	Met/High	Met/High	Partially met/ Med	Partially met/ Med	Partially met/ Med	Met/High
Inequalities Focus	Universal Prevention – decision required as to where allocated.	Universal Prevention	Universal and Proportionate	Universal Prevention	Targeted Prevention	Universal Prevention - focus on SIMD1 with access issues.	Selected Prevention - Higher risk groups/ long term conditions	Targeted Change: Indicated Adults with emerging or risky substance use behaviours	Targeted abuse / harassment / hate. Equips people to challenge	Targeted / Workplace gender inequality and GBV	Universal and targeted, all communities - groups at higher risk of isolation	Targeted change with Justice systems
Voluntary or mandatory	Mandatory for CP Partners	Mandatory for relevant partners, stat services and commissioned services. Voluntary for others.	Mandatory for Staff and Services Public Voluntary	Mandatory for CP Partners, Voluntary for businesses	Mandatory for Staff and Voluntary service user opt in.	Mandatory for CPP Partners and Opt In for Service Users	Voluntary	Opt In for people; mandatory for relevant partners	Voluntary	Mandatory	Voluntary	Opt in but potentially with sanctions / discretion relating to offences / conditions

Any barriers to accessing change	Buy in from partners - Model planning, design, implementation and framing	Requires cooperation , coordination and close management of resources.	No Financial barriers accessing.	Buy-in from partners and others, cost, resource to implement , public behaviour	None reported however considered stigma barriers, and capacity barriers	Buy-in from Community Planning Partners, resource to coordinate activity, premises suitability	Number of volunteers , resource to coordinate insufficient support available for the highest areas of need.	No current financial barriers to accessing	Time to release staff for training; £ for access to provider materials	Capacity for data, policy review and staff engagement; need for named leads	Volunteer recruitment /retention, need for ongoing support, and ensuring ambassadors reflect the diversity of the community	No financial barriers to accessing
Overall Scoring	High	High	High	High	High	High	High	High	High	High	High	High
Rationale (see link)	Please see full rationale at this link: Health and Social Care Rationale/Scoring Proposal to proceed with all of the system changes above.											

Appendix 3 Emerging System Changes Local Outcome Improvement Plan 2026-36 Areas of Alignment and Target Population– October 2025

Below is a mapping of the system changes, highlighting areas of alignment that require collaborative design and implementation.

Community Hub	Support/Advice/ (adults/Families)	Support/Advice (Children and Young People)	Budgets/Resources	Businesses/Private Sector (Employment)	People/Communities
- Co-create with children and young people a city centre safe space providing youth activities, communal spaces and access to supportive professionals. <i>(Children, Families and Lifelong Learning)</i> - Establish a joined up community based “outreach” employability support model, providing support alongside other services <i>(Economic Stability)</i> - Food – Food surplus used for food sharing and providing community meals <i>(Communities)</i> - Community assistance hubs and satellites to provide coordinated, consistent and accessible support <i>(Communities)</i> - Co-design and develop a practical local living approach with neighbourhoods	- Provide vulnerable families a “named worker” and helping them access whole family support. <i>(Children, Families and Lifelong Learning)</i> - Homes- Wrap-around support service to reduce evictions and widen access to RSLs (ATAP) <i>(Homelessness)</i> - Cash first approach along with standardised income maximisation advice <i>(Communities)</i> - Support to prevent gambling-related harm <i>(Health and Social Care)</i> - Single Named Support Model for people with complex needs <i>(Health and Social Care)</i> - Health diversion for substance related offences <i>(Health and Social Care)</i>	- Create bespoke support programmes for young people who are more likely to disengage from school and not achieve a positive destination. <i>(Children, Families and Lifelong Learning)</i> - Establish a Neurodivergent pathway to provide multi agency support to families awaiting an autism diagnosis. <i>(Children, Families and Lifelong Learning)</i> - New Youth Housing Pathways to access safe, affordable homes—and alternative to the homelessness system <i>(Homelessness)</i> - Upstream early intervention model and comprehensive life skills curriculum for young people, to systematically identify young people and equip them to sustain housing and wellbeing. <i>(Homelessness)</i> - Sustainable work experience <i>(Children, Families and Lifelong Learning)</i>	- Pooled budgets across sectors to optimise resources available to support improvement in communities <i>(Communities)</i> - Shared agreement to allocate a % of budgets to activities that prevent poor health <i>(Health and Social Care)</i> - Agreement to share premises to improve access to health, social care and community led activities. <i>(Health and Social Care)</i>	- Create a fair work charter with anchor organisations and employers increasing fair work opportunities for vulnerable groups <i>(Economic Stability)</i> - Develop a Framework for assessing the wellbeing impact across the employability pipeline <i>(Economic Stability)</i> - Develop a localised employability accreditation recognising life skills and support people gain and move to new jobs. <i>(Economic Stability)</i> - Equally Safe at Work Accreditation <i>(HSC)</i> - Develop a community based hospitality training opportunity and linked employment <i>(Economic Stability)</i> - Sustainable work experience - C&YP focus <i>(Children, Families and Lifelong Learning)</i>	- Community contracts to shift more power to communities to deliver local priorities <i>(Communities)</i> - People panels made up of people with a mix of lived experience and perspectives to inform decisions <i>(Communities)</i> - Place based campaign to reframe how people think about homelessness, encourage early action within communities <i>(Homelessness)</i> - Establish processes and systematic arrangements for sharing success and peer support in and across neighbourhoods <i>(Neighbourhood and Environment)</i> - Aim to become a ‘City for Nature’ through the organised efforts of our communities and existing social movements for nature

(Neighbourhood and Environment) Page 50		· Wraparound support for young people at risk of harm from substance use and/ or criminal exploitation (Health and Social Care)			and environment (Neighbourhood and Environment) · Co-design and develop a practical local living approach with neighbourhoods (Neighbourhood and Environment) · Co-develop community energy solutions with neighbourhoods (solar, heat, power) (Neighbourhood and Environment) · Active bystander programme (Health and Social Care) · Citywide Inclusion Ambassador programme (Health and Social Care)
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Reducing Inequalities/Target Population

The Local Outcome Improvement Plan (LOIP) is focused on reducing the inequalities experienced across the city as identified in the Population Needs Assessment data, and with a focus on the following groups: It is important to note that individuals may belong to more than one group, experiencing intersecting forms of inequality.

- Priority neighbourhoods, - people living in Scottish Index of Multiple Deprivation 1
- Ethnic and Racial Minorities – Including Black, Asian, Traveller, Roma, and other minority ethnic groups.
- People with Disabilities – Individuals with physical, sensory, intellectual, or mental health disabilities.
- LGBTQ+ Community – Lesbian, gay, bisexual, transgender, queer, and other gender or sexual minorities.
- Women and Girls – Particularly in contexts affected by gender-based discrimination and violence.
- Older People – Those experiencing ageism, particularly in employment and healthcare.
- Migrants, Refugees, and Asylum Seekers – Individuals facing barriers related to language, legal status, and integration.
- Children and Young People – Especially those in care, from disadvantaged backgrounds, or at risk of exploitation.
- People Experiencing Poverty or Homelessness – Facing social exclusion, limited access to resources, and stigma.
- Single Parents – Often experiencing economic disadvantage and social bias.

- Carers – Individuals who provide unpaid care to family or friends, sometimes at the expense of their own opportunities.
- People with Long-Term Health Conditions – Those facing challenges in employment and managing condition
- People with multiple and complex needs

The table below details the initial number of system changes by social determinant of health which are detailed at this time as targeting these specific groups – **note that Groups continue to identify and refine target population and the below will be updated accordingly as targeting becomes more defined.**

Social Determinant of Health/No. of System Changes	Whole Population /	Targeted	SIMD 1	Ethnic and Racial Minorities	People with Disabilities	LGBTQ +	Women and Girls	Older People	Migrants, Refugees, and Asylum Seekers	Children and Young People Especially those in care, at risk of exploitation	People Experiencing Poverty or Homelessness	Single Parents	Carers	People with Long-Term Health Conditions	People with multiple complex needs
Children, Families & Lifelong Learning (8)	1	7	7	1	1	1	1		1	7	1	1	1	1	1
Economic Stability (9)	2	9	9	9	9	9	9	9	9	9	9	9	9	9	9
Communities and Housing (13)	3	10	6	6	6	6	6	6	6	2	13	6	6	6	6
Neighbourhood and Environment (7)	1	7	6												
Health and Social Care (12)	6	7	2	1	3	3	3	2	3	1	4			3	6

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Tackling unfair and avoidable differences in health outcomes			
Fundamental Causes	Social Determinants of Health	Marmot Principles (Taking action on SDOH)	Key areas for local action
Income Wealth Power Page 53	Children, Families and Lifelong Learning	Give every child the best start in life	• Early Level Attainment • Child Poverty • Childcare / Early Years Services
		Enable all children, young people and adults to maximise their capabilities & have control over their lives	• Attainment • Absence and Attendance • Exclusions From School • Leavers / Positive Destinations
	Communities & Housing	Create fair employment and good work for all	• Economic Inactivity • Unemployment • Earnings • Employment Grades
	Economic Stability	Ensure a healthy standard of living for all	• Wealth • Poverty • Fuel Poverty / Food Poverty • Digital Exclusion
	Neighbourhood & Environment	Create and develop healthy and sustainable places and communities	• Housing • Local Influence, Loneliness and Community Safety • Access to Green Space • Crime
		Strengthen the role and impact of ill health prevention	• Obesity • Maternal • Smoking
	Health & Care Services	Tackle racism, discrimination, and their outcomes	• Experience of Discrimination • Ethnic Inequalities • Disability / Learning Disabilities
		Pursue environmental sustainability and health equity together	• Air Quality • Co2 Emissions • Renewable Energy

Evidence and Prevention Framework

Tackling unfair and avoidable differences in health outcomes				Place Prevention			People Prevention		
Fundamental Causes	Social Determinants of Health	Marmot Principles (taking action on SDOH)	Key areas for local action (Links to Evidence)	Universal Whole population	Selected Higher risk groups	Indicated Individuals / early signs	Universal Whole population	Selected Higher risk groups	Indicated Individuals / early signs
Income Wealth Power Page 54	Children, Families and Lifelong Learning	Give every child the best start in life	• Early Level Attainment • Child Poverty • Childcare / Early Years Services						
		Enable all children, young people and adults to maximise their capabilities & have control over their lives	• Attainment • Absence and Attendance • Exclusions From School • Leavers / Positive Destinations						
	Communities & Housing	Create fair employment and good work for all	• Economic Inactivity • Unemployment • Earnings • Employment Grades						
		Ensure a healthy standard of living for all	• Wealth • Poverty • Fuel Poverty / Food Poverty • Digital Exclusion						
	Economic Stability								
	Neighbourhood & Environment	Create and develop healthy and sustainable places and communities	• Housing • Local Influence, Loneliness and Community Safety • Access to Green Space • Crime						
		Strengthen the role and impact of ill health prevention	• Obesity • Maternal • Smoking						
	Health & Care Services	Tackle racism, discrimination, and their outcomes	• Experience of Discrimination • Ethnic Inequalities • Disability / Learning Disabilities						
		Pursue environmental sustainability and health equity together	• Air Quality • Co2 Emissions • Renewable Energy						

Tackling unfair and avoidable differences in health outcomes				Place Prevention			People Prevention		
Fundamental Causes	Social Determinants of Health	Marmot Principles (Taking action on SDOH)	Key areas for local action (Links to Evidence)	Universal Whole population	Selected Higher risk groups	Indicated Individuals / early signs	Universal Whole population	Selected Higher risk groups	Indicated Individuals / early signs
Income Wealth Power	Children, Families and Lifelong Learning	Give every child the best start in life	- Early Level Attainment - Child Poverty - Childcare / Early Years Services						
		Enable all children, young people and adults to maximise their capabilities & have control over their lives	- Attainment - Absence and Attendance Exclusions From School - Leavers / Positive Destinations	Safe spaces in city as a safeguarding response					Neurodivergent multi-agency pathway
	Communities & Housing	Create fair employment and good work for all	- Economic Inactivity - Unemployment - Earnings - Employment Grades					Fair Work Charter - more opportunities for vulnerable groups	
	Economic Stability	Ensure a healthy standard of living for all	- Wealth Poverty Fuel Poverty / Food Poverty - Digital Exclusion		Community based “outreach” employability support model				Connect The Nook (Mental Health Hub) into the whole system
	Neighbourhood & Environment	Create and develop healthy and sustainable places and communities	- Housing - Local Influence, Loneliness and Community Safety Access to Green Space Crime / Debt & Crime	Community Contracts to shift power to communities					Social Impact Bonds to reduce reconvictions
		Strengthen the role and impact of ill health prevention	- Obesity - Maternal - Smoking				Reduce the promotion & sale of HFSS products.		
	Health & Care Services	Tackle racism, discrimination, and their outcomes	- Experience of Discrimination - Ethnic Inequalities - Disability / Learning Disabilities	Inclusion Ambassadors and Active Bystander Communities					
		Pursue environmental sustainability and health equity together	- Air Quality - Co2 Emissions - Renewable Energy		Co-develop community energy solutions				

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Tackling unfair and avoidable differences in health outcomes				Places (consider geographic approach to prioritisation)			People (consider proportionate universalism approach)		
Fundamental Causes	Social Determinants of Health	Taking action on SDOH (Marmot Principles)	Key areas for local action (from CHES Report – add ref when published)	Universal Prevention whole population	Selected Prevention targeted at higher-risk groups	Indicated Prevention targeted at individuals showing early signs	Universal Prevention whole population	Selected Prevention targeted at higher-risk groups	Indicated Prevention targeted at individuals showing early signs
Income ↕ Wealth ↕ Power Page 57	Children, Families and Lifelong Learning	Give every child the best start in life Ensure high quality maternity services, parenting programmes, childcare and early years education to meet needs across the social gradient Reduce inequalities in the early development of physical and emotional health, and cognitive, linguistic and social skills Build the resilience and wellbeing of young children across the social gradient	Early Level Attainment Why does it matter? What works? Child Poverty Why does it matter? What works? Childcare / Early Years Services Why does it matter? What works?				Develop and implement a set of city-wide Service Standards for Prevention & Early Identification of Alcohol and Drug Harms across the public and community services ensuring staff across all public services recognise the early signs that someone may be at risk of alcohol or drug-related harm.		
	Communities & Housing	Enable all children, young people and adults to maximise their capabilities and have control over their lives Reduce the social gradient in skills and qualifications Ensure that schools, families and communities work in partnership to reduce the gradient in health, wellbeing and resilience of children and young people Improve the access and use of quality lifelong learning across the social gradient	School Leavers Why does it matter? What works? Attainment Absence and Attendance Why does it matter? What works? Exclusions From School Why does it matter? What works? Positive Destinations After School Why does it matter? What works?	Co-creation with children and young people of safe spaces in city (and communities) as a contextual safeguarding response to Child Criminal Exploitation.			Upstream early intervention model and comprehensive life skills curriculum for young people, to systematically identify young people and equip them to sustain housing and wellbeing.	Create bespoke support programmes for young people/priority groups who are more likely to disengage from school and not achieve a positive destination. Building a youth-focused system that offers early, holistic, and trauma-informed support to young people at risk of substance use and exploitation. Provide vulnerable families a named worker and helping them access whole family support. Develop a programme to support 12-18 year olds boys to become positive citizens.	Establish a Neurodivergent pathway to provide multi agency support to families awaiting a neurodevelopmental diagnosis.

	Economic Stability							New Youth Housing Pathways to access safe, affordable homes—and alternative to the homelessness system	
		Create fair employment and good work for all Improve access to good jobs and reduce long-term unemployment across the social gradient Make it easier for people who are disadvantaged in the labour market to obtain and keep work Improve the quality of jobs across the social gradient	Economic Inactivity Why does it matter? What works? Unemployment Why does it matter? What works? Earnings Why does it matter? What works? Employment Grades Why does it matter? What works?	Develop a Framework for assessing the wellbeing impact across the employability pipeline.				Create a fair work charter with anchor organisations and employers increasing fair work opportunities for vulnerable groups Introduce elder consultants to support intergenerational learning.	
		Ensure a healthy standard of living for all Establish a minimum income for healthy living for people of all ages Reduce the social gradient in the standard of living through progressive taxation and other fiscal policies Reduce the cliff edges faced by people moving between benefits and work	Wealth Why does it matter? What works? Poverty Why does it matter? Link between debt and crime What works? Fuel Poverty Why does it matter? What works? Food Poverty Why does it matter? What works? Digital Exclusion Why does it matter? What works?	Develop a localised employability accreditation recognising life skills and supporting people to secure new jobs All Community Planning Partners will reform their organisational policies and practices to meet the standards of the Equally Safe at Work framework, achieving Bronze accreditation as a minimum, to make gender equality and GBV prevention a core part of how public services operate.	Community assistance hubs and satellites to provide coordinated, consistent and accessible support Establish a joined-up community based “outreach” employability support model, providing support alongside other services Food – Food surplus used for food sharing and providing community meals		Develop specific employment pipelines providing a variety of entry points into targeted skills demand sectors (health and social care, creative industries, energy, food, drink, tourism, digital tech) Develop an Aberdeen Social Enterprise Network to grow existing social enterprises and develop new enterprises where there are gaps or opportunities to support people gain employability skills	Transform vacant and underused properties into safe, stable housing for people who need it most. Homes- Wrap-around support service to reduce evictions and widen access to RSLs (ATAP) Early intervention to prevent evictions in private rented sector and widen access to the PRS as a sustainable housing option. Develop a community based hospitality training opportunity and linked employment	Aberdeen City will fully embed and connect SAMH's Nook (Mental Health Hub) into the whole system pathway for people with mental health problems promoting and maximising the use of the services and supports available Income - Cash first approach along with standardised income maximisation advice Reduce gambling-related harm by establishing a Gambling Recovery Network ensuring timely access for individuals and families to receive support.

	Neighbourhood & Environment	Create and develop healthy and sustainable places and communities	Housing Why does it matter? What works? Local Influence, Loneliness and Community Safety Why does it matter? What works? Access to Green Space Why does it matter? What works? Road Safety Why does it matter? What works? Crime Why does it matter? What works? What works to reduce re-offending	Community Contracts to shift more power to communities to deliver local priorities Strengthen cultural infrastructure, employment opportunities and pipeline, to enable UK City of Culture 2033 status Implement a standardised active bystander training & practice programme with policy integration and peer champions Establish and embed a citywide Inclusion Ambassador programme, recruiting and training community volunteers to connect isolated individuals, reduce stigma, and promote inclusion. Place based campaign to reframe how people think about homelessness, encourage early action and prevention efforts within communities.	Pocket parks / land for growing food Co-design and develop a practical local living approach with neighbourhoods		People Panel made up of people with a mix of lived experience and perspectives to inform decisions	Use technology to enable non-housing professionals recognise early signs of homelessness and confidently connect people to the right support (Ask & Act toolkit)	
	Health & Care Services	Strengthen the role and impact of ill health prevention	Obesity Why does it matter? What works? Maternal Smoking Obesity Why does it matter? What works? Physical Activity Why does it matter? What works?				Aberdeen City will increase healthier food choices through a city-wide reduction in the promotion and sale of high fat, sugar, and salt (HFSS) products.		Aberdeen City will embed peer support as a core element of care for people living with long-term conditions. Enabling individuals to better manage their health, reduce isolation, and improve wellbeing through shared lived experience and community-led support Transform services to a responsive single named support model for individuals at high

									risk of substance use or with multiple complex needs. Creating streamlined navigation and reduction in barriers that actively meets their need Implement health diversion for substance related offences - treating it as a health and social issue, not a crime. The focus will be on care, rehabilitation, and recovery
		Tackle racism, discrimination, and their outcomes	Experience of Discrimination Why does it matter? What works? Ethnic Inequalities in Poverty and Educational Attainment Why does it matter? What works? Disability Why does it matter? What works? Learning Disabilities Why does it matter? What works?						
		Pursue environmental sustainability and health equity together	Air Quality Why does it matter? What works? Co2 Emissions Why does it matter? What works? Renewable Energy Generation Why does it matter? What works?	Become a 'City for Nature' through the organised efforts of our communities and fostering new/existing social movements for nature and environment	Co-develop community energy solutions with neighbourhoods (solar, heat, power) Network of green byways / wildlife corridors Creation of circular neighbourhoods using incentives, rewards and recognition				

		Learning and Evaluation		Establish processes and systematic arrangements for sharing success and peer support in and across neighbourhoods					
		Money		Pooled budgets across sectors to optimise resources available to support improvement in communities.				Community Planning Partners will have a shared agreement to allocate a % of budgets to activities that prevent poor health.	
		Data							Create a Child Criminal Exploitation (CCE) intelligence sharing portal for professionals to jointly identify and address the potential impact of Organised Crime in our communities.
Page 61		Buildings		Agreement by Community Planning partners to share premises to improve access to health, social care and community led activities.					
		People							

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Observations and Questions

These preliminary comments are made purely on the nature of the changes proposed for inclusion in the LOIP i.e. they do not reflect the existing universal or targeted services provided by partners. They are also preliminary in recognition of the ongoing work of the OIGs to refine the proposals and, themselves, identify the level and nature of prevention, including the estimated impact. HDRCA will continue to participate in the work of the OIGs, through providing evidence, and review the proposals against the factors included within this framework as they are developed.

Life Course approach

There are, of course, many changes which will affect all ages. With this caveat, however, whilst the life course approach emphasises a focus on the early years, there are very few changes which seem specifically targeted to early years. There may also be gaps around the older population, which would need to be justified through analysis of the Population Needs Assessment. Over and above specific supports which may be put forward for people in these age groups, the city faces the significant demographic challenges of low fertility rates and an ageing population.

Fundamental causes

Analysis supports austerity being the causal factor in stalled mortality rates (McCartney et al, 2022). Is there enough activity in this area?

Activity around pooled budgets may to some extent act to ameliorate the impact of public funding constraints and may be the only response available at a local level which would enable partners to make a “decisive shift towards prevention”. Are there sufficient changes with the potential to impact household income levels? There is cash first approach and standardised income maximisation advice – is the intent of this to be system wide so rolled out across partners in a similar way to the ask and act duty around homelessness? Where a cash first approach will be applied, is this as a substitute for food banks for those in crisis or is the intent to look more broadly at identifying those who could benefit (for example, through housing risk system in NEC)? Is there scope to consider debt cancellation type initiatives, given evidence on debt payments as a key issue in terms of maximising household income.

Mapping to the Marmot Principles

The Marmot Principles are the result of a significant body of research evidence on what works to take action on health inequalities. There is, of course, a wide existing activity which sits underneath these proposed system changes. The changes need to be considered in that context, however, the table below gives a blunt view of the balance of changes when matched to Marmot Principles.

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1.	Give every child the best start in life	1
2.	Enable all children, young people and adults to maximise their capabilities and have control over their lives	8
3.	Create fair employment and good work for all	5
4.	Ensure a healthy standard of living for all	16
5.	Create and develop healthy and sustainable places and communities	8
6.	Strengthen the role and impact of ill health prevention	4
7.	Tackle racism, discrimination, and their outcomes	0
8.	Pursue environmental sustainability and health equity together	4

A prevention focussed system: does this package make the shift toward a prevention focussed system over ten years

A key action from the Population Health Framework is the creation of a system which is focused on prevention. As outlined above, the proposed system changes put forward as part of creating a fairer future by 2036. Consequently, it might be useful for the CPA to check their changes as a whole to make sure they have assurance on the prevention focus in two main ways

1. The scope and coverage of system changes which are themselves enabling a system focussed on prevention
2. The extent to which the range of interventions identified are preventative and the nature of that prevention.

If the interventions identified are to be taken forward meet the criteria of ‘system change’ then might expect all of them to require (or at least consider) system level integration of money, data, buildings, and staff and the extent to which these are required inputs our Might want to identify intermediate outcomes around an overarching MoU with all CPPs (stat and non-stat) mapping out high level commitments from partners around these areas?

Proportionate Universalism (PU)

The OIGs are identifying whether, how and the extent to which proposed changes are targeted to groups or communities. As the detail of intervention designs are developed, consideration can be given to the extent to which they target the right groups and areas. A broad indication of where a PU approach could be considered (people) and where a geographical approach might be best (place).

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Agenda Item 2.2

Community Planning Aberdeen

Progress Report	Revising the North, South and Central Locality Plans for 2026-36: The Journey So Far
Lead Officer	Michelle Crombie, Strategic Lead, Prevention and Community Empowerment
Report Author	Jade Leyden, Locality Planning and Community Development Manager, ACC Iain Robertson, Transformation Manager, ACHSCP
Date of Report	1 October 2025
Governance Group	Community Planning Aberdeen Management Group – 3 November 2025

Purpose of the Report

This report presents journey so far in relation to the revision of the North, South and Central Locality Plans for 2026-36.

Summary of Key Information

1 BACKGROUND

- 1.1 The Community Empowerment (Scotland) Act 2015 states that in preparing and publishing the LOIP and Locality Plans, we must take into account the needs and circumstances of people residing in Aberdeen and consult as it considers appropriate.

2 REVISING THE LOCALITY PLANS

Public Engagement

- 2.1 Between 24th March to 18th May 2025 the Your Place, Your Plans, Your Future public engagement was held to support the evidence base for the development of the Locality Plans. The engagement included a combination of the following:
- Online survey for adults
 - Online survey designed for children and young people
 - Six locality events, with specific activities designed by the Aberdeen Youth Movement and Aberdeen Ambassadors for children and young people
 - Outreach programme where, with the support of Third Sector partners, we went to 98 groups/schools/locations across Aberdeen.
- 2.2 A total of 2087 people participated, a 344% increase since our Place Standard engagement in 2023.

Community Ideas Workshops

- 2.3 Since our “Your Place, Your Plans, Your Future” consultation in March, Community Planning Aberdeen partners have been working together to host Community Idea Workshops across the city. These workshops are all about bringing people together to share ideas that can help improve local areas. We're focusing on actions we can take together — whether that's building skills and confidence, working in partnership, or finding extra funding. At the heart of this work is a commitment to trust, community ownership, and making sure everyone feels a strong sense of identity and belonging. By listening to lived experiences and using local data, we're supporting communities to shape the future in ways that matter most to them.

Emerging Priorities and Ideas for Improvement

- 2.4 The learning journeys for North, South and Central Localities detail the emerging priorities and the specific community ideas for improvement from each locality.

Themes/Social Determinants of Health

- 2.5 The current Locality Plans are themed by Economy, People, Place and Communities. It is proposed that for the new plans that the themes change the Social Determinants of Health, therefore aligning with the Local Outcome Improvement Plan and other local strategies.

3 NEXT STEPS

3.1 Development of the three locality plans will run parallel with the development of the Local Outcome Improvement Plan 2026-36 as per the steps below.

Oct–Dec 2025:	Hosting North, South and Central Locality events with the local communities to share our findings and gain further insight. The outcome of our Community Ideas Workshops and upcoming Locality event will further develop the Locality Plans 2026-36
Early 2026	Further community engagement and consultation on draft Locality Plans 2026–36
May 2026	Approval of Locality Plans by Locality Empowerment Groups and Priority Neighbourhood Partnerships
June 2026	Final North, South and Central Locality Plans submitted for approval to Community Planning Board and Integration Joint Board

Recommendations for Action

It is recommended that members of the Management Group:

- i) Note the North, South and Central Locality Plan learning journeys setting out the revision of the Plans to date and the emerging priorities and ideas for improvement; and
- ii) Endorse the proposal that the Locality Plans align to the Social Determinants of Health and the next steps for the development of the Locality Plans 2026–36.

Opportunities and Risks

Stakeholder and community participation lies at the heart of locality planning, and applies in the development, design and delivery of plans as well as in their review, revision and reporting. Consultation is not enough – Community Planning Aberdeen and the integrated locality planning team is committed to securing the participation of communities throughout. Following the public engagement held between 24th March to 18th May 2025, the Community Ideas Workshops provided another key stage in the development of the Locality Plans 2026-36 ensuring that communities are at the heart of the design and development of the respective locality plans. The upcoming Locality events will further this development process and provide communities with an opportunity to review and refine proposals. Further engagement will take place early 2026.

The Locality Plans help direct resources to people and communities who need support the most across various outcomes. They support the Aberdeen City Local Outcome Improvement Plan and the Aberdeen City Health and Social Care Strategic Plan, along with other partner strategies. Most importantly, they facilitate stronger cooperation between community groups and public services, allowing for the pooling of resources, skills, and assets to achieve shared priority outcomes.

Consultation

The following people were consulted in the preparation of this report:

- Michelle Crombie, Strategic Lead – Prevention and Community Empowerment
- Integrated Locality Planning Team
- ACHSCP Senior Leadership Team
- ACHSCP Strategic Planning Group
- North, South and Central Locality Empowerment Group members
- Priority Neighbourhood Partnerships

Background Papers

[Local Outcome Improvement Plan](#)

[North Locality Plan](#)

[Central Locality Plan](#)

[South Locality Plan](#)

[Locality Plan Annual Reports 2024-25 for North, South and Central](#)

[Population Needs Assessment 2025](#)

[Public Engagement 2025](#)

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Appendix 1: North Locality Plan Learning Journey

Appendix 2: South Locality Plan Learning Journey

Appendix 3: Central Locality Plan Learning Journey

Our Journey So Far...



North Locality Neighbourhoods

Dyce, Danestone, Old Machar, Denmore, Balgownie & Donmouth, Bucksburn,
Heathryfold, Middlefield, Kingswells, **Northfield, Cummings Park**, Sheddocksley,
Mastrick, Summerhill

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North Locality Asset Wall

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Areas for improvement and emerging ideas

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Social Determinants of Health

8

Our next steps



Introduction

Since our “Your Place, Your Plans, Your Future” consultation in March, Community Planning Aberdeen partners have been working together to host Community Idea Workshops across the city. These workshops are all about bringing people together to share ideas that can help improve local areas. We're focusing on actions we can take together – whether that's building skills and confidence, working in partnership, or finding extra funding. At the heart of this work is a commitment to trust, community ownership, and making sure everyone feels a strong sense of identity and belonging. By listening to lived experiences and using local data, we're supporting communities to shape the future in ways that matter most to them.



Your Place, Your Plans, Your Future

From March to May 2025 we invited the local people to tell us what they thought was good and what could be better in their community.

This engagement was a combination of the following:

- online survey for adults
- online survey designed for children and young people •
- 6 locality events, with specific activities designed by the Aberdeen Youth Movement and Aberdeen Ambassadors for children and young people
- outreach programme where we went to 98 groups/schools/locations across Aberdeen and facilitated participation to meet people's needs.

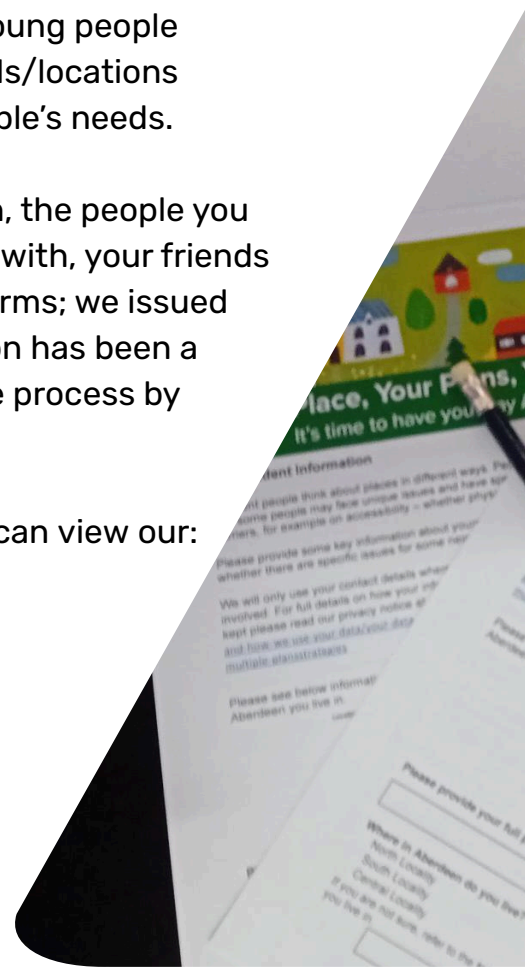
We reached out to you, through the services you connect with, the people you know, the community and third sector group you are involved with, your friends and family. We also used our networks and social media platforms; we issued press releases and got stories in newsletters. Your contribution has been a valuable part of this exercise. You can find out more about the process by watching this short [video](#).

To see all of the data and responses to the engagement, you can view our:

[North Engagement Summary Report](#)

and

[Population Needs Assessment \(PNA\)](#).



Community Ideas Workshops

At the workshops, we explored the key areas for improvement identified across the North Locality before thinking of practical ideas to address them. Through a fun and interactive approach, community members identified the strengths and assets already present in their communities—such as people, places, and groups—and brainstormed ways to use these to make a difference. Whether attendees were part of a local group or simply passionate about their area, contributions were valued and recorded to help shape the Locality Plans. Outreach sessions and a digital option was offered as an alternative for those unable to attend a full workshop. The sessions encouraged collaboration and community-led solutions and were supported and co-delivered by Community Planning partners.

Community Ideas Workshops were delivered to the following community groups across the North Locality:

- Northfield, Mastrick, Middlefield, Cummings Park and Heathryfold Neighbourhood Partnership
- North Locality Empowerment Group
- ACC Tenant Participation Group
- Carers Reference Group
- BSL Outcome Engagement Group
- Cash First Lived Experience Group
- Aberdeen in Recovery Lived Experience Group
- Children and Young People Forum
- ACC Sheltered Housing Tenant Participation Group
- Dyce Knit and Natter
- Bridge of Don Mens Shed
- Middlefield Community Project
- Northfield Community Association
- Cummings Park Community Association
- Mastrick Community Association
- Mastrick Community Council



North Community Asset Wall

Byron Square

shmu

Volunteers

**Jacqui
Innes**

**Byron Football
Club**

**Community
Buildings**

**Middlefield
Hub**

**Middlefield
Hub**

**Byron Square
Northfield Pool
and Gym**

**Centre Based
Staff**

Mugga

**Northfield
Community
Centre**

**Cummings
Park
Centre**

**Safe
Space**

Pathways

**Community
Spirit**

**Northfield
Church**

**Food
Banks**

**Mastrick
Community
Centre**

Skate Park

**Andys Mans
Club**

**Mastrick
Library**

**Uniformed
Organisations**

**Dyce
Community
Centre**

The People

**Youth
Groups**

**Northfield
Academy
the Crew**

**Mastrick
Pensioners
Club**

The Cubby

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Dyce Church

Reduce the no. of people living in poverty

What the Community is telling us could be better:

- Address the lack of jobs including those for young people due to closure of local industries
- Improve the struggle to find staff by some employers
- Improve connectivity between residential and employment areas makes accessing jobs difficult

What the data is telling us:

- **Fuel Insecurity** 10.3% of people in the North Locality worried they would not be able to heat their home compared to 16% of people living in Priority Neighbourhoods
- **Unemployment** Unemployment claimants in the North Locality at July 2025 is 1,260, up from 1% in July 2024
- **Food Insecurity** 10.4% of people in the North Locality worried they would not have enough food to eat, compared to 10.9% of people living in Priority Neighbourhoods
- **Children in low income families** North Locality households with a low income, have 2,011 children aged 15 years and under

Reduce the no. of people living in Poverty

Emerging community ideas for improvement:

- Local work experience opportunities
- North jobs fayre
- Employability courses to prepare for work
- School uniform swap scheme
- better quality and healthier foods at food banks
- Roll out Cash First scheme to maximise income of people really struggling with cost of living
- Create more opportunities for ASN family members to participate and learn to become independent
- Provide financial support people to take on apprentices

Public Sector Partners

Adult Learning:

- Co-Design Pathways:
Increased engagement of marginalised groups in learning and volunteering
- Trauma Informed Learning:
Increased confidence, resilience, and connection for adult learner

Aberdeen Health and Social Care Partnership:

- Upscale Confidence to Cook Scheme

Community Partners

- CFINE
- Middlefield Community Project
- Cummings Park Community Association
- Northfield Community Centre
- NESCAN
- shmu
- Mastrick Community Centre
- Business Gateway

Improve the physical health and wellbeing of people

What the community is telling us could be better:

- More vital community facilities – libraries, sport centres
- More Doctors/ Dentists, better GP facilities
- More infrastructure including Doctors/Dentists, shops, schools, leisure facilities to support a growing population
- More affordable activities for all ages and abilities at appropriate times – outdoor gyms, ball courts, skate parks, benches, playgrounds, community gardens
- More support and increased access to support for low income families, the elderly, additional support needs, new residents and for life events like bereavement

What the data is telling us:

- **Drug related hospital stays** in North Locality was 147 people per 100k, lower than the City average of 181 per 100k
- **Mental Health** 20.5% of people in North Locality are prescribed drugs for anxiety, depression or psychosis, this is slightly lower than the Aberdeen City figure of 17.4%
- **Life Expectancy** in the North Locality for 2021-23 was on average 81 years for women and 77 years for men
- **Suicide** The rate of death from suicide in the North Locality is 12.6 per 100,000, this is below the Aberdeen City average of 11.1 per 100,000 of the population

Improve the physical health and wellbeing of people

Emerging community ideas for improvement:

- Mobile drop in health facilities- GPs and dentists
- Need community events/groups set up to support men and teenage boy's mental health and wellbeing
- Talent hunt or community events to enable young people to showcase their skills or talent
- Create cooking competitions
- Greater promotion of healthy eating in the community by working with primary schools
- Increase food education in primary schools - to identify, taste and learn how to make things with different fruit and veg
- More chair based yoga sessions in communities catering for children and young people with disabilities and special needs
- Base as many key services all under one roof i.e. post office, pharmacy, community centre - close to schools and housing

Public Sector Partners

Youth Work:

- Focus on engagement with 18-25-year-olds: Increased engagement this age group to support wellbeing and positive destinations
- Creating mechanisms for youth voice and decision making: Increased confidence, resilience, and influence of young people

Aberdeen Health and Social Care Partnership:

- Whole System Approach to Public Mental Health
- PEEP programme: Healthier Families
- Me2 Early Learning and Childcare
- Childsmile

Community Partners

- Northfield Community Centre
- Fit Like Hub
- shmu
- Middlefield Community Project
- Mastrick Community Centre
- Cummings Park Community Association
- Cummings Park Flat
- Sport Aberdeen

Support local volunteering opportunities

What the community is telling us could be better:

- Celebrate volunteering plus improve promotion and engagement with volunteer opportunities
- More inclusive engagement with underrepresented groups such as those with disabilities.
- Increase inclusive opportunities to interact with different cultures and faiths

What the data is telling us:

- **Youth Volunteering** 1622 young people from North Locality received a Saltire Award
- **Counselling** 100% of schools in North Locality offer counselling and Active School activities

Support local volunteering opportunities

Emerging community ideas for Improvement:

- Volunteer drivers to take people to GP appointments
- Publicise volunteering opportunities in schools and youth groups
- Develop volunteering in younger age groups (under 60)
- Support third sector to recruit more volunteers
- Develop an online platform which shows which community groups need more volunteers or members

Public Sector Partners

Adult Learning:

- Increased engagement of marginalised groups in learning and volunteering

Community Development:

- Test new participation models

Aberdeen Health and Social Care Partnership:

- Upscale Confidence to Cook Scheme

Community Partners

- shmu
- Middlefield Community Project
- Northfield Community Centre
- Cummings Park Community Centre Association
- Cummings Park Flat
- Sport Aberdeen

Early intervention approach targeted at those who are involved in, or at risk of offending

What the community is telling us could be better:

- Youth anti social behaviour - engage young people through positive activities
- More community events, youth clubs and young people friendly spaces to build community identity

What the data is telling us:

- **Anti-Social Behaviour** In 2024 a total of 3,303 Youth Anti-Social Behaviour calls were reported to the police
- **Crimes** In 2024/2025 the most common crimes and offences in Aberdeen City were crimes of dishonesty (5,321), Road Traffic Offences (4,769), and non sexual crimes of violence (3,412) per 10,000 population.
- **Road Safety** In 2023, there were 109 reported road casualties in Aberdeen City of which, 4 were fatalities and 53 were serious injuries. The number of people injured in road traffic accidents has increased in each of the last two years (from 64 in 2021)

Early intervention approach targeted at those who are involved in, or at risk of offending

Emerging community ideas for improvement

- Intergenerational group on accessing musical instruments and tuition for wellbeing and lifelong learning
- Reinstate community youth bus
- Designated space for graffiti - free art walls

Public Sector Partners

Youth Work

- Map Gaps: Establish a baseline and evaluation framework to identify missing youthwork pathways and target support to those most at risk.
- Safe Spaces: Increase access to welcoming, partnership-led spaces for young people, promoting connection and having fun

Community Partners

- AMPED
- Sport Aberdeen
- Mastrick Community Centre
- Alcohol and Drugs Action
- Aberdeen in Recovery
- Cummings Park Community Association
- DSM Foundation

Maximise use of outdoor space to increase food growing opportunities

What the community is telling us could be better:

- Neglected buildings, run down areas, weeds, fly tipping and graffiti
- Increase regular cleaning, frequency of grass cutting, litter collection and dog bins
- More greenspaces and investment/upkeep of greenspaces
- Investment in green technologies
- Improved Paths/Cycling/Walking routes, connected network and improved signposting
- Improved bus routes, costs, reliability, direct routes to key places such as hospitals and green spaces, express routes and linking up with rail services
- Simplify bus gates and low emission zones
- High parking fees, anti social parking and lack of parking spaces in residential areas
- Better street lighting for improved sense of safety
- Increased Police and Community Warden presence, plus increased prosecution ensure resident safety
- Increase safety on busses – anti social behaviour
- Drug dealing/use and its impact on community safety
- Reckless use of vehicles make the community feel unsafe
- Dangerous dogs and incidents of violence

What the data is telling us:

- **Severe Weather** 51.8% of people in North Locality were worried about severe weather on their homes and local community. This compares to 60% of people who live in priority neighbourhoods
- **Greenspace Satisfaction** 65% of North Locality respondents to the city voice survey reported being satisfied with the overall quality of greenspace/open space compared to 45% of people living in North Priority Neighbourhoods
- **Active Travel** 4.4% of people in the North Locality Cycled compared to the citywide average of 9.5%

Maximise use of outdoor space to increase food growing opportunities

Emerging community ideas for improvement:

- Improve litter picking - more frequent Middlefield litter picks
- Chainsaw art in greenspaces
- Reintroduce proficiency test for cyclists
- Encourage safe cycling from an early age
- Improve access to greenspaces for people with disabilities
- Tool shed library
- Support to develop a neighbourhood watch
- Clean up bus stops and dirty signage in Northfield

Public Sector Partners

Community Development

- Communities will be supported to access the resources that they need to meet their ambitions for themselves, their families and neighbours.

Health and Social Care Partnership

- Support for local health walks and outdoor exercise

Community Partners

- Danestone Community Centre
- Dyce Community Garden and Orchard
- Sport Aberdeen
- Cummings Park Community Association
- Cummings Park Flat

Increase the number of people and groups involved in making improvements and decisions in their community

What the community is telling us could be better:

- More inclusive engagement with underrepresented groups such as those with disabilities.
- Increase inclusive opportunities to interact with different cultures and faiths
- Improve poor response times, substandard repairs and improve communication – council

What the data is telling us:

- **Community Information:** Just under half (51%) of City Voice respondents from the North Locality agreed they know where to find information about what is happening in their community
- **Identity and Belonging:** The North Locality's sense of identity and belonging scored 3.8 out of 7
- **Community Cohesion:** 39.4% of City Voice respondents in the North Locality agreed they felt part of the community they live in

Increase the number of people and groups involved in making improvements and decisions in their community

Emerging community ideas for improvement:

- Encourage designated spaces for graffiti - free walls for people to do art on
- Create murals on buildings
- Bring back community galas
- Make swings more accessible
- Neighbourhood picnics
- Community conversations
- Make templates for funding applications available for communities
- explore more cross neighbourhood funding applications
- Work with groups that support underrepresented or disadvantaged groups, listen to the people not just group reps
- Increase education and materials to all communities and provide factual information for all. This may help prevent misinformation on marginalised groups i.e. refugees and asylum seeker

Public Sector Partners

Family Learning

- Maximise use of community spaces - improved capacity and resilience

Community Development

- Exploring and test participation models - increased development of community strengthens and enhances their existing skills and abilities
- Leverage for community focused wealth building - Communities are supported to access the resources that they need to meet their ambitions for themselves, their families and neighbours
- Create opportunities for regular collaboration across CLD partnerships to progress CLD priorities

Community Partners

- All Community Groups and Organisations

Social Determinants of Health

Our current Locality Plans are themed by Economy, People, Place and Communities. We are proposing to change the themes to the Social Determinants of Health, this will align with other local strategies. The Social Determinants of Health themes are:

Economic Stability

Health and Social Care

Children, Families and Lifelong Learning

Neighbourhood and Environment

Communities and Housing

What are the Social Determinants of Health?

Social determinants of health are the everyday things in our lives that affect how healthy we are. They are not about hospitals or medicine, but about the conditions we live in.

People living in priority neighbourhoods may face more health-related challenges due to a range of social and economic factors. These communities often show great resilience, but can experience inequalities in access to healthcare, healthy environments, and other supports that influence wellbeing.

Why It Matters

Understanding social determinants helps us see that health is about more than just doctors and medicine. To improve health for everyone, we need to:

- Make sure people have good jobs, homes, and education.
- Support communities and reduce poverty.



NEXT STEPS

October- December 2025

- We will host a North Locality event with the local community to share our findings and gain further insight,
- The outcome of our Community Ideas Workshops and upcoming Locality event will further develop the North Locality Plan 2026-36

Early 2026

- Further community engagement and consultation on the draft North Locality Plan

June 2026

- Submission of the final North Locality Plan

Keep up to date with the development of the North Locality Plan 2026-36, scan the QR code or follow this link:

<https://communityplanningaberdeen.org.uk/locality-plan-review/>



Our Journey So Far...



South Locality Neighbourhoods

Culter, Cults, Bieldside, Milltimber & Countesswells, Hazlehead, Braeside, Mannofield, Broomhill, Seafield, Garthdee, Ferryhill, **Torry**, Cove, **Kincorth**, Leggart & Nigg

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Introduction

Since our “Your Place, Your Plans, Your Future” consultation in March, Community Planning Aberdeen partners have been working together to host Community Idea Workshops across the city. These workshops are all about bringing people together to share ideas that can help improve local areas. We're focusing on actions we can take together – whether that's building skills and confidence, working in partnership, or finding extra funding. At the heart of this work is a commitment to trust, community ownership, and making sure everyone feels a strong sense of identity and belonging. By listening to lived experiences and using local data, we're supporting communities to shape the future in ways that matter most to them.



Your Place, Your Plans, Your Future

From March to May 2025 we invited the local people to tell us what they thought was good and what could be better in their community.

This engagement was a combination of the following:

- online survey for adults
- online survey designed for children and young people •
- 6 locality events, with specific activities designed by the Aberdeen Youth Movement and Aberdeen Ambassadors for children and young people
- outreach programme where we went to 98 groups/schools/locations across Aberdeen and facilitated participation to meet people's needs.

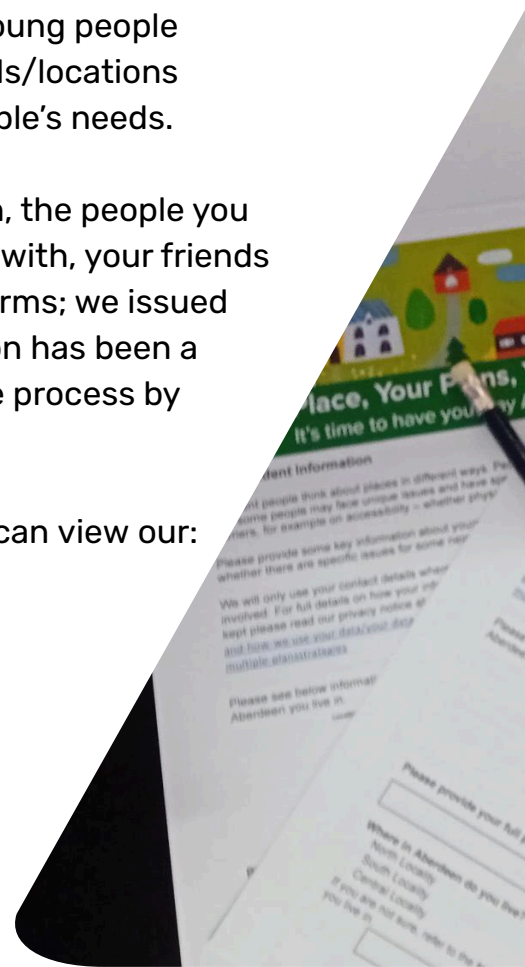
We reached out to you, through the services you connect with, the people you know, the community and third sector group you are involved with, your friends and family. We also used our networks and social media platforms; we issued press releases and got stories in newsletters. Your contribution has been a valuable part of this exercise. You can find out more about the process by watching this short [video](#).

To see all of the data and responses to the engagement, you can view our:

[South Engagement Summary Report](#)

and

[Population Needs Assessment \(PNA\)](#).



Community Ideas Workshops

At the workshops, we explored the key areas for improvement identified across the Central Locality before thinking of practical ideas to address them. Through a fun and interactive approach, community members identified the strengths and assets already present in their communities—such as people, places, and groups—and brainstormed ways to use these to make a difference. Whether attendees were part of a local group or simply passionate about their area, contributions were valued and recorded to help shape the Locality Plans. Outreach sessions and a digital option was offered as an alternative for those unable to attend a full workshop. The sessions encouraged collaboration and community-led solutions and were supported and co-delivered by Community Planning partners.

South Community Ideas Workshops Delivered:

- Torry Partnership
- South Locality Empowerment Group
- ACC Tenant Participation Group
- Carers Reference Group
- BSL Outcome Engagement Group
- Cash First Lived Experience Group
- Aberdeen in Recovery Lived Experience Group
- Children and Young People Forum
- ACC Sheltered Housing Tenant Participation Group
- Torry Soup and Sannies
- Cutler Mens Shed
- Deeside Rotary Club
- Inchgarth Community Centre
- Bridge Centre Toddlers Group
- Knit and Natter Torry
- Mens South Church
- Souperb Torry
- Kincorth Community Centre



South Community Asset Wall

Skate Parks

Big Noise

Deeside Way

**Bridge
Centre**

**Deeside
Rotary Club**

**St. Fitticks
Park**

**Nigg
Bay**

**Cults
Community
Council**

**Balnagask
Community
Centre**

**Greyhope
Community Hub**

shmu

**Torry
Heritage**

**Community
Spirit**

HALLA

**The
people**

**Neale Cooper
Cruyff Court**

**Cults
Community
Centre**

**Fishing
Industry**

Greyhope Bay

**Kincorth
Community
Centre**

**Inchgarth
Community
Centre**

**Mens
Groups**

**Old Torry
Community
Centre**

**Torry sea,
landscape and
parks**

Dolphins

**Swimming
Pool**

**Tullos
Community
Garden**

Libraries

Torry Dancers

Torry Battery

Volunteers

PNP

Reduce the no. of people living in poverty

What the community is telling us could be better:

- Rising costs for recreational and community facilities are a concern, with calls for more budget-friendly options.
- Support for Aberdeen to embrace renewable energy while maintaining collaboration with traditional sectors like oil and gas.
- Support for vulnerable groups, risk of homelessness, substance use, social care, food banks, affordable housing

What the data is telling us:

- **Fuel Insecurity** 10.3% of people in the South Locality worried they would not be able to heat their home compared to 16% of people living in Priority Neighbourhoods
- **Food Insecurity** 10.4% of people in the South Locality worried they would not have enough food to eat, compared to 10.6% of people living in Priority Neighbourhoods

Reduce the no. of people living in poverty

Emerging community ideas for improvement:

- More free/low cost groups for people with young families
- Repurpose underused community spaces or empty buildings as co-working hubs to draw remote workers back into local areas
- improve access to food provision - food to create meals

Public Sector Partners

Adult Learning:

- Increased engagement of marginalised groups in learning and volunteering

Aberdeen Health and Social Care Partnership:

- Upscale Confidence to Cook Scheme

Community Partners

- CFINE
- Torry People's Assembly
- NESCAN

Improve and create employment opportunities

What the Community is telling us could be better:

- **Employment and Skills:** challenges in finding local jobs and meaningful skill-building opportunities, particularly for young people and students
- **Support for Local Businesses:** High business rates discourage local enterprise; participants call for revitalisation efforts.

What the data is telling us:

- **Unemployment** Unemployment claimants in the South Locality at July 2025 is 1,260, up from 5% in July 2024
- **Children in low income families** South Locality households with a low income, have 1,506 children aged 15 years and under

Improve and create employment opportunities

Emerging community ideas for improvement:

- Local mentor programme for young people
- Accessible jobs fayre
- Peer support for new business owners

Public Sector Partners

Youth Work:

- Focus on engagement with 18–25-year-olds: Increased engagement this age group to support wellbeing and positive destinations

Adult Learning:

- Increased confidence, resilience, and connection for adult learners

Business Gateway

Community Partners

- shmu

Support children and young people to achieve their maximum potential

What the community is telling us could be better:

- Need for better education on societal issues including knife crime and violence
- Activities for Young People: Need for more clubs and safe spaces for children and families
- Accessibility of recreational facilities, cost, physical access

What the data is telling us:

- **Youth Volunteering** 1123 young people from South Locality received a Saltire Award
- **Counselling** 100% of schools in South Locality offer counselling and Active School activities

Support children and young people to achieve their maximum potential

Emerging community ideas for improvement:

- Police to give talks in school - peer led contribution using local people and lived experience
- Need to reopen indoor sport centre in Torry
- Provide more funding and opportunities for youth led activities locally

Public Sector Partners

Youth Work

- Map Gaps: Establish a baseline and evaluation framework to identify missing youthwork pathways and target support to those most at risk.
- Safe Spaces: Increase access to welcoming, partnership-led spaces for young people, promoting connection and having fun

Community Partners

- Streetsport
- Balnagask Community Centre
- Torry Dancers
- VicTorry
- Jesus House
- Sport Aberdeen
- The Bridge
- Friends of St Fitticks Park
- Big Noise Torry

Focus on early intervention, prevention actions to improve physical and mental wellbeing outcomes

What the community is telling us could be better:

- Health services access to GPs dentists, long wait times and insufficient mental health support
- lack of services/closure of services
- Housing supply - there are a lot of vacant properties
- policing and security more visible policing, especially in the city centre and around schools
- Street lighting inadequate lighting causes feelings of insecurity

What the data is telling us:

- **Drug related hospital stays** in South Locality was 116 people per 100k, lower than the City average of 181 per 100k
- **Mental Health** 16.9% of people in South Locality are prescribed drugs for anxiety, depression or psychosis, this compares to 20.5% of people in North Locality which is highest in the city
- **Life Expectancy** in the South Locality for 2021-23 was on average 82 years for women and 79 years for men
- **Suicide** The rate of death from suicide in the South Locality is 10.4 per 100,000, lower than the Aberdeen City average of 11.1 per 100,000 of the population

Focus on early intervention, prevention actions to improve physical and mental wellbeing outcomes

Emerging community ideas for improvement:

- Put drug alert messages on digital roadway signs
- Develop drug testing sites- where safety and content of non-prescribed drugs could be tested
- Develop a mens shed (Torry)
- Develop a banking hub in Cults to enable local banking
- Create neighbourhood watch to increase feeling safe in communities

Public Sector Partners

Adult Learning

- Support Refugees: Continue offering integration opportunities for people seeking refuge.

Community Development

- Enable agile, community-led responses to global disruptions to strengthen local resilience and support

Aberdeen Health and Social Care Partnership:

- Community Appointment Days
- Promotion of Aberdeen Vaccination and Wellbeing Hub as a city centre one stop shop for health and wellbeing

Community Partners

- Aberdeen in Recovery
- Alcohol and Drugs Action
- Friends of St Fitticks Park
- The Bridge
- DSM Foundation

Identify and maximise the use of green space: community food growing and community garden access

What the community is telling us could be better:

- Indoor and outdoor options to accommodate changing weather
- Maintenance and cleanliness for better upkeep of public spaces including parks, streets and buildings, dog fouling
- Cycling and Walking: Lack of safe, well-maintained cycle routes and pedestrian paths.
- Public Transport: Dissatisfaction with bus services—cost, reliability, overcrowding, and poor connectivity.
- Roadworks and Parking: Frustration with ongoing roadworks and limited, expensive parking—especially in the city centre.

What the data is telling us:

- **Severe Weather** 49.6% of people in South Locality were worried about severe weather on their homes and local community. This compares to 73.7% of people who live in priority neighbourhoods
- **Greenspace Satisfaction** 69.6% of South Locality respondents to the city voice survey reported being satisfied with the overall quality of greenspace/open space compared to 47.4% of people living in Central Priority Neighbourhoods
- **Active Travel** 15.6% of people in the South Locality Cycled compared to the citywide average of 6.3%

Identify and maximise the use of green space: community food growing and community garden access

Emerging community ideas for improvement:

- Increase cycle tracks in neighbourhoods to encourage cycling
- Develop a tool lending library
- Community unpaid work team to help maintain greenspace-community wish list
- Develop a park at Balnagask greenspace
- Develop Walker Park, Torry
- Signs to encourage bikes user to use their bells for safer use for pedestrians
- Maintain benches along the Deeside way
- More community litter picks

Public Sector Partners

Community Development

- Communities will be supported to access the resources that they need to meet their ambitions for themselves, their families and neighbours.

Health and Social Care Partnership

- Support for local health walks and outdoor exercise

Community Partners

- Tullos Wildlife Garden
- Friends of St Fitticks Park
- Sport Aberdeen

Increase the number of people and groups involved in making improvements and decisions in their community

What the community is telling us could be better:

- Desire for more social and recreational spaces not centred around alcohol.
- Libraries and community hubs are valued, with calls for better access and opening hours.
- Need for more clubs and safe spaces for children and families.
- Suggestions for more festivals and events to build social cohesion.
- Communities feel unheard in consultations and want clearer communication and more transparency in decision-making.
- Community events and opportunities are poorly advertised; better promotion is needed.

What the data is telling us:

- **Community Information:** Just under half (50.4%) of City Voice respondents from the Central Locality agreed they know where to find information about what is happening in their community
- **Identity and Belonging:** The South Locality's sense of identity and belonging scored 4.2 out of 7
- **Community Cohesion:** 46% of City Voice respondents in the South Locality agreed they felt part of the community they live in

Increase the number of people and groups involved in making improvements and decisions in their community

Emerging community ideas for improvement:

- Create a lending library in existing community spaces
- local parades with floats- themed, judged and sponsored
- Develop more communications that show 'you said, we did'
- Better utilise local community websites to share information
- develop a supportive system to support local volunteers
- More information shared and support available to encourage local community asset transfer
- Install physical community noticeboards sharing key information and keep it up to date

Public Sector Partners

Family Learning

- Maximise use of community spaces - improved capacity and resilience

Community Development

- Exploring and test participation models - increased development of community strengthens and enhances their existing skills and abilities
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Our Journey So Far...



Central Locality Neighbourhoods

Ashgrove, City Centre, Froghall, **George Street**, Hanover, Hilton, Midstocket, Old Aberdeen, Powis, Rosemount, **Tillydrone**, **Seaton**, **Stockethill**, Sunnybank, West End and **Woodside**

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Introduction

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From March to May 2025 we invited the local people to tell us what they thought was good and what could be better in their community.

This engagement was a combination of the following:

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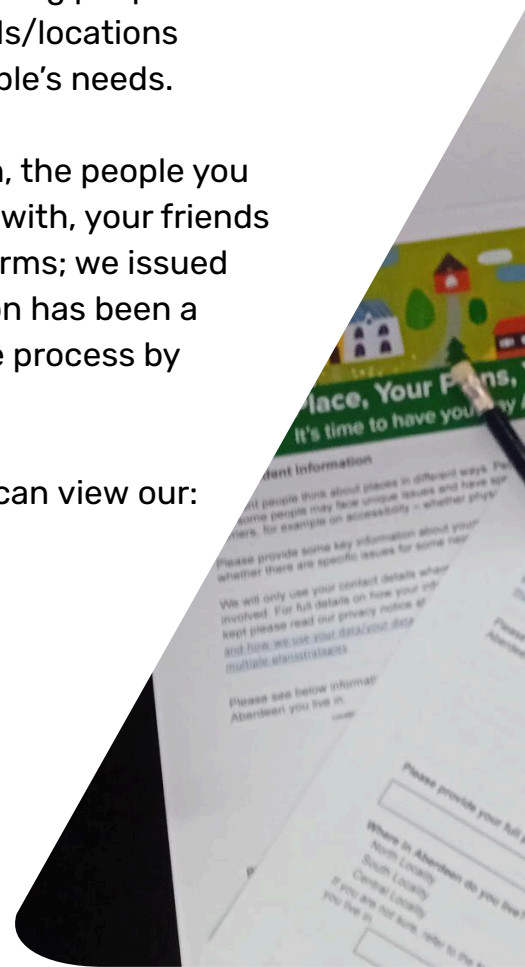
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Community Ideas Workshops

At the workshops, we explored the key areas for improvement identified across the Central Locality before thinking of practical ideas to address them. Through a fun and interactive approach, community members identified the strengths and assets already present in their communities—such as people, places, and groups—and brainstormed ways to use these to make a difference. Whether attendees were part of a local group or simply passionate about their area, contributions were valued and recorded to help shape the Locality Plans. Outreach sessions and a digital option was offered as an alternative for those unable to attend a full workshop. The sessions encouraged collaboration and community-led solutions and were supported and co-delivered by Community Planning partners.

Community Ideas Workshops were delivered to the following community groups across the Central Locality:

- Tillydrone, Woodside and Seaton Priority Neighbourhood Partnership
- Central Locality Empowerment Group
- Cornhill Soup and Sannies
- ACC Tenant Participation Group
- Carers Reference Group
- BSL Outcome Engagement Group
- Cash First Lived Experience Group
- Aberdeen in Recovery Lived Experience Group
- Children and Young People Forum
- Fersands and Sandilands SCIO
- ALC Aberdeen
- Tillydrone Community Campus
- Woodside and Hilton Community Council
- ACC Sheltered Housing Tenant Participation Group
- Aberdeen Skate Park Group
- Rosemount and Midsocket Mens Shed
- Tillydrone Community Council
- Powis Community Council
- Ashgrove and Stockethill Community Council
- Woodside Network



Central Community Asset Wall

**Woodside
Community Centre**

The Lighthouse

**Willie Miller
Cruyff Court**

**Station House
Media Unit**

**Seaton
Park**

**Off the Rails
Community Garden**

**Hilton Community
Centre**

Printfield Project

**Cornhill
Community
Centre**

**Fresh Community
Wellness Group**

Denis Law Legacy Trail

**Tilly
Flat**

**Stewart
Park**

**Fersands and
Fountain SCIO**

**Seaton Community
Council**

**Earth
and Worms**

**Seaton Community
Centre**

**Volunteer Community
Workers**

**Community
Spirit**

**STAR
Flat**

Woodside Shops

**Tillydrone Community
Campus**

**Woodside
Network**

ALC Aberdeen

**St. Georges
Community Centre**

**Community
Gardens**

Reduce the no. of people living in poverty

What the community is telling us could be better:

- More job and training opportunities/availability of apprenticeships
- Support for start-ups and community wealth building.
- Support for local business challenges and the economic environment
- Addressing impact of remote working on small businesses.
- More opportunities for further education/lifelong learning opportunities
- Provide basic amenities to address food, childcare, clothing, hygiene, period poverty
- More support people who experience fuel and transport poverty

What the data is telling us:

- **Fuel Insecurity** 21.% of people in the Central Locality worried they would not be able to heat their home compared to 26.3% of people living in Priority Neighbourhoods
- **Unemployment** Unemployment claimants in the Central Locality at July 2025 is 2,610, up from 6.1% in July 2024
- **Food Insecurity** 7.3% of people in the Central Locality worried they would not have enough food to eat, compared to 8.1% of people living in Priority Neighbourhoods
- **Children in low income families** Central Locality households with a low income, have 2,094 children aged 15 years and under

Reduce the no. of people living in poverty

Emerging community ideas for improvement:

- Local help for people to fill out forms - universal credit etc
- Easier access to job centre- local drop ins
- community-led skills workshops (e.g. digital skills, trades, creative industries) run by local volunteers, retired professionals, or partnerships with colleges.
- Create peer support networks where small businesses share resources, advice, and training
- Encourage peer-to-peer learning exchanges, where people trade skills (e.g. "I teach you sewing, you teach me Excel").
- Partner with local universities/colleges for outreach courses delivered locally (evening classes, flexible learning)
- Repurpose underused community spaces or empty buildings as co-working hubs to draw remote workers back into local areas

Public Sector Partners

Adult Learning:

- Increased engagement of marginalised groups in learning and volunteering
- Increased confidence, resilience, and connection for adult learner

Aberdeen Health and Social Care Partnership:

- Upscale Confidence to Cook Scheme

Business Gateway

Community Partners

- CFINE
- Fersands and Fountain SCIO
- Seaton Management Committee
- NESCAN
- STAR Flat
- The Lighthouse
- Fresh Community Wellness
- ALC Aberdeen
- shmu
- Printfield Project
- Tilly Flat
- Pathways

Improve mental health and wellbeing of the population

What the community is telling us could be better:

- More social activities for young people are needed
- Taking a more preventative, population health approach to promoting and protecting mental health (PNA)

What the data is telling us:

- **Drug related hospital stays** in Central Locality was 248.5 people per 100k, significantly higher than the City average of 181 per 100k. Central Locality has the highest rate of drug related hospitalisations in the city
- **Mental Health** 15.9% of people in Central Locality are prescribed drugs for anxiety, depression or psychosis, this compares to 20.5% of people in North Locality which is highest in the city
- **Life Expectancy** in the Central Locality for 2021-23 was on average 80.5 years for women and 75.2 years for men
- **Suicide** The rate of death from suicide in the Central Locality is 10.5 per 100,000, lower than the Aberdeen City average of 11.1 per 100,000 of the population

Improve mental health and wellbeing of the population

Emerging community ideas for improvement:

- Increase outdoor exercise opportunities
- Develop more youth work delivery/staff support

Public Sector Partners

Youth Work:

- Focus on engagement with 18–25-year-olds: Increased engagement this age group to support wellbeing and positive destinations
- Creating mechanisms for youth voice and decision making: Increased confidence, resilience, and influence of young people

Aberdeen Health and Social Care Partnership:

- Whole System Approach to Public Mental Health
- PEEP programme: Healthier Families
- Me2 Early Learning and Childcare
- Childsmile

Community Partners

- Sport Aberdeen
- STAR Flat
- Fersands and Fountain SCIO
- Aberdeen FC Community Trust
- Fresh Community Wellness
- ALC Aberdeen

Ensure people can access services timely through a person-centred approach

What the community is telling us could be better:

- Access to services like libraries, GP surgeries, and shops.
- Expansion of activities at local churches and use them as health hubs with GPs and health workers.
- More access to information on events and activities
- More varied and accessible play equipment for young people

What the data is telling us:

- **Stay Well Stay Connected** 369 people attended the – Grampian Gathering, held at the Beach Ballroom on 12 October 2024 which celebrated active ageing. 60 attendees were from Central Locality
- **Youth Volunteering** 878 young people from Central Locality received a Saltire Award
- **Counselling** 100% of schools in Central Locality offer counselling and Active School activities

Ensure people can access services timely through a person-centred approach

Emerging community ideas for improvement:

- Develop community led programme of events throughout the year
- More information on where to access support following any medical diagnosis
- Make doctors more accessible - drop in sessions? not just digital means to book appointments

Public Sector Partners

Family Learning

- Cross partner involvement in Family Support Model: Tailored support in homes, schools, and community settings

Aberdeen Health and Social Care Partnership:

- Community Appointment Days
- Promotion of Aberdeen Vaccination and Wellbeing Hub as a city centre one stop shop for health and wellbeing

Community Partners

- Fersands and Fountain SCIO
- Printfield Project
- STAR Flat
- Tilly Flat
- The Lighthouse
- Fresh Community Wellness
- ALC Aberdeen

Create safe and resilient communities

What the community is telling us could be better:

- Addressing concerns about vandalism, antisocial behaviour, and presence of motorbikes.
- Desire for improved police presence and safety measures.
- Lighting in residential and community areas is a safety concern.
- Addressing empty shop spaces

What the data is telling us:

- **Anti-Social Behaviour** In 2024 a total of 3,303 Youth Anti-Social Behaviour calls were reported to the police
- **Crimes** In 2024/2025 the most common crimes and offences in Aberdeen City were crimes of dishonesty (5,321), Road Traffic Offences (4,769), and non sexual crimes of violence (3,412) per 10,000 population.
- **Road Safety** In 2023, there were 109 reported road casualties in Aberdeen City of which, 4 were fatalities and 53 were serious injuries. The number of people injured in road traffic accidents has increased in each of the last two years (from 64 in 2021)

Create safe and resilient communities

Emerging community ideas for improvement:

- Increased mentoring programmes for vulnerable young people
- community art projects
- Affordable lease/rent of community spaces for local groups
- Education on the importance of community services - support to stop vandalism, knife crime etc.
- Use community justice offenders to tidy up roundabouts, plant trees, and pick weeds from pavements

Public Sector Partners

Youth Work

- Map Gaps: Establish a baseline and evaluation framework to identify missing youthwork pathways and target support to those most at risk.
- Safe Spaces: Increase access to welcoming, partnership-led spaces for young people, promoting connection and having fun

Adult Learning

- Support Refugees: Continue offering integration opportunities for people seeking refuge.

Community Development

- Enable agile, community-led responses to global disruptions to strengthen local resilience and support

Community Partners

- Fersands and Fountain SCIO
- shmu
- Sport Aberdeen
- Off the Rails Community Garden
- The Lighthouse
- Fresh Community Wellness
- ALC Aberdeen
- Aberdeen in Recovery
- Alcohol and Drugs Action
- Woodside Network
- The Bridge
- DSM Foundation

Maximise use of spaces in communities to create opportunities for people to connect and increase physical activity

What the community is telling us could be better:

- There is insufficient pedestrian crossings and safety risks during school drop-off/pick-up.
- Accessibility issues for wheelchair users and those with disabilities.
- Highly valued green spaces; desire for more trees, parks, community gardens, and protection from development.
- Need for better maintenance and protection of green spaces.
- Better community and public life
- Need for cleaner streets, more rubbish bins, and better litter/dog fouling management.

What the data is telling us:

- **Severe Weather** 55.7% of people in Central Locality were worried about severe weather on their homes and local community. This compares to 46.9% of people who live in priority neighbourhoods
- **Greenspace Satisfaction** 87% of Central Locality respondents to the city voice survey reported being satisfied with the overall quality of greenspace/open space compared to 81.2% of people living in Central Priority Neighbourhoods
- **Active Travel** 13.1% of people in the Central Locality Cycled compared to the citywide average of 9.5

Emerging community ideas for improvement:

- Create a social enterprise to collect flytipping, rubbish, broken glass, and dog poo and dispose it in a council facility
- Volunteer crossing patrollers at woodside school - increased visibility of wardens at school times
- Create more community ice crews
- Use Walking Scotland funding to improve and open up walking pathways in Tillydrone i.e. St Machar Road
- Encourage people e.g. retired people to work on maintaining and improving parks and greenspaces

Public Sector Partners

Community Development

- Communities will be supported to access the resources that they need to meet their ambitions for themselves, their families and neighbours.

Health and Social Care Partnership

- Support for local health walks and outdoor exercise

Community Partners

- Sport Aberdeen
- Fresh Community Wellness
- ALC Aberdeen
- Community Councils
- NESCAN
- Earth and Worms
- Fersands and Fountain SCIO
- STAR Flat

Increase the number of people and groups involved in making improvements and decisions in their community

What the community is telling us could be better:

- Integration: Integration could improve, with greater recognition and celebration of the international community.
- Better communication and awareness of community organisations and their activities are needed.
- More community events and activities to foster engagement
- Volunteering rates in area could be improved
- Improved access to community facilities

What the data is telling us:

- **Community Information:** Just under half (48%) of City Voice respondents agreed they know where to find information about what is happening in their community
- **Identity and Belonging:** The Central Locality's sense of identity and belonging scored 3.4 out of 7
- **Community Cohesion:** 45,1% of City Voice respondents in the Central Locality agreed they felt part of the community they live in

Increase the number of people and groups involved in making improvements and decisions in their community

Emerging community Ideas for improvement:

- Up-to date notice boards
- Buddy system or "good neighbour" campaign for people new to the area and/or long time locals
- Information Booklets
- local websites
- Community Event- One stop shop for information

Public Sector Partners

Family Learning

- Maximise use of community spaces - improved capacity and resilience

Community Development

- Exploring and test participation models - increased development of community strengthens and enhances their existing skills and abilities
- Leverage for community focused wealth building - Communities are supported to access the resources that they need to meet their ambitions for themselves, their families and neighbours
- Create opportunities for regular collaboration across CLD partnerships to progress CLD priorities

Community Partners

- All Community Groups and Organisations

Social Determinants of Health

Our current Locality Plans are themed by Economy, People, Place and Communities. We are proposing to change the themes to the Social Determinants of Health, this will align with other local strategies. The Social Determinants of Health themes are:

Economic Stability

Health and Social Care

Children, Families and Lifelong Learning

Neighbourhood and Environment

Communities and Housing

What are the Social Determinants of Health?

Social determinants of health are the everyday things in our lives that affect how healthy we are. They are not about hospitals or medicine, but about the conditions we live in.

People living in priority neighbourhoods may face more health-related challenges due to a range of social and economic factors. These communities often show great resilience, but can experience inequalities in access to healthcare, healthy environments, and other supports that influence wellbeing.

Why It Matters

Understanding social determinants helps us see that health is about more than just doctors and medicine. To improve health for everyone, we need to:

- Make sure people have good jobs, homes, and education.
- Support communities and reduce poverty.

NEXT STEPS

October- December 2025

- We will host a Central Locality event with the local community to share our findings and gain further insight,
- The outcome of our Community Ideas Workshops and upcoming Locality event will further develop the Central Locality Plan 2026-36

Early 2026

- Further community engagement and consultation on the draft Central Locality Plan

June 2026

- Submission of the final Central Locality Plan

Keep up to date with the development of the Central Locality Plan 2026-36, scan the QR code or follow this link:

<https://communityplanningaberdeen.org.uk/locality-plan-review/>





Progress Report	CPA Improvement Programme Quarterly Update and Appendices
Lead Officer	Michelle Crombie, Strategic Lead, Prevention and Community Empowerment
Report Author	Nicole Davey, Improvement Programme Officer
Date of Report	14 October 2025
Governance Group	CPA Management Group – 3 November 2025

Purpose of the Report

This report provides an update on the progress towards the 16 Stretch Outcomes and 97 improvement projects within Local Outcome Improvement Plan (LOIP).

Summary of Key Information

BACKGROUND

- 1.1 The refreshed Aberdeen City Local Outcome Improvement Plan (LOIP) was approved by Community Planning Aberdeen Board on 29 April 2024. Within the refresh LOIP there are 16 stretch outcomes which break down the overarching vision for Aberdeen as ‘a place where all people can prosper’ into specific, measurable improvement aims for 2026.
- 1.2 For each stretch outcome, there are a number of shorter term improvement projects which have been identified to deliver the longer terms outcomes. Within the refreshed Local Outcome Improvement Plan there are 97 improvement aims and therefore providing a sharpened focus on areas which require collaboration from partners and application of improvement methodology.
- 1.3 The Local Outcome Improvement Plan is complemented and underpinned by three Locality Plans which describe the Partnership’s asset based approach to working with communities to harness the skills, knowledge, experience and ideas of communities in tackling priority issues. Through the Locality Plans, our communities have said what is important to them and what their priorities for improvement are. In all cases, there is a link between the aspirations of communities to the improvement aims within the Local Outcome Improvement Plan and these connections are detailed in the Improvement Programme, as well as the Locality Plan.

COMMUNITY PLANNING ABERDEEN IMPROVEMENT PROGRAMME 2024-26 – OVERVIEW OF PROGRESS TO DATE

- 2.1 Appendix 1 to the report, provides a high level overview of progress across all 16 Stretch Outcomes (SO), as well as a spotlight on each Stretch Outcome, and the underpinning improvement projects.
- 2.2 Of the 97 aims, 85 are continuing/live, 9 have ended and 3 are to be initiated.

NEW PROJECT CHARTERS

2.3 As per the schedule agreed by the CPA Management Group, a further 2 new project charters were due to this meeting. Neither have been received and the reasons for this detailed below.

Ref	Improvement Aim	Project Manager	Charter Status
2.8	Support 25 individuals to gain employability skills via volunteering opportunities by 2026	TO BE CONFIRMED	Charter delayed for a sixth meeting. Despite efforts a lead for this project has not been identified.
9.4	Increase to 80% the number of community justice clients completing exit questionnaires with 90% of those showing an improvement by 2026.	Health and Social Care Partnership, Justice Social Work, Hazel Flett	Community Planning Aberdeen considered charter and agreed that this was currently single system activity and for that to actioned within the Justice Social Work Delivery Plan and that the Community Justice Group report back at point multi-agency activity was ready to progressed. It was agreed that there was multi agency activity in relation to showing improvement in the various areas recorded within the exit questionnaire.
12.9	Increase accessibility to a wider range of housing options to people at risk of homelessness.	Aberdeen City Council, Mel Booth	A workshop has been held on 25th June and outputs from CHI received. Ambitious proposals developed from that are expected to be embedded within the new 10 year LOIP refresh and 5 year Local Housing Strategy.

IMPROVEMENT PROJECT AIMS ACHIEVED

2.4 The table below provides a breakdown of the number of aims to achieved per year and our progress towards that.

Year	Number of aims to be achieved	No. of aims achieved
2024	10	7
2025	25	10
2026	62	15
Total	97	33

2.5 Once a project has achieved its aim or the date for the aim to be achieved has been reached a project end report is required to be submitted to the CPA Management Group and Board. This is to ensure that the outcomes of the projects are being reviewed in all circumstances and next steps considered. There were 10 aims to be achieved by 2024. 8 project end reports for 2024 have been approved and the other two are being drafted. Aims with a 2025 and 2026 end date are progressing.

NEXT STEPS

2.6 Projects with aims achieved will continue to report on progress to ensure improvement is sustained and thereafter submit a project end report. Projects continue with progress reporting.

Recommendations for Action

It is recommended that the CPA Management Group:

- i) note and consider the overview of progress towards the 16 Stretch Outcomes and 97 improvement projects as contained at Appendix 1, with a focus on those projects with a red ragged status and determine any mitigating actions required prior to submission to the CPA Board;
- ii) approve the proposed rescheduling of the new charters, as detailed at paragraph 2.3 which were due for consideration today.

Opportunities and Risks

Successful delivery of the revised LOIP 2016-26 requires a robust programme management approach to the delivery of the 97 improvement aims. The phased approach to the initiation of the projects in the LOIP to help ensure we are channelling our resources to those projects which are most likely to have the biggest impact. The clear governance arrangements for both continuing and new project charters also ensures that we have effective outcome management arrangements in place to deliver upon the aims in the LOIP in the timescale and supports projects to continue at pace. The process for project leads to connect with communities, provides communities with a number of options for ways to get involved and to be supported where required.

Consultation

Michelle Crombie, Strategic Lead, Prevention and Community Empowerment
CPA Outcome Improvement Groups
CPA Lead Contacts Group
CPA Management Group

Background Papers

[Refreshed LOIP 2016-26](#) and
Refreshed [Central Locality Plan](#), [North Locality Plan](#) and [South Locality Plan](#)

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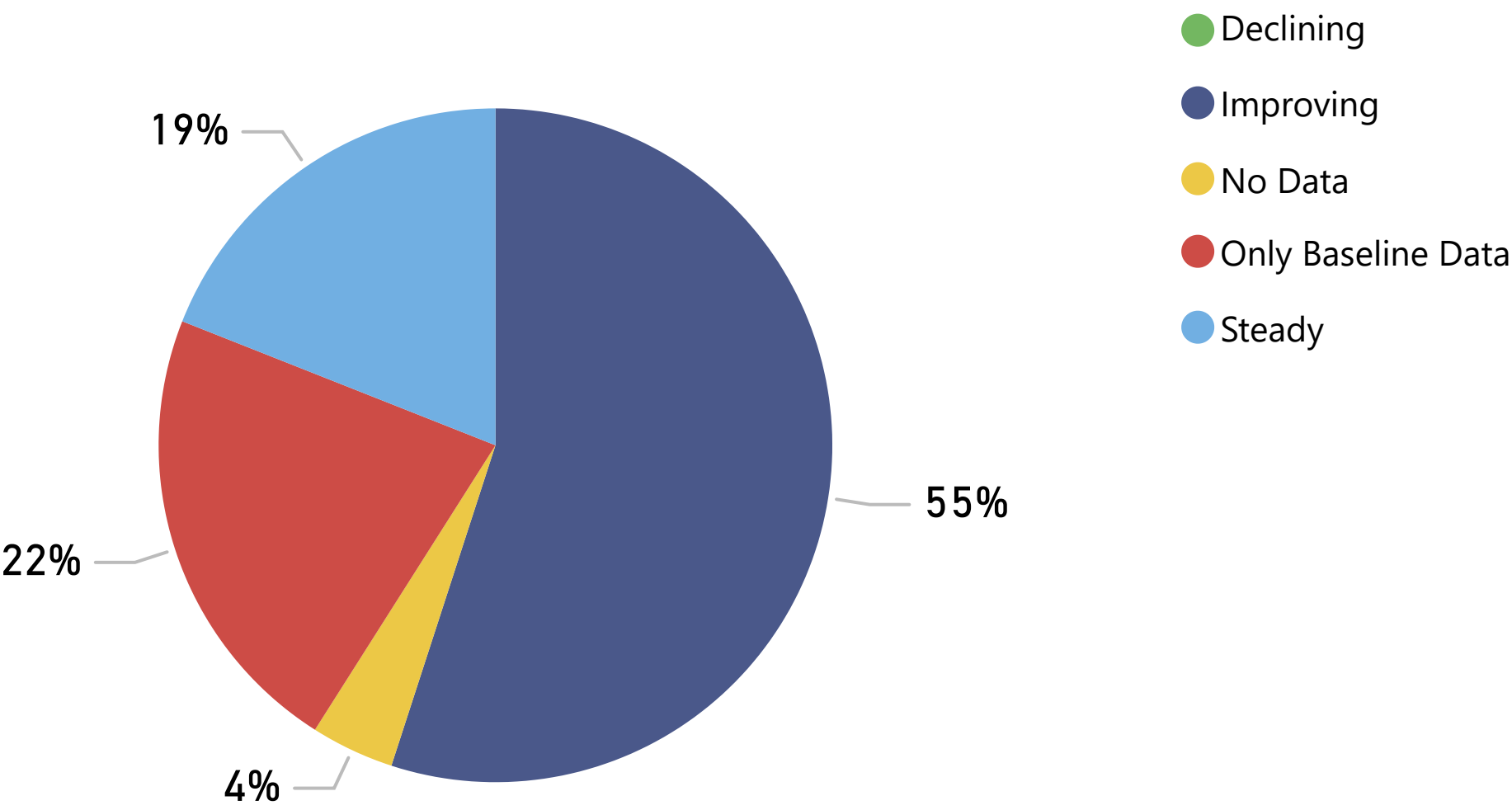
Overview of Progress to Date

No. of Project Aims	No. of Live Project Aims	No. of Aims Achieved	No. of Aims Ended	No. of New Charters Due	No. of New Charters Received	Months Since LOIP Published
97	85	33	9	3	0	17

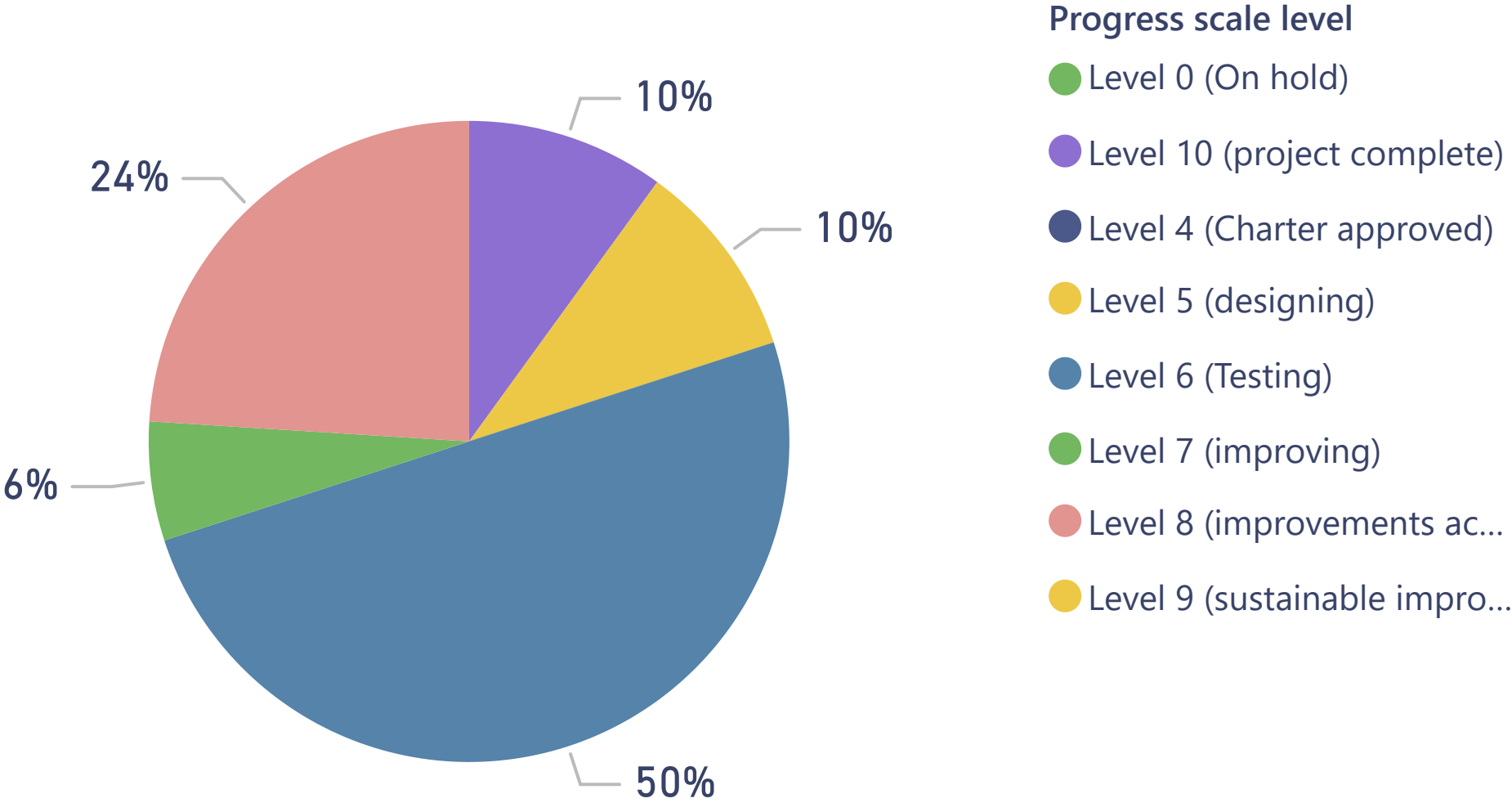
Overview of Progress by Outcome Improvement Group

Index	OIG	No. of Project Aims	No. of Live Project Aims	No. of New Charters Submitted	No. of New Charters still to be submitted	No. of new/revise d charters postponed	No. of Aims Achieved
	Total	97	85	0	3	3	33
1	Anti-Poverty	5	5	0	0	0	4
2	Aberdeen Prospers	8	7	0	1	1	4
3	Children's Services	32	23	0	0	0	17
4	Community Justice	10	9	0	0	0	1
5	Resilient, Included & Supported	8	8	0	1	1	4
6	Alcohol and Drugs Partnership	7	7	0	0	0	0
7	Homewards Aberdeen Coalition	9	8	0	1	1	0
8	Sustainable City	12	12	0	0	0	2
9	Community Empowerment Group	6	6	0	0	0	1

Percentage of Live Projects by Aim Trend



Percentage of Projects by Progress Scale



Stretch Outcomes 1-8: Current Status

Overall Rag Key ● On track ● Off track ● At risk

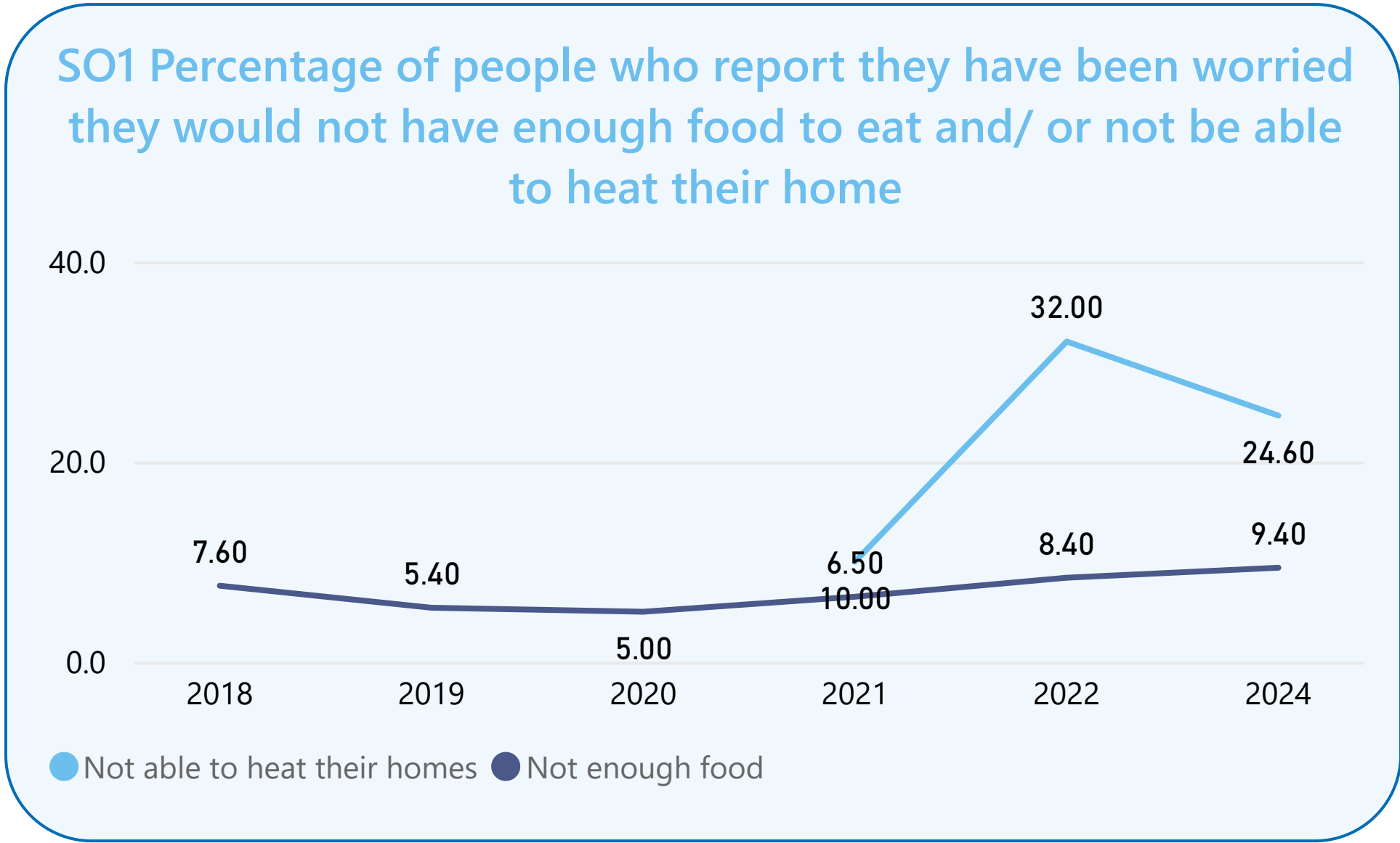
SO	Stretch Outcome	SO Trend	No of LOIP Aims	No. of Live Aims	% of New/ Continuing Charters Approved	No. of Aims Achieved	Overall RAG	Summary and reason for Overall Status
1	20% reduction in the percentage of people who report they have been worried they would not have enough food to eat and/ or not be able to heat their home by 2026.	➡	5	5	100	4	●	All projects progressing. 4 aims achieved
2	74% employment rate for Aberdeen City by 2026.	➡	8	7	88	4	●	Stretch Outcome achieved with a 75% employment rate for 2024. Of the 8 charters, 7 are progressing, with 4 aims achieved. Submission of 2.8 has been delayed for a further meeting.
3	95% of all children will reach their expected developmental milestones by their 27-30 month review by 2026	⬇	5	5	100	3	●	In 2023/24, 86.3% of children met developmental milestones at their 27-30 month reviews, down from 89.8% in 2022/23. This is higher than the rate for Scotland of 83.3%. In 2023/24, 80.4% of eligible children received a 27-30 month review – up from 68.4% in 2022/23. Latest information on the projects continues to indicate positive improvements or steady progress. 3.3 and 3.4 have completed with Project End Reports approved.
4	90% of children and young people report they feel listened to all of the time by 2026.	⬆	5	5	100	1	●	The progress of Projects 4.1/4.2 is still under review with next steps intended to inform priorities for LOIP 2026/36. Project 4.3 now has a new Project Lead and is commencing testing of a Community Appointment Day. Projects 4.4 and 4.5 continue to show positive progress with the Health and Wellbeing Survey for academic year 2024/25 showing improvements in young people reporting they feel both safe and confident, end reports are being drafted for both projects .
5	By meeting the health and emotional wellbeing needs of our care experienced children and young people they will have the same levels of attainment in education and positive destinations as their peers by 2026.	⬆	5	5	100	3	●	Projects are all progressing or complete. There have been positive improvements in a number of areas, including the number of young CE Young Parents supported and number of staff trained in corporate parenting. Projects 5.1 and 5.3 have now concluded and Project End Reports approved, work related to these projects continue and are informing the development of proposed system changes in the LOIP 2026/36.
6	95% of children living in our priority neighbourhoods (Quintiles 1 and 2) will sustain a positive destination upon leaving school by 2026.	⬆	6	6	100	4	●	Latest data (2023/24) shows that the sustained positive destinations for children in SIMD1 have increased slightly by 1.5% (82.9%- 84.4%) and 1.6% for SIMD 2 (83.6%-84.5) since 2022/23. (Scottish Follow Up Leaver Destinations Report (June 2025) The project Team responsible for project 6.6 are currently drafting a project end report having achieved their aim, this will be provided to CPA Board in due course
7	83.5% fewer young people (under 18) charged with an offence by 2026.	➡	5	5	100	4	●	Latest data for 2022/23 shows 590 under 18s were accused of an offence up from 546 in 2021/22, an 8% increase. All projects are now making positive progress with project 7.2 approved at the March CPA Board and project 7.4 having achieved its aim, though the project will progress to the end of 2025 to test sustained changes. 7.1 has also completed its aim.
8	100% of our children with Additional Support Needs/disabilities will experience a positive destination.	⬇	6	6	100	2	●	A new chair has been established for the subgroup responsible for this Stretch Outcome, all projects are now progressing positively or have come to a conclusion. Latest data (2023/24) shows that the sustained positive destinations for children in with ASN/ Disabilities has decreased by 3% (92%-89%).

Trend ⬆ Improving ⬇ Declining ➡ Steady ○ Baseline data only ■ No Baseline Data

SO	Stretch Outcome	SO Trend	No of LOIP Aims	No. of Live Aims	No. of Aims Achieved	% of New/ Continuing Charters Approved	Overall RAG	Summary and reason for Overall Status
9	10% fewer adults (over 18) charged with more than one offence by 2026	↑	10	9	1	80	At risk	Stretch outcome achieved. 1 project aim achieved. 9.6 a new PM to be confirmed and 4 updates due.
10	Healthy life expectancy (time lived in good health) is five years longer by 2026.	↓	8	8	4	100	On track	All charters progressing, four aims have been achieved. One update still due.
11	Reduce the rate of both alcohol related deaths and drug related deaths by 10% by 2026.	→	7	7	0	100	On track	Projects progressing, update as detailed
12	Reduce homelessness by 10% and youth homelessness by 6% by 2026, ensuring it is rare, brief and non-recurring with a longer term ambition to end homelessness in Aberdeen City.	→	9	8	0	80	At risk	Of the 9 live projects, 5 are progressing and 4 updates are due.
13	Addressing climate change by reducing Aberdeen's carbon emissions by at least 61% by 2026 and adapting to the impacts of our changing climate	↑	4	4	1	100	At risk	1 project aim achieved, 1 progressing and 2 updates due.
14	Increase sustainable travel: 38% of people walking; 5% of people cycling and wheeling as main mode of travel and a 5% reduction in car miles by 2026.	→	3	3	0	100	On track	All projects progressing, update as detailed.
15	26% of Aberdeen's area will be protected and/or managed for nature and 60% of people report they feel that spaces and buildings are well cared for by 2026.	↑	5	5	1	100	At risk	1 aim achieved. 3 Updates still due.
16	50% of people report they feel able to participate in decisions that help change things for the better by 2026.	→	6	6	1	100	On track	All projects progressing. 1 Aim achieved and 1 update due.

Stretch Outcome 1: 20% Reduction in the percentage of people who report they have been worried they would not have enough food to eat and/or not be able to heat their home by 2026

Overall Progress



Chair of the Anti Poverty Group - Michelle Crombie, ACC October 2025 Progress Report

Stretch Outcome

Data from the City Voice in June 2024, shows:

- 9.4% of City Voice respondents reported they were worried they would not have enough food to eat – up from 8.4% in December 2022 and 24.6% of City Voice respondents reported they were worried they would not be able to heat their home – down from 32.0% in December 2022.

1.1 Home Energy - Aim achieved

There has been a 1% increase in the % of homes (social housing) with an EPC rating of C or Better between 2023 and 2024, from 91% to 92%.

1.2 Fuel Poverty - Aim achieved

Above 10% increase continues to be sustained. 296 enquiries to SCARF for fuel support between Dec 24- March 2025, of which 187 (63%) were in fuel poverty and 28% removed from fuel poverty following the enquiry/support. This is mainly due to funding from Cost of living fund along with the Scarf voucher fund from the redress funding. 6 months of redress funding still available along with more cost of living funding. We have increased our partnership with access to funding of the Scarf Fuel fund in Aberdeen and across Scotland which has helped with increased visibility and the funds availability to help communities.

1.3 Cash First Initiatives

Progress continues to be made, and on track to achieve aim. There has been a 90% reduction in people accessing emergency food where they have received cash first payments. However, caution should be taken on linking this solely to the cash payments; a key component of the intervention providing wrap-around services which tackle underlying causes. This has been identified as a crucial factor in the cash first approach – meaning ‘cash first, not cash only’. The overall demand for emergency food continues to be extremely high, with CFINE’s food bank regularly exceeding 4,000 food parcels per month.

1.4. Unclaimed Benefits - Aim achieved

Overall, we have continued to see the impact of our online benefit calculator. Between 1 April 2024 to 31 March 2025, 7670 people have used the calculator with £85,773.13 per week benefits identified. Of those who completed the calculator 90% had unclaimed benefits identified, with on average £205 per week of unclaimed benefits identified, compared to £171 per week from April to March 2024. This is a 20% increase since April to March 2024 and a 41% increase since 2023/24 in uptake of unclaimed benefits on average per week through the online benefit calculator.

1.5 Financial Assessments - Aim achieved

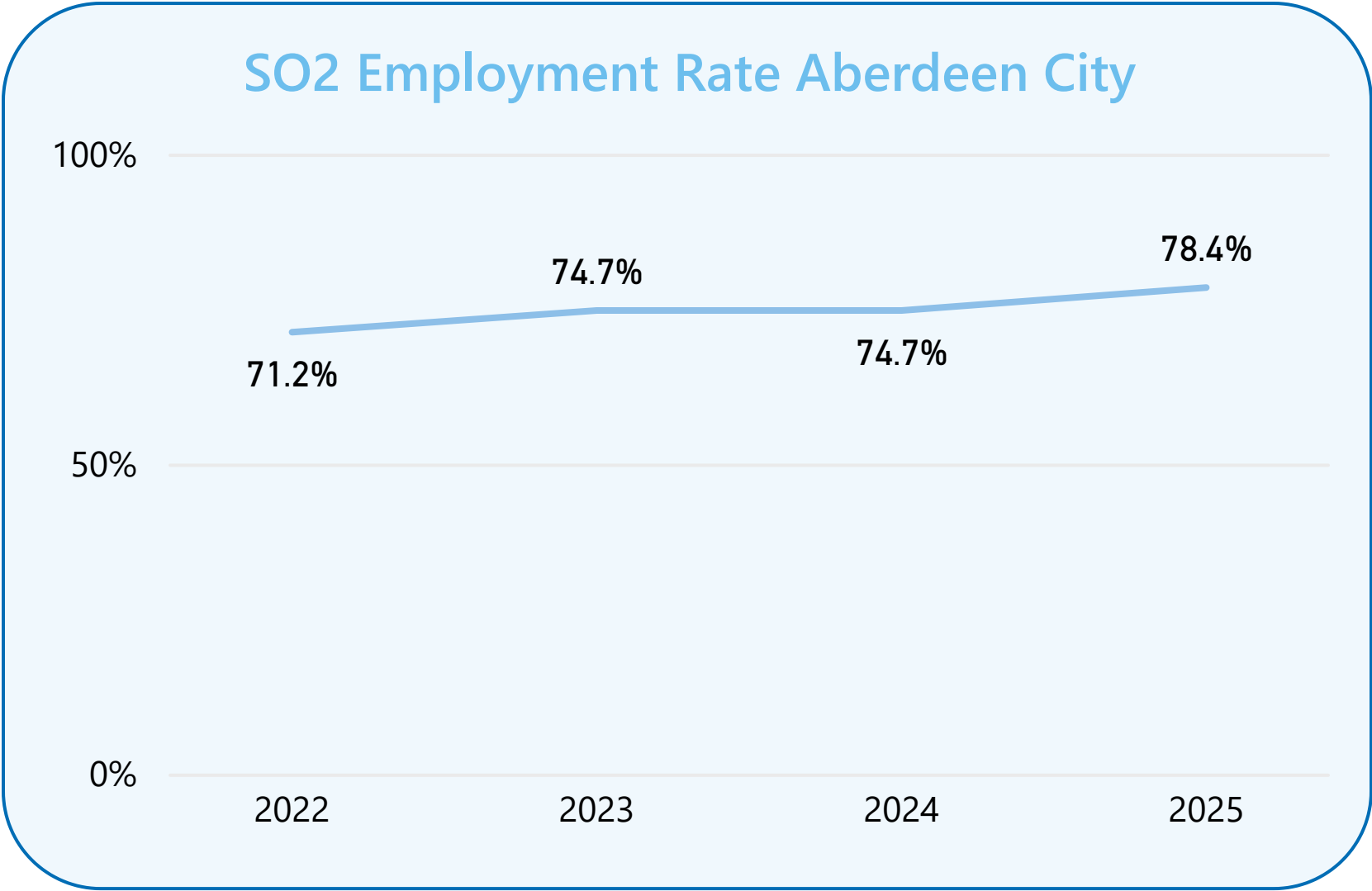
In 2024 there were 1265 homeless presentations in Aberdeen City and through our financial assessments for people presenting as homeless project we are committed to ensuring that everyone presenting as homeless is accessing the benefits they’re entitled to. To support this we have automated our processes so that everyone assessed as statutory homeless receives a link to the online benefit calculator. In 2024, 29.3% (371) people had a benefit check ensuring they were accessing the benefits they were entitled to. Of the 371 people with a benefit check 89.5% (332) had financial gains identified. Total financial gain for 2024 was £181008.03. However, 752 people were unable to be contacted and the project is focusing on changes to improve this and for all to have completed a check.

Project Aim Status

Project Ref.	Project Aim	Project Aim Trend	Project Manager	Project Progress RAG
1.1	Increase to 94% the number of homes (social housing) that meet an EPC rating of C or better by 2026.	↑	ACC, Mark Shaw	★
1.2	10% of people seeking fuel poverty support are no longer in fuel poverty by 2026.	↑	SCARF, Dave Sims	★
1.3	Increase the number of people referred from food banks to cash first initiatives by 10% by 2026.	↑	Cfine, Graeme Robbie	●
1.4	Increase the uptake of unclaimed benefits across Aberdeen City by 10% by 2025.	↑	ACC, Angela Kazmierzak	★
1.5	Ensure 100% of those assessed as homeless are offered a financial assessment to check they are accessing all appropriate benefits by 2025	↑	ACC, Angela Kazmierzak	★

Stretch Outcome 2: 74% employment rate for Aberdeen City by 2026

Overall Progress



Project Aim Status

Project Ref.	Project Aim	Project Aim Trend	Project Manager	Project Progress RAG
2.1	Support 25 people from ethnic minorities into sustained, good quality employment by 2026	○	GREC, Ross Mackay/Maria Jose Pavez	●
2.2	Support 25 people into good quality jobs within Health and Social Care by 2026.	○	NHSG, Gerry Lawrie	●
2.3	Increase employer sign up to the Real Living Wage by 5% year on year to 2026 to achieve Real Living Wage City Status by 2026.	↑	Scottish Enterprise, Martin Barry	★
2.4	Support 100 people into sustained, good quality employment by 2026, with a particular focus on those from priority neighbourhoods and people over 50.	↑	Skills Development Scotland, Nicola Graham	★
2.5	Supporting 100 people to start a business in Aberdeen who will be coming off the benefits system or significantly reducing their benefits through starting a business by 2026.	↑	Business Gateway, Kirstie McLaughlin	★
2.6	Support 40 young parents in training and/or employability provision by 2026	○	TBC	●
2.7	Upskill 50 individuals who are experiencing digital barriers to apply for employment opportunities by 2026.	↑	ACC, Rebecca Craigmile	★
2.8	Support 25 individuals to gain employability skills via volunteering opportunities by 2026	○	TBC	●

Chair of Aberdeen Prospers - Duncan Abernethy, NESCOL
October 2025 Progress Report

Charters/Stretch Outcome

Stretch Outcome achieved with a 74.7% employment rate for 2023. Of the 8 charters, 7 are live and progressing. **Submission of charter 2.8 has been delayed for a another meeting. Despite ongoing efforts a lead for this project has not been identified.**

2.1 Supporting Ethnic Minorities into Employment -Delivered two training sessions to employability providers on the change to digital Biometric Residence Permit to eVisa and NRPF eligibility and perceived and real barriers. The project team has prioritised focusing on creating a map of employability services and referral pathways in Aberdeen, as this will inform several other ideas. Initial mapping efforts have commenced; however, progress has been gradual, reflecting the current level of engagement from partner organisations. The project team acknowledges that wider collaboration will be essential to maximise the value and impact of this work.

2.2 Supporting people into Health and Social Care Jobs - Pre engagement scheme with Foyer not being used as placements to come though Employability Coaches for 13 week paid placements. Based on feedback from current domestic assistants, the Domestic Services Manager (DSM) is leading improvements to the recruitment process, including a more relevant application form tailored for placement candidates. Employability and Skill Team has agreed to support placements for six individuals in domestic assistant roles via Employability Coaches. All internal approvals are now secured. Open sessions supported by the Domestic Services Manager and Aberdeen Foyer have led to fewer than five city- based individuals applying for substantive NHS Grampian posts, with interviews scheduled for September. Foyer has offered pre-interview upskilling, including IT skills, for candidates.

2.3 Real Living Wage - Aim achieved. There are 125 Real Living Wage employers now accredited in Aberdeen -- up from 41 at the creation of the change project in 2019, and a 25% increase on the 100 accreditations at the start of 2024, a 19% increase since Jan 2024, with 41 new employers signed up in 2024.

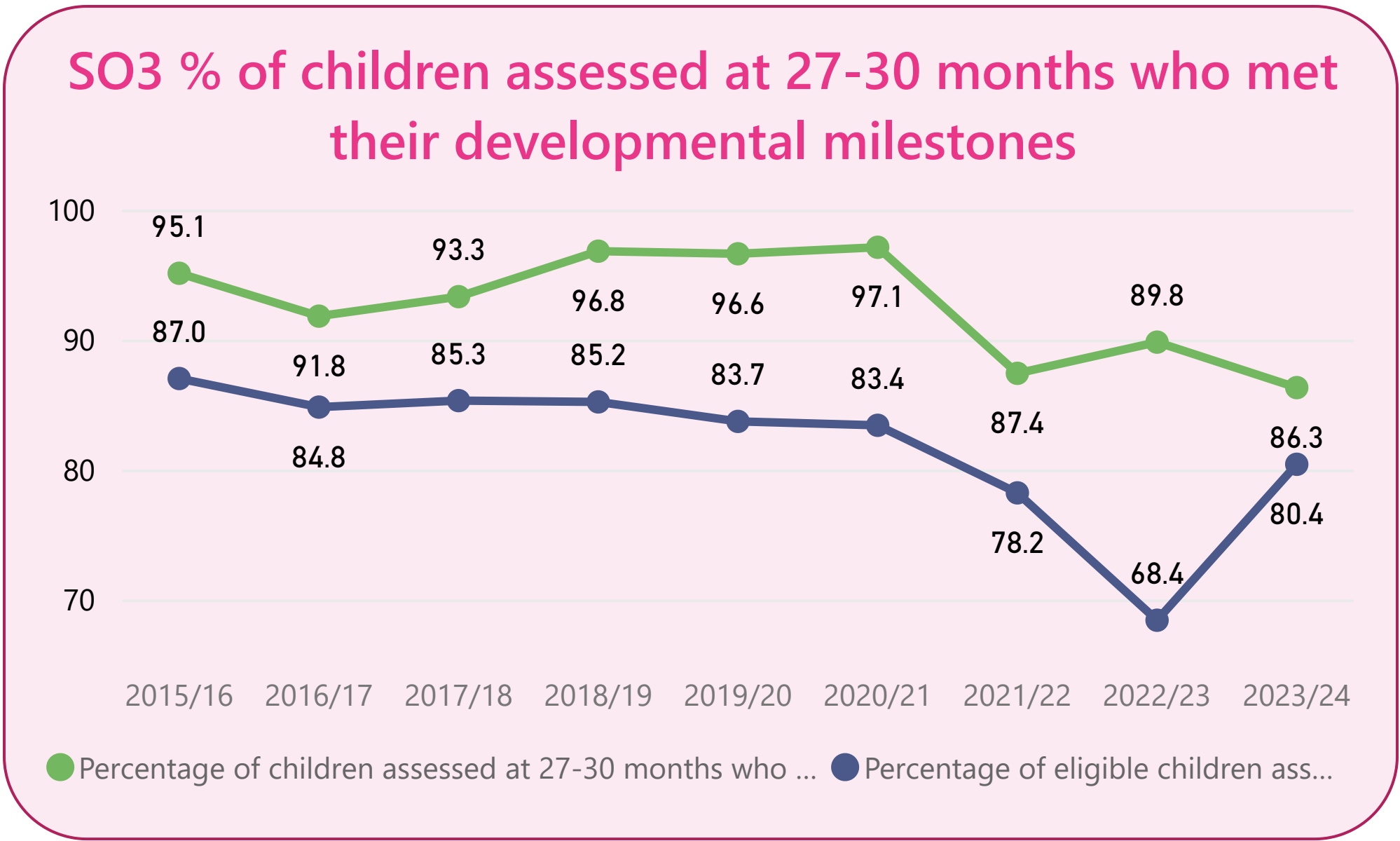
2.4 Over 50s employment - Aim achieved. Project end report being prepared.

2.5 Start Up Businesses - Aim achieved. 243 referrals of individuals in receipt of universal credits who are investigating starting a business since the start of the programme with 110 individuals starting a business which either takes them off universal credits or significantly reduces their universal credits. Also referred a total of 110 businesses for ACC Seed Funds with ABZWorks since the project started.

2.6 Young Parents (YP) - Aimed to develop and test a targeted employability support package for young parents, co-designed with those who have lived experience. The intention was to see if this approach would increase uptake of employability support and opportunities, with participants paid the real living wage for their involvement. Evidence found that the support offered already matched what young parents wanted. However, the 11 young parents involved disengaged by the end of the 12-week project, and there were insufficient resources to develop a dedicated mentorship programme. Based on these findings, the project is now exploring other activities to increase engagement among young parents. Since September 2024, 27 parents aged 25 years or under have registered with ABZWorks; of these, 15 completed a commissioned training course, <5 received seed funding to start a business with support, 6 secured employment, and <5 undertook paid work experience placements.

2.7 Digital Barriers - Aim Achieved. 152 people experiencing digital barriers were supported to apply for employment opportunities. 33 people completed the CV workshop and 35 the job application workshop. 99 laptops were distributed to support employability, and Aberdeen City Libraries now offers public access devices and eResources. Digital and media skills training saw 30 completions and 10 positive outcomes. Sector-specific training had 20 completions and 4 job outcomes.

Overall Progress



Chair or the Children's Services Board - Graeme Simpson, ACC

October 2025 Progress Report

Stretch Outcome/Project Progress

In 2023/24, 86.3% of children met developmental milestones at their 27-30 month reviews, down from 89.8% in 2022/23. This is higher than the rate for Scotland of 83.3%. In 2023/24, 80.4% of eligible children received a 27-30 month review – up from 68.4% in 2022/23.

Latest information on the projects still indicates positive improvements.

3.1 Referrals Arising from parental mental health, addiction and domestic abuse.

Current figures show that less than 5 children met the threshold for social work intervention in 2024 compared to 5 in 2023. 2025 figures so far (Jan-Jun) remain low. The number of individuals identified as having a concern, not meeting the threshold, increased from 22 to 32 (31%) by 2024. Jan to Jun figures for 2025 indicate 12 so far. Interventions continue with the infant massage attendance increasing between June and August, the central locality going from having none to 6 families taking part.

3.2 Peep Programmes

The number of Peep sessions being run remained similar in Jul-Sep to Oct-Dec quarter from 60-61, this dropped slightly in Jan-Mar (46) but has since increased again in Apr-Jun to 53. The number of referrals decreasing slightly from a peak of 399 in Jul-Sep 2024 down to 332 in Apr-Jun 2025 (Updated figures for the July-to-September quarter are still being collated and will be updated in due course).

3.3 Emergency Infant Formula

Aim achieved and Project End Report approved at previous CPA Board. 100% of requests through the Infant Feeding in a Crisis Pathway, being tested with the Family Nurse Partnership and Health Visitors, the Team is now looking to expand the number of professions aware of the process to ensure knowledge of the referral pathway can be shared more widely. The total number of families involved has now increased to 68.

3.4 Parents Completing Full Benefits Check

Project has achieved its aim with a 13% increase in uptake from 3493 in 2022 to 3956 in 2024. The project end report has been approved at CPA Board. The Team continues to look at developing a more sustainable set of referral routes.

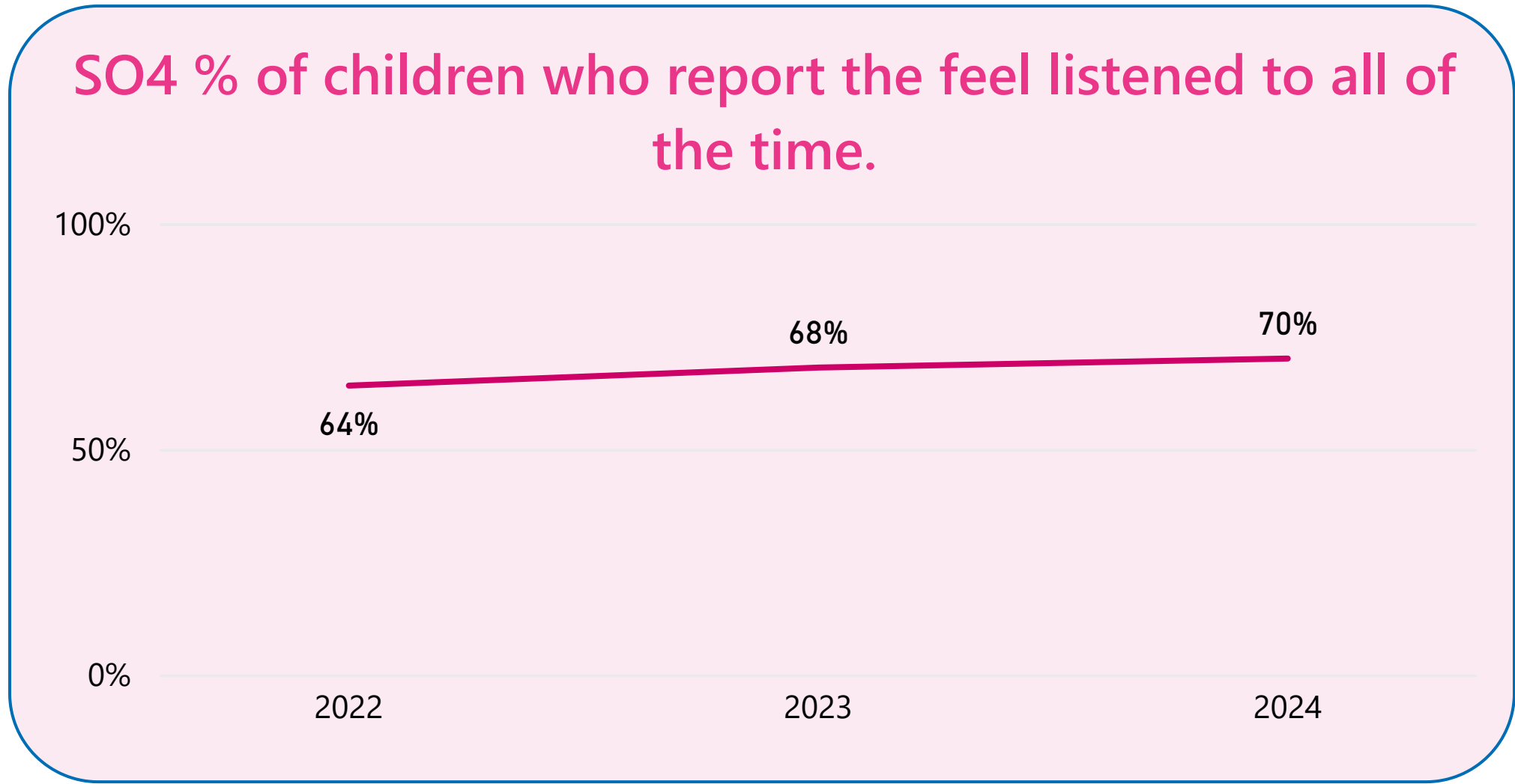
3.5 Dental Health

The project continues to promote dental health widely throughout the community in various shops and services. Including having a presence at bookbug sessions, C-Fine and community centres. A family Wellbeing session at Greyhope will also be taking place in October 2025. The project has supported 30 families to register with a dental practice.

Project Aim Status

Project Ref.	Project Aim	Project Aim Trend	Project Manager	Project Progress RAG
3.1	Reduce by 5% the no. of children aged 0-4 who are referred to Children's Social Work as a result of neglect arising from parental mental health, addiction and domestic abuse 2026.	↑	ACHSCP, Pamela Black	★
3.2	Increase by 40% the number of Peep programmes delivered by multi-agency partners by 2025.	→	ACC, Natasha Martens	●
3.3	100% of urgent requests for first stage infant formula and nutritional support for pre-school children are met by 2024.	↑	NHSG, Emma Williams	★
3.4	Increase by 10% the no. of parents with children under 5 who are completing a full benefits check by 2024.	↑	NHSG, Emma Williams	★
3.5	Improve dental health at primary 1 to the national average by reducing the levels of dental health decay in areas of deprivation to 50% by 2025.	→	NHSG, Pippa Robbie	●

Overall Progress



Chair or the Children's Services Board -Graeme Simpson, ACC

October 2025 Progress Report

Stretch Outcome/Project Progress

70% of young people from academic year 2023/24 reported feeling listed to all of the time, up from 64% in 2021/22.

4.3 based on financial year and to be achieved by April 2025.

4.1 and 4.2 Tier 2/3 services

No data for 2024 or impact of changes and no Project Manager. An update identifying barriers to progress of the project was presented to the CSB in March 2025, the work remains under review and is currently informing the development of proposed children's mental wellbeing systems changes for the draft 2026/36 LOIP

4.3 CEYP Health Assessments

100% of CEYP have health care assessments, however the pathway for the assessments and referral for support is being reviewed. Project aim to be achieved by April 2025. A project end report is currently in draft which provides recommendations for future actions to be taken into LOIP 2026/36. Work continues in the interim. The project is gathering the views of Care Experienced Young People with lived experience of the health assessment and support process as well as piloting community appointment days with a focus on Heath Care Assessment

4.4 Feeling Confident

The Health and Wellbeing Survey for academic year 2024/25 has seen a slight increase of to 45% (1%) of S1-S6s reporting they often or always feel confident. Overall confidence levels have increased by 10% since 2021/22 and the project is preparing an end report.

4.5 Feeling safe

Evidence of positive impact from the Youth Hub projects is emerging. The number of young people reporting they feel safe in their community has increased by 2% from 2021/22 to 2024/25 From 86.2% to 88.5%. Work has commenced in Lochside Academy/ with Torry and Kincorth Youth Action Groups now merged. Staff have now been allocated in 2025/26 to run the Youth Horizons project and the holiday offer tested previously has now become a core offer to young people

Project Aim Status

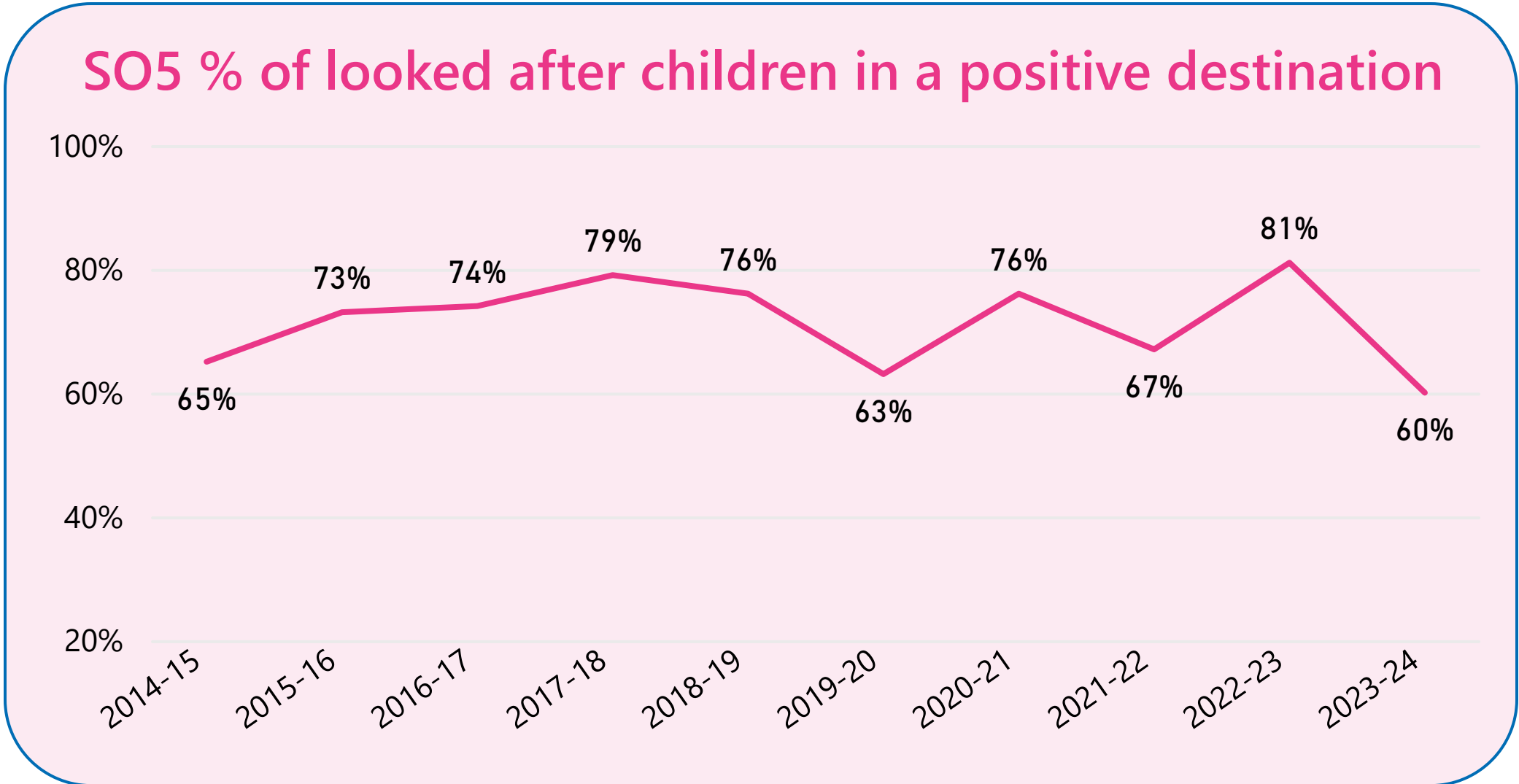
Project Ref.	Project Aim	Project Aim Trend	Project Manager	Project Progress RAG
4.1	Reduce demand on Tier 3 services by 5% by 2026.	○	TBC	●
4.2	Reduce waiting time for interventions starting, by each tier 2/3 service by 5% by 2026.	○	TBC	●
4.3	100% of children leaving care are referred to services that can meet assessed mental health needs within 4 weeks of the health assessment being completed by 2024.	▬	NHSG, Vibha Gaikwad	●
4.4	Increase by 5% the number of S1-S6 pupils who report that they feel confident by 2025.	↑	ACC, Emma Powell	★
4.5	Increase by 10% the % of children living in areas of deprivation who feel safe in their communities by 2025.	↑	ACC, Craig Singer	●

Stretch Outcome 5: By meeting the health and emotional wellbeing needs of our care experienced children and young people they will have the same levels of attainment in education and positive destinations as their peers by 2026

Chair or the Children's Services Board - Graeme Simpson, ACC

October 2025 Progress Report

Overall Progress



Stretch Outcome/Project Progress

In 2023/24, 60% of looked after leavers in Aberdeen City were in a positive destination at follow-up – lower than the rate of 81.3% for 2022/23 and lower than the rate for Scotland of 72.4%. In 2023/24, 78.4% of looked after school leavers had 1 or more qualifications at SCQF level 3 – down from 84.4% in 2022/23 and lower than the rate for Scotland of 84.7%.

5.1 Reduce Number of CEYP

The aim has been achieved and the Project End Report now approved. The recommendations from the End report will inform planning for activity in the 2026/36 LOIP. A number of proposed interventions are aimed at supporting vulnerable families before their needs escalate to the need for social work intervention.

5.2 CEYP Health Assessments

100% of CEYP have health care assessments, however the pathway for the assessments and referral for support is being reviewed. Project aim to be achieved by April 2025. A project end report is currently in draft which provides recommendations for future actions to be taken into LOIP 2026/36. Work continues in the interim. The project is gathering the views of Care Experienced Young People with lived experience of the health assessment and support process as well as piloting community appointment days with a focus on Heath Care Assessment

5.3 Throughcare/Aftercare

The project achieved its aim with a 68% increase in the number of eligible young people receiving aftercare (171 to 288 in 2024). The Project End Report has been approved by CPA Board. Work continues in this area, for instance with the health assessments project and proposed LOIP system changes looking at means to support Care Leavers housing, education and employment needs

5.4 Supporting Care Experienced Young Parents

The project has seen some improvements in recent months with a total of 61 young women have now completed the course with 87% reporting that they feel prepared to be parents by 36 weeks as a result of the support provided (and increase of 4% from 83% in March this year). The project continues to report that 100% of the babies assessed through the project have met their developmental milestones

5.5 Corporate Parenting Training

The project has revised the total workforce figure to 11,590, with 9611 identified as having a role, aligned to support Care Experienced individuals (up from the previously reported figure of 7745). The e-learning module has been completed has now increased from 53% (as of June 2025) to 69.3% in Oct 2025 of ACC staff.

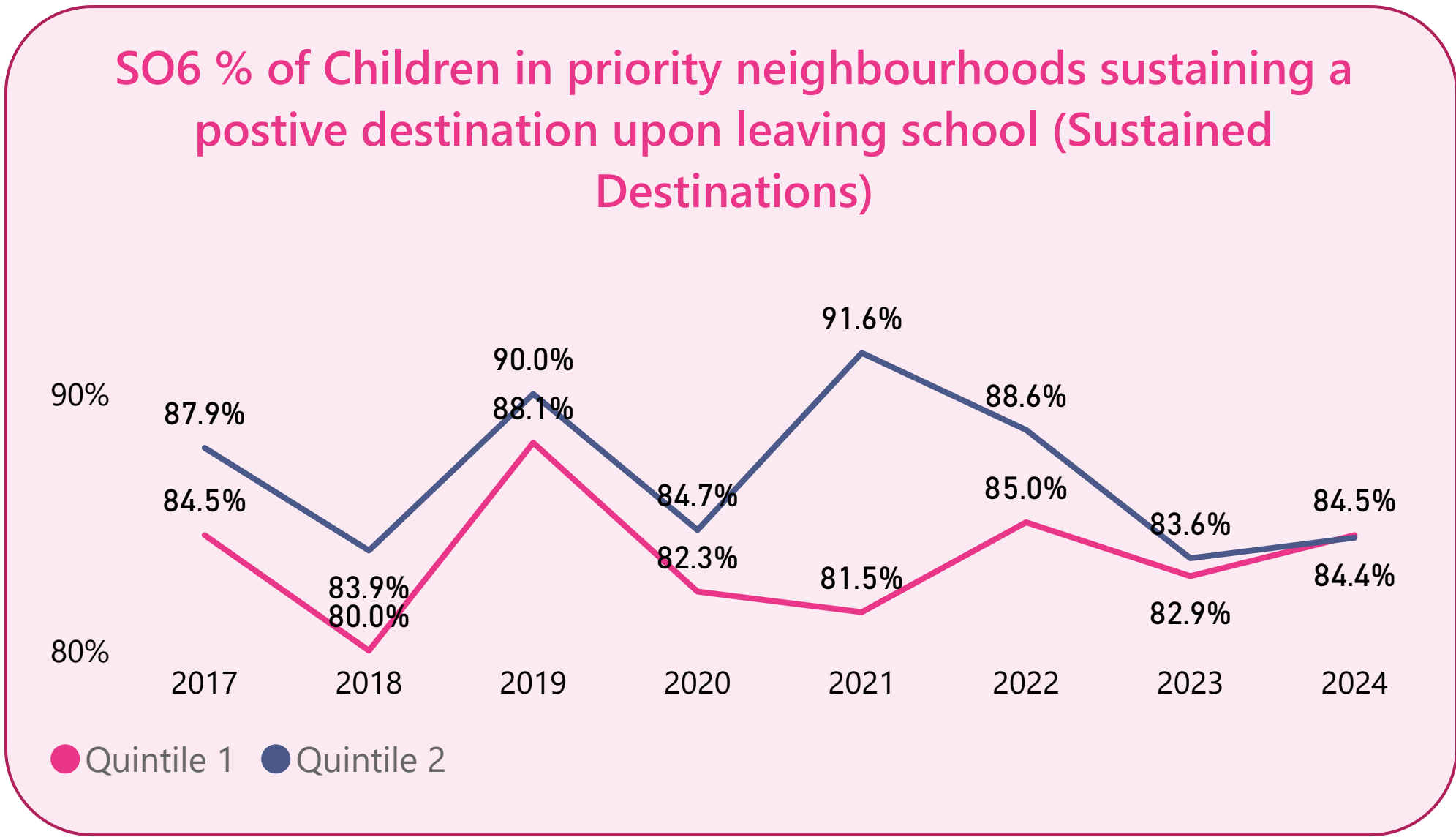
Project Aim Status

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Project Ref.	Project Aim	Project Aim Trend	Project Manager	Project Progress RAG
5.1	Reduce by 5% the number of children entering the care system by 2024.	↑	ACC, Tam Walker	★
5.2	100% of children and young people leaving care are offered a health assessment to identify gaps in their health provision and needs by 2024.	○	NHSG, Vibha Gaikwad	●
5.3	Increase the number of care experienced young people by 10% receiving multiagency throughcare/aftercare support by 2024.	↑	ACC, Isabel McDonnell	★
5.4	80% of care experienced parents will report that they believed they were sufficiently prepared for parenthood by 2026.	↑	NHSG, Bethany Murdoch	★
5.5	80% of the identified multi-agency workforce successfully complete Corporate Parenting training aligned to the Promise by 2025.	↑	ACC, Khrisopher O'Mahoney	●

Stretch Outcome 6: 95% of all our children, including those living in our priority neighbourhoods (Quintiles 1 & 2), will sustain a positive destination upon leaving school by 2026

Overall Progress



Project Aim Status

Project Ref.	Project Aim	Project Aim Trend	Project Manager	Project Progress RAG
6.1	75% of identified multi-agency staff reporting confidence in identifying and taking action on harm by 2026.	↑	ACC, Lisa Williams	●
6.2	Increase to 3 the delivery of co-located and delivered services by health and education by 2024.	↑	ACC, Alison Horne	★
6.3	Increase by 10% the rate of completion of NPA/FA/HNC courses available to young people across the city by 2024.	↑	ACC, Mark Jones	★
6.4	Increase the % of learners entering a positive and sustained destination to be ahead of the Virtual Comparator for all groups by 2025.	↑	ACC, Mark Jones	●
6.5	Increase by 20% the number of young people completing courses aligned to support the digital and tech sector by 2026.	↑	ACC, Charlie Love	★
6.6	Increase to 50 the no. of people completing more integrated health and care courses by 2025.	↑	NESCOL, Alesia Du Plessis	★

Chair or the Children's Services Board - Graeme Simpson, ACC

October 2025 Progress Report

Stretch Outcome/Project Progress

Latest data (2023/24) shows that the sustained positive destinations for children in SIMD1 have increased slightly by 1.5% (82.9%- 84.4%) and 1.6% for SIMD 2 (83.6%-84.5) since 2022/23. (Scottish Follow Up Leaver Destinations Report (June 2025))

6.1 & 8.5 Confidence in Recognising Signs of Harm and Neglect

(updated data for October is pending) Data shows that the number of Practitioners reporting as being extremely confident when identifying neglect has increased by 8%; Practitioners using the word neglect when talking to families has increased by 19%; and Practitioners including the word neglect in written reports had increase by 43% since the project started.

6.2 Co-Located Services

The Project has now achieved its aim having identified now 4 Co-Located Services surpassing its aim of 3. A Project End Report has now been approved by the CPA Board. The project team are continuing to work on increasing the number of children engaged in education through whole family support, which will help inform activity in the development of the new LOIP 2026/36. Latest figures show that the P6/P7s that were supported have maintained their increased level of attendance into S1

6.3 Increase Completion Rate of NPA/FA/HNC

This project has now achieved its aim and Project End Report has been approved at CPA Board. The project has surpassed its aim of 10% since the project baseline of 2021/22 with increases of:
125% completion of NPA (1005 - 2265 students in 2023/24)
20.5% Increase in completion of Foundation Apprenticeships (127 - 156 students in 2023/24)
an increase from 0 HNCs in 2021/22 to 12 in 2022/23 and 9 in 2023/24 respectively.
Updates on the continued and expanded ABZ Campus offer will be provided in due course

6.5 Digital and Tech Courses

In 2023/2024 1128 young people completed digital and tech courses, an increase of **19.75%**. Of the three new digital NPA courses, data for 2023/24 showed:

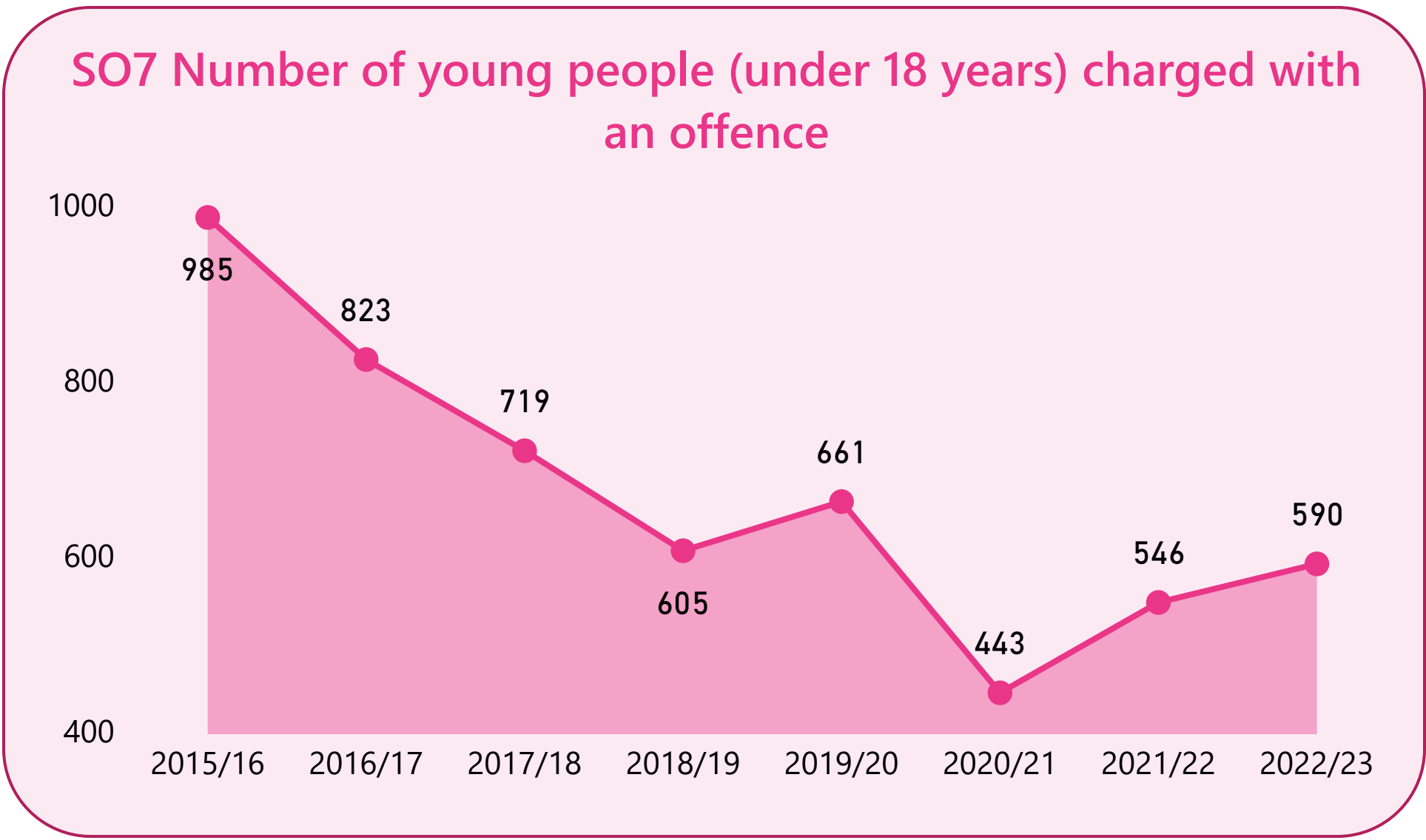
- Esports - that across Level 4 to 6, 16 young people completed the Esports course with a 100% pass rate.
- Games Design, 18 young people completed level 6 with a 100% pass rate, with 54 at level 5 and a 85.19% pass rate and 15 at level 4, with a 66.67% rate.
- Cybersecurity - 79 young people completed level 4 and 5 Cybersecurity, with a 65.52% pass rate for level 4 and 24% for level 5.

Data for 2024/25 still to be provided. The project has faced challenges over 2024/25 with reduced staffing capacity, having difficulty in recruiting to digital and tech subjects, this will likely impact of the figures for 2024/25 and 2025/26 and the overall sustainability/expansion of the work

6.6 Health Care Courses

This project has now achieved its aim of 50 people completing H&SC Courses from the project baseline of 46 in 2021/22 to 149 in 2024/25 an increase of 224%. A Project End Report is currently in development and will come to a future CPA Board

Overall Progress



Project Aim Status

Project Ref.	Project Aim	Project Aim Trend	Project Manager	Project Progress RAG
7.1	Reduce by 20% the number of care experienced young people charged with an offence by 2025.	↑	Police Scotland, Callum Spence	★
7.2	Reduce by 15% the number of care experienced young people reported missing from Children's homes to Police Scotland by 2024.	↑	Police Scotland, Callum Spence	★
7.3	90% of 16/17 year olds appearing at Sherriff Court in relation to Lord Advocate's guidance will have had an assessment of their community support needs by 2025.	↑	ACC, Andrea McGill/Julia Milne	★
7.4	Increase by 5% the no. of 16/17 year olds who are diverted from prosecution by 2025.	↑	ACC, Andrea McGill/Julia Milne	★
7.5	Reduce by 15% the number of instances of youth anti-social behaviour calls to Police Scotland by 2025.	↑	Police Scotland, Fiona Dunn	●

Chair or the Children's Services Board - Graeme Simpson, ACC

October 2025 Progress Report

Stretch Outcome/Project Progress

Latest data for Stretch Outcome for 2022/23 shows 590 under 18s were accused of an offence up from 546 in 2021/22, an 8% increase.

7.1 Care Experienced Young People Cautioned and Charged

With an overall reduction in the monthly average number of Care Experienced Young People charged from 7.39 to 2.75 (62.8%) the project has now achieved its aim and is currently drafting an end report which will be provided to the CPA Board in due course.

7.2 Missing Looked After Children from Care Homes

Aim achieved with less that 5 missing CEYP reported in 2024. A Project End Report was approved at the March CPA Board. The approach developed by the project is now business as usual and has sustains this low figure on an ongoing basis.

7.3 16/17 Year Olds Receiving Community Needs Assessment

The number of children appearing in court form police custody or undertaking continues to increase. In 2023/24 there were 29 children appearing through these routes this increased to 56 in 2024/25. The number of children being assessed has also increased. In 2023/24 65.2% of those who required assessing by the court-based team were met, this increased to 86.11% in 2024/25. The data for 2025/26 is too low at time for writing to be significant. To continue the positive increase in number of children being seen a new information sharing process was launched at a webinar in mid-July 2025. Allowing for easier sharing of information between the relevant teams in children and justice social work, therefore increasing the rate of children being appropriately assed further.

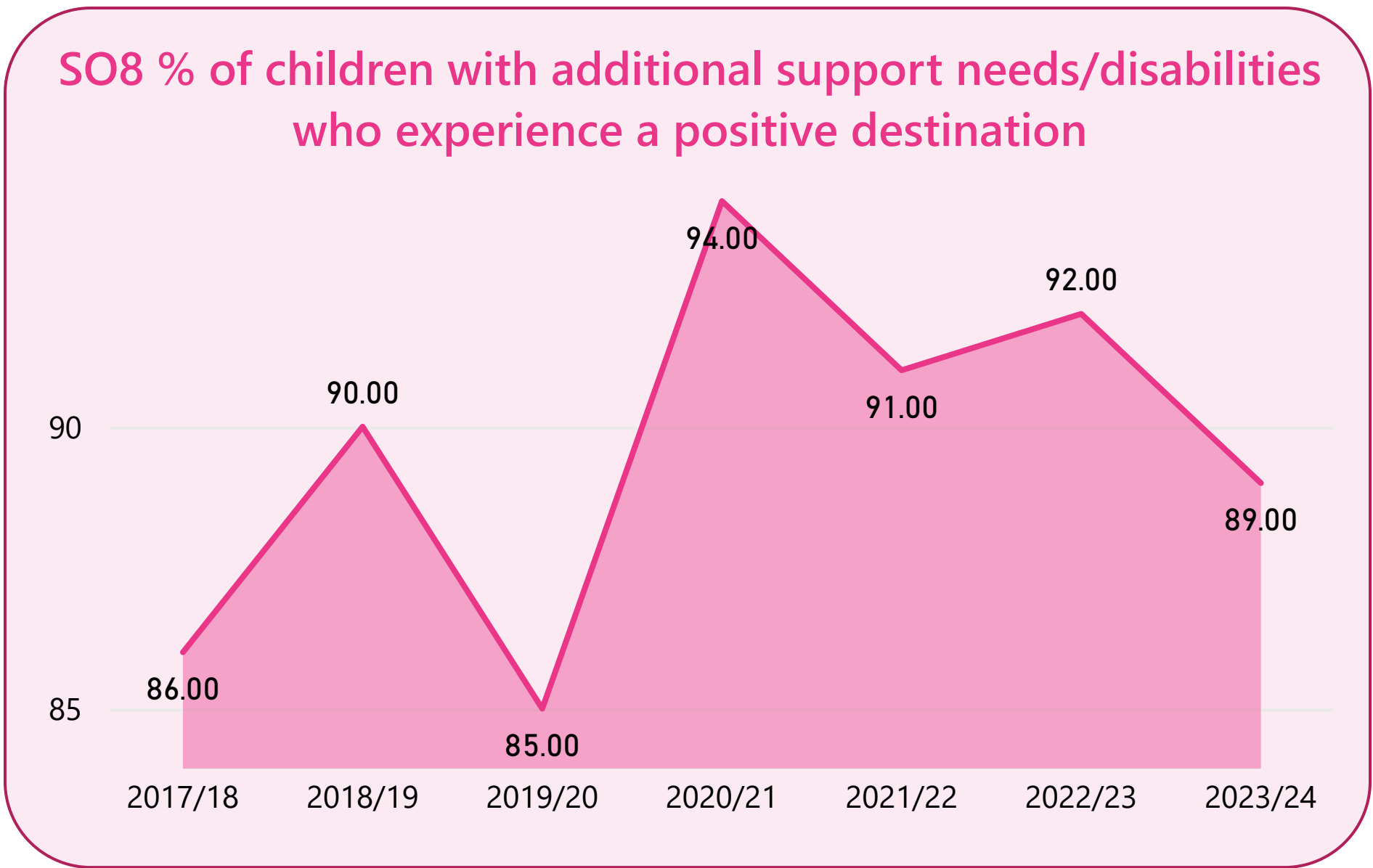
7.4 Diversion from Prosecution

This project has now achieved its aim with an increase in the number of Looked After Children being diverted from prosecution surpassing the target of 15% (75 in 2022- 95 by 2023). This is attributed to the success of the revised guidance, training and toolkit highlighting the information required to support the diversion from prosecution process The project intends to continue into 2025 to further this improvement in relation to the quality and sustainability of the diversionary supports available and to report on 2024 and 2025 data. Learning from this work is also helping to inform the development of the LOIP 2026/26 system changes being drafted.

7.5 Youth Anti Social Behaviour

(awaiting updated figures October 2025) There has been an overall reduction in the number of Anti Social Behaviour Calls from 2023 to 2024 of 129 across the city. Work is ongoing throughout the partnership to engage young people including the Youth Connect Group and easter activities. Month to month figures across the city have seen a slight reduction from 263 in January to 259 in June

Overall Progress



Project Aim Status

Project Ref.	Project Aim	Project Aim Trend	Project Manager	Project Progress RAG
8.1	Increase by 10%, the percentage of children and young people with additional support needs (ASN) and/or a disability accessing full time education by 2026.	↑	ACC, Mhairi Shewan	●
8.2	Increase by 5%, the percentage of young people with additional support needs/disability entering a positive destination by 2025.	↑	ACC, Mhairi Shewan	●
8.3	Increase by 20% the number of registered young carers accessing support from the Young Carers service by 2025.	↑	Barnardos , Nicola Williams	★
8.4	By 2025, 90% of families with children with an additional support need or disability will indicate that they have access to peer and community support that meets their needs.	○	Emma McPherson	●
8.5	90% of identified multi-agency staff working with children and young people with disabilities will report confidence in identifying and taking action on how harm presents in children with additional support needs/disabilities by 2026.	↑	ACC, Lisa Williams	●
8.6	Increase by 20% the number of families of children with autism or awaiting diagnosis accessing support prior to diagnosis and reduce the interval between referral and diagnosis by 2024.	↑	NHSG, Sara Wilson	★

Chair or the Children's Services Board -
Graeme Simpson, ACC

October 2025 Progress Report

Stretch Outcome/Project Progress

Latest data (2023/24) shows that the sustained positive destinations for children in with ASN/ Disabilities has decreased by 3% (92%-89%).

Emma McPherson has recently been appointed as the Lead for the Stretch Outcome 8 subgroup

8.1 Full Time Education

The project have been working on a number of interventions that are having a positive impact, such as delivering key training and techniques through the CIRCLE programme and developing 'Sensory Ambassadors'. In 2022, 83.95% of learners with ASN had an attendance of more than 80%, latest figures for 2024-25 suggest that 87.1% of learners with ASN have an attendance of more than 80%, 89% of disabled learners attendance is more than 80%. In 2022, 1757 learners with ASN/disability had an attendance recorded at less than 80%. This figure is 1686 in 2025, showing an increase of 5.65%.

8.2 Positive Destinations for Those with ASN/Disabilities

92% of School Leavers with ASN/Disabilities gained a positive destination on leaving school in 22/23, a 1% increase from 2021/22 Pupils have been identified and matched with providers to provide bespoke support and post school education, employment and training opportunities for those pupil in need. Initial destination data suggests that 92.5% of School Leavers with ASN /Disabilities gained a positive destination on leaving school in 2023/24, a 0.5% increase from 2022/23 however follow up data suggests an overall reduction to 89%.

8.3 Young Carers

This project has now completed its aim and a Project End Report was approved at the March CPA Board. The project continues to work with partners to identify and support young carers.

8.4 Access to Community and Peer Support for ASN/Disabilities

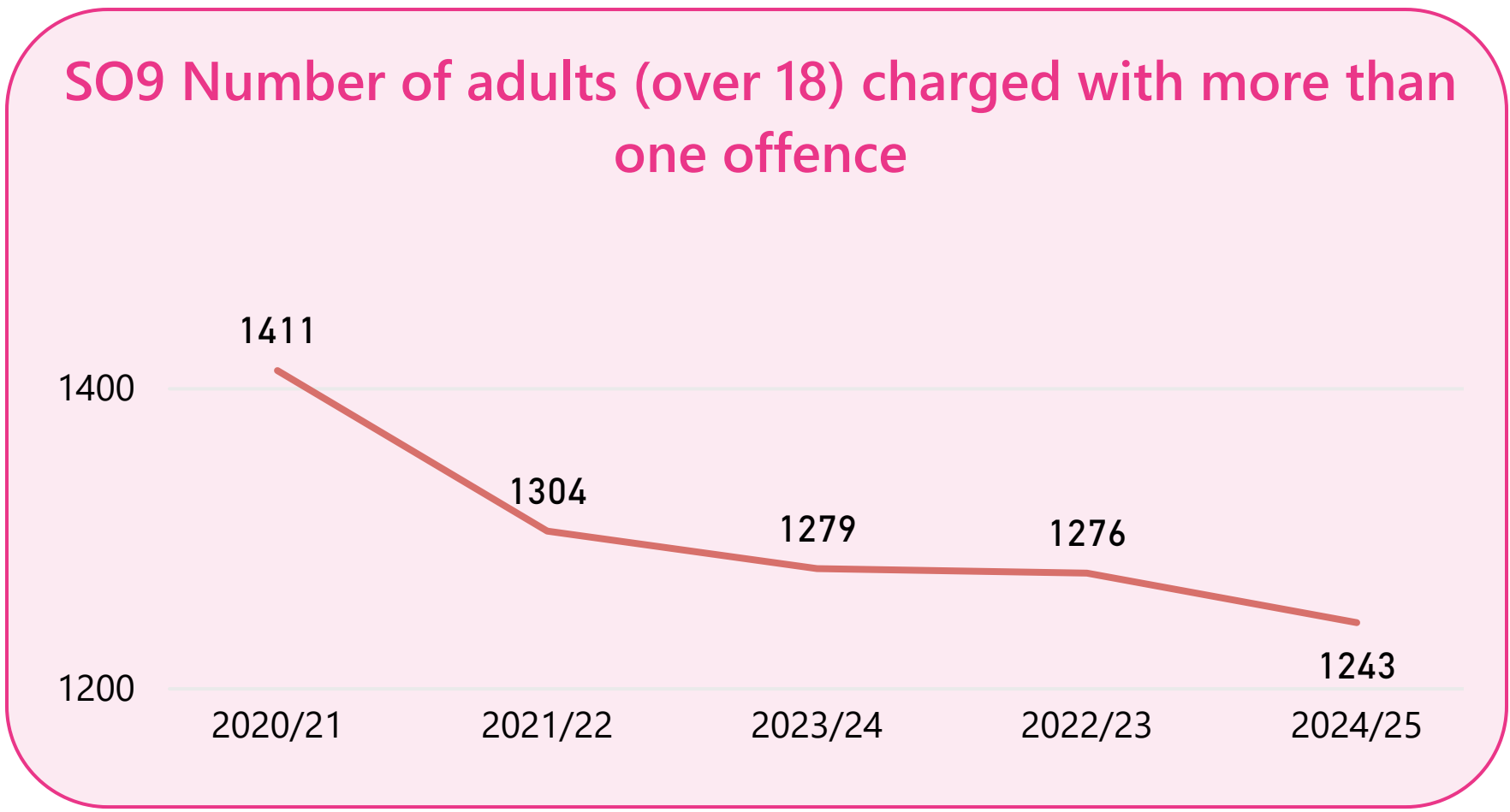
The project is currently without a permanent lead, the SO8 subgroup lead will carry this work forward in the interim. Work has been progressing, with initial baseline data now analysed. Survey included 120 parents and 122 staff, with 42% (35) of the parent respondents indicating that they had accessed community support. Findings of the survey included:
Both parents and professionals reflecting the need to better understand what services were available to those requiring neurodevelopmental/disability supports; The need to develop a coordinated resource for this information; Training and support to staff was required to be able to refer children and families to relevant supports

8.6 Neurodivergent Pathways

The initial Pilot concluded in 2024 with 10 families of children either with autism or awaiting diagnosis supported within the pilot at Woodside School. There was an improvement in the number of children with either autism of awaiting diagnosis accessing support prior to diagnosis, and some demonstrated reduction in the interval between referral and diagnosis. A Project End was approved at the March CPA Board. Additional funding has been secured to continue the work on a Pan Grampian basis, a proposal to expand the pilot in Aberdeen is currently in draft as one of the proposed system changes for the 2026/36 LOIP

Stretch Outcome 9: 10% fewer adults (over 18) charged with more than one offence by 2026

Overall Progress to Stretch Outcome



Project Aim Status

Project Ref. ▲	Project Aim	Project Aim Trend	Project Manager	Project Progress RAG
9.1	Increase by 15% the reports of domestic abuse to Police Scotland by 2026.	➡	ACC/VAWP, new PM TBC	●
9.1	Increase by 50% number of work able people on orders and leaving prison engaging with employability support by 2026.	➡	ACC/ Scottish Prison Service - Angela Taylor/TBC	●
9.2	Reduce by 90% the number of people released from prison in to Aberdeen City without suitable accommodation by 2026.	➡	ACC (Housing), Chris Quinn	●
9.3	Increase by 10% the number of people with additional support needs, who accept a support referral in police custody by 2026	○	Police Scotland, Kevin Ritchie	●
9.4	Increase to 80% the number of community justice clients completing exit questionnaires with 90% of those showing an improvement by 2026.	○	ACHSCP, Justice Social Work, Hazel Flett	
9.5	80% of individuals in the Justice system that identify to have concerns with their substance use are offered or accessing support by 2026.	⬆	ACHSCP, Justice Social Work, Fiona Wright	★
9.6	80% of multi-agency staff report awareness and understanding of the links between gender equality and gender based violence by 2026.	○	ACC/VAWP, new PM TBC	●
9.7	85% of people report they have confidence in Community Justice by 2025.	○	ACVO, Susan Morrison	●
9.8	Increase by 10% community confidence to report hate crimes by 2026.	⬆	GREC, Ross Mackay	●
9.9	Reduce by 10% the number of adult anti social behaviour calls to Police Scotland by 2026.	⬆	Police Scotland, Fiona Dunn	●

Claire Wilson, Chair or the Community Justice Group - October 2025 Progress Report

Stretch Outcome achieved. 12% fewer adults were charged with more than one offence, from 1411 in 2020/21 to 1243 in 2024/25. This has declined since 2020 with exception of 2023 with no change from the previous year.

Updates for 9.1, 9.2 and 9.3 still due. 9.4 Please see cover report for current status.

9.5 Substance Support - Aim Achieved. The court social work support process continues to show an impact. Between July and August 2025, 132 individuals were asked if they needed support. 70% did not require support in this area, whilst 30% identified that support was required. Of the 30% where support was required, 93% had support already in place and 7% were referred or signposted to community-based support. Increase between January to June 25 compared to the same period in 24, in the number of individuals being screened for support. Partly due to improved data collection methods. January to June 24: A total of 228 individuals were screened for support at this touchpoint. January to June 25: A total of 551 individuals were screened for support at this touchpoint. The percentage increase in the number of individuals from this period in 24 to period in 25 is 142%.

9.6 Gender Equality - Data to show progress towards aim required.

In 2025 7 staff completed the Equally Safe in Practice Gender Equality module, ten completed the Domestic Abuse module and eight completed the Sexual Violence module. Specialist training on child sexual exploitation was delivered to frontline professionals, with further input planned during the 16 Days of Actn, including the launch of a position statement. A multi-agency survey will assess understanding of gender inequality and its link to gender-based violence. The campaign will begin with a Reclaim the Night march and a coordinated communication plan. Aberdeen City Council has retained its bronze Equally Safe at Work accreditation and is exploring silver. A Women’s Wellbeing Fair on 1st October will promote access to health, wellbeing, and employment. Police and Rape Crisis Grampian plan to pilot sessions at Dyce Academy on healthy relationships and consent.

9.7 Confidence in Community Justice - Project has experienced delays due to capacity. Following discussion with SMHU they have agreed to compile some short films , using their relevant service users/lived experience contacts. They will also look at doing content in their locality community magazines and incorporating lived experience into their radio shows – with the potential for the development of a specific Community Justice radio show. Aberdeen Council of Voluntary Organisations is hosting an open event on ‘ What is Community Justice ‘ to offer attendees a clear and practical understanding of Community Justice through presentations, case studies, and opportunities for engagement with local initiatives.

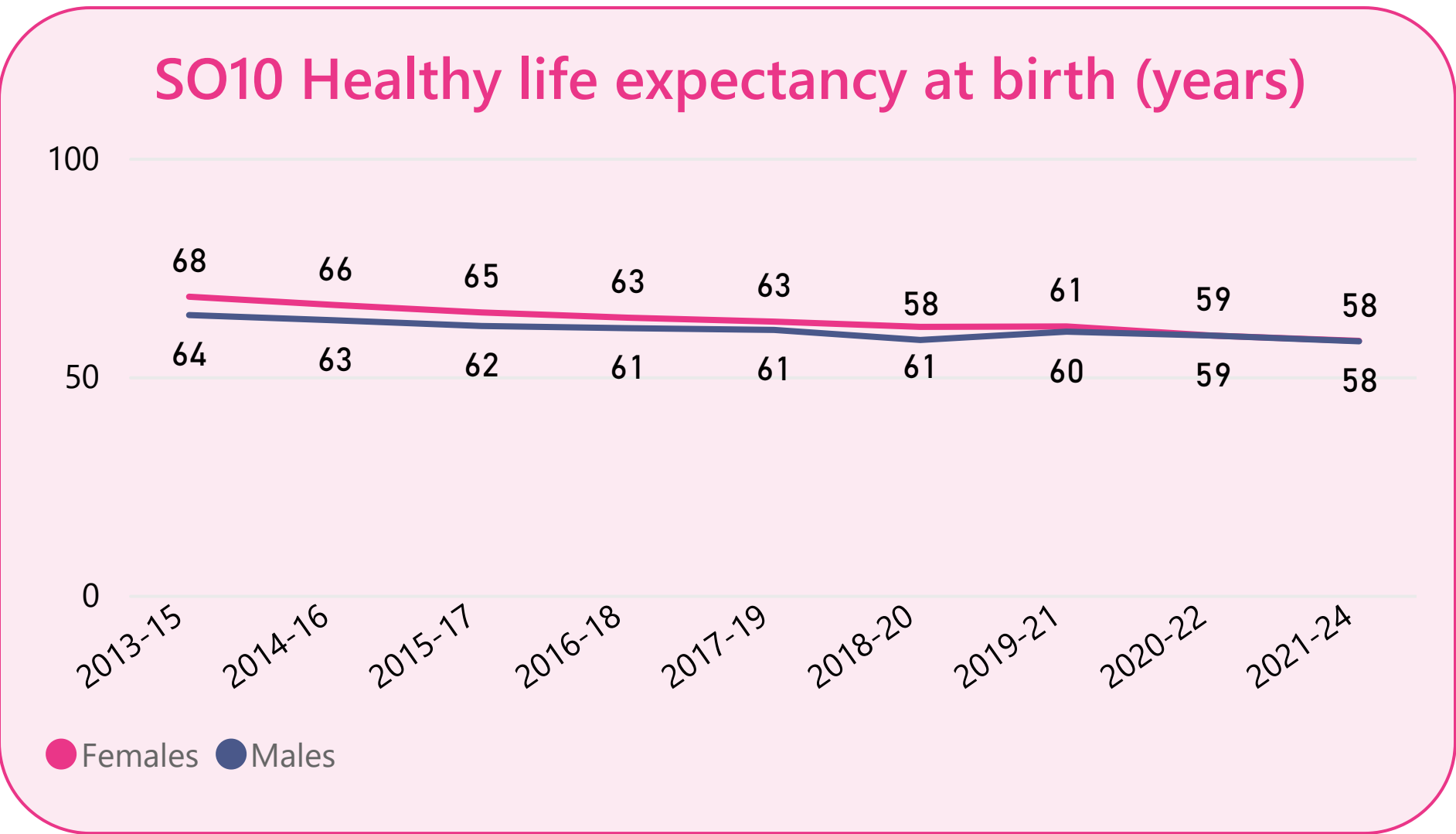
9.8 Hate Crimes - The project team continues to support the Third-Party Reporting Network and training for members. Planning for Hate Crime Awareness Week 2025 is underway, focusing on increasing reporting, promoting support services, and joining wider events. Promotional materials have been updated to reflect recent legal changes. The University of Aberdeen is now actively involved, and potential research collaborations with local universities are being explored.

9.9 Antisocial Behaviour - There was a 1% reduction in adult antisocial behaviour calls to Police Scotland, decreasing from 13,704 in 2023/24 to 13,545 in 2024/25. Police officers in Aberdeen City Centre reported to have a better understanding of evidential requirements for antisocial behaviour and feel more confident using the relevant legislation. Updated guidance and regular meetings have led to evidence being prepared for four potential new applications and monitoring of several individuals for possible action. During a recent multiagency walkabout, partners engaged with 17 individuals in areas linked to antisocial behaviour reports, providing direct assistance or signposting to support for issues such as housing, mobility, and medical needs.

9.10 Domestic Abuse - Data for 24/25 and change ideas required. A briefing was delivered to Children’s Panel members, with full training planned for January. Overview sessions have reached 21 staff, with more sessions and two Core trainings scheduled for September, November, and December. Approved guidance for Multi-Agency Risk Assessment Conference attendees will support better discussions and risk management. Risk assessment and referral training has been sourced for partners. A Grampian-wide Honour-Based Abuse protocol is now active, with protocols for Female Genital Mutilation and Forced Marriage in development. New partnerships with Robert Gordon University and the University of Aberdeen will deliver Domestic Abuse content to students in October and November. The Health and Social Care Partnership will host a Women’s Wellbeing Fair on 1 October. Planning is underway for the 2025 ‘16 Days of Action’ campaign.

Stretch Outcome 10: Healthy life expectancy (time lived in good health) is five years longer by 2026

Overall Progress



Project Aim Status

Project Ref.	Project Aim	Project Aim Trend	Project Manager	Project Progress RAG
10.1	Reduce the 5 year rolling average number of suicides in Aberdeen by at least 5% by 2026.	➡	ACHSCP, Steven Stark	●
10.2	Increase the number of carers identified by 20% by 2025.	⬆	Quarriers, Ingrid Penny	★
10.3	Increase by 50% the number of people engaged with Stay Well Stay Connected initiatives by 2025.	⬆	ACHSCP, Iain Robertson	★
10.4	To support 50 low-income families in priority neighbourhoods to improve healthy eating behaviours and adopt good life choices to support healthy weight by 2026.	⬆	ACHSCP, Viba Gaikwad	★
10.5	Increase by 5% the number of people living in identified priority neighbourhoods who accept the invitation of cancer screening on the basis of informed consent by 2026.	○	NHSG, Elaine McConnachie	●
10.6	Decrease the number of women who are smoking in pregnancy in the 40% most deprived SIMD by 5% by 2026.	⬆	ACHSCP, Chris Smillie	●
10.7	Increase by 20% the number of individuals living with Chronic Pain into self-management and other pathways initiatives to support their conditions by 2026.	⬆	Sport Aberdeen, Andrinne Craig	●
10.8	Reduce to 4% the number of 13-18 year olds in regular use of Vaping products by 2026.	⬆	ACC, Elaine Thomson	★

Chair or the Resilient, Included, Supported Group - Alison Macleod, ACH&SCP
October 2025 Progress Report

Stretch Outcome/Charters - In 2021-2023, estimated average Healthy Life Expectancy (HLE) at birth was 58.1 years for Females and 58.0 years for Males – down from 59.3 years for both males and females in 2020-2022 and lower than the respective figures for Scotland of 60.0 years for females and 59.6 years for males. Since 2013-15, HLE has fallen by 7.6 years for females (from 67.5 years) and by 5.8 years for males (from 63.8 years). All charters progressing.

Update for 10.7 still due.

10.1 Suicide Prevention: Between May and August 2025, a total of 49 people were trained in Aberdeen City through in-person suicide prevention sessions, suicide prevention training in Aberdeen City which included an open session for churches in Northfield and four Scottish Fire and Rescue Service pilot sessions with managers and crews at Mounthooly, North Anderson Drive, and Altens stations—resulting in 49 people trained and improved confidence in discussing suicide. Additionally, six online Introduction to Suicide Prevention and Introduction to Youth Suicide Prevention sessions reached 42 participants living or working in Aberdeen City. Two Wave After Wave sessions on compassionate responses to suicide bereavement were also delivered

10.2 Carers - Aim achieved: Three new pathways tested to identify new unpaid carers at Woodend hospital, Alzheimer’s Dementia Resource Centre and Vaccination Centre have supported achieving aim. The pathways are now permanent and two further pathways now being tested at CLAN Cancer Support Service and Community Appointment Days. Feedback has been positive, with one carer stating "*Thank you for listening, for recognising I am a carer and the help that is available*". April - June 2025 we received 96, 2 less referrals to the previous quarter which was 98. Although the number of referrals has not increased, we are now receiving referrals from the new pathways we have been testing. In addition, the pathways where we have identified new carers allows us to bypass the referral stage and complete the registration form on the day. This reduces the waiting time for carers, meaning carers are allocated a support worker much sooner than had they been referred to the service.

10.3 Stay Well Stay Connected - Aim achieved: Preparing Project End Report.

10.4 Healthy Life Choices - Aim achieved: An information template is being developed for community members, outlining healthy weight support for adults and children, including self-help resources and referral details. Counterweight -Tier 2 service supported 19 participants in each of two blocks: September–December (64% completion rate, average weight loss 3.5%) and January–April (59% completion rate). Most participants had complex needs, long-term conditions, or caring responsibilities. Since March 2025, 96 individuals have taken part in Confidence to Cook Programme, including people with additional support needs, refugees, asylum seekers, and families. A kitchen mapping tool has been created to identify available facilities across Aberdeen for local delivery of cooking sessions.

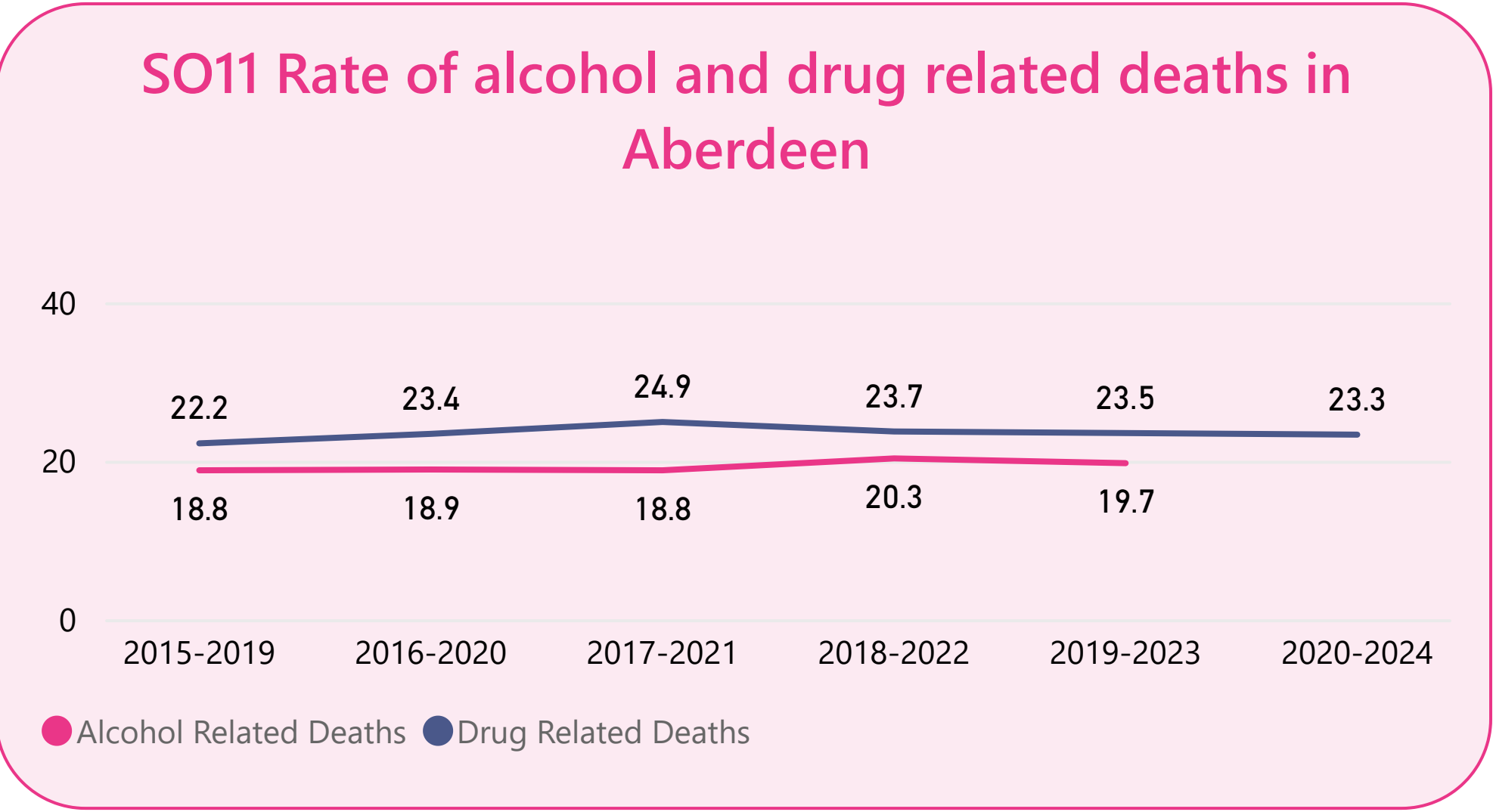
10.5 Cancer Screening - Video brochures and cervical screening materials were distributed across Grampian to key organisations and community venues. A new change idea proposes delivering whole-system healthcare information sessions to community groups to build trust and improve screening participation. A training session with Tillydrone Lighthouse’s women’s group is scheduled for 30 September to upskill Public Health Practitioners, with tailored sessions also offered to Primary Care teams. Community engagement in the Local Outcome Improvement Programme refresh continues via local groups, schools, surveys, and focus groups. Another change idea involves using mapped screening pathway contacts to tailor training for healthcare professionals and volunteers, enabling informed conversations and encouraging screening uptake. Cervical screening mapping is complete and being disseminated.

10.6 Smoking in Pregnancy - In July 2025, 144 women were booked, with 57.6% receiving CO tests; 10 were smokers or recent quitters, and 6 had elevated readings. Grampian’s CO testing rose from 71.4% to 77.1% year-on-year. Healthpoint contacted 175 women, with 78.1% setting quit dates, mainly from SIMD 1 & 2. Wellbeing calls now cover smoking, oral health, gestational diabetes, mental wellbeing, and financial support. 34 women were referred to Infant Feeding Peer Support and 28 received dental advice. GREC Health Champions gained confidence in discussing smoke risks using visual tools, though some need more support to reach ethnic minority communities. Tailored messaging and ongoing guidance are needed.

10.8 Vaping - Aim achieved: The percentage of 13–18 year olds who regularly vape has declined from 5.6% in 2022/23 to 5.2% in 2023/24, and further to 3.9% in 2024/25.

Stretch Outcome 11: Reduce the rate of both alcohol related deaths and drug related deaths by 10% by 2026

Overall Stretch Outcome Progress



Project Aim Status

Project Ref.	Project Aim	Project Aim Trend	Project Manager	Project Progress RAG
11.1	Reduce the average age from 14 to 12 at which children are identified as requiring preventative support to mitigate the risk of future harm in relation to drug and alcohol use by 2026.	↑	ACC, Steve McConnachie	●
11.2	Reduce the % of 13-15 year olds reported as using each sub group of drug by 50% and cannabis by 20% by 2026.	↑	ACC, Elaine Thomson	●
11.3	Decrease the number of women who are drinking in pregnancy in the 40% most deprived SIMD areas by 5% by 2026.	↑	ACHSCP, Chris Smillie	●
11.4	Increase by 10% the number of individuals who are screened for alcohol consumption and by 10% year on year, the number of individuals in our priority neighbourhoods receiving alcohol support by 2026.	↑	ADA, Fraser Hoggan	●
11.5	Reduce by 20% the number of drug related deaths in our priority neighbourhoods by increasing the distribution of naloxone by 25% year on year by 2026.	↑	ACHSCP, Simon Rayner	●
11.6	80% of people closed from Assertive Outreach as no longer considered at risk by 2026.	➡	ACHSCP, Simon Rayner	●
11.7	Increase by 10% the number of people in active recovery from drug and alcohol by 2025.	➡	ACHSCP, Simon Rayner	●

Chair or the Alcohol and Drugs Partnership - Fiona Mitchellhill, ACH&SCP
October 2025 Progress Report

Stretch Outcome/Charters - In 2020-2024, the rate of drug related deaths was 20.9 per 100,000 in Aberdeen – similar to 23.5 in 2019-23. In 2019-2023, the rate of alcohol-specific deaths in Aberdeen City was 19.7 per 100,000 population – down from 20.3 in 2018-2022.

11.1 Preventative Support - In April 2025 a pilot programme for delivering prevention based educational support to late-primary school aged children commenced. 57 young people in total will be supported over the coming weeks through this form of early prevention. The average age of children receiving preventative support in the pilot is 10.6 years. This is a significant improvement compared to previous years, where the average age was around 14–15 years. Early intervention is progressing well, with positive engagement from children and teachers, and further data on school-level impact will be added in future updates.

11.2 13-15 Year Old Substance Use - Data from the Health and Wellbeing survey in 2024 suggests that there has been an overall reduction of cannabis use of 34.5% and a reduction of ketamine use of 20.8% over the last year. The social media project at Lochside Academy is scheduled to restart next term, aligned with the Supporting Prevention and Understanding Substance use award. Talk About Trust sessions have been delivered, with some learners now approaching trusted adults. Secondary school pupils will be invited to co-develop local materials. Three academies will participate in a drugs education programme, which will be evaluated for potential rollout. Participation in the Supporting Prevention and Understanding Substance use award will highlight the impact of drugs education on schools and the wider community.

11.3 Drinking in pregnancy - A recent training session with Grampian Regional Equality Council, Community Health Champions used Drymester campaign materials to raise awareness about alcohol risks during pregnancy. The session delivered clear, inclusive messaging suitable for those with lower literacy levels, resulting in increased confidence and willingness to share the message. Feedback highlighted the need for multilingual resources and broader health messaging. Costings for localised Drymester materials are being explored, with potential alignment to the Best Bar None programme to embed alcohol-free pregnancy messaging in licensed venues.

11.4 Alcohol Support/Awareness - During this period, alcohol dependency levels in Aberdeen remained stable for females under 40 and males under 40, following previous increases of 23% and 15% respectively. Small rises were seen in females aged 51–60 (from 16 to 18) and males aged 51–60 (from 5 to 6). From April 2025 (six-month period), there have been 117 referrals to Alcohol and Drugs Action. Of these, 48 referrals are from Priority Neighbourhoods (AB11, AB16, AB24). A new self-referral process from the online quiz led to seven referrals to the Alcohol and Drugs Action helpline, with none recorded from June to September 2025. The process shows a conversion rate of just over 10%, aligning with expected local dependency levels. A new training approach, Alcohol Brief Conversation, was piloted in August 2025 to improve engagement in priority areas, with another session planned for November to support targeted, multidisciplinary work.

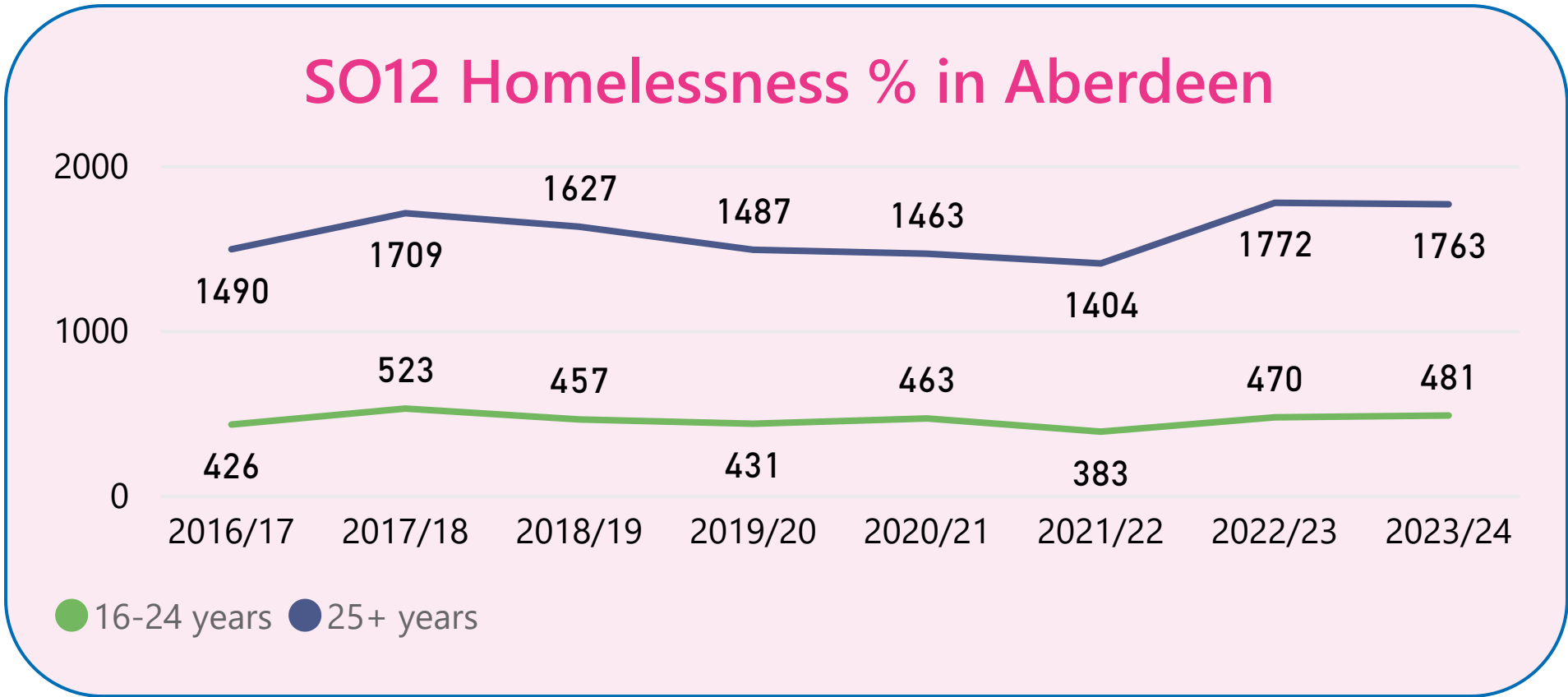
11.5 Drug Related Deaths/Naloxone - From April to September 2025, 15% of Naloxone supplies to people at risk were due to previous kits being used. This reflects an increase from 5% in 2022/23, 9% in 2023/24, and 12% in 2024/25. Since November 2024, the Naloxone app has been downloaded 619 times, with ongoing monitoring as an indicator of use. On average, 77% of Naloxone kits in 2024/25 were issued to people at risk, rising to 92% and 90% in 2025/26 to date. In 2024/25, 24% more kits were issued in priority neighbourhoods (418) than in non-priority areas (319), and this trend continues in 2025/26 with a 7% higher issue rate to people at risk in priority neighbourhoods. Suspected drug-related deaths have decreased by 13% over five years (2020/21 to 2024/25) and by 23% from 2023/24 to 2024/25. On average, 45% of these deaths occurred in priority neighbourhoods over five years, while 52% in 2024/25 were from non-priority areas.

11.6 Assertive Outreach (AO) - After five years of Assertive Outreach, an online survey will assess staff and NHS understanding and effectiveness to inform service improvements. Referrals to Assertive Outreach rose by 167% from April–June 2024 to April–June 2025, and by 26% between January–March and April–June 2025. In April–June 2025, 53% of referrals were from priority neighbourhoods (down slightly from 56% the previous quarter, averaging 52% over four years). The percentage of discharges closed as “no longer at risk or needing support” increased from 58% in April–June 2023 to 80% in October–December 2024, then dipped to 75% in April–June 2025.

11.7 Recovery - Nine people registered for the pilot programme this year, bringing the total number of registrations since the start of the project to thirty people. Two individuals have entered paid work experience, eight have gained employment, four are volunteering, and four are engaged in employability training. Continue to work with Phoenix Futures as they establish their premise in Aberdeenshire to offer residential support. Good connections with housing on follow on support when return to City after residential treatment. 7 patients have been approved for "day-hab" at Rae House, Muir of Fowlis. There has been a 6.7% increase in people getting support from SMS service from Jan 2025 to July 2025. Data to up updated once the recovery figures are published in mid October.

Stretch Outcome 12: Reduce overall homeless presentations by 10% and youth homelessness by 6% by 2026

Overall Progress



Project Aim Status

Project Ref.	Project Aim	Project Aim Trend	Project Manager	New/Revised Charter Due	Project Progress RAG
12.1	100% of frontline staff in key sectors are asking about housing insecurity and acting to provide necessary support by 2026	○	ACC, Rachel Harrison	30 Oct 2024	●
12.1	Increase by 20% the number of people who feel more informed about the causes of homelessness and feel they have a role to play, and are likely to take action in, making it rare, brief and unrepeated by 2026.	○	SHMU, Murray Dawson	30/10/2024	●
12.2	Increase the number of private sector organisations actively working in partnership to reduce and prevent homelessness to at least 10 by 2026.	↑	Burgesses, Seonaidh Baker	30/10/2024	●
12.3	Increase to 50% the number (%) of Community Planning Aberdeen decisions which impact on preventing homelessness that are co-produced with people with lived experience.	○	GREC, Ross McKay	30/10/2024	●
12.4	Reduce number of young people aged 16/17 years presenting as homeless by 10% and 18-24 years presenting as homeless by 4% by 2026	○	Aberdeen Foyer, Leona McDermid	30 Oct 2024 26 Feb 2025	●
12.5	By 2026, support 50 people at risk of experiencing or at risk of presenting as homeless through a rapid multi-agency, person centred preventative response approach.	●	Aberdeen Cyrenians, Donna Hutchison	30 Oct 2024 26 Feb 2025 21 May 2025	●
12.6	Reduce the number of homelessness presentations due to evictions or abandonment by 5% and increase the number of people supported to sustain their tenancy across private and social landlords by 5%.	●	Citizens Advice Bureau, Kristi kelly	30/10/2024	●
12.7	Merged with 12.5 above		Aberdeen Cyrenians, Donna Hutchison	30 Oct 2024 26 Feb 2025 21 May 2025 - MG	
12.8	90% of young people know where to find information about types of housing, tenancy/ housing rights and skills to sustain their tenancy by 2026.	○	Shelter Scotland, Iona Rennie	30 Oct 2024 - MG	●
12.9	Increase accessibility to a wider range of housing options to people at risk of homelessness.	●	ACC, Mel Booth	30 Oct 2024 26 Feb 2025 21 May 2025 - MG	●

Chair of Homewards Aberdeen Coalition - Dr Isaac Poobalan, Provost St Andrews Cathedral
October 2025 Progress Report

Stretch Outcomes/Charters

8 charters approved and 1 further due for today's meeting. 12.9 charter delayed. A workshop has been held on 25th June and outputs from CHI received. Ambitious proposals developed from that are expected to be embedded within the new 10 year LOIP refresh and 5 year Local Housing Strategy.

Updates from 12.1, 12.4, 12.5, 12.6 are still due.

12.2 Partnering with the Private Sector - Discussions continue with private sector organisations including CHAP, AJC Scotland, Robertsons, and the Chamber of Commerce. Change Please presented at the latest meeting, followed by an email with contacts and training space options, with potential collaboration with Café Nero. Two webinars are planned—one for employers and one for project groups to understand Homewards. An employability partners workshop is scheduled for January, and an initial meeting has taken place with Jobs First (Social Bite). A tenancy maintenance and best practice workshop is being considered, and one organisation is set to sign the Homelessness Alliance. The team also attended the Cultural Summit with a Homewards exhibition, leading to follow-up conversations.

12.3 Lived Experience - A proposal has been submitted to the steering group to put a bid to the Homewards fund and the next steps are to progress actioning this to have the panel start to meet.

12.8 Young People - Housing Rights and Skills - Initial pilot feedback showed the need for redesign to improve engagement and outcomes. The group is now developing a revised pilot for Aberdeen schools, with universal content for personal and social education lessons and targeted content for pupils, supported by a potential funding bid. A follow-up meeting is set for 9 October to progress the pilot and engage schools. The further education subgroup met to streamline advice content and link to trusted sources like Citizens Advice Scotland, Shelter Scotland, and Aberdeen City Council. Institutions ran a “Know your rights” campaign, and Shelter Scotland created visual resources with QR codes for student advice, included in welcome communications. A further meeting is planned for November to review online content progress.

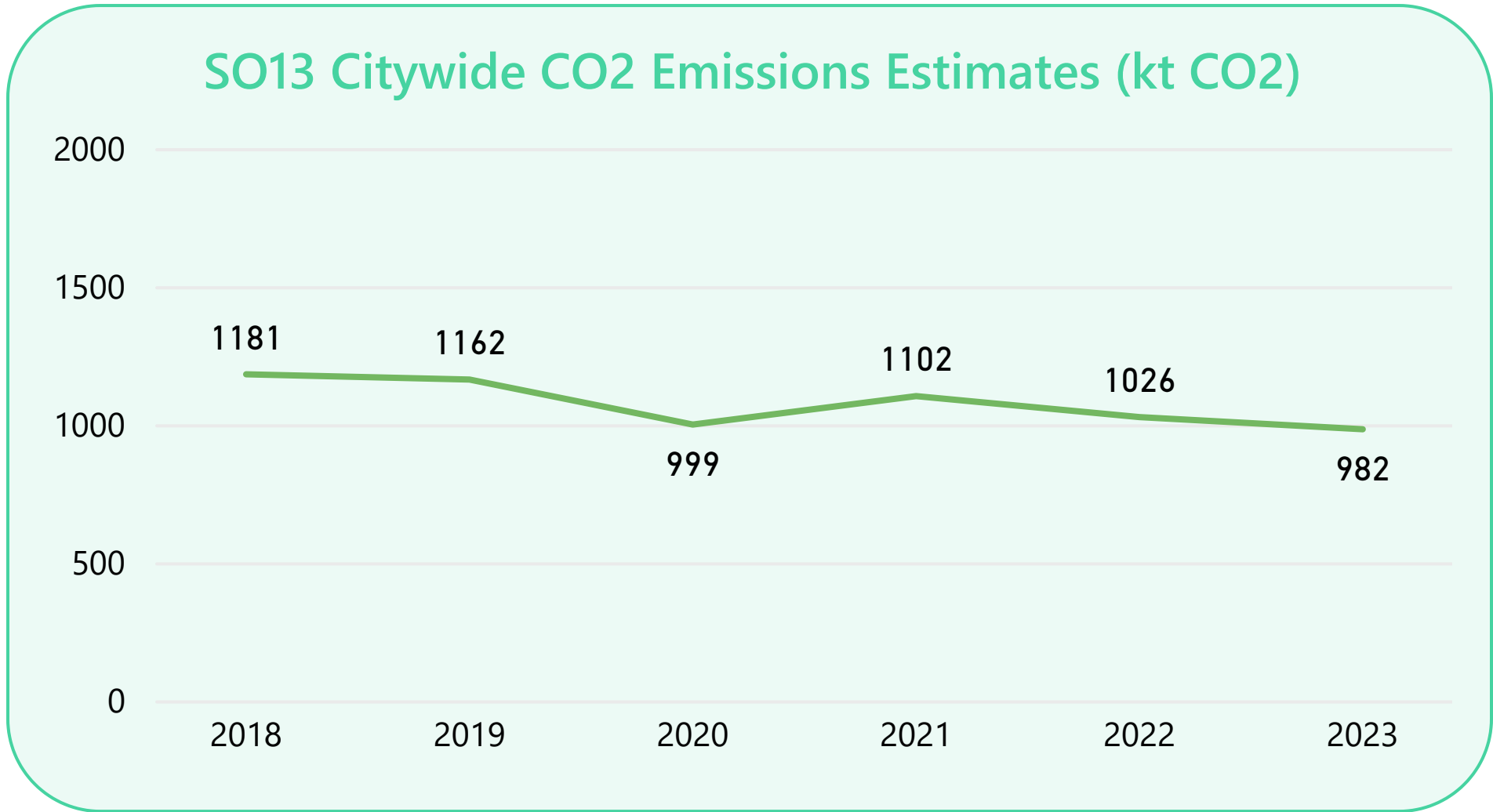
12.9 Housing Options - Awaiting the outputs from Communities, Housing and Infrastructure in relation to the recent workshop and the ambitious proposals developed from that are expected to be embedded within the new 10 year Local Outcome Improvement Plan refresh and 5 year Local Housing Strategy.

12.10 Ask and Act - ASK:ENACT is a digital tool funded by the Scottish Government’s Upstream Prevention Fund to provide professionals with accurate housing advice, reduce informal queries, detect early risks via natural language, and support consistent legislative application. A prototype is being tested by Turning Point Scotland, with feedback on content, language, presentation, and functionality being gathered throughout October. The first evaluation will be shared with the ATAP group on 30 October, following a demonstration to the Housing Minister on 24 October. Further funding is being sought to scale the system across Scotland, as part of a test and learn project comparing it with staff training.

Access the Homewards Aberdeen latest monthly [newsletter](#) to keep up to date on all of the work ongoing through the Homewards Programme in Aberdeen. You can subscribe to our newsletter by following this [link](#).

Stretch Outcome 13: Addressing climate change by reducing Aberdeen's carbon emissions by at least 61% by 2026 and adapting to the impacts of climate change

Overall Progress



Chair of the Sustainable City Group - Jillian Evans, NHS Grampian
October 2025 Progress Report

Stretch Outcome/Charters

In 2023, CO2 emissions for Aberdeen City were estimated at 982 ktCO2e – down from the amended figure of 1,026 ktCO2e in 2022 and similar to the figure of 999 ktCO2e for 2021. Since 2005, emissions have reduced by 48%. In 2023, per capita emissions were 4.31 tCO2e in Aberdeen City compared to 4.59 tCO2e for Scotland.

Updates from 13.2 and 13.3 still due.

13.1 Public Sector Carbon Emissions - In 2025, the project has tested 14 initiatives to support a reduction in Public Sector emissions. Since the project started in 2021 there has been 8829.94kgCO2e carbon emissions saved from the initiatives undertaken by the Green Champions. There are now 98 Green Champions across 4 CPA partners.

13.4 Ice Crews - Aim achieved

Led by 3 community councils, with approximately 20 volunteers and supported by the local authority and NHS Grampian, the volunteer ‘ice crews’ are gritting high risk pavement areas in AB15 / AB16 to help keep our community out and about. As a result, compared to other areas where Ice Crews are not yet in place, we found in AB15 and AB16 the daily peak of 11 falls in the cold snap in January 2025, was 29.7% of the daily peak of 37 falls in January 2023. A reduction of 70.3%. Meanwhile, in the rest of the city, the daily peak in January 2025 was 29 falls, 64.4% of the peak of 45 falls in January 2023. A reduction of 35.6%. Therefore in the intervention re there was a 34.7% greater reduction. 14.7% over the original aim.

Project Aim Status

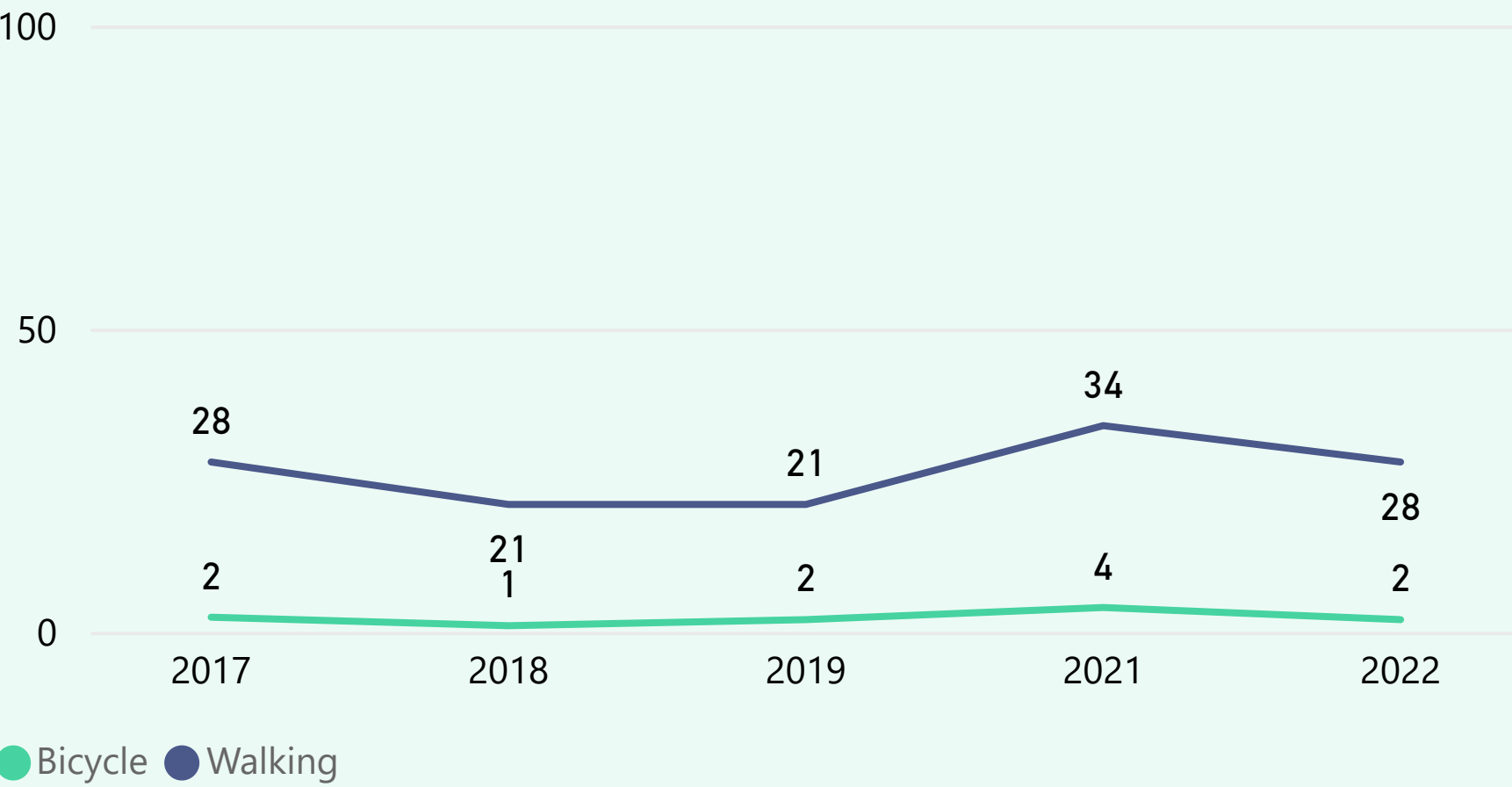
Project Ref.	Project Aim	Project Aim Trend	Project Manager	New/Revised Charter Due	Project Progress RAG
13.1	Reduce public sector carbon emissions by at least 7% by 2026.	↑	ACC, Alison Leslie	6 June 2024 - SCG	●
13.2	Reduce the generation of waste in Aberdeen by 8% by 2026.	→	NHSG, Phil Mackie	16 July 2024 - SCG 29 Aug 2024 - SCG	●
13.3	To have Community led resilience plans in place for the most vulnerable areas (6) in the City by 2025 and increase by 10% the % of people who know where to find information and resources to help prepare for severe weather events by 2025.	→	ACC, Fiona Mann	6 June 2024 - SCG 16 July 2024 - SCG	●
13.4	Reduction in falls in intervention areas by 20% by end of 2025 compared to the non-intervention areas by 2025	↑	NHSG, Danny Ruta	30 Oct 2024 - MG	★

Stretch Outcome 14: Increase sustainable travel: 38% of people walking; 5% of people cycling and wheeling as a main mode of travel and a 5% reduction in car miles by 2026

Chair of the Sustainable City Group - Jillian Evans, NHS Grampian
October 2025 Progress Report

Overall Progress

SO14 Percentage pf people with main mode of transport by walking or cycling



Stretch Outcome/Charters

28% of people walked as their main mode of travel and 2% cycled in 2022 – down from 34% and 4% in 2021.

14.1 Walking - The data gathered as part of the 2024 Locality Plans shows that walking rates in Aberdeen are high across all localities, with the Central Locality having the highest overall rate at 91.6%, and its priority neighbourhoods even higher at 96.1%. The South Locality follows at 88.3%, with its priority neighbourhoods at 87.5%, while the North Locality records 87.5%, dropping to 82.4% in its priority neighbourhoods. This suggests that walking is a common activity city-wide, particularly strong in central areas, though slightly lower in some northern priority neighbourhoods.

Discussions have begun with Mastrick Community Council about linking to the planned “Mastrick 5K”, which is awaiting authorisation for road closures, etc. The focus is on testing small changes to see if they have a long-term impact on activity levels. Proposed actions include trialling a Couch to 5K programme with a small group before and after the event, encouraging participants to walk any distance they feel comfortable with, and using the event to promote local walking opportunities.

14.2 Cycling - A total of 1,763 people aged 16 and over in Aberdeen use a bicycle as their main mode of travel to work or study. Among these, 143 cyclists are aged 16 to 24, which is the lowest number among working-age groups, likely due to greater reliance on public transport or walking. The 25 to 34 age group accounts for 444 cyclists, representing a strong share, possibly reflecting younger professionals and students. The largest group is those aged 35 to 49, with 687 cyclists, suggesting that mid-career adults are the most frequent cycle commuters. In 2024, Deeside and Duthie Park recorded a combined total of 64,035 cycle rides. August was the busiest month with 8,140 rides, while January saw the fewest at just 2,562.

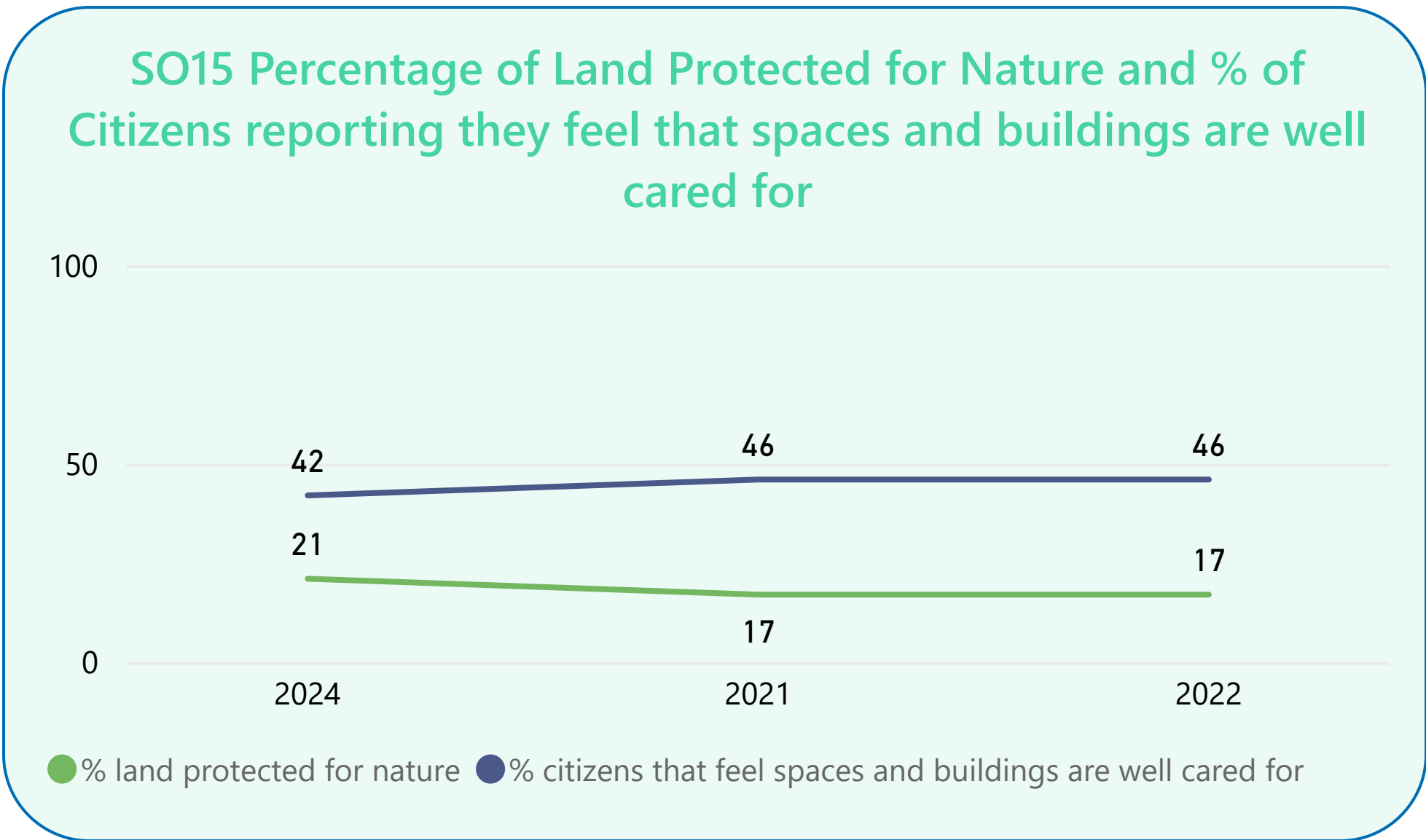
Project Aim Status

Project Ref.	Project Aim	Project Aim Trend	Project Manager	Project Progress RAG
14.2	Increase % of people who cycle and wheel as one mode of travel by 2% by 2026.	➔	NESTRANS, Caroline Hood	●
14.1	Increase % of people who walk as one mode of travel by 5% by 2026.	➔	NESTRANS, Caroline Hood	●
14.3	Reduce car kms by 5% by 2026	➔	NESTRANS, Caroline Hood	●

14.3 Reduce Car Miles - School Streets Pilot is one of the measures that can be employed to improve the safety of children and their caregivers on the journey to and from school, thus encouraging more walking, wheeling and cycling for the school journey, and less reliance on the private car. Two primary schools have now been identified - this was approved at NZET Committee in September. Walking Scotland’s ‘Walking Communities’ project is progressing under Nestrans’ 2025/26 People & Place fund, with Kincorth provisionally identified as the focus area. A Development Officer is now in post, and we expect to accelerate development in the coming months. (Note: Walking Scotland is the new name for Paths for All.) Read more here - [Walking Communities](#) | [Nestrans](#)

Stretch Outcome 15: 26% of Aberdeen's area will be protected for nature and 60% of citizens report they feel that spaces and buildings are well cared for by 2026

Overall Progress



Chair of the Sustainable City Group - Jillian Evans, NHS Grampian
October 2025 Progress Report

Stretch Outcome/Charters

4% increase in % of land is protected for nature 17 to 21.3% in 2025, compared to 17% in 2021
4% reduction in people report they feel that spaces and buildings are well cared for, 49% in 2021 to 42.2% in 2024.

Updates for 15.1 and 15.3 still due.

15.2 Socially Prescribed Nature - As of September/October 2025, the project has reached just over half of this target, with approximately 41 individuals (data from Torry Medical Practice to be included once confirmed) having received a nature-based social prescription. There is a clear upward trend in uptake, especially in the second quarter of 2025, which saw the highest number of prescriptions delivered (13 in Apr–Jun 2025). This suggests growing awareness and engagement with the initiative. The project has successfully mapped nature-based activities across Aberdeen, launched the Green Health Map, and held events to raise awareness. There is strong public engagement, with 803 views of the Green Health Map webpage and 962 views of services aligned.

15.4 Land for Nature - Increase from 8 to 9 organisations pledged.
Looking into links with the Green Champions Network and possibility of promoting pledge to existing ‘Champs’.

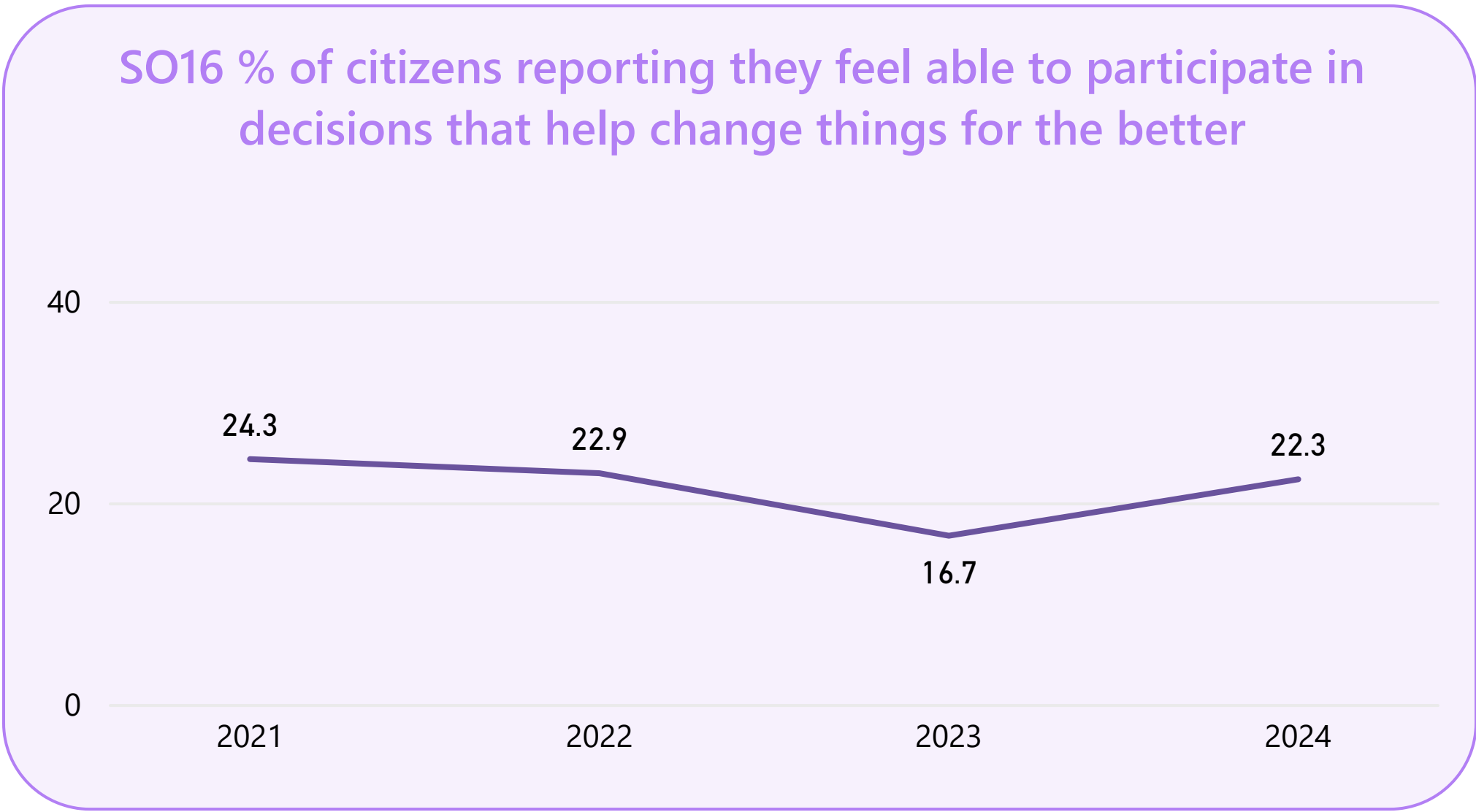
15.5 Local Environmental Improvements - Aim Achieved.
In 2024/25, the Local Environmental Action Fund (LEAF) successfully piloted Phase 1 from 28 June to 5 August, allocating 13 grants to community led environmental groups, followed by Phase 2 from 11 December to 3 February, which awarded 15 grants—totalling 28 funded projects. Phase 3 launched on 7 July 2025 and will close on 30 November; so far, 3 projects have been funded, 4 approved pending payment, and 6 are in the pipeline.
Between 1 April 2024 and 18 September 2025, a total of 42 environmental improvement projects were funded through the Just Transition Participatory Budgeting Fund. This includes 8 projects focused on greenspace improvements and 3 targeting the built environment.

Project Aim Status

Project Ref.	Project Aim	Project Aim Trend	Project Manager	Project Progress RAG
15.2	100 people to be socially prescribed nature by 2026 to support positive outcomes in relation to their health and wellbeing	↑	NHSG, Alison Hannan	●
15.3	25% of people report that they understand the importance of nature on both their neighbourhood and individual wellbeing by 2026	↑	ACC, Richard Brough	●
15.4	At least 23 organisations across all sectors in Aberdeen pledging to manage at least 10% of their land for nature by 2024 and at least 26% by 2026	→	ACC, Sinclair Laing	●
15.5	Increase by 50% the number of community groups delivering local environmental improvements in their neighbourhoods by 2026	↑	NESCAN, Alison Stuart	★
15.1	Increase to 65% the proportion of people who feel they can regularly experience good quality natural space by 2026	↑	ACC, Steven Shaw	●

Stretch Outcome 16: 50% of citizens report they feel able to participate in decisions that help change things for the better by 2026

Overall Progress



Project Aim Status

Page 150

Project Ref.	Project Aim	Project Aim Trend	Project Manager	Project Progress RAG
16.1	100% of decisions which impact on children and young people are informed by them by 2026.	↑	ACC, Margaret Stewart	🟡
16.2	Increase the number of community ideas identified within locality plans being tested by CPA and partners where communities are involved in the design process to at least 50% by 2026.	↑	ACC, Allison Swanson	🟢
16.3	Increase the number and diversity of community members participating in community planning at a meaningful level (Rung 5 and above) by 100% by 2025.	↑	ACC/ACHSCP, Jade Leyden/Iain Robertson	★
16.4	10% increase in amount of funding distributed by local funders across Aberdeen City using non-traditional methods by 2026.	○	ACVO, Maggie Hepburn	🟢
16.5	Increase the number of community led projects promoted and celebrated across the City, and increase by 20% the proportion of policy and decision makers who feel they have a good awareness of community-led initiatives in the City by 2025.	○	SHMU, Dave Black	🟡
16.6	Increase the number of people (staff and communities) who state that they have the skills, tools and support they need to work together to make improvements in the community to 50% by 2025.	○	NHSG, Elaine McConnachie	🟢

Chair of the Community Empowerment Group - Michelle Crombie, ACC

October 2025 Progress Report

Stretch Outcome/Charters

Latest data for Stretch Outcome shows 22.3% of citizens report they feel able to participate in decisions that help change things for the better, a 5.6% increase.

Update for 16.1 still due.

16.2 Community Ideas

As of July 2025, 78% of the 47 community ideas in the Locality Plans were being tested through 28 Local Outcome Improvement Projects, with 62% (37 ideas) involving individuals or communities across 20 Local Outcome Improvement Projects.

16.3 Community Participation - Aim Achieved.

The improvement aim for the project has been achieved as the project has achieved a 678% increase in meaningful participation between 2022-23 and 2024-25. Between August and September 2025, 24 people participated in Locality Empowerment Groups. This represents a 26.3% increase compared to the 19 participants during the same period in 2024.

16.4 Funding

As part of the test - “Locally delivered funds to include community commissioning processes as part of their offer to engage community groups” on 3rd July 2025 we held a Joint Community Empowerment Network / Grampian Engagement Network Event at Trinity Hall from local funders describing how the community voices currently inform funding processes and decisions and inviting community ideas of improving engagement with local funds. Repeat event planned for early September. Good participation and engagement from 29 participants at this hybrid event. Repeat event planned for early September postponed until project team meets. Project team meeting planned for October.

16.5 Celebrating Communities

An update was not provided for September due to capacity constraints. SHMU continues to work with communities to develop community websites. The Torry site launched in February and has been very well used to date, featuring local news, opportunities and activities. The initial work to develop a site for Tillydrone has begun, while the Woodside site launched before the project was started. They have started a new radio show highlighting community led projects, unsung community heroes, and exploration of community opportunities (like community asset transfer) - the first episode was recorded in November, with a second iteration from March-April, and will be starting again in the summer of 2025 with a new presenter. With ACVO taking a lead, we have been developing a micro-site to host stories of community-led change, and show-casing new and impactful initiatives, with a view to recognising this work and inspiring to take actions.

16.6 Capacity Building

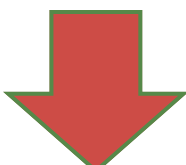
Community Empowerment toolkit has been promoted through Aberdeen City Council Intranet, Community Planning Aberdeen website, NHS Grampian website, Facebook and is introduced to and shared with all Foundations of Community Engagement Training session participants. Before the Foundations of Community Engagement training course, 32% of participants felt either completely or fairly confident in carrying out community engagement as part of their role. After completing the course, this figure rose to 91%. These results indicate that the training is having a positive impact.

Improvement Project Key

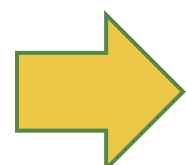
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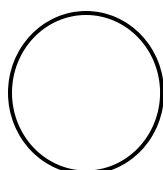
Improving



Declining



Steady



Baseline data only

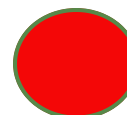


No Baseline Data

Overall Rag Key



On track



Off track



At risk

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Progress Report	Community Planning Budget 2025/2026 – Q2 Budget Monitoring Report
Lead Officer	Michelle Crombie, Strategic Lead, Prevention and Community Empowerment
Report Author	Allison Swanson, Community Planning and Improvement Manager
Date of Report	10 October 2025
Governance Group	CPA Management Group – 3 November 2025

Purpose of the Report

The purpose of this report is to provide an update on the 2025/26 Community Planning Budget's financial performance for the period 1 July 2025 to 30 September 2025.

Summary of Key Information

1 BACKGROUND

- 1.1 The community planning budget agreed for 2025/26 on 19 June 2025 was £1,633,757. This included contributions from Aberdeen City Council, Police Scotland, NHS Grampian and NESTRANS.

	2025/26 Budget £
Aberdeen City Council	1,605,725
NHS Grampian	18,032
Police Scotland	5,000
NESTRANS	5,000
Total	1,633,757

2 COMMUNITY PLANNING BUDGET 2025/26

- 2.1 This budget monitoring report shows current and projected expenditure for 2025/26 as at the end of quarter 2.

	2025/26 Budget £	Year to date spend £	Full year forecast £	Variance £ (Difference between forecast and budget)
Fairer Aberdeen Fund	1,534,436	812,079	1,534,436	0
ACVO Third Sector Interface/ engagement: Community Planning	62,321	31,160.50	62,321	0
City Voice	37,000	37,000	37,000	0
Total	1,633,757	880,239.50	1,633,757	0

Recommendations for Action

It is recommended that the CPA Management Group:

- i) Note Community Planning Aberdeen Budget's performance during quarter 2 of 2025/26.

Opportunities and Risks

Regular reporting on the current year's budget gives Community Planning Aberdeen the opportunity to determine whether value for money is being achieved and allows early identification of possible shortfalls.

Consultation

The following people were consulted in the preparation of this report:

Maggie Hepburn, CEO, ACVO
Aileen Duncan, Finance Development Officer, ACC
Susan Thom, Fairer Aberdeen and Anti Poverty Manager, ACC

Background Papers

The following papers were used in the preparation of this report.

Community Planning Budget 2025/26

Contact details:

Michelle Crombie
Strategic Lead Prevention and Community Empowerment
Aberdeen City Council
Email: mcrombie@aberdeencity.gov.uk



Progress Report	HDRC Aberdeen – Progress Report
Lead Officer	Martin Murchie
Report Author	Helen Cannings
Date of Report	13 November 2025
Governance Group	CPA Management Group

Purpose of the Report

To present the 2025 Annual Progress Report of the Health Determinants Research Collaboration Aberdeen (HDRCA).

Summary of Key Information

1 BACKGROUND

1.1 The HDRCA has ongoing engagement with the infrastructure of Community Planning Aberdeen. The attached Appendix updates the Management Group on the most recent activity of the HDRCA.

2 CONCLUSION

2.1 There are established relationships with, and good joint working in place between CPA and the HDRCA. This report provides further information on completed, current and planned activity. CPA Management Group are invited to comment and encouraged to identify further value adding collaboration.

3 NEXT STEPS

3.1 See recommendations below.

Recommendations for Action

It is recommended that members of the CPA Management Group note the progress report and consider what further collaboration might be prioritised between CPA and the HDRCA.

Opportunities and Risks

There remain opportunities for further collaboration between CPA and the HDRCA including:

- improved evidence for planning improvement and evaluating impact

- further funding opportunities through research calls and collaborative working with academics

The main risks include:

- overstretching available resources without sufficient prioritisation;
- not satisfying the funding body's requirements of the grant award; and
- insufficient joint planning leading to duplication of effort with limited resource.

Consultation

None.

Background Papers

None.

Contact details:

Name	Martin Murchie
Title	Director, Health Determinants Research Collaboration Aberdeen
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Theme
Building the HDRC Team Good progress has been made over the last period. We have recruited to additional posts using re-profiled budget, bringing in additional resource for culture change and knowledge sharing, as well as additional research support posts. These posts took time to develop and agree through Local Authority processes. A gap remains on development resource for research data management, but we are currently re-designing data posts to drive forward work on data matching and linkage and aim to have these posts agreed in October 2025. We are continuing to develop the team with the skills, knowledge and connections they need. This has included: 1-2-1 supervision / mentoring on project work from HDRC Co-Applicants; bespoke training session from HDRC Co-Applicants for the team; up-skilling team members in areas where we have not been able thus far to recruit (e.g. health economics); and regular peer to peer learning and reflection & review sessions. The HDRC's governance and internal reporting arrangements are well established and working well. These arrangements are strengthened by the Council's Chief Executive's oversight through chairship of the Steering Board. Ongoing lessons learned and capture of feedback have influenced changes to our internal systems for identifying and agreeing priorities, and for monitoring progress. This is working well to strengthen our work programme planning and monitoring, and has been formalised at the request of the HDRC Steering Board into a Governance Framework, Work Planning and Prioritization Approach and a Communications and Engagement Framework. We have rated ourselves amber because we are still carrying vacancies to support our data priorities.
Culture Change As HDRC Aberdeen has become more established and visible, we've seen an increase in requests for HDRC advice, support and involvement. Some examples from this reporting period include: • Provision of evidence synthesis support to help the development of the next Local Outcome Improvement Plan • Upskilling council staff with a sustainable and robust way to use AI (Co-pilot) to analyse large scale community engagement responses • Supporting the evaluation design for a nationally funded Rehabilitation Pathway Development programme in Aberdeen (whereby Aberdeen is developing and testing diversion from prosecution into rehab, with the potential for this to be rolled out more widely) • Support for shaping the Logic Model for the revised Local Housing Strategy • Advice and support on the Local Development Plan evidence review and Topic Papers Building on previous work the HDRC has provided to the Council and Community Planning Aberdeen described in previous reports (Population Health event, support with shaping the population needs assessment etc.) we have been working on exploratory work on neighbourhood profiling, focussed on

one of Aberdeen's priority neighbourhoods. The HDRCA has developed an approach to compiling this profile, including using publicly available data sources, combining this with qualitative data from the CPA led Your Place, Your Plans Your Future city wide consultation, and media reports, to develop a more contextual understanding of this neighbourhood. We are sharing the learning to enable replication of the approach to neighbourhood profiling, and to test the outputs' usefulness in designing interventions.

We have completed a number of evidence reviews to support the Council in taking an evidence based approach in key priority areas, for example: debt cancellation; initiating factors for substance use; the impact of financial incentives in behavioural change; and loneliness. All of these have been commissioned and scoped with colleagues to maximise their impact on LA decision making. Our previous collaborative review of reviews on the Health & Care needs of asylum seekers has now been published. From this work, we have also created how-to guide for Council Officers to help them find relevant evidence.

Some further activities in support of culture change not mentioned in other sections of the report this year are:

- Creation of a Viva Engage (online) community within the Council to host online discussion and engagement on the wider determinants of health, and research and evaluation related topics. HDRC Team members act as community experts in this community; discussions so far have had over 36000 views and reached over 3100 people (the Council has just over 8000 staff).
- Establishing a regular series of blog posts on the Council's intranet to share learning from our work and events.
- Continuing to publish and share regular newsletters about our work.
- A very short Research Awareness course has been added to the Council's online learning system.
- A Introduction to Evaluation course has been added to Council's online learning system for Officers and partners to develop understanding of the purpose and types of evaluation used in public services. This is supported by bookable drop-in advice sessions for officers.
- Training on Equality, Diversity and Inclusion which is mandatory for all Council staff has been updated to now cover a lesson providing an introduction to Health Inequalities. As it's a rebuild, all employees will have to refresh their learning, providing good reach and awareness of health inequalities.
- Further training courses and resources are in development, curated from public resources and custom to Aberdeen as appropriate. This includes a course on Theory of Change and Logic Models to support officers working on service strategies, a 'How To' guide for using generative AI for qualitative analysis and a guide for conducting lived experience research.

Collaboration

The additional engagement activity with our academic partners we described in our last annual progress report has brought new collaborators into the HDRC, and we are building on this engagement with a resource pack aimed at academics with key information about how to work with the Council as a research partner, giving high level information about council processes and timelines, as well as potential opportunities. This is based on feedback from researchers that they find it difficult to navigate the Council, so this resource pack aims to provide researchers with support to maximise the effectiveness of their engagement with the Council.

The HDRC launched a Seminar Series in 2025 featuring guest speakers from UOA, RGU and NHS Grampian aimed primarily at Council and Community Planning partners but open to all, including members of the public. These seminars introduce approaches and methods from academia and public health, and have included sessions on literature reviewing, evidence appraisal, study design methods, and developing theories of change; future sessions will include a mini-series on evaluation. Seminars include time for discussion and questions, and are recorded and [are being made available online](#) on the

CPA YouTube channel. Seminar attendees have said that the seminars have helped them relate their work to research.

We have now recruited to the remaining University of Aberdeen PhD opportunity which will focus on arts-based approaches to community involvement and lived experience and which will be co-supervised by Council Officers to ensure that the outputs are sufficiently integrated with Council and Community Planning activity. Our other three HDRC affiliated PhDs are progressing well; some highlights:

- The PhD studentship focussed on social prescribing has completed the literature review stage and is now seeking ethical and governance approvals for the data matching elements of the study, which will see data being matched in the North-East data safe haven. The PhD student will be sharing her work so far with Council Officers in the autumn.
- Our PhD student researching systemic barriers and facilitators for equitable inclusion of Global Heritage Women as co-researchers, is on track at literature review stage, though there have been challenges with accessing research papers with an EDI focus that had previously been published in the US. The student gave a presentation on equitable inclusion of diverse voices in participatory action research to the Grampian Engagement Network, which is attended by community engagement professionals from across the Grampian region. Their work has also fed into Community Engagement for this student's impact on the Your Place Your Plans Your Future consultation.

HDRCA have connected with [NESTA](#) and agreed to test and provide feedback on an emerging AI driven "Policy Evidence Atlas" being developed to support policymakers and researchers to explore, synthesise and engage with policy evidence data. The project aims to transform the way policymakers engage with evidence by leveraging artificial intelligence and data science approaches to navigate complex policy and research data and simulate the impact of policy interventions. Development is at an early stage, but there is potential to enable both researchers and non-researchers to engage more efficiently and effectively with research. The HDRC will be testing this tool as part of our evidence support to Community Planning Aberdeen.

HDRCA is facilitating co-development of work packages following a successful funding bid to UKRI for the £6M "Just Systems" project. This is a consortium project focusing on the local delivery of net zero and a just transition. A number of Council chief officers have been brought together with University of Aberdeen colleagues to plan the delivery of the programme.

Our Embedded Researchers, and the wider HDRC team have supported their outcome improvement groups through the process of developing LOIP 2026-36, by system change ideas with evidence. Our Embedded Researchers are a mix of directly employed HDRC Team members and academic collaborators, so we can test both approaches. So far we're hearing from our embedded researchers that:

'serving as an embedded researcher with the Community Empowerment Group has provided opportunities to collaborate with individuals from varied backgrounds and learn about their perspectives. My research skills have been applied to identify examples of practice that may inform future improvements and contribute to practical outcomes. The work involves more than data collection, encompassing relationship building, shared learning, and demonstrating how research can support change within communities'.

Early feedback from a chair of an Outcome Improvement Group who has an HDRC Embedded Researcher reflected on the potential of embedded research:

"the involvement of the embedded researcher with the Children's Services Board remains in its infancy. It offers a great opportunity to utilise an academic perspective in the production of our current and upcoming activity in the development of the LOIP, but it has yet to be fully tapped into. Involvement to date has included some brief advice regarding evidence for supporting our LOIP system change workshops. Support for system change development is something we intend to evolve as the

participation of an embedded researcher progresses. The next stage will involve robust research into examples of where similar approaches/programmes to system changes we are proposing for the LOIP have worked elsewhere”.

The HDRC is evaluating the effectiveness of the Embedded Researchers as we go so we can adapt based on our shared learning, so we can maximise the opportunities we have to influence culture and practice; what's coming through already (as above) is that whilst it's still fairly early, this type of embedded support has the potential to shape the activity of these groups.

We continue to offer free places on short courses with our partners RGU and University of Aberdeen, and our programme of bitesize Lunch and Learn sessions which offer introductions to research related topics continue to run on a fortnightly basis. We have advertised applications for a range of new short course opportunities with University of Aberdeen beginning in the Autumn. We've had mixed feedback on these courses from Officers who've completed them, with reports that the time commitment to complete a short course is really difficult to balance with fulltime work. So, for 2025-26 some courses can be taken without doing the assessments, though some officers have still chosen the assessed route. With Robert Gordon University we have offered and accepted three spaces on a 'Scoping Review' course; places were targeted through Community Planning Aberdeen to ensure impact of the learning could be directly applied into the LOIP 2026-36 strategy development process. So far, students represent the children's social work service, the Health and Social Care Partnership and a CPA partner.

Learning from this, we're currently gauging levels of interest from Council Officers in both shorter and longer, more in-depth development opportunities with our core partners and we've had some really promising levels of interest in professional doctorates, so we'll be taking forward a co-designed process help practitioners to shape potential research proposals that align to Council priorities.

We have mapped all HDRC existing development opportunities to the revised Council's Strategy Framework, so practitioners can understand how opportunities can be applied to their work, and we are planning out masterclasses around the Council's strategy refresh timetable with our academic partners, to help grow skills around things like theories of change, logic modelling and evaluation, to support the iterative embedding of the Council's revised Strategy Framework.

We're currently working with the Council's People & Organisational Development Team as they plan their overall training and skills programme for Elected Members, Chief Officers and Senior Managers for 2026.

Further Funding

Our applications for further funding (updated log below) have had some success, but overall there are opportunities for further progress to take full advantage of the opportunities which joint working with academia brings.

To support this, the HDRC hosted a two-day collaborative Sandpit Event in May focussed on developing new research proposals around the wider determinants. This has led to the development of 6 research project ideas which are being taken forward in varying ways.

We are partnering with wider HDRCs to develop and submit a funding application around social isolation & loneliness in coastal communities and developing research ideas with the University of Aberdeen and the Rowett Institute around School Meal choices in Aberdeen City and exploring how they vary across different socioeconomic areas and assessing School Clothing grant guidance and uptake.

We were successful in supporting Aberdeen City Council's bid to be one of three local authority areas to partner with UCL's Institute for Health Equity and Public Health Scotland as the Collaboration for Health Equity.

We have rated ourselves amber because we haven't made as much progress as we had hoped on the development and submission of larger scale research funding bids. We hope that continuing to nurture the groups and projects which came together from our sandpit event will provide a stronger and more ready position from which to develop co-designed funding bids in 2026. There's strong synergy between these projects and emerging priority interventions being taken forward as part of Community Planning Aberdeen's Local Outcome Improvement Plan 2026-36, so we are actively connecting these, to make sure we have well-rounded collaborative groups and are well-positioned to develop bids around key priority areas for the Council and Community Planning.

Achieving progress in priority research areas

We've made good progress, with different approaches being taken to respond to different social determinants areas. We focused down our priority areas for 2025 on housing, early years, poverty and healthy weight.

Early Learning & Childcare (ELC)

Our collaborative Early Learning & Childcare longitudinal study sought recruitment and consenting of participants through the Council's statutory parent and carer ELC consultation this year. Recruitment through this channel didn't reach the minimum sample size required for a longitudinal study so the collaborative team are progressing with a cross-sectional study which will start in October 2025.

Housing & Health

Our Housing and Health project is on track to deliver matched household level health profiles before Christmas. This initial phase will be followed by a range of stakeholder engagement across the Council, AHSCP, and with tenant groups to inform the next stages of analysis. This work will be able to provide a more sophisticated evidence base for targeting interventions as part of the Local Housing Strategy Strategic Implementation Plan.

In terms of foundational data work to support this, other projects and collaborative research more broadly, we have created two regional communities; one of data analysts and researchers sharing joint work and good practice, and the other Grampian Data Governance Forum (GDGF). The GDGF will also share data and good practice but also aims for a more streamlined approach to agreeing robust data sharing arrangements to support research, strategic planning and improvement work across the system, building on our learning from the time taken to agree governance for the housing and health work. We will be sharing learning from HDRC data matching and linkage work across the Council and CPA to date on data quality and integrity, with a view to enabling future data linkage projects to be better understood and as a result, faster and easier to implement.

In terms of other impacts and next steps for this work, HDRC is in discussions with Public Health Scotland, Police Scotland and the University of Edinburgh on the potential development of a Scotland-wide data platform to hold, match and analyse data from across multiple partners. We are also engaged with Council colleagues, Homewards and Bloomberg Associates exploring preventative analytics for homelessness. Council datasets have been provided for exploratory analytics work.

Food Insecurity & Healthy Weight

Building on our previous work around food security and healthy weight, HDRC are supporting a local whole system approach to healthy weight. In the last period, HDRC have provided support to the programme to analyse and understand the previous landscape of partners' healthy weight related activity to help inform action mapping processes. The HDRC has shared this work with practitioners across the system at a Healthy Weight event in September, and to academics and members of the public, via a Poster Presentation at the UK Congress on Obesity, also in September.

We're working with the University of Aberdeen and the Rowett Institute on potential research collaborations to support this work. We are also collaborating with a project led by the Rowett Institute and University of Aberdeen, which aims to bridge the gap between research and real-world impact by developing an interactive, user-friendly toolkit that helps researchers and decision-makers plan effective food system impact delivery strategies. The HDRCA will facilitate local-level testing with local stakeholders to: i) identify potential challenges in tool usability; ii) validate clarity and applicability of instructions for various sectors; iii) explore avenues for further toolkit development.

Poverty

Amongst our work on poverty is the continuing development of LIFT, the "Low Income Family Tracker", as key evidence, exploring its use in "Fairer Future Pathfinder" work. The HDRC supported the Council in building upon the work done in 2024 and 2025 in bringing together Department for Work & Pensions data with Council data, using funding from the Scottish Government's Child Poverty Action Fund, to identify families who are potentially financially vulnerable so they can be proactively targeted with financial inclusion case work support. This work lead directly to extra support for 86 benefit capped families and an additional 76 families through the Council's Rent Assistance Fund, as well 23 pensioners with additional pension credit, though these numbers are growing all the time. This work has led to other promising next steps with the Council progressing plans to share best start grant data with the NHS to help more families, through Health Visitors, and internally to use the LIFT to continue to identify any families not caught through existing processes to increase uptake of educational benefits (EMA, Free School Meals and School Clothing Grants).

Data foundations

The Health Inequality Atlas for the North East of Scotland which was built in 2024 using the 2022 Census data as a base, has been developed with input from stakeholder groups from Aberdeen City Council and Community Planning Aberdeen. Further data sets have been added including the Scottish Indices of Multiple Deprivation; a profile of Food Priority Areas in the City; and "Paycheck" data. The datasets shown within the Health Determinants Atlas are not only interactive, but downloadable for additional use including creating new merged datasets. Policy and strategy colleagues have worked with HDRCA to identify additional new and merged data sets and related analysis through small area profiles. Examples include:

- health data with aspects of housing
- health data with physical activity, including travel to school / work
- health data with education levels

The Atlas has been used by Council and Community Planning Officers to inform reviews and organisational and city wide strategies and plans. HDRCA has led data management activity within NHS Grampian to bring selected data sets within a data platform so that these are catalogued and made visible and accessible for joint work on wider determinants research.

Meaningful Engagement with Local Communities

The HDRC supported a "Your Place, Your Plans Your Future" city wide consultation in several ways. Initially, by supporting with the design and delivery of a engagement approach informed by the research of HDRC PhD student (see above). HDRC Aberdeen also supported the design of inclusive and accessible engagement and promotional materials.

The HDRC then collaborated with the University of Aberdeen and CPA to facilitate a public engagement session as part of the existing Café Scientifique series in Autumn 2025. This session presented and facilitated a deeper discussion on the results of the Your Place, Your Plans, Your Future consultation, with the aims of i) identifying a public research priority and ii) testing this approach. Key themes from

participants included the need for greater community-led action, tackling social isolation and loneliness, and improving economic activity. HDRC researchers have undertaken an evidence review which explores the ways in which loneliness disproportionately affects those facing multiple disadvantages, reflecting broader societal inequalities.

HDRC Aberdeen also supported this consultation by developing the managed use of AI to organise and synthesise the significant volumes of qualitative data provided by Aberdeen citizens. As well as providing a key evidence base for the development of LOIP 2026-36, the HDRC are also drawing out tools and resources to share and spread the learning from the approach developed within the Council, and Community Planning Aberdeen and more widely. Outputs include a 'How To' guide for those within the council wishing to use generative AI in qualitative analysis and two Community Planning Aberdeen and HDRC co-authored academic papers with supporting case studies to ensure that other areas can learn from Aberdeen's lead in this area, which have been submitted to NIHR Open for publication. Council staff appreciated being involved in the co-creation of the project:

"The training and support provided were very good, I appreciated being involved in shaping aspects of the project rather than just given instructions and sent off to do it. This collaborative approach should be replicated in other projects."

They also spoke about learning new skills, improving their day-to-day practice and sharing their learning with colleagues:

"I have used the skills I learned to improve the quality of my data analysis in other projects, I've told colleagues about it too and I think we are using it more and more to take minutes of meetings, draft complicated emails or summarise documents. It's been really helpful actually."

"For me, I think it will help improve the quality of my reports and presentations, I'll have to spend less time on the gathering and summarising of information so I can spend more thinking about the more challenging bits."

There has been some slippage to timescales in the HDRC Lived Experience Project co-designed with Community Justice Outcome Improvement Group. These have been due to i) issues with recruiting participants for the study, ii) data governance processes for ensuring the data collected is properly protected taking longer than anticipated. The narrative data collected from justice social work users has been transcribed and is currently being analysed so it can be a supplementary evidence base in the development of LOIP 2026-36. In addition, the HDRC are drawing out tools and resources to share the learning from this project with Council and to enable wider lived experience work. The Community Justice Social Workers who we co-designed and run this project with have given some really interesting feedback about their experience of conducting qualitative interviews with their clients:

"I've got a better understanding of my clients and the trauma they've experienced, and what things are important to them, and how we can support them in those areas moving forward... I used to conduct interviews in a rigid way—now it's more free-flowing, more like a conversation. That helps clients feel more comfortable and less like they're being interrogated."

"Colleagues have shown interest in the methods we used—there's potential for wider adoption and I'm definitely going to tell my student about the approach."

The HDRC is working with University of Aberdeen researchers and Council services on a project where community members with asylum seeker or refugee backgrounds capturing and sharing their experiences of the city using photovoice methods; this project will be displayed in Aberdeen Art Gallery in 2026. We will share the learning from using the photovoice method as part of our wider training and skills work.

Routes to Impact

Our approach to ensuring our work can have a real life impact for people in Aberdeen is to connect with and (where needs be) to create the processes, structures and relationships to connect HDRC activity with decision making in the Council and across Community Planning Aberdeen.

The HDRC has led the redevelopment of the Council's Strategy Framework as a key foundation for a consistent and evidence based approach in strategy development, implementation and impact monitoring. The HDRC are providing support to embed the Framework, with the newly approved and published Local Housing Strategy demonstrating a significant strengthening from previous iterations and representing a step change in the Council's approach to an increasingly integrated suite of strategies. For the Local Housing Strategy, this reflects explicit consideration of housing's role in shaping the wider determinants of health, and the articulation of this within the strategy's theory of change. Continued support from the HDRC was provided to work up a visual logic model to ensure there is strong cohesion from evidence, to planning, to action and evaluation.

This approach is reflected through various forms and layers of governance and decision making. At multi-agency level, HDRC Embedded Researchers are in place to connect the work of a broad network of outcome groups with the HDRC. HDRC delivered or supported products, including evidence reviews, data and analysis. This built on HDRC work as part of the Collaboration for Health Equity where we worked in partnership to design and deliver a workshop in June 2025 to support the LOIP 2026-36 process described above.

The HDRC worked in partnership with CPA to plan and deliver the Aberdeen 2036: Towards a Fairer Future conference, which was attended by almost 300 researchers, practitioners, professionals, and community members (including young people). The HDRC continue to provide evidence support, advice and guidance throughout the process of developing and agreeing the LOIP 2026-36. This includes designing a framework to assess the estimated impact of interventions, the extent to which proposals are preventative and are likely to support those most in need.

Our next steps will be workshops with both Community Planning Aberdeen and the Council's Strategy Board to form the basis for refreshing HDRC research and data priorities for 2026-2027 to ensure maximum impact of our work.

We have created a home for HDRC outputs and curated materials on the Research and Evidence section on the Community Planning Aberdeen website which includes the health inequalities atlas, research findings, accessible lay summaries, evidence reviews, reports, resources, and a place for lived experience interviews to be hosted when ready.



Progress Report	Health Determinants Research Collaboration Aberdeen Embedded Researchers
Lead Officer	Martin Murchie, Director Health Determinants Research Collaboration
Report Author	Daniel Crabtree, Health Determinants Research Collaboration
Date of Report	14 October 2025
Governance Group	CPA Management Group – 03 November 2025

Purpose of the Report
The report provides an update on status of the Health Determinants Research Collaboration Embedded Researcher Project.

Summary of Key Information
1 BACKGROUND 1.1 The Health Determinants Research Collaboration Aberdeen (HDRCA) has made a commitment to provide HDRCA Representatives to Community Planning Aberdeen (CPA) Outcome Improvement Groups (OIGs) to act as Embedded Researchers. This reflects HDRCA’s decision to adopt a consultancy approach in its activities to grow a research and evidence culture within Aberdeen City Council (ACC) and CPA in line with its funded aims. 1.2 Embedded research involves a particular form of evidence co-production, with researchers and local authority staff working together to co-create, refine, implement and evaluate the impact of new and existing knowledge that is sensitive to the context in which it is used [1]. Embedded research has the potential to ‘coproduce knowledge that is more penetrating and insightful than knowledge produced by academic scholars alone’ [2]. Insights from embedded research have predominantly emerged from healthcare settings, with less understanding about how this initiative fosters change in local authority research culture, particularly in the context of Scottish local authorities. 1.3 The HDRCA has embedded researchers into CPA OIGs and the ACC Strategy Board for an initial period of 12 months. This initiative will be evaluated and the learnings used to inform the development of a sustainable embedded research model within ACC. 2 EMBEDDED RESEARCHER UPDATE

- 2.1 Since the previous CPA Management Group update in August, the ERs have been engaging in the OIG LOIP redesign workshops and providing evidence to support OIG system changes. Furthermore, ERs attended the CPA/HDRCA conference and participated in conference workshop activities.
- 2.2 HDRCA research staff and ERs have been meeting with OIG representatives during September and October to have early discussions focused on identifying evidence and data needs for designing and monitoring proposed system changes. Understanding the needs of the OIGs at this stage of the LOIP redesign process will facilitate the timely design of HDRCA workplans for the next 1-2 years.
- 2.3 As a result of the meetings, the HDRCA received requests for evidence from three OIGs (Anti-poverty/Community Empowerment, Health & Social Care and Sustainable City) to support a total of 13 system changes. These requests related to the LOIP redesign next steps undertaken by OIGs between September 8 and October 10. These requests were submitted on October 1, 2025, with a deadline of October 8. As such, they were prioritised by the HDRCA research team. To identify relevant evidence, the HDRCA research team designed an Excel database to collect the evidence. The research team identified and reviewed peer-reviewed research articles, strategy documents, reports, policy briefings, news articles, and blog articles. Summaries of the evidence were provided, along with additional information related to the geographical location of an intervention, the target population, and the reported barriers and facilitators to accessing interventions. In total, 64 sources of evidence were reviewed and summarised. Evidence reviews were conducted by David Burns, Shravya Allumalla, Dr Clair Woods-Brown (ER), Dr Daniel Crabtree, Dr Zoe Skea (ER) and Dr Sarah McGarrol (ER). Furthermore, Dr William Ball (ER) reviewed evidence and provided summaries in support of 8 system changes proposed by Aberdeen Prospers, and Professor Paul McNamee (ER) engaged with the Children's Services Board.
- 2.4 The HDRCA has been providing monthly HDRCA updates for the ERs to share with their OIGs. OIG lead contacts have created agenda slots for the ERs to present the updates.
- 2.5 Taking into consideration the recent LOIP redesign next steps, the Month 6 review scheduled for September was postponed and will be rescheduled for w/c December 15th.
- 2.6 One of the ERs took leave unexpectedly in July and the HDRCA has been supporting their OIG. The OIG recently merged with two other OIGs, one of which has an ER who will support the newly formed OIG (Health & Social Care).
- 2.7 Dan will present a background to embedded research and the HDRCA approach at the RGU School of Health & School of Pharmacy, Applied Sciences and Public Health seminar series November 12th.

3 NEXT STEPS

3.1	The ERs and the wider HDRCA will continue to support the OIGs and the Strategy Board.
3.2	The HDRCA, including ERs, will continue to meet with OIG representatives to understand the needs of the OIGs during the LOIP 2026-36 design process.
3.3	The Month 6 project review will be scheduled for December 2025. The Month 6 review will help us to further understand what's working, what's challenging, and the influence of the ER role. OIG chairs and lead contacts, and the Strategy Board chair will be invited to engage in semi-structured interviews. The ERs will be invited to attend a focus group.
3.4	The HDRCA are currently drafting an evaluation plan, with support from Professor Flora Douglas (RGU). We anticipate that the plan will be finalised by the end of October 2025. The finalised evaluation plan will be shared with OIG chairs and lead contacts, and the Strategy Board chair.

Recommendations for Action	
It is recommended that members of the CPA Management Group:	
i)	Note that this work is in progress.
ii)	Agree that OIGs continue to engage with their ERs and the HDRCA during the LOIP redesign process.

Opportunities and Risks
Supporting the translation of research into practice within ACC and CPA will facilitate the development of evidence-informed system changes, with the potential to improve public health outcomes and reduce health inequalities.

Consultation
Martin Murchie, Director Health Determinants Research Collaboration Aberdeen and Chief Officer, Data and Insights, Aberdeen City Council. Dr Sarah McGarrol, Senior Research Fellow Health Determinants Research Collaboration Aberdeen.

Background Papers
1. Cheetham, M., Wiseman, A., Khazaeli, B., Gibson, E., Gray, P., Van der Graaf, P., & Rushmer, R. (2018). Embedded research: a promising way to create evidence-informed impact in public health?. <i>Journal of Public Health</i>, 40(suppl_1), i64-i70. Available here: https://doi.org/10.1093/pubmed/fdx125. 2. Van de Ven, A. H., & Johnson, P. E. (2006). Knowledge for theory and practice. <i>Academy of Management Review</i>, 31(4), 802–821. Available here: https://www.jstor.org/stable/20159252.

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FORWARD PLANNER

The reports scheduled within this document are accurate at this time but are subject to change.

Title of report	Contact Officer
Community Planning Aberdeen Management Group 3 Nov 2025/Board 19 Nov 2025	
Local Outcome Improvement Plan Refresh – Draft Stretch Outcomes and Logic Models for the Local Outcome Improvement Plan 2026-36	Michelle Crombie (Aberdeen City Council)/ Allison Swanson
Locality Plans 2026-36 Development Learning Journeys	Jade Leyden (Aberdeen City Council)/ Iain Robertson (Health and Social Care Partnership)
Community Planning Aberdeen Improvement Programme Quarterly Update	Nicole Davey (Aberdeen City Council)
Health Determinants Research Collaboration Update	Martin Murchie (Aberdeen City Council)
Health Determinants Research Collaboration Embedded Researcher Project	Dan Crabtree (Heath Determinants Research Collaboration)
Community Planning Aberdeen Quarterly Budget Monitoring Report (Management Group only)	Allison Swanson (Aberdeen City Council)
Community Planning Aberdeen Management Group 18 Feb /18 Mar 2026	
Draft Local outcome Improvement Plan and Locality Plans for public consultation	Michelle Crombie (Aberdeen City Council)/ Allison Swanson
Community Planning Aberdeen Improvement Programme Quarterly Update	Allison Swanson (Aberdeen City Council)
Health Determinants Research Collaboration Update	Martin Murchie (Aberdeen City Council)
Community Planning Aberdeen Quarterly Budget Monitoring Report (Management Group only)	Michelle Crombie (Aberdeen City Council)
North East Scotland College Strategic Plan	Robin MacGregor (North East Scotland College)
Community Planning Aberdeen Management Group 20 May/ 11 June 2025	
Final Draft Local outcome Improvement Plan	Allison Swanson (Aberdeen City Council)
Final Draft Locality Plans	Jade Leyden (Aberdeen City Council)/ Iain Robertson (Health and Social Care Partnership)
Health Determinants Research Collaboration Update	Martin Murchie (Aberdeen City Council)
Community Planning Aberdeen Quarterly Budget Monitoring Report (Management Group only)	Michelle Crombie (Aberdeen City Council)
CPA Budget 2026/27	Michelle Crombie (Aberdeen City Council)
Community Planning Aberdeen Management Group 12 Aug/ 9 Sept 2025	
Health Determinants Research Collaboration Update	Martin Murchie (Aberdeen City Council)

Title of report	Contact Officer
Community Planning Aberdeen Quarterly Budget Monitoring Report (Management Group only)	Michelle Crombie (Aberdeen City Council)
Community Learning and Development Plan Annual Report	Margaret Stewart (Aberdeen City Council)
Community Planning Aberdeen Management Group 6 Oct/ 18 Nov 2025	
Health Determinants Research Collaboration Update	Martin Murchie (Aberdeen City Council)
Community Planning Aberdeen Quarterly Budget Monitoring Report (Management Group only)	Michelle Crombie (Aberdeen City Council)
TBC	
HMP Prison/ Greene King/ Aberdeen City Council Partnership Update	Isla Newcombe (Aberdeen City Council)
University of Aberdeen/Community Planning Aberdeen Synergies Presentation (<i>Board only</i>)	Pete Edwards (university of Aberdeen)
Housing Bill Stage 2 of the parliamentary process; and full Implementation Plan when the Bill has progressed through Stage.	Mel Booth (Aberdeen City Council)

Acronyms:

Aberdeen City Council	Aberdeen City Council
ACVO	Aberdeen Council of Voluntary Organisations
CPA	Community Planning Aberdeen
HSCP	Health and Social Care Partnership
NHSG	National Health Service Grampian
PS	Police Scotland
SDS	Skills Development Scotland
SE	Scottish Enterprise
UoA	University of Aberdeen

APPENDIX 1 Community Planning Aberdeen Funding Tracker

The tracker below includes key funding opportunities available to the Partnership linked to the themes within the LOIP and Locality Plans.

Title	Description	Amount	Deadline for applications	Relevant CPA Group
Economy				
UKSPF Aberdeen Energy Efficiency Programme https://www.scarf.org.uk/organisation/sustainable-business/aberdeen-energy-efficiency-programme/	This initiative is designed to assist small and medium enterprises, sole traders, and third sector organisations throughout Aberdeen in enhancing their energy efficiency, reducing carbon emissions, and supporting the city's net zero targets. Suggested uses include improvements to building fabric and equipment such as: Solar PV/Battery storage; Air Source Heat pump replacing air conditioning/gas boiler/electric heating; Upgrade Business Equipment to more energy efficient like freezers/fryers/ovens; Voltage optimisers; Double glazing replacing single glazing; Roof/Internal/cavity wall/ Building fabric insulation; Light upgrade/movement sensors; LED/replacing standard lighting; Space heating; Upgraded electrical board; Remote heating controls; Draught proofing; Mechanical/non mechanical ventilation and heat recovery Additional recommendations made by Business Energy Scotland will be considered.	Up to £10,000 for 50% match funding	23 rd November 2025; or until funding has been fully allocated.	3 rd sector organisations, SMEs
SSEN Transmission Regional Community Benefit Fund	Grants are available to not-for-profit organisations across the SSEN Transmission area in the North of Scotland for strategic projects	Up to £500,000	19/11/2025	Legally constituted community

https://www.ssen-transmission.co.uk/information-centre/community-benefit-fund/regional-community-benefit-fund/	focused on employability, community, culture and fuel poverty. There are two funding streams: Regional for strategic projects benefiting communities in the North of Scotland within the SSEN Transmission area. Local for projects benefiting communities situated close to SSE Infrastructure. Funding is available for projects under the following themes: People: Focusing on skills, training and employability. Place: Emphasising the community and culture of the north of Scotland. Place can refer to the physical environment or the wider cultural identity of a community, which may include arts and language. Alleviating fuel poverty: Looking at strategic ways to help people across the region.			groups, not-for-profit organisations and registered charities operating in the SSEN Transmission network area can apply.
People				
Scottish Government - Child Poverty Practice Accelerator Fund https://www.gov.scot/publications/child-poverty-practice-accelerator-fund-form-and-guidance/	Projects must focus on innovative approaches to tackling one or more of the three main drivers of child poverty: - Improving income from employment. - Supporting people with the cost of living. - Increasing awareness and uptake of social security benefits. For the purposes of the Fund, innovation can mean: - New – never tried before. - New – new in this area (geographic or thematic), but good/promising evidence elsewhere.	Up to £100,000	21/11/2025 (round Three)	Local Authorities and Health Boards

	New evaluation – an existing initiative that has not been evaluated to demonstrate impact.			
Robertson Trust https://www.therobertsontrust.org.uk/funding/funding/	The Trust's funding strategy for 2020-30 aims to provide £200 million in funding over the next 10 years to help improve the lives of people and communities experiencing poverty and trauma. Revenue and capital funding is available to support charitable projects that address the Trust's funding strands: Financial Security - tackling the financial and material effects of poverty on people and communities. Education Pathways - equipping people for the future by supporting learning and skills. Work Pathways - ensuring that paid work is a more reliable route out of poverty. Nurturing Relationships - disrupting the link between poverty and intergenerational trauma by addressing the consequences of trauma within households and for individuals facing severe and multiple disadvantages, where poverty is a significant exacerbating factor.	Up to £250,000 The Trust offers the following funding: Wee Grants - revenue or capital funding of up to £5,000 for one year only. Small Grants - revenue funding of between £5,000 and £20,000 per year, for up to five years. Large Grants - revenue funding of between £20,000 and £50,000 per year, for up to five years. Robertson Trust - Nurturing Relationships (closed) - revenue funding of between £5,000 and £50,000 per year, for up to three years. Transport Grants - capital funding of £5,000 to £20,000 per year for up to three years to contribute to the costs of transport to support a charity's work. Robertson Trust - Community Spaces - revenue funding of between £5,000 and £20,000 per year, for up to three years.	Not specified	Registered Charities
UK Government - Better Futures Fund https://www.gov.uk/government/news/largest-fund-of-its-kind-to-support-vulnerable-kids-families	The main aim of this new fund is to give struggling and vulnerable families and children a better start in life by providing them with the support and funding needed to access a better education, a safe home, and the caring supportive environment they need to flourish. It is anticipated that around 200,000 children and their families will benefit from the fund over the course of the next decade.	£500 million will be available in total	To be confirmed	

	Although details have yet to be released, the Government has indicated that it could fund providing support in schools to improve attendance and behaviour, intervening to free children from a life of crime, and offering employment support to secure their futures. This investment in early support to tackle challenges like school absence, addiction and re-offending will help give children the stability and opportunity they need to thrive.			
Scottish Government - Shared Care Scotland - Better Breaks Grants https://www.sharedcare.scotland.org.uk/short-breaks-fund/better-breaks-open/	Grants are available for third sector organisations to develop and deliver short breaks projects and services for disabled children and young people (aged 20 and under), and their carers (adult and/or young carers) in Scotland. Projects must contribute to at least three of the following key outcomes: Disabled children and young people (aged 20 and under) will have more opportunities to have fun, develop friendships and do activities they enjoy. Carers of disabled children and young people (aged 20 and under) will have more opportunities to enjoy a life outside of their caring role. Carers of disabled children and young people (aged 20 and under) will feel better supported to sustain their caring role. Disabled children and young people (aged 20 and under) and their carers will have improved wellbeing.	Up to £35,000	3 rd November 2025	3 rd sector organisations
COSARAF – Hardship Grants	This fund aims to support individuals and families who are struggling with everyday costs, such as	Up to £2000	Not specified.	Charities, housing associations,

https://www.cosaraf.org/what-we-do/hardship-grants/	basic living expenses, household items and utilities, or rent arrears. Eligible costs include: Household items (white goods and occasionally other items such as sofas or wardrobes). Basic living expenses (utilities or food). Work or education-related expenses (such as interview clothes, school uniforms, or laptops). Rent arrears and Council tax arrears, but only where there is a clear risk of homelessness (for rent arrears involving a social landlord applicants should outline what support has already been offered to the tenant). Contribution to immigration-related costs, where the current immigration status directly causes financial hardship to the applicant.			schools and social services who are acting on behalf of a family or individual in need.
Help the Homeless Grant Scheme https://www.help-the-homeless.org.uk/applyin-g-for-funding/	Funding is targeted at projects to find practical ways to help disadvantaged individuals return to the community through training or residential facility provision, rather than merely providing short term shelter. The funding is for capital projects.	Up to £5000	15/12/2025	Registered charities
Foundation Scotland – Women’s Fund for Scotland https://www.foundationscotland.org.uk/apply-for-funding/funding-available/womens-fund-for-scotland	The funding is intended to support projects across Scotland that promote women's development, self-sufficiency, and social and economic equality so that Scotland is safe, healthy, prosperous and connected because women and girls have been encouraged and supported to reach their full potential. The funding is for projects that address at least one of the following themes:	Up to £5000 Eligible expenses include: Volunteer expenses: budget for training, travel, telephone calls, travel and meals. Activity costs: budget for resources to facilitate a project/activity; costs that fall outside capital, volunteer or staffing costs, eg catering, insurance.	18/11/2025	Registered UK charities, unincorporated organisations, community groups and social enterprises, are eligible to apply if they have an

	Thrive supports the potential of women and girls to thrive – through leadership, skills-building, innovation and creativity. Heal supports the spaces and support systems that women need to heal – from violence, from marginalisation and from injustice. Rise supports women rising – together and on their own terms. Rising out of loneliness, of poverty and into a more equal Scotland. This could support movement building or collective work	Project staff / sessional staff costs: budget for external consultants and sessional staff that are employed for the specific project/activity that is being funded. Up to 20% of the grant may be used for consumable items, such as food for a cooking project, supplies for a craft project, travel expenses or childcare expenses.		annual income below £500,000.
Cash4Clubs https://cash-4-clubs.com/	The 2025 programme is focused on supporting adult participation in sport. Funding is available to groups that support over 18s only. Priority will be given to applications from groups working in areas of high deprivation and engaging adults from specific under-represented groups. Typical examples of costs might include a contribution towards: - Venue hire - Utilities such as heating or lighting - Coaching costs - Volunteer expenses - Equipment - Kit - Marketing and communications - Training and qualifications - Insurances and affiliations	250 unrestricted grants of £2000 are available.	8 th December 2025	Applications are accepted from not-for-profit organisations, including charities, community groups and traditional sports clubs.
Scottish Government - The Way Forward for Families Partnership Fund	Funding is intended for projects that build on the work being delivered by charities currently working with children, young people and families affected by substance abuse in Scotland, as well as developing and influencing local and national	Grants of up to £250,000 are available over three years. Funding can contribute up to a maximum of 50% towards the overall costs.	07/11/2025 Stage One: Applicants must make	All applications must be made based on a formal partnership

https://www.corra.scot/grants/the-way-forward-for-families-partnership/	policy and practice. Eligible projects must demonstrate: A Whole Family Approach as outlined in the Scottish Government's Framework for Holistic Whole Family Approaches. Alignment with the strategic objectives of Keeping the Promise. How activities will take into consideration both the national and local context. A high level of involvement of children, young people and families in the design and delivery of the project. Applications for projects that will be co-produced with these groups are encouraged. A relational and trauma-responsive approach. Unconditional support must be given meaning that the project will work to support children, young people and families from all backgrounds.		an initial enquiry to the Fund via email to arrange a 'Welcome Chat'. The deadline to arrange an initial enquiry is 7 November 2025 (17:00).	between a registered charity and a statutory organisation eg, an Alcohol and Drugs Partnership, a local authority or an NHS Board. Other third sector organisations can be included as partners in the project, such as social enterprises and community and voluntary organisations.
Place				
Aberdeen City Council – Community Festive Fund 2025 https://www.aberdeencity.gov.uk/services/leisure-culture-and-parks/major-events-aberdeen/community-festive-fund-2025	Aberdeen City Council offers small grants to support festive events and celebrations held between 18 November 2025 and 2 January 2026. The fund encourages community groups to promote wellbeing and togetherness during the Christmas and Hogmanay period.	Up to £350	25/10/2025	Community groups

ACVO/ETZ – Community & Coast Fund https://acvo.org.uk/funds/community-and-coast-fund/	Local groups in Torry and Cove can apply for grants to deliver initiatives that strengthen community life, celebrate heritage, improve wellbeing, and protect our environment. This fund aims to empower people in Torry and Cove to choose community projects in a way that reflects their local needs and priorities, by generating sustainable projects for the benefit of local people and their communities. This year, they want to support projects that address community safety, social isolation, mental health, and opportunities for engagement — while still aligning with at least one of our 6 Pillars of the Community & Coast Fund.	Up to £10,000 Funding decisions will be made through a Participatory Budgeting process, giving Torry and Cove residents a direct vote on which projects receive support.	07/11/2025	
National Events Programme (Scotland) https://support.visitscotland.org/advice-support/support-by-sector/events-festivals/funding/national	The programme supports activity designed to strategically and sustainably develop events. The following activity is considered eligible for funding: Innovations to develop, enhance or grow the event. Strategic marketing & PR activity to increase audiences/profile. Hired equipment to improve the visitor experience. Hired equipment to increase capacity. Initiatives or developments aimed at enhancing the event's environmental sustainability credentials and contribution towards responsible tourism in Scotland. Specific new activity or event related projects which provide opportunities to inspire or engage the local community with the event or festival.	Up to £25,000	22 October 2025 (14:00) for events taking place between April and September 2026. 14 January 2026 (14:00) for events taking place between September and December 2026.	The programme is open to new and existing public facing live sporting and cultural events taking place across Scotland, outside of the key metropolitan areas of Glasgow and Edinburgh.

	Initiatives or developments which improve accessibility and inclusion at the event or festival			
Scottish Government - Museums Galleries Scotland - Repair and Adaptation Fund https://www.museumsgalleriesscotland.org.uk/funding/repair-and-adaptation-fund/	The funding is for capital projects that are not possible within the limitations of a museum's core maintenance projects. It is intended for accredited museums to tackle urgent repair needs that: - Negatively impact the safety and security of, or access to, collections. - Negatively impact visitor experience. - Limit the ability of staff and volunteers to carry out work. - Create health hazards. The funding can also be used to improve the environmental sustainability or accessibility of museum buildings through: - Lower running costs by improving environmental efficiency and contributing to Scotland's goal of net-zero emissions by 2045. - Improving the accessibility of museums for disabled visitors, volunteers, staff, and those with access needs. - Developing capital works plans for future repairs and adaptations that address urgent repair needs, improve environmental efficiency or increase the accessibility of museums	Up to £100,000	29/10/2025	Any organisation based in Scotland that runs an accredited museum may apply. Organisations must meet the requirements of The Scottish Government's Fair Work Policy.
National Archives - Seed Corn Grants	The funding is intended to support early-stage, exploratory projects that aim to spark new ideas and innovative approaches to community engagement with heritage.	Up to £5000 Eligible costs could include: Staff time or freelance fees for project delivery	Applications will be accepted from:	Galleries, Libraries, Archives, and Museums, and other heritage

https://www.nationalarchives.gov.uk/community-hub/seed-corn-grant/	The grants are particularly designed to help organisations test concepts, build partnerships, or pilot activities, with a strong emphasis on experimentation and learning.	Materials and supplies for workshops, exhibitions, or events Venue hires or equipment rental General organisational overheads or core running costs Travel and subsistence for project participants Community consultation or co-design activities Digital tools or platforms to support engagement Evaluation and documentation of pilot activities	15 September 2025 to 28 November 2025. 2 February 2026 to 17 April 2026.	organisations working with communities across the UK.
SafeDeposits Scotland – Community Fund https://www.safedepositscotland.com/help-centre/article-categories/safedeposits-scotland-community-fund	This fund aims to support projects and activities that benefit local communities by addressing the following criteria: - Sustainability and the environment. - Employability and career skills. - Social inclusion. - Technology and digital inclusion. - Improving the local community. This fund will support a variety of projects and activities that benefit local communities, such as enhancing play areas, planting trees, providing isolated individuals with social opportunities, and helping young people prepare for work.	Up to £5000	28/11/2025	Groups that wish to deliver projects that benefit local communities can apply.
Arnold Clark Community Fund https://www.arnoldclark.com/community-fund	Cost of Living Support – funding to registered charities and community group that are within a 50-mile radius of an Arnold Clark branch and whose work directly supports those most affected	Community grants up to £1,000 Cost of living grants up to £2,500	Cost of Living Support – closed but to	UK registered charities and other not-for-

	by the cost-of-living crisis, such as foodbanks, accommodation, poverty relief and where people/communities in the UK are the primary and immediate focus of investment. Our Communities Support – funding to projects embedded in the communities in which Arnold Clark operates and is available to organisations who provide services widely accessible to those within Arnold Clark local communities, addressing the needs of those living within them. Gear Up for Sport – 150 sports kits given away each month to support youth sports teams across the UK. Any youth team with up to 30 members aged 4 to 15 years can apply.		be reopen in December 2025; Our Communities Support – open for applications; Gear Up for Sport – expected to open in November 2025	profit organisations
Sports Facilities Fund https://sportscotland.org.uk/funding/sport-facilities-fund/	Grants are available for the provision or upgrading of sports facilities in local communities throughout Scotland. Funding is for projects that achieve the following outcomes: Provide opportunities for more people to be more active more often. Widen access, provide opportunities, and remove barriers to participation (young people, older adults, women and girls) Provide high quality and diverse opportunities that develop participants, athletes, volunteers, coaches and officials. Promote the physical and mental health, and wellbeing benefits of sport and physical activity and the wider social benefits. Are designed to the highest possible standard for sport and physical activity, inclusion and accessibility.	Grants of to 50% of eligible project costs up to a maximum of £200,000 may be awarded.	01/04/2026	Clubs (existing and new). Local authorities or leisure trusts. Charitable and third sector organisations. Community organisations. Community sport hubs. Scottish governing bodies of sport(s). Educational establishments providing

	Are designed to use sustainable construction methods, materials or energy systems and form part of a wider organisational sustainability strategy or plan.			access for clubs or community use.
FCC Scottish Action Fund https://fcccommunitiesfoundation.org.uk/funds/fcc-scottish-action-fund	Grants are available to not-for-profit organisations for environmental and community-based projects that are within 10 miles of any landfill site or transfer station in Scotland and are for the benefit of the general public. Applications will be considered for all types of projects included in the following SLCF Objects: Land Reclamation (Object A): The reclamation, remediation, restoration or other operation on land to facilitate economic, social or environmental use. Community Recycling (Object B): Community-based recycling, re-use and waste prevention projects. Public Amenities and Parks (Object C): Providing, maintaining or improving a public park or other public amenity which is in the vicinity of a landfill or transfer station. Biodiversity (Object D): The conservation or promotion of biological diversity through the provision, conservation, restoration or enhancement of a natural habitat or the maintenance or recovery of a species in its natural habitat. Project must be in the vicinity of a landfill or transfer station. Historic Buildings (Object E): The maintenance, repair or restoration of a building, other structure or a site of archaeological interest which is a place	Grants of between £2,000 and £40,000 are available for projects with a total project cost of £250,000 (including VAT if relevant). The funding can be used for the following types of costs: Contractors; Materials; Capital items.; Small items of equipment used by volunteers and staff to deliver the project.	19/11/2025	Local Authority, Charities, community councils, church or community organisations and voluntary groups

	of religious worship, or a site of historic or architectural or archaeological interest and is open to the public. Project must be in the vicinity of a landfill or transfer station.			
Technology				
Scottish Government - Community and Renewable Energy Scheme (CARES) - Development Fund https://localenergy.scot/funding/cares-development-fund/	Funding is intended to facilitate the initial steps of community energy projects. First steps include: - Raising awareness of the energy project idea. - Completing an options appraisal to understand the types of projects that may be carried out. - Completing a first step feasibility study. - Funding for some staff time to progress the idea. Examples of support for early-stage capacity building activities include: - Funding for events. - Community consultations. - Community energy plans or action plans. - Renewable energy option appraisals. - Initial legal advice. - Support for part-time or temporary staff or a development officer to take your project forward. Funding must be used to meet a key and achievable project milestone by the end of February 2026.	Up to £30,000 to cover up to 100% of eligible costs are available.	28/02/2026	Scottish constituted non-profit distributing organisations can apply.
Department for Science, Innovation and Technology - Connecting Scotland Digital Inclusion Fund https://www.find-government-	The Fund aims to: Reduce digital exclusion by supporting targeted interventions that address barriers to digital access, skills, and confidence.	Up to £50,000 Grants of between £10,000 and £50,000 are available. Funding is available under the following two categories:	30/10/2025	Local authorities. Charities and voluntary sector organisations. Research organisations

grants.service.gov.uk/grants/connecting-scotland-digital-inclusion-fund-1	Scale best practice by funding projects that replicate or expand successful digital inclusion models across Scotland. Foster innovation by supporting novel approaches that generate new evidence or tools to improve digital participation. Align with national priorities, including: - Eradicating child poverty. - Growing the economy. - Tackling the climate emergency. - Delivering high-quality, sustainable public services. - Supporting Scotland's Digital Strategy, AI Strategy, Child Poverty delivery plan, and National Plan for Scotland's Islands.	Category One: £321,692: Resource support for projects that replicate or scale best practice in digital inclusion interventions or deliver innovative approaches to tackling digital exclusion. Category Two: £120,635: Capital investment in equipment and assets to support delivery of digital inclusion activities (eg, laptops, devices, software).		eligible for UK Research and Innovation (UKRI) funding. Consortia (with a lead organisation that is a local authority, charity or research organisation).
Energy Saving Trust - Plugged in Communities Grant Fund https://energysavingtrust.org.uk/grants-and-loans/plugged-in-communities-grant-fund/	The fund aims to support community transport organisations in Scotland to transition to zero-emissions vehicles. Funding can cover up to 100% of the costs for one vehicle, either purchase cost or lease costs, to support community trips and services. This can cover the following zero-emission vehicles: - Minibuses. - Vans. - Accessibility adaptations and charging infrastructure are also eligible for funding.	Grants of up to £75,000 are available for vehicles. Grants are also available for accessibility adaptations and charging infrastructure up to a total award of £95,000.	None specified.	Community transport organisations