

Meeting on WEDNESDAY, 12 AUGUST 2026 at 2.00 pm

**** Room MC-4-W-01 - Marischal College, Aberdeen ****

B U S I N E S S

APOLOGIES

MINUTES

- 1.1 Minute of Previous Meeting of 27 May 2026 – for approval (Pages 3 - 12)
- 1.2 Minute of CPA Board of 11 June 2026 – for information (Pages 13 - 18)

COLLABORATIVE LEADERSHIP SESSION (90 MINS)

- 2.1 Collaborative Leadership Session - led by Professor Kristy Docherty, Director of Public Services Sector Engagement Lead and Co-Director of the Scottish Prevention Hub, Edinburgh Futures Institute (Pages 19 - 20)

LOCAL OUTCOME IMPROVEMENT PLAN 2026-36 DELIVERY

- 3.1 Community Planning Aberdeen Delivery and Outcome Management Framework (Pages 21 - 42)
 - Outcomes Dashboard (to be presented at the meeting)
 - System Change Reporting:
 - 1 Safe, co-designed spaces offering onsite support, person centred activities and individual progression pathways for young people at risk
 3. Families and Communities Support Model
- 3.2 LOIP 2026-36 Implementation Delivery Session Report (Pages 43 - 64)
- 3.3 Public Health Organisation Maturity Matrix project (Pages 65 - 124)
- 3.4 Aberdeen City Council Delivery Plan (Pages 125 - 132)

FORWARD LOOK AND FOR INFORMATION

- 4.1 CPA Constitution and Membership (Pages 133 - 142)
- 4.2 Community Planning Q1 Budget Monitoring Report 2026/2027 (Pages 143 - 144)
- 4.3 HDRC Update (Pages 145 - 148)
- 4.4 Housing Bill Stage 2 of the parliamentary process; and full Implementation Plan (Pages 149 - 154)
- 4.5 Whole System Approach to Healthy Weight (Pages 155 - 186)
- 4.6 5 October 2026 Ludo workshop session (Pages 187 - 188)
- 4.7 Forward Planner (Pages 189 - 190)
- 4.8 2027 Meeting Dates (Pages 191 - 192)

Should you require any further information about this agenda, please contact Allison Swanson, ASwanson@aberdeencity.gov.uk

COMMUNITY PLANNING ABERDEEN MANAGEMENT GROUP **27 May 2026**

Present:- Angela Scott (Aberdeen City Council) (Chair), Duncan Abernethy (Aberdeen Prospers), Phil Mackie (NHS Grampian) (Vice Chair), Martin Barry (as substitute or Nicola Anderson (Scottish Enterprise), Simon Reid (Police Scotland), Heather Crabb (University of Aberdeen), Michelle Crombie (Anti Poverty and Community Empowerment), Jillian Evans (Sustainable City Group), Nicola Graham (Skills Development Scotland), Maggie Hepburn (Aberdeen Council for Voluntary Organisations), Alison MacLeod (Aberdeen City Health and Social Care Partnership), Caroline Hood substitute for Paul Finch (Nestrans), Paul Duffy (as a substitute for Kenny Collie) (Scottish Fire and Rescue Service), Simon Rayner (as a substitute for Fiona Mitchellhill (Alcohol and Drugs Partnership), Graeme Simpson (Children's Services Board), Robert Laird (North East Scotland College), Campbell Thomson (Homewards Aberdeen Steering Group), and Eleanor Sheppard (Aberdeen City Council).

Also Present:- Aileen Grant (Aberdeen Health Research Determinants Collaboration), Jade Leyden, Graham Donald, James Simpson, Allison Swanson and Nicole Davey (Aberdeen City Council), and Iain Robertson (Aberdeen City Health and Social Care Partnership)

Apologies:- Kenny Collie (Scottish Fire and Rescue Service), Nicola Anderson (Scottish Enterprise) Paul Finch (Nestrans) and Julie Jones (Robert Gordon University)

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Topic	Discussion/Decision	Action By
1. Welcome and Chair	The Chair welcomed all the meeting.	
2. Minute of Previous Meeting of 21 January 2026	The Management Group had before it the minute of its meeting of 21 January 2026, for approval. <u>The Management Group resolved:</u> to approve the minute as a correct record.	
3. Draft Minute of Meeting of the Community Planning Aberdeen Board of 18 March 2026	The Management Group had before it the draft minute of the Community Planning Aberdeen Board meeting of 18 March 2026, for information. <u>The Management Group resolved:</u> to note the draft minute.	
4. Local Outcome Improvement Plan (LOIP)	The Management Group had before it a report which presented the Unified Risk Register developed by Aberdeen's Chief Officer Group for public protection as an accompaniment to the refreshed Local Outcome Improvement Plan (LOIP) 2026–36,	

Agenda Item 1.1

Topic	Discussion/Decision	Action By
Page 4 2026–36 – Consideration of the Unified Risk Register	and to provide assurance on how the LOIP, Locality Plans and Children’s Services Plan collectively address the risks and strengthen the protective factors identified within it. The Unified Risk Register was submitted as Appendix 1 to this report. The report recommended:- That the CPA Management Group (a) note the Unified Risk Register at Appendix 1; (b) agree that the risk register provides appropriate partnership level assurance in support of delivery of the Local Outcome Improvement Plan, Locality Plans and Children’s Services Plan; and (c) note that the Register will continue to be reviewed and refined as Local Outcome Improvement Plan implementation progresses. <u>The Management Group resolved:</u> to approve the recommendations	
5. Final Draft Local Outcome Improvement Plan 2026-36	The Management Group had before it a report which presented the draft Local Outcome Improvement Plan (LOIP) 2026–2036 for the Management Group’s approval for submission to the CPA Board. The report recommended:- (a) consider and approve the draft Local Outcome Improvement Plan 2026-36 at Appendix 1 for submission to the CPA Board on 11 June 2026 for approval; (b) agree the governance structure and leadership roles at Appendix 3 for submission to the CPA Board on 11 June for approval; (c) subject to approval of the draft Local Outcome Improvement Plan 2026-36 and governance structure on 11 June, agree that the following Outcome Improvement Groups will be stood down: • Aberdeen Prospers • Anti-Poverty and Community Empowerment • Resilient, Included and Supported • Sustainable City	

Topic	Discussion/Decision	Action By
Page 5	(d) note the next steps as detailed at section 3 and agree that partners promote the new Local Outcome Improvement Plan 2026-36 within their organisations once approved; and (e) agree that partners review and update Strategic Plans to align to the new LOIP 2026-36 and schedule Plans to be reported through Community Planning Partners welcomed the proposed governance structure and noted that the leadership of the Outcome Portfolio Boards and System Changes. To ensure that Chairing responsibilities across the proposed new structure were shared equitably across all partners, it was agreed that statutory partners consider the leadership roles of the Statutory Partnerships and submit expressions of interest in advance of the CPA Board agenda being finalised to enable this to be completed before the final report was submitted to the CPA Board next week. This was to ensure that Chairing responsibilities across the proposed new structure were shared equitably across all partners. Maggie Hepburn intimated that ACVO would be keen to be involved in the Community Wealth Building Group and would confirm. As well as leadership of Portfolio Boards, System changes and Statutory Partnerships, it was noted that partners would also play a key role on the system change teams, for example Nestrans on system change 2. In terms of representation on the Management Group, it was agreed that after finalising Statutory Partnership leads and membership of the Outcome Portfolio Boards and system change teams, the Management Group would review membership across to ensure appropriate partner involvement across the structure. The importance of networking opportunities, was raised as was the suggestion to encourage partner engagement through approaches such as rotating the chair which could help improve consistency and broaden participation. In response, there was reflection on the value of bringing together a wider CPP cohort in larger, inclusive sessions, including with the public, noting that the Show and Tell had been productive and such formats should continue, alongside more formal meetings as appropriate. The structure of the Management Group and Board meetings was discussed and noted	

Topic	Discussion/Decision	Action By
Page 6	that a collective leadership deep dive would be held either on 29 June or at the next meeting of the Management Group. The Chair highlighted the importance of showing progress on the social gradient and that further work to strengthen how the Partnership was going to measure the social gradient and evidence the gap in inequalities were reducing. The Chair expressed thanks to all for the commitment and work to develop the new LOIP 2026-36, with a particular thanks to the Chairs of the Outcome Improvement Groups which were being proposed to be stood down, namely: • Michelle Crombie • Duncan Abernethy • Alison MacLeod • Jillian Evans The Chair also thanked Allison Carrington, Skills Development Scotland for her 7 years chairing the Aberdeen Prospers Group and Jamie Bell for his contribution to the Management Group and wished them both the best for their retirements. <u>The Management Group resolved:</u> (i) to approve all the recommendations; (ii) to agree that partners consider the leadership roles of the Statutory Partnerships and confirm in advance of the Board report being finalised next week which Chairing positions their respective organisations were able to take on, ensuring that Chairing responsibilities across the proposed new structure were shared equitably across all partners. (iii) to agree that the CPA Management Group review the membership of the Outcome Portfolio Boards, system change teams and the Statutory Partnerships once set and also once the Programme for Government had been published to ensure appropriate partner involvement across the structure; and (iv) to agree to send a formal note of thanks from the Management Group to national colleagues who supported the development of LOIP 2026-36.	
		Management Group
		Management Group
		Allison Swanson, Community Planning

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Topic	Discussion/Decision	Action By
6. Final Draft North, South and Central Locality Plans 2026-2036	The Management Group had before it a report which presented the draft Locality Plans – North, South, and Central 2026–2036 for the Management Group’s approval for submission to the CPA Board. The report recommended:- That the CPA Management Group (a) consider and approve the draft Locality Plans - North, South, and Central 2026 36 at Appendices 1,2,and 3 for submission to the CPA Board on 11 June 2026 for approval; (b) note the next steps as detailed at section 3 and agree that partners promote the new Locality Plans 2026-36 within their organisations once approved; and (c) agree that partners review and update Strategic Plans to align to the new Locality Plans 2026-36 and schedule Plans to be reported through Community Planning. <u>The Management Group resolved:</u> (i) to approve the recommendations; and (ii) to thank the Locality Planning Managers, their teams and Locality Empowerment Groups and Priority Neighbourhood Partnerships for their work and commitment to the development of the new Locality Plans	
7. Final Draft Children's Services Plan 2026-2031	The Management Group had before it a report which presents the revised draft Children’s Services Plan for the Management Group’s consideration and approval for submission to the Community Planning Board. The report recommended:- That the CPA Management Group (a) consider and approve the draft Children’s Services Plan for submission to the Community Planning Aberdeen Board; and (b) note the next steps detailed above. <u>The Management Group resolved:</u> (i) to approve the recommendations; and	

Topic	Discussion/Decision	Action By
	(ii) to thank Graeme Simposn and the Children's Services Board for the development of the Plans.	
8. LOIP System Change Implementation-Delivery Session Programme	The Management Group had before it a report which outlined the planned LOIP 2026–36 implementation - delivery session on 29 June 2026, aimed at progressing system changes into delivery and aligning partner resources to shared outcomes. Approval of the programme was sought. Partners welcomed the Session Programme and it was raised whether there was an opportunity under deep dive 5 (evaluation) to consider how to evaluate partner contribution to the LOIP 2026-36 beyond the current budget reporting, noting that does not reflect the full contribution of partners, particularly non-financial inputs such as staff resource and buildings. There was also discussion regarding the Council's approach to categorising all spend to the three prevention tiers and that this approach was being considered as part of the development of a national approach to prevention measurement, including budget tagging and the Chair agreed to share this with partners for their consideration. <u>The Management Group resolved:</u> (i) to approve the session outline for 29 June 2026; (ii) to encourage all partners and their senior leadership to attend (iii) to add to programme in Deep Dive 5 how we evaluate partner contribution to the LOIP 2026-36 beyond financial contribution; (iv) to agree that the Chair share Aberdeen City Council's approach to categorising budget using the Three Tiers of Prevention, noting that this was being considered nationally; (v) to explore other venue options rather than the Town House for the session on 29 June 2026.	Allison Swanson, Community Planning Angela Scott, ACC Allison Swanson, Community Planning
9. Draft Community Planning Annual Outcome Improvement Report 2025-26	The Management Group had before it a report which presented the draft Community Planning Aberdeen Annual Outcome Improvement Report 2025/26 for submission to the Community Planning Aberdeen Board on 11 June 2026.	

Topic	Discussion/Decision	Action By
Page 60	The report recommended:- That the CPA Management Group (a) approve the final draft Annual Outcome Improvement Report 2025/26 as contained at Appendix 1; the summary version of the annual report contained at Appendix 2 for submission to the Board on 11 June 2026 for approval; (b) agree, subject to approval by the Board, the submission of the Annual Outcome Improvement Report 2025/26 to Full Council in July 2026 and for its publication and circulation to all partners; (c) consider the report in conjunction with the Locality Plan Annual Reports (Item 3.2) to understand the link with the priority issues being tackled via the three Locality Plans. <u>The Management Group resolved:</u> to approve the recommendations.	
10. Draft North, South and Central Locality Plans Annual Reports 2025-26	The Management Group had before it a report which presented the Annual Locality Reports 2025/26 for the North, South and Central Localities for approval for submission to the CPA Board on 11 June 2026 The report recommended:- That the CPA Management Group (a) approve the final Locality Planning Annual Reports presented at Appendix 1, 2 and 3; and (b) consider the report in conjunction with the CPA Annual Outcome Improvement Report to understand the link with the priority issues being tackled via the city-wide Local Outcome Improvement Plan. <u>The Management Group resolved:</u> to approve the recommendations.	
11. Draft Children's Services Plan Annual Outcome	The Management Group had before it a report which outlined work undertaken by the Children's Services Board over 2025/26 and incorporated the Local Child Poverty Action Report (LCPAR) for 2025/26. The report outlined proposed changes to be made to the agreed Aberdeen City Integrated Children's Services Strategic Plan to support	

Topic	Discussion/Decision	Action By
Improvement Report 2025 26	Community Planning Partners positively respond to changes in published data and changed national policy intent. The report recommended:- That the CPA Management Group (a) note the progress made in delivering the Aberdeen City Integrated Children's Services Strategic Plan and associated work to address child poverty from April 2025 to date; and (b) comment on the report in advance of it being presented to the Community Planning Board for formal approval. <u>The Management Group resolved:</u> to approve the recommendations.	
12. Scottish Government Place Director Charter	The Management Group had before it a report which presented the proposed Place Director and Community Planning Partnership Charter for consideration and agreement to propose endorsement to the Community Planning Aberdeen Board. The report recommended:- That the CPA Management Group and comment on the proposed Place Director and Community Planning Partnership Charter and subject to any comments agree to submit to the CPA Board on 11 June 2026 for endorsement. The Chair updated the group on national developments, the introduction of a new charter, and the strengthening of the National Community Planning Improvement Board's role. <u>The Management Group resolved:</u> to approve the recommendation.	
13. Community Planning Aberdeen	The Management Group had before it a report which provided an update on the 2025/26 Community Planning Budget's financial performance for the period 1 February 2026 to 31 March 2026.	

Topic	Discussion/Decision	Action By
Quarterly Budget Monitoring Report	The report recommended:- That the CPA Management Group note Community Planning Aberdeen Budget's performance during quarter 4 of 2025/26. <u>The Management Group resolved:</u> to approve the recommendation.	
Page 11 14. Health Determinants Research Collaboration Aberdeen	The Management Group had before it a report which to provide the Steering Group with a detailed update on the significant activity undertaken by the HDRCA since the last meeting. The report recommended:- That the CPA Management Group note the update. The Management Group noted that the HDRC was leading one of the deep dives at the session ensuring that evaluation was considered at the outset of the system change and that an embedded researcher would support each of the system change teams in this regard. <u>The Management Group resolved:</u> to approve the recommendation.	
15. Community Planning Improvement Board – Shaping future priorities	The Management Group had before it a report which to set out the future role, priorities and operating model of the Community Planning Improvement Board (CPIB) to strengthen community planning and support public service reform across Scotland. <u>The Management Group resolved:</u> to note the report.	
16. CPA Management Group 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.	

Topic	Discussion/Decision	Action By
17. Funding Tracker	The Management Group had before it the current funding tracker <u>The Management Group resolved:</u> to note that the funding tracker was circulated regularly and was helpful for partners and groups and created opportunities to work with third sector.	
18. Date of Next Meeting	The Management Group noted that the next meeting was on 12 August and encouraged everyone to attend the LOIP Implementation-Delivery Session on 29 June 2026.	

COMMUNITY PLANNING ABERDEEN BOARD

11 JUNE 2026

Present: Councillor Christian Allard (Aberdeen City Council), Chairperson; Councillor Kate Blake (Aberdeen City Council); Heather Crabb, as a substitute for Dr Heather May Morgan (University of Aberdeen); Councillor Martin Greig (Aberdeen City Council); Robert Laird, as a substitute for Susan Elston (North East Scotland College); Chris Littlejohn NHS Grampian, Public Health, as a substitute for Shantini Paranjothy); Chris Molue, as a substitute for Nick Fyfe (Robert Gordon University); Paul O'Connor (Aberdeen Council of Voluntary Organisations); Councillor Miranda Radley (Aberdeen City Council); Angela Scott (Aberdeen City Council); Kate Stephen (Police Scotland)

Also Present: Jessica Allen (University College of London); Norman Adams; Michelle Crombie; Graham Donald; Madeline MacSween; Martin Murchie, Graeme Simpson and Allison Swanson; Brian Webb (Aberdeen City Council); Iain Robertson (Aberdeen City Health and Social Care Partnership); Dr Liam O'Brien (Scottish Government); and Hannah Forbes, Sam Milne and Pelumi Otitoju (Aberdeen Youth Movement).

Apologies: Nicola Anderson (Scottish Enterprise); Susan Elston (North Scotland College); Nick Fyfe (Robert Gordon University); Richard McCallum (Scottish Government); Dr Heather May Morgan (University of Aberdeen) Shantini Paranjothy (NHS Grampian); Hussein Patwa (Integration Joint Board); Anthony Standing (Skills Development Scotland); Laura Skaife Knight (NHS Grampian); Andy Wright (Scottish Fire and Rescue Services).

Page 13	Topic	Discussion/Decision	Action By
	Welcome	The Chair welcomed everyone to the meeting, particularly Dr Jessica Allen, Deputy Director, Institute of Health Equity (University College of London); and Aberdeen Youth Movement - Hannah Forbes, Sam Milne, Pelumi Otitoju and Brian Webb - Lead Officer.	
2	Draft Minute of the Community Planning Aberdeen Board Meeting of 18 March 2026 – for approval	The Board had before it the minute of its previous meeting of 18 March 2026 for approval. The Chair highlighted the following :- - to note that the joint community cohesion statement as agreed at the last meeting has been included in the media release for the approval of the Local Outcome Improvement Plan and Locality Plans subject to the decision later on today's agenda. - that Media release would be shared with partners for them to share within their organisations. - that Minute Item 5 – In response to a question, partners expressed concern on the disparities on volunteer and support funding (mental health funding) due to some funds having been placed under different criteria in terms of the organisation's turnover having become an obstacle for some third sector organisations. - that Mr McCallum suggested that the point be taken away and be followed up by contacting the director of mental. Note that Scottish Government are preparing response and would circulate when ready.	

	Topic	Discussion/Decision	Action By
		<u>The Board resolved:</u> - (i) to approve the minute as a correct record; (ii) to note the information provided.	
3	Draft Minute of the Community Planning Aberdeen Management Group of 27 May 2026 – for information	The Board had before it the draft minute of the Community Planning Management Group meeting of 27 May 2026 for information. <u>The Board resolved:</u> - to note the minute.	
4	Community Planning Aberdeen Board Forward Business Planner	The Board had before it the Forward Business Planner.. <u>The Board resolved:</u> - to note the Forward Business Planner.	
5	Scottish Location Director Update	The Board received a verbal update from Dr Liam O' Brien on behalf Richard McCallum (Scottish Location Director). The update covered the following areas: - • that the Government have begun to set out its priorities for the next five years; • that the Parliament have passed legislation to implement 'The Promise' thereby reforming care service following the Independent Care review; • that the Climate Change Plan to 2040 have been published and it mainly concentrated on transport, housing, energy, agriculture, industry and land use; • that the Plan would promote low carbon heating, renewable energy, public transport, energy efficiency and green jobs; • that the Scottish Government have published a review on land reform agenda which sought to increase community ownership of land and assets; • that the funding for Social Care and Advocacy have increased along with the foster and kinships carers payment; • that there has been an announcement on Tax which included the Scottish Aggregates Tax and the visitors levy which was amended to enable Local Authorities to introduce; • that the Government have set out its priorities on economic growth, poverty reduction, NHS performance, housing delivery and the cost -of living – households challenge; • that the Place Director Community Planning Partnership Charter would be launched on Tuesday, 23 June 2026; and • that the Scottish Government would appreciate feedback regarding the third Tackling Child Poverty Delivery plan and Equally Safe Strategy.	

	Topic	Discussion/Decision	Action By
		In response to the questions asked by the partners on the following – (a) on tackling child poverty delivery plan, what is the interaction since there was a developed action plan for child poverty in partnership with Scottish Government as a key partner, (b) funding on social care and advocacy; young people and adult care, (c) violence against Girls Dr O'Brien advised on the following- (a) that the partners would have workshops / engagement groups, (b) he would take the question away follow up on the funding on social care and advocacy. In response to the above, Michelle Crombie – Strategic Lead, Prevention and Community Empowerment - Aberdeen city Council, advised that Community Planning Partners and Aberdeen City Council were already engaged in the networking. However, it has been embedded in the Child Poverty and Children's Service Plan. She suggested for the Plan to be shared with the partners. In addition to Dr O' Brien response, Graeme Simpson – Chief Officer – Children's Social Work and Families Support - Aberdeen City Council, advised that (a)- it has been embedded locally; (b) – The Services are open to work with the Scottish Government and (c) there have been some connections with young people in schools. In response to the question on how the implementation would happen, Mr Simpson advised that the Local Authority and partners were working together. <u>The Board resolved:</u> - (i) to note the update provided; (ii) Dr O'Brien to follow up and provide an update; and (ii) Mrs Crombie to share the plan with the partners	Dr O' Brien/ Scottish Government Michelle Crombie/ Aberdeen City Council
6	Aberdeen City Local Outcome Improvement Plan and Locality Plan 2026-36	The Board had before it a report which presented the Local Outcome Improvement Plan (LOIP) 2026-36 for approval. The plan set out Community Planning Aberdeen's shared long-term vision, outcomes and system changes for the next decade, establishing a collective commitment to prevention, reducing inequalities and improving life chances through partnership working, system transformation and a just transition for the city and its communities. The report recommended: - that the Board: (a) consider and approve the Local Outcome Improvement Plan (LOIP) 2026-36 at Appendix 1; (b) agree the governance structure and leadership arrangements at Appendix 2 and; (c) agree that partners review and update their Strategic Plans to align to the new LOIP 2026-36 and schedule plans to be reported through Community Planning Aberdeen. The Board heard from Martin Murchie – Director – Health Determinants and Research Collaboration – Aberdeen City Council, who spoke to the report on how the Collaboration for	

	Topic	Discussion/Decision	Action By
Page 16		Health Equity in Scotland had supported the Local Outcome Improvement Plan. He advised that Aberdeen City Council and NHS Grampian worked together as co-partners in refreshing the Local Outcome Improved Plan and Locality Plans. Mr Murchie introduced Dr Jessica Allen, Deputy Director – Institute of Health Equity – University College of London, who gave a presentation on the Collaboration for Health Equity in Scotland final report and work with Public Health Scotland. The Board heard from Allison Swanson – Community Planning and Improvement Manager – Aberdeen City Council, as she introduced Aberdeen Youth Movement who were involved in the project and also supported in co-designing the engagement and consultation for children and young people which took place in February 2026. It was highlighted that Aberdeen Youth Movement co-designed the public version of the Local Outcome Improvement Plan 2026-2036 and the video which would launch the Local Outcome Improvement Plan subject to approval. The Board then watched the video and heard from a representative of Aberdeen Youth Movement, who emphasised that they had been honoured to help and they wanted to make a difference to Aberdeen. During the course of questions, some concern was raised with regard to the statistics relating to the HPV vaccine and uptake. Angela Scott responded that a report had recently been considered by the Aberdeen City Integration Joint Board on immunisation and that she was happy to circulate it to the Board. <u>The Board resolved: -</u> (i) to approve the recommendations; and (ii) to thank Mr Murchie, officers, Dr Allen and Aberdeen Youth Movement for their work and contributions.	Angela Scott/Aberdeen City Council
	7 Final North, South and Central Locality Plans 2026-2036	The Board had before it a report which presented the North, South and Central Locality Plans 2026-36 for approval. The Plans support delivery of the citywide Local Outcome Improvement Plan 2026-36 by translating its shared vision and outcomes into targeted, place-based action. Shaped with communities, they reflected local needs and opportunities across the city, ensuring support is proportionate to need, strengthening universal services and focusing additional effort on priority neighbourhoods to reduce inequalities and improve life chances. <u>The report recommended: -</u> that the Board: (a) consider and approve the North, South and Central Locality Plans 2026-36 at	

	Topic	Discussion/Decision	Action By
		Appendices 1, 2 and 3; and (b) agree that partners review and update Strategic Plans to align to the new Locality Plans 2026-36 and schedule plans to be reported through Community Planning Aberdeen. <u>The Board resolved: -</u> to approve the recommendations.	
9	Community Planning Aberdeen Annual Outcome Improvement Report 2025-26	The Board had before it a report which presented the draft Annual Outcome Improvement Report 2025/26 for approval. The report recommended: that the Board: (a) approve the final draft Annual Outcome Improvement Report 2025/26 as contained at Appendix 1; and the summary version of the annual report contained at Appendix 2; (b) agree the submission of the Annual Outcome Improvement Report 2025/26 to Full Council in July 2026 and for its publication and circulation to all partners; and (c) consider the report in conjunction with the Locality Plan Annual Reports (item 3.2) to understand the link with the priority issues being tackled via the three Locality Plans. <u>The Board resolved: -</u> (i) to approve the recommendations; and (ii) to agree that partners email any questions to officers for a response.	All partners
10	North, South and Central Locality Plan Annual Reports 2025-26	The Board had before it a report which presented the Annual Reports 2025/26 against the North, South and Central Locality Plans published in July 2024. The Locality Plans underpinned the Aberdeen City Local Outcome Improvement Plan 2016-26, as well as individual partners plans, to cement a joint and coordinated approach between public services and local communities to improve outcomes city wide and at a locality level. The report recommended: - that the Board: (a) approve the final Locality Planning Annual Reports presented at Appendix 1, 2 and 3; and (b) consider the report in conjunction with the Community Planning Aberdeen Annual Outcome Improvement Report to understand the link with the priority issues being tackled via the city-wide Local Outcome Improvement Plan. <u>The Board resolved: -</u> (i) to approve the recommendations; and (ii) to agree that partners email any questions to officers for a response.	All partners

	Topic	Discussion/Decision	Action By
11	Children's Services Annual Report 2025-2026	The Board had before it a report which outlined work undertaken by the Children's Services Board over 2025/26 and incorporated the Local Child Poverty Action Report (LCPAR) for 2025/26. The report outlined proposed changes to be made to the agreed Aberdeen City Integrated Children's Services Strategic Plan to support Community Planning Partners positively respond to changes in published data and changed national policy intent. The report recommended: - that the Board: (a) note the progress made in delivering the Aberdeen City Integrated Children's Services Strategic Plan and associated work to address child poverty from April 2025 to date; and (b) consider and approve the Annual Report. <u>The Board resolved: -</u> (i) to approve the recommendations; and (ii) to agree that partners email any questions to officers for a response.	All partners
12	Information Report	The Board had before it a report for information on items which had been considered by the Community Planning Management Group on 27 May 2026. <u>The Board resolved: -</u> to note the report.	
13	Date of Next Meeting	The Board agreed that its next meeting scheduled for 9 September 2026 be cancelled and that the Planner be amended in light of the newly approved Local Outcome Improvement Plan and the impact this would have on related work. The next meeting would therefore take place on 18 November 2026 at 2pm.	Gogo Okafor/ Michelle Crombie
14	Tour of Aberdeen Art Galley View of Aberdeen Exhibition	The Board received a tour of the 'View of Aberdeen' Exhibition from Madeline MacSween, Team leader – Collections, Art Gallery and Museums – Aberdeen City Council.	



Collaborative Leadership Session – 12 August 2026 2pm- 3.30pm

Lead: Professor Kristy Dochery, Director of Public Services Sector Engagement Lead and Co-Director of the Scottish Prevention Hub, Edinburgh Futures Institute

Aim - To explore how Community Planning Aberdeen can create the leadership, workforce and collaborative conditions required to successfully deliver the five agreed system changes.

Setting the context –Introducing the Scottish Prevention Hub's approach to collaborative leadership and systems change **(30 mins)**

Table Discussions – Collaborative Leadership, Workforce Development and Community Empowerment (45 mins)

Each Group to discuss the following three enablers: Collaborative Leadership, Workforce Development and Community Empowerment using the provocation questions below. The aim is to move beyond *what* we want to achieve and explore *how* we create the conditions to deliver it.

Each group to discuss the following and capture the practical actions and opportunities to strengthen collaborative working across the LOIP 2026-36.

1. Collaborative Leadership

- When a challenge spans organisations, what helps people step forward and lead together, rather than waiting for one organisation to take charge?
- Where does our current system still reward organisational leadership over collaborative leadership and what would need to change to shift that?
- What leadership behaviours will be most important if the five system changes are to succeed across organisational boundaries?

2. Community Empowerment

- If communities had the same influence over decisions as public services, what would we be doing differently today and what is stopping us from making that shift?
- Where do we still believe that professionals know best, and how can we build the confidence to share power and make decisions differently alongside communities?
- How do we know when community voices have actually changed a decision or improved delivery?

3. Workforce Development

- What capabilities, skills, behaviours do we need across the partnership to successfully deliver the system changes over the next 3–5 years?
- How could we better use the collective workforce across Community Planning Aberdeen to deliver the 5 system changes?
- What workforce barriers are making it harder to work across organisational boundaries, and how can we address them together?

4. Looking across all ten enablers, which one would unlock the greatest progress across the whole LOIP if we genuinely got it right - and why?

Plenary discussion – Reflections from tables, identifying common themes, practical actions and opportunities to strengthen collaborative working across the LOIP. **(15 mins)**

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Progress Report	Community Planning Aberdeen Delivery and Outcome Management Framework
Lead Officer	Michelle Crombie, Strategic Lead, Community Empowerment and Prevention
Report Author	Allison Swanson, Community Planning and Improvement Manager
Date of Report	13 July 2026
Governance Group	Management Group – 12 August 2026

Purpose of the Report

This report presents the proposed Delivery and Outcome Management Framework for Community Planning Aberdeen. The Framework updates the previous Outcome Management and Improvement Framework to reflect the Local Outcome Improvement Plan (LOIP) 2026–36, the revised governance arrangements, the introduction of Outcome Portfolio Boards and System Change Teams, and the adoption of a system change delivery model.

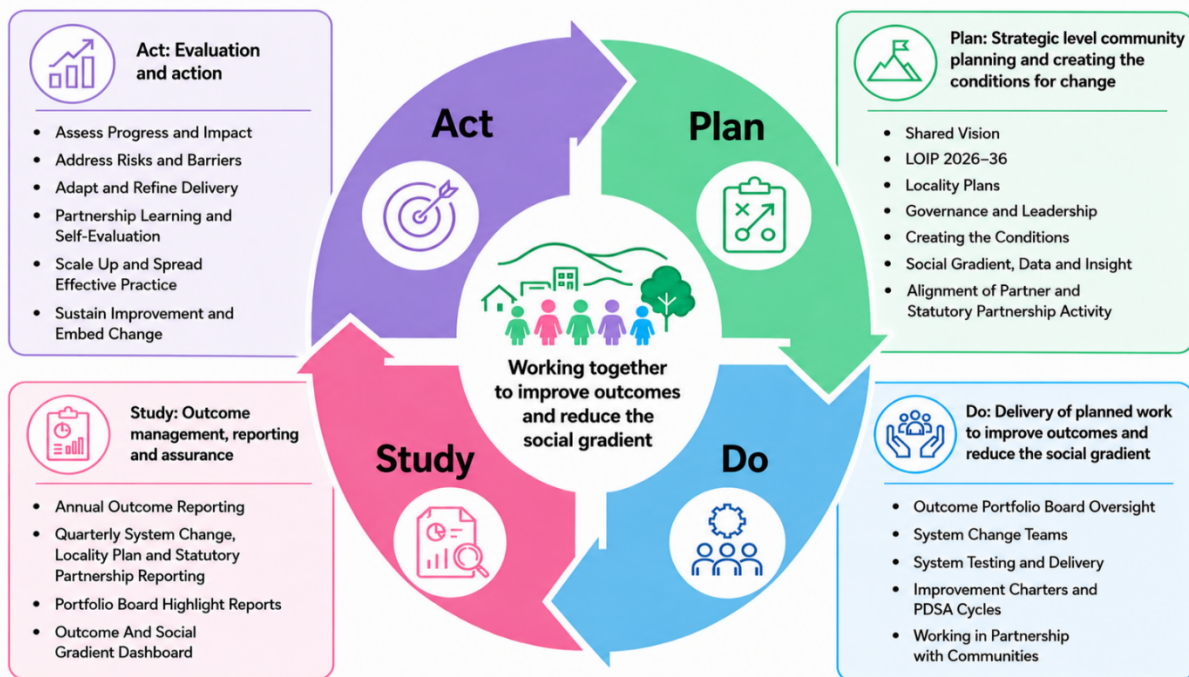
Summary of Key Information

1 BACKGROUND

- 1.1 The Aberdeen City Local Outcome Improvement Plan (LOIP) 2026-36 was endorsed by Community Planning Aberdeen on 11 June 2026. The Local Outcome Improvement Plan (LOIP) 2026–36 sets out the shared vision for Community Planning Aberdeen for the next ten years. The Plan sets out ten-year outcomes, improvement aims to 2031, logic models and five system changes designed to improve outcomes and reduce inequalities across Aberdeen.
- 1.2 Alongside the refreshed LOIP, Community Planning Aberdeen has reviewed its governance and delivery arrangements to ensure that partners are effectively organised to deliver the agreed system changes and ten-year outcomes. The new arrangements include Outcome Portfolio Boards, refreshed Management Group arrangements, system change leadership roles, system change teams and revised reporting arrangements.
- 1.3 This report presents the proposed Delivery and Outcome Management Framework which updates the previous Outcome Management and Improvement Framework and sets out the arrangements for planning, delivery, outcome management, reporting, assurance and improvement for the LOIP 2026–36. The Framework provides a systematic and collaborative approach to planning, delivery, improvement, monitoring, evaluation and reporting. It establishes a clear relationship between the LOIP, system change delivery, outcome improvement, public accountability and continuous learning.

2 DELIVERY AND OUTCOME MANAGEMENT FRAMEWORK

2.1 The Delivery and Outcome Management Framework illustrated below is based on the Plan–Do–Study–Act (PDSA) cycle. The PDSA cycle remains the foundation of Community Planning Aberdeen's approach to quality improvement and provides a consistent method for testing, learning, adapting and sustaining improvements. It ensures that governance, delivery and performance management operate as part of a single improvement system rather than as separate activities.



2.2 The Framework is designed to ensure that each part of the governance structure has a distinct role. Outcome Portfolio Boards will focus on delivery oversight, implementation learning and risks within their portfolio. The Management Group will consider cross-system assurance, dependencies, barriers and collective action. The CPA Board will retain strategic oversight of progress towards the long-term outcomes in the LOIP and Locality Plans. Together these stages create a continuous cycle of planning, delivery, learning and improvement which will operate throughout the life of the LOIP.

2.3 The following sections of this report explain each component part of the Delivery and Outcome Management Framework and key proposals for monitoring and reporting.

3 PLAN: STRATEGIC LEVEL COMMUNITY PLANNING AND CREATING THE CONDITIONS FOR CHANGE

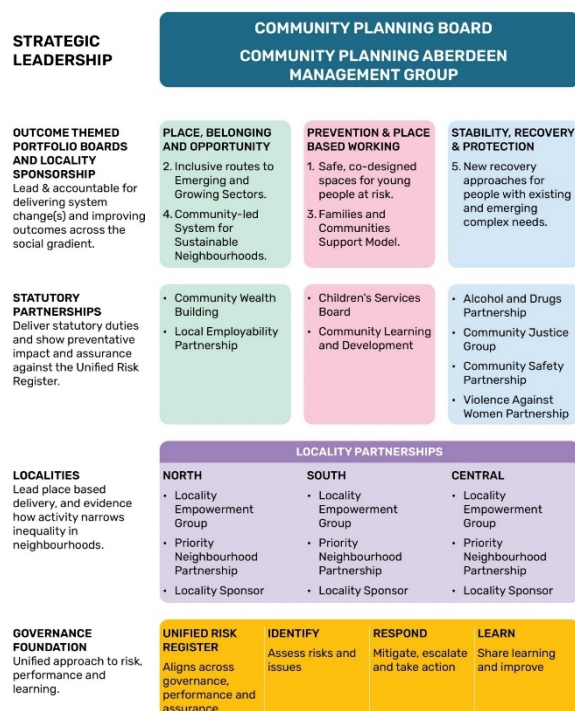
Local Outcome Improvement Plan 2026-36 and Locality Plans

- 3.1 The Local Outcome Improvement Plan (LOIP) 2026–36 provides the strategic framework for Community Planning Aberdeen. Underpinning the LOIP are the Locality Plans for North, South and Central, which provide a place-based approach to tackling inequalities and improving outcomes within communities. Together these arrangements ensure alignment between city-wide priorities, local priorities and system change delivery.
- 3.2 The LOIP establishes the vision, ten year outcomes, five year improvement aims, output measures and the five system changes which provide the basis for delivery, monitoring and reporting throughout the life of the Plan.
- 3.3 These elements provide a shared understanding of the outcomes Community Planning Aberdeen seeks to achieve and the changes required to achieve them. The system changes will be delivered through identified system components, Improvement Charters and structured testing using the PDSA cycle led by System Change Teams.

Creating the Conditions

- 3.4 Creating the conditions for delivery involves putting in place the governance, leadership, capability, data and shared understanding required for partners to work effectively together to deliver change and reduce inequalities.
- 3.5 Governance and Collaborative Leadership: The agreed governance model establishes clear responsibilities for strategic assurance, cross-system integration and delivery oversight required to deliver the Local Outcome Improvement Plan (LOIP).
- 3.6 The governance roles, membership arrangements and leadership responsibilities which support delivery of this Framework are set out within the CPA Constitution and Membership report. Further detail on the governance arrangements, constitution and membership of Community Planning Aberdeen structures is provided in a separate report on today's agenda.

COMMUNITY PLANNING ABERDEEN GOVERNANCE



- 3.7 **System Leadership and Capability:** A programme of capacity-building support is available to system change teams, including the System Change Leadership Programme, Improvement Adviser support and embedded researcher support, to strengthen leadership capability and support delivery.
- 3.8 **Understanding the System and Applying a Consistent Improvement Method:** Community Planning Aberdeen has adopted the Model for Improvement as the shared improvement methodology to support system change activity. This will enable System Change Teams to develop a common understanding of how systems operate, including variation, inequality and existing assets, and to use quality improvement methods to test, learn and refine solutions.
- 3.9 **Social Gradient, Data, Insight and Assurance:** A shared evidence base, drawing on quantitative data, lived experience and practitioner insight, will be used to monitor progress, understand impacts on inequalities and inform decision-making across the Partnership.
- 3.10 **Community Participation and Co-production:** Community participation is a core principle of community planning. Communities, citizens and people with lived experience will contribute to the design, testing, implementation and evaluation of system change activity. Evidence of community participation will inform both continuous improvement activity and public reporting on progress and impact.

Alignment of Partner and Statutory Partnership Activity

- 3.11 Delivery of the LOIP 2026–36 is a shared responsibility across Community Planning Aberdeen. While System Change Teams will coordinate and test specific system changes, delivery will also be achieved through the ongoing work of partner organisations, statutory partnerships, locality partnerships and existing strategic plans.
- 3.12 Partners are expected to align their organisational strategies with the outcomes, and system changes contained within the LOIP. Similarly, statutory partnerships are expected to demonstrate how their strategic plans and delivery activity contribute to the achievement of LOIP outcomes and the reduction of inequalities across the social gradient.
- 3.13 Locality Partnerships provide the place-based mechanism for delivering Locality Plans. Through the three Locality Sponsors and Outcome Portfolio Boards, locality intelligence, lived experience and insight on neighbourhood variation will inform the design, testing and refinement of system change activity, ensuring it reflects local needs, assets and inequalities.
- 3.14 This approach ensures that Community Planning Aberdeen operates as a single improvement system, with collective effort being directed towards shared outcomes.

4 DO: DELIVERY OF PLANNED WORK TO IMPROVE OUTCOMES AND REDUCE THE SOCIAL GRADIENT

- 4.1 The purpose of the Do stage is to move the ambitions of the LOIP into delivery. Delivery will be undertaken through multi-agency System Change Teams

operating within the governance and accountability arrangements of the relevant Outcome Portfolio Board. Teams will use quality improvement methodology to test, implement, learn from and adapt improvement activity over time.

Role of Outcome Portfolio Boards

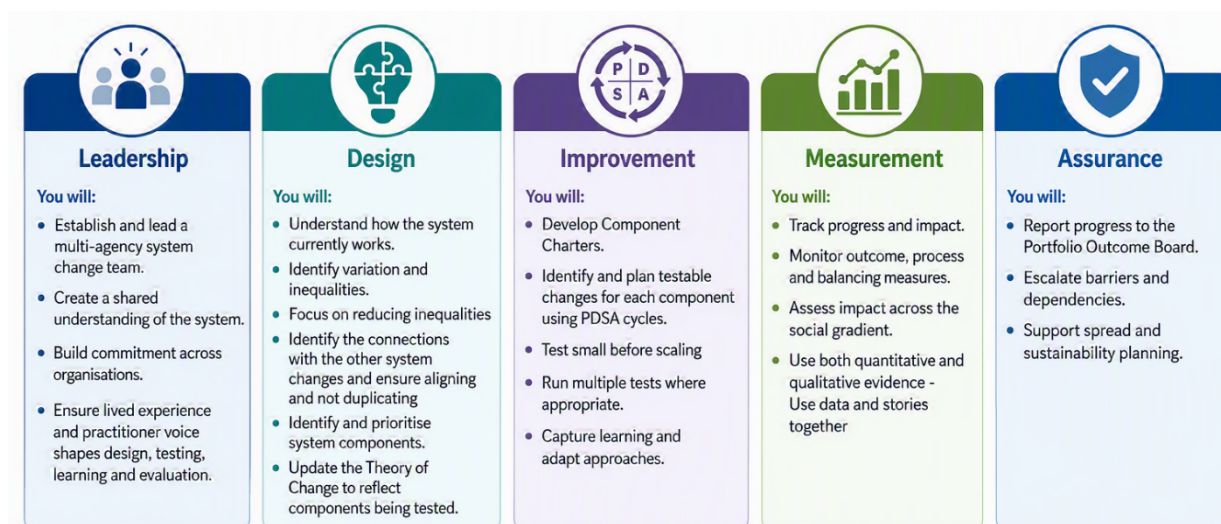
4.2 Outcome Portfolio Boards provide delivery oversight and implementation scrutiny for outcomes and system change activity within their portfolio. They will:

- Approve updated Theory of Change documents.
- Agree and prioritise system components for testing.
- Approve Improvement Charters.
- Review implementation learning and evidence.
- Monitor impact on outcomes and inequalities.
- Support removal of barriers to delivery.
- Escalate strategic issues to the Management Group where required.

System Change Leads and System Change Delivery Journey

4.3 System Change Leads are responsible for translating agreed system changes into practical delivery activity. They will:

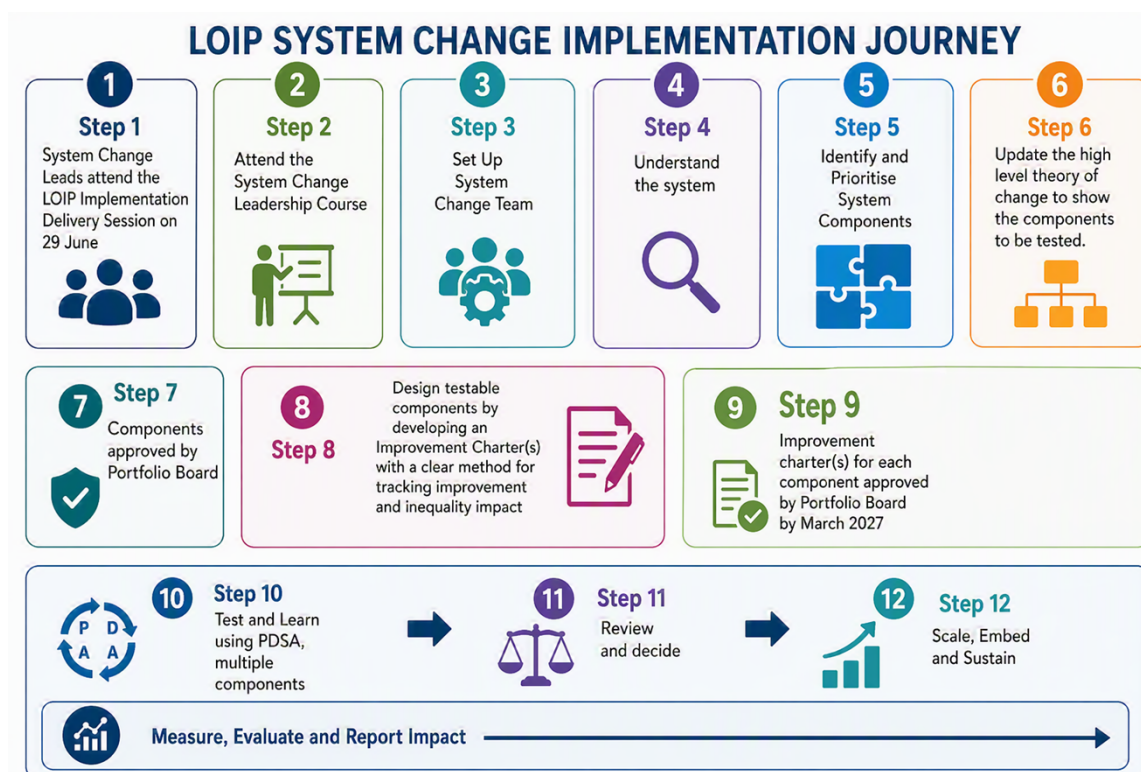
- Establish multi-agency System Change Teams.
- Develop and update Theory of Change documents.
- Identify and prioritise components for testing.
- Develop Improvement Charters and Measurement Plans.
- Lead implementation and PDSA testing activity.
- Monitor progress and inequality impact.
- Report progress, risks and learning to Outcome Portfolio Boards.



4.4 System Change Teams will include practitioners, partners, data managers, improvement support, research support and lived experience representation as appropriate.

4.5 A core expectation of all System Change activity is demonstrable progress in reducing inequalities and improving outcomes across the social gradient. System Change Teams will be expected to evidence how inequality impact is being measured, tested and reported.

- 4.6 System changes will progress through a structured implementation pathway. The implementation approach is based on moving from Theory of Change to identified system components, testable changes, structured testing, learning and ultimately spread and sustainability.



- 4.7 System Change Teams will be expected to submit at least one Improvement Charter for an agreed component by March 2027 and begin testing activity thereafter.
- 4.8 The milestones set out later in this report translate this journey into a timetable for confirming membership, establishing System Change Teams, agreeing Improvement Charters, reporting progress and providing assurance to the Management Group and CPA Board.

System Change Leader Support and Development

- 4.9 To support implementation of the LOIP 2026-36, an Initiation Pack for System Change Leaders has been issued to all System Change Leads and Co-Leads. The pack provides practical guidance on governance, delivery, quality improvement, reporting arrangements, available tools and templates, and the steps required to progress system changes from Theory of Change through to testing, implementation, learning and sustainability.
- 4.10 System Change Leads have participated in the System Change Leadership Course, which has been designed to strengthen capability in systems leadership, quality improvement and leading change within complex multi-agency systems. Together, the Initiation Pack, leadership programme, improvement support, embedded research support and the capacity building offer provide a consistent support framework for all System Change Teams.

5 STUDY: OUTCOME MANAGEMENT, REPORTING AND ASSURANCE

5.1 The purpose of the Study stage is to ensure that information generated through delivery activity is used to understand progress, assess impact, identify learning, reduce inequalities and provide assurance regarding delivery of the LOIP 2026–36 and associated Locality Plans. A key feature of the Framework is the distinction between outcome management and outcome reporting. Outcome management will support real-time learning, adaptation and improvement by System Change Teams and Outcome Portfolio Boards. Outcome reporting will provide assurance to the CPA Board, partners, communities and the public on progress, impact and accountability.

5.2 Outcome Management and Outcome Reporting

	Outcome Management	Outcome Reporting
Purpose	Supports continuous improvement activity and implementation of system changes.	Provides public assurance on progress, impact, service quality and stewardship of public resources.
Timescale	Ongoing, aligned to Outcome Portfolio Board and Management Group reporting cycles.	Regular aligned to CPA Board assurance and statutory annual reporting requirements.
Audience	System Change Teams, Outcome Portfolio Boards, Management Group, statutory partnerships and partner staff.	CPA Board, communities, elected members, partners and the wider public.
Tools Used	Theory of Change documents, Component Charters, PDSA templates, Measurement Plans, Dashboards, Highlight Reports and Progress Reports.	Annual Outcome Improvement Reports, Public Outcome Summaries, Outcome Dashboards and Assurance Reports.
Focus	Understanding whether system changes are being implemented effectively and whether improvement is taking place.	Understanding whether the LOIP is improving outcomes and reducing inequalities across Aberdeen.

5.3 The CPA Board, Management Group and Outcome Portfolio Boards require regular reports to monitor delivery of the Local Outcome Improvement Plan 2026–36, Locality Plans and associated system changes. The governance arrangements require information to be available at different levels of the system to support implementation, identify and remove barriers, provide assurance regarding progress and enable partners to be held accountable for their contribution to improving outcomes and reducing inequalities.

5.4 In addition, Community Planning Aberdeen must continue to fulfil its statutory responsibilities in relation to public outcome reporting and community planning. The Delivery and Outcome Management Framework therefore includes a range of outcome management and outcome reporting products designed to support both continuous improvement and public accountability.

5.5 The reporting framework set out below is designed to provide assurance at each level of the governance structure while avoiding duplication. Reporting arrangements will reflect the maturity of delivery. Initial reporting will focus on readiness, governance and system development, before transitioning to reporting on component delivery, testing, learning, outcomes and inequality impact.

Report	Governance Group	Purpose	Frequency
1. System Change Update Report Example of report and first submissions from system changes 1 and 3 appended	Outcome Portfolio Board	Monitor implementation of Improvement Charters, learning, risks, support requirements and inequality impacts. July 2026 – March 2027: Readiness and system development April 2027 onwards: Component delivery, testing, learning and impact.	Quarterly
2. Locality Plan Highlight Report	Outcome Portfolio Board	Monitor progress against linked Locality Plan priorities, locality outcomes, place-based inequalities, neighbourhood variation, lived experience, emerging community needs, risks and issues requiring escalation.	Quarterly
3. Statutory Partnership Highlight Report	Outcome Portfolio Board	Provide assurance regarding delivery of statutory duties, preventative impact, contribution to LOIP outcomes, progress against linked priorities, risks, dependencies and issues requiring Portfolio Board action.	Quarterly
4. Portfolio Board Highlight Report	Management Group	Summarise delivery progress, implementation learning, inequalities, locality impact, statutory partnership alignment, risks and escalation issues. The report will highlight areas requiring cross-system action and provide assurance regarding the contribution of statutory partnership and locality activity to agreed outcomes. System change updates linked in.	Twice yearly

5. Outcome Dashboard Will be presented at the meeting	Outcome Portfolio Boards and Management Group	Outcome dashboards will include trend data, ten year outcome and improvement aim measures, output measures and social gradient analysis and will provide a consistent evidence base for Outcome Portfolio Boards, the Management Group and the CPA Board.	Quarterly
6. Management Group Assurance Report	CPA Board / Chief Officers Group	Provide system-wide assurance regarding outcomes, inequalities, risk, dependencies and collective impact.	Twice yearly
7. Annual Outcome Improvement Report (LOIP and Locality Plans) and Summary	CPA Board and Public	As required by legislation and to provide assurance regarding progress against LOIP outcomes, Locality Plans and reduction of inequalities.	Annual
8. Annual Statutory Partnership Report	Outcome Portfolio Boards and Management Group	As required by legislation and to provide assurance regarding delivery of statutory duties.	Annual
9. Partner Strategic Plans Alignment	Management Group	Provides assurance that partner plans are aligned to LOIP outcomes, system changes and locality priorities.	As Plans refreshed

Reporting and Assurance Arrangements

- 5.6 The reporting framework has been designed to provide assurance at each level of the governance structure whilst avoiding duplication. Outcome Portfolio Boards will focus on implementation and delivery, the Management Group will focus on cross-system assurance and interdependencies, and the CPA Board will retain strategic oversight of long-term progress against the LOIP and Locality Plans.
- 5.7 Reports submitted through the Framework will include progress against Improvement Charters, outcome and inequality measures, implementation learning, risks, dependencies, community insight and decisions requiring escalation or support.
- 5.8 Reporting templates will be standardised across the Partnership and coordinated by the Community Planning Team to support consistency, reduce duplication and ensure information is proportionate to the needs of each governance group.

- 5.9 Risks, dependencies and barriers identified through delivery activity will be reviewed through Outcome Portfolio Boards and escalated to the Management Group or CPA Board where strategic action or assurance is required.
- 5.10 Alongside reports on system change implementation and outcome improvement, Outcome Portfolio Boards will consider highlight reports from the linked statutory partnerships and locality planning arrangements. This will include delivery of statutory duties, progress against statutory partnership priorities, preventative impact, locality priorities, place-based inequalities and emerging community needs.
- 5.11 The Management Group will receive assurance from Outcome Portfolio Boards, through a Portfolio Board Highlight report, regarding the extent to which system change activity, statutory partnership activity and locality planning are aligned and collectively contributing to delivery of the LOIP. This will enable the Management Group to identify duplication, address gaps in delivery, understand interdependencies and ensure that collective resources remain focused on agreed priorities and reducing inequalities across Aberdeen. The Management Group will adopt a dual meeting model to balance formal assurance with system leadership and development:
- Formal assurance meetings to consider delivery progress, outcome trends, inequalities, risks, dependencies, resource alignment and matters requiring escalation.
 - Workshop, deep-dive sessions to support collaborative leadership, system learning, barrier removal and shared improvement across partnerships.
- 5.12 Through this approach, the CPA Board will receive assurance not only regarding delivery of individual system changes, but also the effectiveness of the wider community planning system in improving outcomes and strengthening protective factors across people and place.

Outcome Improvement Reporting Calendar

- 5.13 The table below sets out the proposed reporting cycle for implementation of the LOIP 2026–36 Delivery and Outcome Management Framework.

Report / Activity	Outcome Portfolio Boards	Management Group	CPA Board
Approval of Delivery and Outcome Management Framework		August 2026	November 2026
Confirmation of Management Group and Portfolio Board Membership – Approval of Constitution	August 2026	August 2026	November 2026
Establishment of System Change Teams	August 2026		
Updated Theory of change with components approved	January 2027		

Statutory Partnership and Locality Planning Highlight Reports	Quarterly from August meeting		
Draft Annual report Template	January 2027		
Portfolio Board Highlight Reports		Bi-Annually May and Oct	Bi-Annually May and Nov
Component Charters approved	March 2027		
Outcome Dashboard Reviewed	Quarterly	Bi-Annually May and Oct	Bi-Annually May and Nov
System Change and Component outcome reporting	Quarterly	Bi-Annually May and Oct	Bi-Annually May and Nov
Board/COG Assurance Report			Bi-annually
Annual Outcome Improvement Report (CPA and Locality Plans) and public summary	March annually	May annually	May annually
Annual Statutory Partnership Reports		Annually	

- 5.14 The reporting calendar will be reviewed annually to ensure that it continues to support effective scrutiny, continuous improvement and public accountability. The Management Group, CPA Board or Outcome Portfolio Boards may request additional reports, deep dives or exception reports where significant risks, implementation challenges or emerging opportunities are identified.

6 ACT: EVALUATION AND ACTION

- 6.1 The final stage of the Delivery and Outcome Management Framework is to act on the learning generated through delivery and reporting activity.
- 6.2 The information produced through dashboards, Progress Reports, Improvement Charters and Portfolio Board reporting will enable Community Planning Aberdeen to determine whether sufficient progress is being made towards the outcomes and improvement aims within the LOIP. Where evidence indicates limited impact, delivery activity will be adapted and further testing undertaken. Where evidence indicates improvement, consideration will be given to spread, scale and sustainability.
- 6.3 Outcome Portfolio Boards and the Management Group will use evidence from implementation activity to remove barriers, align resources, strengthen delivery arrangements and support the embedding of effective approaches into business as usual. In doing so, the Partnership will ensure that learning generated through individual system changes contributes to improvement across the wider system.

7 NEXT STEPS

- 7.1 The implementation milestones and indicative timescales for the Delivery and Outcome Framework are set out in Section 5.12.

Recommendations for Action

It is recommended that members of the CPA Management Group:

- (i) Approve the Delivery and Outcome Management Framework as the operating framework for delivery, outcome management, assurance and reporting of the LOIP 2026–36 and that it be submitted to the CPA Board in November 2026;
- (ii) Note the proposed reporting documents, calendar, implementation milestones and next steps; and
- (iii) Note that further refinement of templates and dashboards will be undertaken through implementation.

Opportunities and Risks

The Delivery and Outcome Management Framework provides an opportunity to strengthen how Community Planning Aberdeen plans, delivers, monitors, reports and improves progress against the LOIP 2026–36 and associated Locality Plans. It establishes a clearer relationship between strategic planning, system change delivery, outcome management, public reporting and continuous improvement. This will support partners to work collectively around agreed outcomes, use evidence to understand progress and adapt activity where improvement is not being achieved.

The Framework also provides an opportunity to improve consistency and reduce duplication in reporting. By distinguishing between outcome management and outcome reporting, it will help ensure that information is proportionate, relevant and aligned to the needs of System Change Teams, Outcome Portfolio Boards, the Management Group, the CPA Board, partners and communities.

The main risks relate to implementation. If the Framework is not applied consistently, there may continue to be variation in reporting, duplication between governance groups, unclear escalation routes and insufficient evidence to demonstrate progress and impact. There is also a risk that reporting requirements place additional pressure on System Change Teams if they are not proportionate or well supported. These risks will be mitigated through standardised templates, a shared reporting calendar, support from the Community Planning Team, Improvement Adviser support, dashboard development and periodic review of the reporting arrangements.

The Framework will help ensure that Community Planning Aberdeen has a systematic and transparent approach to delivery, learning, assurance and public accountability throughout the life of the LOIP 2026–36.

Consultation

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

Chair of the CPA Management Group
Chairs of the Outcome Portfolio Boards
Michelle Crombie, Strategic Lead Prevention and Community Empowerment
Martin Murchie, Director of HDRC

Background Papers
The following papers were used in the preparation of this report. LOIP 2026-36 report as approved by CPA Board on 11 June 2026

Contact detail

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LOIP 2026–36 System Change 1 Progress Reporting

Reporting Template - July 2026 – March 2027: Readiness and system development.

Reporting Period: July 2026 – August 2026

Reporting To: Portfolio Outcome Board

Reporting Date: October 2026

System Change: System Change 1 – Safe, co-designed spaces offering onsite support, person-centred activities and individual progression pathways for young people at risk

System Change Lead: Rachel Harrison / Mark Jones, Aberdeen City Council; Co-lead: Police Scotland

1. Executive Summary

System Change 1 is in the mobilisation phase. A delivery team has been established, initial scoping of a suitable venue has begun, and established groups have been identified to support co-design with young people and partners. The focus to March 2027 is to build a shared understanding of how the current system works in practice, identify and prioritise the components to be designed and tested, refresh the Theory of Change, and prepare at least one Component Charter for approval by March 2027.

Headline Progress Since Last Report

Initial mobilisation is underway. A recurring System Change 1 check-in has been established between System Leads and the Portfolio Board chair, and Change Team participants have been identified across Community Learning and Development, Children's Social Work, Education, Working Rite, Police Scotland and Sport Aberdeen. The team is now working through the staged delivery route set out in the System Change Leaders' Starter Pack, moving from team formation into system understanding, component identification, Theory of Change refresh and charter development. Early work is also considering how established engagement routes can support effective co-design with young people and those with lived experience.

Headline Challenges

The main challenge is that the programme remains at an early readiness stage, with several core elements still to be developed. These include component prioritisation and the development of at least one robust Component Charter by March 2027.

Decisions / Actions Required

The Portfolio Outcome Board is asked to note mobilisation progress and confirm that the staged delivery route remains appropriate. The Board is also asked to support the system change team by confirming full team membership and endorsing the use of Working Rite groups to support the initial co-design process.

Delivery Progress Against System Change Roadmap

Stage	Status	Progress Since Last Report	Next Steps	Completion Date
1. System Change Team Established	IP	Initial meeting dates are in place, with core involvement identified from CLD, Children's Social Work, Education, Working Rite, Police Scotland and Sport Aberdeen.	Secure approval from the Portfolio Outcome Board.	20 th August 2026
2. Stakeholders and Lived Experience Engaged	IP	A Working Rite group has been identified for longer-term engagement, supported by shorter-term input from other vulnerable groups.	Secure approval from the Portfolio Outcome Board.	20 th August 2026
3. System Understanding Developed (mapping, data, insight)	IP	Work has started using a shared PowerPoint. The team has begun to consider how the system works in practice and what baseline quantitative and qualitative data will be required.	Complete system and journey mapping, establish baseline data across key risk and wellbeing measures, and identify variation, inequities and root causes.	December 2026
4. Components Identified	IP	Four or five components are emerging and will be developed in sequence: early identification and shared intelligence; safe, co-designed spaces; integrated support planning; personalised progression pathways; and workforce, data and improvement.	Test and refine the component list with the system change team and stakeholders, ensuring each component is clearly defined and suitable for design and testing.	December 2026
5. Components Prioritised	NS	Prioritisation has not yet been completed.	Apply prioritisation criteria, agree sequencing and select component(s) for charter development.	January 2027
6. Theory of Change Updated	NS	The approved Theory of Change Charter sets out the current aim, baseline and operating model, and will be refreshed once system understanding and component prioritisation are complete.	Update the Theory of Change to reflect agreed components, assumptions, dependencies and evaluation requirements.	January 2027
7. Portfolio Board Approval of Components, including data and evaluation plan	NS	Approval has not yet been sought because component definition and prioritisation are still in development.	Present proposed components, data requirements and evaluation approach to the Portfolio Outcome Board for approval.	January 2027
8. Component Charter(s) in Development	NS	Component Charters have not yet been developed. The Starter Pack requires at least one Improvement or Component Charter to be submitted by March 2027.	Develop priority charter(s), setting out testable changes, measures, ownership, risks, dependencies and timescales.	March 2027
9. Charter Ready for Approval	NS	Not yet due. Charter approval is dependent on completion of component prioritisation, updated Theory of Change and evaluation planning.	Submit at least one Component Charter to the Portfolio Outcome Board for approval by March 2027.	27 March 2027

NS = Not Started | IP = In Progress | C = Complete

2. Understanding Impact, Inequalities and the Social Gradient

Data and Evidence Required to Measure Impact

Evidence Required	Identified? (Y/N)	Data Source / Partner	Access Secured?	Lead Organisation	Gaps to be resolved?
Outcome measures	Y	Positive destinations, school attendance, exclusions, Looked After Children data, ASN/Disability data, feeling safe and low mood measures	Partially	Aberdeen City Council	Some measures are established, but baselines for supported young people and new system change cohorts still need to be gathered.
Process measures	Y	Number of young people supported, engagement with safe spaces, referral routes, support planning activity, use of progression pathways and programme participation	Partially	Aberdeen City Council / partners	A consistent collection method is required across partners and components.
Social gradient / inequality measures	Y	SIMD 1, vulnerable groups, locality data, Looked After Children, ASN/Disability and other priority cohorts	Partially	Aberdeen City Council / data and analytics support	Need to agree disaggregation approach and ensure reporting tracks impact across the social gradient.
Place-based data	Y	Community profile data, locality insight, school and community data, partner intelligence	Partially	Aberdeen City Council / Community Planning partners	Need to align place-based insight with selected safe space locations and priority communities.
Lived experience evidence	Y	Co-design activity with young people, journey mapping, young person voice and feedback from those using services	No	System Change 1 team	Lived experience approach and representative participation need to be confirmed.
Staff / practitioner voice	Y	Practitioner input from CLD, CSW, Education, Police Scotland, Working Rite, Sport Aberdeen and wider partners	Partially	System Change 1 team	Need to formalise how practitioner voice informs system mapping, component design and learning.
Other evidence required	Y	Evidence on exploitation risk, homelessness risk, substance use, youth justice, safeguarding, workforce capacity, estate readiness and data-sharing arrangements	Partially	Relevant partners	Requires agreement on minimum viable data and information-sharing arrangements.

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LOIP 2026–36 System Change 3 Progress Reporting

Reporting Period: June – August 2026

Reporting To: Prevention and Place Based Working Portfolio Board

Reporting Date: 20 August 2026

System Change: Families and Communities Support Model, delivered through the Fairer Futures Partnership and embedded as one of the five LOIP 2026–36 system changes.

System Change Lead: Jacqui McKenzie and Shona Milne, Aberdeen City Council

1. Executive Summary

The Families and Communities Support Model has moved from programme design into early operational delivery. The model is being delivered through Aberdeen’s Fairer Futures Partnership with Scottish Government and is focused on reducing poverty, strengthening prevention and improving outcomes for children, families and communities, particularly in areas experiencing the deepest inequalities. It is designed as a place-based, relational and whole-family model of support rather than an additional standalone service. Its purpose is to reshape how families experience support by creating “no wrong door” access to available supports, reducing repeated storytelling, strengthening community-based support and enabling earlier, more coordinated responses before needs escalate into crisis or statutory intervention.

Headline Progress Since Last Report

Progress has been made across the key foundations required. The Multi-Disciplinary Team at Greyhope Hub has moved from mobilisation into live delivery, with early evidence of stronger partnership working, clearer role visibility and wider support options for families. The programme has also completed important design and assurance products, including a Theory of Change, a local outcomes framework aligned to the national Whole Family Support Outcomes Framework, and six initial project charters covering community navigation, multi-disciplinary hubs, whole family planning, community-led programmes, caseworker support and request for assistance pathways. These products provide a clearer operating framework for delivery, measurement and future scaling.

Headline Challenges

The main challenge is now shifting from implementation activity to demonstrable impact. Although a baseline has been determined, early impact evidence is likely to come first from lived experience, practitioner feedback and learning from operational delivery, with support from the HDRC. Work on Request for Assistance is also behind track because of interdependencies with other developments, and this needs to be managed alongside the wider work to operationalise SIGNAL and strengthen routine evidence capture via the interim use of Advice Pro.

Decisions / Actions Required

The Portfolio Outcome Board is asked to note the progress made in moving the model into operational delivery; endorse the continued focus on data, evidence, lived experience and staff voice as the basis for measuring impact; and support the further development and prioritisation of component charters.

2. Delivery Progress Against System Change Roadmap

Stage	Status	Progress Since Last Report	Next Steps	Completion Date
1. System Change Team Established	C	Leadership and delivery arrangements are in place, with key partners supporting mobilisation and delivery. The Greyhope Hub MDT is now operational.	Maintain leadership, accountability and partner commitment as delivery and impact evidence develop.	Complete / ongoing
2. Stakeholders and Lived Experience Engaged	C	Engagement and co-design are focused on Torry, hub spaces, community-led programmes, warm welcome, navigation and lived experience evidence.	Embed resident, family and community voice in model adaptation and future charters.	Complete / ongoing
3. System Understanding Developed (mapping, data, insight)	C	A Theory of Change and outcomes framework are in place. Dashboards, deep dives, journey mapping and self-evaluation will support system understanding.	Agree data access to measure distance travelled through SIGNAL.	Complete / ongoing
4. Components Identified	C	Six initial components are progressing through project charters: hubs, navigation, MDT co-location, whole family planning, key worker support and assistance pathways.	Test whether current components fully describe the required system change.	Complete / ongoing
5. Components Prioritised	C	Universal and targeted components are defined, with early focus on hubs, navigation, assistance pathways and whole-family support.	Use impact data to identify further priorities.	Complete / ongoing
6. Theory of Change Updated	C	The Theory of Change links place-based, relational whole-family support to reduced poverty, improved wellbeing, reduced crisis demand and stronger life chances.	Refresh using delivery learning, data, lived experience and practitioner feedback.	Completed and under review
7. Portfolio Board Approval of Components, including data and evaluation plan	NS	Initial project charters are in place, but further Board approval is not yet due.	Submit further prioritised components, data, evaluation approach and risks for Board approval.	As required
8. Component Charter(s) in Development	NS	Six project charters need refinement into LOIP reporting format, with clearer links to PDSA cycles, evidence, impact and scaling.	Align charter measures fully with LOIP measures.	By March 2027
9. Charter Ready for Approval	NS	Further charter approval is not yet due.		As required

NS = Not Started | IP = In Progress | C = Complete

3. Understanding Impact, Inequalities and the Social Gradient

Data and Evidence Required to Measure Impact

Evidence Required	Identified? (Y/N)	Data Source / Partner	Access Secured?	Lead Organisation	Gaps to be resolved?
Outcome measures	Y	LOIP 2026–36 framework and Fairer Futures evaluation.	Yes, subject to further data requirements as the model develops.	Fairer Futures Partnership / CPA	Further work may be needed as outcome reporting matures.
Process measures	Y	MDT, Request for Assistance, hub, navigation, caseworker and whole-family planning data.	Yes, as process measures are embedded across delivery components.	Fairer Futures Partnership / ACC services	Standardise measures and reporting across components.
Social gradient / inequality measures	Y	LOIP inequality measures, Torry and Northfield data, SIMD analysis, public health and HDRC insight.	Yes	HDRC / CPA	No current gaps identified.
Place-based data	Y	Torry and Northfield locality data, hub activity, population insight, demand data and CPA intelligence.	Yes	CPA / HDRC	No current gaps identified.
Lived experience evidence	Y	Co-design, journey mapping, family feedback, community engagement, hub learning and HDRC support.	Yes, with routine capture and use still developing.	Fairer Futures Partnership / community partners	Embed evidence into routine learning and future charters.
Staff / practitioner voice	Y	MDT learning, practitioner feedback, self-evaluation, workforce development and HDRC support.	Yes	Fairer Futures Partnership / partners	No current gaps identified.
Other evidence required	Y	Financial empowerment, housing, public protection, demand, prevention and partner contribution evidence.	Partly	Relevant partner leads	Define balancing measures and unintended consequences.

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Cover Report	Local Outcome Improvement Plan (LOIP) Implementation Delivery Session Report
Lead Officer	Michelle Crombie, Strategic Lead, Prevention and Community Empowerment
Report Author	Allison Swanson, Community Planning and Improvement Manager
Date of Report	13 July 2026
Governance Group	CPA Management Group – 12 August 2026

Purpose of the Report

This report presents the outputs from the Local Outcome Improvement Plan (LOIP) Implementation Delivery Session held on 29 June 2026 and seeks agreement to the next steps required to move the session outputs into implementation activity across the five LOIP 2026-36 system changes.

Summary of Key Information

1 BACKGROUND

- 1.1 The LOIP Implementation Delivery Session was convened to move from agreement of the LOIP 2026-36 system changes into practical implementation planning. The session focused on identifying the critical enabling inputs required to support delivery over the next 12-18 months.
- 1.2 Partners considered the minimum viable actions, resources and partnership arrangements required across four enabling areas: estate; data and technology; commissioning; and research, evidence and evaluation.
- 1.3 The session brought together Community Planning Aberdeen partners and was structured around a system change overview followed by four facilitated deep-dive workshops. Each workshop considered the actions, resources, partnerships and enablers required to support delivery of the five system changes.

2 KEY MESSAGES FROM THE SESSION

- 2.1 The session generated a strong set of practical actions and identified clear cross-cutting themes: stronger partnership alignment; better use of shared resources; improved data, evidence and technology capability; a continued focus on prevention and early intervention; stronger use of community voice, co-design and lived experience; and better alignment of funding, commissioning and investment.

Summary of Key Information

- 2.2 The content from the day has been used to shape three connected outputs: a LOIP Enabler Action Plan, a System Change Action Plan and a set of support asks for the HDRC.

3 PROPOSED DELIVERY APPROACH

- 3.1 The LOIP Enabler Action Plan sets out the cross-cutting partnership actions needed to support implementation across all five system changes, including actions relating to estate, commissioning, data, technology, research and evaluation.
- 3.2 The System Change Action Plan sets out the specific actions aligned to each system change. These sit beneath, and are supported by, the wider enabling actions contained in the LOIP Enabler Action Plan.
- 3.3 The plans should be treated as complementary. The enabling plan provides the shared partnership conditions for delivery, while the system change plan identifies the specific delivery actions to be taken forward within each system change.

4 NEXT STEPS

- 4.1 Subject to agreement, the CPA Management Group will approve and oversee delivery of the LOIP Enabler Action Plan, which details the cross-cutting actions relating to estate, workforce, commissioning, data, technology, research and evaluation. Named leads for each action to be agreed.
- 4.2 Portfolio Boards will review and approve the actions and opportunities aligned to the system changes within their remit and ensure these are reflected within system change delivery planning, Theory of Change updates and component charters.
- 4.3 System Change Leads will lead implementation of relevant actions and work collaboratively across system changes where common opportunities, dependencies or shared actions exist.
- 4.4 System Change Leads will identify specific support requirements around the enablers and use a future Management Group workshop session to clarify where partners can contribute, avoid duplication and strengthen collective delivery.

Recommendations for Action

It is recommended that members of the CPA Management Group:

- i) note the outputs from the LOIP Implementation Delivery Session held on 29 June 2026;
- ii) approve the proposed LOIP Enabler Action Plan as the partnership-wide method for progressing cross-cutting enabling actions and agree named leads for each action;

Recommendations for Action

- iii) agree that Portfolio Boards review and approve the actions aligned to the system changes within their remit and ensure these are reflected in system change delivery planning, Theory of Change updates and component charters;
- iv) agree that System Change Leads identify specific enabling support needs and participate in a future Management Group workshop session to connect partner contributions and avoid duplication; and
- v) note the support asks for the HDRC in relation to evaluation, lived experience, longitudinal research, data and analytics, research capacity and partnership learning.

Opportunities and Risks

The main opportunity is to use the momentum from the session to align partner resources, estate, data, technology, commissioning activity and evaluation capacity around the five LOIP system changes. A shared enabling plan will help partners identify where collective action is required, reduce duplication and create clearer routes for partner contribution.

The key risk is that the breadth of actions identified through the session could lead to duplication, unclear ownership or slower progress if not prioritised and governed through the agreed LOIP governance arrangements. This risk will be mitigated by confirming lead owners, aligning actions to Portfolio Boards and system change delivery plans, and using the partner workshop session to clarify practical contributions and dependencies.

Consultation

The content of the report is based on the outputs from the LOIP Implementation Delivery Session, which brought together representatives from Community Planning Aberdeen partner organisations. Partners contributed through the system change overview and facilitated deep-dive workshops on estate, data and technology, commissioning, and research, evidence and evaluation.

- Chairs of Outcome Portfolio Boards
- Chair of CPA Management Group
- Strategic Lead, Prevention and Community Empowerment
- Deep Dive Enabler Leads

Appendices

Appendix 1 - LOIP Implementation Delivery Session Report - Summary Report, 29 June 2026.

Contact details:

Name	Allison Swanson
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LOIP Implementation Delivery Session Report - Summary Report

29 June 2026

1. Purpose of the Session

The LOIP Implementation Delivery Session was held to move from agreement of the LOIP 2026–36 system changes to implementation planning. The focus of the session was to identify the critical enabling inputs required to support delivery of the five system changes over the next 12–18 months.

The session explored requirements across:

- Estate
- Data and Technology
- Commissioning
- Research, Evidence and Evaluation

The aim was to identify the minimum viable actions, resources and partnership arrangements required to support implementation and achievement of the LOIP outcomes.

2. Attendance and Format



Aberdeen 2036
Local Outcome Improvement Plan 2026-36
Implementation-Delivery Session

29 June @ 9am Gate 63 (Training Restaurant), Aberdeen City Campus, North East Scotland College, Gallowgate, Aberdeen, AB25 1BN.

09:00 - 09:10	Arrival, tea and coffee
09:10 - 09:30	Welcome, context and overview of Session - Angela Scott, Chair of CPA Management Group
09:30 - 10:00	Local Outcome Improvement Plan (LOIP) 2026-36 System Changes - System Change Leads
10:00 - 11:00	Deep Dive 1 - Estate as a delivery asset
11:00 - 11:10	Break
11:10 - 12:10	Deep Dive 2 - Data & technology enablement
12:10 - 13:00	Lunch
13:00 - 14:00	Deep Dive 3 - Commissioning alignment to LOIP outcomes
14:00 - 15:00	Deep Dive 4 - Research, evidence and evaluation to support delivery
15:00 - 15:10	Break
15:10 - 15:30	Next steps and close

Pre session materials:

- The New LOIP system changes
- LOIP 2026-36 public and full version
- Short LOIP 2026-36 video
- Family and Community Support Model Evaluation
- Aberdeen City Council Leadership Forum Session One System Changes Session

Contact us:
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Facebook, Instagram, Twitter icons

The session brought together representatives from Community Planning Aberdeen partner organisations.

The session comprised two parts:

Part 1 – [System Change Overview](#)

System Change Leads provided a short overview of each of the five system changes so attendees all clear on the change and the initial thoughts of leads on what is needed to support delivery

Part 2 – Deep Dive Workshops

Participants then took part in four facilitated deep-dive sessions focused on:

- Estate
- Data and Technology
- Commissioning
- Research, Evidence and Evaluation

Each deep dive included a short presentation followed by facilitated table discussions to identify the actions, resources, partnerships and enablers required to support delivery of the system changes. For the Estate and Commissioning sessions, participants identified specific opportunities, actions, owners and partner contributions that could support one or more system changes.

For the Data & Technology and Research & Evaluation sessions, participants considered each system change in turn and identified the data, technology, evidence and evaluation requirements needed to support delivery.

Throughout the day partners were asked to:

- focus on the minimum viable requirements needed to deliver the system changes
- be ambitious but practical
- identify actions deliverable within the next 12–18 months
- ensure all proposed actions were linked to one or more system changes

By the end of the session partners were asked to leave with:

- priority enabling actions required to support delivery of the system changes
- clearly defined actions deliverable within the next 12–18 months
- identified lead owners and supporting partners
- agreement on areas requiring further collaborative development and support.



3. Key Messages from the Session

The session generated a high level of discussion and actions to take forward across the enablers to support delivery of the 5 system changes and to strength partnership common themes emerged around the need for stronger partnership alignment, better use of shared resources, improved data and evidence capabilities, and a continued focus on prevention, community voice and lived experience. These themes have been used to shape the LOIP Enabler Action Plan set out in this report.

Several common themes emerged throughout the day:

- **Partnership Working and Shared Resources** Better alignment and collective use of estate, data, technology, workforce capacity, funding and other resources across Community Planning partners.
- **Data Sharing, Information Access and Technology Enablement** Improved visibility of data, stronger information-sharing arrangements and practical technology solutions to support system change delivery.

- **Prevention and Early Intervention** A shift towards prevention, earlier intervention and addressing need before demand escalates across services and system changes.
- **Community Voice, Co-Design and Lived Experience** Stronger involvement of communities and people with lived experience in design, decision-making, commissioning and evaluation.
- **Alignment of Funding, Commissioning and Investment** Better alignment of funding streams, commissioning activity and investment decisions around the five system changes.
- **Shared Evidence, Evaluation and Learning** A common approach to evaluation, outcomes measurement, lived experience and partnership learning to understand impact and support improvement.

4. Action Plans

The output from the day has been used to develop:

1. a LOIP Enabler Action Plan
2. a System Change Action Plan
3. Asks of the HDRC

The action plans below synthesise the feedback from the deep-dive sessions and include proposed governance and delivery arrangements to support implementation.

4.1 LOIP Enabler Action Plan

The LOIP Enabler Action Plan sets out the cross-cutting enabling actions required across Community Planning Aberdeen to support implementation of all five system changes. These actions focus on areas such as estate, commissioning, data, technology, research and evaluation.

4.2 System Change Action Plan

The System Change Action Plan sets out the specific delivery actions required to implement each system change. These actions sit beneath, and are supported by, the partnership-wide enabling actions contained within the Partnership Action Plan.

The two plans should therefore be viewed as complementary.

Detailed outputs from each deep-dive session are included as appendices to this report.

5. HDRC Support

The HDRC support sets out the research and evaluation support sought from the HDRC.

6. Next Steps:

- The CPA Management Group will approve and oversee delivery of the LOIP Enabler Action Plan, including cross-cutting actions relating to estate, workforce, commissioning, data, technology, research and evaluation.
- Portfolio Boards will review and approve the actions and opportunities aligned to the system changes within their remit and ensure these are reflected within system change delivery plans, Theory of Change updates and component charters.
- System Change Leads will lead implementation of relevant actions and work collaboratively across system changes where opportunities, dependencies or shared actions exist
- System Change Leads to create a list of specific needs around the enablers and present at a Management Group workshop session to identify where partners can specifically support across these.

4.1. LOIP Enabler Action Plan

Ref	Theme	Action	Deep Dive	Lead Owner	Supporting Partners
1	Complete a Partnership-Wide Estate Asset Map	Develop a partnership-wide asset map and utilisation baseline covering community planning partner assets. Include location, ownership, condition, accessibility, opening hours and community availability, utilisation.	Estate	CPA Management Group	CPP Partners
2	Identify and Prioritise Opportunities for Shared Use	Use the mapping and utilisation findings to identify assets that could support locality working and system change delivery.	Estate	CPA Management Group	CPP Partners System Change Leads
3	Improve Access to and Awareness Shared Assets	• Develop a shared booking and availability system. • Develop a consistent approach to out-of-hours access, keyholding, safeguarding, janitorial support and building management across partner estates • Produce a city-wide directory of community-accessible buildings and spaces and improve promotion of facilities and activities.	Estate	CPA Management Group	CPP Partners
4	Improve Community Ownership and Use of Assets	Review, with a view to simplify and strengthen the Community Asset Transfer process, including advice and support for community groups and testing a pre-formal transfer process.	Estate	CPA Management Group	CO-Corporate landlord/ACVO/Locality Planning Team/Community Groups
5	Identify and agree priority data, intelligence and evidence requirements for system changes	In alignment with the specific actions aligned to respective system changes at section 4.2, System Change Leads to identify and agree the priority data, intelligence and evidence requirements needed to support delivery, prevention, improvement and evaluation of each system change. CPA Management Group to then undertake a partnership data-mapping exercise to identify available datasets and sharing opportunities, and agree the governance, outcomes and	Data and tech	System Change Leads/CPA Management Group	CPP Partners

		information-sharing arrangements required to support access to and use of priority data across partners.			
6	Information Governance	Develop learning, guidance and leadership support to increase staff confidence in information governance and multi-agency data sharing.	Data and tech	CPA Management Group	CPP Partners
7	Identify priority technology enablers and shared digital opportunities	Drawing on the technology requirements identified through the system change actions at section 4.2, System Change Leads to identify the priority technology enablers required to support the system changes, including shared dashboards and visualisation tools, mapping and spatial intelligence capability, data integration and transfer solutions, digital community feedback mechanisms, and technology that supports information sharing, coordinated working and mobile service delivery and share at a CPA show-and-tell workshop to identify cross-cutting opportunities and avoid duplication of digital platforms.	Data and tech	System Change Leads	CPP Partners
8	Map partnership funding and commissioning activity against system changes	Map partnership funding (e.g. Visitor levy, Nestrans People and Place, LEP) resources and commissioning activity against the five system changes. Identify duplication, gaps and opportunities for better alignment (e.g. could one organisation administer all). Produce a partnership funding map and baseline assessment of investment against each system change.	Commissioning	CPA Management Group	ACC, NHS Grampian, ACVO, Funding Partners
9	Test pooled, joint or aligned commissioning approaches	Following mapping, identify and test one aligned, pooled funding approach, that supports delivery of LOIP system changes and outcomes for 2026/27. Identify the benefits in terms of streamlining processes (e.g. align funding timelines, governance arrangements and reporting requirements where possible), duplication of submissions etc and align proposal to a SG priority such as Child Poverty. Proposal to start with the Anti Poverty budgets. Identify opportunities for joint commissioning (such as GGC model) and coordinated delivery.	Commissioning	CPA Management Group	CPP Partners

10	Develop a shared commissioning and procurement approach	1. Develop a Partnership Procurement Framework aligned to the LOIP outcomes and system changes. 2. Incorporate Fair Work First, Community Wealth Building principles, prevention support (e.g. mental health awareness and support) shared outcomes and procurement standards into the framework. 3. Develop a consistent approach for involving lived experience, employers and relevant stakeholders in commissioning activity. 4. Explore how the Responsible Business Network can support delivery of system change priorities.	Commissioning	CPA Management Group / Community Wealth Building Group	Procurement Leads, Employers, ACVO
11	Shift investment towards prevention, whole-family approaches and outcomes	Use the findings from Actions 8-10 to: 1. identify opportunities to redirect investment towards prevention, earlier intervention and agreed system change outcomes. 2. explore opportunities to commission around people, families and outcomes rather than individual services and, through System Changes 3 and 5, explore whole-family, thematic consortium and partnership delivery approaches.	Commissioning	CPA Management Group 3. System Change 3 and 5 Leads	All Partners
12	Strengthen community influence, lived experience and co-design in resource allocation and investment decisions	1. Methodological review of City Voice and explore options to improve representation, including recruitment, quotas, statistical weighting and other approaches 2. Establish approaches that enable communities, lived experience groups and stakeholders to influence how resources are allocated and how local solutions are developed. Use community insight to inform commissioning priorities, investment decisions and resource allocation to ensure investment reflects community need. 3. Improve understanding of how families and communities access available support.	Commissioning/ Research & Evaluation	1. Community Planning Team 2. Community Wealth Building Group / System Change 4 Lead	Communities, ACVO, Third Sector
13	Develop a single CPA Evaluation Framework and common measures	Develop a single CPA Evaluation Framework for the LOIP system changes and adoption by partners, with common outcome measures and shared reporting definitions focused on outcomes, impact and system change. This also to include, evaluation of	Research & Evaluation	HDRC	HDRC, Universities, CPP Partners

		partner contribution to system changes across partners, including estate, workforce capacity, volunteers, students, placements, data and technology			
14	Establish a partnership learning system incorporating evidence, evaluation and lived experience	Establish a partnership learning system incorporating lived experience, longitudinal research, evaluation, evidence sharing and continuous improvement.	Research & Evaluation	HDRC	Universities, Communities, CPP Partners

4.2 System Change Action Plan

System Change	Estate Actions	Data & Tech Actions	Commissioning Actions	Evaluation Actions (not including those for HDRC)
System Change 1	1.1 Consider the following estate opportunities for safe, co-designed youth spaces: NESCol, university/college estate, ACC education estate, Northfield schools and centres, ACC Commercial Sites (Union Street empty shops) currently being utilised e.g. creative learning, Transition Extreme / Beach Front, Grove Nursery site, Seaton Park / Beach Front / Sports Village, Mastrick Church and Library, and Greyhope Hub where relevant. 1.2 Pilot use of selected school spaces during evenings and weekends	1.3 Define a core dataset to identify young people at risk of harm, including homelessness, education, offending, substance use, care experience, neurodiversity, poverty, young carer status and parental factors. 1.4 Gather and test linking education, attendance, housing, anti-social behaviour and health data to support earlier identification of risk factors associated with youth homelessness and poor wellbeing. Explore use of existing datasets including LIFT and housing-related indicators. Develop non-anonymous housing-linked data to predict youth homelessness and track wellbeing indicators.	1.10 Explore pooling budgets and resources around confidence building, skills and employability support for young people. 1.11 System Change Leads to identify funding requirements through delivery planning, with opportunities for alignment, pooling or redirection of resources discussed through Actions 8-11 above.	1.12 Evaluate whether spaces have been genuinely co-designed with young people and whether they feel ownership of them. 1.13 Evaluate whether the intended target population is receiving support and using the spaces, including the resource required for spreading. 1.14 Evaluate whether the initiative is improving outcomes and reducing negative impacts such as antisocial behaviour.

		1.5 Explore existing datasets and analytical tools, including Ask & Act Homelessness Prevention and SIGNAL lived-experience data, to understand pathways into homelessness and adverse outcomes and to identify opportunities for earlier intervention, 1.6 Review third-sector data sharing arrangements through ACVO and the Third Sector Forum. 1.7 Work with Skills Development Scotland, education partners and other agencies to understand available datasets and opportunities for data sharing that support identification of risk factors and future support needs. 1.8 Co-design digital solutions with young people and assess digital tools, applications and dashboards that support earlier identification, coordinated support, data extraction, file transfer, validation and reporting. If existing tools not suitable develop or procure a filtering and risk identification tool to help identify those most at need. 1.9 1. Develop data extraction and file transfer capability where APIs are not available.		1.15 Use creative and participatory evaluation methods, trusted relationships, university students and case studies to capture young people's experiences and lived experience.
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		2. Develop data validation and quality assurance tools to ensure services are targeted appropriately. 3. Consider a unique identifier for individuals accessing services linked to the system change.		
System Change 2	No SC2-specific estate action was recorded in the estate opportunities table. Any future estate requirement for SC2 should be identified through the partnership-wide asset map and utilisation baseline.	2.1 Establish a pilot employment and skills dataset for one priority sector, potentially Health and Social Care and teaching, bringing together vacancy, skills shortage, labour market demand and training availability data. 2.2 Create an interactive map to show the location of current employment opportunities, along with childcare, transport etc 2.3 Produce a future profile drawing together ASN, education and labour market data, initially using published datasets; confirming aspiration data held by education, universities, DWP and ABZ Works. 2.4 Collect DWP, schools, SDS, university and NESCol data into a single dataset on support needs, unemployment, students with additional support needs and young people leaving school, transition and length of time retained in positive destination	2.13 Explore alignment of NESS upskilling, NHS placements, Child Poverty Fund, LEP and Nestrans funding opportunities with employability priorities. 2.14 Develop an employability and ESOL model for displaced people and refugee populations. 2.15 Embed Fair Work and Responsible Business Network opportunities within employability commissioning activity in discussion with Action 10 above. 2.16 System Change Leads to identify funding requirements through delivery planning, with opportunities for alignment, pooling or redirection of resources discussed through Actions 8-11 above.	2.17 Agree evaluation questions to evaluate impact of the system change. 2.18 Evaluate how unmet travel need and childcare availability affect access to work. 2.19 Develop a method to capture and follow up employment sustainability. 2.20 Explore university support for research, analysis and evaluation, including potential economic micro-panel 2.21 Explore lived experience, COVID impacts on young people and families, employer readiness, place sentiment and learning from comparable areas.

		2.5 Gather and analyse data on career aspirations and employment interests of young people, students and job seekers. universities to share SIMD profiles by course. 2.6 Develop an employer readiness baseline survey 2.7 Create a database of employers offering opportunities suitable for people with additional support needs. Identify examples of employers successfully supporting people with ASN and additional support requirements for promotion. 2.8 Use transport, childcare, geography, job location and home location data to understand access to employment. 2.9 Identify what jobs are available for parents, term time and within school hours 2.10 Scope an integrated digital employment and inclusion hub, for employers (one stop shop) with workforce profile dashboard, Transport to Employment Power BI dashboard (Note: Nestrans have plans for this).		
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		2.11 Explore use of mobile phone and travel pattern data to better understand movement between home, services and employment locations. Engage Young Scot regarding access to travel data for young people with Aberdeen postcodes. 2.12 Develop Shared Analytical Dashboards		
System Change 3	3.1 Consider the following estate opportunities for locality-based family and community support, including NESCol, university/college estate, ACC education estate, Northfield schools and centres, Northfield Community Centre, vaccination hub / Bon Accord Centre, Mastrick Church and Library, NHS health facilities and Greyhope Hub.	3.2 Implement SIGNAL within test sites to gather real-time community feedback, capture emerging needs, tracking community experience over time and providing a consistent “You Said, We Did” approach. 3.3 Establish shared approaches to collecting, analysing and using community intelligence to identify priorities, understand need and support local action and continuous improvement. Build on existing work through Convergence and related community-based activity. 3.4 Develop arrangements to bring together community feedback, service information and partner datasets, and use technology to capture real-time community insight, integrate partner and community data, and support testing, learning and continuous	3.9 Explore a consortium approach for family support services (including whole-family support and adult learning / ESOL, where relevant to SC3 and through Action 11 above. 3.10 Review opportunities to adapt existing commissioning approaches to support family outcomes and reduce reliance on out-of-area provision. 3.11 System Change Leads to identify funding requirements through delivery planning, with opportunities for alignment, pooling or redirection of resources discussed through Actions 8-11 above.	3.12 Develop baseline, distance travelled and sustainability measures using MIS, focus groups, questionnaires, interviews, Power BI population data, SIGNAL data and mixed methods. 3.13 Evaluate whether fewer people are accessing the public protection system. 3.14 Seek HDRC support for evaluation of changes in system components, data linkage and analysis of linked data.

		improvement of the system change, ensuring technology solutions are secure, trusted and compliant. 3.5 Identify priority datasets, increase adoption of existing data-sharing agreements, secure partner commitment to share information required to support community-led design, testing and evaluation of the families and community support model. 3.6 Establish practical arrangements for bringing partner and community data together to support decision-making, service design, testing and evaluation. 3.7 Ensure communities understand how information is collected and used through clear privacy notices, consent processes and communication about the wider use of data for improvement and prevention. 3.8 Implement appropriate security controls, privacy notices and information governance requirements for all technology and data solutions used to support the system change.		
System Change 4	4.1 Consider the following estate opportunities for community collaboration and sustainable neighbourhoods, including HRA	4.3 Map and analyse the use of open green spaces across leisure, active travel, children's play, water management, biodiversity and heritage	4.11 Engage Nestrans regarding commissioning support opportunities.	4.15 Evaluate what works, where and for whom, identify collaborative research opportunities and establish

	land, front gardens, open ground and vacant housing land, Grove Nursery site, Seaton Park, Beach Front, Sports Village, wider outdoor estate, Mastrick Church and Library, NHS and community health facilities, community asset transfer properties and Greyhope Hub learning. 4.2 Explore use of HRA land, front gardens, open ground and vacant housing land, as a pilot of the community collaborative. Identify pilot sites in priority localities and co-design community-led use with residents.	using ArcGIS and partner datasets. 4.4 Develop a place-based evidence baseline combining spatial data, community insight and local intelligence to identify opportunities for green infrastructure, pocket parks and multi-purpose community spaces. 4.5 Assess the feasibility of using Strava, Voi and other active travel data alongside community feedback to identify travel patterns, barriers and opportunities. 4.6 Explore collaboration with the James Hutton Institute to access biodiversity mapping and environmental data. 4.7 Map available place, environmental, active travel and community datasets and identify opportunities to share information. 4.8 Establish data access and governance arrangements for external mobility, travel and environmental datasets. 4.9 Review existing GIS, mapping and visualisation tools and develop consistent approaches for presenting spatial, biodiversity and active travel	4.12 Explore whether ACC could act as administrator for aligned funding programmes. 4.13 Develop mechanisms that allow communities to influence investment and resource allocation decisions. 4.14 System Change Leads to identify funding requirements through delivery planning, with opportunities for alignment, pooling or redirection of resources discussed through Actions 8-11 above.	mechanisms for learning as delivery progresses.
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		information. 4.10 Explore digital and creative engagement platforms and accessible feedback channels to broaden participation and enable continuous community feedback with the opportunity this can be utilised across partners.		
System Change 5	5.1 Consider the following estate opportunities for recovery, integrated working and community-based support, including NESCol, university/college estate, ACC education estate, vaccination hub / Bon Accord Centre, NHS health centres and community facilities, SAMH Nook, Mastrick Church and Library, Greyhope Hub and empty / vacant care homes.	5.2 Map statutory, service and protective factor datasets held by partners and create a shared inventory of available data, identified gaps, data owners and sharing arrangements, increasing adoption of existing data-sharing agreements aligned to the system change. 5.3 Agree a priority population or issue and undertake a pilot to test how shared data can identify need, target support and inform prevention activity. 5.4 Co-design an agreed way of working and define the data, information and reporting requirements needed to support it. 5.5 Establish a multi-agency case management and information-sharing forum to support coordinated decision-making and more effective service delivery.	5.7 Explore thematic consortium approaches where aligned to SC5 through Action 11 above. 5.8 Identify participating partners, governance arrangements, pooled resources, funding bid capability and outcome measurement for identifying consortium approaches through Action 11 above. 5.9 System Change Leads to identify funding requirements through delivery planning, with opportunities for alignment, pooling or redirection of resources discussed through Actions 8-11 above.	5.10 Undertake research and analysis to understand who needs support and what support they need, including people with multiple complex needs relating to mental health, substance use and offending. 5.11 Evaluate whether people are receiving positive access, whether they are being helped and whether their needs are being met. 5.12 HDRC to create a local Hard Edges report 5.13 Develop a baseline and evaluation approach for reduced demand on public protection systems.

		5.6 Assess and address partner requirements for laptops, digital devices, connectivity and mobile technology to support collaborative, flexible and responsive service delivery.		
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5. Support asks for HDRC

Cross-Cutting HDRC Asks Emerging Across Multiple System Changes and to support delivery of Actions 13-14 above

Theme	Ask
Evaluation Framework	CPA-wide evaluation framework focused on outcomes, impact, intersectional approaches and system change, including partner contribution.
Lived Experience	Consistent methodology for lived experience, co-design and participatory evaluation.
Longitudinal Research	Following people and families over time to understand impact.
Data and Analytics	Data linkage, analysis, common measures and improved evidence use.
Research Capacity	University partnerships, student placements and additional research capacity.
Learning System	Mechanisms to share learning, identify what works and support spread

System Change	Priority Ask(s) of HDRC
System Change 1	• Evidence review of successful co-designed youth spaces and practical evaluation methods elsewhere. • Support to identify robust methods for measuring reach and participation among target groups. • Support to develop evaluation framework and outcome measures linked to system change objectives. • Support with creative and participatory evaluation methods suitable for engaging young people. • Links with universities and Masters students to support research and evaluation activity. • Advice on evaluation frameworks and outcome measures that can demonstrate impact on inequalities and system change outcomes.
System Change 2	• Longitudinal research following people and families over time. • Support to develop a standard lived experience approach. • Explore University support for research, analysis and evaluation, including potential economic micro-panel • Research on place sentiment, culture and pride in place from other comparable areas (Manchester referenced).

System Change 3	• Data linkage support • Analysis of linked data • Evaluation of changes in system components
System Change 4	• Evaluation of what works, where and for whom, collaborative research opportunities and mechanisms for learning as delivery progresses • Capacity to undertake evaluation of what works, where and for whom, and what this means for wider spread. • Identifying opportunities for collaborative research. • Support to embed mechanisms for learning as delivery progresses.
System Change 5	• Researcher to undertake primary research and analysis. • Interviews and analysis. • Partner contribution measurement framework. • Create a local Hard Edges report • Baseline and evaluation approach for reduced demand on public protection systems.

Appendices

The following appendices provide the outputs from each of the four deep-dive sessions undertaken during the LOIP Implementation Delivery Session. These outputs formed the evidence base for the development of both the Partnership Action Plan and the System Change Action Plan contained within this report.

Appendix 1 – [Estate as a Delivery Asset](#)

Outputs on how estate, buildings, land and community assets can support delivery of the five system changes. This includes partnership-wide estate priorities, asset opportunities, proposed actions, lead organisations and supporting partners.

Appendix 2 – [Data and Technology Enablement](#)

Outputs on the data, information-sharing and technology requirements needed to support implementation of the system changes, including actions relating to data, governance and technology.

Appendix 3 – [Commissioning Alignment and Fairer Funding](#)

Outputs on opportunities to better align commissioning, procurement, funding and resources to support delivery of the system changes, including partnership-wide and system change-specific actions.

Appendix 4 – [Research, Evidence and Evaluation](#)

Outputs on how partners will evaluate progress, evidence impact, use lived experience and support learning across the implementation of the system changes

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Progress Report	NHS Grampian as a Population Health Organisation and Potential for Alignment with the Local Outcome Improvement Plan 2026-2036
Lead Officer	Shantini Paranjothy
Report Author	Phil Mackie / Elizabeth Robinson
Date of Report	14/07/2026
Governance Group	CPA Management Group – 12 August 2026

Purpose of the Report

To brief the Community Planning Aberdeen Management Group on the model for the NHS as a Population Health Organisation developed by the Scottish DsPH, COSLA, and Public Health Scotland.

This briefing outlines how the development of NHS Grampian as a Population Health Organisation is being progressed by the Health Board. This includes NHS Grampian's strategic priorities for 2026/27, particularly in relation to their alignment with the new Aberdeen City Council Local Outcome Improvement Plan 2026-2036.

Summary of Key Information

1 Background

1.1 The NHS sector guidance that accompanies the Population Health Framework refers to the NHS as a Population Health Organisation (PHO). This reflects the need for the NHS in Scotland, as part of the renewal process, to understand itself differently from a treatment focused organisation to one centred on population health, working collaboratively to prevent ill health and reduce inequalities while delivering sustainable, value-based, health and care.

1.2 Becoming a PHO means working in partnership to improve the health and wellbeing of the whole population, tackling health inequalities, and delivering value based, sustainable health and care. There are six key components to becoming a population health organisation:

1. Understand the needs of the population;
2. System focused and collaborative;
3. Prevention and tackling inequalities;
4. Focus on primary and community care;
5. Value based health and care; and
6. Governance and accountability.

These map to the five principles of the health and social care service renewal framework of prevention, people, care, community, population and digital (see Appendix 1 for more detail, though do note the numbering of the components has been revised since this was drafted).

1.3 Key to progressing towards becoming a Population Health Organisation is ensuring a meaningful (re-)alignment of the organisation's strategic priorities

towards prevention. Of specific note is the commitment to developing NHS Grampian's approach to working within whole systems to deliver improvement in health and care. This is shown in Appendix 2.

- 1.4 Appendix 3 starts to explore the actions needed to make progress towards becoming a PHO. This includes alignment with work that is already being progressed through the North East Population Health Alliance and with the Aberdeen City Health Determinants Research Collaboration, particularly in Component 1 that seeks identify how far the PHO understands the needs of the population. It also has a key focus on strengthening working with Community Planning Partnerships through the consideration of how mature is the PHO system focussed and collaborative (Component 2). Finally, with Component 3, it looks at how the PHO is considering Prevention and tackling inequalities / social determinants that is central to the purpose of Community Planning Partnerships.

2 Assessing PHO Maturity

- 2.1 A maturity matrix has been developed by Public Health Scotland and the King's Fund to support Health Boards and their stakeholders to assess baseline positions and progress towards becoming a Population Health Organisation.
- 2.2 During the remainder of 2026/27, it is proposed that NHS Grampian and its Public Health Directorate will work with a range of local organisations / partnerships in assessing the baseline for NHS Grampian as a PHO. These will include working with Community Planning Partnerships, the North East Population Health Alliance, and the Aberdeen City Health Determinants Research Collaborative in relation to domains 1, 2 and 4 within the maturity matrix.
- 2.3 The matrix has several components, but Components 1-3 can be considered to be essential to progressed as a collaborative exercise with the Community Planning Partnership to establish a maturity baseline and show how inter-organisations working can be strengthening. These areas also provide an opportunity to consider the interface between CPP and the Acute Healthcare provision across Grampian.
- 2.4 Components 4 to 6 will be considered through other routes both within the NHS Board and through other collaborative arrangements; for example, the component exploring the primary and community care contribution to public health will – in part – involve the Grampian Primary Care Forum which includes the three Health and Social Care Partnerships.
- 2.5 Care will be taken to ensure that the voices of those with Lived Experience will also be captured in assessing PHO maturity. The mechanism(s) by which this will take place are still under discussion.

3 Next Steps

- 3.1 The Public Health Directorate in NHS Grampian is currently developing its approach to working through the maturity matrix assessment within the NHS Board and with the Board's organisational partners/stakeholders.
- 3.2 This approach is focused on components 1 (Understanding the needs of the population), 2 (System focused and collaborative), and 3 (Prevention and tackling social determinants) to facilitate an understanding of the baseline position of the NHS Board as a PHO. It will also be used to help clarify how the Board can strengthen its partnership working in relation to taking a whole system approach for community planning, but also to support a firm foundation for the delivery of those elements of the new Local Outcome Improvement Plan to which it contributes on a whole system basis.

Recommendations for Action

It is recommended that members of the CPA Management Group notes:

- (i) The concept of the NHS Grampian Board as a Population Health Organisation as set out in Appendix 1;
- (ii) NHS Grampian's 2026/27 Priorities for Delivery for the period 1st April 2026 to 31st March 2027 as set out in Appendix 2 and their alignment with the priorities set out in the Aberdeen City LOIP 2026-2026, notably the commitment to continue improving how the Board works within a whole system; and
- (iii) the proposed actions during 2026/27 particularly in relation to components 1 to 3, where these include working with Community Planning Partnerships, North East Population Health Alliance and the Aberdeen Health Determinants Research Collaborative and wider stakeholders
- (iv) agrees to working through the PHO maturity matrix with colleagues in NHS Grampian in relation to domains 1, 2 and 4 of the matrix and assist in creating a baseline for NHS Grampian as a PHO and help strengthen partnership working in relation to taking a whole system approach for community planning across Aberdeen.

Opportunities and Risks

The development of the PHO framework and the establishment of a baseline for the activities of NHS Grampian as a PHO is a major opportunity to strengthen whole system collaboration.

Consultation

NHS Grampian Directorates
Aberdeen City CPA Board and Management Group Members

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Background Papers

Appendix 1: COSLA/SDsPH/PHS The NHS as a Population Health Organisation
Appendix 2: NHS Grampian 2026-27 Priorities for Delivery
Appendix 3: NHS Grampian PHO Summary Tables

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The NHS as a Population Health Organisation

This paper is for NHS Boards and can be shared with leaders in the wider system. It may also be of interest to Health and Social Care Partnerships. The purpose is to support the development of the NHS as a Population Health Organisation by:

- Creating a shared understanding of the concept and how it relates to delivery of both the Population Health Framework, Service Renewal Framework and wider reform
- Being clear on the actions required.

Background

The NHS plays a key role in Scotland's population health system, working with local authorities, HSCPs, CPPs, and community groups to provide accessible, equitable, value-based care. In addition to delivering healthcare, NHS organisations play an important anchor role in communities as an employer, commissioner and procurer of services.

To improve overall health, the NHS must shift from treatment-focused services to a collaborative, prevention-oriented approach that reduces inequalities and delivers value-based care. This means evolving into a Population Health Organisation.

Why change

The [Population Health Framework](#) (PHF), Health and Social Care [Service Renewal Framework](#) (SRF), and [Public Service Reform Strategy](#) (PSR) all call for an increased focus on prevention and the redesign of governance and accountability structures. The PHF is clear that the NHS needs to shift from a focus on treatment-focused care to a population health model.

We are seeing a rise in the prevalence of long-term conditions and multi morbidity, along with an increasing gap between our least and most deprived communities. If we are to create a Scotland where people live longer, healthier more fulfilling lives and have a sustainable health service, we need to rebalance our health and care system.

This means working together to prevent illness, reduce inequalities, and provide sustainable, value-based health and care—transforming the NHS into a Population Health Organisation.

Delivering the areas of improvement outlined below will shift the NHS to become a population health organisation focused on improving outcomes and delivering consistently against the shared reform ambition. It will enable the NHS to build the capabilities and ways of working in line with the population health framework, service renewal framework and wider reform to:

- **Prevention-Focused System**

Shift health and social care towards prevention and early intervention, embedding accountability for outcomes across governance, planning, and resource allocation.

- **Social and Economic Factors**

Tackle the root causes of health inequalities by addressing poverty, education, employment, and housing, while fostering community wealth building and inclusive economic growth.

- **Places and Communities**

Create sustainable, health-enabling environments by integrating services locally, strengthening community planning and role of place.

- **Enabling Healthy Living**

Shape environments and services that support communities to lead healthier choices.

- **Equitable Health and Care**

Deliver person-centred, value-based care focused on outcomes and grounded in realistic medicine, ensuring fair access and collaboration with communities.

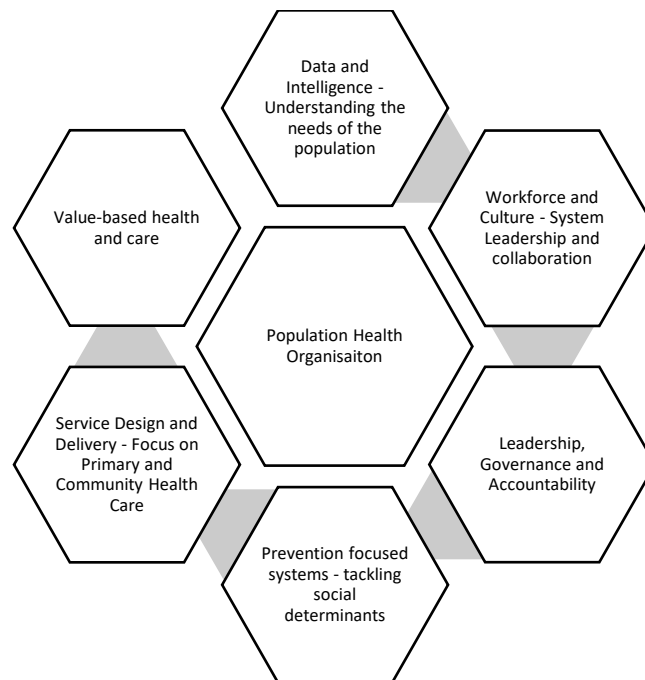
NHS Boards as population health organisations will increasingly strengthen their role as anchor institutions and population health leaders, working in partnership with Local Government, Community Planning, HSCPs and communities to deliver systemic change.

This document sets out areas to support Health Boards and IJBs make the changes required to make this shift to become a Population Health Organisation.

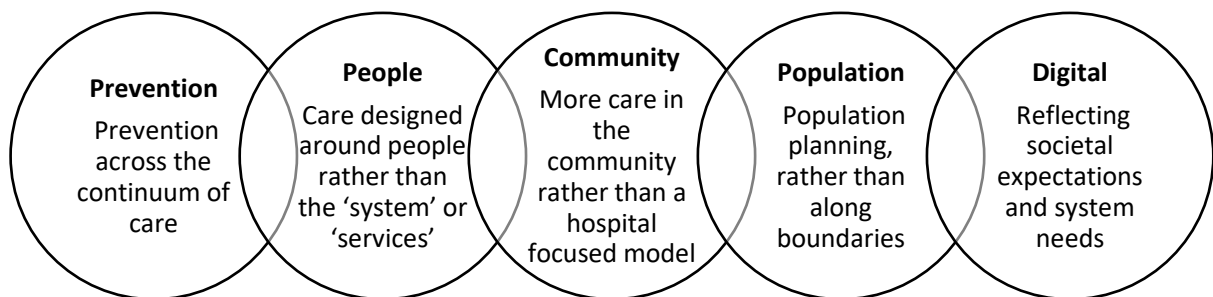
Becoming a Population Health Organisation

Becoming a Population Health Organisation requires embedding a focus on prevention and a reduction in inequalities in all that we do from our approach to leadership and strategic partnerships, across finance, planning and performance, to our use of data and digital technologies.

It means working in partnership to improve the health and wellbeing of the whole population, achieving health equity, and delivering value based, sustainable health and care. There are six key components to this approach as outlined below:



These components complement and are underpinned by the principles for renewal set out in the SRF, shown in the figure below



Data and Intelligence - Understanding the needs of the population

The NHS must use data more consistently to better understand our population's needs and assets. We need to identify the gap between the most and least deprived areas and target those most at risk.

Does the NHS Board understand local referral, waiting times and admission patterns, analysed by key inequalities indicators, are there shared targets for reducing variation? Can we share data across the system and track why some patients are missing from services? If not, there's room for improvement.

PHO Actions:

To understand the needs of the population means building a shared, evidence-informed picture. This requires the NHS to develop its data and intelligence capabilities to determine how it can deliver improvements in:

- Identify health and wellbeing needs by understanding variations and recognising upstream determinants such as poverty, housing, education, employment, and environmental factors.
- Analyse and interpret patterns, trends, and risks, including both current and future projections, with a particular focus on inequalities.
- Ensure that the lived experiences of individuals and the voice of the community are central to planning and decision-making processes, complementing data and intelligence.
- Collaborate with Community Planning partners and the wider health and social care sector to enhance data integration and sharing, optimise the use of data and intelligence in local service planning and delivery, and promote effective collaboration and coordinated action.

Workforce and Culture - System Leadership and collaboration

The NHS needs to understand itself as more than a set of services (primary care, OP clinics, secondary care) to a player in the whole system; not only looking at the individual who attends for care but the health of the whole population.

Working together is essential to tackle challenges that cannot be solved by one organisation, sector, or community alone to improve the health of the population and tackle inequalities. The Edinburgh Future's Institute, a partner in the Scottish Prevention Hub, suggests the following are key to collaborative leadership.



As a Population Health Organisation, the NHS has a system leadership role to play in the local population health system and through health care planning, regional and national collaborations to optimise health care provision for the population.

System collaboration is complex; we need to pay attention to collaborative leadership in practice and enablers of system change. In doing so, we will build capability and capacity for this work which will require a change in the culture of services in the NHS. In other words, creating the conditions for change.

PHO Actions:

- Strengthen collaborative leadership among senior leaders and Community Planning Partnerships by embedding the Prevention Hub's ten system enablers—such as shared purpose, distributed leadership, and open dialogue—to establish environments that support change and empower local teams to champion prevention-focused initiatives.
- Equip leaders with the capabilities to engage effectively with diverse partners, fostering system working through appreciation of differences, reciprocal learning, trust-building, and leadership behaviours that promote alignment across organisations and sectors.

- Co-design healthcare services with stakeholders, ensuring they are tailored to the needs of specific groups and disease conditions. Integrate care models through collaborative planning and data sharing, to support a comprehensive, whole-system approach to service redesign and prioritise a shift towards prevention.
- Develop the skills and competencies of Health and Social Care staff through continuous learning, partnership working, and reflective practice so staff can drive organisational improvement, fulfil strategic ambitions, and deliver improved outcomes in prevention, health enhancement, and value-based care.

Leadership, Governance and Accountability

‘Clinical governance’ is the term used to cover corporate responsibility for health care quality and outcomes. ‘Health governance’ is the term used to cover the contribution of the whole health economy to improving the population’s health. NHS Board agendas should have an appropriate balance of health improvement including the strategic management of health care services for health gain.

PHO Actions:

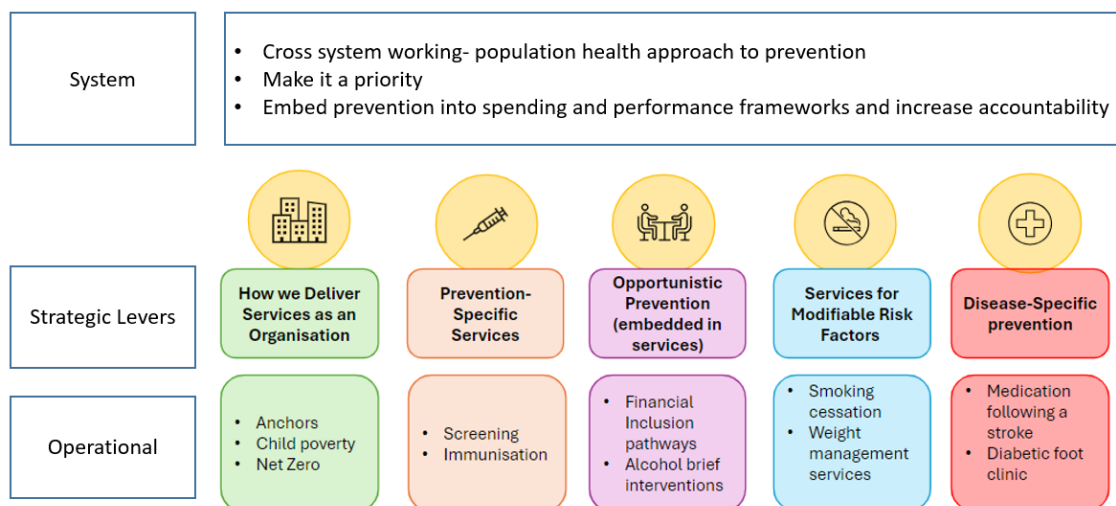
- Establish clear accountability mechanisms for population health outcomes by developing and implementing metrics for prevention, equity, and value-based results, accompanied by key performance indicators. These should align with both the population health framework and the service renewal framework as integral elements of core governance.
- Integrate prevention into NHS board strategies and governance structures, ensuring transparent reporting of progress and leveraging insights for ongoing improvement. Strategic objectives should explicitly address prevention, and all committees and subgroups should evaluate not only organisational performance but also population-level outcomes.
- Adopt evidence-based decision-making, utilising local insights and impact assessments to guide resource allocation. The prioritisation process should leverage the new NSS prioritisation framework, which incorporates principles regarding the impact on health inequalities and early intervention.
- Ensure that preventative expenditure is appropriately weighted in policy development to drive the necessary shift in public policy and outcomes, with a commitment to increasing the proportion of spending directed towards prevention.
- Maintain outward accountability to other organisations and communities by collaborating with local authorities and community planning partners. Align efforts to address health, inequality, and prevention through joint approaches to governance, funding, and accountability.

Prevention focused systems - tackling social determinants

The strength in having a prevention-focussed system is in the activity we can deliver in partnership. To embed prevention within our system we must consider what we are trying to prevent and where the levers are to act on this.

For example, Local Authorities have more influence over the determinants of health and Health Boards have more influence on minimising the harms following disease diagnosis. As a PHO it will shift more towards stopping illness from arising or worsening.

The following figure provides a framework for embedding prevention in health and care services for Health Boards and IJBs to adapt and use.



Those who are most adversely affected by poorer health outcomes are those who can benefit the most from preventative action. By acting on health inequalities we will in turn be taking preventative action.

PHO Actions:

- Integrate prevention within decision-making processes throughout the organisation. Take deliberate, targeted action to embed prevention opportunities into services already provided and across all interactions with partners, public and staff.
- Enable health and social care staff to actively participate in and benefit from prevention initiatives—thereby positioning the NHS not only as a Public Health Organisation (PHO), but also as a central hub for prevention for staff, patients, partners, and visitors.
- Enhance the NHS's Anchors and Community Wealth Building efforts, income maximisation services, and influence on socio-economic environments, while

working to minimise environmental impacts and foster healthy living environments.

- Systematically evaluate, identify, and address healthcare inequities across all services, including consideration of alternative models of care. Ensure equitable access and deliver culturally competent services focused on populations at highest risk of adverse outcomes.

Service Design and Delivery – Shift to Primary and Community Health Care

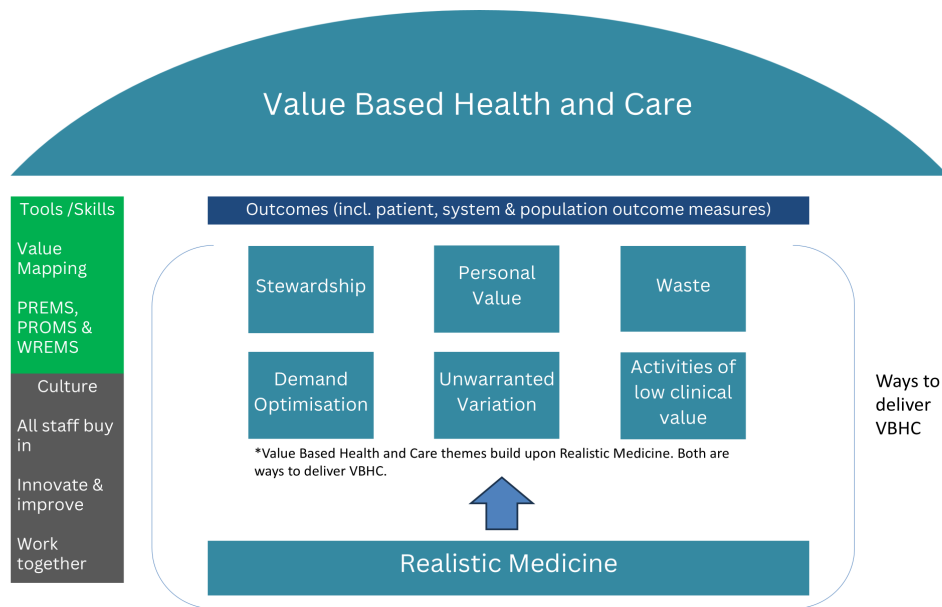
Health systems with strong primary care are better for population health – they have better outcomes, are more equitable, and are more cost effective. Increasing specialisation drives more procedures and interventions while generalist care can hold more in the community and reduce costs through management without specialist intervention.

PHO Actions:

- Funding, workforce, and performance policies are aligned with the goal of shifting the health and care system's focus toward primary and community health and care.
- Resources are being reallocated to support community-based, preventative models, with particular attention to individuals with significant needs, for example, through proportionate universalism.
- Efforts are being made to improve continuity of care by collaborating with HSCPs, CPPs, local authorities, and communities to facilitate anticipatory care and integrated care pathways.
- Service delivery is moving toward joint commissioning, involving co-design and co-delivery of services with communities to ensure they address local needs effectively.

Value-based health and care

[Value-based health and care](#) is an approach to health care that leads the organisation to increase the value from health service activity and is essential to optimise the health of the population from a limited resource.



PHO Actions:

- Implement Realistic Medicine principles to facilitate shared decision-making and stewardship, enabling individuals to actively participate as partners in their own healthcare.
- Collaborate with clinicians to promote responsible resource management, ensuring accountability for resource utilisation and balancing individual care with population health needs.
- Identify and address unwarranted variations in outcomes, access, and quality of care.
- Establish an outcomes-focused approach to clinical practice that supports comprehensive assessment of the value delivered by interventions.
- Demonstrate measurable progress in organisational efforts to disinvest from low-value interventions and reduce unnecessary waste.
- Allocate resources for digital solutions in population health management and ensure that digital opportunities to enhance health outcomes are fully leveraged.

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NHS Grampian 2026-27 Priorities for Delivery

Engagement Report
January – March 2026

DRAFT SUBJECT TO BOARD APPROVAL

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Our Approach to Engagement



As part of developing NHS Grampian's 2026-27 Priorities for Delivery, we wanted to share the emerging priorities with our staff, partners and communities to help shape the final version.

The proposed priorities and actions were shared with key stakeholders at an early stage to promote discussion, understanding, ownership and gather feedback.

NHS Grampian is fully committed to embedding its *Putting People First* approach and principles and continue to work in collaboration to strengthen our relationships with partners and to understand how we can best work together to connect in a meaningful way with our communities.

For the purposes of communicating and engaging on our 2026-27 Priorities for Delivery, we worked across our system to ensure we cascaded information via established groups and networks and are grateful for the support of our staff, partners and community members to enable us to do this.





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Who We Heard From...



Between January and March 2026

- All Staff dedicated session for 2026-27 Priorities
- All Staff briefing
- NHS Grampian Chief Executive Team
- NHS Grampian Board
- NHS Grampian Senior Leaders (Divisions)
- NHS Grampian Area Clinical Forum (ACF)
- NHS Grampian Area Partnership Forum (GAPF)
- NHS Grampian Public Involvement Network (PIN)
- Third Sector Interface (TSI) CEOs
- Aberdeen City Community Conversation
- Aberdeenshire Community Conversation
- Moray Community Conversation
- Aberdeenshire Tackling Poverty & Inequalities Group

Still to take place at time of report:

- Aberdeenshire Integration Joint Board (IJB)
- North East Strategic Partnership Group (NESPG)
- Aberdeen City Community Planning Board
- Aberdeenshire Community Planning Board
- Moray Community Planning Board



Summary of Key Messages

Staff Groups

What needs more focus?

- Primary Care.
- Mental Health.
- Children's Services.
- Digital.
- Infrastructure.
- Impact of climate change.

What matters most?

- Clear actions and measures that everyone can understand.
- Staff health and wellbeing addressed in a meaningful way.
- Prevention as an explicit priority.
- Strengthened focus on pathways and transformation.
- Joined-up partnership working.

Communication & Engagement

- Services need hope for the future: move out of Level 4, autonomy, budgetary control, clinically led service planning, make NHS Grampian an attractive place to work.
- Be explicit about what will be different.
- Explain how we are working with our partners.
- More opportunities for broader staff involvement.

“

From a workforce perspective, what matters most is psychological safety, realistic workload assignment and clarity of contribution. Staff want to see how priorities translate into practical support.

Feedback from a member of staff at a recent community conversation.

”



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Summary of Key Messages

Community Members

What needs more focus?

- General Practice access.
- Clear practical plans.
- System wide communication.
- Mental health.
- Rural equity.
- Co-ordination of care.
- Prevention focused partnerships.
- Confidence that plans will prioritise safety and be person centred.

What matters most?

- Feeling listened to.
- Fair, consistent services.
- Safe, person centred services.
- Care near home.
- Connected pathways.
- Shorter waits.
- Genuine partnerships.
- Honesty, transparency & trust.

Communication & Engagement

- Honest two-way communication.
- Clear regular updates.
- Multi-channel engagement.
- Simple, shareable materials.
- Stronger involvement structures - Patient Participation Groups (PPGs), Community Councils, local groups, etc).
- Reach out to hear diverse voices.

“

The more the patients are involved in the process and understand the process, I think it would be a little bit easier. It won't solve everything, but I think that needs to be part of your plan as well.

Feedback from a member of the public at a recent community conversation.

”



Engagement Event

Area Clinical Forum



2026-27 Priorities

- Maintain restricted number of priorities.
- Initial Priorities seem right.
- Like focus on leadership and governance.
- Maximise (if adequately supported) GP/Primary Care role in Prevention & Unscheduled Care (USC).
- Planned care seeing some green shoots but USC feels complex.
- Planned care and USC need some level of growth and innovation too.
- Need more emphasis on risk with USC – work to improve is significant but hard to see the improvement, given complexities.
- Incorporate recognition and support for volunteers and the third sector in the overarching narrative and priorities.
- Can these priorities realistically be delivered?



Staff Wellbeing

- Tension between staff wellbeing and current experience – teams impacted by carrying vacancies due to recruitment restrictions, resource limitations & also impact of Reduced Working Week (RWW).
- Perception that financial target more of a priority than quality of care.
- Need to reframe messaging with meaningful actions which will demonstrate staff wellbeing is not just a 'tagline'.



Engagement

- Engage with partners to reduce unintended impacts from decisions (public perception 'we are not joined up') e.g. imminent closure of a community rehab centre.
- Important to engage with the public, community groups, and volunteers in the development and delivery of priorities.

General Comments



- Develop and provide support for clinically led service planning, ensuring cross-system working and adequate resourcing for teams to plan effectively.
- Provide an update at the next session on the integrated financial and service planning work, including visibility of savings schemes and their cross-system impacts.
- Challenging navigating different management structures across system.
- Need to give autonomy to services.
- Need to make Grampian an attractive place to work.



DRAFT SUBJECT TO BOARD APPROVAL



2026-27 Priorities

- Important to have Prevention front and centre, needs to be explicit and weaved into pathways.
- Early intervention needs to be more explicit.
- Children were a key focus in Plan for the Future (PfF) – no mention in these priorities.
- Child, adolescent, and young mental health support is a gap.
- Mental Health and Psychological therapy needs to be more explicit – staff need to see value of their work. 'There is no health without mental health'.
- Primary care needs more focus – all Primary Care Contractors, GP, Pharmacy, Dental, Optometry and other assets,
- Community Treatment and Care (CTAC) Services, Vaccination Hubs.
- Broaden context of what we mean by 'community-based services'.
- Ensure wording is more inclusive to other parts of the system not just on Acute Services.
- Focus needs to be on pathways and redesign –opportunity for hospital specialist services and primary care teams to co-deliver a 'new approach' - patient focused close to home.
- Need clear messaging of priorities that is easy to understand and convey to others.



Staff Wellbeing

- Important that People is first priority.
- All employees (delegated or non-delegated) need to see where they sit within the priorities, valued for their contribution and acknowledgment of pressures they are operating within.
- Consider rewording 'wellbeing support to high pressured teams' - to broader support across all teams (prevention) rather than wait for crisis (intervention).



Engagement

- Public expectations – what are the different conversations needed? When patients are at the front door, long waits translate into an increase in complaints. The early intervention needs to be in primary care and in the community.



Finance

- Value and Sustainability work has largely been service/dept focused – need to see shift to pathway redesign and resource allocation to support.
- Need 'light at the end of the tunnel' - move out of Level 4 and return to budgetary control.



Outcomes & Key Performance Indicators (KPIs)

- If we are to measure improvement (outcomes) we need a baseline to measure against.
- Focus required on the right Key Performance Indicators (KPIs).



General Comments

- Signal intent re Transformation.
- PfF – balance of care and prevention – are we maximising opportunities for new models of care.
- How are we aligned with partners strategies given services devolved to Health and Social Care Partnerships (HSCPs)/Integration Joint Boards (IJBs).



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Engagement Event

Grampian Area

Partnership Forum



2026-27 Priorities

- Consider what this means for teams in terms of what they may need to pause to focus on 2026-27 priorities.
- Concern that these priorities are the same we have seen over the last few years. Need to explain/demonstrate what is going to be different e.g. approach to engagement, prevention etc.
- Need to be more explicit in how we are working in partnership across communities.



Finance

- Concern re increasing inequalities within healthcare e.g. substance use, where services are being cut due to financial constraints.

Engagement Event

All-Staff Briefing



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What matters most to you?



- Most common words were staff wellbeing (32) and prevention (32).
- Many responded that they could see alignment with their roles/teams in the main.

People



- Staff wellbeing essential to focus on, but needs be meaningful and tangible.
- Staff training & development and support for managers should be included.

Prevention



- Would want focus on mental health and wellbeing, inequalities and equity of access, impact of poverty, among others.
- Commitment to focus on prevention alongside crisis management as recognition of tension between this and Unscheduled Care.

Unscheduled Care (USC)



- Stronger focus on improving discharges, including community capacity
- Improve how care homes access Unscheduled Care.

Planned Care



- Mental health and learning disabilities highlighted as a gap.
- Community capacity for planned care needs consideration.

Value & Sustainability



- Considering implications of decision-making from all angles.

Gaps Highlighted



- Digital.
- Mental health.
- Improving our infrastructure and premises.
- Children's health and services.
- Interface with primary care.

Enablers



- Collaborative partnership working.
- Better gathering and use of patient experience.
- Opportunities to use volunteer roles.
- Business systems transformation.
- Change support for services and teams.
- Innovation.
- Realistic Medicine.
- Good quality data.

Communication & Engagement



- Lots of appreciation for the opportunity and would want more in the future (and ways for those not attending to contribute).
- Provide more context in the invite to help staff know what to expect from the session.
- More information on how will be measured.
- Some felt that it was too high-level to comment on and engagement process for developing the priorities not clear
- Communications not always shared locally.



Engagement Event

Third Sector Interfaces (TSIs)



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2026-27 Priorities



- Real potential for third sector to support delivery of priorities around prevention with planning and resourcing (CVD prevention highlighted as an area that could be co-produced).
- The TSIs' core function is to enable access to a vast range of community organisations – they can help ensure meaningful conversations take place with community members.
- Shared language needed around the three tiers of prevention so all talking about the same thing.
- Suggest NHS Grampian have an agreed strategic approach for engaging with the third sector to allow relationships to develop and co-design new approaches together, which can be appropriately planned and resourced.

Challenges and Barriers



- Lack of equitable approach across the three IJBs re how TSIs are involved and included.
- System barriers need to be addressed if we are to be able to engage the third sector with NHS priorities, e.g. information governance and data sharing/processing
- Shared language needed around the three tiers of prevention so all talking about the same thing.



Engagement Event

Public Involvement Network (PIN)



2026-27 Priorities - What needs more focus?



- How these will be delivered was not clear.
- No reference to GP practices who are essential in managing health – felt purely focused on hospitals.
- Working with IJBs crucial for discharge to community settings. Feels there is a breakdown in communication with IJBs. Cited Rosewell as an example where it appears that organisations are operating as separate entities, rather than as a system.
- Needs to be in language that everyone can understand and are meaningful, to ensure that all staff can have them at the forefront of their mind.
- Email notifications of procedures and appointment should be as standard for the majority.

Communication & Engagement



- Use community council structure.
- Be mindful of sensory impairments.
- Use community hubs – centres, GP practices, dental practices, libraries, etc.
- PIN can reach out to further networks.
- Use staff members to reach out to their networks.
- Opportunity for reinforcing key messages in 'discharge packs'.
- Hospital radio and Station House Media Unit (SHMU) radio.

General Comments



- Need to enhance what is already out there, rather than duplicating.
- Highlighted disparities between provision across Grampian (early supported discharge cited as one example where there are differences between Aberdeen City and Aberdeenshire).
- NHS services feel like they operate entirely independent from each other and therefore difficult for the patient to truly be at the centre – there needs to be better connectivity.

Summary: The Big Three Themes

1. Clear, joined-up working as a whole system with clearer “how” actions.
2. Better cross-service communication & coordination.
3. Practical, inclusive involvement



Engagement Event Aberdeenshire Community Conversation



2026-27 Priorities - What needs more focus?



- Access to GPs highlighted as a gap which needs attention and an ask that NHS Grampian do more to ensure this improves.
- Concerns that population growth is not being planned for (e.g. town expansions).
- Delayed discharges and use of community hospitals; transport and access to Aberdeen Royal Infirmary (ARI).
- Concerns about funding inequity for NHS Grampian.
- Need tangible plans, not only aspirations – visible evidence, data and timelines, with practical examples.
- Learning from other NHS Boards.

What matters most to people?



- Respectful, human communication where people are really listened to
- Transparency and honesty – why changes are needed, what the impact will be, understanding of contracts such as Baird Family Hospital, etc.
- Working in partnership with our communities.
- Care as close to home as possible.
- Safety and accessibility of services.

Communication & Engagement



- Simple, shareable communications – visuals that can be used on social media for example.
- Regular updates that are short, clear and transparent, sharing the good and bad.
- Digital engagement platform, as long as easy to use and support meaningful engagement.
- More channels for two-way communication.
- Sessions such as the live CEO Q&A for staff, for the public.

Summary: The Big Three Themes

1. Access

People want GP access fixed – appointments, booking systems, staffing, triage.

2. Transparency

Be honest about constraints, tell people what's really happening, and involve them early.

3. Communication

Use simple, rapid, visual communications and strengthen relationships with patient participation groups (PPGs) and community groups



DRAFT SUBJECT TO BOARD APPROVAL

Engagement Event

Aberdeenshire Tackling Poverty Group



2026-27 Priorities - What needs more focus?



- Rural access and equity are key factors.
- Improving trust and confidence in triage services.
- Reassurance needed that service coordination will be improved to increase flexibility and be better joined up between services.
- Recognise workforce pressures across the system and want to see how they will be addressed.
- People's lived experience may not show up in data but it is real and affects peoples' confidence in the system.
- The everyday impact of decisions needs to be fully reflected in plans.

What matters most to people?



- Person-centred, compassionate care – people want to feel heard, respected, and included in decisions.
- Fair access regardless of geography.
- Joined up, coordinated services with better communication, aligned appointments and support to navigate the system.
- Transparency and explanations behind decisions, honesty about resources and constraints.
- Reliable and safe urgent care and reduced delays to access health services.

Communication & Engagement



- Ongoing two-way dialogue with regular conversations and honest updates.
- Need to strengthen confidence that changes being made are safe and person-centred.
- Lived experience panel could help with ongoing dialogue.
- Updates on actions taken and explanations of timelines and constraints.
- Use multiple communication methods, both digital and non-digital.

Summary: The Big Three Themes

1. Rural realities and the everyday impact on people's lives on service changes need much stronger recognition.
Travel, cost and safety are major factors shaping experience and access.
2. People want a system that listens, coordinates better, and provides fair and transparent care.
Feeling heard and understood is central to trust.
3. Involvement must be ongoing, honest, and accessible to all communities.
People want to stay engaged through regular dialogue, varied communication channels, and opportunities to contribute meaningfully.



Engagement Event

Aberdeen City

Community Conversation



DRAFT SUBJECT TO BOARD APPROVAL

2026-27 Priorities - What needs more focus?



- GP services access raised by many on the call (areas specifically mentioned – issues with access, accountability of GPs, and training opportunities for GPs in training).
- Cardiovascular risk is important, but concern there is variation in how prevention guidelines are being implemented.
- Mental health services highlighted as a gap (specific mention of autism/ADHD).
- No mention of the dealing with the impacts of climate change on physical health, mental health and maintaining services.
- Palliative and end of life care highlighted as missing from the priorities.
- The potential of the third sector to help address demand and help with the priorities.

What matters most to people?



- Reassurance that our organisations are truly working in partnership.
- Clear consistent messages across primary care providers.
- Honesty and transparency about what is changing.
- Holistic wraparound care when people need it.
- Services being joined up and flexible.
- Patients and communities being heard.
- Waiting times.
- Reducing inequalities.
- Modernising services for the future.



Communication & Engagement

- Updates on how NHS Grampian responding to KPMG recommendations would be welcomed.
- Clear information shared with the public about what NHS Grampian does and what the Aberdeen Heath & Social Care Partnership does.
- Proactive communication about decisions taken and what they mean for people (both positive and negative impacts).
- More meetings like this, but advertise wider and have more channels for communication and dialogue with the public.

Summary: The Big Three Themes

1. People want a far clearer understanding of how the system works, why changes are happening, and what it means for them.
2. What matters most is joined up, accessible, consistent and timely care – especially in primary care and mental health.
3. People want honest, regular, simple communication, meaningful involvement, and visible evidence that their feedback drives decisions.



Engagement Event

Moray Community Conversation



DRAFT SUBJECT TO BOARD APPROVAL

2026-27 Priorities - What needs more focus?



- Localisation of services, including blood tests, diagnostics, vaccinations, or flexibility of appointment times and travel support when necessary.
- Reassurance was sought that attention is being paid to specific areas: veteran's health, gynaecology/endometriosis, foetal alcohol spectrum disorder, palliative care.

What matters most to people?



- Fair access locally.
- Timely, joined up care with clear pathways and improved General Practitioner (GP) access.
- Person-centred support, that can be tailored to vulnerable groups, and staff continuity.
- Honest and transparency about decisions.

Communication & Engagement



- Direct ongoing 2-way communication, including regular briefings, updates via email and ability to ask follow-up questions.
- Local involvement structures with suggestion to make better use of Patient Participation Groups (PPGs).
- Multiple channels for communication.

Summary: The Big Three Themes

1. **Access and Transport Barriers**
Strongest and most frequent concern; impacts equity and outcomes.
2. **System Capacity & Staffing**
Worries about recruitment, waiting times, and deliverability of priorities.
3. **Desire for Continuous, Meaningful Engagement**
Communities want partnership, not periodic updates.



DRAFT SUBJECT TO BOARD APPROVAL

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gram.communications@nhs.scot

[Ask for publication MVC 260053](#)

1. Understanding the needs of the Population

What this means: We have a shared, evidence-informed picture of the population's health and wellbeing needs, including an understanding of the upstream determinants (e.g. poverty, housing, education, employment, environment), how this leads to variation in health outcomes e.g. healthy life expectancy, current trends and future predictions (including inequalities), people's lived experience and the communities' voice, how health and the wider system are working together and what more can be done.

Current position (where are we)	Activity (to progress towards achieving our aims)	Aims (where we want to be)
Wealth of data but in sector based silos Joint Strategic Needs Assessments (JSNA) are done but no standardised approach so not joined up for planning Grampian work completed to date (Oct '25) informs development of performance indicators for the Population Health Framework North East Population Health Alliance – working to progress with taking a whole system approach to improve our data maturity	Key actions for 2026/27 1. Socialise / promote JSNA resource to support planning of services based on population need (three priority areas to be identified) 2. Improve data maturity and sharing - NEPHA working group – focus on application to healthy weight / substance use - Data maturity assessment 3. Support Unscheduled Care and Planned Care Programmes to use population health data in service planning through the refreshed Population Health Portfolio Board Medium / longer term actions (27/30) Scope and progress development of a population health platform How it makes a difference Planning is informed by population need and the population in Grampian receive proportionate support to ensure equitable access Indicators of success: Case studies to demonstrate: - Use of JSNAs & population health data in service planning - How are services currently meeting needs / outcomes / inequalities	All key stakeholders use JSNAs to inform joint planning/redesign of key pathways and services. Whole system pathways of care and services are equitable & responsive to population need to enable right care, place, time and appropriate person. Service planning is undertaken at a population level, informed by shared understand of needs and assets of the population.

2. System focused and collaborative

What this means: Working together is essential to tackle challenges that cannot be solved by one organisation, sector or community alone to improve the health of the population and tackle inequalities. NHS Grampian has a system leadership role to play in the local population health system and through health care planning, regional and national collaborations to optimise health care provision for the population.

Current position (where are we)	Activity (to progress towards achieving our aims)	Aims (where we want to be)
KPMG diagnostic review highlighted - Disconnect from partners - Acute focus only - Need more shared planning & budgeting Through Community Planning we have a focus on - Prevention and early intervention - Tackling child poverty - Whole system approach to healthy weight - Address social determinants through Anchor / community wealth building Through Putting People First we strengthen our engagement with staff and the public	Key actions for 2026/27 1. Maximise NHSG's voice in new sub-national arrangements 2. Delivery Grampian's contribution to Scotland East plan – USC, orthopaedics, business systems & digital front door 3. Improve stakeholder relationships - Councils, SAS, HIS, NES 4. Deliver statutory duty on child poverty with local authorities 5. More integrated service and financial planning 6. North East Transformation Group work in 2026/27 7. Strengthen collaborative leadership with Community Planning Partnerships so conditions for change in place for empowered teams 8. Continue to implement Putting People First approaches - use lived experience and other relational approaches to public involvement, implement real-time feedback across the organisation Medium / longer term target - Population segmentation to develop services with collaborative clinical networks for whole system - Strengthen relationships with third sector to deliver preventative models of care How it makes a difference Examples – National Mission on Drugs and Human Learning System & Child Poverty Plan Indicators of success Incidence of drug & alcohol related deaths & children living in relative poverty	Collaborative leadership in place to create the conditions for change and address challenges (silo working, inflexible structures, leadership tensions, technology / data security, effective use of evaluation) Hear range of voices & truly listen Align locally, regionally & nationally Place based care in place Recognise / value our partners Earn trust

3. Governance and Accountability

What this means: As a Population Health Organisation, Board agendas should have an appropriate balance of health improvement including the strategic management of health care services for health gain

Current position (where are we)	Activity (to progress towards achieving our aims)	Aims (where we want to be)
Strategic intent stated in Plan for the Future, ambitions of Population Health Framework and Service Renewal Framework – create sustainable, preventative system of health and care Population Health Committee agreed lead executives to set out the organisational shift required to become a Population Health Organisation Population Health Programme Board refreshed to provide oversight of progress as a population health organisation	Key actions for 2026/27 1. Refresh and update Plan for the Future 2. Formal agreement from NHSG Board as a strategic objective 3. All committees and subgroups to consider population outcomes alongside performance 4. Board self-assessment exercise to inform areas for development 5. Population health organisation KPIs as part of core governance 6. Integrated Impact Assessments applied to all policy, service redesign and development initiative across organisation Medium / longer term target - Quality assess use of Integrated Impact Assessments - Develop Board workplan based on self-assessment exercise How it makes a difference Equitable access to care evident through performance metrics Indicators of success Integrated Impact Assessment completion rates and quality assurance	Progress towards delivering plan for the future and function as PHO Equitable access to health and care services evidenced through performance metrics

4. Prevention and tackling social determinants

What this means: As a PHO NHS Grampian will shift more towards stopping illness from arising or worsening. Those who are most adversely affected by poorer health outcomes are those who can benefit the most from preventative action. By acting on health inequalities we will in turn be taking preventative action.

Current position (where are we)	Activity (to progress towards achieving our aims)	Aims (where we want to be)
Progressing with implementing the framework for embedding prevention in health and care services with a focus on cardiovascular disease (CVD). Working with partners and Acute, HSCPs & CPPs to develop/deliver - Resources to support GPs to maximise uptake of early detection and treatment of risk factors for CVD - Pathway for smoking cessation in maternity services - Pathway for anti-obesity medication - Delivery of Anchor plans - Whole system approach to health weight environments - National T2 Diabetes weight management programme - Whole system approach to Community Appointment	Key actions for 2026/27 1. Engage with Area Clinical Forum & Area Partnership Forum on approach to embedding prevention 2. Complete Strategic Needs assessment for CVD 3. Deliver on potential as Anchor organisation 4. Strategic whole system approach to priority areas 5. Implement digital population health interventions 6. Optimise implementation of interventions to prevent CVD 7. Reduce inequalities in access and uptake of preventative services 8. Prevent and reduce infectious and communicable diseases Medium / longer term target - Ensure income maximisation available in healthcare settings - Poverty proofing access to healthcare services - Strengthen relationships to deliver preventative models of care - Meet legislative requirement to delivery net zero carbon services - Climate resilience and collaboration How it makes a difference Examples – promoting equity of access to healthcare, reduced rates of CVD, improved maternal mental health and infant outcomes, fewer people living with BBVs, reduced rates of drug and alcohol related death. Indicators of success - Anchor metrics - Rates of childhood obesity - Incidence of BBV infections	Move from reactive state to focus on stopping illness arising/worsening Environments that encourage promoting health and wellbeing Prevention of conditions forecast to create high burden of care and increased demand for services Healthy aging and person centered care Optimised opportunities for prevention, early intervention & technology

Days in Aberdeenshire, Aberdeen City	- Incidence of suspected drug related death / alcohol related hospital admissions and deaths - Referrals from planned care services to smoking cessation, and adult weight management - Uptake of screening and vaccination programmes	
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5. Focus on Primary and Community Health Care

What this means: Health systems with strong primary care are better for population health – they have better outcomes, are more equitable, and are more cost effective.

Current position (where are we)	Activity (to progress towards achieving our aims)	Aims (where we want to be)
GP vision work – population health workstream not being progressed due to lack of capacity/resource in system Working to establish a Primary Care Board in Grampian Once for Grampian strategic approach for primary care Strengthen links between NHSG Board and three HSCPs Suite of tools and models to deliver transformational service change	Key actions for 2026/27 1. Progress set up Primary Care Board 2. Support service redesign to shift the balance of care to the community 3. Enhance access to NHS Dentistry and oral health programmes for children 4. Support women to make informed reproductive choices 5. Reduce repeat ED attendance by helping high intensity users access care and services in the community 6. Redesign urgent and emergency pathway to address long waits, corridor care and boarding 7. Participate nationally commissioned work relating to redesign of hospital care, shifting the balance of care & digital transformation Medium / longer term target - Explore development of pooled budgeting enabling right care in the right place - Systematically assess, identify and address healthcare inequalities in all services How it makes a difference Examples – improved mental wellbeing, create healthy places, early detection & management of conditions, reduce pressure on acute services, best possible start in life for all children, reduce risk of chronic oral disease Indicators of success Reduction in rates of abortion Reduction in number of HIU at ED	Deliver more care, services and support closer to home Use community led health approaches and strengthen place based working

	Rates of breast feeding by SIMD % of primary 1 / primary 7 children with no tooth decay	
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6. Value-based health and care

Current position (where are we)	Activity (how we got here)	Aims (where we want to be)
Realistic medicine / value based health and care programme in place with good examples of learning from projects Putting People First programme in place, which embeds GIRFE Work needed to support systematic adoption of realistic medicine, value-based health and care and GIRFE	Key actions for 2026/27 1. Deliver more care, services and support closer to home. 2. Shift investment into the development of community-based services and alternatives to hospitalisation 3. Develop the HOPE Collaborative for a system-wide unified approach to Putting People First, GIRFE and realistic medicine 4. Working with clinicians to be responsible for resources balancing personal and population based care 5. Addressing variation in outcomes, access and quality 6. Optimising digital opportunities Medium / longer term target 7. Develop outcomes-based approach to clinical care 8. Disinvesting in lower value interventions and decrease waste 9. Meet legislative requirement to deliver net zero carbon service How it makes a difference Examples – sustainable service and minimize climate impact, increase civic engagement, more patient centered, increase community empowerment & resilience, integrated prevention models, reduced waiting list times for tertiary services Indicators of success Case studies demonstrating engagement activities with clear links to learning & outcomes, Implementation of realistic medicine / value based health and care / Sustainability plan metrics	People as partners in their own care, patients supported to make informed decisions about care and treatment Enable staff patients and public to take a lead role in how care is delivered Ensure safe environment to deliver effective, efficient and sustainable care, supporting staff and patient wellbeing

Progress Report	Aberdeen City Council Delivery Plan 2026/27
Lead Officer	Angela Scott, Chief Executive, Aberdeen City Council
Report Author	Martin Murchie, Chief Officer Data and Insights, Director, Health Determinants Research Collaboration
Date of Report	13 July 2026
Governance Group	Management Group – 12 August 2026

Purpose of the Report

This report presents the approved Aberdeen City Council Delivery Plan 2026 to the Community Planning Aberdeen Management Group and provides assurance on its alignment with the Community Planning Aberdeen Local Outcome Improvement Plan (LOIP) 2026–2036 and Locality Plans 2026–36. It also presents the accompanying assessment of alignment between the Delivery Plan and Community Planning Aberdeen's strategic priorities contained at Appendix 2.

Summary of Key Information

1 BACKGROUND

- 1.1 The Aberdeen City Council Delivery Plan 2026/27 was approved by Aberdeen City Council on 4 March 2026 and sets out the Council's key improvement and delivery commitments for 2026/27. The Plan has been developed using the Council's strategic commissioning approach and is aligned to the Population Needs Assessment, Community Planning Aberdeen Local Outcome Improvement Plan (LOIP), Council policy framework, national and regional strategies and emerging legislative duties.
- 1.2 The Delivery Plan sets out the Council's contribution to the LOIP, Council policy commitments, national and regional strategies and statutory duties. It provides a framework for prioritising activity and resources within a challenging financial and operational environment and reflects the Council's continued focus on prevention, early intervention and reducing inequalities across Aberdeen.
- 1.3 The Plan is structured around the social determinants of health and applies the principles of proportionate universalism, recognising the need to provide universal services whilst targeting additional support and resources towards people and communities experiencing the greatest disadvantage.

2 DELIVERY PLAN CONTRIBUTION TO COMMUNITY PLANNING

- 2.1 The Delivery Plan reflects the priorities contained within the Community Planning Aberdeen LOIP 2026–2036, including improving outcomes for children and young people, supporting people into employment, reducing poverty and homelessness, supporting strong and sustainable communities and improving health and wellbeing. The Plan also adopts a prevention and early intervention approach and

applies the principle of proportionate universalism to support those experiencing the greatest levels of disadvantage.

- 2.2 As a statutory partner, Aberdeen City Council has a clear role in supporting delivery of the five LOIP Ten Year Outcomes and associated system changes, as well as the priorities identified within the North, South and Central Locality Plans.

Alignment Assessment

- 2.3 An assessment of the Aberdeen City Council Delivery Plan against the Community Planning Aberdeen LOIP 2026–2036 and the North, South and Central Locality Plans is provided at Appendix 2.
- 2.4 The assessment found strong alignment across all five LOIP Ten Year Outcomes, associated system changes and locality plan priorities. No significant gaps in alignment were identified. The Delivery Plan contributes positively to each of the LOIP system changes and all locality plan priorities, particularly in relation to poverty reduction, employability, children and young people, health and wellbeing, housing, community resilience and neighbourhood improvement.
- 2.5 The assessment identified opportunities to further strengthen how the Council evidences and articulates its contribution to Community Planning Aberdeen priorities, including strengthening locality-based reporting and making links to individual system changes more explicit. These opportunities relate to demonstrating contribution rather than addressing any areas of non-alignment.

Budget Categorisation - Three Tiers of Prevention

- 2.6 The Council Delivery Plan recognises that recent, current and future pressures have exposed the fragility of public services and the need for a different approach. A key focus of the Plan is to strengthen prevention and early intervention, ensuring resources are increasingly directed towards supporting those communities experiencing the greatest inequalities.
- 2.7 Alongside transformational programmes such as the Fairer Futures Pathfinder, the Delivery Plan promotes a long-term shift towards upstream investment and targeted support that can improve outcomes and reduce demand on services over time. Delivering this ambition will require difficult choices about how resources are allocated, with a stronger emphasis on activities that deliver the greatest preventative impact. The Council's Prevention and Early Intervention Strategy underpins this approach, providing a framework for understanding demand and prioritising preventative action across the system. Detail on approach is contained in pages 20-22 of the Plan.

Recommendations for Action

It is recommended that members of the CPA Management Group:

- (i) Note the contents of the Aberdeen City Council Delivery Plan 2026/27.
- (ii) Note the Council's contribution to delivery of the Community Planning Aberdeen Local Outcome Improvement Plan 2026–2036 and associated Locality Plans; and
- (iii) Note the alignment assessment contained at Appendix 2.

Opportunities and Risks

The Aberdeen City Council Delivery Plan provides a strong framework for contributing to the Community Planning Aberdeen LOIP 2026–2036 and Locality Plans. Opportunities exist to further strengthen the visibility of this contribution by making links to individual LOIP system changes more explicit within performance and progress reporting arrangements. There is also an opportunity to strengthen locality-based reporting and demonstrate how Council activity is contributing to improved outcomes within priority neighbourhoods and localities. These opportunities would enhance the evidence of contribution and impact and support further integration across Community Planning Aberdeen partnerships

No significant risks have been identified in relation to the alignment between the Aberdeen City Council Delivery Plan and the Community Planning Aberdeen LOIP 2026–2036 or Locality Plans.

Consultation

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

Chair of the CPA Management Group
Chairs of the Outcome Portfolio Boards
Michelle Crombie, Strategic Lead Prevention and Community Empowerment

Background Papers

The following papers were used in the preparation of this report.
LOIP 2026-36 and Locality Plans 2026-36t as approved by CPA Board on 11 June 2026

Contact detail

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Appendix 1

[Aberdeen City Council Delivery Plan 2026-27](#)

Appendix 2 - Co-pilot Assessment of Alignment of Aberdeen City Council Delivery Plan against the LOIP 2026-36 and Locality Plans 2026-36

A review of the Aberdeen City Council Delivery Plan against the Community Planning Aberdeen Local Outcome Improvement Plan (LOIP) 2026–2036 and the North, South and Central Locality Plans found strong alignment across all five Ten Year Outcomes, system changes and locality priorities. The Delivery Plan reflects the same focus on tackling inequalities, prevention and early intervention, proportionate universalism, community empowerment and the social determinants of health that underpin the LOIP.

The assessment found no gaps in alignment. The Delivery Plan makes a positive contribution to each of the LOIP system changes and all locality plan priorities, particularly in relation to poverty reduction, employability, children and young people, health and wellbeing, housing, community resilience and neighbourhood improvement.

The opportunities identified are therefore not areas of non-alignment, but areas where the Council could further strengthen or better demonstrate its contribution. In particular, there are opportunities to make links to individual system changes more explicit, strengthen locality-based reporting, and further highlight community-led and place-based approaches already being delivered through the Council Delivery Plan.

Overall, the assessment concludes that the Aberdeen City Council Delivery Plan is strongly aligned with both the LOIP 2026–2036 and the Locality Plans, with no significant gaps identified and only opportunities to strengthen evidence of contribution and impact

Table 1 – Assessment of Aberdeen City Council Delivery Plan Against the LOIP 2026–2036

LOIP Ten Year Outcome and System Change (Full Wording from LOIP)	Assessment of ACC Delivery Plan Contribution	Strengths	Opportunities for Further Alignment / Contribution
Ten Year Outcome 1 – Children, Families and Lifelong Learning:	Strong alignment through the Delivery Plan focus on children, young people, attainment, wellbeing, early intervention and reducing inequalities.	• Strong emphasis on prevention and early intervention. • Commitment to improving outcomes for vulnerable children and young people. • Supports positive destinations and educational participation.	• More explicit reference to safe youth spaces. • Stronger emphasis on co-designed services and youth progression pathways. • Clearer reporting against LOIP outcome measures.
Ten Year Outcome 2 – Economic Stability:	Strong alignment through economic stability, employability, workforce participation, skills development and economic transition activity.	• Strong contribution to fair work and employability. • Supports just transition and economic diversification. • Clear focus on reducing inequalities through employment.	• More explicit focus on vulnerable groups and SIMD 1 communities. • Stronger links to growth sectors and community wealth building. • Greater visibility of locality-based employment pathways.

Ten Year Outcome 3 – Communities and Housing:	Very strong alignment. The Delivery Plan places poverty reduction, prevention, vulnerability and homelessness prevention at its core.	• Strongest area of alignment. • Consistent with prevention and proportionate universalism. • Clear commitment to supporting vulnerable households and reducing inequalities.	• More explicit reference to community hubs and integrated support pathways. • Better visibility of homelessness prevention activity. • Stronger articulation of wraparound family support.
Ten Year Outcome 4 – Neighbourhood and Environment:	Good alignment through neighbourhood, climate, active travel, environmental improvement and community engagement priorities.	• Strong climate and sustainability contribution. • Supports neighbourhood improvement and place-based working. • Aligns with Net Zero ambitions.	• Greater emphasis on community influence and empowerment. • More explicit commitment to shared decision making and co-production. • Clearer links to community commissioning and participatory approaches.
Ten Year Outcome 5 – Health and Social Care:	Strong alignment through mental health, wellbeing, substance use, prevention and tackling inequalities.	• Shared focus on prevention and reducing avoidable harm. • Strong alignment with population health improvement. • Supports reduction in health inequalities.	• More explicit commitment to trauma-informed recovery pathways. • Greater visibility of peer-led recovery and harm reduction approaches. • Clearer articulation of the Council's contribution to recovery communities.

Table 2 – Assessment of Aberdeen City Council Delivery Plan Against the North, South and Central Locality Plans

Locality Plan Priority	Assessment of ACC Delivery Plan Contribution	Strengths	Opportunities for Further Alignment / Contribution
Reduce the number of people living in poverty.	Very strong alignment through the Delivery Plan's focus on tackling poverty, financial insecurity, prevention, family support and reducing inequalities.	• Poverty reduction is a core Delivery Plan priority. • Strong alignment with prevention and proportionate universalism. • Clear focus on vulnerable households.	• More locality-specific reporting on poverty outcomes. • Clearer demonstration of impact within North priority neighbourhoods.
Support local employers to find staff.	Strong alignment through employability, skills development and economic transition activity.	• Supports workforce participation and economic growth. • Complements Fair Work ambitions.	• Greater focus on supporting local recruitment pipelines from North priority neighbourhoods.

Improve the physical health and wellbeing of people.	Strong alignment through prevention, wellbeing, active living and health improvement approaches.	• Strong prevention focus. • Recognition of health inequalities.	• More locality-based health improvement programmes and community-led wellbeing initiatives.
Widen low-cost access to learning, creativity and safe active living.	Good alignment through educational attainment, lifelong learning and wellbeing priorities.	• Supports lifelong learning and inclusion. • Links to positive destinations ambitions.	• Greater emphasis on creative opportunities, culture and community learning provision.
Maximise use of outdoor space.	Strong alignment through active travel, environmental improvement, greenspace and climate priorities.	• Supports health, wellbeing and environmental outcomes. • Aligns with climate ambitions.	• More focus on community growing, biodiversity and accessible local greenspaces.
Increase the number of people and groups involved in making improvements and decisions in their community.	Partial to good alignment through community planning and engagement commitments.	• Strong commitment to partnership working. • Supports community empowerment principles.	• Stronger emphasis on co-production, participatory budgeting, community commissioning and shared decision making.
Reduce the number of people living in poverty.	Very strong alignment through anti-poverty, employability, prevention and financial inclusion activity.	• Strong fit with the Delivery Plan's focus on reducing inequalities.	• Better locality-level reporting and targeted interventions within South neighbourhoods.
Improve and create job opportunities.	Strong alignment through economic stability, skills and employability priorities.	• Supports Fair Work and inclusive growth ambitions. • Strong connection to economic transition agenda.	• Stronger links to growth sectors and local recruitment opportunities.
Focus on early intervention, prevention and physical and mental wellbeing outcomes.	Very strong alignment. Prevention and early intervention are core principles of the Delivery Plan.	• One of the strongest areas of strategic alignment. • Consistent with social determinants approach.	• More visible locality-based prevention activity and outcome reporting.
Support children and young people to achieve their potential.	Strong alignment through educational attainment, wellbeing and positive destinations priorities.	• Strong focus on reducing inequality for children and young people. • Supports long-term life chances.	• Greater visibility of youth voice, participation and targeted support pathways.
Maximise use of outdoor space.	Strong alignment through active travel, environmental improvement and climate priorities.	• Supports healthy living and neighbourhood improvement.	• Additional focus on local greenspace access and community stewardship.
Increase the number of people and groups involved in making improvements and decisions in their community.	Partial to good alignment through engagement and empowerment activity.	• Supports Community Planning principles.	• Stronger emphasis on community influence, co-design and participatory approaches.
Reduce the number of people	Very strong alignment with anti-	• Strong contribution through targeted	• More explicit demonstration of

living in poverty.	poverty, financial inclusion and prevention approaches.	support and poverty reduction activity.	impact in Central priority neighbourhoods.
Improve mental health and wellbeing of population.	Strong alignment through wellbeing, prevention and population health priorities.	• Strong focus on reducing health inequalities and improving wellbeing.	• Greater emphasis on community-based mental wellbeing support and resilience building.
Ensure people can access services in good time through a person-centred approach.	Strong alignment through integrated support, commissioning and prevention-based reform.	• Supports integrated pathways and coordinated support. • Consistent with person-centred principles.	• Clearer focus on joined-up access arrangements and locality-based navigation support.
Maximise use of spaces in communities to create opportunities for people to connect and physical activity.	Good alignment through neighbourhood, wellbeing and community priorities.	• Supports social connection and healthier lifestyles.	• Greater use of community assets and social prescribing approaches.
Create safe and resilient communities.	Good alignment through wellbeing, prevention, community safety and reducing inequality.	• Supports broader prevention agenda. • Contributes to safer communities and resilience.	• More visible contribution to community safety, resilience and harm reduction activity.
Increase the number of people and groups involved in making improvements and decisions in their community.	Partial to good alignment through community engagement and empowerment activity.	• Supports partnership working and engagement.	• Stronger emphasis on sharing power, community-led decision making and neighbourhood governance.

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Progress Report	Community Planning Aberdeen Membership and Constitution
Lead Officer	Michelle Crombie, Strategic Lead, Community Empowerment and Prevention
Report Author	Allison Swanson, Community Planning and Improvement Manager
Date of Report	13 July 2026
Governance Group	Management Group – 12 August 2026

Purpose of the Report

This report presents the updated Community Planning Aberdeen (CPA) Constitution for approval and sets out partner representation across the CPA governance framework. The updated Constitution defines the role, remit, membership and reporting arrangements for the CPA Board, CPA Management Group, Outcome Portfolio Boards, System Change Teams, Statutory Partnerships, Locality Empowerment Groups and Priority Neighbourhood Partnerships.

Summary of Key Information

1 BACKGROUND

- 1.1 The Aberdeen City Local Outcome Improvement Plan (LOIP) 2026-36 and the refreshed CPA governance and delivery arrangements were approved by Community Planning Aberdeen on 11 June 2026.
- 1.2 The approved structure organises delivery of the LOIP and statutory duties through the CPA Board, CPA Management Group, three Outcome Portfolio Boards, aligned statutory partnerships and locality arrangements.
- 1.3 The CPA Management Group agreed that membership should be reviewed once Outcome Portfolio Board, System Change Team and Statutory Partnership membership had been developed, and following publication of the Programme for Government, to ensure appropriate partner involvement across the structure.
- 1.4 The Community Empowerment (Scotland) Act 2015 identifies statutory Community Planning partners. Since 2016, the Chair of Community Planning Aberdeen has invited all statutory partners to become members of the Partnership. Appendix 1 sets out statutory community planning partners and their level of representation. Historic Environment Scotland, Scottish Sports Council and Visit Aberdeenshire have not responded to previous invitations to become members.
- 1.5 A number of non-statutory partners are also critical to delivery of the LOIP and Locality Plans. These partners are primarily involved through system change teams and wider delivery arrangements.
- 1.6 This report focuses on the Constitution, governance structure and membership arrangements requiring approval. The detailed delivery, reporting, assurance and improvement arrangements through which these structures will operate are set

out within the Delivery and Outcome Framework report elsewhere on today's agenda. The two reports provide the governance and operational framework for delivery of the LOIP 2026–36.

2 COMMUNITY PLANNING ABERDEEN CONSTITUTION

2.1 The revised Constitution is attached at Appendix 1 for approval. It provides the formal governance framework for Community Planning Aberdeen and confirms the role, remit, membership and operating model for:

- CPA Board
- CPA Management Group
- the three Outcome Portfolio Boards
- Statutory Partnerships
- System Change Teams
- Locality Empowerment Groups and Priority Neighbourhood Partnerships

3 MEMBERSHIP

3.1 The proposed membership arrangements are designed to ensure that Community Planning partners are actively involved in delivery, oversight and improvement of the LOIP and statutory partnership duties, while avoiding unnecessary duplication of attendance across governance groups.

3.2 All Statutory Partners are represented on the CPA Board. As discussed at the Management Group, representation has been designed around the principle that partners should participate in the forum where they can contribute most effectively. This supports collaboration, makes best use of partner capacity and expertise, and keeps governance proportionate.

3.3 Outcome Portfolio Boards will provide the primary forum for detailed outcome, system change and statutory partnership oversight. The CPA Management Group will focus on cross-system integration, inequalities, strategic risks, resource alignment, collaborative leadership and issues which sit beyond the remit of individual Boards. Not all Statutory Partnership Chairs are therefore proposed as standing members of the CPA Management Group. Many will contribute through their aligned Outcome Portfolio Board, statutory partnership leadership role and nominated representation arrangements.

3.4 The Management Group will also adopt a dual meeting model, alternating between formal assurance meetings and wider collaborative leadership sessions. These workshop and “show and tell” sessions will enable broader participation from statutory partnerships, partners, system change teams and other stakeholders, while maintaining an efficient governance structure.

3.5 Appendix 4 provides a partner representation matrix showing how CPA Board partners are represented across the wider governance structure, including the CPA Management Group, Outcome Portfolio Boards and statutory partnerships. The matrix shows that all CPA Board partners are represented within the governance structure through one or more groups/boards.

3.6	The membership of system change teams is still being determined and to be reported to the first meeting of the Outcome Portfolio Boards, ensuring that the relevant partners are represented and supporting the design and delivery of the 5 system changes.
4	LEADERSHIP AND PARTNER REPRESENTATION
4.1	Appendix 5 sets out the current Chair, Vice Chair or lead arrangements for the CPA Management Group, Outcome Portfolio Boards and Statutory Partnerships. Appendix 6 sets out the current leadership arrangements for the five system changes. System Change Team core membership will be reported to the first relevant Outcome Portfolio Board meeting.
5	NEXT STEPS
5.1	Subject to approval, the updated Constitution and membership arrangements will be implemented across the CPA governance structure.
5.2	Outcome Portfolio Boards will hold their first meetings and confirm System Change Team membership.

Recommendations for Action	
It is recommended that members of the CPA Management Group:	
(i)	Approves the CPA constitution and that it be submitted to the CPA Board meeting in November 2026; and
(ii)	Approves the proposed membership for the CPA Management Group and Outcome Portfolio Boards, noting that membership has been designed to ensure appropriate partner involvement while avoiding unnecessary duplication across governance groups.

Opportunities and Risks
The updated Constitution and proposed membership arrangements provide an opportunity to strengthen clarity, accountability and partner involvement across the CPA governance framework. The streamlined approach reduces duplication of attendance across governance groups and supports more focused use of partner capacity. The main risk is that partners who are not standing members of the CPA Management Group may feel less connected to system-wide assurance and learning. This will be mitigated through Outcome Portfolio Board participation, statutory partnership reporting arrangements, System Change Team involvement and the Management Group's wider collaborative leadership sessions.

Consultation
The following people were consulted in the preparation of this report: Chair of the CPA Management Group Chairs of the Outcome Portfolio Boards

Michelle Crombie, Strategic Lead Prevention and Community Empowerment
Background Papers
The following papers were used in the preparation of this report. LOIP 2026-36 report submitted to CPA Board on 11 June 2026

Contact detail

Allison Swanson, Community Planning and Improvement Manager
aswanson@aberdeencity.gov.uk

Appendix 1: [CPA Constitution 2026](#)

Appendix 2: CPA Management Group membership

Management Group Membership	
Chair, Senior Leader, ACC	ACC, Angela Scott
Vice Chair	
Portfolio Outcome Boards Lead and Locality Sponsors	
Prevention and Place Based Working and North Locality Sponsor	ACC, Eleanor Sheppard
Place, Belonging and Opportunity and South Locality Sponsor	ACC, Gale Beattie
Stability, Recovery and Protection and Central Locality Sponsor	ACHSCP, Fiona Mitchelhill
System Change Lead	
1 Safe, co-designed spaces for young people at risk	1. ACC, Rachel Harrison/Mark Jones
2. Inclusive routes to Emerging and Growing Sectors	2. SDS, Nicola Graham
3. Families and Communities Support Model	3. ACC, Shona Milne/Jacqui McKenzie
4. Community-led System for Sustainable Neighbourhoods	4. NHSG, Jillian Evans
5. New recovery approach for people with existing and emerging complex needs.	5. ACHSCP, Alison Macleod
Statutory Partnership Representative	
- Children's Services Board - Community Wealth Building - Local Employability Partnership - Alcohol and Drugs Partnership - Community Justice Group - Community Safety Partnership - Violence Against Women Partnership	NHSG, Chris Littlejohn ACC, Julie Wood ACC, Stuart Bews Aberdeen in Recovery, Lindsay Webster ACHSCP, Iain Ramsay SFRS, Kenny Christie ACC, Graeme Simpson
OTHER	
HDRC	ACC, Aileen Grant

Appendix 3 Outcome Portfolio Board Membership

Prevention and Place Based Working Portfolio Board Membership System Changes 1&3	
Portfolio Outcome Boards Lead	Eleanor Sheppard (ACC)
System Change Lead	
System Change 1 leads	Rachel Harrison (ACC) Mark Jones (ACC)
System Change 3 leads	Shona Milne (ACC) Jacqui McKenzie (ACC)
Statutory Partnership Representative	
Children's Services Board CLD Partnership COG and Violence Against Women & Girls	Chris Littlejohn (NHSG) Margaret Stewart (ACC) Graeme Simpson (ACC)
Statutory Partners/Other	
Third sector HDRC	Donna Hutchison (Aberdeen Cyrenians) Aileen Grant (HDRC)

Place, Belonging and Opportunity Portfolio Board Membership System Changes 2 &4	
Portfolio Outcome Boards Lead	Gale Beattie (ACC)
System Change Lead	
System Change Leads 2	Nicola Graham (SDS)
System Change Leads 4	Jillian Evans (NHSG)
Statutory Partnership Representative	
Community Wealth Building	Julie Wood (ACC)
Local Employability Partnership	Stuart Bews (ACC)
Statutory Partners/Other	
Fire Service Nestrans HDRC	SFRS, TBC Caroline Hood (Nestrans) Sarah McGarroll (HDRC)

Stability, Recovery & Protection Portfolio Board Membership System Change 5	
Portfolio Outcome Boards Lead	Fiona Mitchelhill (ACHSCP)
System Change Lead	
System Change Lead 5	Alison MacLeod (ACHSCP)
Statutory Partnership Representative	
Alcohol and Drugs Partnership	Lindsay Webster (AiR)
Community Justice Group	Iain Ramsay (ACHSCP)
Community Safety Partnership	Kenny Christie (SFRS)
Violence Against Women & Girls Partnership	Graeme Simpson (ACC)
Statutory Partners/Other	
HDRC	Miriam Brazzelli (HDRC)
Public Health	Phil Mackie (NHSG)
Police Scotland	Simon Reid (Police Scotland)

Appendix 4 CPA Governance Partner Representation Matrix

Partner	CPA Board	CPA MG	Prevention & Place Based Working OPB	Place, Belonging & Opportunity OPB	Stability, Recovery & Protection OPB	CSB	CLD	CWB (to be est.)	LEP	ADP	CJG	VAWG	CSP
Aberdeen City Council	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Aberdeen City Health & Social Care Partnership	✓	✓			✓	✓	✓	✓		✓	✓	✓	✓
NHS Grampian	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
Police Scotland	✓				✓	✓		✓		✓	✓	✓	✓
Scottish Fire & Rescue Service	✓	✓		✓	✓	✓		✓			✓		✓
Skills Development Scotland	✓	✓		✓		✓		✓	✓		✓		
Scottish Enterprise	✓							✓					
ACVO	✓					✓	✓	✓	✓	✓	✓		
Nestrans	✓			✓				✓					
North East Scotland College	✓					✓	✓	✓	✓	✓			
Robert Gordon University	✓							✓				✓	
University of Aberdeen	✓							✓				✓	

Key

- CSB = Children's Services Board
- CLD = Community Learning & Development Partnership
- CWB = Community Wealth Building Partnership
- LEP = Local Employability Partnership

- ADP = Alcohol & Drugs Partnership
- CJP = Community Justice Partnership
- VAWG = Violence Against Women & Girls Partnership
- CSP = Community Safety Partnership

Appendix 5 CPA Governance Leadership

Leadership Role	CPA Management Group	Prevention & Place Based Working OPB	Place, Belonging & Opportunity OPB	Stability, Recovery & Protection OPB	CSB	CLD	CWB (to be est. reflects stat duties)	LEP	ADP	CJG	VAWP	CSP
Chair/Lead	Angela Scott, Aberdeen City Council	Eleanor Sheppard, Aberdeen City Council	Gale Beattie, Aberdeen City Council	Fiona Mitchelhill, ACHSCP	Chris Littlejohn, NHS Grampian	Margaret Stewart, Aberdeen City Council	Julie Wood, Aberdeen City Council	Stuart Bews, Aberdeen City Council	Fiona Mitchelhill ACHSCP	Iain Ramsay, ACHSCP	Graeme Simpson, Aberdeen City Council	Kenny Christie, Scottish Fire and Rescue Service
Vice Chair/Co-Lead				Simon Reid, Police Scotland	Graeme Simpson, Aberdeen City Council	NESCOL, Robert Laird	Maggie Hepburn, ACVO	TBC	Lindsay Webster, Aberdeen in Recovery	Stuart Robinson, Police Scotland	Grampian Women's Aid, Chief Executive	Mark Wilson, Aberdeen City Council
Core Members Represented	ACC; ACHSCP; NHSG; SFRS; SDS; HDRC	ACC; NHSG; Third Sector HDRC	ACC; NESTRANS; NHSG; SFRS; Skills Development Scotland; HDRC	ACC; ACHSCP; SFRS; NHSG Police Scotland; HDRC	ACC; ACHSCP; NHSG Police Scotland; SFRS; SDS; ACVO; North East Scotland College	ACC; ACHSCP; ACVO; North East Scotland College	ACC; ACHSCP; NHSG; SDS; Scottish Enterprise; ACVO Police Scotland; SFRS; North East Scotland College; Robert Gordon University; University of Aberdeen	ACC; NHSG SDS ACVO North East Scotland College	ACC; ACHSCP; NHSG; Police Scotland; ACVO North East Scotland College	ACC ACHSCP NHSG Police Scotland; SFRS; SDS; ACVO	ACC; ACHSCP; NHSG; Police Scotland University of Aberdeen	ACC; ACHSCP; Police Scotland; SFRS; NHSG

Appendix 6 System Change Leadership

Leadership Role	System Change 1	System Change 2	System Change 3	System Change 4	System Change 5
Chair/Lead	Rachel Harrison / Mark Jones (Aberdeen City Council)	Nicola Graham (Skills Development Scotland)	Shona Milne / Jacqui McKenzie (Aberdeen City Council)	Jillian Evans (NHS Grampian)	Alison MacLeod (Aberdeen City Health and Social Care Partnership)
Co-Lead	Police Scotland	Aberdeen City Council		SHMU, NESCAN Hub, Nestrans	
Core Members Represented	To be reported to first OPB meeting	To be reported to first OPB meeting	To be reported to first OPB meeting	To be reported to first OPB meeting	To be reported to first OPB meeting

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Community Planning Aberdeen

Progress Report	Community Planning Budget 2026/2027 – Q1 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	14 July 2026
Governance Group	CPA Management Group – 12 August 2026

Purpose of the Report

The purpose of this report is to provide an update on the 2026/27 Community Planning Budget's financial performance for the period 1 April to 31 June 2026.

Summary of Key Information

1 BACKGROUND

- 1.1 The community planning budget agreed for 2026/27 on 18 March 2026 was £1,633,757. This included contributions from Aberdeen City Council, Police Scotland, NHS Grampian and NESTRANS.

	2026/27 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 2026/27

- 2.1 This budget monitoring report shows current and projected expenditure for 2026/27 as at the end of quarter 1.

	2026/27 Budget £	Year to date spend £	Full year forecast £	Variance £ (Difference between forecast and budget)
Fairer Aberdeen Fund	1,534,436	373,337	1,534,436	0
ACVO Third Sector Interface/ engagement: Community Planning	62,321	15,580.25	62,321	0
City Voice	37,000	37,000	37,000	0
Total	1,633,757	425,917.25	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 1 of 2026/27.

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 2026/27

Contact details:

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

Progress Report	HDRCA Progress Update July 2026
Lead Officer	Martin Murchie
Report Author	Aileen Grant
Date of Report	17 th July 2026
Governance Group	Community Planning Aberdeen Management Group – 12 August 2026

Purpose of the Report

To provide the Management Group with a detailed update on the significant activity undertaken by the HDRCA since the last meeting.

Summary of Key Information

1. Activity Over Last Period

- 1.1 This report gives the Board an overview of the activity undertaken and underway during the period since the last meeting.

2. NIHR Recommissioning Call

- 2.1 The previous meeting of the Board was advised that NIHR signalled their intention to extend the contract with all Wave 1 HDRCs until 31st December 2028. An effective extension of 15 months. At the time of writing no formal communication had been received. Formal communication has now been received advising of the extension however, the funding allocation has not been made explicit.

3. HDRC Redesign

- 3.1 As previously reported in February 2026, the HDRC had undertaken a comprehensive stocktake of progress against the objectives in the original bid. This was intended to inform the priorities for the period until the end of HDRC 1, including the extension. As part of this we have reviewed and proposed a redesign of HDRC structure and roles, aligned to the LOIP 26/36 governance structure. This will include regular evaluation clinics delivered by academic partners with different evaluation methodology expertise. Much of the work required by the systems changes is likely to include systems development and evaluation. We have been engaging with partners and stakeholders to review the redesign, including revised roles, before implementation, with positive feedback. The redesign implementation is underway. A diagram of the HDRC redesign is attached as an appendix.
- 3.2 Community researchers form part of the HDRC redesign. We have proposed they become local embedded researchers within the locality groups. A review is currently

being undertake of lived experience engagement within CPA to identify gaps and we will conduct a review of the literature to identify potential models and activities.

4. Evaluation activity

- 4.1 The redesign was informed by a longitudinal evaluation of the HDRC embedded researcher programme. The final report is being prepared and will be shared with CPA in due course. Please find the briefing report here: [ER evaluation briefing report 17.7.26.docx](#)
- 4.2 The HDRC has designed a robust evaluation of the Families and Communities Support model with academic partners. Baseline data has been gathered, analysed and reported. Informing subsequent implementation and roll out of the families and communities support model in Greyhope and Northfield. Baseline briefing report: [FCSM Briefing Report.docx](#)
- 4.3 Support has been provided to reviewed educational surveys administered in Aberdeen schools. SHINE and ACC health and wellbeing survey are now to be administered every 2 years, alternating. Redesign and rigour of the health and wellbeing survey is underway to reduce burden to staff and students.

5. Extending HDRC reach and impact

- 5.1 We have broadened networking and collaboration with other academic / research capacity across Scotland, including Edinburgh Futures Prevention Hub and Public Health Scotland.
- 5.2 We are currently designing an ACC Training & skills package to target ACC Members, ECMT and the Leadership Forum.
- 5.3 The HRDC have supported ACC Strategy Board Away Day on population decline in Aberdeen. Academic experts provide evidence on migration and birth rates, which stimulated debate. The HDRC is supporting the next Strategy Board Away Day in September.

6. Next Steps

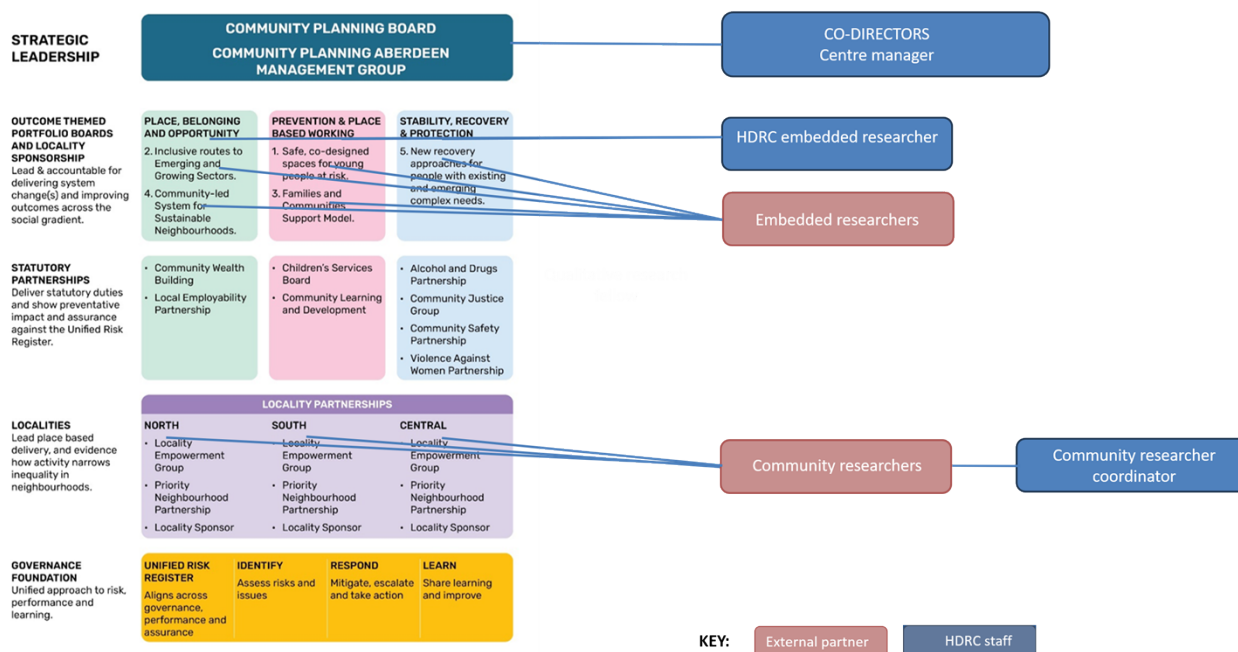
- 6.1 We will implement the HDRC redesign, and we will engage in national conversations to inform potential recommissioning of the HDRCs beyond 2028.

Contact details:

Name	Martin Murchie
Title	Director, Health Determinants Research Collaboration Aberdeen
Email Address	mmurchie@aberdeencity.gov.uk

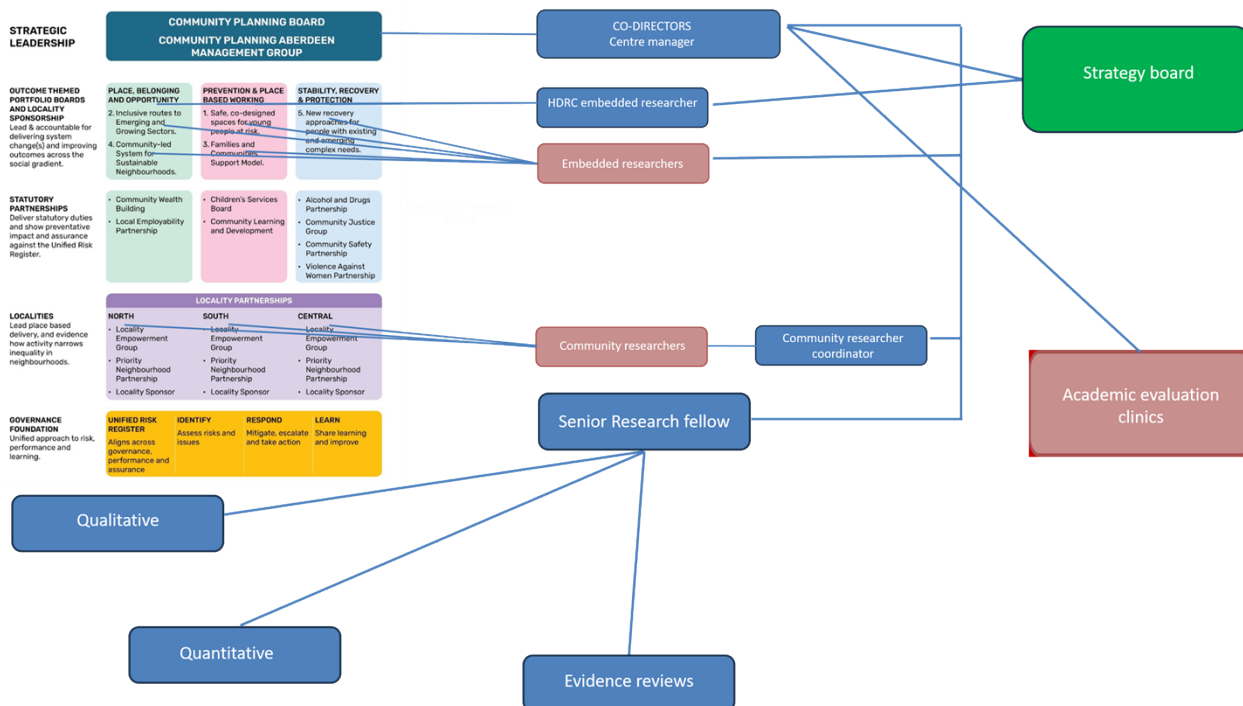
COMMUNITY PLANNING ABERDEEN GOVERNANCE

HDRC GOVERNANCE



COMMUNITY PLANNING ABERDEEN GOVERNANCE

HDRC GOVERNANCE



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Progress Report	Housing (Scotland) Act 2025 Implementation Plan
Lead Officer	Jacqui Mckenzie
Report Author	Mel Booth/Rachel Harrison
Date of Report	14 July 2026
Governance Group	CPA Board – 12 August 2026

Purpose of the Report

The purpose of this report is to provide Community Planning Aberdeen Management Group with an update on progress against the Housing (Scotland) Act 2025 Implementation Plan.

Summary of Key Information

1 BACKGROUND

- 1.1 Community Planning Aberdeen has an interest in the implementation of the Housing (Scotland) Act 2025 due to the implications the legislation will have for housing, homelessness prevention and wider community planning outcomes. Aberdeen City Council approved its Housing (Scotland) Act 2025 Implementation Plan in May 2026, setting out the key actions required to support delivery of the Act's provisions. This report provides Community Planning Aberdeen with an update on progress made to date.
- 1.2 The Implementation Plan outlines the key areas of the legislation relevant to the Council and identifies the services responsible for progressing implementation. Since approval of the Plan, work has been progressed across a range of service areas, with officers continuing to develop the processes, policies and partnership arrangements required to support the phased implementation of the Act. This report provides an update on progress across the principal workstreams.

2 PROPOSALS

Rent Control Area Assessment

- 2.1 The Housing (Scotland) Act 2025 introduces powers for Scottish Ministers to designate all or part of a local authority area as a Rent Control Area (RCA). Within an RCA, limits can be placed on the amount by which rents may increase for existing tenants, with the aim of helping to ensure rents remain affordable and sustainable.
- 2.2 Local authorities are required to undertake a detailed assessment of local housing market conditions and rent levels to determine whether an application for Rent Control Area status should be made. Preparatory work is underway to develop the evidence base required for this assessment, including analysis of rent trends, affordability, housing supply and demand, tenant experiences and wider housing market data. Engagement with key partners and stakeholders

will also be required to inform the assessment and any future recommendations to Scottish Ministers.

Ask and Act

- 2.3 Ask and Act is a homelessness prevention measure introduced through the Housing (Scotland) Act 2025. It places duties on relevant bodies to ask people who may be at risk of housing insecurity and act by taking appropriate steps within the powers of their organisation including providing information, support or referrals, with the aim of identifying and addressing the risk of homelessness at an earlier stage.
- 2.4 The Council continues to make progress in preparing for the implementation of the Ask and Act duties. Working in partnership with Aberdeen Cyrenians and other agencies, Scottish Government funding has been secured to support development of the Ask:Enact digital tool, workforce training and partnership arrangements. Activity has focused on system development, staff awareness training and engagement with partners including Health & Social Care Partnership, NHSG, Police Scotland and the third sector to strengthen the early identification of housing insecurity and prevent homelessness before crisis occurs.
- 2.5 The Ask and Act duties will require Community Planning partners to play a more active role in homelessness prevention by identifying housing insecurity at an earlier stage and ensuring individuals are connected to appropriate support. This represents a shift towards a shared prevention approach across the relevant bodies listed within the legislation and beyond.
- 2.6 This work directly links to Local Outcome Improvement Plan Ten Year Outcome 1: 95% of young people in the Scottish Index of Multiple Deprivation 1 and vulnerable groups achieve a positive destination on leaving school by 2031, and Ten Year Outcome 3: Reduce the proportion of people in relative poverty and homelessness by 6.5% by 2036.
- 2.7 Two LOIP system changes directly support this work. System Change 1 will provide safe, co-designed spaces with onsite support, person-centred activities and individual progression pathways for young people at risk. This supports a joined-up approach to identifying and responding earlier to risks including disengagement from education, substance use, harm and child criminal exploitation. The Families and Communities Support Model (System Change 3) will create place-based hubs, integrated pathways, personal casework and outreach support, providing coordinated access to financial empowerment, housing support, safe and affordable homes, food sharing, health, employability and family support. This strengthens early, joined-up support for people at risk of poverty, homelessness and wider harm. Work on both System Changes is progressing well.

Awaab's Law

- 2.8 Awaab's Law introduces new requirements for social landlords to investigate and address damp and mould within defined timescales. The Council is progressing preparatory work to support implementation, including

strengthening data collection, reviewing policies and processes to identify and address damp and mould at an early stage.

Tenancy Management

2.9 Various aspects of the legislation directly apply to how the council manages its own homes and caravan sites which includes:

- **Succession rights** – The qualifying period for succession has been reduced from 12 months to 6 months. Changes have been implemented for social tenancies and will be introduced for private tenancies later in 2026, with tenancy agreements, procedures and communications updated accordingly.
- **Pets and property alterations** – Further Scottish Government regulations relating to tenants keeping pets and making changes to their homes are awaited and are not expected to come into force until 2027.
- **Electronic notices** – Social landlords can now serve statutory notices electronically where tenants have provided written consent. Work is underway to establish the required processes and record-keeping arrangements.
- **Gypsy/Traveller site protections** – New legislation has strengthened security of tenure for residents on protected Gypsy/Traveller sites, with updated occupancy agreements being introduced for new residents at Clinterty.
- **Pitch fee calculations** – Future pitch fee reviews will be based on CPI rather than RPI, in line with changes to mobile homes legislation.
- **First-tier Tribunal provisions** – New powers relating to mobile home tenancy disputes and evictions will be introduced through the First-tier Tribunal, with implementation dates still to be confirmed by Scottish Government.

3 NEXT STEPS

Rent Control Area Assessment

3.1 Preparatory work is underway to develop the evidence base required for this assessment, including analysis of rent trends, affordability, housing supply and demand, tenant experiences and wider housing market data. Engagement with key partners and stakeholders will also be required to inform the assessment and any future recommendations to Scottish Ministers. A Communication Plan is also being finalised to support engagement with tenants and landlords, with Community Planning Aberdeen partners supporting stakeholder engagement and communication activity where appropriate.

Ask and Act

3.2 Community Planning partners will continue to work collaboratively to prepare for the implementation of the Ask and Act duties. Priorities include finalising the governance arrangements required to enable frontline practitioners to test the prevention-focused software, supporting its ongoing development, and maintaining active involvement in the oversight of the pilot and the wider dissemination of learning.

3.3 The Ask and Act duties require relevant public bodies to identify individuals at risk of housing insecurity and take reasonable steps, within their existing

functions and powers, to prevent homelessness. The legislation establishes homelessness prevention as a shared responsibility across public services, requiring Community Planning partners to work together to identify risk earlier, provide timely support and ensure individuals are connected to appropriate services.

Awaab's Law

- 3.4 A business case is being developed to identify the additional staffing and resource requirements needed to support implementation of Awaab's Law and ensure compliance with future statutory duties.

Tenancy Management

- 3.5 Next steps will focus on completing communications on the new succession arrangements, implementing processes for the electronic delivery of statutory notices, updating tenancy management procedures and staff guidance, and monitoring forthcoming Scottish Government regulations relating to pets and property alterations. The Council will also continue to update arrangements for Gypsy/Traveller sites and monitor future commencement orders and guidance to ensure ongoing compliance with the Housing (Scotland) Act 2025.

Recommendations for Action

It is recommended that members of the CPA Management Group:

- i) Note progress made in relation to implementation of Housing (Scotland) Act 2025.

Opportunities and Risks

Rent Control Assessment

The rent control assessment provides an opportunity to strengthen the council's understanding of affordability pressures and housing market conditions, supporting evidence based decision making and engagement with landlords and tenants.

There is a risk that the Council will face significant challenges in meeting the statutory deadline of 31 May 2027 for submission of the Rent Control Area Assessment. This is due to the scale of evidence gathering, analysis and stakeholder engagement required, combined with the fact that statutory guidance on the assessment process has not yet been issued by the Scottish Government. Delays in the publication of guidance could reduce the time available for analysis, governance and decision-making prior to submission deadline.

Ask and Act

These duties present an opportunity to gather valuable insight to support a system shift towards prevention at scale aligning closely with one of the key pillars of Public Sector

Reform, and with the Local Outcome Improvement Plan (2026-36). They place the prevention of homelessness as a shared duty across relevant bodies, creating a key opportunity for reduced crisis presentations and a reduction in the harm and risk associated with unstable housing. If these duties are not adopted as intended by the legislation, with both the ask and act being held by the relevant body and a focus on collaboration, there is a risk that the pressures already experienced by housing services within the city are amplified and the improvements that are sought through prevention activity for our citizens are not realised.

Awaab's Law

Implementation of Awaab's Law provides an opportunity to improve housing quality, tenant wellbeing and the early identification of damp and mould. However, there are risks associated with increased resource, staffing and investment requirements to ensure compliance with future statutory duties and prescribed response times.

Tenancy Management

The changes provide an opportunity to modernise tenancy management processes, strengthen tenant rights, improve tenancy sustainment and increase the use of digital service delivery. Risks relate to delays in secondary legislation, the need to ensure compliance with new electronic notice requirements, and the operational changes required to update policies, procedures, systems and staff training.

Consultation

The Housing (Scotland) Act 2025 Implementation Plan has identified the Council teams responsible for implementation of each provision of the legislation which holds relevance for the Council. These teams were consulted during the development of the Implementation Plan and engagement will continue throughout the implementation process. A Communication Plan is also being finalised to support engagement with tenants and landlords for the provisions which hold relevance for these stakeholder groups. Engagement is also underway with the Health and Social Care Partnership, third sector organisations, NHSG and Police Scotland as part of the implementation of Ask & Act duties.

Jacqui McKenzie, Chief Officer Housing and Eleanor Sheppard, Chair of Prevention and Place Based Working Portfolio Board were also consulted.

Background Papers

Housing (Scotland) Act 2025 Implementation Plan - [F&C/26/061](#)
[LOIP 2026-36](#)

Contact details:

Name	Mel Booth
Title	Housing Strategy and Improvement Manager
Email Address	mebooth@aberdeencity.gov.uk



Progress Report	CPA Healthy Weight Improvement Projects Review: A Report
Lead Officer	Martin Murchie
Report Author	Dr. Daniel Crabtree, Dr. Sarah McGarrol, Helen Cannings, Martin Murchie, Prof. Shantini Paranjothy, Vibhavari Gaikwad, Dr. Bea Dawkins, Prof. Phil Mackie.
Date of Report	03/08/2026
Governance Group	CPA Management Group

Purpose of the Report

To present a report from the Aberdeen City HDRC for the Community Planning Aberdeen Management Group to note in relation to Healthy Weight Improvement Projects undertaken as part of the previous Aberdeen City LOIP.

Summary of Key Information

1 Background

1.1 Healthy Weight Aberdeen (HWA) is a Whole Systems Approach (WSA) led by Aberdeen City Health and Social Care Partnership and Education Services in collaboration with multi-agency stakeholders, including the Health Determinants Research Collaboration Aberdeen (HDRCA).

1.2 Launched in 2024, HWA aims to address the local drivers of obesity and reduce health inequalities across Aberdeen City. Healthy Weight Aberdeen are designing a WSA to healthy weight following the Public Health England WSA to obesity guidance. The Public Health England process for implementing a WSA approach includes understanding how obesity is addressed at a local level and generating a comprehensive map of the local causes of obesity, to inform a WSA action plan. At the request of HWA, the HDRCA supported the Aberdeen city WSA by reviewing those projects undertaken as improvement projects as part of the previous Local Outcome Improvement Plan (LOIP) that were related to healthy weight.

1.3 The overall aim of the review was to supply HWA with evidence to support the implementation of the WSA to healthy weight within the new LOIP. In particular the purpose was to:

1. Understand the nature of the LOIP projects
2. Determine the extent to which the evidence base has informed the projects
3. Identify projects that are promising, which could be scaled up to make a contribution to Healthy Weight Aberdeen and the local Good Food Nation Plan

1.4 Healthy Weight Aberdeen (HWA) is a Whole Systems Approach (WSA) led by Aberdeen City Health and Social Care Partnership and Education Services in

collaboration with multi-agency stakeholders, including the Health Determinants Research Collaboration Aberdeen (HDRCA).

- 1.5 Launched in 2024, HWA aims to address the local drivers of obesity and reduce health inequalities across Aberdeen City. Healthy Weight Aberdeen are designing a WSA to healthy weight following the Public Health England WSA to obesity guidance. The Public Health England process for implementing a WSA approach includes understanding how obesity is addressed at a local level and generating a comprehensive map of the local causes of obesity, to inform a WSA action plan. At the request of HWA, the HDRCA supported the Aberdeen city WSA by reviewing those projects undertaken as improvement projects as part of the previous Local Outcome Improvement Plan (LOIP) that were related to healthy weight.
- 1.6 The overall aim of the review was to supply HWA with evidence to support the implementation of the WSA to healthy weight within the new LOIP. In particular the purpose was to:
- Understand the nature of the LOIP projects;
 - Determine the extent to which the evidence base has informed the projects;
 - Identify projects that are promising, which could be scaled up to make a contribution to Healthy Weight Aberdeen and the local Good Food Nation Plan.

2 Approach to the Review

- 2.1 Projects conducted during the CPA improvement programme periods of 2021-2023 and 2024-2026 were within scope of the review. Although not originally designed to inform a WSA to healthy weight, the improvement projects conducted during these periods had the potential to contribute valuable local insights.
- 2.2 Projects were eligible for review if they met one of the following inclusion criteria:
- The project outcomes related to healthy weight and/or nutrition;
 - The project was underpinned by the Public Health England WSA to obesity guidance; or
 - The project addressed at least one of the Obesity Action Scotland's (OAS) seven local levers for diet and healthy weight in Scotland.
- 2.3 In total 10 projects were included in the review. Improvement project titles and charters were screened using the inclusion criteria and eligible projects were subject to data extraction. Data were extracted from project charters and project end reports, if available, which were provided by CPA. To aid the review, a data extraction database was developed by the authors. This captured routine details of the project, its links to the evidence base, and any reported outcomes within the context of the LOIP's stretch outcome.
- 2.4 The report (Appendix 1) provides summaries of the included projects.

3 Key Messages

- 3.1 The Review includes key messages drawn from the 10 projects included. These cover:
- Determining the extent to which the evidence base informed the projects; and
 - Identifying projects that could make an ongoing contribution to HWA and the local Good Food Nation Plan.
- 3.2 The Review found that there may be scope to more connect the work of HWA the wider evidence base, though it also noted that building on the community insights which featured prominently during project design stages should be a feature of future work.
- 3.3 In identifying the potential for ongoing contributions to HWA, the report of the Review sets out summaries of each of the 10 projects to aid translation of the strengths of these projects into the new LOIP. This is especially true, given that these projects functioned as standalone Improvement Projects, whilst HWA is now functioning as part of the Whole System Approach adopted for the new LOIP.
- 3.4 The Review identified three recommendations for future work: making use of the available evidence; adopting robust development methods and documenting work clearly; and evaluating work in a manner that supports identifying barriers and opportunities for City-wide activity. These recommendations will – however – need to be interpreted in a manner appropriate to the LOIP as it is now, rather than how it formerly was.

Recommendations for Action

It is recommended that members of the CPA Management Group:

- (i) Notes the report of the Review included as Appendix 1;
- (ii) Shares the report of the Review with the HWA Steering Group.

Opportunities and Risks

This report should support the further development of HWA, provided that the caveats note above are taken into account.

Consultation

Aberdeen City Health and Social Care Partnership

Background Papers

Appendix 1: CPA Healthy Weight Improvement Projects Review: A Report

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CPA HEALTHY WEIGHT IMPROVEMENT PROJECTS REVIEW

A REPORT



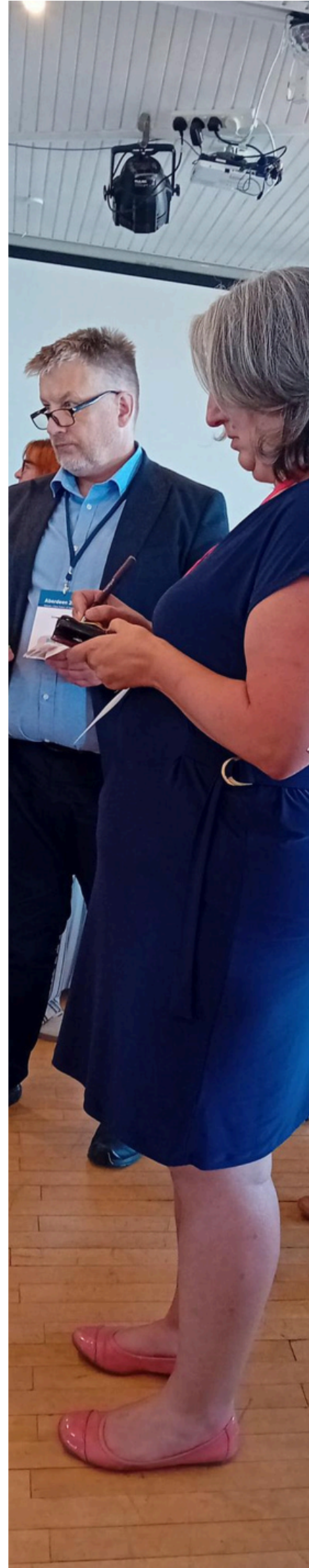
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BACKGROUND

Healthy Weight Aberdeen (HWA) is a Whole Systems Approach (WSA) led by Aberdeen City Health and Social Care Partnership and Education Services in collaboration with multi-agency stakeholders, including the Health Determinants Research Collaboration Aberdeen (HDRCA). Launched in 2024, HWA aims to address the local drivers of obesity and reduce health inequalities across Aberdeen City.

Healthy Weight Aberdeen are designing a WSA to healthy weight following the Public Health England WSA to obesity guidance. The Public Health England process for implementing a WSA approach includes understanding how obesity is addressed at a local level and generating a comprehensive map of the local causes of obesity, to inform a WSA action plan. At the request of HWA, the HDRCA supported the Aberdeen city WSA by reviewing Local Outcome Improvement Plan (LOIP) improvement projects that were related to healthy weight. The overall aim of the review was to supply HWA with evidence to support the implementation of the WSA to healthy weight. In particular, the purpose was to:

Understand the nature of the LOIP projects

Determine the extent to which the evidence base has informed the projects

Identify projects that are promising, which could be scaled up to make a contribution to Healthy Weight Aberdeen and the local Good Food Nation Plan

SCOPE

Projects conducted during the CPA improvement programme periods of 2021-2023 and 2024-2026 were within scope of the review. Although not originally designed to inform a WSA to healthy weight, the improvement projects conducted during these periods had the potential to contribute valuable local insights. Projects were eligible for review if they met one of the following inclusion criteria:

The project outcomes related to healthy weight and/or nutrition

The project was underpinned by the Public Health England WSA to obesity guidance

The project addressed at least one of the Obesity Action Scotland's (OAS) seven local levers for diet and healthy weight in Scotland

Improvement project titles and charters were screened using the inclusion criteria and eligible projects were subject to data extraction. Data were extracted from project charters and project end reports, if available, which were provided by CPA. To aid the review, a data extraction database was developed by the authors. The database captured details including project reference number, project title, project aim, project lead, Outcome Improvement Group, stretch outcome, outcome measures, missing performance measures, improvement programme period, and links to the project charter and end of project report. The database also included questions that guided a review of the evidence that underpinned each project, the linkage between the project aim and the stretch outcome, the strengths of the project and the barriers experienced, the data collection measures selected, whether successful outcomes were implemented, and how the interventions influenced healthy weight and nutrition (see Appendix 1: Database questions).

We identified ten projects that were eligible for review. The projects included in the review were:

- Project reference number 1.1: Community Pantries
- Project reference number 11.7: Whole Systems Approach to Healthy Weight
- Project reference number 14.1: Walking as One Mode of Travel
- Project reference number 14.2: Cycling as One Mode of Travel
- Project reference number 15.2: Growing Together
- Project reference number 1.3: Cash First
- Project reference number 3.3: Early Intervention for Parenting and Family Support
- Project reference number 10.4: Whole Families Healthier Choices
- Project reference number 14.1: Supporting and Promoting Walking as a Mode of Travel
- Project reference number 14.2: Let's Get Aberdeen Cycling!

KEY FINDINGS

Four of the seven completed projects achieved the project aim, two of these projects were conducted during improvement programme period 2021-2023 (projects 1.1 and 15.2) and two during 2024-2026 (projects 3.3 and 10.4). Possible reasons for projects achieving their aims included utilising existing relationships with target populations, engaging with communities and stakeholders to co-design projects, involving volunteers from within the community when implementing interventions, developing and testing interventions in collaboration with local healthcare professionals and third sector groups, and developing collaborative networks. Barriers to success were not consistently reported, though recruitment of the target population was cited by project 11.7 and project 14.1 reported that the enduring impact of COVID-19 may have affected project outcomes.

DETERMINING THE EXTENT TO WHICH THE EVIDENCE BASE HAS INFORMED THE PROJECTS

Across the reports, several projects cited City Voice data and published reports or briefings, including local strategies, with a limited number engaging with peer-reviewed literature. Overall, evidence tended to be used to help frame project aims, although its role in shaping the tests of change was not always clearly articulated. There may be scope in future projects to more explicitly connect project outcomes with the wider evidence base, for example by reflecting on how findings align with, or differ from, existing research, and considering how evidence might inform decisions about scaling up successful approaches. It is also encouraging to note that community insights featured prominently during project design stages. Building on this strength, future work could explore opportunities to further embed community involvement throughout project implementation.



IDENTIFYING PROJECTS THAT ARE PROMISING, WHICH COULD BE SCALED UP TO MAKE A CONTRIBUTION TO HEALTHY WEIGHT ABERDEEN AND THE LOCAL GOOD FOOD NATION PLAN

Interventions aligning with the WSA and the Good Food Nation Plan included family food education, a cash-first approach to financial hardship, community food growing, and active travel.

Project 11.7 aimed to support up to 50 low income families in priority neighbourhoods to improve eating behaviours and adopt positive lifestyle choices to help towards a healthy weight by 2023. Though the project did not achieve the primary aim, three of the change ideas that were tested demonstrated positive outcomes for families. The 'Healthier Futures PEEP' programme reportedly increased children's fruit, vegetable and water consumption, as well as increasing parental physical activity and reducing children's screen time. Furthermore, families participating in Home-Start's the 'Recipe for Life' project - a 12-week intervention with a volunteer doing 1-1 cooking sessions in families' homes, provision of food parcels and kitchen equipment, and provision of recipes - reported improved eating behaviour and food practices, and a change in budgeting and shopping. Project 11.7 also explored the effects of the 'Healthy Living Programme' (HLP) initiative on fresh produce sales within North locality plan areas. The HLP provided five convenience stores in North Locality plan areas with free point of sale merchandising to direct and encourage consumers to purchase healthier options and in-store fruit and veg stands, which, based on sales data provided by the retailers, contributed towards an increase in sales of fresh produce. Project 11.7 was revised for improvement period 2024-2026 (project 10.4) and did achieve the project aim during this period, with 59 adults of low income families in priority neighbourhoods supported to improve healthy eating behaviours and adopt good life choices to support healthy weight. Furthermore, 117 young people from priority neighbourhoods were supported to improve healthy eating behaviours and adopt good life choices. Project 10.4 also supported travel and childcare costs, to enable sustained employment.

The Infant Feeding in a Crisis Pathway developed by project 3.3, supported 100% of referrals made through the Infant Feeding in a Crisis Pathway. The project team worked in partnership with Cfine to support a total of 58 families with cash first payment vouchers for infant formula. Cfine also offered families benefit checks and additional support with food access, including community food pantries, grants for energy support and referrals for additional child related items. The financial gain from the additional support was estimated to be £15,000 p/a. The project team reported that the pathway will continue to expand. This is one of two projects exploring the application of the Scottish Government cash first approach, with one of the projects ongoing (project 1.3). The National Good Food Nation Plan promotes a cash-first response to financial hardship, and the reduction in emergency food provision.



The National Good Food Nation Plan encourages citizens to grow their own food, and aims to make more land available for community growing and enable more people to access growing sites and allotments. Project 15.2 reportedly created 45 food growing projects in schools, communities, and workplaces, and increased community food growing spaces from approximately 25 to 79. The project team developed a network to support their objectives, which included community champions, who promoted food growing and wider sustainability issues in their communities.

Despite not achieving their primary aim, projects designed to increase walking and cycling in the City during the 2021-2023 improvement period reported successful tests of change. Project 14.1 installed low maintenance benches on two local walking routes, which reportedly contributed to an increase in the number of people walking these routes. Project 14.2 observed an increase in ebike hire through the Big Issue ebike hire scheme, though the project documentation lacks detail about the hire scheme and its sustainability.

Tests of change aligned with the WSA and the Good Food Nation Plan should be considered for scale up by HWA.



RESULTS

COMMUNITY PANTRIES

Project reference number	- 1.1
OIG	- Anti-Poverty
Stretch outcome	- 1. No one will suffer due to poverty by 2026
Improvement programme period	- 2021-2023
Project aim	- Increase the number of people using community pantries by 20% by 2023

OUTCOME MEASURES

The outcome measures for the project focused on two main areas: the number of people using community pantries, with a baseline of 487 and an aim of reaching 584, and the number of people who sustained their pantry membership over time. To achieve these aims, several change ideas were tested.

CHANGE IDEAS TESTED

One approach was to introduce a call and collect food bank system, allowing beneficiaries to become pantry members and providing a more dignified, sustainable way of accessing food. Another idea involved supporting volunteers to run the pantry, which helped to extend the concept of community ownership, particularly as part of the North Locality Plan. Additionally, a booking system was trialled, enabling people to book slots for pantry shopping, which aimed to ensure users felt safe and to remove any stigma associated with using the pantry. To further increase access, a mobile pantry was tested across priority areas.

KEY FINDINGS

The key findings from these interventions were encouraging. There was a 55% increase in total pantry membership between April 2021 and May 2022. The authors observed that 25 beneficiaries moved from receiving emergency food parcels to becoming pantry members, signalling a positive shift towards more sustainable food support. Volunteer engagement also saw a significant boost, with a 250% increase in pantry volunteers since January 2021, resulting in 28 volunteers across all pantries as of April 2022. Feedback from pantry members about the booking slots was positive, suggesting that this approach helped address concerns around safety and stigma. By May 2022, the mobile pantry had attracted 94 members and was available in eight neighbourhoods, including Kincorth, Middlefield, Sheddocksley, Tillydrone, Seaton, Bucksburn, Hilton, and Northfield.

SUSTAINING & MONITORING IMPROVEMENTS

The changes implemented were adopted as business as usual. CFINE planned to continue to collect and analyse data regarding pantry membership uptake.

OPPORTUNITIES FOR SCALE UP

CFINE committed to launching a further four pantries. Development and progression of this was to be informed by the community and reported to the Anti-Poverty Group, as well as improvement Programme Dashboard/Outcomes Framework to ensure that performance continued.

WHAT WERE THE STRENGTHS OF THIS PROJECT?

The project engaged with communities when deciding which areas of the city required the mobile pantry service and the approach is supported by evidence, albeit it limited. The authors reported that having volunteers involved with the pantries helped beneficiaries feel welcomed and supported. Qualitative data were collected through interviews with pantry members.

WHAT BARRIERS WERE REPORTED?

None.

WHICH ADDITIONAL MEASURES COULD HWA IMPLEMENT?

Number of pantry members who reported no longer requiring pantry access.

Measures of poverty & food insecurity.

Nutritional value of foods supplied by pantries.

WHAT EVIDENCE DID THE PROJECT USE?

National data – quantitative.

Independent Food Aid Network (2020).

Local data – quantitative.

City Voice; CPA Values Simulator.

REVIEW SUMMARY

This project successfully met its primary aim, with pantry membership increasing by 55%. It supported improved access to affordable food, and there may be further opportunities to strengthen the evidence base around how this contributes to wider outcomes. For example, comparing the cost of a pantry shopping basket with a supermarket equivalent could have helped to more clearly demonstrate affordability gains and their link to the stretch outcome. Similarly, while the project focused on increasing access, the nutritional value of items provided was not assessed, meaning that the impact of pantry use on diet quality could not be explored within this project. Measures of poverty and food insecurity were also outside the scope of the project design. Overall, the project offers a helpful starting point for understanding the reach of community food pantries in Aberdeen, capturing data on membership growth, geographical coverage and user feedback. Future work could potentially build on this by incorporating a broader range of indicators to further explore the role that community food pantries may play in addressing food insecurity and health inequalities. The wider evidence base highlights ongoing discussion about the role of food pantries, including debate around whether they address the underlying causes of food insecurity. In this context, approaches such as 'cash first' support are increasingly being explored.

WHOLE SYSTEMS APPROACH TO HEALTHY WEIGHT

Project reference number	- 1.7
OIG	- Resilient, Included & Supported
Stretch outcome	- 11. Healthy life expectancy (time lived in good health) is five years longer by 2026
Improvement programme period	- 2021-2023
Project aim	- To support up to 50 low income families in priority neighbourhoods to improve eating behaviours and adopt positive lifestyle choices to help towards a healthy weight by 2023

OUTCOME MEASURES

The outcome measures for this project focused on two key areas. Firstly, the number of families living with a low income who reported improved eating behaviours and food practices was tracked. Secondly, attention was given to the number of families living with a low income who participated in the programme and achieved a percentage weight loss after attending the weight management programme—both immediately after completion and again six months afterwards.

CHANGE IDEAS TESTED

A range of change ideas were tested as part of this project. The team worked with local supermarkets and corner shops to promote reduced prices for healthy food items, aiming to increase the number of shops signed up to the Healthy Living Programme under the North Locality Plan. They also created an online toolkit that families or practitioners could use to effectively raise awareness of, and signpost to, existing community resources that promote and support healthy lifestyles, such as local food skills classes, again as part of the North Locality Plan. A promotional campaign was launched, targeting low income families and highlighting a small number of key community food assets, including shops participating in the Healthy Living Programme. In addition, weight management support was delivered to test online resources, with Connecting Aberdeen in Tillydrone providing a Central Locality community idea. The project also trialled 'Healthy Beginnings – MAP of Behaviour Change' training for practitioners working with families with young children aged 0 to 5. There was a re-launch of Home-Start's 'Recipe for Life' project, and the team developed and tested the Healthier Futures PEEP Programme.

KEY FINDINGS

Twenty low income families in priority neighbourhoods were supported to improve eating behaviours and adopt positive lifestyle choices. The Healthy Living Programme (HLP) was launched in five stores located in priority areas, with the HLP team merchandising the stores at the point of sale and assisting retailers with product selection. Free fruit and vegetable stands were provided to retailers, enabling them to enhance their fresh produce offering. Four stores reported an increase in fresh produce sales, and one store noted that 53% of school pupils who were given a voucher for a bottle of water redeemed it.

By December 2023, 2,006 people had signed up to online Healthy Helpings, a programme designed to support changes in eating habits and increase activity. Of these, 311 agreed to be contacted, but only 46 lived in SIMD 1&2 areas and just one person agreed to participate in the programme, though that person was not eligible to take part.

Uptake of MAP training was hampered by a lack of capacity across the system, with only three staff signing up for MAP 'train the trainer' training. The Recipe for Life project was re-launched as a 12-week intervention, offering one-to-one cooking sessions in families' homes, provision of food parcels and kitchen equipment, and recipes. Twelve families reported improved eating behaviour, 14 families reported improved food practices, and five reported a change in budgeting and shopping.

Eight families attended the PEEP programme over ten weeks. Ten families were recruited, including two referrals, but the families referred did not attend. By the end of the programme, children's fruit and vegetable consumption had increased by 28.5% and water consumption by 42.8%. Parental physical activity increased by 28.6%, and 14% of participating children reduced their screen time to zero, with no child spending more than two hours using screen time each day.

SUSTAINING & MONITORING IMPROVEMENTS

Data were to be reported via the outcomes Framework and through the Resilient Included and Supported Group. The project aim was to be revised for 2024

OPPORTUNITIES FOR SCALE UP

The HLP were keen to increase the engagement that they had with the five stores and extend support to other stores. The authors identified an opportunity for the healthy weight toolkit guide/training to be used by community groups to have supportive conversations with attendees.

WHAT WERE THE STRENGTHS OF THIS PROJECT?

An asset mapping exercise was undertaken to provide a baseline of support that was available to families. Linkages between this project and other LOIP outcomes and aims, and the ideas from locality plans, was acknowledged when designing the project. The authors designed a driver diagram to identify healthy food environment drivers as intervention targets

WHAT BARRIERS WERE REPORTED

The recruitment of 50 low income families in priority neighbourhoods

WHICH ADDITIONAL MEASURES COULD HWA IMPLEMENT?

Change in body mass

Measures of general health and wellbeing, physical activity and diet

Specific details about how families were identified

Sustainability of HLP in selected stores

Demographic sales data could not be gathered by retailers engaged with the HLP, therefore it was not possible to know whether the HLP influenced family purchasing behaviour.

WHAT EVIDENCE DID THE PROJECT USE?

Published report/briefing/strategy:

Centers for Disease Control and Prevention: Obesity topic; Public Health England WSA to obesity guidance (2019); The Scottish Health Survey (no date).

Local – quantitative:

The Population Needs Assessment.

REVIEW SUMMARY

The project aim was not achieved, primarily due to recruitment barriers. The project team suggest that families are more likely to engage with professionals and services where a trusting relationship has been built over time. Despite not achieving the project aim, positive changes were reported. The Healthy Living Programme (HLP) was launched in five stores located in priority areas. Data from four retailers demonstrated an increase in 'fresh produce' sales and one retailer reported that of 160 pupils who received a voucher for a bottle of water, 53% redeemed the voucher. The authors reported that it was not possible to obtain population demographics from the sales data. The PEEP programme, which included eight families, was reportedly effective at increasing fruit and veg consumption in children and physical activity in parents, though data collection methods were not reported. Furthermore, initial feedback from families about the re-launched 'Recipe for Life' project was positive. BMI was considered a barrier to project participation and subsequently not measured, therefore the influence of the project on healthy weight cannot be established. One of the strengths this project was that relevant local family support activities were mapped (driver diagram), including existing LOIP projects, to help understand the current system, make connections, and identify opportunities, which related to the process of implementing a whole systems approach.

WALKING AS 1 MODE OF TRAVEL

Project reference number	- 14.1
OIG	- Sustainable City
Stretch outcome	- 14. Increase Sustainable Travel: 38% of people walking and 5% of people cycling as main mode of travel by 2026; 11. Healthy Life Expectancy (time lived in good health) is five years longer by 2026); 14. Increase % of people who cycle as one mode of travel by 2% by 2023.
Improvement programme period	- 2021-2023
Project aim	- Increase % of people who walk as one mode of travel by 10% by 2023.

OUTCOME MEASURES

The outcome measure for this project was to monitor % of people who walk as one mode of travel against the 2020 baseline, which was 81%.

CHANGE IDEAS TESTED

The project included the promotion of existing “health walks” using community newsletters, aiming to raise awareness and encourage participation. A new “health walk” was set up at Robert Gordon University (RGU), with staff and students at RGU encouraged to undertake Walk leader training and volunteer on health walks. The current Scarf/Energy Saving Trust advice helpline was used to disseminate information and signpost people to active travel options, with the number of these interactions being recorded. In addition, a Road Safety Campaign called “Be Bright at Night” was delivered using radio adverts, posters, and social media to reach a wider audience. Finally, benches were installed on a key walking route identified by the community, and the impacts of this intervention were subsequently monitored.

KEY FINDINGS

Between 2020 and 2023, there was no change in the percentage of City Voice respondents who reported that they had walked in the past year. During this period, social media and community newsletters were used to promote local health walks taking place across Aberdeen. Nine social walking groups were sustained, and 26 new walk leaders were trained. However, participation declined, dropping from 1,208 participations per quarter in April to June 2021, to 1,121 participations per quarter in the same period in 2022.

SUSTAINING & MONITORING IMPROVEMENTS

The benches were permanently installed, though the activity monitoring ceased. Wider surveys on prevalence of walking would continue to be undertaken and monitored, and supplemented by wider information gathered locally. Data was to be reported to the Sustainable City Group and through the Outcomes Framework.

OPPORTUNITIES FOR SCALE UP

The authors highlighted three scale up opportunities: Consider the impact of water fountains, pavement treatment, crossing points, lighting etc on walking activity; Continued investment in infrastructure, facilities, and behaviour change programmes; Closer connection to behaviour change initiatives.

WHAT WERE THE STRENGTHS OF THIS PROJECT?

The benches project resulted from a consultation with the wider Central Locality group. The benches were described as low-maintenance and remained after the project finished.

WHAT BARRIERS WERE REPORTED

In relation to the RGU Walk and Talk sessions, weather and Covid-19 safety guidelines were listed as barriers to participation.

WHICH ADDITIONAL MEASURES COULD HWA IMPLEMENT?

Quantitative measures of general health and wellbeing, and physical activity, and additional qualitative measures exploring the reasons why people engaged/did not engage.

Measure of the effect of the interventions on other forms of travel.

Causal links between the interventions and increase in number of people walking.

WHAT EVIDENCE DID THE PROJECT USE?

Published report/briefing/strategy:

Paths for All attitudes and barriers to walking survey (2019); University of Edinburgh barriers and facilitators to walking evidence review (2019); The Scottish Health and Inequality Impact Assessment Network report - Health and Transport (2018).

Local data – quantitative:

City Voice (2020-2023).

REVIEW SUMMARY

The project aim was not achieved, based on City Voice data, though positive outcomes in relation to walking as a mode of travel both in the city centre and rest of the city are reported. Installing low-maintenance benches on walking routes to the Foresterhill Campus increased the number of people walking these routes from February 2023-June 2023, according to 'bespoke pedestrian CCTV surveys', and may support behaviour change. However, there was no attempt to explore why this happened, there is no indication as to whether the target population - people walking to hospital appointments - used these benches, and no mention of assessing the long-term effects.

The project team acknowledge difficulty in quantifiably measuring activity levels and establishing the causal links between activity levels and specific interventions. The community were consulted when identifying locations for the benches, but this appears to be the only community involvement in the process. Other than testimonies from a RGU walking group, there are no other reported measures of health and wellbeing. Evidence is cited in the project charter to support the project, which appears to have been considered when designing the interventions. At least two of the original tests of change have not been reported in the end of project report.

CYCLING AS 1 MODE OF TRAVEL

Project reference number	- 14.2
OIG	- Sustainable City
Stretch outcome	- 14. Increase Sustainable Travel: 38% of people walking and 5% of people cycling as main mode of travel by 2026; 11. Healthy Life Expectancy (time lived in good health) is five years longer by 2026); 14. Increase % of people who cycle as one mode of travel by 2% by 2023.
Improvement programme period	- 2021-2023
Project aim	- Increase % of people who cycle as one mode of travel by 2% by 2023.

OUTCOME MEASURES

The outcome measure for this project was the percentage of people who cycle as one mode of travel, with a baseline of 15% recorded in 2020.

CHANGE IDEAS TESTED

Several change ideas were tested throughout the project. The “Bright at Night” Road Safety Campaign was delivered via radio, posters, and social media, aiming to raise awareness and improve safety for cyclists. Alongside this, there was a concerted promotion of active travel and safe cycling, both across media channels and at specific events. The project also included a bike recycling initiative, and cycle training was provided for adults, enabling them to become certified cycling trainers.

KEY FINDINGS

As for key findings, City Voice data revealed a 1.0% increase in the percentage of respondents who reported cycling in the last year. Between October and December 2021, Police Scotland distributed 46 bike lights in various areas across Aberdeen City.

From December 2022 to July 2023, there was a notable rise in bike rentals: the number of people who rented a bike at least once during a four-week period jumped from roughly 500 to almost 2,000, and the total number of rentals increased from about 1,500 to approximately 6,000. Unfortunately, the number of bikes recycled was not reported. Seven people completed training to be certified to conduct risk assessments, plan, develop, and deliver cycling sessions.

SUSTAINING & MONITORING IMPROVEMENTS

Wider surveys on prevalence of cycling were reported to continue and be monitored, and supplemented by wider information gathered locally. Data were to be reported to the Sustainable City Group and through the Outcomes Framework.

OPPORTUNITIES FOR SCALE UP

The authors highlighted two scale up opportunities: Continued investment in infrastructure, facilities, and behaviour change programmes was to be closely monitored to understand how these can better encourage increased levels of cycling participation across different communities; Closer connection to Behaviour Change initiatives.

WHAT WERE THE STRENGTHS OF THIS PROJECT?

The project harnessed existing funding to support interventions. Information was gathered from the public through consultations and social media, though how this influenced the tests of change is unclear.

WHAT BARRIERS WERE REPORTED

None reported

WHICH ADDITIONAL MEASURES COULD HWA IMPLEMENT?

Measures of general health and wellbeing, and physical activity.

Exploring the reasons why people engaged/did not engage with interventions.

Measure of the effect of the interventions on other forms of travel.

Assessment of cycling infrastructure.

WHAT EVIDENCE DID THE PROJECT USE?

Published report/briefing/strategy:

Sport England (2019) Active Travel and Physical Activity Evidence Review; Sustrans (2008) Take Action on Active Travel; National Transport Strategy; Regional Transport Strategy Local Transport Strategy; Nestrans Active Travel strategy 2014-2035; Aberdeen City Council - Active Travel Strategy; Core Paths Plan; Civitas Portis Sustainable Transport EU project; SUMP – Sustainable Urban Mobility Plan; City Centre Masterplan; Grampian Health and Transport Action Plan; Sustrans (2018) Are we nearly there yet?; Annual Cycling Monitoring Report (2019); Scottish Health and Inequality Impact Assessment Network report - Health and Transport (2018).

Local data – quantitative:

City Voice (2020-2023).

REVIEW SUMMARY

The project did not achieve the aim, based on City Voice data, and the project team acknowledge difficulty in quantifiably measuring activity levels and establishing the causal links between activity levels and specific interventions.

The most positive change was an increase in the number of active ebike users and ebike rentals during a 6-month period, following the launch of an ebike hire scheme. Strategy documents, evidence reviews and reports are cited in the project charter to support the project. The project charter includes a reference section, though very few of these references are cited in the text. How the project team developed and delivered the tests of change is unclear as details of the methodology have not been presented. The gathering of public opinion is mentioned briefly, though meaningful PPIE has not been included. Quantitative data related to the outcome measure including City Voice respondents who reported cycling in the last year from 2020-2023 and the number of ebike rentals and users during an 8-month period are reported. However, qualitative data collection techniques, such as interviews/focus groups to further explore cycling barriers and facilitators, are absent and could have strengthened the project outcomes. A deeper exploration of the ebike scheme would have been of interest, given the increasing popularity. Five of the original tests of change have not been reported in the end of project report.

GROWING TOGETHER

Project reference number	- 15.2
OIG	- Sustainable City
Stretch outcome	- 15. Addressing the nature crisis by protecting/managing 26% of Aberdeen's area for nature by 2026; 11. Healthy life expectancy (time lived in good health) is five years longer by 2026; 13. Addressing climate change by reducing Aberdeen's carbon emissions by 61% by 2026 and adapting to the impacts of our changing climate; 1. No one will suffer due to poverty by 2026.
Improvement programme period	- 2021-2023
Project aim	- Increase community food growing in schools, communities and workplaces by 12 by 2023.

OUTCOME MEASURES

Baseline 2019/20 = 22 schools, communities, and workplaces already involved in food growing; Target 2023 = minimum 12 new food growing projects and initiatives in schools, communities, and workplaces by 2023 (6 in priority localities).

CHANGE IDEAS TESTED

The change ideas tested in this project were varied and ambitious. The team set out to build a food growing network of communities and partnerships, with the aim of empowering people to establish and run their own food growing spaces.

This approach was designed to foster greater local engagement and spark an increase in volunteering, as well as boost community pride. Alongside this, awareness raising meetings and events were organised to publicise the availability of community green space for food growing. These events made use of all available platforms, offering guidance on how to get started and helping communities identify potential unused land. To encourage participation, a competition was introduced between organisations and teams. Schools were actively encouraged and supported to start their own food growing initiatives. The project also made a point of promoting the benefits of successes and achievements from current food growing projects, highlighting not only the direct outcomes but also the wider community benefits, such as improvements in health and wellbeing, new initiatives like the network of communities, and the support available.

KEY FINDINGS

As for the key findings, the results were impressive. By November 2022, forty-five food growing projects had been created in schools, communities, and workplaces, marking an increase of forty-two since February 2022. The number of community food growing spaces rose from approximately twenty-five in February 2021 to seventy-nine in October 2022. In 2021, thirty-three community partnerships registered as Its Your Neighbourhood groups with Keep Scotland Beautiful across the city, representing a thirty-eight percent increase from the previous year. Planters were allocated to Bon Accord Care Sheltered Housing blocks to encourage residents to get involved in food growing, although no data was reported on the impact of this initiative. Eighteen libraries registered an interest in growing plants and food at city libraries. Community champions were recruited to promote food growing and wider sustainability issues within their communities. The project also made use of the Green Times to promote the successes of growing spaces and to highlight available green space and support for others, with project volunteers actively contributing articles and tips.

SUSTAINING & MONITORING IMPROVEMENTS

The project team committed to encouraging new groups and partnerships to register with Keep Scotland Beautiful and their Its Your Neighbourhood initiative. The initiative was to continue seeking support from relevant agencies and identify new opportunities. Data were to be recorded and reported to the Sustainable City Group, as well as added to the Outcomes Framework /Improvement Programme Dashboard.

OPPORTUNITIES FOR SCALE UP

The project will continue to encourage and support new community groups and partnerships and will use the connections/improvements to create more food growing projects.

WHAT WERE THE STRENGTHS OF THIS PROJECT?

The project team appears to have utilised community organisations to promote food growing. In some cases, the project distributed food growing materials. Recruiting community champions helped promote food growing and wider sustainability issues. Promotion, the offer of support and network building are the key strengths of this project.

WHAT BARRIERS WERE REPORTED

None reported

WHICH ADDITIONAL MEASURES COULD HWA IMPLEMENT?

The size of the area used for food growing space, to strengthen connection to the SO

Interviews/focus groups/surveys, to explore the opportunities and barriers related to food growing.

WHAT EVIDENCE DID THE PROJECT USE?

Published report/briefing/strategy:

Aberdeen's Food Growing Strategy 2019-2024.

REVIEW SUMMARY

The project surpassed the aim, with 45 food growing projects being created in schools, communities, and workplaces by November 2022. The project facilitated network building, which may support sustainable change. However, despite reporting several achievements, it is not clear how the project contributed to a majority of these achievements. The link between the project and the changes reported seems weak. Furthermore, the benefits of food growing have not been explored. Awareness was raised and support was provided, but what actual benefit did food growing have for the communities involved? By exploring the benefits, the project could have linked with other SOs, perhaps by measuring health and wellbeing, physical activity and the cost implications of growing vs. purchasing food. It would have been of interest to know what the schools did with the food that they grew. This may have been a missed opportunity to influence school food procurement and provision.

CASH FIRST

Project reference number

1.3 (awaiting end of project report)

OIG

Anti-poverty

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.

Improvement programme period

2024-2026

Project aim

Increase the number of people referred from food banks to cash first initiatives by 10% by 2026.

OUTCOME MEASURES

Number of people referred from food banks to cash first initiatives by 10% by 2026 (baseline Jan 2025 = 26); Number of these referrals going on to result in cash first support for people (baseline Jan 2025 = 26).

REVIEW SUMMARY

Those with lived experience were consulted about the cash first initiative and this appears to have been considered when implementing the intervention. Local quantitative data are presented and lessons learned from a similar project are drawn upon. The project is testing a Scottish Government initiative, which will be evaluated by the Scottish Government. This project is currently ongoing.

EARLY INTERVENTION FOR PARENTING AND FAMILY SUPPORT

Project reference number	-	3.3
OIG	-	Children Services Board
Stretch outcome	-	3. 95% of all children will reach their expected developmental milestones by their 27-30 month review by 2026.
Improvement programme period	-	2024-2026
Project aim	-	100% of urgent requests for first stage infant formula and nutritional support for pre -school children are met by 2024.

OUTCOME MEASURES

% of urgent requests for first stage infant formula met (broken down by locality); % of urgent requests for nutritional support for pre-school children met

CHANGE IDEAS TESTED

he change ideas tested for this project centred on developing an Infant Feeding in a Crisis Pathway that delivers a Cash First Approach. This pathway was designed to support families experiencing food insecurity and to provide additional help to maximise their income, all in collaboration with Cfine. Alongside this, the team developed an information sheet specifically for health professionals to use when navigating the pathway.

KEY FINDINGS

Turning to the key findings, the results were encouraging. Every single referral made through the Infant Feeding in a Crisis Pathway was supported. Cfine played a pivotal role, supporting fifty-eight families with cash first payment vouchers for infant formula. The project team also produced an information sheet for health professionals, ensuring consistency and clarity in how the pathway is used. In addition, Cfine offered thirty-five families a benefit check and further support with food access, grants for energy support, and referrals for other child-related items.

Sixteen families received follow-up support as a result of a benefit check, and the financial gain from this support was estimated to be £15,000 per annum. Of those referred or signposted to the static pantry or the mobile pantries, two families continued to use the service longer term, while others either used the pantry for a short period (between three to six months) or did not use it at all.

SUSTAINING & MONITORING IMPROVEMENTS The project team will continue to expand the use of the pathway to Midwifery colleagues and Allied Health Professionals (AHP) who support families with infants in Aberdeen City. A rolling programme of awareness raising sessions with all relevant staff to know about, and use, the pathway in Aberdeen City will continue. Public Health and CFINE will continue to meet regularly to discuss data capture and pathway progress.	OPPORTUNITIES FOR SCALE UP The authors recommended that the pathway be scaled up and spread across the partnership agencies, to ensure that people can access support regardless of touchpoint. An opportunity to spread the approach to nutritional support for pre-school children was also highlighted.
WHAT WERE THE STRENGTHS OF THIS PROJECT? Priority neighbourhoods health professionals and CFINE helped develop the project and test the intervention. The project team actioned early feedback from mothers in the Aberdeen City area and expanded the pathway to include breastfeeding mothers (unclear how this feedback was gathered). The project adopted the pre-existing Cash-First initiative, which has local (CFINE) and national (Scottish Government) support.	WHAT BARRIERS WERE REPORTED None reported
WHICH ADDITIONAL MEASURES COULD HWA IMPLEMENT? Interviews/focus groups/surveys, to explore the opportunities and barriers related to the newly established pathway. Feedback from two participants was reported, though how this feedback was gathered and how many participants were approached for feedback is not clear. Expected developmental milestones data from the infants 27-30 month review, to strengthen the connection to the SO. Number of pantry members who reported no longer requiring pantry access. Measures of poverty & food insecurity. Health and wellbeing measures; Influence of the pathway on breastfeeding.	WHAT EVIDENCE DID THE PROJECT USE? Published report/briefing/strategy: Douglas, F., Maciver, E., Davis, T. and Littlejohn, C. (2022). Midwives', health visitors', family nurse practitioners' and women's experiences of the NHS Grampian's Financial Inclusion Pathway in practice: a qualitative investigation of early implementation and impact. Aberdeen: Robert Gordon University. UNICEF (2022). Supporting families with infants in food insecurity - Baby Friendly Initiative. Local data – quantitative: Family Nurse Partnership (2023). Local data – qualitative: Douglas, F., Maciver, E., Davis, T. and Littlejohn, C. (2022). Midwives', health visitors', family nurse practitioners' and women's experiences of the NHS Grampian's Financial Inclusion Pathway in practice: a qualitative investigation of early implementation and impact. Aberdeen: Robert Gordon University.

REVIEW SUMMARY

The project aim was achieved, with 100% of requests through the Infant Feeding in a Crisis Pathway supported. The project also offered families benefit checks and additional support with food access, grants for energy support and referrals for additional child related items. The project charter cites local and international evidence and guidance. Outcomes from a local study informed the change ideas. Priority neighbourhoods health professionals and CFINE helped develop the project and test the intervention, and the pathway was reportedly co-designed with families. However, there are measures that could have been included in the project design including: Interviews/focus groups/surveys to explore the opportunities and barriers related to the newly established pathway; Measures of poverty & food insecurity. Gathering expected developmental milestones data from the participating children's 27-30 month review, if possible, would have strengthened the connection to the SO. Increased breastfeeding due to extra conversations about infant feeding was included as a balancing measure in the project charter, though the influence of the pathway on breastfeeding has not been reported. Despite the missing measures, this co-designed project was successful and scaling up could deliver benefits for more families, though an evaluation of the pathway prior to scaling up would be recommended.

WHOLE FAMILIES HEALTHIER CHOICES

Project reference number	- 10.4 (awaiting end of project report)
OIG	- Resilient, Included, Supported
Stretch outcomes	- 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;
	- 3. 95% of children (0-5 years) will reach their expected developmental milestones by the time of their child health reviews by 2026;
	- 10. Healthy life expectancy (time lived in good health) is five years longer by 2026.
Improvement programme period	- 2024-2026
Project aim	- 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.

OUTCOME MEASURES

Number of low income families in priority neighbourhoods supported to improve healthy eating behaviours and adopt good life choices to support healthy weight (baseline 2024 = 0).

REVIEW SUMMARY

The project aim was achieved, with 59 adults of low income families in priority neighbourhoods supported to improve healthy eating behaviours and adopt good life choices to support healthy weight. Furthermore, 117 young people from priority neighbourhoods were supported to improve healthy eating behaviours and adopt good life choices. The project has produced a Healthy Weight Guide that includes navigating Child and Adult Healthy Weight services, pathways, and referral processes from early intervention (Tier 1) to specialised healthcare professional services (Tier 3). The team have also designed a Staff Wellbeing Guide for providing holistic support to community members and service users. Members of the public and healthcare staff were consulted during project design. Supporting data are presented in the charter, though the data sources are cited.

SUPPORTING AND PROMOTING WALKING AS A MODE OF TRAVEL

Project reference number	-	14.1
OIG	-	Sustainable City (awaiting end of project report)
Stretch outcomes	-	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.
Improvement programme period	-	2024-2026
Project aim	-	Increase % of people who walk as one mode of travel by 5% by 2026.

OUTCOME MEASURES

% of people who walk as a mode of transport (baseline = 80.6%).

REVIEW SUMMARY

The test groups were identified through Locality Plans and Walking and Cycling Index data and City Voice. Supporting evidence has been cited in the project charter. There is a reference section in charter, though it is not complete. This project is currently ongoing.

LET'S GET ABERDEEN CYCLING!

Project reference number	- 14.2
OIG	- Sustainable City (awaiting end of project report)
Stretch outcomes	- 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.
Improvement programme period	- 2024-2026
Project aim	- Increase % of people who cycle and wheel as one mode of travel by 2% by 2026.

OUTCOME MEASURES

% of people who cycle as a mode of transport.

REVIEW SUMMARY

Supporting evidence has been cited in the charter. The project intends to engage with children and young people and specific groups such as Disability Equity Partnership, IBike Officer, IBike Communities Officer and Sport Aberdeen's Project Activators (project charter). This project is currently ongoing





CONCLUSIONS

The reviewed projects demonstrated approaches to improving diet, nutrition, and physical activity in Aberdeen City, some of which aligned with the Healthy Weight Aberdeen WSA to healthy weight and the Good Food Nation Plan. While several projects achieved positive outcomes - particularly those leveraging community engagement and collaborative networks - gaps remain in evidence use, monitoring and evaluation, and integration of research into scale-up decisions. Strengthening the link between project design and the evidence base, alongside deeper community involvement during implementation, will be key to enhancing future impact. While the recommendations arising from this review primarily address healthy weight and nutrition, they are broadly applicable to other areas. The methodology employed in this review could be refined and extended to other CPA projects, such as those addressing poverty.

DISSEMINATION ACTIVITY

The report was presented as a poster at the UK Congress on Obesity (UKCO), September 10th 2025. Furthermore, the abstract accompanying the poster was published in the International Journal of Obesity, September 2nd 2025. Please find a link to the UKCO 2025 published abstracts [here](#).

The work was presented at an NHS Grampian CPD session, November 6th 2025.

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RECOMMENDATIONS FOR HEALTHY WEIGHT ABERDEEN

USING EVIDENCE

When developing projects, it is essential to consider a broad range of evidence, in particular, drawing upon robust research evidence from effective population-level interventions that are applicable within the Aberdeen City context. In addition, projects should incorporate and cite relevant local quantitative and qualitative data to inform the rationale and design of projects. Where such data are unavailable, the evidence gap should be clearly acknowledged.

METHODOLOGY AND DOCUMENTATION

From a methodological perspective, projects should employ robust quantitative and qualitative, evidence-based data collection techniques and clearly articulate the planned approach to data analysis. Providing a detailed description of the methodology within project proposals enhances transparency, supports repeatability, and facilitates shared learning. Furthermore, adopting a consistent and rigorous approach to referencing within project documentation is essential, as it reinforces the use of evidence in project design and reporting, and ensures accountability regarding the sources of information.

EVALUATION SCALING AND LEARNING

Looking ahead, it is important to consider follow-up reporting on the implementation of scale-up recommendations. Incorporating a logic model and a consistent theory of change will help ensure coherence and alignment. Additionally, careful planning of the evaluation approach from the design stage will strengthen the overall quality of the work. Finally, systematically identifying, recording and sharing barriers and facilitators will preserve valuable learning and enable future projects to build on prior experience.



APPENDIX 1:

DATABASE QUESTIONS

- What evidence did the project use?
- Was the project aim achieved?
- What were the expected outcomes?
- What were the actual outcomes?
- What were the strengths of the project?
- What barriers were reported?
- How were improvements to be sustained and monitored?
- What were the scaling up recommendations?
- Were the successful outcomes implemented?
 - If yes, how were successful outcomes implemented?
- Has the project addressed the stretch outcome(s)?
 - If yes, how was this tested?
 - If no, why was this?
- Did the project lead to healthy weight improvements?
 - If yes, how did the project lead to healthy weight improvements?
- Did the project lead to improvements in diet?
 - If yes, how did the project lead to dietary improvements?
- Did the project refer to the Public Health England whole systems approach to obesity?
- Did the project address any of the Obesity Action Scotland Seven Local Levers?

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Community Planning Aberdeen Workshop

Date: 5 October 2026

Time: 09:00–11:30

Venue: Trinity Hall, 164 Holburn Road, Aberdeen AB10 6DA

Community Planning Aberdeen is bringing together partners involved in designing and delivering the LOIP 2026–36 system changes to help understand the barriers in the system, and to reflect on how we might tackle them through delivery of the system changes.

The workshop is an interactive Pathways Paradox game by social enterprise Social Ludo and will be delivered by trained members/facilitators from the Homewards Aberdeen coalition.

Co-produced with Social Bite and informed by real-life experiences, the game provides an interactive, thought-provoking environment that encourages participants to step into the shoes of those navigating the complex systems of housing and employment and experience some of the challenges people face when navigating housing, employment and support systems to secure a stable home and income.

The activity is designed to encourage reflection on the role that all Community Planning Aberdeen partners play in shaping people's experiences of support systems, and how we can work differently to remove barriers, improve outcomes and deliver the transformational changes set out within the Local Outcome Improvement Plan 2026-36.

To book your place, please complete this [registration form](#) by **24 August 2026**.

Each system change team and Statutory Partnership has been allocated places in addition to the System Change Lead and Statutory Partnership Chair(s).

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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 12 Aug 2026	
LOIP Implementation Delivery Session Report (CPA Management Group only)	Allison Swanson (Aberdeen City Council)
Aberdeen City Council Delivery Plan	Martin Murchie (Aberdeen City Council)
Delivery and Outcome Framework	Allison Swanson (Aberdeen City Council)
Membership of CPA Structure and CPA Constitution	Allison Swanson (Aberdeen City Council)
Community Planning Aberdeen Quarterly Budget Monitoring Report (Management Group only)	Michelle Crombie (Aberdeen City Council)
Housing Bill Stage 2 of the parliamentary process; and full Implementation Plan when the Bill has progressed through Stage.	Mel Booth (Aberdeen City Council)
Collaborative Leadership Session	Professor Kristy Docherty (Edinburgh Futures Institute)
Public Health Organisation Maturity Matrix project	Phil Mackie (NHSG)
HDRC Update	Martin Murchie/Aileen Grant, HDRC
Community Planning Aberdeen Management Group 5 Oct/ 18 Nov 2026 – Aberdeen University	
Social Ludo Workshop/Collaborative Session	Allison Swanson (Aberdeen City Council)
Health Determinants Research Collaboration Update, Data Update and Collaboration of Health Equity Scotland Final Report	Martin Murchie (Aberdeen City Council)
Community Planning Aberdeen Quarterly Budget Monitoring Report (Management Group only)	Michelle Crombie (Aberdeen City Council)
University of Aberdeen/Community Planning Aberdeen Synergies Presentation (<i>Board only</i>)	Heather Morgan (university of Aberdeen)
Community Learning and Development Plan Annual Report	Margaret Stewart (Aberdeen City Council)
Community Planning Aberdeen Management Group – 10 February 2027 workshop	
Community Wealth Building Presentation	Jamie Coventry (Aberdeen City Council)
System Change Delivery/ Cross Cutting Enabler Workshop Session	System Change Leads
Community Planning Aberdeen Quarterly Budget Monitoring Report (Management Group only)	Michelle Crombie (Aberdeen City Council)

Title of report	Contact Officer
Community Planning Aberdeen Management Group – 5 May 2027 / CPA Board 26 May 2027	
Outcome Portfolio Board Highlight Reports	Portfolio Board Chairs / Community Planning Team
Outcome Dashboard Review	Community Planning Team
Annual Outcome Improvement Report	Community Planning Team
Locality Plan Annual Reports North, South and Central	Locality Planning Team
LOIP Enabler Action Plan Update	Community Planning Team
HDRC Update	Martin Murchie/Aileen Grant, HDRC
Children's Services Plan Annual Report	Chris Littlejohn (NHSG)
CPA Budget 2027/28 setting report	Michelle Crombie(ACC)
Community Planning Aberdeen Management Group – 11 August 2027 workshop	
Workshop, deep-dive and show-and-tell session to support collaborative leadership, system learning, barrier removal and shared improvement	Community Planning Team / relevant leads
Community Planning Aberdeen Management Group – 20 October 2027/Board 17 November 2027 formal assurance meeting	
Portfolio Board Highlight Reports	Portfolio Board Chairs / Community Planning Team
Outcome Dashboard Review (bi-annual Management Group cycle)	Community Planning Team
LOIP Six Monthly Delivery Report	Community Planning Team
Locality Plan Monthly Delivery Report	Locality Planning Team
TBC	
HMP Prison/ Greene King/ Aberdeen City Council Partnership Update	Isla Newcombe (Aberdeen City Council)
Annual Statutory Partnership Reports	Statutory Partnership Leads / Community Planning Team
Partner Strategic Plans Alignment	Partner organisations / Community Planning Team

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

2026-2027 Meeting Dates	Aug	Oct-Nov	Jan-Feb	Mar-May	June-Aug	Sep-Nov
Prevention and Place Based Working Portfolio Board	20 Aug at 3.30pm	23 Nov at 9.30am	18 January at 9am	29 March at 9am	29 June at 9am	28 Sept at 2pm
Place, Belonging and Opportunity Portfolio Board	24 Aug at 2pm	23 November at 3pm	18 Jan at 3pm	29 March at 3pm	29 June at 3pm	27 Sept at 3pm
Stability, Recovery & Protection Portfolio Board	18 Aug at 2pm	23 November at 1pm	18 Jan at 1pm	29 March at 1pm	29 June at 3pm	27 Sept at 1pm
Management Group Meeting all at 2pm unless otherwise stated		Workshop 5 October at 9am	Workshop 10 Feb at 2pm	Formal assurance meetings 5 May at 2pm	Workshop 11 Aug at 2pm	Formal assurance meetings 27 October at 2pm
Board all at 2pm – DRAFT subject to approval by CPA Board		19 November		26 May at 2pm		17 Nov at 2pm

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