

Aberdeenshire Health Improvement Delivery Plan 2026–2030





Executive Summary

The Aberdeenshire Health Improvement Delivery Plan builds on previous successes and introduces a more integrated, data-informed approach to health improvement, ensuring that efforts are equitable, sustainable, and responsive to local needs.

- Aligning with strategic priorities from the Scottish Government, Aberdeenshire Council, and NHS Grampian.
- Strengthening partnerships across sectors to support prevention and early intervention.
- Reducing health inequalities through targeted, place-based interventions.
- Empowering communities to co-design health solutions and build capacity for wellbeing.

Informed by national frameworks and local needs assessments, the Aberdeenshire Health Improvement Delivery Plan (2026–2030) sets out a strategic approach to improving health and reducing inequalities across Aberdeenshire.



Team Vision

Enabling and supporting people to live healthier lives by building capacity for health improvement within communities.



Team Priorities

- 1. Reducing ill health and health inequalities through a person-centred approach.**
- 2. Enabling communities to influence and co-design the solutions to improving health and wellbeing by developing confidence and skills.**
- 3. Strengthening partnerships to promote and support preventative and early intervention approaches; identifying gaps in services and access using health improvement data.**

Team Mission

Reducing inequalities, preventing illness, shaping solutions together.

Introduction

Scotland has made remarkable strides in public health over the past century, with people living longer and healthier lives than ever before. These improvements reflect the dedication of communities, health services, and public health initiatives across the country. However, despite this progress, life expectancy in Scotland is now stalling and continues to fall behind other countries¹. In Aberdeenshire, our population is ageing, and many individuals are living with multiple long-term health conditions². A growing proportion of our working-age population is also experiencing ill health. The number of years we can expect to live in relatively good health is decreasing, and this trend is not affecting all communities equally. People living in our most deprived areas are spending a significantly greater proportion of their lives in poor health compared to those in the least deprived areas, highlighting the urgent need to address widening health inequalities³.

Aberdeenshire council strategic needs assessments have identified the challenges and factors affecting the health and wellbeing of the Aberdeenshire population. ⁴Along with the changed social, environmental, and economic climate within which health and social care services are now being delivered where a greater focus on prevention and early intervention is required. These challenges and factors include working with a greater proportion of the working population experiencing ill-health; the unsustainable demand for health and social care services; the pressure on public finances; cost of living pressures on our communities and the after-effects of the COVID-19 pandemic and austerity. This work along with the Aberdeenshire Health and Social Care Partnership Strategic Plan, the [Aberdeenshire Council's Strategic Priorities \(2024-2029\)](#)⁵ and the Grampian Health Improvement Framework, has informed the new Aberdeenshire Health Improvement Delivery Plan 2026–2030.

¹<https://www.nss.nhs.scot/publications/nhs-national-services-scotland-equality-outcomes-2025-29/>

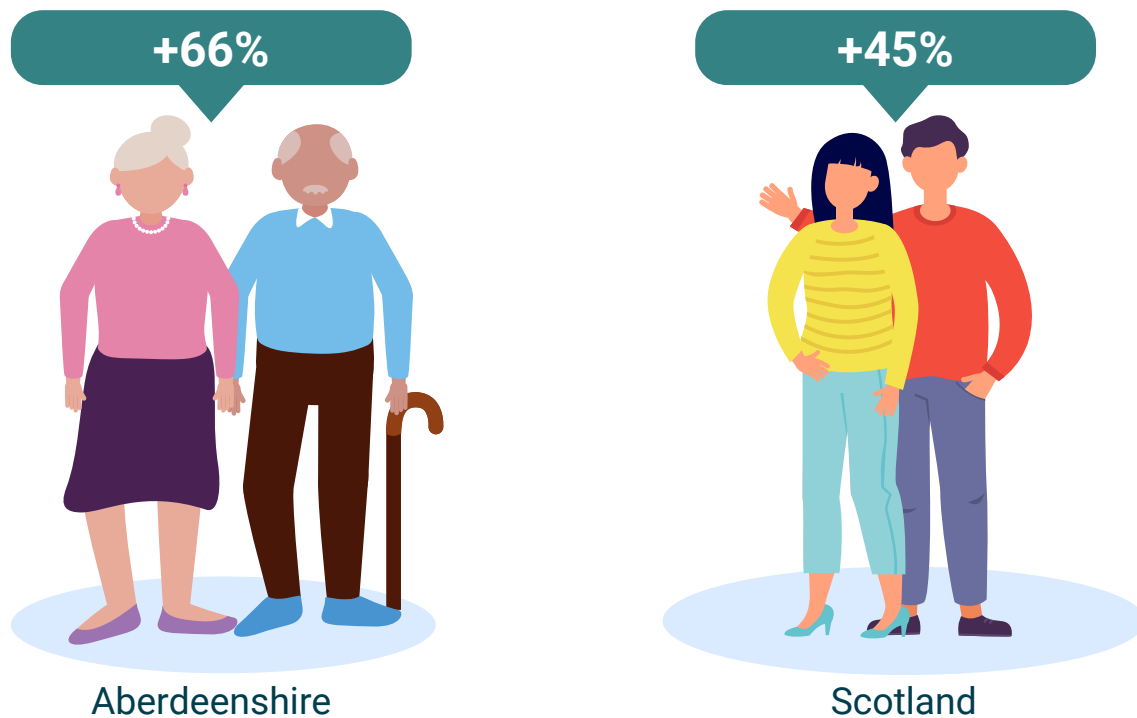
²<https://aberdeenshire-moderngov.co.uk/documents/s20601/13a - Appendix 1 - Aberdeenshire Joint Strategic Needs Assessment 2024.pdf>

³[NSS Strategic Framework 2024 - 2026](#)

⁴<https://publications.aberdeenshire.gov.uk/acblobstorage/a884eccc-9f2f-4dfc-8da3-e6eb257f79e5/strategic-assessment-2024-25.pdf>

⁵<https://www.aberdeenshire.gov.uk/council-and-democracy/council-plan>

84+ population projected increase 2021 to 2035



Source: <https://www.nrscotland.gov.uk/publications/projected-population-of-scotland-2022-based/published-January-2025>

The Aberdeenshire Health Improvement Delivery Plan builds on the priorities highlighted in the 2021–2023 Delivery Plan which aimed to enhance the health and wellbeing of the Aberdeenshire population. Moving forward the Public Health team have reviewed the work achieved within the previous delivery plan, to enable a greater focus on a team vision and priorities which will support prevention and early intervention approaches.

National and Local Context

Scotland's health landscape is undergoing significant transformation, guided by the Scottish Government's Population Health Framework (2025–2035)⁶. This ten-year strategy sets out a collective national vision to improve health outcomes and reduce health inequalities through a whole-system approach. It recognises that up to 80% of what affects health occurs outside the health and care system, highlighting the importance of addressing wider determinants such as education, employment, housing, and community safety.

The Framework emphasises:

- Prevention-focused systems that tackle the root causes of ill health.
- Cross-sector collaboration between national and local government, public services, community organisations, and businesses.
- Equity in health and care access, especially for those in deprived communities.
- Sustainable public services that support long-term wellbeing and resilience.

⁶<https://www.gov.scot/publications/scotlands-population-health-framework/>

This national direction aligns closely with the Aberdeenshire Health and Social Care Partnership (AHSCP) and the Aberdeenshire Council Strategic Priorities (2024–2029)⁷. Locally, Aberdeenshire faces demographic shifts, including a projected 28% rise in the over-65 population by 2030, alongside financial constraints and rural service access challenges. These realities demand targeted, place-based approaches to health improvement.

Aberdeenshire Council's priorities—Living Well Locally, Connected Communities, and Sustainable Economy—complement the aims of the Population Health Framework. Together, they promote:

- Community empowerment and co-design services.
- Health equity through inclusive planning and delivery.
- Resilient local systems that adapt to changing needs and support wellbeing across the lifespan.

The Aberdeenshire Health Improvement Delivery Plan (2026–2030) is shaped by these national and local strategies. It integrates the principles of prevention, partnership, and place to ensure that health improvement efforts are responsive, equitable, and impactful across Aberdeenshire's diverse communities.

Purpose and direction

The Aberdeenshire Health Improvement Delivery Plan (2026–2030) outlines the key health improvement priorities for Aberdeenshire that have been informed by national/local data and highlights a number of ambitions. By working with partners, third sector and communities in Aberdeenshire, the aim of the team will be to enable and empower people to experience better health and wellbeing, experience improved quality of life and live independently, for as long as possible.

Health Improvement Priorities

The Aberdeenshire Public Health Team, along with a wide range of partners aim to achieve this by:

1. Reducing ill health and health inequalities through a person-centred approach

Designing and delivering services that put individuals at the heart of decision-making. It involves understanding people's unique needs, preferences and circumstances while addressing the wider social, cultural and economic factors that influence health. For the Public Health team this will mean moving away from one-size-fits-all interventions to working with people to jointly design solutions and target support towards those most affected by poor health outcomes

2. Enabling communities to influence and co-design the solutions to improving health and wellbeing by developing confidence and skills

Shifting from doing things to communities, to working with them as equal partners. The Public Health team will focus on creating opportunities for communities to have a real voice in shaping the services and initiatives that affect their health and wellbeing. It also means reaching out to underrepresented groups and reducing barriers to involvement. By supporting communities to share their experiences and ideas, it can ensure that solutions are relevant, appropriate, leading to stronger community ownership and greater impact on reducing ill health and inequalities.

⁷<https://www.aberdeenshire.gov.uk/council-and-democracy/council-plan>

3. Strengthening partnerships to promote and support preventative and early intervention approaches by identifying gaps in services and access using health improvement data.

This involves working closely with a wide range of organisations to identify gaps in services and access. The Public Health team will use local health data and insights; to act early to prevent ill health, help target resources where they are most needed and anticipate emerging issues. Strong partnerships enable joined-up working, reduce duplication, and ensure that interventions are timely, effective, and equitable.

A key driver for public health is to reduce health inequalities and narrow the gap between those people with good health and those with poor health. Evidence shows that social factors, including education, employment status, income level, access to transport, gender and ethnicity have a marked influence on how healthy a person is and can be. Whether low, middle, or high-income there are wide disparities in the health status of different social groups. The lower an individual's socio-economic position, the higher their risk of poor health. ("Health inequities and their causes")

The National Health Service (NHS) has a critical part to play, but these challenges cannot be met by the health and care system alone, and a much broader approach that pays more attention to the wider determinants of health and the role of people and communities is needed now more than ever.

Health Improvement frameworks

Our vision for communities living in Aberdeenshire is to reduce inequalities so that everyone lives in good health. The Aberdeenshire Public Health Team use key evidence-based frameworks to help inform and shape our priorities, actions, and develop partnerships across sectors.

Dahlgren & Whitehead’s Social Model of Health (1991)⁸

This model illustrates how health is shaped by layers of influence—from individual behaviours to broader social, economic, and environmental conditions.

<https://webarchive.nationalarchives.gov.uk/ukgwa/20121120101308/http://www.bridgingthegap.scot.nhs.uk/understanding-health-inequalities/introducing-the-wider-determinants-of-health.aspx>

The King’s Fund Population Health Framework⁹

Outlines four pillars of health: wider determinants, health behaviours, community and place, and integrated health systems. It supports a place-based, community-led approach.

[View model – The King’s Fund](#)

WHO Ottawa Charter for Health Promotion (1986)¹⁰

Defines five key actions for health promotion: healthy public policy, supportive environments, community action, personal skill development, and reorienting health services.

[Access the Charter – WHO](#)

Public Health Scotland’s Fundamental Causes of Health Inequalities¹¹

Describes three levels of intervention: undoing root causes, preventing inequalities, and mitigating their impact.

[Explore the model – Public Health Scotland](#)

⁸<https://webarchive.nationalarchives.gov.uk/ukgwa/20121120101308/http://www.bridgingthegap.scot.nhs.uk/understanding-health-inequalities/introducing-the-wider-determinants-of-health.aspx> (accessed 17 September 2025)

⁹<https://www.kingsfund.org.uk/insight-and-analysis/reports/vision-population-health>

¹⁰ <https://iris.who.int>

¹¹<https://publichealthscotland.scot/population-health/social-and-economic-impacts-on-health/equity-and-justice/health-inequalities/fundamental-causes-of-health-inequalities/>

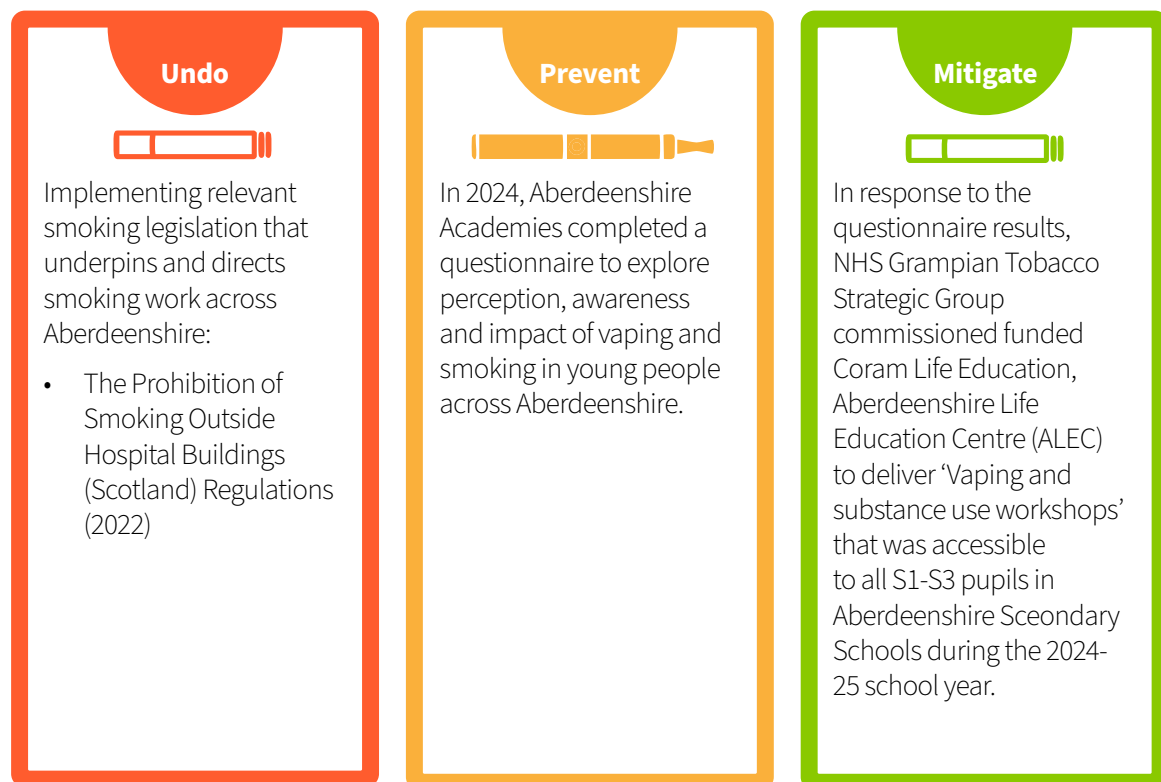
The Public Health Team work across Health & Social Care, the Third sector and at a community level in Aberdeenshire to help promote Public Health policies and practice which can help empower people to look after and develop their health and wellbeing.

Area Public Health coordinators help influence community planning at a local level and support health improvement through early intervention and prevention through area community health improvement workers. The team as a whole help influence improving service provision, which puts people first, by sharing health topic expertise in improving the health of people living and working in Aberdeenshire.

These frameworks show that a blend of actions is required to tackle health inequalities. The fundamental causes of health inequalities described by Public Health Scotland need three levels of intervention to improve health and wellbeing and reduce health inequalities:

- undo address and remove the fundamental causes of health inequalities,
- prevent inequalities from arising due to social, economic, or environmental factors,
- mitigate (make less harmful) and reduce the impact of inequalities.

The following diagram provides examples of how the team apply these three levels of intervention to implement smoking legislation, the actions to prevent and then mitigate the impact of vaping in our schools.



Further examples of the Aberdeenshire Public Health teams work can be found in the Link tree see page 14.

How do we decide where to focus our efforts to have the greatest impact?

Previous Health Improvement delivery plans have focused on individual topic-based actions, which came from funded workstreams developed by Public Health Scotland and the Scottish Government.

In this new delivery plan, we are aiming to take a more joined up approach, to how we identify and support the needs in our communities based on people and places. Specialised health topic input will be provided by working more collaboratively as a team and across partnerships. We aim to reduce the duplication of work and work more efficiently and effectively to reduce health inequalities.

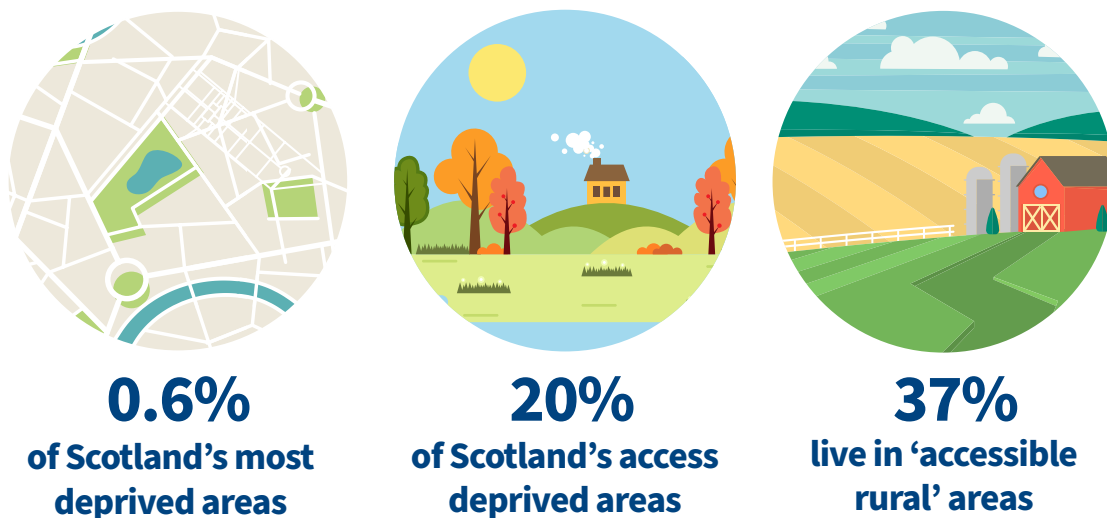
Local health needs assessments provide information and data to understand the health and wellbeing needs of the local population and what informs this Health Improvement Delivery Plan priorities.



Health Data

KEY ISSUES IN ABERDEENSHIRE THAT IMPACT ON HEALTH:

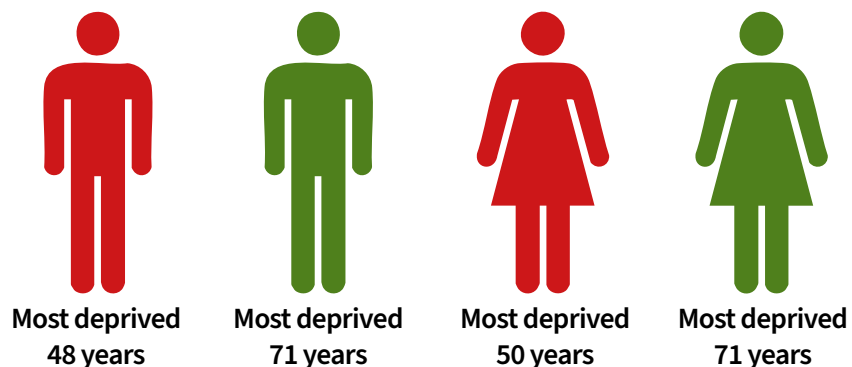
In Aberdeenshire almost half of its residents live in rural and remote rural areas, and this presents challenges accessing services such as health, transport, education, employment, and amenities. There is higher living costs associated with living in rural areas, and this can exacerbate poverty with the increased costs of fuel, food, and transport. This can have a detrimental impact on health outcomes and can add to health inequalities.



Source: The Scottish Index of Multiple Deprivation¹² SIMD (Scottish Index of Multiple Deprivation) measures of deprivation and rurality [2024]

A person experiencing poverty can affect the number of years they are expected to live in good health. Across Scotland, females born in the 2019-2021 period are estimated to live on average 61 years in good health, whilst for males the figure is 60 years. However, females experiencing the highest levels of deprivation can only expect to live 49 years in good health and males only 47 years in good health. This is 22 and 23 respectively fewer years than those experiencing the lowest levels of deprivation. These figures highlight the stark impact of socioeconomic deprivation on health outcomes and underscore the need for targeted interventions to reduce health inequalities and improve quality of life across all communities.

Healthy Life Expectancy in Scotland by deprivation in 2019-2021



Source: Aberdeenshire Health & Social Care Partnership Joint Needs Assessment (2024)

¹²<https://simd.scot/#/simd2020/BTTTTT/9/-4.0000/55.9000/>

Community Engagement

Community engagement is a cornerstone of Public Health work in Aberdeenshire. The approach is both area based-through North, Central, and South health improvement teams - and Aberdeenshire wide. These teams collaborate with local partners, organisations, and communities to identify health needs using national and local data, while actively listening to residents' experiences of living and working in their communities.

The Aberdeenshire Public Health team has extensive experience in empowering communities to take greater control over factors affecting their health and wellbeing. This is achieved by working alongside individuals and groups to build capacity, develop tools, and implement initiatives that directly impact health outcomes.

Since the introduction of the Community Empowerment (Scotland) Act 2015¹³, there has been a legal duty for community planning partnerships to engage with community bodies that contribute to planning and shaping change. Public Health plays a key role in this process in Aberdeenshire, helping to drive improvements in community health through active participation in community planning.

Development work focuses on enabling individuals, groups, and communities to build the confidence, understanding and skills needed to influence decision-making, change practice, and foster environments that supports health and wellbeing. Area teams bring valuable local knowledge and experience, working in partnership across services and engaging with residents particularly those who feel unheard or disadvantaged to advocate for equitable access to healthcare and services.

In addition, area teams facilitate access to topic leads in key areas such as Healthy Eating, Mental Health and Tobacco as well as wider NHS Grampian expertise in Sexual Health, Health Protection, and Health Intelligence. This integrated approach supports the development of innovative ways to working and ensures communities are well informed and actively involved in shaping their health services.



¹³<https://www.gov.scot/publications/community-empowerment-scotland-act-summary/>

Community and Partnership Working

Aberdeenshire Council have approved the development of Place Plans, aligning with the Scottish Government's Place Policy. This policy supports the Place Principle¹⁴, which encourages collaborative design and delivery of services and assets to improve outcomes for communities. The policy is underpinned by a Place Strategy¹⁵ and Place Plans and informed by the Place and Wellbeing Outcomes developed by Public Health Scotland and the Improvement Service.

A place-based approach is about understanding the assets, issues, and needs of a place, and coordinating action and investment to deliver better outcomes, promote interconnections and strong relationships, and improve the quality of life for communities.

The place-based approach is a co-designed method that prioritizes adaptability, collaboration, and creativity, placing people and communities at the centre of decision-making. Aberdeenshire Council will develop Place Plans for the 17 Academy towns, with the possibility of expanding to other settlements based on data and community interest. The impact of these plans will be assessed using the Community Planning Outcomes Profile and the Place and Wellbeing Outcomes Indicators.

These outcomes, developed by Public Health Scotland and the Improvement Service, provide an evidence-based framework outlining the conditions needed for individuals to thrive in their communities. The Public Health Team will play a key role as the place plans are introduced in identifying gaps and needs, particularly in areas nationally recognised as experiencing deprivation.

Place and Wellbeing Outcomes



¹⁴[Place Principle: introduction - gov.scot](#)

¹⁵[PLACE STRATEGY](#)

Evaluation Framework for Aberdeenshire Health Improvement Delivery Plan (2026–2030)

The evaluation framework assesses the impact, effectiveness, and efficiency of the Health Improvement Delivery Plan in reducing health inequalities and improving health outcomes across Aberdeenshire. The framework sets out the actions, targets and outcomes for our vision “*Enabling and supporting people to live healthier lives by building capacity for health improvement within communities.*”

A range of quantitative and qualitative data are used to measure progress on the impact of the work outlined in the delivery plan, contributing to the three priorities. The framework aligns with the Aberdeenshire Health & Social Care Partnership’s (AH&SCP) strategic priorities, and we provide annual updates on the progress of the plan to the AH&SCP Senior Management Team.

Actions for each of the priorities identified in this plan will be developed at an Aberdeenshire and local area level and can be accessed by contacting area teams or for main Aberdeenshire actions contact

gram.publichealth@nhs.scot

Local area teams

Gram.northpublichealth@nhs.scot | Gram.centralpublichealth@nhs.scot

Gram.southpublichealth@nhs.scot

Communication

The Public Health Team in Aberdeenshire will use a range of communication methods, ensuring messages are strategic, consistent, and accessible to engage effectively with communities and partner organisations. Our approach is designed to be inclusive, transparent, and responsive to local needs.

We will:

- **Use multiple channels** including digital platforms (e.g. newsletters, social media pages), printed materials, and face-to-face engagement.
- **Tailor communication** to suit different audiences, ensuring accessibility and cultural sensitivity.
- **Collaborate with partners** to share consistent messages and avoid duplication.
- **Create opportunities** for dialogue, including feedback mechanisms, listening events, and co-production sessions.
- **Monitor and adapt** our communication methods based on feedback and engagement outcomes.

This approach supports our commitment to building trusted relationships and ensuring that public health priorities are shaped by the voices of our communities and partners.

Digital tools will be used to share health priorities, engage communities, support behaviour change, and adapt approaches based on feedback and data.

Explore our work and connect with us via the Aberdeenshire Public Health Team Link tree, [Link tree](#) which includes links to local Facebook pages, the Grampian Wellbeing Festival page, and more.



Governance for Delivery of the Aberdeenshire Health Improvement Delivery Plan (2026–2030)

A governance evaluation structure is essential to ensure the successful delivery of the Aberdeenshire Health Improvement Delivery Plan (2025–2028) and will operate across three key structures:

Strategic reporting bodies: Progress on the delivery of the plan will be reported to:

- NHS Grampian – Public Health directorate
- Aberdeenshire Health & Social Care Partnership (AH&SCP) – Integrated Joint Board (IJB) via the Annual Report and AH&SCP Strategic Planning Group

These bodies will provide strategic direction, ensure alignment with broader health and social care priorities, and support resource mobilisation.

Operational Coordination, Public Health Team Leadership: The Aberdeenshire Public Health Team leads to oversee the operational delivery of the plan, coordinating teams across area (North, Central, South) and thematic leads.

Integrated Health Improvement Networks, strategic and local will be developed to enhance visibility and influence across Health and Social Care, enabling shared learning, stakeholder engagement, and collaborative planning.

Local Implementation, Area Advanced Public Health Coordinators: These coordinators will support place-based delivery, ensuring local needs are addressed through community planning and engagement. Community and Third Sector Partnerships: Delivery will be co-designed with local organisations, ensuring responsiveness to community voices and lived experience.

Governance Functions

The governance model will support the following core functions:

Strategic Alignment: Ensuring that delivery actions reflect the priorities of the Population Health Framework (2025–2035), Aberdeenshire Council Strategic Priorities (2024–2029), and the new AH&SCP Strategic Plan.

Performance Monitoring: Using the Evaluation Framework to track progress against defined outcomes, targets, and indicators. Annual updates will be provided to the AH&SCP Senior Management Team.

Risk Management: Identifying and mitigating risks related to delivery, including resource constraints, service access challenges, and emerging health inequalities.

Stakeholder Engagement: Facilitating inclusive participation from communities, third sector organisations, and statutory partners through structured engagement mechanisms.

Transparency and Accountability: Maintaining clear reporting lines and documentation to support scrutiny and continuous improvement.

Evaluation and Continuous Improvement

Governance will also encompass:

Annual Review Cycles: To assess delivery progress, adapt priorities, and respond to emerging needs.

Integrated Impact Assessments (IIAs): To ensure health equity is embedded in policy and planning decisions across sectors.

Learning and Adaptation: Using qualitative and quantitative data to refine approaches and share best practices across the region.

Communication Governance

The Communication Plan will be governed to ensure strategic messaging, inclusive outreach, and real-time feedback. This includes:

- Oversight of digital platforms (e.g., Link tree, social media)
- Monitoring engagement metrics
- Ensuring accessibility and equity in digital health promotion

Examples of Health Improvement projects and work ongoing in Aberdeenshire

Project Matrix: Examples of Health Improvement Projects

Project Name	Location	Partners Involved	Outcomes Achieved	Scalability Potential
Health Issues in the Community (HIIC)	Huntly	CHEX, Adult Learning, APHT	Increased community capacity, adult literacy, local health initiative planning	High – adaptable to other communities with adult learning programmes
Just Ask Central Buchan	Maud, Boyndie	Maud Village Trust, North Public Health Team, NHS Grampian Quality & Assurance Team	Immediate support for basic needs, streamlined referral system, community collaboration	High – model is replicable in other rural communities facing financial hardship
SEAFIT Smoking Cessation App Pilot	Fraserburgh (Seafarers)	Live Life Aberdeenshire, NHS Grampian Pharmacy Service	24/7 cessation support for seafarers, insights into occupational health barriers	Medium – potential to expand to other occupational groups with limited-service access
Grampian Wellbeing Festival	Aberdeenshire -wide	NHS Grampian, Community Health, Third Sector, Schools	Increased awareness of wellbeing services, community engagement, mental health promotion	High – already expanded to Grampian-wide; scalable through partnerships and digital media
HENRY Programme	Peterhead, NE Aberdeenshire	Homestart NEA, Dietetics, Health Visiting, APHT	Improved parenting skills, healthier lifestyle choices, peer support, food skills development	High – flexible delivery (online/ in-person), strong partner network

More details of the Health Improvement projects listed in this table and work ongoing in Aberdeenshire can be found in the Team LINKTREE or by contacting area teams using emails shared on page 13

Glossary

Term	Definition
AH&SCP – Aberdeenshire Health & Social Care Partnership	A partnership between Aberdeenshire Council and NHS Grampian to deliver integrated health and social care services.
CHEX (Community Health Exchange)	A Scottish organization that supports community-led health improvement and promotes community development approaches to tackling health inequalities.
Co-design Approach	A collaborative method where service users, communities, and stakeholders actively participate in designing services, policies, or interventions to ensure they reflect lived experiences and local needs.
Community Engagement	A process of involving communities in identifying issues, shaping solutions, and influencing decisions that affect their health and wellbeing. It includes consultation, participation, and empowerment.
Economic Climate	The overall state of the economy, including factors like inflation, employment rates, and cost of living, which can influence public health and access to services.
Environmental Determinants	Physical, chemical, and biological factors external to a person that can affect health, such as air quality, housing conditions, and access to green spaces.
Health Impact Assessment (HIA)	A tool used to evaluate the potential health effects of a policy, program, or project on a population, particularly vulnerable groups, and to identify ways to enhance positive impacts or mitigate negative ones.
Health Inequalities	Unfair and avoidable differences in health status or healthcare access between different groups in the population.
IIA (Integrated Impact Assessment)	A comprehensive assessment framework used to evaluate the impact of policies or plans across multiple domains, including health, equality, human rights, and sustainability.
Person Centred Approach	Focuses on the unique needs, preferences, and values of an individual when providing care or support. It prioritizes the individual's well-being and autonomy, ensuring they are actively involved in decisions about their care.

Term	Definition
Place-Based Approach / Place Principle	A strategy that focuses on the unique needs, assets, and priorities of specific geographic areas, encouraging collaboration across sectors to improve outcomes for communities.
Prevention and Early Intervention	Strategies aimed at addressing health issues before they become severe or widespread. Prevention focuses on reducing risk factors, while early intervention targets emerging problems to avoid escalation.
SIMD (Scottish Index of Multiple Deprivation)	A tool used to identify areas of deprivation across Scotland based on factors such as income, employment, health, education, housing, and access to services.
Third Sector	The part of an economy or society comprising non-governmental and non-profit-making organizations or associations, including charities, voluntary and community groups, cooperatives, etc.
Whole System Working	An ongoing, flexible approach by a broad range of stakeholders to identify and understand current and emerging public health issues where, by working together, we can deliver sustainable change and better lives for the people of Scotland.
Wider Determinants of Health	Social, economic, and environmental factors that influence health outcomes, such as education, income, employment, housing, and social support.

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