

ABERDEEN CITY COUNCIL

COMMITTEE	Anti-Poverty & Inequality Committee
DATE	26 th November 2025
EXEMPT	No
CONFIDENTIAL	No
REPORT TITLE	Collaboration for Health Equity in Scotland
REPORT NUMBER	CORS/25/230
EXECUTIVE DIRECTOR	Andy MacDonald
CHIEF OFFICER	Martin Murchie
REPORT AUTHOR	Martin Murchie
TERMS OF REFERENCE	1.1; 1.5

1. PURPOSE OF REPORT

- 1.1 This report updates the Committee on the work of the “Collaboration for Health Equity in Scotland”

2. RECOMMENDATION

That the Committee:-

- 2.1 instruct the Chief Officer Data Insights (HDRCA) to report to the Committee at the conclusion of the Collaboration for Health Equity in Scotland; and
- 2.2 otherwise note the report.

3. CURRENT SITUATION

- 3.1 The Collaboration for Health Equity in Scotland (CHES) is a two-year partnership (2024–2026) between Public Health Scotland (PHS), the University College London’s Institute of Health Equity (IHE), and three Scottish localities: Aberdeen City, North Ayrshire, and South Lanarkshire. CHES was established to strengthen and accelerate efforts to improve Scotland’s health, promote well-being, and address widening health inequalities, which are steeper in Scotland than in many other European countries. The Scottish Government published a “Population Health Framework” for Scotland in June 2025. The CHES is identified within this Framework and referred to as follows:

*“... research will offer us clear insights, data and evidence to support and track progress. This includes trialling new approaches to place-based working through the **Collaboration for Health Equity in Scotland (CHES)** to accelerate action to improve health equity and share insights and expertise by learning from Marmot Places in Scotland.”*

- 3.2 CHES builds on the Marmot 8 framework, focusing on the social determinants of health. Its dual approach involves:

- **National-level work:** Providing new insights into effective strategies for health equity.
- **Place-based work:** Collaborating with three local areas to develop and implement interventions and policies that enhance health equity, embed equity approaches in local systems, and adopt long-term, holistic strategies.

3.3 CHES aims to answer two key questions:

1. What are the most impactful areas for intervention to close gaps in healthy life expectancy?
2. How can national and local organisations work more effectively to bridge the gap between policy intent and impact?

3.4 To achieve this, CHES is:

- Developing analyses to guide action using the Marmot 8 framework.
- Demonstrating, through practical work in three places, how local partnerships can strengthen health equity.
- Developing recommendations for national and local organisations.
- Acting as a catalyst for enhanced action and strengthened partnerships.

3.5 CHES has now published 2 national reports. One focusing on health equity and the second on the wider determinants of health (Both linked in the “Background Papers” section to this report). These set out the context and current state of healthy equity across Scotland. The programme nationally has also engaged multiple stakeholder groups including government and business leaders.

3.6 Aberdeen’s Expression of Interest to be one of the three local areas for CHES emphasised building health equity into existing strategic planning, service design and resource allocation processes, rather than viewing it as a separate programme of work. Consequently, activity has been focused on the Council’s strategy suite as well as Community Planning Aberdeen workstreams. Local work with CHES to date includes:

- reviewing and contributing to:
 - the Population Needs assessment for the Aberdeen
 - The Local Housing Strategy
 - The Health Equity Plan for Grampian
 - The Strategic Plan for Aberdeen City Health & Social Care Partnership
- working with the Health Determinants Research Collaboration Aberdeen (HDRCA) to identify an evidence base of interventions for the ongoing refresh of the Local Outcome Improvement Plan and co-hosting a workshop for Community Planning Aberdeen to prioritize those interventions;
- working with council officers and the HDRCA to develop a process for estimating the likely impact of interventions, and support the implementation of this.

3.7 The CHES collaboration is also exploring approaches to the design of systems and use of resources in ways which are proportionate to the needs of different

parts of the community. In 2010, the review “Fair Society, Healthy Lives”, proposed the principle of proportionate universalism as a solution to reducing health inequalities. It describes an approach to the resourcing and delivering of universal services at a scale and intensity proportionate to the degree of need. Put more simply, it is the allocation of resource according to need, with need being defined as the ability to benefit. Services should be available for all to access (not just disadvantaged groups), but they are flexible and able to respond with more intensity where there is a greater need. In practice, many public programmes are designed to support those most in need. Local work with CHES is identifying examples where decision making could, potentially, be more explicitly influenced by a health equity and “Proportionate Universalism” approach. A small number of case studies will be progressed, and evaluated jointly through CHES, and further recommendations made.

- 3.8 CHES also has a strong focus on the availability and use of data, across Scotland, to support improvements in health equity. Aberdeen City Council officers are engaged with Public Health Scotland colleagues to capitalise on the work within CHES to accelerate development in granularity, currency and accessibility of data.

4. FINANCIAL IMPLICATIONS

- 4.1 There are no direct financial implications. The local areas working with CHES do not receive, nor commit any direct financial resources to the Collaboration.

5. LEGAL IMPLICATIONS

- 5.1 None.

6. ENVIRONMENTAL IMPLICATIONS

- 6.1 There are no direct implications from this report, however, a sustainable environment is a feature of the Marmot principles and work which is influenced by these will have this as a key consideration.

7. RISK

Category	Risks	Primary Controls/Control Actions to achieve Target Risk Level	*Target Risk Level (L, M or H) <small>*taking into account controls/control actions</small>	*Does Target Risk Level Match Appetite Set?
Strategic Risk		No significant risks identified' against the category		
Compliance		No significant risks identified' against the category		

Operational		No significant risks identified' against the category		
Financial		No significant risks identified' against the category		
Reputational		No significant risks identified' against the category		
Environment / Climate		No significant risks identified' against the category		

8. OUTCOMES

COUNCIL DELIVERY PLAN 2025-26	
	Impact of Report
Aberdeen City Council Policy Statement <u>Working in Partnership for Aberdeen</u>	The Policy Statement includes: “Our partnership will do all we can to help people hit by the cost of living crisis, alleviate poverty and improve the quality of life for our citizens” as well as numerous commitments to improve health issues.
<u>Local Outcome Improvement Plan</u>	
Prosperous Economy Stretch Outcomes	The social determinants of health are central to the LOIP and the Collaboration for Health Equity in Scotland is actively supporting the development of the LOIP 2026 – 26. The principles of health equity and the evidence base which supports interventions is, therefore, likely to be reflect throughout each of the agreed outcomes.
Prosperous People Stretch Outcomes	The social determinants of health are central to the LOIP and the Collaboration for Health Equity in Scotland is actively supporting the development of the LOIP 2026 – 26. The principles of health equity and the evidence base which supports interventions is, therefore, likely to be reflect throughout each of the agreed outcomes.
Prosperous Place Stretch Outcomes	The social determinants of health are central to the LOIP and the Collaboration for Health Equity in Scotland is actively supporting the development of the LOIP 2026 – 26. The principles of health equity and the evidence base which supports interventions is, therefore, likely to be reflect throughout each of the agreed outcomes.

Community Empowerment Stretch Outcomes	The social determinants of health are central to the LOIP and the Collaboration for Health Equity in Scotland is actively supporting the development of the LOIP 2026 – 26. The principles of health equity and the evidence base which supports interventions is, therefore, likely to be reflect throughout each of the agreed outcomes.
Regional and City Strategies	The social determinants of health are central to the Council's suite of strategies. The Collaboration for Health Equity in Scotland has been actively involved in the development and refresh of strategy including the Local Housing Strategy. The principles of health equity and the evidence base which supports interventions has been strengthened by the Council's engagement in CHES.

9. IMPACT ASSESSMENTS

Assessment	Outcome
Integrated Impact Assessment	No assessment required. I confirm this has been discussed and agreed with Martin Murchie, Chief Officer Data Insights (HDRCA) on 20 th October 2025. This report is for information only and is not proposing any change to policy.
Data Protection Impact Assessment	Not required
Other	Not required

10. BACKGROUND PAPERS

- 10.1 [An Overview of Health Inequalities in Scotland: The Collaboration for Health Equity in Scotland](#)
- 10.2 [An Overview of the Social Determinants of Health in Scotland: The Collaboration for Health Equity in Scotland](#)
- 10.3 [CHES Website](#)
- 10.4 [Population Needs Assessment](#)
- 10.5 [Local Housing Strategy](#)
- 10.6 [Population Health Framework](#)
- 10.7 [Fair Society, Healthy Lives – The Marmot Review](#)

11. APPENDICES

11.1 None

12. REPORT AUTHOR CONTACT DETAILS

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