

Blue = complete/closed/ not started
 Red = missed deadline/unable to deliver
 Amber = at risk of non-delivery/not meeting deadline
 Green = on track to delivery by deadline

Delivery Plan Workplan Y1 Q3

Title	Project Description	Strategic Aim	Priority	Project Ref.	Start Date	End Date	BRAG Status	If BRAG Status is RED, AMBER or BLUE wh	Explain why BRAG Status is RED/AMBER/BLUE	RED/AMBER Mitigation Actions	Measures	Latest Update
1. Use of Properties	Consolidate our use of properties	Modernising Service Delivery	Best use of Resources	MSD01	01/07/2025	31/03/2026	Green				Reduction in Premises Costs by £153,000	The target savings of £153k for this financial year have already been achieved through moving CTAC and Imms from South College Street into Countesswells and the Health Village. CTAC also moved out of Carden House to give the GP Practice more clinical space allowing them to see more patients. The Woodside building has also been reviewed and these together with utility savings across ACHSCP have ensured we met our target. Work is ongoing to identify savings and efficiencies for the next two financial years which will be reported in due course. Following approval from SLT, in November 2025, to go ahead with proposed moves within the Health Village. These moves are now being planned and will be completed prior to the end of the financial year, to achieve better utilisation of the HV building.
2. Utility Savings	Deliver savings in Utility costs	Modernising Service Delivery	Best use of Resources	MSD02	01/07/2025	31/10/2025	Green				Reduction in Utility Spend by £50,000	Actual utility costs are only known retrospectively, but heating in hubco buildings has been reduced and "switched off" most of the time until end September at least. On track to save £100 k (target was £50k) on heat/ electricity costs. Zonal heating is now functioning in Health Village
3. Management of Vacancies	Deliver efficiencies from robust management of vacancies	Modernising Service Delivery	Best use of Resources	MSD03	01/07/2025	31/03/2026	Green				Reduction in Staff Costs by £1,346,000	The Vacancy Management protocol has been reviewed and has been approved by Budget Savings Oversight Group and communicated to staff. The main changes relate to services adding information on: (a) specifying how long posts have been vacant for; (b) reducing Banding/Grades as part of skills mix and; (c) providing evidence of specific financial codes and sustainability of budget for any redesigned posts. Finance officers in NHS Grampian and Aberdeen City Council have confirmed that the overall saving in 25/26 has been met
4. ACHSCP Posts	Reduce the number of posts in ACHSCP establishment	Modernising Service Delivery	Best use of Resources	MSD04	01/07/2025	31/03/2026	Green				Reduction in Staff Costs by £884,000	Recent evidence via NHS that ACHSCP reduced headcount by 4% wte (65 headcount) from June '24 to June '25, a similar date is set from October '24 - October '25 indicated reduced headcount of 2.1% wte. 13 posts have been lost through VRES in ACC
5. Technology and TEC usage	Increase the use of technology and Technology Enabled Care across the system	Modernising Service Delivery	Best use of Resources	MSD05	01/07/2025	31/03/2026	Blue	Closed Complete			No. of care packages including TEC	5 Senior Leadership Team posts have become vacant since 01/04/2025 and one has been filled. The Technology and TEC updates have been separated into project 5a. Digital Innovation Programme, 5b. Technology and TEC Usage, 5c. eMAR to assist in updates and review. SRO has agreed this project should be closed as each aspect of project is being reported under the different projects as detailed above.
5a. Digital Innovation Programme	Digital Innovation Programme Overview This Programme aims to transform social care delivery through digital solutions that improve service user experience, streamline practitioner workflows, and create capacity within the workforce. The initiative aligns with Scottish Government objectives for proactive, person-centred care. Project Goals Enable digitally capturing observations and notes in real-time, providing the social worker with a quick way to enter data. Reduce manual data entry for practitioners to free up time for direct care. Streamline casework by intelligently surfacing the relevant documentation from multiple sources, including self-service for a user. Core Components The first phase consists of delivery four main use cases identified in Discovery sessions Practitioner Application A mobile-friendly app enabling practitioners to record observations and notes digitally—via text or voice—integrated with Dynamics 365 for seamless case management. Practitioner Search An AI-powered Co-pilot tool that helps practitioners quickly find relevant documents and case information to populate assessment templates efficiently. SPOC (Single Point of Contact) A conversational interface that guides professionals to the correct service pathway, simplifying referrals and reducing manual searches. IPOC (Initial Point of Contact) A citizen-facing e-form for self-referral into multiple services, supported by eligibility checks and case routing for complex scenarios.	Modernising Service Delivery	Best use of Resources	MSD05a	02/10/2025	30/06/2026	Green	Timescales			Work stream of the project has been initiated called Business Benefits Realization. This workstream will identify the current benchmarks and the success measure of the project. Hopefully by next update we will have a list of success measures here.	Current Phase Inception Phase: Closed in late December 2025 after Technical Design Board approval of Agile Solution Roadmap. Construction Phase: Started 05 January 2026, operating under two-week sprints. Sprint 1 focuses on Practitioner App and Practitioner Search build and FAT (Functional Acceptance Testing) scripting. Governance Governance structures remain as previously defined: Project Board chaired by SRO Chief Adult Social Work Officer, ACHSCP Senior Project Manager. Key governance documents signed off: Programme Charter, Terms of Reference, Communication & Engagement Plan, Project Plan. Risks RIS-005 – Construction Timeline Risk Description: Potential delay in completing Construction Phase due to resource constraints (ACC Infrastructure), integration complexity (E-Forms for IPOC (Initial Point of Contact) on Contact Centre tenants), and also pending legal guidance on transcript retention. Impact: Could delay Practitioner App and Practitioner Search delivery, affecting downstream phases. Mitigation: A new timeline has been proposed by IT Supplier. Detailed sprint planning, early engagement with ACC Infrastructure, escalation to Project Board, parallel workstreams for legal and technical tasks. Device Suitability Risk Description: Current devices may not be suitable for new applications. Investigation underway alongside planned device refresh this year. Impact: Could affect rollout and user adoption if hardware cannot support app performance. Mitigation: Technical assessment in progress; potentially align device refresh schedule with deployment timeline. Next Steps Continue Sprint 1 build and FAT scripting. Technical Check-in on bi-weekly basis with ACC Infrastructure and engineering Ratify high-level New Construction timeline agreement at next Project Board on 22 January 2026. Prepare input for Social Work Service Managers meeting on 21 January 2026. Agenda for Social Work Service Managers Meeting (21 Jan 2026) Focus: Communication of Digital work impacting services over next 6–12 months. Topics include: New charging policy (this workstream runs parallel and may affect resource). Updates on work with IT Supplier (Practitioner App, Practitioner Search) and implications for teams. Ask for Resources for Testing training and rollout detailed role description
5b. TEC	Increasing the use of Technology Enabled Care	Modernising Service Delivery	Best use of Resources	MSD05b	01/04/2025	31/03/2026	Amber	Deliverables; Resources	Ongoing work required to clarify clear objectives and outcomes for TEC work following conclusion of current work.	Scoping work will be undertaken to clarify specific project work moving forward that is outcome focused and evidence-based.	Complete the Konpanion Maah project and end of project report.	Stoneywood Just Checking: System is installed ready for supported people who are now moving in. Evaluation has commenced with baseline information gathered for all supported people. Next evaluation point is at 3 months following move in to tenancy. Konpanion Maah project: Devices were distributed to participants during last week November and first week in December and trial commenced although technical issues with devices and issues with connectivity reduced the amount of data collected. Trial ended on 19th December. Participant Information Sheets have been distributed and all consent forms returned. Konpanion will provide report of data collected and participants / families will be interviewed in January for evaluation.
5c. eMAR	Implement eMAR at the four in-house Learning Disability services, Rowan Road, Kaim Court, Stockett Parade and Balmgask Court	Modernising Service Delivery	Best use of Resources	MSD05c	09/09/2025	31/03/2026	Green				eMAR is implemented at all four sites.	Rowan Road service completed staff training and went live on the 24th November with no significant issues reported. Super-user training was scheduled for delivery on 8th January but has been re-scheduled to 15th January due to weather disruption. Digital & Technology are progressing set up and testing of devices. The Data Protection Impact Assessment (DPIA) completed and awaiting sign off. Pharmacy coordination continued, with arrangements confirmed for all services. Evaluation has commenced for all services with baseline data collection underway. Key risks and issues: Single Sign On (SSO) will be implemented for increased security although this entails a more complex set up and is dependent on vendor support. Continuing to ensure this is progressed. Pharmacy changeovers require close monitoring to avoid medication continuity risks. Next actions: Complete SSO and device setup. DPIA sign off. Super user training delivered on 15th January. Stockett Parade go-live on 19th January. Kaim Court and Balmgask Court go-live on 26th January The project remains on track for implementation across all in-house Learning Disability services.
6. Social Care Charging	Implementing the new Charging Policy	Modernising Service Delivery	Best use of Resources	MSD06	01/07/2025	31/03/2026	Red	Timescales; Resources	Upon further discussions it was felt that the previous AMBER status had not sufficiently helped to raise awareness of the complex issues around this delivery against a short timeline, so it was updated to RED.	We are continuing to flag capacity issues and optimising capacity planning and once we can establish firmer delivery expectations based on that, an SBAR will go to SLT to request an extension for the delivery of this programme.	Policy developed and approved, systems and communications in place	The Programme Board has launched with its first meeting just prior to the festive break. The meeting further underlined the urgency of finding resolutions to the previously flagged issues around capacity and the delivery timeline. We are currently exploring options for delivering part of the IT requirements, which may help reduce capacity issues around IT. Recruitment issues around Finance are actively seeking resolution. The new governance model is now in place and each project group is developing PIDs and the move to SharePoint for key programme and project documentation is under way. The Programme Board will meet again on 27th Jan.
7. Older People Care Provision	Modernise care provision for Older People	Modernising Service Delivery	Best use of Resources	MSD07	01/07/2025	31/03/2026	Blue	Closed Complete			Reduction in Spend by £3,328,000	All option 2 reviews for OP/ PD services completed, reviews will continue on a BAU basis going forward
8. Residential Care Review	Review mix of residential care	Modernising Service Delivery	Best use of Resources	MSD08	01/07/2025	31/03/2026	Green				Reduction in spend by £336,000	Business Cases are being completed with the contracts team and should be completed by end of December 2025
9. Develop data dashboards	Develop data dashboards to support the planning and delivery of services	Modernising Service Delivery	Best use of Resources	MSD09	01/07/2025	31/03/2026	Green				Dashboards in place and reports informing work focus	Delivery Plan Dashboard Dashboard is live for Delivery Plan updates and was considered at Risk Audit Performance Committee for the first time in November 2025, receiving positive feedback with regard to its visual nature. PHB Dashboard Dashboard is in development. The Performance and Governance Dashboards have been presented to the Board with feedback reviewed and incorporated and sign-off received. The Strategic Dashboard has been developed and is due to be presented to the Board in January. If approved, the dashboards will thereafter transition to a maintenance phase. Activity Dashboard Dashboard has been developed and is now in regular use by the Senior Leadership Team. Reports are circulated alongside context to help understand some of the trend analysis that the data shows. This will be refined on an ongoing basis as required moving forward. Primary Care Dashboard A Primary Care Dashboard is currently under development. This will represent all Primary Care services and demonstrate operational activity. The development has been split into two phases, with the first phase underway with technical assistance from the NHSG Health Intelligence team.
10. Modernise Care Models	Modernise care delivery models for vulnerable adults including people with Learning Disabilities and Complex Needs.	Modernising Service Delivery	Best use of Resources	MSD10	01/08/2025	31/03/2026	Amber	Timescales; Deliverables; Budget/Savings	This is one of a number of priorities aligned to LD which need to be planned for. There is a lack of both planning capacity and operational capacity to fully progress, and other projects underway will need to complete to release capacity. The Stonewood Project for complex residential care has been top priority for the teams and this workstream.	Work continues to review care packages regularly and make adjustments when needed; providers are reviewed on a regular basis to ensure compliance and if there are issues of overprovision this is addressed. The Dynamic Support Register to log all current and at risk complex and out of area packages is now fully established; Stonewood site has now opened and is fully functioning, and has accommodated 5 individuals with complex needs; all these people were longstanding Out of Area cases, alongside 3 other residents. Over last six months we have had to prioritise Stonewood which will also provide key procedures, practices and learning to inform and facilitate further modernisation of all our care delivery models.	Increase in % of clients with LD and Complex Needs living independently; Reduction in Out of Area placements	Limited update available given team capacity issues and periods of leave. There has been notable progress in the numbers of out of area placements due to the opening of Stonewood, with 5 people returning from Out of Area and another 3 people also supported who would be noted within our local Dynamic Support Register. Further care management led work is continuing on review and assessment of individuals as well as role of commissioning review work.
11. Improving Transitions	Implement transitions process to improve service user experience and future financial planning	Modernising Service Delivery	Best use of Resources	MSD11	01/07/2025	31/03/2026	Amber	Resources	Capacity within the relevant Health teams meetings have not allowed for meetings / mapping exercises to take place as yet.	Both Adult Health and CAMHS have set up internal groups to review the Transitions Pathway, clarify team roles for the Staff Guide, and identify service gaps, especially for 16-17 year olds not yet assessed, with a mapping exercise planned to address these gaps.	Process implemented, client feedback, budget performance	The reporting cycle for the Transitions Pathway report to the Education & Children's Services Committee and Clinical & Care Governance Committee concluded on the 16th December. There remains concern regarding the funding of services which will continue to be discussed between Children's and Adult services. The Transitions Pathway Integrated Impact Assessment has been signed off by the Equalities & Diversity team, approved by the Chief Officer and is now live on the ACC website. Further meetings with CAMHS consultants on 28/01 will focus on the revised Transitions Pathway and Health's integration with the new approach. Focus has now shifted to developing the Parent / Carer Guide. The refresh of the process is finalised and in place.
12. Learning Disability Day Care	Review Day Care Provision for people with Learning Disabilities	Modernising Service Delivery	Best use of Resources	MSD12	01/07/2025		Amber	Timescales; Resources	The milestones and dates have slipped over the last month because of other team workload priorities.	Slippage due to limited care management Team resources and need to focus on statutory duties and other work especially around cost control and containment.	Reduction in spend by £1,449,000	Limited update available due to team capacity and periods of leave. Care management led work continues on review and re-assessment of placements in order to align to already progressed budget changes (savings taken from top-line budget)

13. Out of Area Placements	Review use and cost of Out of Area care	Modernising Service Delivery	Best use of Resources	MSD13	06/10/2025	31/03/2026	Amber	Timescales; Resources	The milestones and dates have slipped over the last month because of other team workload priorities.	For all our LD Out of Area 'social care provision' placements we continue to ensure - 1) Requirements for care management review & provider engagement are met. 2) The Dynamic Support Register (SGovt requirement) is fully maintained on monthly basis. 3) Potential new placements are fully reviewed by MHL Resource Allocation Panel For Out of Area all specialist health needs placements, we continue to ensure 1) Placement register is maintained and reviewed quarterly. 2) Potential new placements are fully reviewed clinically and processed via formal approval processes	Reduction in spend by £174,000	Our specialist health out of area placements register has now been fully updated and there will now be ongoing review on a quarterly basis on a cross Grampian basis. Work has commenced on reviewing and updating the Standard Operating Procedure for clinical and management oversight. Immediate concerns relate to an overgoing OOA placement under significant investigation, which will impact the sustainability of placement for 4 individuals across Grampian, including for ACHSCP. The Dynamic Support Register is updated and reports regularly to Scottish Government. Most significant progress is aligned to the opening of Stonewood, accommodating 8 individuals who are logged on the DSR, the majority of whom are from out of area placements. This is reducing our use of out of area social care placements.
14. Commissioned Service Provider Spending Reduction	Reduce spend and achieve value for money with key commissioned service provider	Modernising Service Delivery	Best use of Resources	MSD14	01/07/2025	31/03/2026	Amber	Timescales	Timeline and governance has yet to be defined for the project. At the moment this is overseen by the Budget Saving Oversight Group. Work is being progressed through the Scenario Planning Group and the Contract SLWG.	Continue to work with partners in the scenario planning group to ensure governance is determined and the timelines created and adhered to.	Reduction in budget by £4,599,000	Programme Board established, fortnightly meetings taking place, with action tracker implemented. Mapping of Mental Health Portfolio completed. Ongoing review of this portfolio currently focusing on residential provisions. Contracts approaching imminent expiry have been reviewed to allow decisions to be made on those contracts. Benchmark and scoring matrix for contracts has been created and out for feedback for approval. Work ongoing with regards to review of care home provision. Short Life Working Group established to review training skills and development framework, fortnightly meetings initiated.
15. Workforce Plan Refresh	Refresh Workforce Plan focusing on future staffing requirements taking service transformation into account	Modernising Service Delivery	Best use of Resources	MSD15	01/07/2025	31/03/2026	Green				Refreshed Workforce Plan developed and implemented	Final progress report for the current Workforce Plan 2022-2025 was approved at RAPC on 27 August 2025. First engagement session round took place October/November. The final refreshed plan is due at IJB in May 2026. ACHSCP Conference booked for Wednesday 28th January, where the Workforce Plan will feature as an engagement session.
16. GP Vision	Deliver city commitments in the GP Vision	Modernising Service Delivery	Transforming Service Delivery	MSD16	01/07/2025	31/03/2029	Amber	Resources	No dedicated capacity allocated to this programme of work, there is currently only resource to deliver on 6 of the 10 objectives.	A workshop was recently held to determine if there were any additional resources available or whether resource could be re-allocated to alternative workstreams, however it was determined to continue with the current resourced workstreams. There are currently no further mitigations identified.	Commitments delivered	A transition report is being drafted to outline the transition of the GP vision programme to business as usual which will be delivered via a new Primary Care Board.
17. Primary Care Improvement Plan (PCIP) Review	Implement and review Primary Care Improvement Plan (PCIP) to identify, successful efficient delivery of services and areas of improvement	Modernising Service Delivery	Transforming Service Delivery	MSD17	01/03/2025	31/03/2026	Amber	Resources	Lack of interface with certain PCIP workstreams and difficulty in accessing practice system data.	Amber : Completion within this year 25/26. Challenges in terms of data required across 3 HSCPs. Very little data available through primary care channels and this has caused the delay in completion.	Refreshed PCIP approved	The PCIP Review is included in the GP Visioning Programme and is currently being delivered across NHS Grampian in terms of revising the delivery of the plan within the 3 HSCPs. A project sub group has been set up to review the PCIP's across Grampian and the work continues to progress with a SLWG meeting every 2 weeks and a wider project group meeting monthly. Work has progressed well in terms of the activity data for 5/8 to workstreams and the exception being the Vaccination Transformation Programme. In terms of sharing good practice a system already in place in the Moray HSCP has been replicated and implemented this month (September) for the pharmacotherapy workstream for Shire and City HSCPs. The data has not been previously available and will give feedback on the 3 levels of pharmacotherapy data. Gap analysis has been carried out as the practice feedback is a that not all work is being undertaken by PCIP. Financial calculations are included in terms of the costs for workforce and a dashboard has been created for 23/24 and 24/25. Work has commenced in terms of quality aspects of the project and an example is the analysis of sickness absence across the workstreams. This has also been calculated in terms of the financial cost of the gap created by staff sickness and also maternity leave as there is currently no budget for resilience plans that would support practices. DNA rate and fill rates are included for workstream with appointment systems. The final piece of the puzzle is patients engagement and staff questionnaires - PCIP and Practice staff - work has commenced and networking opportunities in terms of the PCPIP demonstrator sites looking at the patients engagement and process. The work is supported by LIST and is on track to be completed within this year, 25/26. Update : 06/01/26 VIP : Data received and also service delivery information to enable a draft report for the workstream. LIST completing the analysis of the data and creating the report. Pharmacotherapy : October and November data now completed and awaiting December. Workstream report being completed by LIST. Review meeting 06/01/26 and HSCP leads keen to continue for 12 months so enable a robust review of trends and service delivery. Next meeting will be end of April 26 to review 2 quarters of data. Patient evaluation : Completed 14 December 25 and LIST analysing the information Staff feedback : Completed 14 December 25 and LIST analysing Draft overarching report in the process and created by LIST SLWG still meeting evry 2 weeks and also a monthly meeting for the wider PCIP Review group. Continued support from LIST
18. Discharge without Delay	Deliver the Discharge Without Delay Collaborative commitments	Modernising Service Delivery	Transforming Service Delivery	MSD18	01/07/2025	31/03/2026	Amber	Timescales	All projects within this programme are progressing but delivery on time is dependant on successful timely recruitment.	Recruitment for the community hospitals is progressing and changes are being actioned as staff enter posts. PDD / Integrated Discharge Hub again is progressing with recruitment, confidence remains high the hub will be up and running by the end of March 26. D2A in city is operational and Shire is progressing with recruitment, a start date is expected in January. F@FD was unsuccessful in consultant recruitment but work is taken place to add stability to F@FD by consultants with existing resource.	Reduction in Bank Nursing spend by £999,000, delivery of DWD measures	Frailty @ The Front Door (F@FD) Aberdeen City - Recruitment of Consultant Geriatrician to enable the embedding of the frailty Consultants at the front door was unsuccessful. Work is taking place to shuffle staff to ensure stability of this service. Weekend cover by consultants has been actioned to support the front door through the winter months. Additional recruitment to support the flow through frailty is progressing. Clinical Frailty Scoring (CFS) education continues. Discharge to Assess Aberdeen City - D2A service continues, with the initial 500 hours being fully utilised, scale up to the increased hours (1000hrs) is being progressed as soon as possible. Patients are moving through the service successfully with some even being stepped down without any further care, further focus is required on the back end of the service to ensure effective flow.
19. Support to Amputees	Redesign model of support to Amputees to community based provision	Modernising Service Delivery	Transforming Service Delivery	MSD19	01/07/2025	31/03/2026	Amber	Timescales	Amber - work remains ongoing to understand need of amputees and what model is most appropriate going forward. An arrangement with Clashie may be a more appropriate placement. Paper being written with findings to inform next steps.	Paper expected in next week or so to inform next steps. Will take to SLT for further planning.	Closure of 6 beds, Length of Stay and Delayed Discharge Data	Requirements and information have been gathered. The next step is for the team to pull the information together within a paper to inform the next steps.
20. Counselling Services	Codesign alliancing work with Counselling Services	Modernising Service Delivery	Transforming Service Delivery	MSD20	01/07/2025	31/03/2026	Blue	Closed Complete			Reduction in average waiting times; increase in inter-provider collaboration; and reduction in duplication of services and waiting lists	ACVO have been contacted to arrange a time to continue discussions around the alliance working with counselling services following the December IJB decision to stop grant funding. Alliance work will progress and project has moved to BAU
21. Residential Substance Use Service	Implement redesign of residential substance use service with a view to delivering a community based support service model	Modernising Service Delivery	Transforming Service Delivery	MSD21	01/07/2025	31/03/2026	Amber	Timescales	Update required from Cyrenians on lived experience feedback and project meetings to be reinstated.	Further discussions with Service Manager to explore available future options and set up project governance within project times, and clear timelines agreed.	Redesign implemented	No further update. We continue to work with cyrenians to meet the reduction for 26/27
22. Sheltered Housing Redesign	In conjunction with ACC colleagues, influence the redesign of Sheltered Housing to modernise the model of Housing support .	Modernising Service Delivery	Transforming Service Delivery	MSD22	01/07/2025	31/03/2026	Red	Resources; Deliverables; Overall Assurance/Risk Level	Project 1 facing delays in gaining approval due to resource pressures, and other Housing activities being prioritised. Also now being delayed for decision to be made around wider housing model	In order to mitigate delays ensure that project team carries out tasks set out in time for the tenants consultation meetings, as there is a small degree of buffer set within existing deadlines.	Numbers of tenants receiving low, medium and high support	Project on hold whilst discussions held around wider housing model. The winter programme is progressing at a good pace with uptake levels in line with or slightly above the Scottish average. Health & social care workers have seen a slight increase in uptake compared to the same period last year. The Team have implemented a successful pilot of a roving vaccinator who is currently undertaking clinics in ARI and Woodend and similar clinics will be run at Royal Cornhill Hospital. All staff can drop into the Aberdeen Vaccination & Wellbeing Hub for their Winter Flu vaccinations and there is an increased level of social media and information posted on the daily staffing brief.
23. Initial Point of Contact	Develop an Initial Point of Contact Model (pre assessment offer) for Adult Social Care	Modernising Service Delivery	Transforming Service Delivery	MSD23	01/07/2025	31/03/2026	Blue	Closed Complete			IPOC model in place, demand statistics for assessment and care, budget management	Overall this project now comes under the digital innovation programme and will be reported on there. Digital Innovation Programme Project Management Officer agreed with SRO that due to this project coming under Digital Innovation, the project should be closed as all reporting is done under Digital Innovation Programme.
24. Cancer Screening Invitations	Increase the number of people who accept the invitation of cancer screening on the basis of informed consent.	Prevention & Early Intervention	Improve Health	PAEI01	01/04/2024	31/03/2026	Green				Cancer Screening Uptake Stats	The team has co-developed communication materials with local communities, focusing on accessibility and cultural relevance for those in SIMD 1 and 2 and ethnic minority groups. Activities have included focus groups and the creation of tailored resources such as postcards, posters, and video brochures. These materials have been iteratively improved based on community feedback and disseminated through social media campaigns and community venues, with a particular emphasis on reaching groups who face the greatest barriers to screening. A key element of the project has been the expansion of the Community Champions model, recruiting and training local volunteers to share screening information and support behaviour change within their networks. Champions have received training on screening, vaccination, mental health, and health system navigation, with evaluations showing increased knowledge and confidence. The project has also delivered Health Issues in the Community (HIIC) courses and piloted new approaches to build trust in the healthcare system, including mapping key contacts to inform tailored training for professionals and volunteers.
25. Immunisations Uptake	Improve uptake of immunisations to at least the NHS Scotland average level by March 2027	Prevention & Early Intervention	Improve Health	PAEI02	01/07/2025	31/03/2027	Green				Immunisation Uptake level	With the LOIP project coming to an end, these activities will be embedded into Business as Usual processes so they remain part of our ongoing work. The winter programme is progressing at a good pace with uptake levels in line with or slightly above the Scottish average. Health & social care workers have seen a slight increase in uptake compared to the same period last year. The Team have implemented a successful pilot of a roving vaccinator who is currently undertaking clinics in ARI and Woodend and similar clinics will be run at Royal Cornhill Hospital. All staff can drop into the Aberdeen Vaccination & Wellbeing Hub for their Winter Flu vaccinations and there is an increased level of social media and information posted on the daily staffing brief.
26. Healthy Weight	Publish an agreed multi-agency Healthy Weight Action Plan for Aberdeen City by December 2025	Prevention & Early Intervention	Improve Health	PAEI03	01/07/2025	31/12/2025	Blue				Plan published following approval by relevant agencies.	Following the three HWA workshops from February 2025 to September 2025, gate checking of high quality evidence and wider audience survey consultation we have been successful in collaboratively developing a multi-agency Healthy Weight Aberdeen Action Plan Year 1 2026-2027. The plan highlights several actions under core themes below: 1. Promote and Support Physical Activity in Children and Young People 2. Promote and Support Physical Activity and Active Travel by Strengthening Local Policies 3. Use Strategic Planning to Improve Aberdeen's Food Environments and Strengthen Local Policies 4. Strengthen Public Messaging and Marketing of High Fat, Sugar, Salt Food and Drink 5. Strengthen Public Food Procurement and Provision Standards and Workwith Out Of Home Sector 6. Improve Children and Young People Healthy Weight through School Meal Programmes and Breastfeeding Support 7. Improve Affordability and Availability of healthier food by Enhancing Food Knowledge and Cooking Skills. We have engaged with Aberdeen City Council Strategic Place Planning team, School Catering Team and Sport Aberdeen to draft practicalities and implementation of actions relevant to their thematic areas. One of the key actions on-improving affordability and availability of healthier food may start its implementation from Jan/Feb 2026 through Grow Well Choices programme by Sport Aberdeen Next steps will be working with the multi-disciplinary Systems Network Group in taking forward other actions from the HWA action plan

27. Public Mental Health	Publish an agreed multi-agency Public Mental Health action plan for Aberdeen City by March 26	Prevention & Early Intervention	Improve Health	PAEI04	01/07/2025	31/03/2026	Amber	Resources	The Health Improvement Team continues to operate with low staffing levels, with external support from colleagues in NHS Grampian necessary to progress this work.	Ongoing discussions being held regarding moving towards a more sustainable model staffing across preventative activities.	Plan published following approval by relevant agencies.	The project team is currently prioritising action themes and developing the Population Mental Health Action Plan, with a target launch in April 2026. Recent work has been around aligning with existing strategies, involving stakeholders in the prioritisation process, and ensuring robust mechanisms for monitoring and maintaining alignment across initiatives. Mapping action themes to current system activities is a key focus, helping to identify both areas of momentum and gaps—particularly in domains such as women's mental health. The team is coordinating the distribution of a prioritisation form to gather broad feedback, integrating locality planning input, and preparing supporting materials to maximise engagement. This work will then focus on smaller working groups to further develop the action themes. There will be a strong emphasis on ensuring that initiatives are realistic, sustainable, and supported by the necessary financial planning.
28. Ageing Well	Publish an agreed multi-agency Ageing Well action plan for Aberdeen City by April 2026	Prevention & Early Intervention	Improve Health	PAEI05	01/07/2025	30/04/2026	Amber	Timescales; Deliverables; Budget/Savings; Resources	Amber rating as project is currently meeting its milestones, however challenges are very likely to emerge relating to key staff and partner availability to support the programme over the winter period, particularly as only has one member of the Strategy and Transformation Team is working on the programme. Plans are also in place for headcount reduction within the Public Health Team to achieve financial savings in the new financial year. This will likely put additional pressure on delivery of the programme.	Support from ACHSCP Prevention Lead Key documents in place such as Programme Plan and Risk Register Support and oversight of Prevention SRO, Active Ageing Aberdeen Working Group, and Public Health Oversight and Support Group Support from Communities Team to hold Active Ageing Workshop in February i.e. with registrations, room set up, group facilitators etc	Plan published following approval by relevant agencies.	The Active Ageing Aberdeen programme commenced in June 2025 and has completed phase 1 of its programme cycle (programme set up). Programme governance has been put in place, which includes development of key documents such as a programme initiation document, programme plan, and risk register. A multi-agency Active Ageing Working Group has been set up and meets every two months. The programme has now completed phase 2 (Building the Local Picture) and phase 3 (Mapping the Local System) of the programme plan. The Active Ageing Working Group at its most recent meeting on 4 December agreed to hold an action planning workshop with key partners and stakeholder identified during the mapping exercise and planning has begun to deliver this event in February 2026. This purpose of this workshop will be to secure buy-in from the wider system on delivery of the Active Ageing programme and to generate ideas on system changes to be included in the Active Ageing action plan. The programme remains on track to develop an Active Ageing action plan by 30 April 2026 which will be based on the four themes to improve active ageing from the World Health Organisation of: Autonomy; Independence; Quality of Life; and Life Expectancy. Thereafter the intention is to launch the plan during the Grampian Wellbeing Festival in May.
29. Smoking in Pregnancy	Decrease the number of women who are smoking during pregnancy in the 40% most deprived SIMD	Prevention & Early Intervention	Reduce Harm	PAEI06	01/07/2025	30/09/2025	Green				Reduction in smoking prevalence at booking, number of pregnant women who set a quit date	The new Tobacco Dependency in Pregnancy (TDIP) pathway, launched on 18 March 2025, is delivering strong results across NHS Grampian. Since implementation, 315 out of 449 identified pregnant women have been contacted, nearly tripling engagement compared to the previous year. Referrals to Healthpoint have surged from 30.9% under the old pathway to 125.1% under the new system, as referrals now occur later in pregnancy. Quit support outcomes are also stronger: 52.3% of women who engaged with Healthpoint set a quit date, compared to 51.3% previously, and 43.1% of women chose to quit smoking independently, with Healthpoint offered if needed. The service has already met its NHS Chief Executive targets for quit dates and 4-week quits for 2025/26, with 68.9% of quit dates coming from women in SIMD 1 & 2 areas, supporting health inequality priorities. Over half of clients (54.3%) requested additional wellbeing support, including oral health, mental wellbeing, financial advice, and infant feeding. Feedback highlights the value of integrated wellbeing conversations, while ongoing engagement with midwives and Healthpoint advisors will help further strengthen delivery and confidence in the pathway.
30. Young People Vaping	Reduce the number of 13-18-year-olds in regular use of Vaping products	Prevention & Early Intervention	Reduce Harm	PAEI07	01/05/2024	30/04/2026	Green				No. 13-18 year olds regularly Vaping	The project to reduce regular vaping among 13-18 year olds continues to progress, with new educational resources developed now being piloted in schools. Teachers have reported increased confidence in addressing vaping. Teaching materials are available on SharePoint to support wider delivery. Recent School Health and Wellbeing survey data shows a 46.3% decrease in the number of 13-18 year olds who regularly vape, a 13% reduction in the priority neighbourhood ASG, and a 31.3% overall decrease in those who have ever tried smoking or e-cigarettes in the last academic year.
31. Drugs and Alcohol Harms	Reduce harm caused by the use of drugs and alcohol	Prevention & Early Intervention	Reduce Harm	PAEI08	01/07/2025	31/03/2029	Amber	Deliverables; Resources; Overall Assurance/Risk Level	Aberdeen, along with other areas in Scotland, have had an increase in drug deaths in 2025 linked to synthetic opioids contaminating the illicit drug supply. This has increased pressure on services. Specialist drug and alcohol services are GOPES4. ADP/CPA system changes are ambitious but capacity to support transformation is limited	Maintaining service capacity / stability	Reduction in deaths related to drugs and alcohol by 10%	A number of initiatives are progressing, albeit slowly. Work on scenario and emergency planning is progressing. Need to get more partners proactively engaged - actions have been agreed by ADP / COG in terms of response leads. Work ongoing to refresh LDIP. Awaiting new SG plans for 26/27 Medication Assisted Treatment Standards (MAT Standard) Reporting prepared for national benchmarking - Minister has written to local CE and CDs requiring quarterly update and reporting. Local review findings supporting that comorbid health factors are significant contributor to drug deaths particularly respiratory health. Initial stats suggest drug deaths in Aberdeen, as well as other parts of Scotland, have risen significantly
32. Suicide and Self Harm Prevention	Deliver & implement Action plans for Suicide & Self Harm Prevention Strategies	Prevention & Early Intervention	Reduce Harm	PAEI09	01/07/2025	31/03/2029	Green				5 Year Rolling Average No. of Suicides	Based on the National Strategy for Suicide Prevention 'Creating hope together' and how it aligns with Aberdeen City. The three year action plan has come to an end and we are awaiting the new three year action plan 2026-2029. SAMH are the service provider for Suicide Prevention work which started in April 2025 - March 2026. There are 5 priorities across Aberdeen City. These are: Building Community Capacity, Children and Young People, Lived/Living experience, Bereavement and Data analysis and risk. A local action plan has been developed for 2025/2026. This feeds into the Aberdeen/Moray Suicide Prevention Leadership Group (AMSPLG). Aberdeen City Delivery Group (multi-agency) is established to focus on local issues, aims and implement the local action plan. We link into the Aberdeen City Local Outcome Improvement Plan where the project aim is "Reduce the 5 year rolling average number of suicides in Aberdeen by at least 5% by 2026". Quarterly reports/updates are submitted. The current aim will close March 2026. Aberdeen City are piloting a multi-agency database system for death review called QES which, started on 01/10/24. Processes have been developed alongside Public Health Scotland and ongoing monitoring of this is underway.