Aberdeen City Health & Social Care Partnership
A caring partnership

NHS Grampian

Aberdeen City Council

Community Planning Aberdeen

HEALTHY WEIGHT ABERDEEN ACTION PLAN

YEAR 1 2026 / 2027

Version 2.0 June 2026

Public Health England

Positive actions

Benefits of tackling obesity

CONTEXT

Healthy Weight Aberdeen is a Whole Systems Approach (WSA) to healthy weight initiative launched by Aberdeen City Health and Social Care Partnership in collaboration with a range of Partners including Community Planning Aberdeen; NHS Grampian; and Aberdeen City Council. It aims to address the complex drivers of obesity and reduce health inequalities across Aberdeen City, aligning with national strategies such as the Scottish Government's Good Food Nation Plan. This is Year 1 of a multi-year action plan, running from 2026/2027.

Why Action Matters: Key Data

Childhood Obesity

1 in 5
Primary 1 children overweight or obese

Adult Obesity

66%
Of adults overweight or obese

Health Inequalities

Children in deprived areas twice as likely to be obese

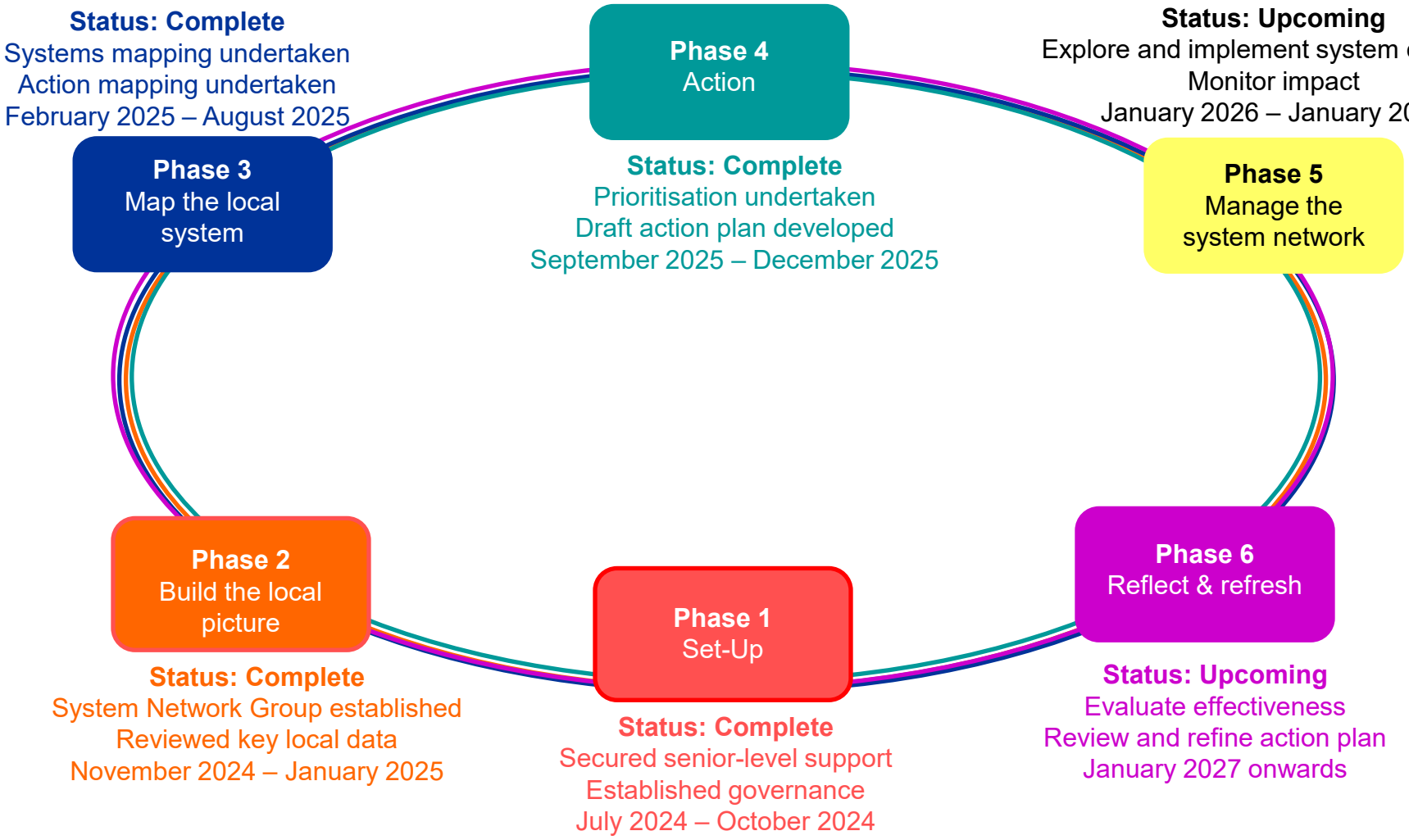
Economic Impact

£

£5.3 billion
Annual cost to Scotland

APPROACH

This action plan has been developed by following the six-phase model of a Whole System approach. The model; descriptions and associated key deliverables are outlined below.



Physical Activity

Areas of focus

Promote and Support Physical Activity in Children and Young People

Why is this important

According to the 2024 Scottish Health Survey, 62% of adults report they are meeting the recommended physical activity guidelines. There are 68% of children aged 5-15 reported to be meeting these guidelines. However, when using device-based measurements (that are more accurate than self-report), the percentage of individuals meeting the guidelines is markedly reduced.

Physical activity is not just important towards maintaining healthy weight. Active individuals have a 20-30% lower risk of premature mortality and chronic disease compared to inactive individuals. People who are more physically active also tend to have fewer hospital admissions and fewer consultations with Primary Care.

What are we going to do

- Scale up of the School Sports Award to demonstrate schools commitment to improving physical wellbeing
- Upscale number of young people active outside of school via extra-curricular activities (Mysport data)
- Upscale school streets pilot
- Scale up Pupil Health and Wellbeing Champions
- Scale up Springboard – part of Physical Activity Framework for Active Places

How will we measure success

Key measure	Current performance	Desired Direction of travel
Number of schools achieving bronze,silver and gold School Sports Award Status	TBC	↑
Percentage of young people participating in extra-curricular activities	TBC	↑
Number of schools participating in School Streets Pilot	2	↑
Number of Pupil Health and Wellbeing Champions	TBC	↑

Physical Activity and Planning

Areas of focus

Promote and Support Physical Activity and Active Travel by Strengthening Local Policies

Why is this important

According to the 2024 Scottish Health Survey, 62% of adults report they are meeting the recommended physical activity guidelines. There are 68% of children aged 5-15 reported to be meeting these guidelines. However, when using device-based measurements (that are more accurate than self-report), the percentage of individuals meeting the guidelines is markedly reduced.

Physical activity is not just important towards maintaining healthy weight. Active individuals have a 20-30% lower risk of premature mortality and chronic disease compared to inactive individuals. People who are more physically active also tend to have fewer hospital admissions and fewer consultations with Primary Care.

What are we going to do

Embed physical activity and active travel considerations systematically into strategy / policy development, decision making and service design

Examples of such strategies / policies that may be within scope include but are not limited to:

- Strategies / policies with a focus on active travel
- Strategies / policies with a focus on the natural environment
- Strategies / policies with a focus on place planning
- Strategies / policies with a focus on sports facilities

How will we measure success

Key measure	Current performance	Desired Direction of travel
Approach developed and tested	N/A	↑
Number of policies reviewed	TBC	↑
Number of stakeholder engagement and consultations	TBC	↑
% of policies having delivery plan	TBC	↑

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Food Environment and Planning

Areas of focus

Use Strategic Planning to Improve Aberdeen's Food Environments and Strengthen Local Policies

Why is this important

Planning policies shape the places where we live, work, and play. They influence access to green spaces, active travel, community facilities, and crucially, the types of food outlets in our neighbourhoods. The food environment, the availability, accessibility, and marketing of food, strongly affect what people eat and their risk of obesity.

Evidence shows that a greater number of fast food outlets are more likely to be clustered within more deprived areas, and it is well documented that there is a higher prevalence of childhood obesity in areas of deprivation.

What are we going to do

- Utilise Planning services in not supporting development proposals for non-retail uses if further provision of such services is detrimental to the health and wellbeing of communities, especially in areas with health inequlities and deprivation. Uses include: hot food takeaways, drive-through, including permanently sited vans; betting offices; and high interest money lending premises (as per NPF4 policy 27)
- Support development proposals for retail by identifying areas where healthy food and drink outlets can be supported thereby enhancing the health and wellbeing of the local community (as per NPF4 Policy 28)
- Use Health Impact Assessment to effectively regulate the local food environment for new premises coming under Planning services.
- Utilise Planning system to encourage healthier choices and discourage unhealthy options in the vicinity of schools
- Support the implementation of Good Food Nation Plan

How will we measure success

Key measure	Current performance	Desired Direction of travel
Reduction in new non-retail uses in areas with health inequalities and deprivation	TBC	↓
Retail development proposals in areas with food desserts	TBC	↑
Number of proposals used HIA and guidance for healthier food environment	TBC	↑

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Food Environment and Planning

Areas of focus

Use Strategic Planning to Improve Aberdeen's Food Environments and Strengthen Local Policies

Why is this important

Local Levers for Diet and Healthy Weight, the report has reviewed the evidence from the early adopter phase 2019-2023 and recommends seven measures across the whole system which can be utilised as part of a place-based approach to address diet and healthy weight

The seven levers described below are those that exist at local level that are likely to have the greatest benefit on the largest number of people. We will review ACC policies as per the evidence-based seven levers.

1. Restrict food marketing 2 . Utilise planning to improve food environments 3. Strengthen public food procurement and provision standards 4. Work with the out of home sector to reduce calories on the menu 5. Improve uptake of school meals 6. Promote and support physical activity 7. Protect, promote, and support breastfeeding and healthy diets for children.

What are we going to do

Embed food environment considerations systematically into strategy / policy development, decision making and service design

Examples of such strategies / policies that may be within scope include but are not limited to:

- Strategies / policies with a focus on poverty
- Strategies / policies with a focus on place planning

How will we measure success

Key measure	Current performance	Desired Direction of travel
Approach developed and tested	N/A	↑
Number of policies reviewed	TBC	↑
Number of stakeholder engagement and consultations	TBC	↑
% of policies having delivery plan	TBC	↑

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HFSS Food Environment

Areas of focus

Strengthen Public Messaging and Marketing of High Fat, Sugar, Salt Food and Drink

Why is this important

Scottish diet remains too high in calories, fat, sugar and salt. According to Food Standard Scotland 2021, in adults discretionary foods and drinks account for 15% of energy intakes, 18% of saturated fat and 38% free sugars. Less than 10% of adults meet the Scottish Dietary Goals for fruit and vegetables. As per FSS diets of children and young people 21% energy came from discretionary foods and 41% free sugars from discretionary foods.

Price promotion can encourage people to buy more food around 18% than intended. In 2022, over 27% of discretionary products and 30% from additional categories were purchased into home from retail on price promotion.

It is estimated in Scotland 26-29% of adults living with obesity would move into healthier BMI after implementation of these environmental actions, according to NESTA blue print to halve obesity by 2030. It is estimated that it would reduce the average daily calorie intake by approximately 88 Kcal per person.

What are we going to do

- Explore opportunities of HFSS advertising on public transport including bus stops, train stations, sporting events, school zones and leisure centres- so advertisers who promote to ensure the product featured is HFSS compliant (according to the Nutrient Profile Model)
- Support compliance with Scottish Government regulation on HFSS for medium and large retail businesses (with 50 employees or more) and council-owned sites - on placement of HFSS products in key locations of store; limit the promotion of pre-packed food and drink products; price promotions (such as multi-buy offers, free refills of soft drinks)
- Explore the opportunity to create Youth-led social movements by highlighting food system injustice, for example participation in the "Bite Back Shape Your Street" Programme

How will we measure success

Key measure	Current performance	Desired Direction of travel
% HFSS advertising on public transport or in public areas	TBC	⬇
Number of SME signed up to support - SG regulation HFSS	TBC	⬆
Reduction in average weekly household purchased of HFSS from shops and online (or % of HFSS food shoppers)	TBC	⬇
Number of Schools signing up- Shape Your Street	TBC	⬆

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Food Environment and Communication

Areas of focus

Strengthen Public Messaging and Marketing of High Fat, Sugar, Salt Food and Drink

Why is this important

How we communicate about health and obesity matters. Some of the main ways that people think about health and obesity lead to a narrow focus on individual-level solutions.

Communications about health and obesity often inadvertently trigger and reinforce these unhelpful mindsets. We need to tell a new story which focuses on the wider context beyond individuals, and shows how what surrounds us shapes us. In doing so, we can build understanding and support for the wider changes that will enable everyone to thrive and be healthy in Scotland.

What are we going to do

- Organisations adopting Health First: communicating about health and obesity in Scotland (a guide by PHS and FrameWorks UK) and encouraging staff to complete evidence-based PHS Challenging weight stigma learning hub to build understanding on reframing communication around wider determinants, reducing stigma and driving action to improve health

How will we measure success

Key measure	Current performance	Desired Direction of travel
Number of organisations adopting Health First guide	TBC	↑
Number of staff completing Challenging Weight Stigma course	TBC	↑

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Procurement
Food Environment

Areas of focus

Strengthen Public Food Procurement and Provision Standards and Work with Out Of Home Sector

Overarching aims of the Plan

The health and social care workforce in particular represents one of the most important opportunities to lead by example when it comes to diet and healthy weights. Over 400,000 people across Scotland are employed in NHS, Social Care and Social Work (31) and can both benefit from healthier workplace food environments and play an import role in demonstrating the benefits of healthier food environments in general.

In 2015, the Healthcare Retail Standard (HRS) was introduced in Scotland and sets mandatory requirements for all retail outlets in NHS premises, including that at least 50% of available foods meet nutritional standards.

How We Are Going to do this

Adapt Eating Out Eating Well Framework and Code of practice for foodoutlets

Develop and implement a certification approach for the Eat Out Eat Well Framework. Elements of the certification may include but are not limited to:

- Increase the proportion of healthy food and drink on offer
- Offer price promotions on healthier options
- Reduce calories on menus and improve nutritional standards
- Provision of free drinking water

Marketing campaign to challenge the belief that NHS food and drink is not good quality and tasty

How will we measure success

Key measure	Current performance	Desired Direction of travel
Number of Public sector venues increasing proportion of healthy food and drink	TBC	↑
Number of third sector, sport venues and University increasing proportion of healthy food and drink	%	↑
Number of OOH sectors reducing calories on menu and improving nutritional standards	%	↑
Number of food outlets adapting EOEW framework	%	

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Children & Young People

Areas of focus

Improve Children and Young People Healthy Weight through School Meal Programmes and Breastfeeding Support

Why is this important

According to Scottish Government School Healthy Living survey 2022, overall only 50% of pupils in Scotland eat meals (free or paid for) provided by their school, and this percent continues to decline year on year. The percent is substantially higher in primary school pupils (60%) compared to secondary school pupils (36%). There is also substantial variability between schools, ranging from 0-100% of pupils eating meals (free or paid for) provided by their school, and between local authorities

In Aberdeen City 61% of P1-7 pupils take school meals (free or paid for) in 2022 as per the Healthy Living Survey.

Promoting uptake of school meals is important because analyses of UK-wide data shows that children and young people who consume school lunches are more likely to meet minimum recommendations for vegetables, protein- rich foods, and fibre compared to those consuming packed lunches

What are we going to do locally

- Continue offering free healthy school lunches to children in Primary 1 to 5.
- Provide free school meals to all Early Learning and Childcare nurseries, along with free fruit for all P1, P2, and 2/3 composite classes.
- Issue free school meal vouchers to eligible families during holiday periods.
- Maintain and promote the uptake of free school lunches for eligible pupils from Primary 6 to Secondary 6 by enhancing dining environments and adapting menus based on pupil feedback.
- Increase the affordability and accessibility of healthier food by boosting participation in the Best Start Foor and Grants scheme and creating more opportunities for low-income families.

How will we measure success

Key measure	Current performance	Desired Direction of travel
Uptake of Healthy Start scheme	%	↑
Number of pupils taking free School meal vouchers	%	↑
Uptake up of school meals - Primary	%	↑
Uptake up of school meals - Secondary	%	↑
Number of pupils taking part	%	↑
Number of Schools signed	%	↑

Children &Young People

Areas of focus

Improve Children and Young People Healthy Weight through School Meal Programmes and Breastfeeding Support

Why this is important

According to Public Health Scotland statistics in Aberdeen, breastfeeding rates have historically lagged behind the national average, with local data showing fewer infants exclusively breastfed at the 6–8 week compared to Scotland overall. This gap is influenced by socioeconomic disparities and cultural barriers, which remain key challenges for the city.

To address this, initiatives such as Breastfeeding Friendly Scotland in Aberdeen and targeted peer-support programs aim to normalise breastfeeding in public spaces and provide practical help for new mothers. According to WHO, promoting breastfeeding is critical because evidence shows breastfed infants have around a 22% lower risk of childhood obesity, supporting healthier growth and reducing long-term health inequalities.

How We Are Going to do this

- Increasing availability and accessibility of breastfeeding and infant feeding support and weaning groups in areas with deprivation and health inequalities
- Embed Breastfeeding Friendly Scotland Scheme through collaboration working with NHS Grampian, Aberdeen City Council and Third Sector Organisations
- Ensuring women have equitable access to high quality, evidence-based models of care, referrals through sufficient coverage of registered core, peer and specialist support providers from pregnancy

How will we measure success

Key measure	Current performance	Desired Direction of travel
Number of women attending breastfeeding groups	%	↑
Number of venues supporting Breastfeeding Friendly scheme	%	↑
Number of women breastfeeding beyond 6 weeks	%	↑
Number of areas with breastfeeding groups	%	↑

Food Knowledge

Areas of focus

Improve Affordability and Availability of healthier food by Enhancing Food Knowledge and Cooking Skills

Why is this important

Research conducted in March 2025 with parents of children aged 4-16 in Scotland on parents' perceptions of unhealthy retail food promotions highlights concerns about the impact of unhealthy food promotions on their ability to access healthy food for their children and families.

Additionally, food knowledge and cooking skills are potential barriers for accessing healthier food. The inability to afford to cook healthy food from scratch on account of financial constraints was in turn perceived to limit their ability to determine their children's diet. Having skill and knowledge of bulk buying can be cost and time saving strategy amongst parents, often linked with batch cooking of healthier food.

During our three Healthy Weight workshops the gap and need around food knowledge and practical cooking skills have been highlighted by multi-disciplinary stakholders within Aberdeen

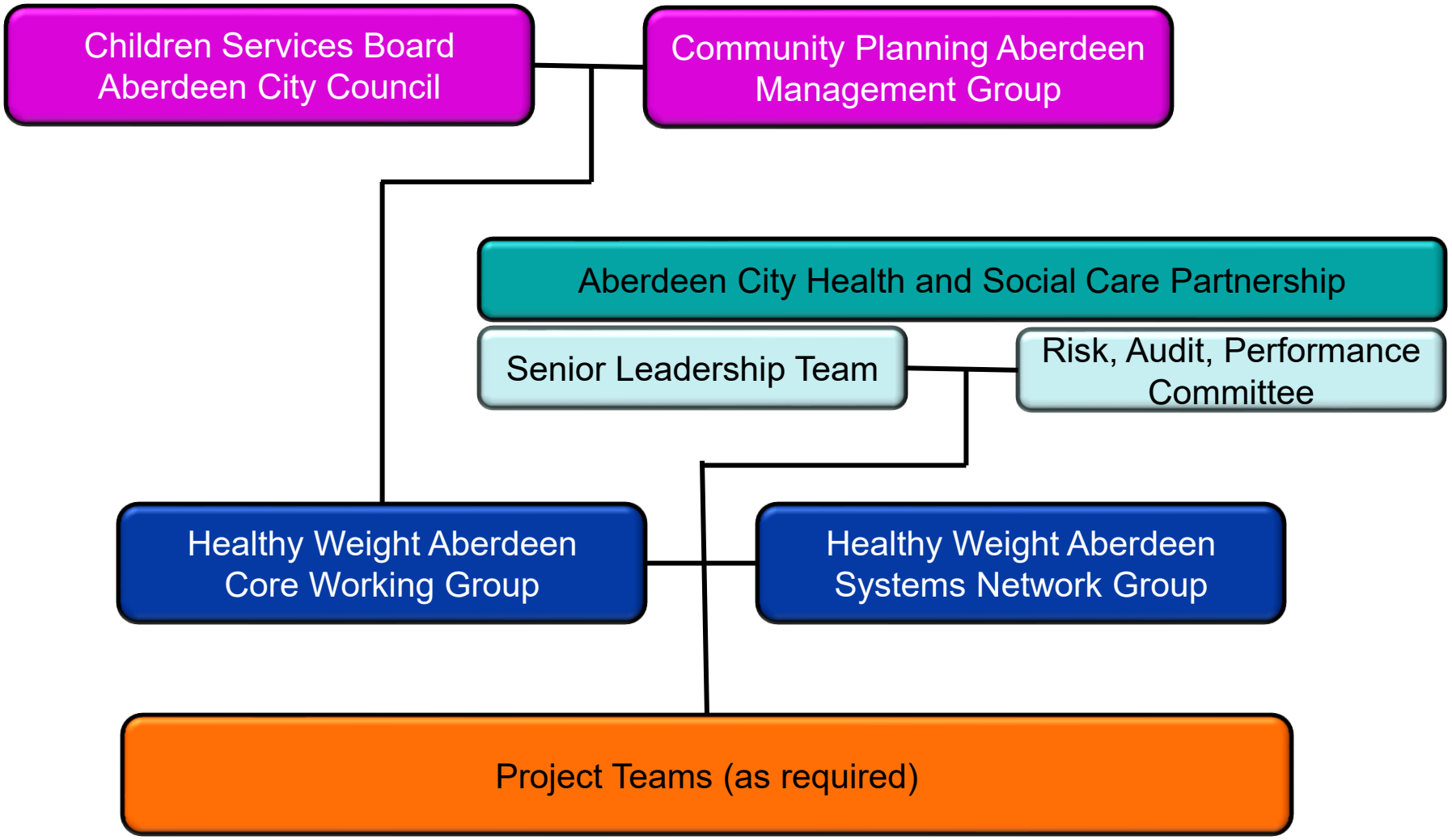
What are we going to do

- Improving healthier choices, experience and food consumption for children, families and older adults by increasing opportunities for practical cooking skills- Expanding and sustaining NHSG Confidence To Cook and Food Champions programme across City
- Organisations supporting and adopting Grow Well Choices programme for early years, primary, secondary aged children and families- communities GWC. (GWC programme to be refreshed and revised to include aspects of environmental influences)

How will we measure success

Key measure	Current performance	Desired Direction of travel
Number of organisations adopting GWC	%	↑
Number of organisations adopting C2C	%	↑
Number children and young people completing GWC	%	↑
Number of families completing GWC and C2C	%	↑
Number of CYP and families reporting improved outcomes	%	↑

GOVERNANCE


Children Services Board
Aberdeen City Council
Community Planning Aberdeen
Management Group
Aberdeen City Health and Social Care Partnership
Senior Leadership Team
Risk, Audit, Performance
Committee
Healthy Weight Aberdeen
Core Working Group
Healthy Weight Aberdeen
Systems Network Group
Project Teams (as required)

TIMELINES

Phase 1 Set-Up	Phase 2 Build the local picture	Phase 3 Map the local system	Phase 4 Action	Phase 5 Manage the system network	Phase 6 Reflect & refresh
July 2024 – October 2024	*November 2024 – January 2025*	*February 2025 – August 2025*	*September 2025 – December 2025*	*January 2026 – December 2026*	*January 2027 onwards*
STATUS **Complete**	**STATUS** **Complete**	**STATUS** **Complete**	**STATUS** **Complete**	**STATUS** **Pending**	**STATUS** **Pending**
Deliverables	Deliverables	Deliverables	Deliverables	Deliverables	Deliverables
Secured senior-level support	Systems Network Group established	Systems Mapping undertaken	Prioritisation undertaken	Establish baseline metrics (Spring)	Evaluate effectiveness
Established governance structures	Reviewed key local data	Action Mapping undertaken	Draft action plan developed	Refining high-level change ideas (Spring)	Review and refine action plan
				Begin implementation / pilot work (Summer)	
				Consolidate learning and commence sustainability planning (Autumn)	
				Commence review process (Winter)	