

Call for Evidence, Commission on Creating Healthy Cities

Response on behalf of Aberdeenshire Council

1 Governance/decision making processes

Overarching questions

1A How best can leaders ensure that the voices of citizens/users of services shape policy making and keep the public genuinely engaged with the process of policy making as it proceeds for consultation to decision?

The Council's [Community Engagement Strategy](#) was adopted in 2009 and was supported by a consultation [code of practice](#) and a consultation [toolkit](#). In 2016, a Community Engagement Strategy Review Group was set up to review the Engagement Strategy in a consistent manner involving relevant stakeholders to ensure the direction of community engagement reflected the needs of council services, area teams, the Health and Social Care Partnership, and the Community Planning Partnership. The group has since undertaken a range of activity to consider core content and has recommended to adopt a policy approach.

The review included gathering information through informal sessions with Elected Members at Area Committees (2019, 2020 and 2021), a public survey and engagement with key stakeholders (2016), and questions in the Aberdeenshire Citizens' Panel (2017 & 2021). Other changes that have influenced the development of the Policy include

- the [Community Empowerment \(Scotland\) Act 2015](#)
- the [National Standards for Community Engagement](#)
- [National Standards for Community Engagement for Recovery and Renewal](#)
- the [Participatory Budgeting Charter for Scotland](#),
- the [principles for community empowerment](#),
- the [Aberdeenshire Council Best Value Assurance Report](#),
- the [UN Convention on the Rights of the Child](#) (UNCRC) and
- [Planning with People](#).

Our Policy seeks to improve engagement processes and outcomes through encouraging a consistent approach and continual learning through evaluation of processes and impact, and through expanding the range of engagement methods used. Community engagement is the responsibility of all Council service areas, teams and employees and the draft Policy provides Councillors with greater opportunity to challenge officer proposals where no extensive engagement has informed thinking.

Community participation has been essential in the collective response to the emergency caused by COVID19 and the ongoing crisis. A key finding in the recent [Social Renewal Advisory Board Report](#) "If not now, when?" was that many communities in Scotland recognise that they have the skills and ability to do more for themselves and want to build on the positives of the pandemic response. Findings

from the Aberdeenshire Community Impact Assessment (August 2020) suggest that people in Aberdeenshire are active in their local community and are interested to do more. There is also the recent publication of [The Route Map for Community Participation in the Recovery Phase](#) prepared on behalf of the Aberdeenshire Third Sector Strategy Group and the draft Policy will help support key findings within these reports.

We have strategic direction to ensure quality and consistent engagement across the work the Council does. The Policy forms part of the Community Engagement suite of documents includes guidance and a self-evaluation framework to empower Officers to undertake engagement activity. The suite of documents will also include monitoring processes and links to related strategies. The Policy is supported and delivered by

- developing a consistent approach to monitoring and evaluation
- developing expertise and the success of other 'champion roles' to build capacity within the organisation
- promoting corporate engagement tools including [Engage.Aberdeenshire.gov.uk](https://engage.aberdeenshire.gov.uk), the [CPP Engagement Guide](#) and ALDO learning
- facilitating knowledge forums to share best practice and champion collaborative working
- creating a programme of engagement activity to align corporate resident research tools with priorities and
- developing resources and how to guide including guidance for equality considerations

We have used Ward Forums with our Community Planning Partners to engage for our Community Impact Assessment and created Focus Groups involving, for example, local community groups, the lived experience forum and tenancy groups to consider specific issues.

1B What are the methods that work and don't work in engaging the wider public in the task of creating a healthy place?

The Council has an online platform, [Engage Aberdeenshire](#), which has been successfully used for significant engagement across the organisation since its implementation in 2020. In addition to this, we provide access to information and engagement activity in different formats, for example ensuring that paper copies of surveys are available, and through targeted work with our partners and Services to ensure we are reaching seldom heard and digitally excluded groups – for example through British Sign Language videos. Our surveys have been published in up to six languages with additional support being available for residents who wish to use this.

We have a number of Officers specifically dedicated to engaging with our residents – e.g. our Poverty Engagement Officer who works with and support family to participate in our Lived Experience Forum.

We carry out significant engagement through our social media platforms as a Council and through our Community Planning Partnership. Analytics provide

evidence and assurance of the number of views, likes and reposts of our engagement. Our social media posts are translated into different languages to ensure inclusion.

Evidence-based Questions:

1.1 Are any of the current ways of engaging citizens – Citizens Juries, Assemblies, Youth Parliaments, use of deliberative panels, focus groups et al - proven to be effective?

We have a number of successful engagement initiatives within Education & Children's Services, engaging specifically with our children and young people. Youth participation in Aberdeenshire is all about putting children and young people in the centre of policy and practice. We do this by creating and supporting ways in which children and young people can get involved in decision-making, at the individual, community, local authority, and national level.

Aberdeenshire's Youth Participation Structure includes all the different groups below:

Specific Interest Groups (SIGs)

Specific Interest Groups meet over shared experiences, identities, or a particular area of interest. These include Looked After children and young people in our LAC Factor, and Young People's Organising and Campaigning Group (YPOC), LGBT Rights, New Syrian Scots, Scottish Gypsy/Travellers, Aberdeenshire Youth Bank, Young Carers, and our Scotland's Commissioner for Children and Young People (SCCYP) Young Advisors.

Pupil Participation Forum (PPF)

Aberdeenshire's Pupil Participation Forum is a youth-led group of 68 young people, consisting of ambassadors from seventeen secondary schools across Aberdeenshire. They are regularly called on to consult on matters related to their education, have created a guide for schools on how to improve pupil participation, and are currently working on events and resources to support Year of Young People #YOYP2018.

17 Community Youth Platforms (CYPs)

There are 17 community youth platforms across North, Central and South Aberdeenshire. These were established across Aberdeenshire in 2017 and aim to provide young people with opportunities to discuss the issues which matter to them, in their local community.

North: Banff, Huntly, Mintlaw, Peterhead, Turriff

Central: Alford, Ellon, Westhill, Kemnay, Inverurie, Meldrum

South: Aboyne, Banchory, Mearns, Stonehaven & Portlethen

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Aberdeenshire Members of Scottish Youth Parliament (MSYPs)

There are 7 Aberdeenshire MSYP's, who are democratically elected for a 2-year term and represent: Banffshire and Buchan Coast, Aberdeenshire East, Aberdeenshire West, North Angus & Mearns. The MSYPs role is to represent young people from Aberdeenshire and they actively campaign on youth issues, such as championing young people's Rights through the Right Here, Right Now national campaign. They seek to build links with local councillors and MSPs to benefit young people, and an MSYP representative also sits on Aberdeenshire's Youth Shadow Management Team.

Aberdeenshire Youth Council (AYC)

Aberdeenshire Youth Council consists of democratically elected representatives from all youth participation groups in Aberdeenshire, including the Pupil Participation Forum, Community Youth Platforms, and Specific Interest groups

We have a [tenant participation strategy](#) and our Housing service offers tenants a number of different ways to get involved with tenant participation.

Tenant participation is a two-way process involving our tenants working in partnership with us to share ideas, information and have input to decisions to improve services.

Tenant participation gives our tenants an opportunity to:

- get involved in the development and monitoring of housing services
- be involved in the decision-making process
- be able to influence decisions made by us about our housing and related services

Tenants are encouraged to get involved in tenant participation if they want to:

- work with us to make changes
- have a say on issues affecting your home
- support other tenants or residents
- pursue issues of interest, such as addressing anti-social behaviour or environmental improvements

There are different ways to get involved with tenant participation:

- [The Communication Group and Tenants' Newsletter](#)
- [Local tenant groups](#)
- [Tenant events](#)
- [Tenant working groups](#)
- [Interested tenants](#)
- [Focus groups](#)

- [Local tenant voice](#)

Amidst a global pandemic, Aberdeenshire Council moved seamlessly from a consultation strategy traditionally reliant on face-to-face engagement to one promoting primarily digital means of engagement last year.

Adapting to changes imposed by the Coronavirus (Scotland) Act 2020, the council revised its Development Plan Scheme and embarked upon delivering an online consultation for its Proposed Local Development Plan (LDP) 2020.

A 'one stop shop' micro-website was created to ensure ease of access to information which included a virtual drop-in 'room', an interactive 'story map', three short films, interactive activities for young people, a live chat function and additional resources made available to assist communities.

The innovative provisions put in place resulted in publication of the Proposed LDP being delayed by only four weeks rather than potentially over a year had we waited for restrictions associated with the pandemic to ease.

Delivering a more resilient way of working against the backdrop of a global pandemic has accelerated the adoption of digital tools and innovations and Aberdeenshire Council has been very much at the forefront of promoting this new approach. The lessons learned from this project will inform the way in which not only the Planning Service but how the council as an organisation undertakes engagement activities in the future.

The successful [Huntly Room to Thrive strategy](#) has been cited as a case study of best practice in the Local Place Plan draft guidance as a means of both engaging and empowering citizens, the strategy has provided the foundation for successfully securing around £5million in external funding.

1.2 - What is the evidence of success or failure for neighbourhood forums in England, and Community Councils in Scotland, bridging the community/municipality divide?

Community Action Plans (CAPs) are a tool for communities to identify their priority issues and generate the resources and commitment to address them. To negotiate with public organisations where their input is required, it is necessary that CAPs can demonstrate that they have been developed inclusively and using robust evidence. In Aberdeenshire, it has been agreed that to be recognised by Aberdeenshire Community Planning Partnership (ACPP) and receive funding from the Aberdeenshire Rural Partnership Federation, a CAP will have received input and, if appropriate, support from the local Rural Area Partnership.

Our approach has been cited by [What Works Scotland](#) which conducted reflective work with us and our participants about our learning from the Christie Commission recommendations for how public services are delivered in the future including -

- Community capacity-building for health and wellbeing – [Community Link Worker Pilot](#) in Inch

- Exploring multi-layered collaborative partnership working – collaborative learning days to explore Putting Christie into action and [scoping report](#)
- Exploring preventative partnership working [report](#)
- Development to support implementation of the Community Empowerment Act - The CPP and What Works Scotland organised two development workshops – one with CPP Board members (January 2016) and the other with Board and CPP Executive members (May 2016) – to support collaborative discussions of how partners could seek to work together in taking reform forward. Alongside the workshops, informal discussions and presentations with the Board and Executive members built a picture of the challenges currently faced by the CPP which was used by the CPP in conducting its own review. The outcomes from these workshops are recorded in the Interim Report (Dec 2016) that forms Appendix 2 of the final reflective learning report:

[At the frontier of collaborative and participatory governance: Eight key discussions to support putting Christie into practice – reflective with practitioners from Aberdeenshire CPP](#)

This final reflective learning report continues to work and explore each of the three themes.

We asked participants in the Aberdeenshire collaborative action research about what they learned from different projects and what they continue to learn from the experience.

[See Stories from the coalface: Exploring what it means to work together in Aberdeenshire](#)

- Exploring collaborative learning and action - The two facilitators of the (then) Aberdeenshire Community Health Partnership's collaborative learning initiative worked with What Works Scotland to reflect on their own learning and practice in this spin-off from the Community Links Worker inquiry. The Beyond Action Learning project used an action learning set approach and improvement tools. The report illustrates 10 key issues for the practice of collaborative and inquiring approaches to partnership working for health and social care integration.

See the [Exploring collaborative learning, research and action in public service reform: Aberdeenshire Health and Social Care Change Fund Beyond Action Learning initiative report](#)

We have a significant number of Community Action Plans that have been developed and that have successfully delivered a number of projects, such as Braemar play park. Our community councils have also been able to successfully tap into the phoenix funding, such as Mid Deeside in Aboyne.

1.3 - What is the evidence of success or failure of resourcing local government to take decisions locally produces for health and wellbeing?

There is growing evidence that for individual people, having power to influence decisions in workplace and healthcare settings and in the living environment can improve health and wellbeing however this is not an area that has been evaluated in Aberdeenshire.

1.4 - Can a value-for-money case be made for encouraging and sustaining the enhanced community spirit generated by the pandemic (increased volunteering, extended neighbourliness and more charitable/community activity)?

Specific work on the value-for-money case has not been developed. However, the sharing of responsibilities, along with greater community empowerment, seen during the pandemic inevitably has brought benefits to many agencies and communities and this should be explored further.

1.5 - Do suggested proposals for action on governance/decision-making pass the tests of being realistic, useable, specific, deliverable and affordable?

Local Place Plans are a huge opportunity for a vehicle for collaborative place making, decision making and community capacity building with some communities already showing an interest in them. However, currently there are no plans for additional funding or resourcing from Scottish Government to support the delivery of these.

2. The Built Environment, Design and Placemaking (Housing, Planning and Urban Design and Regeneration)

Overarching Questions:

2.A Is there evidence that changes to urban design and housing quality – including energy efficiency, security, affordability – for both new development and neighbourhood regeneration, will lead to healthier cities?

There is a large number of studies on this subject, most recently was the Home Comforts paper by the Place Alliance which summarises findings of a national survey of 2,500 households with the aim of understanding how well or how poorly the design of our homes and their immediate neighbourhoods supported us during the period of coronavirus lockdown.

<http://placealliance.org.uk/research/research-home-comforts/>

Other papers include:

Barton, H., Grant, M. and Guise, R., 2021. *Shaping neighbourhoods For Local Health and Global Sustainability*. 3rd ed. London: Routledge.

<https://www.mdpi.com/2071-1050/13/11/6232/htm>

2.B Can a case be made for the property industry and investors to reset real estate value to include health and wellbeing?

This is highlighted in the following report recently released by the Scottish Land Commission:

https://www.landcommission.gov.scot/downloads/611ba5365de67_Land%20for%20Housing%20Review%20FINAL.pdf

2.C - What evidence is available to support the case for changes to local and national policies for housing and the built environment in the light of the Covid experience?

We simply can't keep allowing our places to sprawl, the policy framework is needed to encourage increased density and town centre living. Compact settlement patterns help to reduce the distances between homes and jobs and makes more efficient use of existing transport infrastructure. Research has shown that larger settlements with higher densities can provide a critical mass of population to support local services, improve economic productivity, reduced transport emissions, better public health, and greater social interaction. <https://www.rtpi.org.uk/media/8111/20-minute-neighbourhood-briefing-report-final.pdf>

Evidence-based Questions:

2.1 - Is there evidence that the integration of housing and health in the same government Ministry and/or at the local level, achieves better outcomes?

Public Health Scotland published its [Healthy housing for Scotland](#) report setting out the link between housing and public health.

2.2 - What is the evidence that poor quality housing leads to physical and mental ill health, excess (winter) deaths, accidents in the home, increased hospital admissions and readmissions, premature moves into residential care and fuel poverty?

Public Health Scotland published its [Healthy housing for Scotland](#) report setting out the link between housing and public health.

2.3 - Can the gains from improved housing be quantified financially?

No data within Aberdeenshire.

2.4 - What lessons can be learned from 'post-occupancy evaluations' that obtain feedback and gauge the satisfaction of the homes' occupiers?

A critique of POEs in the UK was undertaken in 2019 and may be viewed [here](#).

2.5 - Does the evidence from the pandemic show links between susceptibility to the Covid virus and health inequalities such as: overcrowding; multigenerational households; cold and damp conditions; lack of space to work or study at home; lack of garden/balcony/green space?

Two major COVID vulnerability Indices which place Intermediate Zones on a spectrum relative their respective COVID vulnerability rankings. One of these studies was conducted by the Scottish Public Health Observatory (ScotPHO), the other by the British Red Cross (in association with Oxford University).

Both studies incorporate multiple indicators that capture clinical vulnerability (e.g. underlying health conditions), demographic vulnerability (e.g. over-70s), social vulnerability (e.g. barriers to housing and services, poor living environment, living in “left-behind” areas, loneliness, digital exclusion), and health inequalities. Where available, data has been updated to the latest version.

According to the [ScotPHO](#) study, Aberdeenshire is among the least vulnerable areas in Scotland on a population weighted basis. Of Aberdeenshire’s 59 Intermediate Zones, 8 were in the 20% most vulnerable in Scotland. This equates to 14% of Aberdeenshire’s Intermediate Zones - the 4th lowest proportion in Scotland.

Approximately 33,000 people live within these 8 Intermediate Zones, which equates to approximately 13% of Aberdeenshire’s total population. Again, this was the 4th lowest proportion in Scotland.

The British Red Cross (BRC) COVID Vulnerability Index takes account of more indicators and is arguably more comprehensive than the ScotPHO study. According to the BRC study, there are zero Intermediate Zones in Aberdeenshire within the most vulnerable 20% in Scotland. The most vulnerable Intermediate Zone – Fraserburgh Harbour & Broadsea – falls just outside the most vulnerable 20%.

The overall vulnerability scores within the BRC study are closely correlated to a number of specific indicators. In more vulnerable areas, the items list below are likely to be relatively high.

- The proportion of people who are out of work and receiving benefits relating to poor health: Incapacity Benefit (IB) / Employment Support Allowance (ESA). IB and ESA are workless benefits payable to people who are out of work and have been assessed as being incapable of work due to illness or disability and who meet the appropriate contribution conditions. The overall scores are also correlated to the proportion of IB recipients whose claims are due to mental health related conditions.
- The proportion of people receiving benefits payable to people who are unemployed receiving either Jobseekers Allowance (JSA) or Universal Credit for those who are out of work.
- The proportion of residents with a limiting long-term illness. Figures are taken from responses to the 2011 Census, based on a self-assessment whether or not a person has a limiting long-term illness, health problem or disability which limits their daily activities or the work they can do, including problems that are due to old age.

- Pensioners in poverty. This is defined as pensioners in receipt of Pension Credit. Pension Credit provides financial help for people aged 60 or over whose income is below a certain level set by the law.

Other moderately strong correlative indicators include:

- **The proportion of households who do not have a car or van.** Figures are based on responses to the 2011 Census car ownership question which asks information on the number of cars or vans owned, or available for use, by one or more members of a household. It includes company cars and vans available for private use. The count of cars or vans in an area is based on details for private households only.
- **the proportion of people who are disabled and receiving Disability Living Allowance (DLA).** DLA is payable to children and adults who become disabled before the age of 65, who need help with personal care or have walking difficulties because they are physically or mentally disabled. People can receive DLA whether they are in or out of work. It is non-means tested and is unaffected by income or savings of the claimant. DLA provides support for paying with additional care or mobility requirements associated with a disability.
- **The proportion of patients being prescribed anxiolytic, antipsychotic or antidepressant drugs.** This is derived from paid prescriptions data at patient level.
- **The proportion of working age people receiving Personal Independence Payment (PIP) whose main disabling condition is a respiratory disease.** Respiratory diseases include asthma, chronic obstructive pulmonary disease, bronchiectasis, cystic fibrosis, pulmonary fibrosis, pneumoconiosis, heart and lung transplants and various lung diseases and diseases of the upper and lower respiratory tract. PIP helps with some of the extra costs caused by long-term disability, ill-health or terminal ill-health.
- **The proportion of people receiving Universal Credit who are not expected to work at present.** Health or caring responsibility prevents claimant from working or preparing for work. Conditionality means work-related things an eligible adult will have to do in order to get full entitlement to Universal Credit. Each eligible adult will fall into one of six conditionality regimes based on their capability and circumstances. Different members of a household can be subject to the same or different requirements. As circumstances change claimants will also transition between different levels of conditionality.

Again, **in more vulnerable areas, the items list above are likely to be relatively high.**

When the rankings of both studies are accounted for (weighted in favour of the BRC study) the top 10 most vulnerable Intermediate Zones in Aberdeenshire are shown in Table 6 below. In keeping with national findings, the most vulnerable areas are also among the most deprived in the area, either from a geographical access standpoint or from a socio-economic perspective. They are the same Intermediate Zones as in October 2010.

Table 6 – Top 10 most vulnerable Intermediate Zones in Aberdeenshire according to the rankings of two major Covid Vulnerability Indices (ScotPHO and British Red Cross). The rankings are weighted in favour of the British Red Cross study due to the comprehensive nature of the index.

Code	Intermediate Zone Name
S02001343	Fraserburgh Harbour and Broadsea
S02001336	Peterhead Harbour
S02001341	Fraserburgh Lochpots
S02001331	Mintlaw
S02001324	Portsoy, Fordyce and Cornhill
S02001328	Gardenstown and King Edward
S02001325	Aberchirder and Whitehills
S02001285	East Cairngorms
S02001342	Fraserburgh Central-Academy

<http://placealliance.org.uk/research/research-home-comforts/>

2.6 - How best can Local Planning Authorities play a positive, proactive role in creating the healthy city?

<https://www.gov.scot/publications/scottish-planning-policy/pages/5/>

2.7 - What changes to mandatory Building Regulations (eg. in relation to standards for accessibility) can be shown to improve health and wellbeing?

The Scottish Government is currently consulting on the Scottish Building Regulations. The building standards system regulates building work on new and existing buildings to provide buildings that meet a reasonable standard which secure the health, safety, welfare and convenience of persons in or about buildings and of others who may be affected by buildings or matters connected with buildings. Proposed changes include energy standards, including ventilation and overheating.

2.8 - Are there exemplar toolkits created by any UK cities which could be disseminated for use elsewhere?

Not known.

2.9 - Do any robust studies demonstrate the benefits of land value capture and make the case for replication of past examples of new settlements and urban extensions that create strong communities?

https://www.landcommission.gov.scot/downloads/611ba5365de67_Land%20for%20Housing%20Review%20FINAL.pdf

2.10 - What is the evidence of benefits from achieving a mix of incomes and housing types, for young and old, and an absence of segregation?

The UK Government report [Mixed Communities Evidence review](#) reviews the evidence

2.11 - Is there evidence that outcomes are unsatisfactory for occupiers of high-rise flats? Or of out-of-town estates with no community facilities?

<http://placealliance.org.uk/research/research-home-comforts/>

2.12 - Is there evidence that changing patterns of work and retail during the pandemic –with implications for new development and neighbourhood regeneration - will be sustained afterwards? How can emerging opportunities for regenerating high streets and reviving town centres be achieved post-Covid?

No data in Aberdeenshire.

2.13 - Is there evidence that Home Improvement Agencies, providing advice and support for home retrofitting for older owners, are enhancing health and wellbeing for those living in poor conditions?

No data in Aberdeenshire.

3. Transport and movement, infrastructure and technology (smart cities)

Overarching Questions:

3.A - Could the transport and mobility sectors lead the way, after the pandemic, in offering evidence-based solutions to issues of air quality, energy consumption, improved productivity, 'levelling up' and helping create the healthy city?

The World Health Organization (WHO) has published [strategies for healthy and sustainable cities](#). It states that action to mitigate urban health risks can have important co-benefits for multiple policy objectives. Well-planned cities can offer unique opportunities to create urban patterns that minimize health risks from air pollution, traffic injury, and physical inactivity, while also mitigating climate change. While smaller-scale plans may not have the energy conservation or emissions reduction benefits of larger-scale developments, urban areas are products of thousands of individual site-level development and design decisions.

Nationally, the [Catapult Innovation Brief: Post Pandemic Mobility](#) considers the services and infrastructure by which people and goods move from and around a place and how Covid has impacted what's on the horizon.

3.B - What are likely to be the long-term effects of the pandemic on use of public and private transport and, in particular, changed working/commuting behaviour?

At a local level, during the pandemic NESTRANS also conducted monthly travel behaviour and attitude surveys to better understand changes occurring in the north east of Scotland during the current Covid-19 restrictions, and during the recovery period.

In response to questions around current safety concerns and measures: Around eight in ten respondents were very or fairly concerned about people spreading or contracting the virus whilst using:

- Taxis/minicabs (81%);
- Public transport (79%);
- Shared transport methods, including car clubs or car sharing (78%).

Similarly, three quarters of the wider Scottish population reported being concerned about spreading or contracting the virus whilst using public transport (75%) and taxis or minicabs (75%). Around seven in ten (69%) suggested that the use of face coverings makes them feel safer when using public transport.

All respondents were asked what could be done to make them feel safer when using public transport. The most common measures were:

- Deep cleaning of the interiors of vehicles, stations and bus stops (31%);

- Actively enforced social distancing on-board, through staff presence and CCTV (30%);
- Access to hand sanitiser at stations/stops (29%);
- Limiting the number of people that can board the train/tram/bus (29%); and
- Actively enforced social distancing when queuing for tickets through staff presence and CCTV (21%)

Evidence-based Questions:

Digital Divides

3.1 - Is there evidence available to help our understanding of how the digital divide – both physical and social – may be excluding:

- those without any or adequate broadband, preventing access to online shopping, studying, work and recreation;
- those unable to afford the necessary IT equipment and monthly costs;
- those lacking the knowledge/skills to use broadband/internet.

The engagement activity undertaken during the development of our Equality Outcomes 2021-25 demonstrated a clear concern locally around digital exclusion.

In 2020, an audit of pupil device access established:

- 4174 pupils were at risk of digital exclusion.
- 800 pupils had no device to access online learning, with 400 pupils identified as vulnerable.
- 400 pupils had no internet access, with 200 pupils identified as vulnerable.

In 2020, Aberdeenshire received £1,320,234 Connecting Scotland funding. 4100 devices have been allocated as at November 2020. The authority continues to work with partners to address digital inequality.

A further 1184 devices were delivered during February and March 2021. These are a mixture of Connecting Scotland devices and 552 devices funded by Aberdeenshire Trust. In addition, 430 mifi devices, with unlimited data sims, have been allocated to pupils / families to enable connectivity. The council is awaiting further information from Connecting Scotland regarding the possibility of further funding to meet identified continuing unmet need for devices.

One of our equality outcomes is

People in Aberdeenshire, particularly those who face barriers through literacy, language and digital exclusion, are provided with accessible information on services provided by the Council, and are supported to access these digitally where appropriate

Through our digital strategy we are committed to

- Engaging with disabled people and EAL people including third sector organisations
- Consulting about changes

- Establishing an accessibility panel to review web content and other digital communication
- Investigate a language plug-in for web translations
- Create a community language landing page for Aberdeenshire residents
- Increasing resource (staff) focussed on increasing access to resilient and fast broadband services, affordability and digital skills
- Continuing engagement with Scottish and UK Government digital infrastructure investment programmes, working with communities identified through the Reaching 100 programme
- Supporting the continuing roll-out of the full-fibre network through SSE Network's contract (funded through the City Region Deal)
- Working with Digital CONNECT (pilot Digital Inclusion Project) setting in place digital interventions providing digital connectivity, access to digital kit and develop/ enhance digital skills

Patterns of working

3.2 - Is there evidence of the effects relating to working practices adopted during the Covid pandemic: - flexible working, - hybrid working at home and in an office, - working in office hubs close to home

During the pandemic the Council has actively engaged with staff around ways of working and the impact this is having on our staff, through staff surveys. The results of our surveys are being used to inform future ways of working. Results in terms of ways of working have remained largely consistent throughout the pandemic with most employees preferring a hybrid model of home and office based working when it is safe to do so.

Our wider community impact assessments carried out in 2020 and 2021 indicate that Aberdeenshire residents are positive about their experiences of working differently through the pandemic.

3.3 - Is there evidence on likely impacts for mobility, following the pandemic, relating to: - the demand for travel, - the viability of public transport, - reductions in congestion

Quieter roads were highlighted as one of the positive aspects of lockdown from our Community Impact Assessment (CIA) in [August 2020](#).

During the pandemic NESTRANS conducted monthly travel behaviour and attitude surveys to better understand changes occurring in the north east of Scotland during the current Covid-19 restrictions, and during the recovery period.

In response to questions around current safety concerns and measures: Around eight in ten respondents were very or fairly concerned about people spreading or contracting the virus whilst using:

- Taxis/minicabs (81%);
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- Shared transport methods, including car clubs or car sharing (78%).

Similarly, three quarters of the wider Scottish population reported being concerned about spreading or contracting the virus whilst using public transport (75%) and taxis or minicabs (75%). Around seven in ten (69%) suggested that the use of face coverings makes them feel safer when using public transport.

All respondents were asked what could be done to make them feel safer when using public transport. The most common measures were:

- Deep cleaning of the interiors of vehicles, stations and bus stops (31%);
- Actively enforced social distancing on-board, through staff presence and CCTV (30%)
- Access to hand sanitiser at stations/stops (29%)
- Limiting the number of people that can board the train/tram/bus (29%) and
- Actively enforced social distancing when queuing for tickets through staff presence and CCTV (21%)

Modes of transport

- 3.4 - Is there evidence of changing attitudes toward, and expectations for:**
- **the role of the car (in particular the role of SUVs)**
 - **public transport and continuing need for social distancing**
 - **novel forms of transport – mobility as a service, sharing, Uber etc.**
 - **walking and cycling – and health – risks, safety etc.**

The 'Clean Sheet Review' of the supported bus network by the Passenger Transport Network review Member Officer Working Group (MOWG) was to agree a proposed revised approach to supported bus service delivery along with an indicative implementation timeline. With the onset of Covid-19, the bus market had experienced, and continues to experience, unprecedented disruption. Existing market trends have both accelerated and changed and whilst the future remains unpredictable there is a consensus that travel demands will not revert to pre-Covid-19 levels.

Travel needs and travel demands have evolved due in part to:

- Increase in home working
- Online shopping
- Development of tele-healthcare

and both are now less regular with more flexible work hours. Peak workers' travel requirements, the previous service delivery priority, have significantly diminished and, currently, all travel demand by bus is suppressed and more local. Consequently, there is an emerging view that more flexible service delivery is required, be that in terms of bus services, *per se*, or, for example, ticketing options. Flexibility in service delivery should allow more disparate and less regular travel needs to be accommodated and levels of service to be more rapidly tailored to emerging travel needs.

In terms of policy areas/issues, the Passenger Transport Network Review MOWG has highlighted the following as being of greatest importance: access to employment; access to town centres; social inclusion; equality; and 'quality of life'. In particular, the Passenger Transport Network Review MOWG noted how

the importance of bus service provision in addressing social isolation had been highlighted by the current public health emergency.

An enhanced Demand Responsive Transport (DRT) pilot project will test the replacement of Council supported timetabled bus services. The new service Ready2Go Around Inverurie begins mid-August 2021.

Technology

3.5 - What evidence exists to help us to assess the impact of electric vehicles and the outcomes from less air pollution?

<https://www.gov.scot/publications/cleaner-air-scotland-air-quality-public-attitudes-behaviour-review-final-report/pages/4/>

<https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2017/01/evidence-review-potential-wider-impacts-climate-change-mitigation-options-transport/documents/00513155-pdf/00513155-pdf/govscot%3Adocument/00513155.pdf>

3.6 - Is there evidence of benefits of use of technology/apps for travel planning and seamless door to door journeys?

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/780868/future_of_mobility_final.pdf

Green spaces

3.7 - Is there evidence of benefit to health and wellbeing from access for citizens to green space facilities, parks, allotments, etc?

Some household characteristics have become elevated in importance for wellbeing, such as access to a garden or safe outdoor space, technology and internet connectivity. A health study has found that people without patios and gardens have experienced greater mental health challenges throughout Covid-19 than those who have access to their own outdoor space. The findings were made by health experts from the University of the Highlands and Islands (UHI) and the University of Aberdeen, who surveyed 2,969 adults from around Scotland in June and July 2020.

Food vulnerability is associated with indicators that suggest 'remoteness' and 'accessibility'. More vulnerable areas are therefore more likely to be associated with longer drive times to various local amenities, especially retail centres and secondary schools. They are also likely to be farther away from foodbanks, as well as parks, public gardens or playing fields.

There is also a moderate relationship between food vulnerability and child poverty in that more vulnerable areas are more likely to be associated with higher rates of children in low income families. More vulnerable areas are also more likely to contain a relatively high proportion of people over the age of 65 relative to the total population.

4. Health & Wellbeing (public health, social prescribing, food and exercise, health creation)

Overarching Questions:

4.A - Is the Commission right to see health as the prism through which to consider the full spectrum of a city's social and public policies

<http://www.healthscotland.scot/health-inequalities/the-right-to-health/overview-of-the-right-to-health>

4.B - How can our highly centralised and illness-orientated health service be transformed to achieve more responsive, more preventative, more holistic and more personalised outcomes?

4.C - What data have been found to be the most useful in measuring the health of cities?

Public health Scotland measures [health inequalities](#) by comparing the health outcomes of different groups. Health outcomes such as life expectancy, healthy life expectancy and rate of disease are compared using groupings such as

- gender
- ethnicity
- social class
- area deprivation
- employment status
- educational attainment

Public health Scotland provides [tools for monitoring and evaluation](#) of public health priorities and interventions to help understand the process of implementing these and the impact of actions on population health. An outcomes approach is used to

- support partners to report on their contributions to national and local outcomes
- provide partners with specialist support, tools and resources about how to effectively monitor progress and evaluate impact
- support partners to do an Evaluability Assessment with their stakeholders

Evidence-based Questions:

4.1 - What evidence supports the case for investment in public health and prevention?

<http://www.healthscotland.scot/health-inequalities/the-right-to-health/overview-of-the-right-to-health>

4.2 - Does the evidence suggest the most cost-effective improvements in health and wellbeing will come from encouragement of healthier lifestyles and diets, combatting obesity, inactivity and tobacco/alcohol/substance abuse? How big a part can education play – from early years throughout the life course – to make a significant difference?

<http://www.healthscotland.scot/reducing-health-inequalities/take-cost-effective-action/cost-effective-actions-overview>

4.3 - Are there further fiscal incentives (e.g. like the sugar tax) that have been shown to affect behaviour positively?

No data in Aberdeenshire

4.4 - Is there evidence of the success of the social prescribing route to achieving health and wellbeing?

No data collected in Aberdeenshire.

4.5 - How can citizens and local employers be involved in co-production and co-ownership of local solutions to improve health and wellbeing? Should the CCHC use surveys and opinion polls to establish how users of services can best engage in creating healthier cities?

https://www.govint.org/fileadmin/user_upload/publications/Co-Production_of_Health_and_Wellbeing_in_Scotland.pdf

4.6 - Does research indicate that the long-term future of the NHS model is financially unsustainable, requiring investment in prevention research and implementation?

No data within Aberdeenshire.

4.7 - Is there evidence on what health-related activities are best done at a national scale and what should be further devolved to local (or regional) government?

No data within Aberdeenshire.

4.8 - What has the Covid pandemic taught us in terms of health inequalities? What are the lessons in respect of residential care homes and the need for age-friendly, independent accommodation within the community?

Emerging evidence on the social epidemiology of COVID-19 suggest that infections and deaths from the disease operate along existing axes of social inequalities, and that individuals from ethnic minorities, poorer socio-economic backgrounds and deprived areas are more likely to suffer.

However, it is unclear how already existing intersecting inequalities at the household level might influence the short and long term consequences of the pandemic. Disease control measures mean that people spend much more time in their immediate households, due to lockdowns, the need to self-isolate, and school and workplace closures. There is a good chance such measures will again be required to varying degrees over the coming months. This situation has led to concerns over financial, physical and psychological effects as well as potentially widening societal and health inequalities.

<https://www.gov.scot/publications/lessons-identified-initial-health-social-care-response-covid-19-scotland/>

4.9 - Do the data from international comparisons show good/poor performance of the UK on measures of life expectancy, years of life free from impairments, infant mortality, violent deaths and the health of poorer communities? Are there clear lessons from other countries to guide UK practice?

Information not held in Aberdeenshire.