

NHS Dumfries and Galloway



Meeting:	NHS Board (Public)
Meeting date:	9 February 2026
Title:	Public Health Committee Chair's Briefing and Summary Performance Report
Responsible Executive/Non-Executive:	Gwilym Gibbons, Chair of Public Health Committee
Report Author:	Valerie White, Director of Public Health

1 Purpose

This is presented to the Board for:

- Awareness
- Assurance

This report relates to a:

- Performance

This aligns to the following NHSScotland quality ambition(s):

- Effective

Please select the level of assurance you feel this report provides to the board/committee and briefly explain why:

- Significant

Comment:

This paper provides assurance that the Public Health Committee is meeting its governance requirements as a delegated Committee of the Board and provides an appropriate mechanism for reporting key updates, issues and risks following Committee meetings. Significant assurance has been selected as the Committee were assured that good progress is being made across a range of areas that support improved population health and whilst there is still work to do to both address inequalities and address the complex challenges affecting the health of the population the Board is performing well in terms of key service areas that are within its direct control and contributing to multi-agency work to address the broader areas of challenge.

BOARD PUBLIC

From the list below, please select which Board Priority this paper relates to. If none of the priorities suit, please select other and briefly explain why this paper needs to be reviewed at Board/Committee:

- Population Health and Health Inequalities

Comment:

This paper provides a summary of the reports discussed, their assurance levels and where relevant key performance indicators at the Public Health Committee meeting in January 2026.

2 Report summary

2.1 Situation

The Board's Committees have been restructured as part of revised governance arrangements. The Head of Corporate Governance has asked that each Committee has a summary performance report that reflects the business of the Committee, which can be shared at public Board to give assurance.

2.2 Background

The Public Health Committee is scheduled 3 times in 2025/26. The agenda matrix splits a range of annual reports across the year and receives updates on key Committee priorities which have been aligned with the Scottish Government and COSLA Population Health Framework. This reports provides an update of items discussed at the Public Health Committee at its January 2026 meeting.

2.3 Assessment

Attached at Appendix 1 is a summary of the reports discussed at the Public Health Committee at its January 2026 meeting with selected performance information from reports considered.

The Committee agreed to escalate the following matters to the NHS Board:

Blood Borne Virus and Sexual Health

- The Committee noted the excellent performance in relation to achievement of the National Targets for initiation onto treatment for Hepatitis C. As of November 2025, 43 people have been initiated onto HCV treatment, against the target of 46 people by March 2026. With the national targets for HIV transmission prevention continuing to be exceeded in Dumfries and Galloway. The dedication of the teams involved in this area of work and the multi-disciplinary and multi-agency approach which keeps focus on this important area of work was welcomed.

Diabetic Eye Screening Programme

BOARD PUBLIC

- The Committee noted the excellent performance of the Diabetic Eye Screening Programme against national targets. With a successful screening biennial rate of 88.1% against a target of 80%. The service model which involves outreach clinics was also noted to support reduction in inequalities although there was still variation in uptake across deprivation quintiles.

Tobacco and Vaping

- The Committee noted the excellent performance of the Quit Your Way Team and Community Pharmacies in surpassing the target in relation to successful 12-week quits among people living in the 40% most deprived datazones in the region for 24/25, with achievement of 201 successful quits against a target of 161.
- The Committee also recognised the multi-agency work ongoing to address the concern regarding increased levels of Youth Vaping.
- The Committee discussed the implementation of the Boards Smoke Free Policy, and noted concern around the number of people smoking on the hospital estate and agreed an ask would be made at the Public Board to remind the public that smoking or vaping is not allowed on NHS Dumfries and Galloway grounds. With smoking being illegal within 15 meters of hospital buildings and potentially being subject to a £50 fixed penalty notice or a £1000 fine if taken to court.

2.3.1 Quality/ Patient Care

Quality and patient care is considered as part of Public Health Committee discussions. Delivering an effective public health agenda will have a positive effect on the quality of patient care.

2.3.2 Workforce

Workforce is considered as part of Public Health Committee discussions. The report did note that many areas of work reported involve small teams which can be vulnerable to staff absence or vacancies.

2.3.3 Financial

There is no specific impact on financial issues from the findings in this report.

2.3.4 Risk Assessment/ Management

The work of this Committee contributes to the corporate risks as follows:

- Risk that sections of our population continue to experience Health inequalities (risk 2926).
- Risk that we will not improve the health and wellbeing of our population (risk 2932).

2.3.5 Risk Appetite

- Minimal

Comment:

BOARD PUBLIC

The Board considers performance reporting a statutory requirement, for which the risk appetite is minimal.

2.3.6 Equality and Diversity, including health inequalities

The Public Health Committee Summary Performance Report includes indicators relating to inequalities.

2.3.7 Climate Emergency and Sustainability

This report has no specific impact on climate.

2.3.8 Consumer Duty

This report has no specific impact on the consumer duty.

2.3.9 Other impacts

There are no other relevant impacts identified.

2.3.10 Communication, involvement, engagement and consultation

There has been no external engagement or consultation on the content of this report.

2.3.11 Route to the Meeting

Public Health Committee meetings have been held in line with the corporate timetable.

2.4 Recommendation

- **Awareness and Assurance** – Board is asked to note the Public Health Committee update from its meeting held on 19th January 2026.

3 List of appendices

The following appendix is included with this report:

- **Appendix 1** – Public Health Committee Performance Report for the 9 February 2026 NHS Board

Public Health Committee Performance Report for the 9 February 2026 NHS Board

The following reports were discussed at the 19 January 2026 meeting of the NHS Board's Public Health Committee.

1.1 Screening Inequalities Annual Report (Item 6)

The Committee considered the Annual Screening Inequalities Report. This provided a **moderate** level of assurance due to staffing capacity in Public Health and in Third Sector partners, as well as a lack of dedicated sustainable funding to tackle screening inequalities. The following key points were noted:

- Considerable work has taken place in 2025 to plan/ scope/ implement actions to reduce screening inequalities across all programmes, as well as for specific screening programmes.
- There continues to be a social gradient in uptake of screening across all the adult screening programmes, with uptake lowest in people from the most-deprived areas.
- The Screening Programme Oversight Group (SPOG) monitors progress against the Screening Inequalities Action Plan.
- Work continues with Third Sector Partners to deliver a co-developed screening awareness training package, as well as disseminate nationally developed resources aligned with national screening-related campaigns.
- Progress has been made against the development of an Equality Impact Assessment (EQIA) for local delivery of each screening programme, where appropriate.
- The main risks for reducing screening inequalities across Dumfries and Galloway continue to be: public health staff capacity; sustainable engagement with Third Sector partners, non-recurring screening equity funding, and increasing socio-economic inequalities overall across society in Scotland.
- Potential mitigation in reducing screening inequalities will be taken forward in 2026 with the establishment of a Short Life Working Group of NHS and Health and Social Care Partnership Teams to parallel the engagement work undertaken with Third Sector partners. This will enable NHS and Health and Social Care Partnership Teams to better inform and advise their clients about screening programmes.

1.2 Blood Borne Virus and Sexual Health (BBV SH) Annual Report 2024/25 (Item 7)

The Committee considered the Blood Borne Virus and Sexual Health (BBV SH) Annual Report. This provided a **significant** level of assurance due to effective multidisciplinary working that has resulted in significant progress being made against national targets. The following key points were noted:

- The teams that deliver BBV testing, harm reduction advice and clinical treatment across Dumfries and Galloway have been very successful in working towards BBV national targets.

BOARD PUBLIC

- The Scottish Government's SHBBV policy team undertook a support visit to the Board in October 2025 to review progress against the national action plan: informal feedback at the meeting was positive, formal feedback is pending.
- Dumfries and Galloway performed well against the national target for Hepatitis C (HCV) initiation onto treatment. As of November 2025, 43 people have been initiated onto HCV treatment, against the target of 46 people by March 2026.
- The national targets for Human Immunodeficiency Virus (HIV) transmission prevention continue to be exceeded in Dumfries and Galloway: for people living with HIV, 100% are aware of their status, 97% are on treatment and 98% have suppressed viral load (the "95:95:95% target").
- The key challenge for meeting national BBV targets remains active case finding, i.e. identifying at-risk individuals to test and then initiate onto treatment.
- A multi-agency Short Life Working Group is progressing work to improve access to contraception and sexual health services.
- The small teams who provide BBV SH services in the region lack resilience and service delivery is difficult when posts are not filled. Succession planning remains challenging.
- New stretch targets for BBV testing in HMP Dumfries and in Specialist Alcohol and Drugs services were introduced in July 2025 covering the next three years.
- The multidisciplinary BBV Managed Clinical Network (MCN) met regularly to provide assurance around programme performance, risk management and governance for the SH BBV programme in Dumfries and Galloway.

1.3 Diabetic Eye Screening Annual Report 2024/25 (Item 8)

The Committee considered the above report this provided a **Significant** level of assurance with data demonstrating that the Diabetic Eye Screening (DES) Programme performs comparatively well in Dumfries and Galloway with very good screening rates. However, there is still variation in uptake between areas of relative deprivation and more affluent areas. There is increasing system pressure as more people become eligible for DES and challenges with workforce resilience.

During 2024/25 the Diabetic Eye Screening programme performed well against most indicators, including:

- Key Performance Indicator 2 Attendance Rate of 81.6% (target 80%, Scottish average 70.7%)
- Key Performance Indicator 4 Successful Screening Rate 80.4% % (target 80%, Scottish average 69.1%)
- Key Performance Indicator 5 Biennial Successful Screening Rate 88.1% (target 80%, Scottish average 81.4%)

BOARD PUBLIC

A total of 6758 successful screens were delivered in the period. These are delivered from a range of sites across the region to address social patterning in risk of diabetes and uptake of screening. This also aids reduces with patient travel time across our rural region.

Staffing capacity remains a persistent issue for the DES programme, although succession planning with upskilling of staff is underway. There is ongoing pressure on administrative support within the programme, highlighting the need for succession planning. A significant increase in both total and eligible populations has created additional strain on both clinical and administrative roles, since the service was first established. A service review is currently being scoped.

There has been improvement in the technology used by the service with aging and damaged equipment replaced (closing a risk from last year), however procurement of a vehicle to transport this is awaited. This is expected in the first quarter of 2026.

1.4 Health Protection Annual Report 2024/25 (Item 9)

The Committee considered the Annual Health Protection Report. This provided a **moderate** level of assurance due to reduced level of staffing within the team at the current time, mitigations were noted to be in place and recruitment to a Health Protection Nurse post is underway. The following key points were noted:

- The team led the development of a High Consequence Infectious Diseases (HCID) plan in conjunction with Resilience, Infection Prevention and Control and acute colleagues as well as other teams. This is due for completion in Quarter 4 of 25/26.
- Close working with the Alcohol and Drug Partnership support team (ADP) colleagues to ensure that there is a robust process to identify and respond to any clusters of drug harm related with the Health Protection Team providing assessment and co-ordination of response out of hours.
- Training and development focus – Health Protection Nurse Specialist and Consultant in Public Health provided information on health protection to paramedic science students in University West of Scotland.
- Closer working relationships with the local resilience partnership and being actively involved in local resilience.
- Increased demand, particularly in relation to outbreaks being managed. There were 44 outbreaks managed out of 89 situations.
- Being more actively involved in cross-border meetings.
- The Chief Medical Officer for Scotland has issued a directive following the national Getting It Right First Time (GIRFT) Review of Tuberculosis (TB), highlighting a concerning rise in TB cases and calling for urgent action. Notably, the local model of asylum health assessments in Dumfries and Galloway has been recognised by the National TB review team as exemplary and potentially adoptable across other boards due to its:
 - Delivery of optimal individual care
 - Reduction of potential infection risks
 - Efficient and effective use of healthcare resources

BOARD PUBLIC

- This endorsement underscores the model's contribution to both protecting the public's health and to NHS and general practice service sustainability. This report has led to the development of a new TB nursing service, working closely with the Clinical Lead for TB.

1.5 ADP Population Health and Inequalities Quarter 2 update (Item 10)

The Committee considered the above report which provided **significant** assurance as good progress had been made across agreed areas of delivery.

1.6 Tobacco and Vaping Prevention Update (Item 11)

The Committee considered an Update on Tobacco and Vaping Prevention. This report was agreed as providing **Moderate** Assurance to the Board. Whilst the Board has achieved and surpassed agreed Scottish Government targets the need to further embed cessation pathways in specialist services and significant challenge in relation to youth vaping and in maintaining our outside hospital estate smoke free where highlighted. The following key points were discussed:

- **Smoking cessation performance** in Dumfries and Galloway is measured against a Public Health Scotland Annual Delivery Plan target of 161 successful 12-week quits among people living in the 40% most deprived datazones. In 2024–25, the combined efforts of Quit Your Way and Community Pharmacy services exceeded this target by 125%.
- **Strong partnerships and a Quit Your Way presence in schools** for both prevention and cessation support has been established to address youth concerns and the rise in vaping.
- **Quit Your Way co-produced training for the Local Outcomes Improvement Plan (LOIP)** with young people and Dumfries and Galloway Council's youth work services is available in audio format.
- **NHS Dumfries and Galloway Quit Your Way service has had an opt-out referral pathway with maternity** since 2014, supported by carbon monoxide monitoring and midwife training. This model has been recommended nationally due to its success and high engagement rates. Despite this, Dumfries and Galloway still has the highest smoking rate at antenatal booking (17.2% in 2024).
- **Further work is needed to integrate tobacco treatment into every specialist care pathway**—normalising cessation as a core clinical intervention, akin to managing blood pressure or glucose—to drive higher quit rates, reduce complications, and improve long-term health and wellbeing outcomes.

BOARD PUBLIC

1.7 Alcohol and Drugs Partnership Annual Report 2024/25 (Item 12)

The Committee considered the Alcohol and Drug Partnership (ADP) Annual Performance report, as NHS Dumfries and Galloway is a key contributor to delivery of the ADP strategy and delivery plan. The report provided **Moderate** assurance as despite good progress in a number of areas there is a still significant harm that is occurring due to drugs and alcohol with increasing trends in Nitazene and cocaine use in particular. The following key points were noted:

- In 2024/25, the ADP supported 4 contracts that were put out to tender. Alcohol and Drug Support South West Scotland (ADS) and With You were awarded the contracts.
- Dumfries and Galloway ADP made substantial progress in implementing 7 key projects including, implementing and embedding MAT Standards, supporting residential rehabilitation and increasing Naloxone provision.
- In 2024/25, Dumfries and Galloway:
 - maintained 'sustained full implementation' (blue) for MAT Standards 3 and 4
 - advanced to 'sustained full implementation' (blue) for Standards 2 and 5,
 - and progressed to evidence of 'full implementation' (green) for Standards 6 to 10.
- The proportion of people who wait less than 3 weeks to start drug or alcohol treatment in Dumfries and Galloway has consistently remained better than the national waiting times target.
- Dumfries and Galloway has the second highest proportion of people prescribed Buprenorphine in Scotland.
- The ADP has appropriate referral assessment pathways for people seeking residential rehabilitation. In 2024/25 and 2023/24, substantially fewer people had a residential rehabilitation placement compared with 2022/23.
- In the most recent data available, Dumfries and Galloway had a higher rate of drug related admissions to acute hospitals than Scotland.
- Admissions to psychiatric hospitals are higher in Dumfries and Galloway than Scotland for people with drug or alcohol related conditions. Dumfries and Galloway has a fixed alcohol detoxification bed which is in continuous use whereas other areas in Scotland might not have a dedicated bed for this. With the exception of those in the alcohol detoxification bed, drug or alcohol use is unlikely to be the main reason for admission.
- The number of needles distributed by injecting equipment provision services has been decreasing yearly and dropped considerably from 2023/24 to 2024/25. The large decrease this year was due to the loss of the mobile outreach injecting equipment service provided by NHS services.
- The rate at which driving offences relating to drug or alcohol use are committed is higher in Dumfries and Galloway than Scotland. This might be explained by the necessity of driving in a rural area with fewer transport options.

BOARD PUBLIC

1.8 Good Food Nation Update (Item 14)

The Committee considered the above report which provided **moderate** assurance. Good progress have been made to lay foundations in preparation for the Board to meet the statutory requirement to develop a good food nation plan but that at the present time there is no additional funding from Scottish Government to undertake this work. The following points were noted:

- The first National Good Food Nation (GFN) Plan has now been published on 17th December 2025 and is formally laid before the Scottish Parliament. It sets out a clear vision for transforming Scotland's food system.
- The plan outlines six over-arching Outcomes [National Good Food Nation Plan - gov.scot](#)
- The publication of the national GFN Plan places a statutory duty on NHS Boards and Local Authorities to develop a GFN Plan within a set time frame and must be developed in line with National Guidance and involve engagement with various groups, stakeholders and communities.
- Dumfries and Galloway Council and NHS Dumfries and Galloway have agreed to produce a Joint GFN Regional plan to avoid duplication and encourage joint working. While waiting for further information from the national GFN Team, work is already taking place locally, highlighting the GFN policy and preparing for engagement across various groups, stakeholders and communities.

1.9 Community Planning Partnership – Health and Wellbeing Session

The Committee provided feedback on the programme for the focussed discussion at the February Community Planning Partnership Board in relation to Health and Wellbeing with the focus on Health Weight Environment.