

NHS Dumfries and Galloway



Meeting:	NHS Board (Public)
Meeting date:	8 June 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):

- Safe
- Effective

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

- Moderate

Comment:

This paper provides a moderate level of assurance. The Public Health Committee (PHC) Summary Performance Report pulls together the progress against performance relating to the core business of the Committee. It provides moderate assurance as the Committee meeting had a very full agenda and some items were not explored as fully as Committee members would like.

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:

- Service Sustainability
- Population Health and Health Inequalities

Comment:

The key focus of the Committee is around improving population health and reducing health inequalities which will support longer term service sustainability.

2 Report summary

2.1 Situation

This paper provides a summary of the key performance indicators and key points discussed at the Public Health Committee meeting in April 2026.

2.2 Background

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 which can be shared at public NHS Board to give assurance on the work of the Committee.

Each Committee looks at information in more detail than at the NHS Board, through specific topic papers. Therefore, Committee Summary Performance Reports represent a summary highlight of the most relevant information to provide assurance.

2.3 Assessment

The Public Health Committee is scheduled 3 times in 2026/27. 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. The following reports were discussed at the Public Health Committee at its April 2026 meeting.

1.1 Vaccination Annual Report (Item 8)

The committee considered the Annual Vaccination report this provided a **significant** level of assurance with data demonstrating that vaccination programmes perform comparatively well in Dumfries and Galloway with good uptake rates. Vaccination is the most cost-effective intervention that saves lives and can improve the overall health of a population. However, there is still variation in uptake between areas of relative deprivation and more affluent areas. There is increasing system pressure as more vaccination programmes are brought online and eligibility is expanded.

During 2025/26 vaccination programmes performed well against most indicators including:

- Uptake of Covid-19 vaccination in winter 2025 with a rate of 67.8% (national average 65.4%)
- Uptake of flu vaccination in winter 2025 with a rate of 60.2% (national average 55.5%)

BOARD PUBLIC

- Uptake of Respiratory Syncytial Virus (RSV) vaccination in those turning 75 years of age 73.6% (68.4% Scotland average)
- Uptake of RSV vaccination in total of older adults 47.6% (37.9% Scottish average)
- Uptake of RSV vaccination in pregnancy was 61.4% (52.5% Scottish average)
- Uptake of the 6 in 1 vaccine (Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib), hepatitis B) among 12-month-old children from March to September 2025 was 95.9% (Scottish uptake 94.3%, national target 95%)
- Measles Mumps Rubella (MMR) uptake 92.7% (Scottish average 92.4%)
N.B. these are incomplete data for 2025/26

There are areas of concern such as Health and Social Care Worker's uptake of winter vaccinations (social care workers flu uptake in Dumfries and Galloway 22.6%, Scotland 18.4% and health workers uptake locally 42.6%, Scotland 42.0%). Reasons for this are being examined at a national level and learning will be applied within Dumfries and Galloway.

The Vaccination team continue to react to and manage new and emerging issues and adapt to deliver new programmes, in 2025/26 these have included:

- Adapt to the changes in childhood vaccination schedule.
- Put in place mechanisms necessary to move to new pneumococcal vaccination and MMRV (V addition of vaccination against chicken pox).
- Expansion of cohorts eligible for Shingles vaccination.
- Supported the implementation of the new national Child Health IT System.
- Major migration of operational aspects to the Community Health and Social Care Directorate where delivery of routine vaccination has been undertaken by the CTAC service since April 2025. Strategic elements of the vaccination programme and programme scheduling remain responsibilities of Public Health.

Vaccination funding has largely been baselined within Boards. Although currently in budget there are a number of increasing pressures within vaccination with increases in eligibility and expansion of childhood programmes creating an additional appointment at 18 months. While vaccine costs will initially be met, there may be increased cost to Boards around staff time, venues and engagement with the public going forward.

1.2 Breast Screening Annual Report 2025/26 (Item 9)

The committee considered the Annual Breast Screening report. This provided a **moderate** level of assurance. The national Breast Screening Programme has generally been well-delivered in Dumfries and Galloway over many years, with screening uptake rates and cancer detection rates generally exceeding the minimum national targets for local women. However, several national and regional challenges have affected breast screening in recent years, which impacts on women from Dumfries and Galloway.

BOARD PUBLIC

A national lack of senior specialist screening staff available to read mammogram images and undertake clinical assessment for women who screen positive results in increased waiting times for women, and sometimes potential delays in treatment.

The situation is being monitored nationally and locally, with the following key points:

- The Breast Screening Steering Group, held jointly with NHS Ayrshire and Arran, met quarterly in 2025/26 and provided oversight for the programme.
- Screening round length is being maintained at the required 36-month interval.
- Screening waiting time targets were not met for the first three quarters in 2025/26 but significantly improved in quarter 4.
- A quality assurance issue with the production of the national KPIs was identified in 2025, which prevents robust performance monitoring of the programme at this time. National work is underway to facilitate data publication in 2026-2027.
- An EQIA for local delivery of breast screening in Dumfries and Galloway was completed and published on the public-facing website.
- Adherence of breast screening delivery locally to Healthcare Improvement Scotland (HIS) standards is being reviewed, which may identify improvement actions.

1.3 Place Based Community Services (Item 11)

The committee received and considered a presentation on approaches being taken to Place Based Community Services from the Chief Officer of the IJB. The presentation outlined the approach being taken to shift towards a prevention based model working collaboratively with the Third Sector and testing new models of commissioning. This will be taken forward with testing in a Home Team area looking to work closely with the community to build resilience and co-design services.

1.4 Community Planning Local Outcomes Improvement Plan (LOIP) Update (Item 12)

The committee considered the Community Planning Partnership (CPP) LOIP update report. This provided a **significant** level of assurance that population health, health inequalities and place based working remain embedded in CPP strategic discussions and that the CPP continues to develop more effective, collaborative and data driven approaches to improving outcomes. The following key points were noted:

Strengthening CPP Governance and Ways of Working

- CPP Board chaired jointly by Council Leader and NHS Chair, with a shift toward more innovative, discussion-based meetings.
- Operational work increasingly delegated to the CPP Senior Leadership Team to allow the Board to focus on strategic priorities.
- Workshops scheduled throughout 2026 to support focus on Healthy Weight, Poverty and Inequality, Depopulation, Climate, and Youth Participation.

Progress on LOIP and Locality Planning

- LOIP and Action Plan approved; first Locality Plan for Kirkconnel and Kelloholm progressing well.
- Next locality focus will be Stranraer, applying learning from the first locality plan.
- Emphasis moving from producing plans to embedding place based ways of working.

Key Workstreams and Partnership Activity

- Healthy Weight Environment action plan agreed following a well-received Board workshop.
- Development of a new Poverty and Inequalities Strategy underway, informed by lived experience and partner workshops.
- Establishment of a Community Cohesion Working Group to strengthen integration, challenge stereotypes, support third sector collaboration, and increase representation of under-represented groups.
- Participation and Engagement Working Group raised concerns about community consultation fatigue and need for better alignment across partners.

Place Planning and Community Transport

- Strengthened membership and remit for the Place Planning Partnership.
- Community Transport business case endorsed as an innovative, cost-effective approach with potential for significant organizational savings.

Performance and Reporting

- 2024/25 LOIP End-of-Year Report published.
[loip-end-of-year-report-24-25.pdf](#)
- Work underway on the 2025/26 report (due June 2026).
- New Logic Model being developed to improve future performance reporting (expected 2026/27).

Risks and Constraints

- Workforce capacity remains a significant constraint across partners.
- Financial pressures have increased risk ratings (updated February 2026).
- Any joint financial commitments still require approval through each organisation's own governance processes.

1.5 Population Health Framework Priority 2 – Healthy Weight Environment (Item 13)

The Committee considered the Healthy Weight Environment Paper which has been discussed and agreed through the CPP. The paper provided **significant** assurance that although this is a complex and challenging area, through the CPP structures there has been commitment given to working together to use evidence based actions that can be undertaken at a local level to create conditions that support good health. The following key points were noted:

BOARD PUBLIC

The region faces **significant and urgent challenges**:

- **Child healthy weight:** 26.9% of P1 children at risk of overweight/obesity (higher than Scotland).
- **Adult healthy weight:** Only 26% of adults at a healthy weight; 72% overweight or obese.
- **Maternal health:** 60% of expectant mothers have an unhealthy weight.
- **Diabetes:** Second-highest rate of new Type 1 and Type 2 diabetes cases among mainland Boards.
- **Physical activity:**
 - 36% of adults and 50% of children are insufficiently active.
 - Active travel rates (to work and school) are below national average.
- **Feeding and early life nutrition:** Breastfeeding rates are below Scotland.
- **Food access:** Cost and availability of healthy food vary across the region.

Healthy weight is shaped by complex, interlinked factors: food environment, poverty, planning, culture, digital influence, activity levels, and biological susceptibility.

Solutions must move away from the old narrative of “*eat less, move more*” and instead focus on changing environments, not blaming individuals.

Improving healthy weight is a long-term endeavour which requires aligned action across partners, sectors, and communities.

The CPP approved an action plan structured around the Seven Local Levers for Action, including:

- Restricting health-harming food advertising.
- Using planning to improve food environments (e.g. reducing takeaway density).
- Strengthening public sector food procurement.
- Integrating breastfeeding and early-years nutrition support.
- Supporting physical activity through workplaces and the Physical Activity Strategy.
- Enhancing community engagement (e.g. Place Standard Tool with a food lens).
- Establishing oversight for the Good Food Nation regional plan.

The Director of Public Health will oversee delivery with progress reported to CPP Senior Leadership Team bi-annually and to the CPP Board in spring 2027.

1.6 NHS as a Population Health Organisation (Item 14)

The Committee were provided with an update on the NHS as a Population Health Organisation and its associated maturity matrix. This provided **significant** assurance as it demonstrated proactive planning in relation to the Annual Delivery Plan ask for 2026/27 which is that NHS Boards benchmark against and develop an action plan against its key areas of: Preventive focused systems, Workforce Culture and leadership, Accountability for Population Health Outcomes, Data and Intelligence, Shift towards Primary and Community Care

and Values Based Health and Care. The committee discussed approaches to undertaking the self assessment during 2026/27 and agreed to hold a workshop in the autumn to specifically focus on the self assessment.

1.7 Preventive Spend (Item 15)

The Committee received a presentation on the Scottish Government led pilot exploring preventive spend which aims to put prevention at the heart of budgeting and policy development. The Committee took **significant assurance** that NHS Dumfries and Galloway were actively involved in this pilot project which will help enable the Board to develop its approach to re-orientating its focus towards prevention.

1.8 Key Metric Update – Life Expectancy and Healthy Life Expectancy

National Records of Scotland recently updated estimates of life expectancy and healthy life expectancy for 2022-2024. This demonstrated that there had been a slight increase in life expectancy from the 2020-2022 data across Scotland. Scotland still the lowest life expectancy of UK countries. Dumfries and Galloway has closely followed the national average. Despite the slight improvements in life expectancy, estimates of healthy life expectancy have fallen with Dumfries and Galloway again following closely to the Scottish average. Inequalities in life expectancy and healthy life expectancy exist between people living in areas classified as being deprived compared to those classified as being more affluent. See Figure 2.

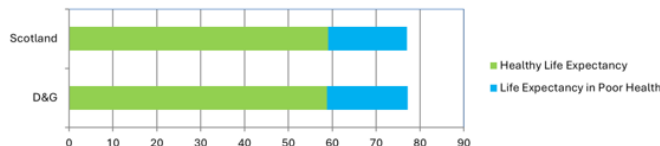
Figure 1 – Life Expectancy and Healthy Life Expectancy 2022-2024

Life (and healthy life) expectancy

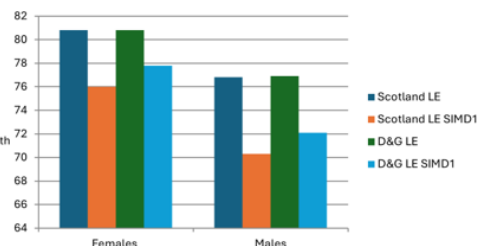
Life and Healthy Life Expectancy for females (2022-2024)



Life and Healthy Life Expectancy for males (2022-2024)



Inequalities in Life Expectancy



2.3.1 Quality/ Patient Care

Delivering an effective public health agenda will have a positive effect on the quality of patient care.

2.3.2 Workforce

This report has no specific impact on workforce.

2.3.3 Financial

This report has no specific impact on finance.

2.3.4 Risk Assessment/ Management

The work outlined in this paper contributes to mitigation of the corporate risks in relation to population health and reducing health inequalities.

2.3.5 Risk Appetite

- Minimal

Comment:

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

No other relevant impacts were identified as part of this paper.

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 / Assurance

- NHS Board is asked to note the Public Health Committee update from its meeting held on 20 April 2026.

3 List of appendices

There are no appendices with this report.