

NHS Dumfries and Galloway



Meeting:	NHS Board
Meeting date:	10 August 2026
Title:	Public Health Committee Chair 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:

- Assurance

This report relates to:

- NHS Board/Integration Joint Board Strategy or Direction

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:

The Public Health Committee has received and scrutinised a broad range of reports aligned to its remit, preventive focussed system work, screening programmes, inequalities, community wealth building, Public Health Improvement capacity and Community Planning.

The report demonstrates clear progress across several areas, including participation in national prevention work, development of Population Health Organisation arrangements, improved equality impact assessment activity, and measurable progress in aspects of Anchor delivery and partnership working. However, moderate assurance is appropriate because a number of areas continue to require further development or improvement, including cervical screening uptake and inequalities, specialist vascular capacity for AAA screening, Public Health Improvement workforce capacity, and the pace of delivery across the wider inequalities and prevention agenda.

From the list below, please select which Strategic Outcome 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:

(For more detail on each of the tactical priorities, please click on this [link](#))

- Embedding prevention and early intervention in service models that are sustainable within Dumfries and Galloway.
- Co-designing services with our local communities that meet healthcare needs, promote self-care, and reduce 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 August 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 August 2026 meeting.

- **Preventive Focus Spend Update (Item 6)**

The Committee received an update on Scottish Government work to develop a preventative budgeting approach and the participation of NHS Dumfries and Galloway in the national pilot programme. The report provided **moderate assurance**, with further development of this area of work required to establish significant assurance.

BOARD PUBLIC

The work supports the development of a prevention-focused health system and aligns with national commitments within the Population Health Framework and Public Service Reform Strategy.

NHS Dumfries and Galloway was one of nine NHS Boards involved in the pilot, which tested a methodology for identifying and classifying preventative expenditure across public services. Emerging findings indicate that preventative investment can be measured and monitored systematically, although the methodology remains under development and results should be interpreted with caution.

The Committee noted the establishment of national governance arrangements, including the Preventative Investment Advisory Group, and future plans to expand the approach across the health and social care system. The report provides assurance that NHS Dumfries and Galloway is contributing to national reform activity and helping shape future approaches to preventative investment.

- **Population Health Organisation Maturity Matrix Self Assessment Workshop (Item 7)**

The Committee received an update on national requirements for NHS Boards to assess their progress in becoming a Population Health Organisation (PHO) and develop a corresponding improvement plan as part of the 2026/27 Annual Delivery Plan. The paper provided **significant assurance** that arrangements are in place within NHS Dumfries and Galloway to undertake this assessment and develop a proportionate, evidence-informed improvement programme.

Members noted that becoming a Population Health Organisation is a key element of wider NHS reform, supporting a shift from a predominantly treatment-focused model towards prevention, reducing inequalities and delivering sustainable, value-based health and care. The Committee was advised that the nationally agreed PHO Maturity Matrix, developed with support from The King's Fund and endorsed by NHS Chairs and Chief Executives, will be used to support structured assessment and organisational improvement.

The Committee considered the proposed local approach, which includes a facilitated self-assessment workshop with Board, public health and system partners in September 2026, followed by development of a focused improvement plan and a second workshop to agree priority actions. Support will be provided by Healthcare Improvement Scotland and Public Health Scotland.

The Committee noted that the assessment is intended as a continuous improvement tool rather than a performance management exercise and that any resulting action plan will focus on a small number of high-impact areas aligned with existing strategic priorities.

- **Cervical Screening Programme Annual Report 24/25 (Item 8)**

The Committee received the Annual Report for the Cervical Screening Programme. The Committee noted **moderate assurance** for this report due to the reduction in screening uptake and coverage during 24/25. With the following points being highlighted:

The national target for participation in the screening programme is set at 80%. Whilst participation in screening in Dumfries and Galloway is higher than participation nationally and for most other individual Health Boards, this target was not reached in 2024/2025.

There was a substantial decline in participation in cervical screening in 2024/2025 compared with the previous financial year. Screening coverage¹ was 60.8% in 2024/25, a decline of almost 8% locally. Screening uptake² was 50.7% locally, which was also a decline of nearly 8%. Similar patterns were seen nationally for the same time periods.

The decline in participation is being attributed to the impact of the COVID-19 pandemic and the change in screening interval for women aged 25-49 from 3 to 5 years following the introduction of primary Human Papillomavirus (HPV) screening in 2019. A national investigation is ongoing to understand the causes, impact and possible actions to address this.

There is a steep social gradient in cervical screening participation for both coverage and uptake locally. There is a 16 percentage-point difference in coverage and a 23 percentage-point difference in uptake between people from the least and the most deprived areas in Dumfries and Galloway. The equivalent national differences are 9 and 11 percentage points for coverage and uptake respectively.

In terms of sample taking and lab processing, NHS Dumfries and Galloway also performs comparatively well, with the percentage of adequate samples taken for primary HPV and cytology testing equalling and exceeding the national averages respectively.

Quality Improvement work is in place and an EQIA for the programme has recently been completed. The Committee asked that accessing screening programmes is a key way for people to catch disease early, supporting people to keep well and asked that screening is integrated into place-based approaches to delivery of health and social care.

¹ Coverage is defined as the percentage of women in a population eligible for screening at a given point in time who have had a cervical screening encounter within the specified period. For the total target age group (25 to 64 years), 'age-appropriate coverage' defines coverage as the percentage of women in the population eligible for cervical screening who have attended within the previous 3.5 years for women aged 25-49 and 5.5 years for women aged 50-64. Note that the additional 0.5 year provides a window to allow for the screening appointment to have been arranged and taken place after the invitation or reminder letter was sent.

² Uptake is defined as the proportion of those invited for screening who have had a cervical screening encounter within six months (183 days) of their invitation or reminder letter.

- **Abdominal Aortic Aneurism (AAA) Screening Programme Report 25/26 (Item 9)**

The Committee received the Annual Report for the AAA Screening Programme. The Committee noted **Significant** assurance for this report. With the following points being highlighted:

More than 1,000 men in Dumfries and Galloway participated in AAA screening from 01 April 2024 to 31 March 2025. A large AAA was detected in <10 of these men. In addition, around 90 local men underwent quarterly or annual surveillance scans for a medium or small AAA detected by the screening programme.

The AAA screening programme continues to perform well against some national KPIs, meeting or exceeding essential targets, including: 100% of men were invited on time for screening; 86% were screened within target timelines and, 96% and 98% of men on the surveillance programme were screened on time for small and medium AAA respectively.

The social gradient in AAA screening uptake persists in Dumfries and Galloway, and nationally. Local uptake is 74.7% in men from most-deprived communities compared to 91.1% in men from least-deprived communities. This is a 16.4 percentage point difference locally compared to one of 12.6 for Scotland overall.

The national targets for the quality of scanning images are still not being met, although these KPIs have improved year-on-year for the last three reporting periods.

The national shortage in specialist vascular capacity continues to affect referral for treatment KPIs for men with a large AAA: 66.7% are being seen by vascular services within 2 weeks and 33.3% are being operated on within 8 weeks. These targets are not being met for men from Dumfries and Galloway, nor for any Health Board in Scotland.

The multidisciplinary AAA Screening steering group met regularly to provide assurance around programme performance, risk management and governance for AAA screening in Dumfries and Galloway.

- **Anchor Plan and Inequalities Update (Item 11)**

The Committee received an update on progress to reduce health inequalities and deliver the Board's Strategic Anchor Plan. The report provided **moderate assurance** recognises that this remains a complex, long-term agenda, with capacity and resource constraints affecting the pace of delivery.

The Committee noted that progress continues across a range of interconnected programmes, including inequalities performance monitoring, Equality Impact Assessments (EQIAs), Anchor Organisation activity, Armed Forces Covenant implementation and work with vulnerable communities.

BOARD PUBLIC

The Committee also considered and approved the refreshed Strategic Anchor Plan 2026-2028, which aligns with Community Wealth Building ambitions and supports the Board's wider objectives to improve population health and reduce inequalities.

The Committee noted positive progress in embedding inequalities within organisational governance. Equality Impact Assessments have increased from 4 in 2022 to 18 in 2025, with 12 published during 2026 to date. Benchmarking against the Equalities and Human Rights Self Assessment Toolkit achieving developmental level which recognised several areas of good practice but highlighted the need to have continued focus on embedding EQIAs throughout the organisation and recognised the limited specialist resource to support this area of work.

Significant progress was reported against elements of the Strategic Anchor Plan. New employability programmes, including Project Search and SWAP, have been introduced during 25/26, with an increased focus on disabled people, those living in deprived communities and families at risk of poverty. Partnerships with the Department for Work and Pensions, community organisations and employability networks have strengthened recruitment pathways into NHS careers, with early evidence of positive employment outcomes emerging. Apprenticeship activity is now being formally recorded and plans are in place to expand opportunities across multiple frameworks.

The Committee also noted measurable improvements in procurement performance comparing 24/25 to 25/26 data. Spending with Small and Medium Enterprises increased from 33.5% to 39.1%, the proportion of Real Living Wage accredited suppliers increased from 14.3% to 18.2%, and suppliers committed to paying the Living Wage increased from 42.9% to 65.9%. Local procurement spend also increased from 4.79% to 4.85%, although this remains below the Board's local target of 8%.

Workforce equality data quality has also improved, including a 9.2 percentage point reduction in unknown ethnicity records and improved disclosure rates across several protected characteristics. The Committee noted that further work is required to improve representation, strengthen recruitment pipelines and support employment opportunities for people living in the most disadvantaged communities.

- **Community Wealth Building Overview**

The Public Health Committee received an update on the Community Wealth Building (Scotland) Act 2026 and its implications for NHS Dumfries and Galloway. Members were advised that the Board's existing Anchor Institution programme provides a strong foundation for implementation and that work is progressing with Community Planning Partners to develop a coordinated regional approach. An assurance level of **Significant** was reported.

BOARD PUBLIC

The Committee noted that Community Wealth Building introduces new statutory duties for public bodies and strengthens expectations around partnership working, procurement, performance reporting and demonstrating social and economic value.

NHS Dumfries and Galloway will continue to deliver its Anchor Strategic Plan, develop metrics and participate in regional governance arrangements to support implementation of the Act.

- **Public Health Improvement and Community Link Work (Item 13)**

The Committee received an update on the role, current activity and capacity of the Public Health Improvement (PHI) workforce, including Community Link Workers, Community Health Development Practitioners and Public Health Improvement Leads. The report provided **Moderate Assurance**, with committee noting that while a broad programme of work continues, limited staffing capacity which has been impacted by recruitment restrictions and sickness absence constrains the ability to respond to increasing demand, develop new initiatives and sustain community-based preventative activity.

The Committee noted that Public Health Improvement activity is central to delivery of the Board's ambitions for population health improvement and prevention, supporting individuals and communities through evidence-based programmes, community development approaches and partnership working. PHI staff contribute to a broad range of strategic priorities, including physical activity, suicide prevention, tobacco control, good food nation initiatives, community health development and health improvement programmes targeted at vulnerable populations.

Members received an update on the Community Link Worker service, which supports individuals to address wider determinants of health such as poverty, housing, debt, unemployment, isolation and social connectedness. The Committee noted the value of the service in helping people access practical and community-based support and acknowledged the significant challenges due to reduced service coverage in some areas which may increase the risk of widening health inequalities if not addressed.

The report highlighted arrangements introduced to strengthen oversight and accountability, including the development of an outcome-focused plan and bi-monthly highlight reporting to demonstrate the breadth of PHI activity across the region and support prioritisation of available resources. The Committee requested that work is undertaken to clarify the staffing complement needed to take forward PHI work with assurance given by the Chief Officer of the Health and Social Care Partnership that this was in progress and would be taken through appropriate governance structures.

- **Community Planning Update (Item 14)**

The Committee received an update on the work of the Community Planning Partnership (CPP) and implementation of the Local Outcomes Improvement Plan (LOIP) 2023–2033. The report provided **significant assurance** that population health improvement, health inequalities and prevention are being actively considered through CPP governance structures and that partners are testing new approaches to strengthen collaboration and place-based working.

The Committee noted that recent CPP discussions have focused on key determinants of population health, including poverty, inequality, place, healthy weight environments, community wealth building, climate adaptation and depopulation. These priorities align closely with the Scottish Population Health Framework and the Board's strategic ambition to improve population health and reduce inequalities.

Members were advised of progress through the Fairer Futures Partnership, a Scottish Government-funded initiative addressing child poverty through place-based, preventative approaches. Since commencement, the programme has received 67 referrals, is actively supporting 51 families (187 individuals). Since the programme started in January 2026 – May 2026 5 families have had increases in monthly income via benefits maximisation by on average £419.91. As at May 2026, a total of £4,099.77 had been received across 20 families in one-off financial gains.

The Committee also noted partners have agreed to participate in a joint workshop to explore development of a regional Community Wealth Building Action Plan, recognising the new legislative requirements of the Community Wealth Building (Scotland) Act 2026.

Following research commissioned by the Council the Community Planning Partnership Board has additionally identified depopulation as a major strategic challenge for the region. A dedicated workshop explored opportunities to strengthen recruitment and retention, support apprenticeship opportunities, improve digital and transport infrastructure, promote inward investment and align Community Wealth Building activity with wider repopulation ambitions.

The Committee welcomed plans to develop a new locality planning approach in Stranraer which will align with the Health and Social Care Partnership Place based approach to commissioning and noted endorsement of the internationally recognised Planet Youth prevention model, which will support future prevention-focused work with children, young people and families.

- **Horizon Scanning (Item 15)**

The Committee received a brief update on the recently announced time limited Meningitis B vaccination campaign for eligible young people noting:

- Time limited Men B Vaccination campaign for specific criteria of Young People was announced in June 2026.

BOARD PUBLIC

- Main phase of initial vaccination offer been completed with good uptake, second dose scheduled late August/Sept.
- Those not responded to invitation to be vaccinated will be able to book ad hoc appointments for doses until end of December, they can do this by checking if they are eligible using NHS inform <https://www.nhsinform.scot/menb-youngpeople>. and then contacting 01387 403090.
- The efforts of the vaccination teams and partners in education and further education to deliver the campaign were noted.

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

This report has not been taken through any groups or committees prior to being presented to the Public Health Committee.

2.4 Recommendation

- **Assurance** – the NHS Board is asked to take assurance that the Public Health Committee has reviewed the reports summarised, which falls within its remit.

3 List of appendices

There are no appendices included with this report.