

<b>NHS Greater Glasgow and Clyde</b>	<b>Paper No. 25/82</b>
<b>Meeting:</b>	<b>NHSGGC Board Meeting</b>
<b>Meeting Date:</b>	<b>24 June 2025</b>
<b>Title:</b>	<b>Public Health Strategy Implementation Update</b>
<b>Sponsoring Director/Manager</b>	<b>Dr Emilia Crighton, Director of Public Health</b>
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## 1. Purpose

**The purpose of the attached paper is to:**

Provide the Population Health and Wellbeing Committee (PHWBC) with an updated delivery position against the priorities outlined in the refreshed 2024 DPH Report (which served as a post-pandemic update to the Public Health Strategy and operated as a joint strategic needs assessment to inform planning).

## 2. Executive Summary

**The paper can be summarised as follows:**

Against the backdrop of the Covid-19 pandemic and cost of living crisis, the 2024 Director of Public Health Report (framed by interviews with over 10,000 residents via our most recent NHSGGC Health and Wellbeing Survey) updated NHSGGC's Public Health Strategy (Turning the Tide through Prevention, 2018-2028). Setting out the contemporary public health challenge with clear rationale determining priorities, it outlined collective action in relation to established public health priorities including children and young people, healthy weight, mental health and drugs harms as well as new priorities emerging including digital health, financial wellbeing, transport and strengthening communities.

The updated strategy *Working Together to Stem the Tide* continues to be monitored through the established assurance framework for the Population Health and Wellbeing Committee and Board. Programmes aligned with the Annual Delivery Plan are also monitored as part of this assurance route.

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Overall, delivery progress is good including:

- Despite doubling of weight management referrals post-pandemic, the services still continue to successfully support people to achieve significant weight loss
- Delivery of smoking cessation improvement plans within maternity and pharmacy increasing the volume of quit rates being set (and achieving 98.7% of the annual LDP target)
- The number of take home naloxone kits distributed is above target and continues to rise (supporting the reduction of opioid overdoses)
- The number of schools participating in school toothbrushing is at its highest post-pandemic
- Staff flu delivery plan resulting in nearly 5,000 staff vaccines delivered in its launch week and 100 peer immunisers signed up to deliver staff flu vaccinations (with over 1300 vaccines delivered through this pathway)
- Over 250,000 resources issued by the Public Health Information Management Team, and over 1,000 translations provided
- Hospital based Public Health Information Services Teams supporting timely discharge by helping 366 clients with home energy, provision of 159 emergency food on discharge packages and small grants to pregnant women and families totalling £19,000

Looking forward over the next year, priority work (as outlined in the 25/26 Annual Delivery Plan) will focus on:

- Improving completion of child health development assessments
- Improving access to distress brief intervention services (and reducing variation in provision across the Board area)
- Reducing barriers for all vaccine uptake across all ages, ethnicities and demographics
- Implementing smoking cessation improvement plans across all 'Quit Your Way' settings and services
- Delivering effective adult weight management services and child healthy weight programmes in line with national service standards
- Implementing all 10 Medication Assisted Treatment (MAT) standards across GGC in both community and custody settings
- Delivering programme of targeted cancer screening awareness and engagement campaigns to communities with lowest uptake.

Since the publication of the report, a national Population Health Framework has been developed, setting out the long term public health focus, referencing existing programme specific delivery plans (such as the National Transport Strategy, Tobacco & Vaping Framework and the Screening in Scotland Equity Strategy). The priorities identified in our DPH Report and Public Health Strategy strongly correlate with those contained within Scotland's Framework for Population Health:

- Child Development
- Places and Communities
- Mental Health and Wellbeing
- Prevention
- Healthy Living

### 3. Recommendations

The NHSGGC Board is asked to consider the following recommendations:

- Note the achievements in relation to the public health priorities
- Support further engagement with IJBs to prioritise and maintain good health through delivery of a whole system approach both nationally and locally, with a clear focus on public health being everyone's business.

### 4. Response Required

This paper is presented for assurance

### 5. Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

- |                        |                        |
|------------------------|------------------------|
| • Better Health        | <u>Positive</u> impact |
| • Better Care          | <u>Positive</u> impact |
| • Better Value         | <u>Positive</u> impact |
| • Better Workplace     | <u>Positive</u> impact |
| • Equality & Diversity | <u>Positive</u> impact |
| • Environment          | <u>Positive</u> impact |

### 6. Engagement & Communications

The issues addressed in this paper were subject to the following engagement and communications activity:

Review of Population Health and Wellbeing Committee papers and engagement with Public Health Programme Managers. Reporting to the Public Health SMT

### 7. Governance Route

This paper has been previously considered by the following groups as part of its development:

- Public Health Inequalities Group
- Public Health SMT

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- CMT
- Population Health and Wellbeing Committee

### **8. Date Prepared & Issued**

Date prepared: 10 June 2025

Date issued: 16 June 2025

## Annual Strategy Update: Turning the Tide Through Prevention

### RAG Status Key

(Based on operational targets reported in latest quarterly assurance report or equivalent)

**Green** = On target or better

**Amber** = Adverse variance of up to 5%

**Red** = Adverse variance of more than 5%

**Grey** = No data available or no target set

**To ensure the best start for children with a focus on developing good health and wellbeing in their early years.**

### Universal Health Visiting Pathway and Child Oral Health

Ref (corporate priority where applicable) Key Strategy Deliverables (Descriptor)	Resource & Finance position (on budget/deviation?)	Lead	RAG Status (Based on operational targets reported in latest quarterly assurance report or equivalent)	
OPBH 1.1a - Universal Health Visiting Pathway OPBH 1.3 Oral health	On budget	DPH/ Nurse Director	Proportion of child assessments completed 13- 15mth; 27-30mth; 4-5yrs  Proportion of schools reported to be toothbrushing	
Impact (Planned impact) For indicators/ measurement see RAG status	Milestone Position (What should have been achieved?)		Risks to delivery (Type and description)	Mitigating action required (Detail)
Ensure the best start for children with a focus on developing good health and wellbeing in their early years through the Universal Health Visiting Pathway (UHVP)  Increase in proportion of child assessments completed  Support families with developmental concerns identified at 27-30 months review  Reduce developmental concerns including inequalities in developmental concerns	The Revised Universal Pathway continues to provide an opportunity to assess the child and promote, support and safeguard the child's development and wellbeing.  All 6 HSCP areas have approaches in place to support Health Visitors and families as part of the Children's Services Planning Partnerships and this includes the Universal Health Visitor Pathway.  The number of child development assessments completed on time for 4-5 year olds is below		Ongoing financial and staffing challenges within health visiting workforce  Supporting families with developmental concerns and reducing developmental concerns is dependent on whole system actions (not solely health visiting)	Senior leaders actively monitor impact /risk closely via operational and professional routes and oversight of the micro strategy dashboard provides data on pathway delivery.  Work to improve our completion rates for the 4-5 year visit is scoping pre- school entry. Other priority actions include improving completion of the antenatal visit, increasing continuity of care, additional HPI recording and compliance with national guidance.

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	<p>target</p> <p>A group has been established to review guidance and practice in responding to developmental concerns. This includes both 13-15 month and 27-30 month review recognising the need for early intervention.</p>		<p>Links have been developed to national work around reducing developmental concerns to increase capacity and efficiency of working.</p>
<p>Enable oral health primary and secondary prevention (establishing tooth brushing in early years through child smile uptake, and increase dental registration of young children supporting the most vulnerable children and families via the UHVP). Reduce need for general anaesthetics in children requiring tooth extraction.</p>	<p>Sustained improvement in the proportion of schools participating in supervised tooth-brushing, despite challenges remobilising in some schools.</p> <p>The total at the end of Q3 2024/25 is at 78.9% which is ahead of trajectory and the Board AIF target of 76%.</p> <p>The number of schools participating in school toothbrushing is at its highest post-pandemic</p>	<p>Competing pressures on schools poses risk to uptake / sustaining toothbrushing</p>	<p>Meeting with the Head of Health Improvement to identify additional actions to increase uptake of the programme beyond pre-Pandemic levels</p>

## Reducing the burden of disease & delivering shift to prevention

### Weight Management

Ref (corporate priority where applicable) Key Strategy Deliverables ( Descriptor)	Resource & Finance position (on budget/deviation?)	Lead	<b>RAG Status</b> (Based on operational targets reported in latest quarterly assurance report or equivalent) <b>Green = On target or better</b> <b>Amber = Adverse variance of up to 5%</b> <b>Red = Adverse variance of more than 5%</b> <b>Grey = No data available or no target set</b>
<p>OPBH 1.1b - Working in partnership, increase healthy weight interventions for children and families, through community Weight Management interventions.</p> <p>OPBH 2.0 - Focus on Weight Management as the main, modifiable risk factor for Type 2 diabetes.</p>	On budget	DPH	<p>Number of referrals to Adult Weight Management Services (AWMS) per quarter</p> <p>Number of patients who engaged with Tier 2 Services and achieved a 5% weight loss</p> <p>Number of patients who engaged with Tier 2 Services: completed 12 week membership (completers) and achieved a 5% weight loss</p> <p>Percentage of newly diagnosed Type 2 Diabetes patients who opt in to structured education programme</p>

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Impact (Planned impact) For indicators/ measurement see RAG status	Milestone Position (What should have been achieved?)	Risks to delivery (Type and description)	Mitigating action required (Detail)
<ul style="list-style-type: none"> <li>Expand healthy weight intervention through the UHVP.</li> <li>Expand community based 'Thrive under Five' Programme.</li> <li>Increase uptake of weight management interventions in line with national standard.</li> <li>Support increased detection and diagnosis, targeting most at risk groups e.g. pregnant women, the BAME communities.</li> <li>Increase the number of newly diagnosed patients who complete structured education and weight management programmes.</li> </ul>	<ul style="list-style-type: none"> <li>HENRY (Health Eating and Nutrition for the Really Young) training expanded to accommodate demand across HVs &amp; Third Sector Organisations (TSOs).</li> <li>Commissioning exercise with procurement underway to secure TSO delivery of HENRY: Families Growing Up.</li> <li>SG bid for additional funding for Thrive under 5 successful and local implementation groups established in 5 HSCPs.</li> <li>Weigh To Go fully operational with marketing &amp; communication plan in development.</li> <li>89% increase in referrals to weight management services in 2023/24 compared to 2022 (over 16,000) including increases in referrals to diabetes services</li> <li>Significant improved outcomes for a larger number of patients, with 70% of those opting for tier 2 weight management going on to complete ten out of twelve weeks of the programme, with two thirds of them achieving a 5% weight loss (exceeding national benchmarks)</li> </ul>	<p>Significant proportion of funding is ring fenced time limited SG funding.</p> <p>Late allocation of funding impact on ability to utilise full allocation within fiscal year.</p>	<p>Ongoing contract management in place to identify performance challenges early and put remediation in place to improve 5% weight loss outcomes for completers in line with pre-covid outcomes.</p>

## Vaccinations – Covid-19 & Flu

Ref (corporate priority where applicable) Key Strategy Deliverables ( Descriptor)	Resource & Finance position (on budget/deviation?)	Lead	RAG Status		
OPBH4 – Vaccinations	On budget	DPH	Proportion of eligible population immunised during: Spring campaign Autumn/Winter campaign		
Impact (Planned impact) For indicators/ measurement see RAG status		Milestone Position (What should have been achieved?)		Risks to delivery (Type and description)	Mitigating action required (Detail)
Continue work to reduce barriers for all vaccine uptake across all ages, ethnicities and demographics		Our vaccination programme is the single largest NHS public health intervention in Scotland, administering over 750,000 vaccines every year.  Our staff flu campaign and delivery were enhanced in 2024-25 and we will build on this, including delivering the peer immuniser programme (over 100 people registered) and increased range of engagement methods. Nearly 5,000 staff vaccinations were delivered in the launch week.  Despite new venues for the Autumn/Winter campaign bringing vaccinations closer to home for many patients, our uptake number for adults remains lower than the national average (largely reflective of deprivation)  65 clinics run every week to deliver pre-school vaccinations. School activity runs term time to offer vaccination to 86,000 primary school and 76,000 secondary school pupils. Our rates of vaccination for children’s programmes remain amongst the highest in the country (e.g. Flu pre-school uptake is at 61.4% in NHSGGC and 50.2% nationally)		Uptake is returning to pre pandemic levels for flu. Covid vaccination rates are lower than flu as patients choose to just have the flu vaccination even though eligible for both. This is reflected across all boards across Scotland not just within Greater Glasgow and Clyde.  A reduction in certain communities in particular Black, Black Scottish, Black British and African, Africa Scottish and African British. This could be due to factors including, organisations who we have previously worked with are no longer operating and therefore reduced channels for engagement for the peer worker programme.	Following increase in the number of venues in Glasgow City (where uptake has been poorer) we will continue to provide more localised access.  Evaluation of the peer worker engagement model



## To promote and support good mental health and wellbeing at all ages

### Child and Young Persons Mental Health and Adult Mental Health and Adult Mental Health

Ref (corporate priority where applicable) Key Strategy Deliverables ( Descriptor)	Resource & Finance position (on budget/deviation?)	Lead	RAG Status	
OPBH 1.2 Reduce the number of children and young people requiring referral into the CAMHS through a focus on early intervention and prevention.  OPBC9.1 Continue to implement the strategy for Mental Health Services in NHSGGC 2023-28	On budget	DPH	<p>Numbers accessing early intervention mental health services as part of CYP MH – Last available report covered up to March 2024. Moved from 6 monthly to annual reporting with next report expected to publish April covering the period from April 2024 – March 2025</p> <p>Number of referrals to Distress Brief Intervention – Baseline Measure, No target set</p>	
Impact (Planned impact) For indicators/ measurement see RAG status	Milestone Position (What should have been achieved?)		Risks to delivery (Type and description)	Mitigating action required (Detail)
Development and implementation of a NHSGGC Self Harm Action Plan. Initial focus on agreement of an action plan.	Short Life Working Group established to develop cross-system, whole life course self-harm action plan. Currently scoping current position against each of the priorities to identify gaps & required actions. Governance will be through Mental Health Strategy Programme Board.		Resources for implementation. Governance for implementation recognising responsibilities will lie across organisational boundaries.	Action plan realistic in relation to resource and governance constraints.
Support the ND service specification implementation group in developing effective whole system pathways of care	Work initiated around whole system pathways of care and diagnosis and a broad neuro-affirming approach to improving outcomes for neurodivergent children and young people. Initial recommendations around sleep pathways being drafted. Links and input to national ND service spec review (SG and COSLA) and Public Health work.		Demand for ND/ADHD outweighing demand	Current referral systems are being reviewed. Self-management resources have been developed & at user testing stage.
Digital mental health: understand and respond to the potential harms of the digital environment whilst maximising the positive benefits	Refreshed the partnership programme Aye Mind - annual review of Aye Mind has shown extensive engagement with its communication			Scoping of secondary care criteria applied for adult ADHD referrals to prioritise patients most in need

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	<p>assets, including 60,000 web views, 27 new tools added to its directory of resources.</p> <ul style="list-style-type: none"> <li>• Developed digital resources in clinical settings.</li> <li>• Literature review (jointly conducted by Health Improvement and Specialist Children's Services) exploring digital aspects of child and youth mental health, with a particular focus on self-harm and suicide issues completed.</li> </ul>		
<p>Develop a comprehensive picture of distress support across GGC.</p> <p>Promote routes of distress support to 1st responders</p>	<p>Scoping of current Distress Brief Intervention support services across GGC has identified variation across the board area. A paper highlighting this variation, with recommendations is currently going through governance processes. Recs include a focus on training &amp; promotion of such to 1st responders.</p>	<p>Inequalities in access to distress support across the board area. However, expansion restricted by lack of funding.</p>	<p>Plans in place to expand Renfrewshire and East Renfrewshire services.</p>
<p>Work in partnership with Trauma Lead officers/ coordinators/ programme leads in six HSCPs to support taking forward 'calls for action' from DPH report</p>	<p>Links made with Trauma Lead Officers to complete scoping work. Ongoing working relationship being developed: includes support for training data analysis; identifying how to push forward work in acute setting</p>	<p>Short term funding Lack of leadership for the programme within the acute setting</p>	<p>Clarify governance and accountability routes</p>

## To reduce the premature mortality rate of the population and the variance in this between communities

### Drug Related Deaths

Ref (corporate priority where applicable) Key Strategy Deliverables ( Descriptor)	Resource & Finance position (on budget/deviation?)	Lead	RAG Status
<p><b>Concerted action to reduce drug harms</b></p> <p>OPBH 3.1 Work towards delivery of the National Mission on Drug Deaths Plan 2022-2026, in conjunction with the Alcohol and Drug Partnerships, HSCPs/Alcohol and Drug Recovery Services in GGC.</p> <p>OPBH 3.2 Continue to roll out Medication Assisted Treatment (MAT) Standards across the 6 HSCPs aiming to continue the reduction in drug related deaths</p>	On budget	DPH / COs	<p>An NHSGGC Drugs Harms Framework has been developed which incorporates all six of the outcomes that are set out in the National Mission on Drug Deaths Plan 2022-2026.</p> <p>In aggregate across GGC, implementation of the MAT standards is on track and has progressed to a degree that is equivalent to or greater than in Scotland as a whole, based on assessments from the annual national benchmarking process.</p>
Impact (Planned impact) For indicators/ measurement see RAG status	Milestone Position (What should have been achieved?)	Risks to delivery (Type and description)	Mitigating action required (Detail)
<p>Develop NHS GGC Drugs Harms Framework.</p> <p>Continue to roll out Medication Assisted Treatment (MAT) Standards across the 6 HSCPs aiming to continue reduction in drug related death.</p> <p>Ensure public health input to the GGC-wide MAT Standards Implementation Group.</p> <p>Monitor drug use and drug harms through the Drug Trends Monitoring Group and inform any requirements for change.</p> <p>Lead the coordination of efforts to address blood-borne virus transmission in GGC.</p>	<p>NHSGGC Drugs Harms Framework has been finalised</p> <p>In aggregate across GGC, implementation of the MAT standards is on track and has progressed to a degree that is equivalent to or greater than in Scotland as a whole, based on assessments from the annual national benchmarking process</p> <p>Public Health Directorate continues to convene NHSGGC's SHBBVs Oversight Group to provide board-wide coordination of efforts to address BBVs in GGC, including amongst people who inject drugs.</p>	<p>Collation and handling of complex datasets from multiple sources to enable progress to be monitored and reported.</p> <p>Implementation of MAT standards in custodial settings presents additional challenges, for example due to frequent movements of individuals between different locations within the criminal justice service and recruitment difficulties within the prison healthcare service</p>	<p>The Board-wide MAT Standards Implementation Group continues to work closely with individual ADRS and MIST to highlight and seek solutions to operational challenges at national level.</p> <p>The MAT Standards Project Management Team will continue to play a vital role in supporting implementation and monitoring of MAT Standards delivery across GGC.</p>

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### Smoking Cessation

Ref (corporate priority where applicable) Key Strategy Deliverables ( Descriptor)	Resource & Finance position (on budget/deviation?)	Lead	RAG Status	
Smoking Cessation	On budget	DPH	12 Week Quit Outcomes (40% Most Deprived)	
Impact (Planned impact) For indicators/ measurement see RAG status		Milestone Position (What should have been achieved?)	Risks to delivery (Type and description)	Mitigating action required (Detail)
Implement smoking cessation improvement plans across 'Quit Your Way' settings and services  Develop and deliver educational resources on tobacco and vaping for young people		In 2024-25 the implementation of smoking cessation improvement plans (featuring activities such as return to carbon monoxide testing, enhanced pharmacy training and support, maternity opt-out pathways tests of change) allowed us to achieve 98.7% of the annual LDP target, achieving 1,667 against the target of 1,689 for 12 week quit	Vacancies in key posts are impacting on service delivery  Unavailability of pharmacotherapies on the formulary e.g. Varenicline and Bupropion. to support smokers to stop.	In early 2025, re-introduce Varenicline (nicotine analogue) across community pharmacy to support higher quit rates  Roll-out the smoking cessation maternity opt-out pathway to all pregnant smokers in NHSGGC (in place in IRH and RAH, will be rolled out to QEUH, VoL and PRM)  Develop and deliver educational resources on tobacco and vaping for young people

### Screening Programme Uptake

Ref (corporate priority where applicable) Key Strategy Deliverables ( Descriptor)	Resource & Finance position (on budget/deviation?)	Lead	RAG Status
Screening Programme uptake	On budget	DPH	Screening Programme uptake for: Bowel Breast Cervical DES

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Impact (Planned impact) For indicators/ measurement see RAG status	Milestone Position (What should have been achieved?)	Risks to delivery (Type and description)	Mitigating action required (Detail)
Reduce Inequalities in uptake across programmes	<p><u>Bowel</u></p> <ul style="list-style-type: none"> <li>61.1% bowel screening uptake (218,065 individuals screened) in the last screening round 2022/23 to 2023/24 (similar to previous year)</li> <li>Variation in uptake by deprivation quintile (most deprived 51.3% v least 72.0%)</li> </ul> <p><u>Breast</u></p> <ul style="list-style-type: none"> <li>75.9% screening uptake (118,166 women screened) in the last screening round (increased since last report)</li> <li>Uptake higher than achievable target (70%) but not at desirable target (80%)</li> <li>Large variation in uptake by deprivation quintile (SIMD), with lowest uptake in most deprived quintile (65.2%) compared with least deprived (85.3%).</li> </ul> <p><u>Cervical</u></p> <ul style="list-style-type: none"> <li>65.2% screening uptake (233,241 women screened) in the last screening round 2019/20 to 2023/24 (similar to last report but has fallen over the last six years)</li> <li>Does not meet the national target of 80%</li> <li>Large variation in uptake by age group, with lowest</li> <li>Conclusion of the no cervix audit</li> </ul> <p><u>Diabetic Eye Screening</u></p> <ul style="list-style-type: none"> <li>81.8% screening uptake (57,982 people screened)</li> </ul>	Waiting times for tests following initial screening test (e.g. colonoscopy or colposcopy)	<p>Screening Steering Groups have action plans in place to monitor service delivery and uptake including developing options for bowel screening virtual pre-assessment and work to reduce colposcopy waiting times</p> <p>An updated screening inequalities action plan will be developed in 2025, aligned with National Equity in Screening Strategy.</p> <p>Working with WoS Breast Screening Centre and NSS to resolve mobile fleet issues</p>

## Reducing health inequalities through advocacy and community planning

### Financial Security

Ref Key Strategy Deliverables ( Descriptor)	Resource & Finance position (on budget/deviation?)	Lead	RAG Status	
Building financial security for better health	On budget	DPH, Director of HR, Director of Estates and Facilities	On target – see milestone position narrative	
Impact (Planned impact) For indicators/ measurement see RAG status		Milestone Position (What should have been achieved?)	Risks to delivery (Type and description)	Mitigating action required (Detail)
Production of Local Child Poverty Action Reports		NHSGGC continue to support LCPAR development and implementation. LCPARs have been presented to PHWBC and CMT during 24/25. Coverage of money advice services in the community has been reduced due to funding pressures during 24/25.	Delivery of Financial Inclusion support is dependent on multi agency partnerships to provide funding and service capacity.	Funding applications to sustain maternity and childrens services money advice support have been completed and await outcome. Continued partnership working across HSCP areas during 25/26 to develop mitigating actions in light of reduced money advice service coverage.
Support implementation of NHSGGC's role as an Anchor Organisation to support social and economic recovery planning at city and regional level and increase our contribution to Community Wealth Building across the City Region.		NHSGGC Anchors Strategic Delivery Plan 2023-26 completed and approved at November CMT. Theme leads have identified & submitted year 1 actions via the agreed governance of the Sustainability Governance Group. Delivery will be reported via the Sustainability Governance Group.		Our 25/26 Anchors annual action plan will continue to focus on the themes of procurement, workforce and land/assets

## Digital Inclusion

Ref Key Strategy Deliverables ( Descriptor)	Resource & Finance position (on budget/deviation?)	Lead	RAG Status	
Broadening Access to Digital Health	On budget	DPH/ Director of eHealth	On target – see milestone position narrative	
Impact (Planned impact) For indicators/ measurement see RAG status		Milestone Position (What should have been achieved?)	Risks to delivery (Type and description)	Mitigating action required (Detail)
Design, test and evaluate approaches to improve digital access to healthcare services and develop 'best practice' to mitigate digital barriers		Health and Wellbeing Survey results have provided up to date intelligence on digital access and barriers to digital inclusion. Work continues with local community libraries to promote use of Digital Champions.	Cost of living crises as additional barrier to affordability of digital access  A high proportion of digitally excluded population have no appetite to become digitally active.	Sustain delivery of offline, traditional public health and health information.  PEPI, EHRT and eHealth team agreed mainstreaming action for 2024/25 to develop best practice to mitigate digital barriers

## Access

Ref Key Strategy Deliverables ( Descriptor)	Resource & Finance position (on budget/deviation?)	Lead	RAG Status	
Connecting people and health: affordable, accessible and sustainable transport	On budget	DPH/ HI lead Glasgow City	On target – see milestone position narrative	
Impact (Planned impact) For indicators/ measurement see RAG status		Milestone Position (What should have been achieved?)	Risks to delivery (Type and description)	Mitigating action required (Detail)
Enable reliable access to health services in a way that is safe and affordable.		Digital strategy has resulted in a reduction in travel and associated costs for patients linked to the use of virtual consultations and patient hub services.  Work is underway to promote sustainable and affordable travel options to NHSGGC health	Delivery responsibility outwith the auspices of NHS work	Ongoing discussions with the Transport working group.  Public Health and Glasgow Centre for Population Health (GCPH) continue to work with local Authority planning partners including Health Impact

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	services. This includes reference to travel reimbursement entitlement on patient information and installation of real-time bus information screens at 6 acute hospital sites		Assessment of Regional Transport Priorities (such as the Clyde Metro development) to promote sustainable transport and active transport to improve population health.
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## Communities and Places

Ref Key Strategy Deliverables ( Descriptor)	Resource & Finance position (on budget/deviation?)	Lead	RAG Status	
Strengthening Communities and Places	On budget	DPH/ COs	On target – see milestone position narrative	
Impact (Planned impact) For indicators/ measurement see RAG status		Milestone Position (What should have been achieved?)	Risks to delivery (Type and description)	Mitigating action required (Detail)
<p>Complete dissemination and strategic engagement with partners on Director of Public Health report and Health and Wellbeing Survey results:</p> <p>Deliver a programme of community engagement with local HI Teams, Third Sector Interface organisations and partners.</p> <p>Develop a joint delivery framework with partners aligned with IJB Local Strategic Plans and CPP Local Improvement Outcome Plans.</p>		<p>Work to understand population need has included our Health &amp; Wellbeing Survey (2023) featuring an expanded cohort to enable Local Authority level analysis by deprivation, gender and age (with a further BME sample underway).</p> <p>Engagement with IJBs; CPPs and Community Sector on HWB data and local Population Health priorities is currently ongoing to inform and update the JSNA for 25/26. The development of a data profile to support Locality or Place-based programmes is currently being piloted in Gallowhill, Renfrewshire.</p>		