

<b>NHS Greater Glasgow and Clyde</b>	<b>Paper No. 26/85</b>
<b>Meeting:</b>	<b>NHSGGC Board Meeting</b>
<b>Meeting Date:</b>	<b>25 June 2026</b>
<b>Title:</b>	<b>Public Health Strategy 2018-2028: Turning the Tide through Prevention Annual Update</b>
<b>Sponsoring Director/Manager</b>	<b>Dr John O'Dowd, interim Director of Public Health</b>
<b>Report Author:</b>	<b>Marion O'Neill, General Manager Public Health Neil Irwin, Public Health Business Manager</b>

## 1. Purpose

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

Provide the NHS Greater Glasgow and Clyde Board with an updated delivery position against the public health priorities outlined in the *Turning the Tide Strategy* and the 2024 Director of Public Health 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:**

Setting out the contemporary public health challenge, the 2024 Director of Public Health Report updated NHSGGC's Public Health Strategy (Turning the Tide through Prevention, 2018-2028) with calls to action to continue our focus on 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, transport and strengthening communities.

Since the last annual update, NHSGGC's Minority Health and Wellbeing Survey has also been published (October 2025) which captured the feedback of more than 2,600 minority ethnic people. Shining a light on lived experience of using health and social care services, it focused on six key themes (perception of health and wellbeing; screening and access to health services; health behaviours; social health; social capital and health and wellbeing). Key findings (where a comparable cohort is available) showed a decline in health indicators compared to the 2016 study including:

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- Less likely to have a positive view of their health
- Less likely to have a positive view of their physical or mental/emotional wellbeing
- More likely to have a limiting condition or be in receipt of treatment for at least one condition.

A commitment to build on the findings of the survey report and reduce racialised health inequalities will be reflected in named services that align to NHSGGC's Anti-Racism Plan. This will be underpinned by strengthened community development approaches.

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.

Overall, delivery progress is good including:

- Over 16,000 referrals into adult weight management services; over 3,000 vitality exercise classes and over 2,600 health walks (with 73 walks now delivered weekly)
- Reduction of pregnant women who smoke opting out/declining referral to cessation services (35% in 23/24 to 15% in 24/25) as a result of test of change pilot in Royal Alexandria Hospital that has been rolled out across other sites
- Engagement with child health reviews (remains stable or improved with the exception of the 4-5 year visit)
- The number of schools participating in school toothbrushing now exceeds pre-pandemic levels
- Over 400,000 vaccinations administered in our community clinics, and a doubling of pharmacies administering flu vaccinations compared to last year.
- Over 320,000 resources issued by the Public Health Information Management Team (an additional 70,000 compared to last year); and over 1,200 translations provided
- Hospital based Public Health Information Services Teams supporting timely discharge through provision of 506 emergency food on discharge packages (compared to 159 last year) and small grants to pregnant women and families totalling £23,500
- 289 incidents and outbreaks managed by the Health Protection Team in 2025; including direct management of 4995 cases.

Whilst priorities are being actively reviewed in line with the emerging Population Health Framework delivery and reporting requirements, it is anticipated that we will maintain a focus on:

Priority Public Health Area	Current reporting indicator
Child Development/ Child Health	Improving completion of child health development assessments
Mental Health	Improving access to distress brief intervention services (and reducing variation in provision) across the Board area
Immunisations	Reducing barriers for all vaccine uptake across all ages, ethnicities and demographics
Smoking Cessation	Implementing smoking cessation improvement plans across all 'Quit Your Way' settings and services
Healthy Weight	Delivering effective adult weight management services and child healthy weight programmes in line with national service

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	standards
<b>Drugs</b>	Implementing all 10 Medication Assisted Treatment (MAT) standards across GGC in both community and custody settings
<b>Screening</b>	Delivering programme of targeted cancer screening awareness and engagement campaigns to communities with lowest uptake

### 3. Recommendations

**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
- Endorse a renewed focus on a prevention focused system and support efforts to deliver a whole system response in which prevention is embedded across all parts of NHSGGC.

### 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
- CMT
- Population Health and Wellbeing Committee

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

**Date Prepared:** 27 March 2026

**Date Issued:** 17 June 2026

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### 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 OPBH 1.1b - Working in partnership, increase healthy weight interventions for children and families, through community Weight Management interventions.	On budget	DPH/ Nurse Director	<p>Percentage of Children with one or more developmental concerns recorded at the review (27/30 mths)</p> <p>Proportion of schools reported to be toothbrushing</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>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)</p> <p>Earlier identification of developmental need, particularly speech, language and social development, with a focus on reducing avoidable inequalities in SIMD 1–2 communities.</p>	<p>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.</p> <p>Coverage remains high and stable, providing confidence in the reach of the universal pathway.</p>		<p>Persistent deprivation-related need placing pressure on already stretched children's services.</p> <p>Workforce capacity constraints across Health Visiting and specialist children's services.</p> <p>Financial constraints across all</p>	<p>Senior leaders actively monitor impact /risk closely via operational and professional routes and oversight of the micro strategy dashboard provides data on pathway delivery.</p> <p>Ongoing work through Transforming Roles groups including local quality improvement work within Health</p>

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<p>Support families with developmental concerns identified at 27-30 months review</p> <p>Improved alignment of universal and targeted children's services to support better long-term educational and health outcomes.</p> <p>Expand healthy weight intervention through the UHVP. Expand community based 'Thrive under Five' Programme.</p>	<p>18.82% of children had one or more developmental concern at the 27-30 month assessment. This has returned and stabilised at the pre-pandemic median (19.27%).</p> <p>An action plan for NHSGGC to reduce developmental concerns is being developed with stakeholder engagement. Local approaches are being developed and supported in W Dun and Renfrewshire.</p> <p>The action above sits alongside wider Children's Services Planning which is fundamental to ensuring the best start for children, including the Health Visiting pathway. The Children's Services Plans are being developed. Public Health have been working with partners to achieve more visibility of the under 5 population in these plans.</p> <p>The Maternity Strategy has been published and is being implemented.</p> <p>A review of the pathway response to developmental concerns at 13-15 and 27-30 months has been completed and the recommendations will be progressed.</p> <p>During 2024/25, training of the health visitor (HV) workforce has continued with 476 staff now trained to deliver HENRY core messages as part of the HV universal pathway, of which 395 are HVs (two thirds of the HV workforce). The aim is to have over 80% of HVs trained by end 2025/26.</p> <p>Thrive Under 5 delivery was sustained across four HSCP areas, supporting families with pre-school children experiencing food</p>	<p>partners including community organisations and voluntary sector</p>	<p>Visiting and sharing of this learning. Updated HV-SLT referral guidance to reduce inappropriate referrals and delays.</p> <p>Completion of an action plan aimed at reducing developmental concerns, consultation and buy in from partners. Implementation and monitoring of this plan.</p> <p>Ongoing effective Children's Services Planning with a focus on the early years. Progression of local work specific to reducing developmental concerns, including work with NESTA in W Dun.</p> <p>Implementation of the Maternity Strategy.</p> <p>Alignment with GIRFEC principles and neuro-affirmative practice to improve consistency and experience.</p> <p>Completion of SCS reviews of the Specialist Community Paediatric Framework and ND Pathway and implementation of the refresh.</p> <p>Progression of quality improvement recommendations from the response to developmental concerns review work.</p> <p>Ongoing child poverty action.</p>
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	insecurity. Demand exceeded capacity in all areas. Following the end of national funding, interim funding was secured in Glasgow to March 2026, with other areas exploring options to maintain and extend delivery.		
<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).</p> <p>Reduce need for general anaesthetics in children requiring tooth extraction.</p> <p>Reduction in dental decay in early years, particularly in deprived communities, supporting long-term oral health and reduced treatment need</p>	<p>Sustained improvement in the proportion of schools participating in supervised tooth-brushing, despite challenges remobilising in some schools.</p> <p>76.4% of schools are engaged with the programme against a target of 76%. Data is seasonally affected with drop offs during the school holiday periods but trajectory indicates continued recovery and improvement compared to immediate post-pandemic levels.</p> <p>Shared training for teams and development of materials for families engaged with the HENRY and TU5 programmes.</p> <p>The Oral Health Directorate performed waiting list revalidation and the offer of alternative treatment options to GA, with a view to reducing the number of children on GA waiting lists and a reduction in service pressures.</p> <p>Lifelong Smiles has strengthened communication between health and social care teams, improving the identification and management of vulnerable families and enabling more timely linkage to dental services, with clearer information on treatment options, including alternatives to GA. Branded supporting literature and family-facing animations have been well received and attracted wider interest, with ongoing work to expand materials and explore use across additional secondary care and General Dental Services providers.</p>	Competing pressures within schools, including staffing and curriculum demands, affecting programme consistency	<p>Targeted deployment of Dental Health Support Workers to priority settings</p> <p>Ongoing quality improvement work with Education and HSCP partners</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	RAG Status (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	
OPBH 2.0 - Focus on Weight Management as the main, modifiable risk factor for Type 2 diabetes.	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>	
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>Increase uptake of weight management interventions in line with national standard.</p> <p>Support increased detection and diagnosis, targeting most at risk groups e.g. pregnant women, the BAME communities.</p> <p>Increase the number of newly diagnosed patients who complete structured education and weight management programmes.</p>		<p>Referral data from Glasgow &amp; Clyde Weight Management Services continues to demonstrate increased demand for support to manage overweight and obesity with 16,677 referrals during 2024-25, an increase of over 1,000 on the previous year.</p> <p>≥5% weight loss among engagers: 44.6% – In line with national benchmarks.</p> <p>≥5% weight loss among completers: 62.9% – Strong outcome performance among those completing programmes.</p> <p>Opt-in rate: 22.4% vs target ≥22.9% – Slightly below target but improving quarter-on-quarter</p>	<p>Sustained demand placing pressure on capacity and waiting times if not actively managed.</p> <p>Dependence on time-limited funding streams.</p> <p>Potential for unequal engagement or completion across deprivation groups</p> <p>Variable GP engagement and referral practice</p> <p>Competing demands on patients'</p>	<p>Active contract and capacity management with providers</p> <p>Close monitoring of waiting times, engagement and completion by SIMD.</p> <p>Targeted outreach and referral pathways in high-deprivation areas, including opt-out approaches for newly diagnosed Type 2 Diabetes Diabetes patients.</p> <p>Delivery of programmes in community-based and familiar settings,</p>



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	<p>AWMS fully operational across all HSCP areas with consistent referral pathways. Tier 2 delivery embedded as routine practice with stable provider performance.</p> <p>Independent evaluation underway with the University of Glasgow on the joint action plan with Glasgow city for Active Glasgow Strategy, with early findings suggesting outcomes comparable with or exceeding national performance.</p> <p>Face-to-face structured education resumed following pandemic disruption. Evening sessions implemented as a Test of Change to improve accessibility</p>	time limiting uptake.	<p>alongside evening and face-to-face sessions to reduce access barriers related to work, caring responsibilities and digital exclusion.</p> <p>Use of robust outcome and value-for-money data to support a case for recurrent investment</p> <p>Learning from independent evaluation to refine delivery and equity of access</p> <p>Integration with care planning processes.</p> <p>Stronger alignment with My Diabetes My Way to support patient engagement.</p>
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### 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	<p>Enhanced staff flu campaign achieved 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.</p> <p>Spring Covid 25 Surveillance Data: Over 75s - population 96,456, vaccinated 61,555 , uptake 63.8% Older Care home residents - population 6,783, vaccinated 5,340, uptake 78.7% Weakened Immune system- population 44,615, vaccinated 16,602, uptake 37.2% Total- population 133,862, vaccinated 73,418, uptake 54.8%</p> <p>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</p>	<p>Uptake is returning to pre pandemic (i.e. lower) 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.</p> <p>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.</p>	<p>Following increase in the number of venues in Glasgow City (where uptake has been poorer) we will continue to provide more localised access.</p> <p>Evaluation of the peer worker engagement model which supports targeted engagement with specific cohorts</p> <p>Social Care Worker uptake of Flu is low in NHS GGC and this is reflected across Scotland. Social Research has been commissioned to understand better the reasons for non engagement and uptake of Flu Vaccination. This includes staff working in Care Homes and Care at Home Staff. From this research it is planned to develop bespoke messaging and co produced resources.</p>

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	amongst the highest in the country (e.g. Flu pre-school uptake is at 61.4% in NHS GGC and 50.2% nationally)		
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### 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	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								
			Area	East Dunbartonshire	East Renfrewshire	Glasgow City	Inverclyde	Renfrewshire	West Dunbartonshire	NHSGGC	
			Total number	895	229	2,570	201	1,770	639	6,304	
			Number of referrals to Distress Brief Intervention – Baseline Measure, No target set								
			Referrals from all HSCPs in GGC Q1-3		Q1 Apr-Jun 25		Q2 Jul-Sep 25		Q3 Oct-Dec 25		
Total 4223		1402		1433		1388		Current total 4223 compared to 3929 in equivalent time period 24-25			
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.  Support the ND service specification implementation group in developing effective whole system pathways of care  Digital mental health: understand and respond		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.  Work initiated around whole system		Resources for implementation. Governance for implementation recognising responsibilities will lie across organisational boundaries.  Demand for ND/ADHD outweighing demand  Inequalities in access to distress support across the board area. However, expansion				Action plan realistic in relation to resource and governance constraints.  Mapping is complete and now actions and governance to ensure progress have been established.  Current referral systems are being reviewed. Self-management resources have			

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<p>to the potential harms of the digital environment whilst maximising the positive benefits</p> <p>Develop a comprehensive picture of distress support across GGC. Promote routes of distress support to 1st responders</p> <p>Work in partnership with Trauma Leads across six HSCPs to support delivery of the DPH report's calls to action, embedding a public mental health and trauma-informed approach.</p>	<p>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.</p> <p>Refreshed the partnership programme Aye Mind - annual review of Aye Mind has shown extensive engagement with its communication assets, including 60,000 web views, 27 new tools added to its directory of resources. Developed digital resources in clinical settings.</p> <p>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.</p> <p>Scoping of current Distress Brief Intervention support services across GGC has identified variation across the board area. A SBAR presented to MH Strategy Programme Board outlining this variation and identifying actions for improvement has led to expansion of services in West Dun &amp; East Dun which only had services for under 25s – plans now in motion to be service for all 16+ both areas. Plans to agree consistent training delivery and promotion for 26-27.</p> <p>Historical Trauma Informed training data collated for 23-24, 24-25. Process for data</p>	<p>restricted by lack of funding. Ongoing issues with service provider in East Ren and Ren HSCPs.</p> <p>Short term funding Moving slowly in terms of clarifying governance and accountability routes and moving into concrete action</p>	<p>been developed &amp; at user testing stage.</p> <p>Scoping of secondary care criteria applied for adult ADHD referrals to prioritise patients most in need.</p> <p>National and local learning around family support services for ND is being collated and will be shared to support and advocate for effective equitable models.</p> <p>Support offered to East Ren &amp; Ren DBI leads to encourage action to address service short falls. DBI Network continues to offer peer support and developing more consistent approach.</p> <p>Continuing to work with Board trauma champion and Head of TI Programme at NES to progress work and keep on agenda.</p>
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	returns and collation established on ongoing basis. Angela Wallace identified as TI Champion for the board and SBAR written for presentation to board with recommended next steps and request to identify appropriate governance group to take on development & implementation.		
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### 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>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  Educational resources on tobacco and vaping for young people have been developed and launched alongside a programme of training/briefing		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.  Lack of engagement from key Maternity stakeholders to deliver Opt-Out pathway	Recruitment to the Quit Your Way Staff Bank has mitigated some of the staffing issues.  In 2025, re-introduction of Varenicline (nicotine analogue) across community pharmacy to support higher quit rates  Roll-out of the smoking cessation maternity opt-out pathway has been delivered to all Maternity Units in NHSGGC



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### 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 AAA
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> <p>61.7% bowel screening uptake in the last screening round 2023/24 to 2024/25 (similar to previous year)</p> <p>The target for this is 60%</p> <p>Variation in uptake by deprivation quintile (most deprived 51.5% v least 73.2%)</p> <p><u>Breast</u></p> <p>Public Health Scotland publishes national breast screening programme statistics annually. However, since the last publication in May 2024, data quality issues have been identified and there has been no updated data released. Boards have been unable to produce local performance statistics due to this issue</p> <p><u>Cervical</u></p> <p>50.7% screening uptake in the last screening</p>	<p>Waiting times for tests following initial screening test (e.g. colonoscopy or colposcopy)</p> <p>Issues with access to screening locations, mobile screening unit reliability and workforce impacting on screening invitation rates (AAA, DES and Breast)</p>	<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 is in place</p> <p>Working with WoS Breast Screening Centre and NSS to resolve mobile fleet issues</p>

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	<p>round 2020/21to 2024/25 below the target of 80%</p> <p>The latest programme KPIs for NHSGGC and Scotland are taken from the published Public Health Scotland data for April 2024 to March 2025 published in February 2026. This data shows a substantial fall in cervical screening uptake in Scotland and NHSGGC. This fall may in part be explained by the methodology used determine uptake.</p> <p>Due to change in methodology, we were unable to produce local analysis for 2024/25 at this time.</p> <p><u>Diabetic Eye Screening</u></p> <p>77.8% screening uptake below the target of 80 – which is a 3% reduction from previous year</p> <p>74.8% in most deprived quintile vs 83.1 in least deprived</p> <p><u>Abdominal Aortic Aneurism (AAA)</u></p> <p>Uptake is 78.5% in the last screening round 2024/25 (Similar to previous year)</p> <p>Target for AAA uptake is 75%</p> <p>71.2% uptake in the most deprived quintile vs 86.1% in the least deprived</p>		
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### 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 25/26. Coverage of money advice services in the community has been reduced due to funding pressures during 25/26. NHSGGC continues to seek support to sustain co-located financial inclusion support services within adult hospitals, children's hospital and maternity services	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.		Delivery of NHSGGC Anchors Strategic Delivery Plan 2023-26 and associated three-year action plans. Delivery has been reported via the Sustainability Governance Group.		Our 26/27 Anchors annual action plan will continue to focus on the themes of procurement, workforce, partnerships and land/assets

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### 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	
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	<p>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.</p> <p>Continued work with local authority library services to facilitate community health hubs, access to health resources, my health navigator functionality and NearMe service access facilitation.</p>		<p>Cost of living crises as additional barrier to affordability of digital access</p> <p>A high proportion of digitally excluded population have no appetite to become digitally active.</p>	<p>Sustain delivery of offline, traditional public health and health information.</p> <p>PEPI, EHRT and eHealth team agreed mainstreaming action for 2024/25 to develop best practice to mitigate digital barriers</p>

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### 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	
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.	<p>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.</p> <p>Work is underway to promote sustainable and affordable travel options to NHSGGC health services. This includes reference to travel reimbursement entitlement on patient information and installation of real-time bus information screens at acute hospital sites and participation in free transport pilot for Glasgow City patients.</p>		Delivery responsibility outwith the auspices of NHS work	<p>Ongoing discussions with the Transport working group.</p> <p>Public Health and Glasgow Centre for Population Health (GCPH) continue to work with local Authority planning partners including Health Impact Assessment of Regional Transport Priorities (such as the Clyde Metro development) to promote sustainable transport and active transport to improve population health.</p>

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### Communities and Places

Ref	Resource & Finance position (on budget/deviation?)	Lead	RAG Status	
Key Strategy Deliverables ( Descriptor)				
Strengthening Communities and Places	On budget	DPH/ COs	On target – see milestone position	
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> <p>Focus on Population Health Framework established with IJB's and CPP's to support NHSGGC delivery framework.</p>	Local Health Improvement capacity remains a challenge	Further engagement from public health directorate senior management team with HSCP/ CPP colleagues to review support arrangements.	