HIGHLAND NHS BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk NHS Highland
MINUTE of MEETING of the POPULATION HEALTH AND PLANNING COMMITTEE	**14 January 2026 – 9.30am**

Present:

Gerard O'Brien, Non-Executive Director (Chair)
Gareth Adkins, Director of People and Culture
Alex Anderson, Non-Executive Director
Emily Austin, Non-Executive Director
Heledd Cooper, Director of Finance
Louise Bussell, Nurse Director
Sarah Compton-Bishop, Board Chair
Fiona Davies, Chief Executive
Jennifer Davies, Director of Public Health and Policy
Arlene Johnstone, Chief Officer for Highland Health and Social Care Partnership
Karen Leach, Non-Executive Director
Dr Boyd Peters, Medical Director
David Park, Deputy Chief Executive
Gareth Adkins, Director of People and Culture
Evan Beswick, Chief Officer, Argyll & Bute Health and Social Care Partnership
Iain Ross, Head of eHealth
Graham Illsley, Non-Executive Director
Laura Neil, Associate Director of Quality and Clinical Governance
Paul Nairn, Regional Planning Manager

In Attendance:

Natalie Booth, Senior Corporate Administrator
Kristin Gillies, Interim Head of Strategy and Transformation
Addy Massey, Corporate Administrator
Gavin Davidson, Senior Administrator
Nathan Ware, Deputy Head of Corporate Governance

1 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting. An apology for absence was received from P Macrae.

1.2 Declarations of Interest

No Declarations of Interest were received.

1.3 Minutes of Previous Meeting and Action Plan

The minutes from the meeting held on 2 October 2025 was approved as an accurate record. No amendments were requested.

1.4 Matters Arising

There were no matters arising not otherwise covered on the agendum.

2. Performance and Service Delivery

2.1 Development of the Strategic Workplan 2025/2026

The Deputy Chief Executive introduced the paper and advised it outlined the context for developing the new strategic framework, highlighting the central role of the four-quadrant model and the sequence of work required. It was reported that the Strategy Development Group, which comprised of approximately 20–30 representatives across professional and operational areas. The group have met four times since early November and had demonstrated high levels of constructive and positive engagement. An update on the phased engagement plan was provided to Committee members, highlighting early engagement with leaders, staff and key partners to build a common understanding. This would be followed by wider public engagement once the framework had matured, with Public Health providing a critical checkpoint. The process will run in overlapping phases, allowing continual feedback.

Turning to timeline, the Deputy Chief Executive advised that the previously signalled aim to populate the framework by end-March was not achievable given operational pressures and the impact of the forthcoming election period on external consultation. It was therefore recommended a revised target was set for the end-June 2026 for the framework to be populated. It was noted that a publishable strategy could then reasonably follow in the subsequent quarter after consolidation and refinement. The establishment of a digital engagement hub to collate staff, partner and public feedback and to support ongoing dialogue was also referenced.

In discussion, the following points were raised:

- Confidence in Revised Timelines. The Committee Chair queried whether the shift from March to June remained achievable. The Deputy Chief Executive confirmed that June continued to be a reasonable target for producing a populated framework, although further refinement would be required beyond that point.
- Publication Expectations. It was noted that while substantive content was expected by June, a publishable strategy was more likely in the September period. Any slippage would be reported to the Committee.
- Strategic Positioning within the Sub-National Landscape. Members discussed the influence of emerging sub-national proposals. It was highlighted that these developments would inevitably shape NHS Highland's work, that a clear organisational strategy would support strong negotiation and representation within the collaborative model.
- Risks and Opportunities of Sub-National Working. Executives noted that the sub-national environment carried both risks and opportunities. Clarity on NHS Highland's strategic aims was emphasised by the Chief Executive as essential to help balance operational demands, to safeguard local priorities and to negotiate effectively where regional compromise is necessary.

- Timing and Approach to Engagement. Members explored the timing of public engagement, balancing benefits of early dialogue against the need to avoid confusion before the framework was sufficiently formed. The Committee acknowledged that more than one round of engagement with partners was likely to be required due to the different nature of questions being asked in this cycle to ensure internal readiness without losing sight of the imperative to involve citizens and communities meaningfully.

The Committee:
- **Accepted** Moderate Assurance
- **Approved** the outline and approach to the framework's development
- **Approved** the revised timeline, targeting end-June 2026 for a populated framework and recognising publication is most likely in the following quarter

2.2 Digital Front Door Update

The Head of eHealth provided an update on the national Digital Front Door, now branded MyCare.scot. It was noted the initial release to the first health board was on 3 December 2025, which focused on dermatology outpatients and testing appointments and communications functionality. For the rest of Scotland, the Whole-Population Availability (WPA) release is planned for April 2026, providing citizens with a secure access point to confirm identity/demographic details, view allergies, prescriptions (repeat and acute), vaccinations, and access a service finder. It was stressed that Boards are not required to complete any technical enablement for the April WPA release.

Subsequent national phases were highlighted, particularly those focused on making appointments and communications visible to patients at scale, and it was noted that these would require significant local standardisation and business change, most notably in outpatient clinic build and booking practices where variation already existed. Members were also updated on digital inclusion activity, including the February Inverness workshop, and noted that a national roadmap was expected to set out the phasing and local implementation requirements in more detail. Support for citizen access and account queries was confirmed as being provided by the National Contact Centre at go-live.

In discussion, the following points were raised:

- Strategic Impact of MyCare.scot. Members considered how the Digital Front Door would influence strategic aims, with the Deputy Chief Executive noting that increased transparency and direct access to information could shift citizens from a passive role to a more active one in managing their health.
- Equity and Digital Inclusion. Concerns were raised about the risk of widening inequalities, with emphasis on ensuring that people who are less digitally confident or lack access are not disadvantaged. The Committee noted the importance of influencing national design work to embed inclusion, prevention and person-centred approaches.
- Operational and Business-Change Requirements. Members discussed the significant local standardisation needed for outpatient clinic templates and booking processes to align with national expectations. It was recognised that this represented major business-change work rather than a purely technical issue.
- Resource Implications for Digital Teams. Questions were asked about whether NHS Highland had sufficient capacity to deliver the future demands of the programme. It was noted that boards would require resourcing for local implementation once national plans and timelines were confirmed.
- Impact on Demand and Expectations. Members reflected that wider visibility of appointments and health information could both increase demand and help reduce administrative workload, with implications for managing capacity and focusing resources on those with greatest need.
- Care System Integration. It was highlighted that long-term development would need to consider the wider health and care system, including how digital access might support people navigating social care services and the involvement of local authority partners.
- Digital Enablement and Strategic Risk. The Committee discussed the importance of sustained investment, user-centred design and alignment with national platforms, recognising that functionality and ease of use would determine whether the system supports or hinders strategic ambitions.
- Committee Reflection. Members agreed that digital enablement would form a core element of future strategic planning and noted the need for continued updates as national requirements and system functionality evolve.

The Committee:

- **Noted** the update on the national Digital Front Door also called MyCare.scot
- **Accepted** Substantial Assurance

2.3 Population Health Thematic Reviews

The Director of Public Health presented a developmental approach to thematic reviews designed to embed prevention and population-health thinking across NHS Highland, aligned to the Population Health Framework pillars and associated indicators. The discussion outlined how reviews would link outcomes, evidence and actions, with a focus on areas where the Board can directly lead, influence through partnerships, or advocate where levers sit elsewhere. It was highlighted that child poverty was a key focus with approximately 1,800 children required support to bring them out of poverty by 2030. Within the NHS Highland footprint to align

with national ambitions; partner dashboards and Community Planning Partnership datasets as sources to ground the work were signposted.

During discussion, the following points were highlighted:

- Novelty and Scale of the Approach. Members welcomed the developmental population-health methodology and noted that it represented a new and ambitious approach, with no existing blueprint to follow. The five core questions within the presentation were highlighted as particularly helpful in framing future work.
- Need for Baselines and Benchmarks. Members endorsed the need to agree clear baselines and to employ a balanced indicator suite containing lead indicators (to drive anticipatory action) as well as lag indicators (to evidence longer-term impact).
- Indicators, Targets and Measurement. The Director of Public Health confirmed that some benchmarks already existed, such as national child-poverty targets, but agreed that further work was required to define local aspirations, timelines and suitable indicators—recognising that some measures were long-term. Members also encouraged the inclusion of both lead and lag indicators to enable proactive monitoring.
- Use of Community Planning Partnerships. The committee emphasised that delivery of the Population Health Framework should not sit solely with NHS Highland. Stronger and more visible alignment with Community Planning Partnerships were encouraged so that Board efforts can complement wider system action.
- Avoiding Over-emphasis on Perfect Data. Members recognised that while data and indicators were essential for scrutiny and accountability, an excessive focus on measurement risked delaying action. It was acknowledged that population-health work is complex and that progress should not be stalled by waiting for perfect measures.
- Governance and System Influence. The need for clearer governance links between NHS Highland, CPPS and multi-agency duties—such as corporate parenting—was noted. Members also discussed whether future integration or governance-model changes might strengthen multi-agency impact.
- Logic Modelling and Influence. It was suggested that logic-model approaches could help articulate the relationship between actions, outputs and outcomes, particularly where NHS Highland's influence was indirect or shared with partners.

The Committee **noted** the update

2.4 Public Health Annual Report Update

The Director of Public Health advised the Public Health Annual Report was in the final drafting stage, themed "Best Start in Life." The report would incorporate lived experience gathered from children and parents and will adopt a more visual presentation. Subject to finalisation, the report would be brought back to the Population Health and Planning Committee in March prior going to Board. If there were agenda pressures, correspondence approval may be used.

The Committee **noted** the update.

Committee Function and Administration

3

3.1 Committee Workplan

The Deputy Head of Corporate Governance invited discussion on establishing a pragmatic, flexible workplan for the Committee. The Chair noted that the workplan should track and support the strategy-development timetable and provide scheduled touch-points for Thematic reviews, Digital Front Door readiness, and associated items, while retaining flexibility for emerging priorities. Members agreed that suggestions should be collated by Corporate Governance.

The Committee **noted** the Committees Workplan.

3.2 Committee Terms of Reference

The Deputy Head of Corporate Governance discussed the Committee Terms of Reference. The Committee noted that, while an annual review is required, the current ToR (agreed October 2025) remain appropriate. It was therefore agreed that no changes are required at this stage and that the ToR will proceed to the Audit Committee and Board in March 2026 for inclusion in the updated Code of Corporate Governance.

The Committee:

- **Reviewed** the ToR
- **Agreed** to make no further changes to the current ToR as shown in the appendix to this report
- **Noted** that the ToR will be submitted to the Audit Committee and the Board for approval in March 2026 and included in the updated Code of Corporate Governance thereafter.

4 Any Other Competent Business

No other competent business was raised

5 Date and Time of Next Meeting

The date and time of the next meeting would be **Wednesday 11 March 2026, 09:30–11:30**