HIGHLAND NHS BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk
MINUTE of MEETING of the POPULATION HEALTH AND PLANNING COMMITTEE	**13 May 2026 – 9.30am**

Present:

Gerard O'Brien, Non-Executive Director (Chair)
Gareth Adkins, Director of People and Culture
Alex Anderson, Non-Executive Director
Graham Bell, Non-Executive Director
Evan Beswick, Chief Officer, Argyll & Bute Health and Social Care Partnership
Garret Corner, Non-Executive Director
Muriel Cockburn, Non-Executive Director
Heledd Cooper, Director of Finance
Jennifer Davies, Director of Public Health and Policy
Arlene Johnstone, Chief Officer for Highland Health and Social Care Partnership
Graham Ilsley, Non-Executive Director
Karen Leach, Non-Executive Director
Gavin Smith, Employee Director
David Park, Deputy Chief Executive
Richard MacDonald, Director of Estates, Facilities and Capital Planning
Neil Wright, Non-Executive Director

In Attendance:

Isla Barton, Director of Midwifery
Natalie Booth, Senior Corporate Administrator
Carolynn Hunter-Rowe, Head of Public Health Intelligence
Paul Nairn, Regional Planning Manager (Until 10:02 am)
Katy Styles, Associate Director of Planning, Strategy and Performance
Dominic Watson, Head of Corporate Governance

1 WELCOME AND APOLOGIES

The Chair welcomed members and attendees to the meeting and confirmed that the meeting was quorate.

Apologies for absence were received from L Bussell and K Sutton.

1.2 Declarations of Interest

No declarations of interest were received in relation to any items on the agendum.

1.3 Minutes of Previous Meeting and Action Plan

The Committee **approved** the minutes of the meeting held on 14 March 2026 as an accurate and complete record of proceedings.

The Committee agreed that these actions would be reviewed in detail and formally closed at the next agenda-setting meeting.

1.4 Matters Arising

No matters arising were discussed.

2. Performance and Service Delivery

2.1 Strategy Development Update

The Deputy Chief Executive introduced the Strategy Development Update and advised the update on progress, noting that although public engagement had been limited, sufficient early input was gathered to move into validation and framework development over the next four to six weeks, with further engagement expected as the strategy becomes more concrete.

The Regional Planning Manager confirmed that the framework would be developed over the coming weeks using feedback already gathered. The next phase of engagement was expected to introduce more detailed and measurable elements, allowing feedback to be tested with the public, partners and staff. It was noted that this work would also align with wider strategic drivers, including policy requirements, financial planning and previous engagement activity such as the Argyll and Bute Joint Strategic Plan. The framework would be tested with internal and external groups, with further engagement integrated into existing events to reduce pressure on stakeholders' time.

During discussion, the following points were raised:

- Imbalance in Engagement Responses. Concern was raised that engagement responses were heavily weighted towards the third sector, which could disproportionately influence findings compared to regulatory and private sector stakeholders. It was acknowledged that this imbalance required further consideration as the framework developed.
- Early-Stage Nature of Data and Approach to Analysis. It was noted that the information presented represented an early-stage dataset and would be interpreted in context, focusing on emerging themes rather than response volumes. Members emphasised the importance of identifying gaps in engagement and ensuring that underrepresented groups were proactively reached.
- Value of Third Sector Engagement. It was recognised that strong engagement with the third sector was appropriate given its significant role in preventative and community-based care, and that this reflected a broader shift towards outcome-focused and upstream approaches to health and wellbeing.
- Broadening Engagement and Partnership Working. Members highlighted the need to extend engagement to wider groups, including education settings, young people, justice services, and key statutory partners. It was agreed that effective collaboration across organisations would be essential to the success of the strategy.
- Use of Data to Inform Strategy Development. The importance of robust data sources, particularly General Strategic Needs Assessments, was emphasised as a critical foundation for informing priorities and ensuring a consistent, evidence-based approach to strategic planning.

The Committee:

- Took **moderate** assurance from the content of the report
- **Approved** the outline and approach to the development of the strategic framework to enable a refreshed NHS Highland Strategy

2.2 Director of Public Health and Policy Annual Report

The Director of Public Health and Policy spoke to the circulated report and confirmed that the annual report had been published and noted that earlier discussions had taken place previously. Supporting materials were referenced, including a report capturing the voices of young children. It was highlighted that the development process, particularly partnership working across CPP and children's services, had been highly valuable. Engagement included over 170 children across Highland and Argyll and Bute, which strengthened the evidence base.

The report was structured using the population health framework aligned to Marmot principles and linked areas such as education employment and prevention to wider priorities. It emphasised early years as the foundation for long term outcomes and highlighted the need to act early address inequality and work together across organisations. It was recognised that inequality was shaped by place and poverty with geography and dispersed deprivation presenting challenges. Health outcomes were largely influenced outside NHS services which reinforced the need to move from reactive approaches towards prevention and a better understanding of lived experience supported by clearer decision making and partnership working.

During discussion, the following points were raised:

- Strong Support for the Report and Strategic Direction. Members expressed strong support for the document, noting that it provided a clear framework to shape future strategy and reflected a shared direction of travel.
- Central Role of Equity in Strategy Development. Members emphasised that equity and equity impact assessment should be central to the strategy, with a focus now required on implementation and intended outcomes.
- Prioritisation of Children and Early Years. Members highlighted that children, particularly in the pre-birth stage and early years, should be positioned at the top of strategic priorities, reflecting the long-term benefits of early intervention and prevention.
- Importance of Addressing Child Poverty. Members noted that child poverty should be treated as a significant population health issue due to its long-term impact. The importance of partnership working across statutory and third sector organisations was emphasised.
- Use of Needs Assessment Data to Target Interventions. Members highlighted the importance of using strategic needs assessment data to identify both population groups and geographical areas of greatest need, ensuring services are appropriately targeted.
- Challenge of Translating Strategy into Action. Members acknowledged that the principles outlined were not new and highlighted the challenge of moving from strategy into delivery, particularly in the context of competing operational priorities.
- Resource Allocation and System Constraints. Members discussed the need to redistribute existing resources towards prevention and early intervention, noting the constraints of operating within a fixed financial envelope and the need to shift investment across the system.
- Need for Incremental Change and Practical Starting Points. Members suggested that identifying small, achievable actions or pilot initiatives would support progress and help to build momentum for wider system change.
- Managing Change and Organisational Impact. Members recognised that resource redistribution may create perceived loss in some areas and emphasised the importance of building trust, managing expectations, and supporting stakeholders through change.
- Framework for Decision-Making and Strategic Alignment. Members noted that the report contributed to a wider framework that would support transparent and evidence-based decision-making and should align with public sector reform and integration work.

Following discussion, the Committee **noted** and took **substantial** assurance on the recommendations, content of the report, and approach taken.

2.3 Population Health Organisation Maturity Matrix

The Director of Public Health and Policy outlined the population health maturity matrix self-assessment and confirmed it was due to be launched in May with a digital version to follow. The tool was developed to support the Scottish population health framework and to help establish a clear baseline of organisational readiness. It was described as a mechanism for structured board level discussion and evidence gathering rather than an audit or performance measure. The matrix is intended to identify strengths and areas for development and to support a board owned improvement plan. It also aims to strengthen system accountability and test whether population health is shaping decision making in practice.

The approach is designed to be collaborative and used across sectors with a focus on evidence informed discussion. The framework includes six domains covering population need prevention inequalities collaboration care models and governance. It was noted that maturity develops from capability to impact and requires strong data and infrastructure to support decision making. Further guidance and facilitation will follow the launch, and boards will need to consider how to undertake the assessment. A decision will be required on whether to proceed and whether to adopt a system wide or phased approach.

During discussion, the following points were raised:

- Support for Maturity Matrix as a Baseline Tool. Members agreed that the maturity matrix would provide a useful baseline to understand current position and support future development, provided it remains simple and focused.
- Importance of Honest Self-Assessment. Members emphasised that value would depend on a realistic and open assessment, recognising gaps and avoiding an overly positive position.
- Avoidance of League Table Use. Concern was raised that a single score could lead to comparison or ranking, and it was agreed the tool should focus on improvement rather than performance judgement.
- Alignment with Existing Work and Strategy. Members noted that elements of the assessment align with ongoing financial and strategic work, and that it would support the refreshed strategy.
- System-Wide Applicability. Members discussed that the framework should apply beyond the NHS to partners across the system, including local authorities and wider sectors.
- Need for Flexibility and Adaptation. It was recognised that elements of the framework may require adaptation to reflect local context and different sectors.
- Recognition of Developing National Approach. Members acknowledged that further clarity would follow the national launch and that expectations remain subject to change.

Following discussion, the Committee:

- **Noted** the national context and policy drivers for the Population Health Organisation approach.
- **Agreed** in principle that NHS Highland should undertake a PHO maturity matrix self-assessment at Board level and consider preferred approach.
- **Supported** the proposal to work with Public Health Scotland, to facilitate the completion of the PHO maturity matrix self-assessment as part of a future Board development session, with outputs informing ongoing governance and improvement planning.
- Take **moderate** assurance that NHS Highland is aligned with national expectations to develop as a Population Health Organisation and to support delivery of Scotland's Population Health Framework.

2.4 Children and Young People's Needs Assessment Update

The Head of Public Health Intelligence noted that the joint strategic needs assessment aligned with the Director of Public Health report and wider organisational strategy, underpinned by a population health framework and Marmot principles. The report was recognised as comprehensive and evidence based, building on previous work and developed in partnership with the Integrated Children's Services Board.

Key themes included a declining child population, a reducing working age population and associated service pressures, alongside the need for improved data to understand local need. The impact of deprivation and rurality, particularly in relation to access to services, housing and connectivity was noted. The report also highlighted increasing family complexity and vulnerability, including child protection and maternal health, with child poverty identified as a significant determinant of long-term outcomes.

The Director of Public Health and Policy noted the needs assessment was a well-received piece of work that is informing future planning, while also highlighting the need to strengthen how data is routinely understood and used to support a population health approach within existing systems.

During discussion, the following points were raised:

- Purposeful Use of Evidence and Partnerships. Members agreed that the Joint Strategic Needs Assessment and related reports should inform the organisational strategy. It was recognised that the information was not new and that greater focus was required on using evidence purposefully and working with partners to deliver shared priorities.
- Early Intervention and Child Health Focus. Members emphasised the importance of early intervention and a life course approach. It was noted that action in early years was critical to preventing widening inequalities and should be embedded across the wider system, not limited to children's services.
- Understanding Poverty and Inequality. Members discussed the need for a more detailed understanding of poverty. It was recognised that poverty is multi-dimensional and includes factors such as fuel poverty, which has a significant impact in rural areas and should be more clearly reflected in future analysis.
- Use of Data and Lived Experience. Members highlighted the importance of combining quantitative data with lived experience to better understand community needs. It was noted that work was underway to develop approaches to capture lived experience and use this to inform planning and decision making.
- Whole Family and System Approach. Members noted the need to ensure adult services reflect the needs of children and families. It was recognised that services should adopt a whole family approach, with greater consideration of family context in assessment and delivery, and further work was required to strengthen this.

Following discussion, the Committee **noted** and took **substantial** assurance on the use of JSNA as an evidence base to inform priorities for the Highland Integrated Children Services Plan and the NHS Highland organisational strategy.

3 Committee Function and Administration

3.1 Committee Workplan 2026-2027

Members agreed that the committee work plan should remain developmental and iterative, with a clear focus on population health priorities and alignment to the emerging organisational strategy and maturity framework. It was recognised that there was a need to clarify the scope of the committee to avoid duplication with other governance groups and to ensure items are brought forward with a clear purpose and strategic context.

Members emphasised the importance of maintaining a population level focus, strengthening links with partnership structures, and improving alignment across committees to ensure a joined-up approach. It was also noted that reliance on annual reporting alone was insufficient and that more regular forward-looking discussions would support proactive decision making.

The Committee supported ongoing refinement of the work plan, including further work to define priorities, clarify reporting arrangements, and ensure appropriate scheduling of key items.

The Committee:

- **Discussed** the Committee workplan for 2026–27
- **Agreed** that a revised draft workplan be created

4 Any Other Competent Business

None

5 Date and Time of Next Meeting

The next meeting of the Population Health and Planning Committee will be held on:
Wednesday 8 July 2026, 09.30 – 11.30

The meeting closed at 11:29 am