

**Meeting:** Board Meeting

**Meeting date:** 27 July 2025

**Title:** DPH Annual Report 2024 Update

**Responsible Executive/Non-Executive:** Jennifer Davies, Director of Public Health

**Report Author:** Public Health Team,  
Paul Nairn, Strategy and Transformation

## Report Recommendation:

- **Note** the content of the report and summary update on progress in relation to the recommendations of the 2024 Director of Public Health Annual Report.
- **Note** that the report recommendations will be key in developing the strategic framework
- **Note** that future updates will be assured via the Population Health and Planning Committee

## 1 Purpose

**This is presented to the Board for:**

- Awareness and noting

**This report relates to a:**

- 5 Year Strategy, Together We Care, with you, for you.
- Government policy / directive
- Local policy

**This report will align to the following NHS Scotland quality ambition(s):**

Safe, Effective and Person Centred

**This report relates to the following Strategic Outcome(s)**

Start Well	Thrive Well	Stay Well	Anchor Well
Grow Well	Listen Well	Nurture Well	Plan Well
Care Well	Live Well	Respond Well	Treat Well
Journey Well	Age Well	End Well	Value Well
Perform well	Progress well	All Well Themes	X

## 2 Report summary

### 2.1 Situation

The Annual Report of the Director of Public Health for 2024 was presented in January 2025 and the report recommendations were noted and accepted by the Board with an expectation that Executives would bring forward six-monthly and 12-monthly reports through an appropriate governance route to provide assurance on how the Board was implementing the recommendations. This report provides an initial 6-month update.

## 2.2 Background

Directors of Public Health are required to produce an annual report concerning the state of health of their local population. Its main purpose is to provide an independent, evidence-based assessment of the health and wellbeing of the local population and advocate for action. There is no set format for the report agenda and in recent years the reports have tended to focus on individual themes rather than acting as a repository for population health intelligence. The Director of Public Health Annual Report (DPHAR) for 2024 focussed on health inequalities and laid out a series of recommendations.

Following the Board's noting and acceptance of the recommendations from the report in January 2025, there was an expectation of there being six- and twelve-monthly reports by Executives, through an appropriate governance route as part of providing assurance on how the Board was implementing the recommendations. The current mechanism for reporting is through the Population Health Programme Board, chaired by the Director of Public Health.

In May 2025 the Board agreed to bring forward the refresh of the existing organisational strategy Together We Care, to embed tackling health inequalities as part of achieving equitable population health outcomes. There was also approval for establishing a new Population Health and Planning Committee with the purpose of:

- advising and assuring the Board on the development and implementation of strategic plans that enable population health improvement and strengthen our prevention approach.
- Providing assurance that population health measures are utilised to understand the impact and effectiveness of our board strategy and associated strategic plan for population health.

The first meeting is planned for autumn 2025.

## 2.3 Assessment

The DPHAR for 2024, outlined information about the health and wellbeing of people in Highland and Argyll and Bute with a focus on health inequalities. It included key measures such as people's life expectancy and how things have changed over several years. This was followed by chapters that explained health inequalities, what they are and how they affect local people and ways of tackling them. The report went on to look at different groups of people or different factors that relate to health inequalities including chapters on children; vaccination; the effects of alcohol; and on under-represented groups. The report's intent was to generate consideration of and indicative action which would tackle this important priority for NHS Highland and its partners. A total of 11 recommendations were outlined across 7 broad thematic areas. These were primarily designed to:

- Advocate for a population health approach to tackling health inequalities;
- Inform policy and decision-making;
- Engage a range of stakeholders to stimulate consideration of and purposeful action;
- Promote accountability and transparency; and
- Guide continuous improvement

Appendix 1 provides a short summary of some examples of action against these recommendations. The update has been taken from contributions made through the Population Health Programme Board. As such, it is not a comprehensive summary of all the work that is being undertaken by NHS Highland and our partners, as there is currently no systematic way of gathering evidence to demonstrate delivery. Indeed, there is likely to be action underway that contributes to these recommendations, beyond what is captured here.

Since publishing the DPHAR, other significant developments include:

- Agreement to refresh the NHHSH organisational strategy with a focus on tackling health inequalities through a population health approach
- Establishment of a new Committee to take forward the development of the strategy and provide assurance on its implementation over time
- Publication of key national frameworks, including the Population Health Framework, the Health & Social Care Service Renewal Framework (June 2025) alongside the NHS Scotland Operational Improvement Plan. Taken together, they act as levers for adopting a population approach to prevention and tackling health inequalities.

These developments together act as the foundations upon which we can create the conditions that will increase the likelihood of achieving impact through systematic action across all aspects of the Health Board’s functions. These include:

- As a healthcare provider – planning and delivering our core business through a prevention, equity and population health lens
- As an employer – adopting practices that consider equity and fair employment practices for all our current and future staff
- As an anchor organisation – as part of an anchor system, taking purposeful action around procurement, sustainability, climate, employability/skills
- As a productive partner – working collaboratively with a range of organisations, including other NHS organisations, to purposefully take action that addresses health inequalities

In moving towards becoming a population health focused organisation, there is recognition of the need to ensure the enablers of action are understood and where required, developed including capacity and capability, leadership, governance and infrastructure recognising the challenges of moving towards action that requires longer term, preventative approaches at a time of significant pressure on immediate challenges. In doing so, consideration is needed of:

- How to knit together / make sense of the different strategies and strategic intents into a coherent set of priorities over the short, medium and longer term – recognising our starting position
- Understanding of our differential roles and responsibilities in action to tackle health inequalities – balancing the need for sustained, longer term focus
- Our role as an NHS organisation and as part of a wider system – given that action needed to tackle health inequalities is beyond a single agency and requires bold, collective action over the longer term
- Ability to monitor and measure progress and success – as a Health Board and as part of a system.

2.4 Proposed level of Assurance

The report provides moderate assurance to the Board regarding the

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

Comment on the level of assurance

There is moderate assurance in that there is progress in establishing the internal delivery mechanisms that can provide assurance to the Board of delivery / progress in tackling health inequalities. Given the developmental nature of this work, that is likely to take time to be established and mature and will require review as we progress the development of our new organisational strategy.

**3 Impact Analysis**

**3.1 Quality/ Patient Care**

Tackling health inequalities is an important part of both patient care and quality improvement. Health inequalities remain a major aspect of NHS Highland strategy and service delivery.

**3.2 Workforce**

It is important that the board’s staff members are aware of the impact of health inequalities and the need to act to reduce their effects. We should also be cognisant of how the root causes of health inequalities impacts our own staff. We are also focusing on employability and inequalities, both to support the community and strengthen the workforce.

**3.3 Financial**

Taking a whole system approach to tackling health inequalities will entail costs which are as yet not able to be quantified. However, in doing so, there are also possibilities for savings via associated prevention activity. Addressing health inequalities is a fundamental part of the work of the board and its partners, for example through community planning.

**3.4 Risk Assessment/Management**

Strategic - By not focussing the NHS Highland’s strategic approach to delivery of care at a population health level will put significant risk for sustainability into the future.  
Operational - There will be limited success if the organisation does not fully engage in the new strategic approach and implement the recommendations and strategic vision within operational working. Risks are managed in line with NHS Highland’s policy.

**3.5 Data Protection**

No personally identifiable information is involved.

**3.6 Equality and Diversity, including health inequalities**

The focus of the report is on health inequalities; these include inequalities relating to protected characteristics.

**3.7 Other impacts**

No other impacts to note.

**3.8 Communication, involvement, engagement and consultation**

The principles of public and user involvement and engagement are embedded in public health actions. This update has been presented via discussions with colleagues leading on health and system inequalities reviews.

**3.9 Route to the Meeting**

This has been previously considered by the following groups as part of its development, through the period January to July 2025. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Population health Programme Board and working group considering the status of health inequalities
- EDI – EQIA workstream group

4 Recommendation

The Board is asked to note the content of the report and summary update on progress in relation to the recommendations of the 2024 Director of Public Health Annual Report.

This report should be embedded in the development of the organisation’s strategic framework and 10-year strategy.

Future updates will be assured via the Population Health and Planning Committee, though noting that all Committees will have a role in demonstrating our population health strategic approach.

4.1 List of appendices

The following appendix is included with this report:

Appendix 1 - Population Health Programme Board update on reducing health inequalities

Area	Recommendation	Update at July 2025
Health Inequalities	<i>NHS Highland and its partners should regularly review and monitor progress in reducing health inequalities</i>	<ul style="list-style-type: none"><li>• NHS Scotland Population Health Framework published in June, reflecting the need for the NHS to be population health organisations incorporating greater prevention measures and reduced inequalities within the current resource climate. NHS England has also published its 10-year strategy based on population health philosophy.</li><li>• NHS Highland responded to the Scottish Parliament's consultation on the proposed Community Wealth Building Bill in May 2025. Wealth and how it is distributed across society is a key enabler of health and wellbeing. Scotland will be the first country in the world to enact such legislation to invest in wealth creation in local communities. We welcome the CWB legislation as a starting point and recognise the need for ongoing brave and forward thinking legislation in Scotland to realise the aspirations of the 10-year Population Health Framework. Examples include stronger community empowerment, Scottish specific procurement laws and land reform.</li><li>• NHS Highland continues to embed our Anchor Strategy work. This has significant potential to improve health and wellbeing outcomes for the population and reduce inequalities and to reduce child poverty. Local procurement, fair pay and employment practices and targeting recruitment, shared use of NHS owned land and assets and improving the environment all have a key role in reducing inequalities. There is more potential of doing Anchor work beyond the NHS with Community Planning.</li><li>• Reviewing current state of published EQIAs and processes to determine options for best practice as we develop into a population health organisation. e.g. agreeing a revised EQIA process; raising awareness; developing training; monitoring of EQIA's etc</li><li>• STAG programme “Prevention and Health Inequalities” established</li><li>• Strategic Framework and 10-year Population Health Strategy under development</li><li>• Population Health and Planning Committee terms of reference agreed</li></ul>
Approaches to Health Inequalities	<i>Highland and A&amp;B Community Planning Partners should consider the best ways to tackle local health inequalities and how to learn from models such as Collaboration for Health Equity and place-based approaches</i>	<ul style="list-style-type: none"><li>• Will come under remit of upcoming NHSH Board Strategy – working with Kings Fund to define approaches, HEU and HIS.</li><li>• Subgroup established to agree health inequalities indicators for the Highland CPP.</li><li>• Initial work focused on mapping current CPP priorities and plans against the 8 Marmot principles identified in the Collaboration for Health Equity in Scotland program (CHES). This is to support decision making on where the CPP should focus its efforts by highlighting where partners are already undertaking joint work that</li></ul>

		<p>aims to tackle health inequalities, identify areas where this could be strengthened and identifying any gaps.</p> <ul style="list-style-type: none"><li>• Progress reported at Highland CPP June meeting.</li><li>• Full report to Highland CPP in September</li></ul>
Child Health	<i>NHS Highland and partners should evidence compliance with the UNCRC and increase completion rates for Equality and Integrated Impact Assessments by Nov 2026</i>	<ul style="list-style-type: none"><li>• Putting Children's Rights into Practice training pilot delivered with further roll out planned.</li><li>• EQIA project group established to progress Integrated Impact Assessment inclusive of Children's Rights and Wellbeing Impact Assessment (CRWIA) requirements.</li><li>• Within Argyll and Bute, work continues within the UNCRC group to review compliance with UNCRC including piloting and development of Integrated Impact Assessment process to align with Argyll and Bute Council. The IIA will combine EQUA and CRWIA process and this approach was approved by Argyll and Bute IJB in March 2025.</li></ul>
	<i>NHS Highland and partners should deliver the actions set out in local child poverty action reports by November 2026</i>	<ul style="list-style-type: none"><li>• Subgroups established to reflect life course approach progressing.</li><li>• Work continues through the Highland CPP Poverty Reduction Group to review delivery against the current Child Poverty Action Plan including development of the 2024/25 annual update which will outline the progress made on priority actions over the last year. Work has also started on the next iteration of the plan which will run 2026-31. the group has undertaken self-assessment with the Improvement Service.</li><li>• A&amp;B child poverty action group progressing action plan report 24/25 with draft being prepared.</li></ul>
	<i>NHS Highland should work with local authority partners to deliver on The Promise Plan 24-30 to improve outcomes for children with care experience by 2030.</i>	<ul style="list-style-type: none"><li>• NHSH representative to take on vice chair of Highland Promise Board</li><li>• Draft NHSH corporate parenting / Promise improvement plan to compliment HSCP plans to be consulted on.</li><li>• A&amp;B corporate parenting plan extended to enable consideration of integrated planning with Promise priorities</li></ul>
Immunisation	<i>NHS Highland should continue work to improve vaccination uptake especially among disadvantaged groups.</i>	<ul style="list-style-type: none"><li>• Vaccination Implementation Collaborative group convened in Highland HSCP to support the implementation of the hybrid model for vaccination.</li><li>• Objectives developed including to support targeted delivery to increase uptake across our hard-to-reach groups and underserved populations to address existing health inequalities.</li><li>• Ongoing development of a plan which serves to demonstrate how the SVIP Five Year Vaccination and Immunisation Framework and Delivery Plan will be implemented and which incorporates targeted actions and approaches which aim to reduce inequalities.</li><li>• Involvement in the national SVIP Inequalities and Inclusion Group.</li></ul>
Minorities or Underrepresented Groups	<i>Public sector organisations in Highland and A&amp;B should acknowledge the poor health experienced by underrepresented groups and address these health inequalities with help from the skills and resources of the groups. This includes building strong collaborative relationships with those in positions of trust within communities</i>	<ul style="list-style-type: none"><li>• Overseen by people and culture and population health programme boards.</li><li>• PH has developed training on cultural awareness for Gypsy / Travellers and delivered this to the Professional Vaccination Forum and Inverness Vaccination Service Team in June. Working to develop a plan to support relationship building between the Vaccination Team and local Gypsy / Traveller communities through MECOPP's Community Health Worker. Impact will be monitored through ongoing feedback from the community and review of ethnicity data collected by the vaccination service.</li><li>• Locally funded research to identify the themes that impact on the mental health of the Gypsy/Traveller community now completed. The project was led by PH and co-produced with MECOPP and the Gypsy/Traveller community. The project report 'Progress in Dialogue' 'Bingin Naggins Tobar' is now available and highlights 8 themes. The research supports the need to establish long-term community health service partnerships and a small working group is being set up to look at establishing a local 'Health Partnership' with Gypsy/Travellers. As part of this work, collaboration with the local third sector Mental Health Service 'Mikeys Line' has started to</li></ul>

		<p>address impacts around stigma and discrimination and access to mental health support.</p> <ul style="list-style-type: none"><li>• Work is underway to develop a Quality Improvement Framework to improve Gypsy/Traveller Access and Experience of Primary Care. PH is working with Dingwall Medical Group to measure impact using quality improvement methodologies.</li><li>• NHS Highland staff collaborated with 3 LGBT pride events this year (so far), alongside the newly established LGBT+ Staff network. Two of the three were the first in the area, Lochaber and Caithness.</li></ul>
	<p><i>Organisations and individuals should take action to address stigma and discrimination by adopting clear and inclusive language, supporting staff to be aware of unconscious bias, challenging discrimination wherever it is seen and supporting staff to undertake training on equality and diversity, anti-racism and cultural awareness.</i></p>	<ul style="list-style-type: none"><li>• Equality and Diversity workforce strategy in place from May</li><li>• Focus on EDI training at all levels</li><li>• Promotion of the 'Raising Awareness of Gypsy / Traveller Communities' TURAS course support tackling stigma/discrimination and unconscious bias around Gypsy / Travellers. Total 162 learners in Q1, with 41 in Nursing, 10 in Social Care, 8 in Dentistry, 8 in Midwifery, 7 in Business and administration, 6 in Pharmacy, 5 in Clinical Healthcare Support, 3 Allied Health Professionals, 3 in Medicine 2 in Psychology - the rest had unknown professions recorded.</li><li>• PH has developed a short awareness raising session on unconscious bias to increase understanding of what bias is, critically analyse information sources and reflect on how sources influence bias. This training will be piloted with the intention that it can be rolled out across the organisation.</li><li>• Work to develop an Anti-Racism plan for NHS Highland is underway. Initially, engagement work will be undertaken with service leads across the organisation to establish priorities and actions to deliver equity-focused services.</li><li>• NHS Highland Equality Outcomes 2025-29 approved and will tackle:<ol style="list-style-type: none"><li>1. improve accessibility for disabled people, older adults, and those from underrepresented communities</li><li>2. enhance employment opportunities and career development for persons from underrepresented groups</li><li>3. progress towards becoming an anti-racist organisation</li><li>4. advance gender equality in our workforce and patient care</li><li>5. identify, understand, and address health needs of those at risk of poorer health outcomes</li><li>6. mainstream equalities in climate-related work</li></ol></li><li>• Within Argyll and Bute HSCP equality outcomes 2025-29 approved include:<ol style="list-style-type: none"><li>1. Work Towards Fairer Health and Social Care for Everyone</li><li>2. Involve People and Communities in Shaping Services</li><li>3. Build Services That Feel Safe, Inclusive and Respectful</li><li>4. Work Together to Reduce Inequality</li></ol></li></ul>
Alcohol	<p><i>Alcohol and Drug Partnership member organisations should consider and implement the most effective and efficient ways to reduce the harms and health inequalities caused by alcohol.</i></p>	<ul style="list-style-type: none"><li>• This recommendation included in Healthcare Needs Assessment which was considered at the HADP strategy group in May.</li><li>• Agreed and included as an action in the HADP 2025-30 strategy, to be approved by the HADP strategy group in August</li></ul>
Cancer	<p><i>NHS Highland should ensure that health inequalities are actively monitored as part of cancer management and across all services.</i></p>	<ul style="list-style-type: none"><li>• We are currently addressing inequalities across the screening pathways, as part of the NHSH's Equity Strategy Plan for 2023-26</li></ul>
	<p><i>NHS Highland should address health inequalities across the entire cancer pathway</i></p>	<ul style="list-style-type: none"><li>• Developed accessible web content &amp; resources to ensure those with learning disabilities, carers and support staff can access reliable screening information.</li></ul>

	<i>from prevention to rehabilitation.</i>	<ul style="list-style-type: none"><li>• Developed a suite of NHS Highland Screening TURAS CPD modules to improve access to reliable screening information &amp; training designed to enable staff/volunteers and carers to support informed decision making about screening participation.</li><li>• Delivering an ongoing programme of screening awareness and engagement activity targeted at a range of marginalised groups / communities where participation in screening is low.</li><li>• Embedded screening conversations into smoking cessation intervention across NHS Highland.</li><li>• Embedded an evidence based telephone reminder intervention into the breast screening service. Aimed at supporting attendance in people invited to breast screening for the first time.</li></ul>
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