

# NHS Highland



**Meeting:** Board Meeting  
**Meeting date:** 27 May 2025  
**Title:** Board Strategy Update  
**Responsible Executive/Non-Executive:** David Park, Deputy Chief Executive  
**Report Author:** Kristin Gillies, Interim Head of Strategy and Transformation

## Report Recommendation:

- **Approve** the requirement for a refresh to the TWC strategy (2022-2027) a year earlier than planned – 2026
- **Approve** the outline and approach to the development of a refreshed NHS Highland strategy
- **Approve** the new proposed Population and Public Health Committee. (see Appendix 1 – Terms of reference)

## 1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- 5 Year Strategy, Together We Care, with you, for you.

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

**Initial considerations for the development of NHS Highland’s future Strategy to iterate TWC by 2026.**

Policy focus is shifting not only to accessing healthcare but towards improving the health of the population through prevention and addressing of health inequalities, with efforts to target the needs of disadvantaged communities focusing on factors like socio-economic status and lifestyle. While no simple solution exists, we are required to play a role in reshaping strategies aligned with these principles.

The population health challenges which Scotland faces both now and in the future are vast. Life expectancy is stalling and health inequalities are widening; demand for and utilisation of our health and social care services continues to increase in an unsustainable way.

### 2.2 Background

The NHS Highland Together we Care Strategy 2022-2027 has focused on delivering on the strategic “well themes” to transform ways of working and begin to shift the balance of care closer to people’s homes. It is clear now that NHS Highland must proactively build on this work to pursue fundamental change in how we improve health outcomes and approach the delivery of health and care, driving investment in prevention and early intervention.

### 2.3 Assessment

It is proposed that NHS Highland strives to deliver a new strategy for 2026 to refresh the Together we care strategy and ensure we are equipped to deal with the unprecedented challenges ahead for health and social care into the future.

To support the governance, development and delivery of a new Board Strategy it is proposed a new Population and Public Health Committee is created to oversee the development and deliver the new strategy. Further discussion is required around the functions below this committee but will need to represent a system wide approach to population health and health inequalities (see appendix 1 – Terms of reference)

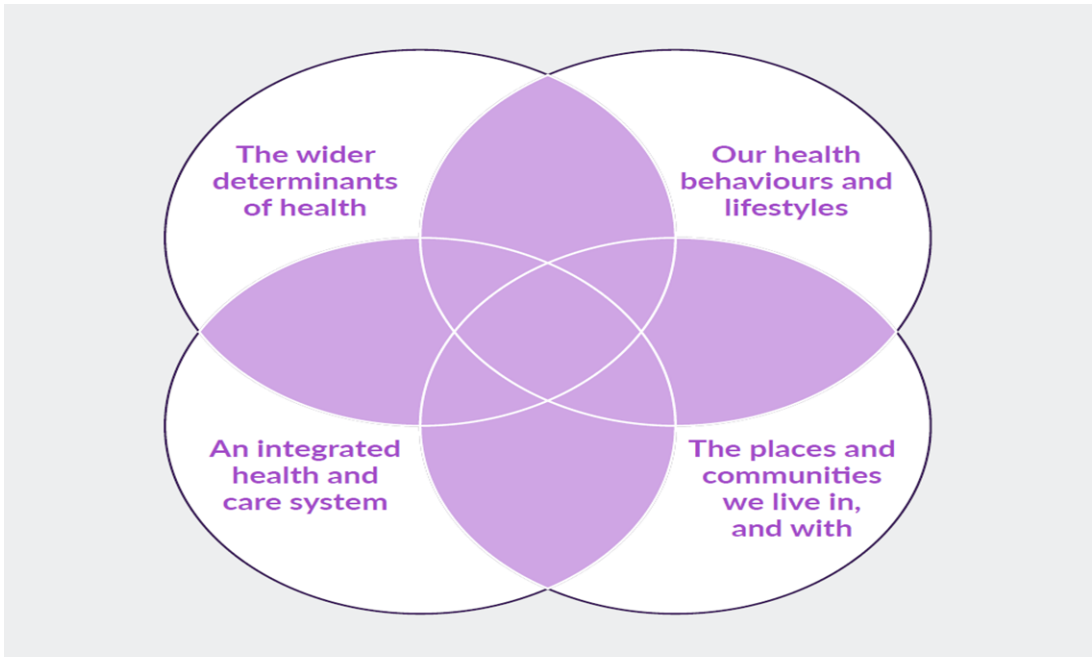
The diagram below sets out what is required from the Board to shift focus to a population health approach.



A refresh of NHS Highland’s vision and strategic objectives is essential to set out how we will deliver on high value and sustainable care into the future.

In creating the new strategy we need understand the Population Health of NHS Highland and plan for high value sustainable care by:

- Understanding the health and health needs of the population utilising our joint strategic needs assessment.
- Provide evidence to demonstrate needs and capture improvement in population health outcomes, as part of our governance framework.
- Community collaboration; learning from those with lived experience.
- Maximise use of health and wellbeing information intelligence.
- We need to work locally, regionally and nationally with our partners, including local councils, Health and Social Care Partnerships, voluntary organisations and community groups to develop a local population **health system** and to explore the best approaches. System focus and collaboration is essential to tackle system wide challenges that cannot be solved by one organisation, sector or profession alone to improve the health of the population and tackle inequalities.
- Decreasing health inequalities in conjunction with Community Planning Partners.
- Address social determinants of health.
- Ensure equity of access to health care.
- Reducing health harming activities and risks from smoking, drugs and alcohol, low levels of physical activity. (Implement and use the Public Health Annual report as a springboard for this work)
- Improve the mental health of our population
- Maximising the impact on our local economy through our role as an Anchor Institution utilising Marmot principles to target key communities or groups needing focus



The diagram above is from the Kings fund and it details a model for population health. It is proposed that this could be a potential framework on which to build the new board strategy.

2.4 Proposed level of Assurance

Please describe what your report is providing assurance against and what level(s) is/are being proposed:

The report provides moderate assurance to the Board regarding the development of a refreshed strategic approach to NHS Highland’s Strategy encompassing population health and proposing an early update to the current "Together We Care" strategy by 2026. It outlines a shift in focus from healthcare access to improving population health through prevention and addressing health inequalities, particularly among disadvantaged communities. To support this, the creation of a new Population and Health Planning Committee is recommended, which will oversee the strategy’s development, ensure alignment with value-based care, and monitor progress against the outcomes in the Director of Public Health’s annual report.

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

Comment on the level of assurance

In order to increase the assurance level to substantial the proposed committee will require a period of transition so it can provide the Board assurance around

strengthening governance structures, enhancing data and evidence use alongside deepening community engagement and aligning with national and local partners.

**3 Impact Analysis**

**3.1 Quality/ Patient Care**

As part of the development of the new strategy, quality and improvements to patient care and experience will be an essential component.

**3.2 Workforce**

Developing a Workforce Strategy will be an integral part of the Board wide strategy and staff-side will be part of the development process.

**3.3 Financial**

The scale of the financial challenge across health and social care is unprecedented. Inflation, rising energy costs and the ongoing impacts of Covid and Brexit, along with rising demand, mean that the finite funding available is worth less in real terms but required to deliver more. By setting out NHS Highlands new Strategy, we will aim to deliver a health and social care system fit for the future.

**3.4 Risk Assessment/Management**

Strategic - By not focussing the NHS Highland's strategic approach to delivery of Care at a population health angle 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.

**3.5 Data Protection**

There will be no personal or identifiable information used in the creation of the strategy.

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

**The Rights of the Child (UNCRC)** - Priority areas for prevention are: Children and Young People, Child Poverty work and poverty across the life course will be reflected within the new strategy

The focus of the proposed Committee is on health inequalities; these include inequalities relating to protected characteristics, Socio-economic duties and UNCRC.

**3.7 Other impacts**

Describe other relevant impacts.

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

As part of the creation of a new strategy a full Communications and Engagement plan will be developed.

**3.9 Route to the Meeting**

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

- EDG 24<sup>TH</sup> March 2025

**4.1 List of appendices**

The following appendices are included with this report:

**Appendix 1 - Population and Public Health Committee Terms Of Reference**



**Population and Public Health Committee  
Terms Of Reference**

**1. Purpose**

The purpose of the Committee is to advise and assure the Board on the development and implementation of strategic plans that enable population health improvement. In addition the committee will provide assurance that population health measures are utilised to understand the impact and effectiveness of our board strategy and associated strategic plan on population health.

The committee will have oversight of the development and delivery of our NHS Highland's strategy and associated portfolio of strategic programmes to ensure:

- strategic and collaborative alignment of our partnership to maximise our contribution to improving population health and reducing health and inequalities
- alignment with value based health and care and making best use of our resources
- effective development, management and delivery of our strategic portfolio of programmes including capital planning

**2. Role and Remit**

The Population and Public Health Committee will function as a sub-committee of the board with a key role in developing our vision and expected outcomes for improving population health including how we measure our impact and effectiveness.

The committee will have a role in endorsing any changes in the strategic direction of the Board ensuring these are aligned with our vision and outcomes for population health and health inequalities.

The committee will

- Oversee the board strategy development and delivery lifecycle including monitoring progress in delivering outcomes and considering any changes to strategic direction required within the lifecycle
- Ensure alignment between board strategy and joint strategic plans of health and social care partnerships
- Oversee strategic development and delivery of population health improvement and health inequalities including progress, performance and integration within the board's strategic portfolio
- Oversee collaborative strategic partnerships to improve population health, address health inequalities, and advance value-based health and care.
- Oversee development of capital planning to ensure this is informed by and aligned with future service models that will be delivered through our strategic portfolio
- Have strategic oversight of the annual operating plan and medium term plan to assure the board of the development and progress of our strategic programmes to achieve strategic outcomes
- Ensure that the equality and diversity implications of Board developments are fully considered and acted upon.
- Provide assurance to the Board that significant strategic risks are being adequately managed, and agree remedial action where necessary.
- Assure the Board that all current strategic programme plans and their associated Key Performance Indicators (KPIs) are consistently and comprehensively monitored.

**3. Membership**

The non-executive membership of the planning and population health Committee will be the employee director, vice chair (chair of committee) and the chairs of the following committees:

- Finance, resources and performance committee
- Clinical governance Committee
- Staff governance committee
- Audit and risk committee
- Highland Health and Social Care committee
- Area Clinical Forum

The committee will also include non-executive director representation from Argyll and Bute Health and Care Social Care Partnership

**Executive Attendees:**

- Chief Executive
- Deputy Chief Executive
- Director of Finance
- Director of Public Health
- Director of Nursing or Medical Director
- Director of Estates, Facilities and Capital Planning
- Director of People and Culture
- Chief Operating Officer (Acute Services)
- Chief Officer, Argyll and Bute IJB
- Chief Officer, North Highland

**In attendance:**

- Head of Corporate Governance
- Head of Strategy and Transformation

**Ex-officio:** Board Chair

The Deputy Chief Executive and the Director of Public Health will be the lead officers of the committee.

**4. Quorum**

- 4.1 No business shall be transacted at a meeting of the Committee unless at least three Non-Executive members are present. There may be occasions when due to the unavailability of the above Non-Executive members, the Chair will ask other Non-Executive members to act as members of the committee so that quorum is achieved. This will be drawn to the attention of the Board.

**5. Meetings**

- 5.1 The Committee shall meet as necessary to fulfil its remit but not less than six times per year.
- 5.2 NHS Highland Board shall appoint a Chair who shall preside at meetings of the Committee. If the Chair is absent from any meeting of the Committee, the Committee Vice Chair will preside at the meeting. In the absence of both the Chair and the Vice Chair, members shall elect from amongst themselves one of the other Committee members to chair the meeting.
- 5.3 The agenda and supporting papers will be sent out at least five clear working days before the meeting.

**6. Review and self-assessment**

- 6.12 The Committee will undertake an annual self-assessment of its work and effectiveness in accordance with NHS Highland and Good Governance values. This will inform the Annual Report to the Board.
- 6.13 The Committee will provide an Annual Report incorporating a Statement of Assurance for submission to the Board via the Audit Committee. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the



end of May each year for presentation to the Audit Committee in June. The Annual Report will include the Committee's assessment and conclusions on its effectiveness over the financial year in question.

- 6.14 The Committee shall draw up and approve, before the start of each financial year, an Annual Work Plan for the Committee's planned work during the forthcoming year.

**7. Authority**

- 7.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.
- 7.2 In order to fulfil its remit, the Committee may obtain whatever professional advice it requires and require Directors or other officers of the Board to attend meetings.

**8. Reporting Arrangements**

- 8.1 The Committee reports directly to NHS Highland Board on its work. The Chair of Committee shall provide assurance on the work of the Committee and the approved minutes will be submitted to the NHS Board meeting for information.

Items requiring urgent attention by the NHS Board can be raised at any time at NHS Board Meetings, subject to the approval of the Chair.

- 8.2 The following Groups will report to the planning and performance committee:
- Strategy and Transformation Assurance Group
  - Population Health Programme Board
  - Board Strategy Development Group