

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	11 March 2026 – 9.30am

Present:

Gerard O'Brien, Non-Executive Director (Chair)
 Alex Anderson, Non-Executive Director
 Emily Austin, Non-Executive Director
 Heledd Cooper, Director of Finance
 Sarah Compton-Bishop, Board Chair
 Paul Nairn, Regional Planning Manager
 Jennifer Davies, Director of Public Health and Policy
 Arlene Johnstone, Chief Officer for Highland Health and Social Care Partnership
 Karen Leach, Non-Executive Director
 David Park, Deputy Chief Executive
 Richard MacDonald, Director of Estates, Facilities and Capital Planning
 Evan Beswick, Chief Officer, Argyll & Bute Health and Social Care Partnership
 Fiona Davies, Chief Executive

In Attendance:

Natalie Booth, Senior Corporate Administrator
 Kirstin Edmiston, Strategy and Transformation
 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. The Chair also welcomed officers presenting reports to the Committee and highlighted the significance of the items scheduled for discussion, particularly in relation to strategy development and population health outcomes.

Apologies for absence were received from Non Executive A Turnbull-Jukes, and also from Dr B Peters and K Gillies.

1.2 Declarations of Interest

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

1.3 Minutes of Previous Meeting and Action Plan

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

1.4 Matters Arising

The Committee reviewed the action log arising from previous meetings. It was noted that the majority of actions had been completed, with a small number remaining open due to dependencies on wider strategic work. The Committee agreed that these actions would be reviewed in detail and formally closed at the next agenda-setting meeting.

2. Performance and Service Delivery

2.1 Strategy Development Update

The Committee received a comprehensive update on the development of the refreshed NHS Highland strategy from David Park supported by Paul Nairn, Kirstin Edmiston and Jennifer Davies. Members were reminded that the intention at this stage was to set a clear, high-level strategic direction and to use engagement to inform the emerging framework, rather than to produce a detailed operational plan.

It was reported that engagement materials had been finalised and issued, an Engagement Hub had been launched, and an engagement video had been produced to support accessible communication and prompt participation.

Members were advised that the engagement timetable had been adjusted in recognition of operational pressures and the forthcoming pre-election period (PURDAH). It was confirmed that public-facing promotion would be constrained during PURDAH; however, engagement with staff and partners would continue and the Engagement Hub would remain live to receive feedback. A 'soft' milestone of 31 March 2026 had been identified to enable early sense-checking of themes, with the approach described as a pragmatic 'stake in the ground' rather than a hard closure.

The Committee viewed the engagement video and received a demonstration of the Engagement Hub. The Hub was described as a CRM-like engagement platform enabling tailored conversations with different audiences (staff, partners and public), supporting two-way dialogue and providing analytics to evidence meaningful engagement, including statutory expectations relating to engagement.

Headline engagement information was shared, including an early engagement rate reported at approximately 14% within the first two weeks, and early engagement with a substantial number of external organisations across public, private and third sector partners. Members welcomed the early trajectory and were encouraged to promote the Engagement Hub within their networks to broaden participation.

During Discussion the following points were raised:

- Members challenged the use of terms such as “high-value sustainable care” and sought clarity to avoid misinterpretation including confusion with “high/low clinical value” terminology. The Committee acknowledged the point and advised that language needed to be clear and understood by all audiences. It was noted the concept focused on “realistic care” and “value” from the perspective of the person receiving care, delivered in a sustainable way. It was indicated that development of a glossary of terms could be beneficial as the strategy moved towards publication.
- Members challenged that equality, diversity, inclusion and intersectionality were not sufficiently explicit in the narrative and cautioned against assuming these considerations were implied. The Committee acknowledged this and agreed that inclusivity should be more visible in the paper and associated materials. The Committee emphasised that EDI should be more than a strapline and should be clearly embedded throughout the strategy’s development and final articulation.
- Members scrutinised the potential perception that the 31 March 2026 milestone represented a hard deadline, noting feedback from some stakeholders that a three-week window might be challenging to engage with meaningfully. Members suggested that communications should clearly explain the rationale for the date and reassure that feedback would continue to be accepted beyond the milestone, while recognising the value of encouraging early responses. Officers advised that the milestone was intended to accelerate feedback ahead of PURDAH and to allow early sense-checking, and that engagement would continue with opportunities to take stock, identify gaps and refresh messaging as required.
- Members sought clarity around partner engagement, particularly with Highland Council and Highlife Highland, they sought assurance that Argyll & Bute was being engaged at an early stage. The Director

of Public Health and Deputy Chief Executive provided assurance that engagement was being undertaken across the NHS Highland area, including Argyll & Bute alongside the Joint Strategic Plan and interface/sector partners).

- Members highlighted the importance of engagement with the Integration Joint Boards (IJB) as a separate statutory body and stressed the need for visible system-wide alignment. The Committee agreed to strengthen the paper to better reflect engagement across geographies.
- Members highlighted that dental/oral health was not referenced in the video or paper and raised the risk that stakeholders might interpret this as de-prioritisation. Executive Members advised that the materials were designed to prompt discussion rather than be exhaustive, and that omissions could encourage stakeholders to provide feedback on priorities. The Committee accepted the rationale but emphasised the need to avoid unintended messages and to be attentive to recurring themes arising from feedback.
- Members sought assurance on how professional advisory structures and clinical engagement would be utilised to shape the strategy, including through existing committees and forums. It was noted that clinical and professional representation within the strategy group was strong and that connections with advisory committees were being pursued through invitations and presentations. Members emphasised the opportunity to make fuller use of advisory forums to support strategy development and assurance.
- Members challenged how the strategy programme would synthesise the breadth of intelligence already available from previous engagement exercises and from other system groups (including children and young people's engagement). It was acknowledged the volume of information available and highlighted the need to synthesise inputs into a succinct, meaningful strategic narrative, drawing from multiple sources beyond the Hub.

The Committee noted that engagement was expected to be iterative and that the initial phase represented the beginning of an ongoing dialogue, with further engagement anticipated as the strategy was shaped and refined.

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 Potential Indicators

The Director of Public Health spoke to the circulated report and presentation which outlined a proposed approach to developing population health indicators to support the emerging strategy. Members were advised that, while a significant volume of data was available locally and nationally, the key challenge was selecting a manageable and meaningful set of indicators that could drive action and support accountability.

The presentation highlighted that population health outcomes are shaped by a wide range of factors beyond healthcare services and emphasised the importance of balancing measures of ill health which included mortality/morbidity with measures that reflect the wider determinants of health.

Members noted the particular relevance of healthy life expectancy as a measure of lived experience and inequality, and the need to understand what would sit beneath high-level outcomes to evidence progress.

The Committee discussed the relationship between strategic, tactical and operational indicators and emphasised the need for connectivity between indicators and actions. The importance of understanding lead (predictive) and lag (retrospective) indicators was highlighted, with a view that a balanced mix was required to avoid becoming overly reliant on lag measures that only describe past performance. Members noted that lead indicators can be harder to identify but are critical to shaping action and improvement.

Members highlighted the risk of focusing on indicators that are easy to measure rather than those that meaningfully reflect population outcomes. The Committee discussed the complexity of attribution and whether changes can be directly attributed to specific actions, inter-dependencies between indicators, and the potential for unintended consequences where measures drive perverse incentives or partial narratives.

The Committee discussed that, because delivery relies heavily on partnership working, the 'consumers' of data would extend beyond NHS Highland and would include partners, communities, elected members and the public. Members highlighted the need to present data and narratives in a way that is understandable and useful in partnership settings, and to support shared understanding that population health is a whole-system agenda rather than the responsibility of the NHS alone.

The Committee noted the existence of multiple relevant frameworks and dashboards (including national population health dashboards structured around Marmot principles and partnership indicator sets developed through Community Planning Partnerships) but highlighted the importance of coherence and alignment to minimise duplication.

Members emphasised the value of viewing NHS Highland as an anchor institution, and that the Committee should be able to evidence the organisation's contribution through employment and fair work measures, sustainable procurement and community wealth building approaches, alongside health service measures.

In concluding discussion, members supported the proposal that a structured process should be established to agree indicator selection criteria and to refine a smaller set of meaningful indicators, with work to be developed iteratively and in partnership. The potential usefulness of a logic-model approach (starting with intended outcomes and working back to actions and measures) was highlighted as a way to structure thinking, support alignment, and avoid being overwhelmed by the volume of available data.

The Committee:

- **Noted** the different types of indicators and their relationship and role in performance monitoring and informing future decision making from a population health perspective
- **Noted** the inter-dependency and alignment between the development of population health related indicators and the wider organisational suite of indicators.
- **Noted** the proposed initial action to developing a set of indicators to describe and monitor our populations health with future reporting through to the Population Health & Planning Committee
- Took **Moderate Assurance** from the content of the report

2.3 Director of Public Health and Policy Annual Report

The Committee received an update on the Director of Public Health Annual Report, themed around the "Best Start in Life". Members were advised that, due to staffing challenges and to maximise opportunities for engagement with partners and communities including lived experience input developed with a third sector organisation, it was proposed that the Annual Report be brought to the next Committee meeting prior to submission to the Board.

Members supported the proposed approach, noting the value of the Annual Report as a catalyst for system-wide discussion and as an opportunity to stimulate engagement on the chosen theme.

The Committee:

- **Noted** the proposed focus of the report and approach taken
- Took **Moderate Assurance**
- **Noted** the recommendation to delay the publishing of the report to May 2026

3 Committee Function and Administration

3.1 Committee Workplan 2026-2027

The Chair noted previous discussions had helped to clarify the Committee's forward priorities, particularly in relation to strategy development, population health indicators and thematic areas for deeper scrutiny.

It was agreed that a more structured draft workplan should be developed and presented to the Committee at its next meeting, allowing sufficient flexibility to respond to emerging issues while maintaining a clear focus on agreed priorities.

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 13 May 2026, 09.30 – 11.30

The meeting closed at 11:30am