

**SUMMARY REPORT OF GOVERNANCE COMMITTEE MEETING**

<b>Name of Committee</b>	<b>Population Health and Planning Committee</b>
<b>Date of Meeting</b>	<b>11 March 2026</b>
<b>Committee Chair</b>	<b>Gerry O’Brien</b>

**KEY POINTS FROM DISCUSSION AND ESCALATION**

**ALERT**

No immediate matters requiring escalation were identified during the meeting.

**ASSURE**

The Committee received assurance on progress with the Population Health Strategy development, including the engagement approach, governance arrangements, and use of the Engagement Hub. Members were assured that early engagement activity was strong, that engagement would continue through a phased approach, and that mechanisms were in place to analyse feedback, identify gaps, and inform subsequent stages of strategy development. Assurance was also provided that clinical, professional advisory, and partnership structures were being actively engaged and would continue to inform both strategy development and implementation.

**ADVISE**

Members advised that clarity of language was critical, particularly around terms such as “high value sustainable care”, and suggested development of a shared glossary to support consistent understanding. The Committee emphasised the importance of explicitly embedding equality, diversity, inclusion, and intersectionality within the strategy narrative. Members advised that engagement should be clearly inclusive of all geographies, including Argyll and Bute, and that partnership bodies such as Integration Joint Boards and Community Planning Partnerships should be visibly and meaningfully involved. The Committee further advised that the strategy should focus on a manageable set of strategic indicators, supported by clear links to tactical actions and operational delivery.

**RISKS**

Risks discussed included potential misunderstanding or disengagement arising from unclear terminology, the risk of perceived inequity in engagement across geographies, and the challenge of overwhelming stakeholders with excessive data without clear narrative or purpose. The Committee noted the risk of over-reliance on lagging indicators and highlighted the importance of balancing predictive (lead) and outcome (lag) measures. There was also recognition of the risk that partners may view population health as an NHS-led agenda rather than a shared system responsibility.

## **ACTIONS**

- Noted progress on strategy development and early engagement activity.
- Agreed that the current engagement phase should continue, with feedback informing refinement during and after the PURDA period.
- Supported further work to clarify terminology, strengthen visibility of equality and inclusion, and ensure geographic balance in engagement.
- Agreed to progress development of a structured approach to indicators, including strategic, tactical, and operational linkages.
- Agreed to defer the Director of Public Health Annual Report to the next Committee meeting to allow for fuller partner engagement and impact.
- Agreed that a more substantive forward workplan would be brought to the next meeting.

## **LEARNING**

The discussion reinforced the value of early and meaningful engagement in shaping strategy and building long-term ownership. It highlighted the importance of narrative alongside data, the need to align indicators with actions and outcomes, and the benefit of using population health as a shared system framework rather than a solely NHS-led agenda. The Committee recognised that strategy development is iterative and that success will depend on clarity, partnership working, and sustained engagement over time.