Agenda Item	**5**
Report No	**HC/24/26**

The Highland Council

Committee: **Highland Council**

Date: **17 September 2026**

Report Title: **NHS Highland Director of Public Health Annual Report 2025**

Report By: **Andrew Turvey, Deputy Director of Public Health & Policy**

1 Purpose/Executive Summary

1.1 Directors of Public Health are expected 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 to advocate for action.

1.2 This 2025 report focuses on the early years and our ambition to ensure every child in Highland and Argyll & Bute has the best start in life. The earliest years of life are a critical window during which biological, social and environmental influences interact to shape health trajectories across the life course.

1.3 Evidence consistently shows that:

- Inequalities in health emerge early and widen over time
- Early adversity increases the risk of poorer physical, mental and social outcomes
- Investment in early years prevention reduces later demand on health, education and social care systems

1.4 Hence it is not only the right thing to do for our population and future generations, it is also more effective and cost-efficient than treating illness later in life.

1.5 The report sets out the key components required for a prevention-focused system that improves outcomes for children in the early years. It reflects the four pillars of population health set out in the Population Health Framework (2025–2035): *Enabling healthy living; Places and communities; Social and economic factors* and *Equitable health and care*.

1.6 A key aim of this year's work was that the voices of young children and their parents and carers shaped our investigations and understanding of the issues at play. To enable this, we established an approach working with third sector and other organisations to gather voices and views of our young children. This qualitative data has been used within and throughout the report to develop our thinking and provide deeper insight to the academic and local quantitative evidence we have covered.

2 Recommendations

2.1 The key strategic recommendations of the report are that we should collectively:

i. Invest early in the prevention of poor health
ii. Take a system leadership role in reducing child poverty, strengthening family resilience
iii. Ensure equitable access to services across geographical and demographic groups
iv. Support children's rights and to make their voices integral to decision making
v. Embed a strategic focus on families and early years as a system priority

2.2 More detailed recommendations are made across each of the themes of the Population Health Framework, providing guidance and challenge for our partnerships across themes of: prevention; social and economic factors; place and community; enabling healthy living and equitable health care.

3 Implications

3.1 **Resource** - There are no specific financial implications highlighted in this work. However, to reduce health inequalities through a population health approach requires purposeful decision-making regarding resource allocation to one of preventative spend tied to clear outcomes. In order to address the topics raised in this work, there is a requirement through our strategic partnerships to co-invest and co-deliver the required outcomes.

3.2 It is important that our workforce is aware of the impact of health inequalities on the early years and the need to act to reduce their effects. We should also be cognisant of how the issues and root causes of health inequalities within the early years impact our own staff.

3.3 **Legal** - Several of our duties around the rights of children are specified within the document, and throughout, we identify inequalities and actions which pertain to protected characteristics.

3.4 **Risk** - There are risks in relation to sustainability and health inequalities in failing to adopt a life-course, preventative, population health approach to inform short, medium and long term decision making.

3.5 **Health and Safety (risks arising from changes to plant, equipment, process, or people)** – None.

4 Impacts

4.1 In Highland, all policies, strategies or service changes are subject to an integrated screening for impact for Equalities, Poverty and Human Rights, Children's Rights and Wellbeing, Climate Change, Islands and Mainland Rural Communities, and Data Protection. Where identified as required, a full impact assessment will be undertaken.

4.2 Considering impacts is a core part of the decision-making process and needs to inform the decision-making process. When taking any decision, Members must give due regard to the findings of any assessment.

4.3 This is a monitoring and update report and therefore an impact assessment is not required.

5 Appendix: A Strong Start: DPH Annual Report 2025

Director of Public Health annual report | NHS Highland