

LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 9.30am on Wednesday 24 April 2024 in the Carrington Room, Inverleith Building, Western General Hospital, Edinburgh EH4 2LF.

Present:

Non-Executive Board Members: Prof. J. Connaghan (Chair); Cllr S. Akhtar; Mr J. Blazeby; Dr P. Cantley; Cllr H. Cartmill; Mr A. Cogan; Mr M. Connor; Ms E. Gordon; Mr G. Gordon; Cllr S. Jenkinson; Ms K. Kasper; Prof A. Khan; Mr P. Knight; Prof L. Marson; Mr A. McCann; Ms T. A. Miller; and Cllr D. Milligan.

Executive Board Members: Mr C. Campbell (Chief Executive); Miss T. Gillies (Executive Medical Director); Ms A. MacDonald (Executive Nurse Director); Ms D. Milne (Director of Public Health and Health Policy) and Mr C. Marriott (Director of Finance).

In Attendance: Mr C. Briggs (Director of Strategic Planning); Ms J. Butler (Director of Human Resources & Organisational Development); Ms M. Campbell (Director of Estates & Facilities); Ms M. Carr (Chief Officer, Acute Services); Dr J. Long (Director of Primary Care); Ms J. Mackay (Director of Communications & Public Engagement); Ms T. McKigen (Services Director, Royal Edinburgh Hospital & Associated Services); Ms F. Wilson (Chief Officer, East Lothian IJB); Ms M. Barrow (Chief Officer, Midlothian IJB); Ms A. White (Chief Officer, West Lothian IJB); Mr P. Togher (Chief Officer, Edinburgh IJB); Ms J. Gillies, Associate Director of Quality, Quality Improvement Support Team (Item 13); Ms A. Goodfellow, Deputy Director of Public Health and Health Policy, NHS Lothian (Items 14&15); Mr D. Thompson (Board Secretary) and Mr C. Graham (Secretariat Manager, minutes).

Apologies for absence: Mr P. Allenby (Non-Executive Board Member); Mr A. Fleming (Non-Executive Board Member); Miss F. Ireland (Non-Executive Board Member); Ms V. de Souza (Non-Executive Board Member); Prof J. Innes (Non-Executive Board Member) and Mr J. Crombie (Deputy Chief Executive).

1. Welcome & Declaration of Interests

- 1.1 The Chair welcomed members, colleagues, and observers to the Board meeting. The Board welcomed Professor Lorna Marson, recently appointed as Dean of Clinical Medicine for the University of Edinburgh and attending her first Board meeting. Lorna joins the Board as the new University Medical School Stakeholder Member, replacing Professor Chandran who stood down on 29 February 2024. The Board recognised Professor Chandran's contribution to the work of the Board over the preceding three years.
- 1.2 The Chair asked members to declare any financial and non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. No declarations of interest were made.

ITEMS FOR APPROVAL OR NOTING

2. Items proposed for Approval or Noting without further discussion

- 2.1 The Chair reminded those present that the Board agenda was made up of two separate sections. The first was the section for approval commonly referred to as "the consent agenda." The Chair reminded members that they had the opportunity to advise in advance if they wished any matter to be moved out of this section, for discussion. The Board noted that no such requests had been made.

- 2.2 Minutes of Previous Board Meeting held on 7 February 2024 – Minutes were approved.
- 2.3 Staff Governance Committee Minutes – 13 December 2023 – Minutes were noted.
- 2.4 Healthcare Governance Committee Minutes – 23 January 2024 – Minutes were noted.
- 2.5 Audit & Risk Committee Minutes – 20 November 2023 – Minutes were noted.
- 2.6 Finance & Resources Committee Minutes – 14 February 2024 – Minutes were noted.
- 2.7 West Lothian Integration Joint Board Minutes – 18 January 2024 – Minutes were noted.
- 2.8 East Lothian Integration Joint Board Minutes – 14 December 2023 – Minutes were noted.
- 2.9 Edinburgh Integration Joint Board Minutes – 12 December 2023 & 09 February 2024 – Minutes were noted.
- 2.10 Midlothian Integration Joint Board Minutes – 21 December 2023 – Minutes were noted.
- 2.11 NHS Lothian Pharmaceutical Care Services Plan Annual Update 2024 – Report was noted.
- 2.12 Pharmacy Practices Committee Annual Report 2023/24 – Report was noted. The Board welcomed the information contained within the appendices which clearly set out the processes followed by the Committee.
- 2.13 NHS Lothian Annual Climate Emergency & Sustainability Report 2022/23 – Report was noted. The Chair highlighted that this week was Earth Week, for which the focus this year included a call to reduce plastic production by 60% by 2040. He acknowledged the relevance of this for NHS organisations and the populations they serve.
- 2.14 Board Members Skills Audit – Report was noted.
- 2.15 Appointment of Members to Committees and Integration Joint Boards – The Board agreed the recommendations in the paper, as follows:
- The appointment of Jonathan Blazeby as a Voting Member of the East Lothian Integration Joint Board, with effect from 1 May 2024.
 - The removal of Martin Connor as Chair of the Audit & Risk Committee and his appointment as Chair of the Finance & Resources Committee, with effect from 1 September 2024.
 - The appointment of Jonathan Blazeby as Chair of the Audit & Risk Committee, with effect from 1 September 2024.
- The Board also noted:
- The resignation of Nadin Akta as a Non-Executive Board Member, with effect from 19 April 2024.
 - The appointment of Professor Lorna Marson as the new University of Edinburgh Medical School Representative and Stakeholder Non-Executive Member on the NHS Lothian Board, with effect from 16 April 2024.
- 2.16 National Whistleblowing Standards – Quarter 3 Whistleblowing Performance Report (October – December 2023) – The Report was noted.

ITEMS FOR DISCUSSION

3. Board Chair's Report – April 2024

3.1 The Chair updated the Board on the following:

- **Nadin Akta (Resignation)** – The Board noted that Ms Akta had resigned from the Board, with effect from 19 April 2024, due to other professional commitments. The Board recorded its best wishes to Nadin in her future endeavours and noted that options to fill the vacancy created were being explored with the Scottish Government Public Appointments Team.
- **Eddie Balfour (new ACF Chair)** – The Board noted Mr Balfour would join the Board as of 1 May 2024, replacing Miss Fiona Ireland as Chair of the Area Clinical Forum (ACF). Mr Balfour is the Chief Allied Health Professional for the Acute Division.
- **Framework Document for NHS Boards** – The new Framework Document had been provided by the Scottish Government and circulated to Board Members for awareness on 10 April 2024. The document described pre-existing arrangements for how the Scottish Government and territorial NHS Boards work together. Board members had been asked to review the information for their awareness.
- **NHS Reform** – The Board received a brief update following the recent discussion between NHS Board Chairs and the Cabinet Secretary on the subject of NHS “whole system” reform (17/04/2024). Ministers were seeking to develop an over-arching approach to whole system reform and to secure the required long-term change in both population health and the delivery of healthcare services. A programme of national engagement was anticipated, as indicated during the SG's Budget Statement in December 2023 and a timeline for this was noted.
- **Chief Executive Retiral** – The Chair acknowledged that this would be Mr Campbell's last NHS Lothian Board meeting as Chief Executive. Mr Campbell was believed to be the current longest serving chief executive within the NHS in Scotland and his legacy would be significant, leaving NHS Lothian in a position of relative strategic and financial strength. The Chair invited the Board to recognise the hugely positive impact that Mr Campbell had had within NHS Lothian and the NHS more widely, during his 40-year career. Board members and attendees demonstrated their appreciation and best wishes with a round of applause.

4. Board Executive Team (BET) Report – April 2024

4.1 The Chief Executive presented the report. Questions from Board members prompted more detailed discussion in some areas and highlighted the following points:

- **Paediatric Spinal Service** – The Chief Officer for Acute Services confirmed that there was ongoing, proactive engagement with impacted patients. Patients had been contacted and cases had been reviewed and/or reallocated with a locum consultant now being recruited. The Board acknowledged the constraints around the paediatric care unit capacity and the importance of having a secure scoliosis service. The Board recognised that this was a nationally commissioned service and work was underway to address capacity issues as well as the immediate operational issue.
- **Nursing & Midwifery Workforce** – The Executive Nurse Director reported on engagement with universities and the newly quality registered nurse recruitment programme which was underway with 921 applications being received.

- Celebrating Success Awards – The Director of HR & OD explained that this would be a virtual and live streamed event, so as to avoid significant additional costs arising from previously unforeseen HMRC tax charges. Whilst the Board was disappointed to lose the positive experience of a face-to-face event, it was acknowledged that additional, unbudgeted costs could not be supported at this time and that all reasonable options for external sponsorship had been exhausted.
- Primary Care – Maybury GMS Contract – The Director of Primary Care confirmed that the GMS contract was out to tender and that the building was complete and therefore not impacted by capital restrictions., the interviews for the contract would take place on 26 April 2024.
- Primary Care Provision – There was brief discussion on the pressures and challenges facing primary care services, particularly due to population growth and reduced capital availability. It was acknowledged that three Lothian GP practices (all within Edinburgh) currently had closed lists for new patient registrations, but this did not equate to “waiting lists”. Close family members of those already registered could still register and there were established routes for patients to follow if they were unable to register with a GP. The Director of Primary Care agreed to work with HSCP Joint Directors to deliver a future Board Development Session on Primary Care and to circulate a recent set of slides detailing the national vision for Primary Care.

5. Opportunity for committee chairs or IJB leads to highlight material items for awareness

- 5.1 Audit & Risk Committee – The Board noted that several limited assurance audit reports had been received by the committee over the last six months. There was not believed to be an increased risk but the Committee would continue to explore marking and risk context factoring with Internal Audit colleagues as the new audit year develops. The Director of Finance confirmed that meetings with the Chief Internal Auditor had taken place. The Board noted that this would be the final year of the current internal audit contract.
- 5.2 East Lothian IJB – The Board noted that a recent East Lothian IJB meeting had delivered a split vote on the question of whether to close a budget gap through the use of reserves or to request additional resource from the partners. The IJB was working to secure a resolution.

6. February 2024 Financial Position & Year End Forecast Update

- 6.1 The Director of Finance explained that the Month 11 financial position, reported to the Finance & Resources Committee on 27 March, had projected a £9.4M overspend, significantly improved from the forecast deficit of £52M at the start of the year.
- 6.2 However, the Board was now able to project a balanced financial outturn for 2023/24. This had been achieved through significant efforts by all staff across the year but was also largely attributable to one-off or non-recurring benefits that could not be relied upon to resolve the underlying financial sustainability challenges expected to repeat in future years.
- 6.3 Once such benefit was the rebate of a proportion of the Board’s 2023/24 CNORIS premium. The Director of Finance explained that this was not additional resource but simply reflected a reduction in the amount the Board was required to pay towards the central liability insurance pot.

- 6.4 The Board conveyed thanks to the Director of Finance, the Finance Team and other colleagues for the significant and challenging work undertaken throughout the year to be able to confidently project a breakeven position, particularly in light of other competing priorities and challenges.
- 6.5 Based on the information provided at month 11, the Board accepted that it had **significant assurance** that NHS Lothian would achieve a breakeven outturn for 2023/24.

7. NHS Lothian 5-Year Financial Outlook and Outline Plan 2024-25

- 7.1 The Director of Finance outlined the NHS Lothian Financial Plan for 2024/25, for approval by the Board. He explained that the Finance & Resources Committee, in its consideration of the Financial Plan for 2024/25 and longer-term financial outlook, had endorsed the submitted plan in order for initial budgets to be set.
- 7.2 The Director of Finance highlighted that, after factoring in a significant Financial Recovery Plan, additional resources allocated by the Scottish Government since February, and the early impacts of six executive-led financial improvement programmes, there remained around a £29M gap in being able to project a balanced financial position for 2024/25. He explained how this position had been reached and the key actions in place to deliver further improvements.
- 7.3 It was acknowledged that a range of risks and/or performance impacts were likely to arise from the required cost reduction measures. Although £53M of Financial Recovery Plan savings (equalling 2.9%) had been identified, successfully achieving this volume of efficiency savings would surpass anything delivered by NHS Lothian in previous years and did not come without risk. Other areas, such as proposals being developed under the “Pause & Assess Capacity” workstream, were expected to impact the Board’s performance in key delivery areas and were still subject to further quantification and statutory impact assessments. Overall, NHS Lothian was not yet able to project a balanced financial outturn for 2024/25.
- 7.4 Despite this, the Board was able to take assurance, on the basis of the projections, that it had largely met the Scottish Government’s requirements that each Board should set out savings plans of 3% and present an improved forecast outturn position compared to the start of 2023/24.
- 7.5 The Board discussed the details of the financial outlook and the outline plan for 2024/25. The following points were considered and noted:
- The Board’s 2024/25 Financial Plan had now been endorsed by the Scottish Government.
 - The approval status of other individual Boards’ financial plans was unknown but there had not yet been any national initiatives established to deliver cost savings. The Director of Finance and Chief Executive both continued to meet regularly with their counterparts and had strongly encouraged consistency in approach.
 - It was understood that funding for any pay uplifts and non-pay costs arising from changes to national terms and conditions would continue to be fully funded by the Scottish Government.
 - There continued to be a -0.6% divergence in NRAC parity for the Board, despite the recent +0.2% adjustment.
 - The collective sum of financial “brokerage” that would need to be provided by the Scottish Government to other NHS boards to cover their collective financial gap for 2023/24 was expected to be very significant – this was funding that otherwise could have been used to support additionality of services or to improve performance, including within NHS Lothian.

- The open and transparent approach adopted so far with staff and the public should continue. The Board wished there to be absolute candour on the reasons for decisions taken and, as far as possible, their anticipated impacts.
- As part of clear communications, it would be important to define the key messages and to distil this into something succinct and easily presented. It was **agreed** that the Director of Communications would circulate the current Communications Strategy by email, for the awareness of board members.

7.6 The Board acknowledged an extremely challenging financial position but also the significant progress made in developing and presenting a plan since the Scottish Government's budget announcement in December 2023. It was agreed that regular updates should be provided to the Board and via its Strategy, Planning & Performance Committee (SPPC) on the executive-led workstreams, particularly the quantification of impacts arising from the "Pause & Assess Capacity" workstream actions.

7.7 It was also acknowledged that there was a significant level of discomfort within the Board at being required to set initial budgets and endorse cost reduction plans without a complete (but under continuous review) assessment of all the potential impacts upon service delivery (either short or long-term), should the risks materialise. The Medical Director, the Nurse Director and the Director of Public Health all offered reassurances that: a) where choices related to service delivery, the relevant clinical teams were closely involved and making judgements based on clinical value, b) where services were being redesigned, safe staffing was both a fundamental consideration and a driver for change, and c) the opportunity had been taken to ensure that good practice processes on undertaking impact assessments were in place and that equality impacts could be monitored and understood.

7.8 The Chief Executive reminded the Board that it had a statutory duty to achieve a breakeven financial position, and, in the absence of any national initiatives or additional funding from the Scottish Government, this required difficult and sometimes unpalatable choices to be presented to the Board for consideration. However, the actions required would be subject to regular impact monitoring throughout the year and could therefore be adjusted where necessary. He expected that the Financial Plan would be dynamic, with progress subject to scrutiny at regular Board and committee meetings. It was also highlighted that, wherever possible, choices would be explored and presented that minimised the impact on service delivery. Examples of such approaches included service redesign activity and the disposal of capital assets that were deemed surplus to requirements.

7.9 The Board accepted the recommendations within the paper, on the explicit understanding that the impacts of cost reduction activities would continue to be closely assessed and monitored and that progress reporting via the existing governance structures would provide the flexibility to change course, if and when required e.g., to protect priority services. The Board agreed to:

- **Approve** the Outline Financial Plan 2024/25 as a basis for opening budgets and submit this to the Scottish Government as required.
- **Acknowledge** progress in delivery of the Scottish Government's requirements to achieve a target of 3% recurrent savings and an improved forecast outturn compared to start of 2023/24.
- **Endorse** the allocation of resources included in the Outline Financial Plan and agreed by the Finance & Resources Committee for the purposes of budget setting.
- **Endorse** the agreement reached by the Finance and Resources Committee to declare the Royal Victoria Hospital site surplus.

8. NHS Lothian Capital Prioritisation Update

- 8.1 The Director of Strategic Planning briefed the Board on the outcome of the Capital Prioritisation session held on 25 March 2024 and provided a summary of the current position. He explained that the Capital Prioritisation process had now run three times in March 2023, September 2023 and March 2024 and noted that the format should be familiar to most board members. The latest paper outlined project categories and the prioritisation and scorings using the Scottish Capital Investment Manual (SCIM) and aligned with the requirements of the Lothian Strategic Development framework (LSDF).
- 8.2 The Board noted the £25M formula capital funding and the steer from Scottish Government to focus this on backlog maintenance, digital investment (eHealth) and medical equipment replacement. This funding was insufficient to fulfil all the priority resource needs of these three areas.
- 8.3 The Board acknowledged a number of significant critical systems risks within estates, particularly in relation to the Hospital Sterilisation and Decontamination Unit (HSDU), where recent failures had occurred, resulting in significant service impacts. There was no resilience within Scotland that the Board could utilise when HSDU capacity was lost as this impacted on other Boards' capacity. This remained on the Board's Corporate Risk Register as a "Very High" risk and mitigation plans were scrutinised regularly by the Finance and Resources Committee. There had been a series of meetings to highlight this risk to Scottish Government but no resolution had been reached. The Chair and Chief Executive **agreed** to write to the Scottish Government again, emphasising the Board's concerns about the fragility of HSDU provision in Lothian and across Scotland.
- 8.4 The Chair pointed out that this paper was a re-statement of information the Board had already seen and would likely remain the position at for at least the next two years due to the lack of capital funding. However, the ordering of priorities would continue to be reviewed. The Board recognised that the reprovision of the Princess Alexandra Eye Pavilion remained a "Category A" priority but was now ranked 9th within this list, behind the other capital priorities.
- 8.5 The Board agreed to:
- **Note** the latest capital prioritisation outcomes in categories A, B and C.
 - **Note** that the financial position for capital continues to constrain capacity as the ability to fund what is required to meet demand is curtailed.
 - **Note** the planned next steps to understand anticipated risk impacts on performance and service delivery from the capital position.

9. Annual Delivery Plan

- 9.1 The Director of Strategic Planning updated the Board on the current Annual Delivery Plan (ADP) position.
- 9.2 The Board noted that Scottish Government feedback on the ADP had not been received in time to support the ADP being considered during the public session of the Board. A draft ADP had been shared with the Strategy, Planning & Performance Committee (SPPC) in March. It was hoped that a final version would come to SPPC in May, along with any Scottish Government feedback, and then to the Board for discussion and formal approval on 26 June 2024.

10. Corporate Objectives 2024/25

- 10.1 The Director of Strategic Planning briefed the Board on the proposed Corporate Objectives for 2024/25 and sought approval from the Board for these.
- 10.2 The Board recognised this approach was aligned with the Lothian Strategic Development Framework (LSDF) rolling forward with 11 of the 15 objectives relating to pillars/parameters within the LSDF. A further four objectives were replicated from the 2023/24 financial year. A new objective on promoting equalities and impact assessments had been added. A further report on the Corporate Objectives would come to the Strategy, Planning & Performance Committee (SPPC) in May.
- 10.3 The Board acknowledged that the ADP would influence construction of the Corporate Objectives and whilst agreeing the Corporate Objectives, the Board retained the ability to return to them later if later refinement was required following confirmation of the ADP. There was also some rewording required to clarify implementation around the Unscheduled Care Objective.
- 10.4 The Board agreed to:
- **note** the background.
 - **note** that full detail on performance against the 2023/24 Corporate Objectives will be part of the LSDF Annual Report, which will be presented to the May Strategy, Planning, and Performance Committee (SPPC).
 - **approve** the Corporate Objectives for 2024/25, with the caveat as outlined at paragraph 10.3 above.

11. NHS Lothian Board Performance Report

- 11.1 The Chief Executive presented the Board Performance Report. There was discussion on 31-day cancer performance and plans around new administration arrangements to improve reporting and individual pathway trends.
- 11.2 The Chair requested that future performance reports detailed the longest patient waiting for each of the cancer types as this was an area that would be a focus of discussion at the upcoming Board Chair's meeting with the Cabinet Secretary.
- 11.3 Based on the recommendations in the paper, the Board:
- **Acknowledged** the performance across NHS Lothian in relation to the metrics provided.
 - **Noted** the assurance levels for expected delivery against key national standards or local trajectories by the end of 2023/24.
 - **Acknowledged** that deeper analysis regarding the mitigation plans or assurance provided for the corporate risks would be addressed via existing governance channels and designated board sub-committees.

12. Corporate Risk Register

12.1 The Executive Medical Director presented NHS Lothian's Corporate Risk Register (CRR). The Board discussed the following risks:

- **#5020 Water Safety and Quality** – The risk had been added to the register during the pandemic and a UK wide change to the Legionella profile around change of use of buildings. The risk was partly related to turnover of water systems due to reduced footfall in buildings. The Board noted that estates colleagues were working to update this risk but there remained a number of issues within community premises to address before the corporate risk could be reduced, including governance documents for third-party buildings. There was now a dedicated Assurance Manager in place to support GPs with this risk.
- **#5388 HSDU Capacity** – The Board recognised the need to review and change risks as situations develop. The Chief Executive confirmed that following CMT discussion on 25 April 2024, the risk rating for HSDU would increase at the June Board meeting from 20 to 25. There is no resilience within Scotland should steam leaks continue within HSDU and the plan to build contingency within the St John's National Treatment Centre was now put on pause due to the national reduction in capital funding. This was the highest NHS Lothian risk and the top capital investment priority but with no timetable for replacement. As previously agreed, the Chair and Chief Executive would write to Scottish Government outlining concerns about the resilience of HSDU.
- **#3828 Nursing Workforce** – The Executive Nurse Director reported that this risk had reduced from very high due to the seasonal impact of the large workforce intake in September/October. Access routes had improved and would be the continued focus over the next 12 months.
- **#3455 Violence & Aggression** – The Health and Safety Committee and Staff Governance Committee have oversight of a large programme work to be completed, after which the risk would be updated.

12.2 The Board received the circulated paper, reviewed the February 2024 updates provided by the executive leads concerning risk mitigation, as set out in the assurance table in Appendix 1, and noted the following:

- The overall impact on risk mitigation plans following the financial settlement from the Scottish Government and the notification that no new capital funding would be available for at least two years.
- The overview of the changes in the CRR over the past two calendar years in Table 1.
- That any new or materially worsening risks will be presented to the Strategy, Planning and Performance Committee (SPPC) prior to submission to the Board.

13. Quality Strategy Implementation Plan

13.1 The Executive Medical Director outlined plans in relation to supporting delivery of the NHS Lothian Quality Strategy (2018-2027), including a detailed implementation plan.

13.2 The Board noted the extension of the Quality Strategy to 2027 as approved in April last year and the requirement for the plan to come to the Board each year, as set out in Appendix 1 of the paper.

- 13.3 The plan provided comprehensive detail on how service redesign and continuous improvement would be encouraged and supported under the Quality Strategy. This offered assurance to the Board in relation to its responsibilities in this area, as highlighted within the Blueprint for Good Governance. The vision within the strategy set out the key features of a high-functioning quality-focused healthcare organisation which has at its core the systematic application of Quality Management (QM). The aim was to achieve consistent, high-quality care with minimal morbidity and mortality, and to ensure a positive patient experience whilst meeting all six dimensions of quality (safe, effective, person-centred, timely, effective, equitable care).
- 13.4 The Board discussed the content of the Plan and welcomed the implementation of a programmatic approach to continuous improvement as well as clear reference to the need to identify deteriorating patients. In relation to avoidable harm impact, the Board noted that Healthcare Governance Committee received a report on adverse events twice per year, focusing on those events at level 3 and 4 (judged as avoidable harm) and individual services were additionally invited to present to Healthcare Governance Committee. The Board noted that Maternity Services would attend Healthcare Governance in May for this purpose.
- 13.5 The Board noted Healthcare Governance Committee's key role in surveillance of areas and monitoring delivery of the Quality Strategy. It was agreed that an update would be brought back to the Board every six months. The Board accepted the recommendations in the report, to:
- **Endorse** the plans in place for the ongoing implementation of NHS Lothian's Quality Strategy, with an emphasis on Quality Management and strengthening the links between assurance and improvement.
 - **Note** the focus and attention directed towards NHS Lothian's learning system, which involves capturing lessons from adverse events, identifying themes, and implementing improvements through planned programmes.
 - **Agree** the change in delivery methods from networks and pathways to planned programmes with a focus on improving patient safety and reducing avoidable harm.
 - **Note** that reducing avoidable harm not only aligns with patients' expectations but also reduces failure demand and lessens the strain on limited resources.
 - **Support** the continued emphasis on creating the conditions for staff to thrive and engage in improvement activities.

14. Director of Public Health Annual Report 2023

- 14.1 The Director of Public Health introduced her Annual Report for 2023 and highlighted key messages for the Board. It was noted that the evidence presented in the Report indicated that a focus on the early years and children and young people's wellbeing would have the greatest positive impact on future public health outcomes. The Report also provided a focus on those areas to inform future priorities across the health and care system and in collaborative work with other local partners. The Board noted and welcomed the report and looked forward to seeking public communications when it was published.

15. Strengthened Approach to Prevention Across the Lothian Health & Care System

- 15.1 The Deputy Director of Public Health presented the paper, which recommended a strengthened approach to prevention across the Lothian health and care system and proposed some key areas for focus and investment.

- 15.2 The Board discussed the paper's contents and acknowledged that prevention should be a priority for all services, not just something for Public Health to do. It was suggested that the paper might be strengthened by more closely considering the social and economic impacts of failing to prevent poor health, expanding the focus on young people's mental health, and by commenting on the challenge of protecting and prioritising prevention activity in the face of current financial challenges. It was also important to consider how long it might take to arrest and reverse areas of decline in population health. The Deputy Director of Public Health welcomed these comments and agreed to make the relevant references stronger within the paper.
- 15.3 Board members sought reassurance that there were sufficient numbers of trained staff in key areas to deliver advice, for example on smoking cessation, diet, etc. and that prevention work would take account of the specific needs of minority populations. It was confirmed that there were the right staff in the right places but that a clearer approach to prevention would also help that the right actions were taken. Equalities considerations would be addressed under the Equalities and Human Rights Strategy and via individual impact assessments.
- 15.4 The Chair noted the importance of both this and the Director of Public Health Annual Report, which had been well laid out and easy to read. The Board agreed the recommendations within the paper, to:
- **Support** the eight recommendations for the health and care system as detailed in section 7 of the accompanying paper, as follows:
 1. NHS Lothian should use the data and evidence in this paper (and in Appendix 2) to inform forthcoming Integrated Impact Assessments that are being undertaken where reductions in healthcare are being considered, to ensure that those areas which would have the greatest impact on future population health outcomes are prioritised over other areas, acknowledging that reductions in healthcare provision do not have equal impact across the population.
 2. NHS Lothian should continue its commitment to becoming an Anchor Institution with population health at the heart of the Lothian Strategic Development Framework.
 3. Public health in Lothian should increase the pace of its activity with Community Planning Partnerships to take forward the interventions identified to address the social determinants of health as outlined in Appendix 3.
 4. The four Integrated Joint Boards in Lothian should ensure that the evidence and data contained in this paper are incorporated into their current strategic plans and inform future planning and development.
 5. Public health should work collaboratively with Acute and Primary Care services to ensure clinical staff can easily refer those who need non-clinical support to the appropriate service, thereby maximising use of existing prevention programmes such as income maximisation, smoking cessation, immunisation and screening.
 6. NHS Lothian and the four health and social care partnerships should, where possible, protect and increase efforts to improve maternal, children and young people's health, as the best investment to maximise future population health.
 7. The Realistic Medicine Board and Public Health should consider how it can strengthen prevention across cardiovascular disease pathways, including type 2 diabetes.
 8. The health and care system should consider and agree how it continues to integrate prevention activity within the Lothian health and care system strategy and set out how it will measure impact of prevention activity over the short, medium and longer term.
 - **Agree** that the four Integrated Joint Boards in Lothian be asked to endorse the recommendations set out in the accompanying paper.
 - **Receive** a future report on how these recommendations are being progressed across the health and care system in Lothian.

16. Any Other Business

16.1 There was no other business.

17. Reflections on the Meeting

17.1 The Chair felt there had been robust and honest debate around the Board's financial position. Board members were invited to contact the Chair or the relevant Executive Director if they had further questions on any of the areas presented to the Board.

18. Date of Next Board Meeting

- 26 June 2024 (Annual Accounts)

Signed by Vice Chair (Chairing) – 26.06.24

Mr Andrew Fleming

Vice Chair – Lothian NHS Board